



**Enter and View at
Weston General Hospital
on
October 22nd and November 25th 2013**



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Enter and View at Weston General Hospital 22/10/2013 and 25/11/2013

What is Enter and View?

Healthwatch North Somerset has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the local area, such as hospitals, GP practices, care home and dentists, to observe how a service is being run and make any necessary recommendations for improvement.

Enter and View visits can take place if Healthwatch is informed about an issue or concern with a service, but they can also take place if a service has a good reputation, in order to then share good practice.

Disclaimer

This report relates to visits to Weston General Hospital on two specific dates, October 22nd 2013 and November 25th 2013, and is representative only of those patients, carers and staff who participated. It does not seek to be representative of all service users and/or staff.

Enter and View Visits

Dates: 22nd October 2013
and 25th November 2013

Service visited: Weston
General Hospital

Visited by: Pauline Godden,
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Background and purpose of the visit:

The Enter and View visits were carried out as a following up to the Care Quality Commission (CQC) report published in June 2013, on behalf of the local community, to observe the hospital, and obtain the views of patients, carers and staff on their experiences.

Preparation and conducting the visit

Prior to the Enter and View visit, Healthwatch North Somerset representatives had read and understood the recent CQC report on the hospital, as well as being up to date with recent issues concerning the hospital and media portrayals of these.

The Chief Executive of the hospital trust was contacted prior to the Healthwatch North Somerset visit as a matter of courtesy to ensure that a suitable day could be arranged with them.

A short questionnaire was drawn up by the Healthwatch North Somerset Enter and View team, with questions for patients, carers and staff.

The Healthwatch North Somerset Enter and View team carried out two visits to Weston General Hospital. Whilst the initial visit on October 22nd went reasonably well, the day was very much managed by senior staff, which though it was interesting and useful in itself to gain an overall understanding of the hospital, did not allow the Enter and View team the time necessary to speak to as many patients, carers and other staff members as they would have liked.

The timetable for the day, arranged by senior management, was such that the team was due to visit four wards during protected mealtimes; this meant that they were unable to speak with many patients (or indeed staff) on those wards.

A second visit was arranged a month later. This visit, on November 25th 2013 was unchaperoned, and, as such, the Enter and View team was able to move freely around the hospital, and collected a lot more information.

Summary of the visits

The Enter and View team's overall observations of the hospital were generally positive from these two visits.

- Most patients appeared reasonably happy with their care, and some wards in particular were mentioned as being very caring.
- Most carers spoken to were appreciative of the care their family members were receiving.
- The food was almost unanimously described as good,
- The staff generally take pride in their work and in the hospital.
- Staff were positive about the hospital management and efforts being made to support, engage and involve staff at all levels.
- Most staff reported improvements since the CQC's June report and said that communication was improving and that paperwork was better managed and coordinated.
- The CQC report and subsequent media portrayals of the hospital (the latter of which the majority of both staff and patients spoken to felt were unfair and biased) have understandably had an adverse effect on staff morale, but on the positive side, several staff members mentioned that this had also encouraged improvement.

Interviews with staff

The Enter and View team spoke to staff in all wards and areas visited. Most of the members of staff in charge of the wards were aware of our visits; we were made to feel welcome and access was freely given. One or two were unaware of our visit and it took some time to establish our identity and to be given access.

General comments and observations from staff:

- The Trust is working to promote transparency and honesty.
- Staff levels are generally improved, though they could always do with more.
- Volunteers help a lot, especially at mealtimes.

- Staff work well as team.
- The Enter and View team received several comments that that are not enough Health Care Assistants (HCAs.)
- The general feeling gleaned from staff is that things have improved since the CQC visit.
- Communication has improved enormously between wards.
- There were opposing thoughts on the core principles of compassion in practice*. One member of staff spoken to had just completed training for this and thought more nurses should be doing the training. Other staff members was not aware of either the principles or of any training.
- There were some comments made by nursing assistants that there are not enough hands to the pump. The same staff said that qualified nurses are too busy with paperwork and that the Spanish nurses had initially helped, but when they saw that the UK nurses were not giving care, they stopped too.
- Most members of staff spoken to would recommend the hospital to their friends and family, with some exceptions.
- Most members of staff spoken to, with one or two exceptions, appeared to be proud to work at the hospital.

Some ward specific feedback is given below:

Hutton Ward: staff commented that things have definitely improved since the CQC's June report. The "paperwork is better", and there are more staff now which has made a big improvement. All the staff interviewed on this ward would recommend the hospital to friends and family.

Draycott Ward (stroke unit): The CQC report was apparently devastating for staff and the hospital as a whole, and it has taken a long time for morale to improve. Staff on this ward stated definite service improvement since the report. Staff report that the 6Cs* are being being adhered to well.

Staff reported greater openness and honesty since the CQCs visit. There are meetings with Nick Wood, Chief Executive, for all staff, which are very good, and staff are included in what is going on a lot more. However, staff mentioned that they are worried about the future of the Trust.

Kewstoke Ward: A member of staff, who wished to remain anonymous, told us that she thought care had improved a bit just after the CQC report, but now it is back to before. She mentioned that the ward needs another staff nurse and a nursing assistant in each ward. At the time of the visit, there was one staff nurse for 14 patients, which she said was insufficient. There are some very dedicated staff, but she feels they could do better as a hospital. She would recommend it to friends and family only if she was looking after them.

Uphill Ward: This ward is also used as the winter ward- in previous years, it has been run by agency staff, but now they are using permanent staff, which staff said means better quality of care and also saves the hospital money.

A member of staff interviewed here felt that the hospital was turning a corner-meeting standards but still remembering that the patient is at the centre. Management are not disjointed from staff, and it feels hopeful for the first time in about 5 years. They are consciously trying to improve all the time.

Discharge is, however, an issue. Some procedures, such as CT scans, could be done in outpatients if the patient has no medical need to stay in hospital.

Interviews with patients

The Enter and View team spoke to patients on all wards visited. During the first visit, the team was scheduled to visit some of the wards during lunchtime, but were unable to do so due to protected mealtimes. On the second visit, we were able to visit all the wards.

General comments and observations:

- One patient commented that they had struggled to find the correct department; she asked various nurses around the hospital but had ended up in A&E asking for help. The patient felt she needed a porter to assist her but in the end a lady helped.
- Signposting and communication were mentioned as being “awful”.
- Letters to patients haven’t been updated with current information about the hospital.
- The majority of out-patients spoken to had problems finding the correct outpatient clinics; one who was looking for the Ashcombe clinic was misdirected by hospital staff and was told by other staff they did not know the way.
- Long waiting times are highlighted in outpatients.
- Audiology drop in clinic- patients are very appreciative of the system, they pick up a number when they arrive, and they are seen in order. It is a long walk from the car park however. One patient hadn’t been able to park in disabled area, had walked along way and had become lost and confused.
- When asked about staff and if they have responded well to requests for assistance all replied yes.
- One outpatient who had stayed on an orthopaedic ward thought the staff were very poor at discharging bedpans.
- One patient noted that the receptionist in the Quantock outpatients was very helpful (it was noted by the observer that the front desk was very busy and they may have some IT issues).
- When asked if they had been supported with their needs, all asked responded with yes. One patient thought they had only received very basic care and that this could have been better.
- One patient would only recommend the Seashore Ward to family and friends but not the rest of the hospital, as they feel it is understaffed and that the general cleanliness of the hospital is not very good.

- One patient would not recommend the hospital as he had to wait over 2 years for a procedure and felt that staff turnover has affected the service.
- All other patients asked would recommend the hospital.
- Several patients mentioned the media coverage of the hospital and said that they thought it was unfair to the staff and that it has lowered morale.
- One patient noted that the Spanish nurses didn't all speak English and felt that bringing in Spanish nurses was unfair to the UK nurses.
- One of our team had to help a patient with a drink (Hutton ward) as it was placed too far for the patient to reach.
- The food was generally noted as good.
- "Staff are wonderful and very patient".
- "Some days 5/10, some days 9/10"- some days are good and some are not.
- One patient felt the hospital was getting worse and worse.
- Nothing like what you read in the paper.
- Very accommodating and caring staff, they all work together well as a team.
- The hospital needs more staff, they are overworked and stretched to the limit, but they are still smiling and professional.
- They shouldn't do operations on Fridays if don't have the staff to cover weekends, eg physiotherapists.
- Staff are stressed and rushed, though very pleasant.
- Discharge badly managed.
- Would not recommend the hospital, the patient came here because his consultant was here and he trusts him, but would go where he (the consultant) is based.
- One patient spoken to was from Bulgaria and her command of English was not good, she was struggling to communicate, did not understand the questions on a card she had been given and was anxious about how she would pay her hospital bill (she seemed to have some kind of health insurance in Bulgaria). Staff seemed reluctant to the idea of contacting an interpreter.
- Most patients stated they had had either a good or very good experience of hospital services. One patient observed that they saw very little difference between services offered to private patients and non-private.

Some ward specific feedback is given below:

Cheddar Ward: most patients were appreciative of the care received, they said the nurses are kind and helpful; one said it was the best hospital they had been to up and down the country. One patient could not reach her drink. One said the ward was short staffed and that bringing in the Spanish nurses hadn't worked. Bells are not always answered due to short staffing.

Hutton Ward: One patient advised their stay on Hutton ward was very good. Another mentioned that it had been his birthday and staff had brought him a cake.

Ambleside Unit: reported as being very good. *(NB: this unit is not operated by Weston Area Health NHS Trust, although it is on their site.)*

Draycott Ward: patients here were particularly complimentary, citing superb staff who go above and beyond. One patient said he was “thrilled to be here, can’t praise them enough. A big thank you to all the staff.”

Interviews with carers

Due to the times of the visits and the visiting hours, the Enter and View team was unable to speak with as many carers as perhaps they may have liked to.

- One carer was very pleased with the care and support their father had received for his prostate.
- All carers spoken to thought the staff were good in their response for assistance but several felt that they, as carers, were not supported well when leaving hospital.
- One carer said the hospital experience was good but that there was too far to walk without adequate signage around the hospital, and they were not informed of building projects and where to go. They praised the hospital volunteers for their help.
- Directions in letters sent out and also around the hospital are not good.
- Signage needs to say what it is (eg “stroke ward”, not just “Draycott”, which doesn’t mean anything).
- Communication is not good (the carer spoken to said that there was poor communication between the various departments and professionals involved and that she was not kept in the loop regarding her husband’s care.)
- There are problems with discharge, they are not involved enough as carers. Care packages are not always in place in time and the patients end up staying longer in hospital, or being discharged without support, and carers are not consulted.
- One carer had been able to stay in one of the ward beds overnight as she had come from some distance away and her mother was very ill- “the nurses are all angels, I don’t know how they do it.”

Additional observations: Outpatients

The Enter and View team had a positive impression of the Outpatients departments. Staff mentioned systematic use of patient and carer questionnaires and feedback surveys, and that the general feedback is positive. Staff mentioned that the June CQC report was relevant in these improvements.

- Dignity is well respected, there are private areas as well as a quiet room for patients and carers to use. The staff member explained that this could be used for people to have time to reflect on news given to them.
- There is a patient/carers feedback board.

- There is a children's area, which the Enter and View team particularly liked.
- There is a water dispenser available for patients and carers.
- The Surgical Assessment Unit staff member thought service delivery was good but they had only been open a week and are developing the service. Staff commented that the changes implemented have upset some people but they are working hard to deliver a good service.
- One issue mentioned several times was again that of signage around the hospital and particularly at the time of the Enter and View visit, as building works were going on. Many patients had had trouble finding where they were supposed to go, and some had had a long walk with nowhere to sit and rest. (This latter point was brought up with the hospital after the first visit, and at the second visit, the team noted that some chairs had been placed along the corridors.)
- The diabetes specialist midwife was praised as being "fantastic".

Additional observations: Emergency Department:

The emergency department sees 52,000 patients per year.

- The department is adhering to their 15 minute assessment on arrival then 4 hour waiting time 7 out of 9 weeks. An extra nurse from minor injury is called if required.
- Specialists are on call at night.
- There is no paediatrics by ambulance after 7pm; these cases go to Bristol.
- One staff member interviewed mentioned that the department has challenges around discharge.
- 6 new staff members have been recently recruited and more are brought in when under pressure.
- The GP clinic is now nurse led and operates as a walk in clinic from 10am-10pm.
- Deprivation plays a huge role in A&E admissions. There is an increase in numbers of elderly and rehabilitation patients.
- The Enter and View team heard very positive feedback from the patient and family member spoken to.
- Staff report that things have improved recently, for example, there is earlier escalation, doctors have changed their rota and the hospital has employed two more consultants.
- Two staff members who were spoken to thought staffing levels in the department had improved but there was a comment that these are affected by budgets and may fluctuate again.
- The 6Cs* are being implemented and staff seemed proud to work there and would recommend it to family and friends.

Additional observations: Maternity Department (Ashcombe Ward)

10 post natal beds, 2 delivery rooms

- Patient evaluation cards are being reintroduced in order to improve service.
- There is now reportedly better communication between wards.
- The Enter and View team member spoke to two patients, both of whom were happy with the care received, though one had to deliver in Bristol and come back, and thought it was a shame that they cannot deal with complications or surgery at Weston General Hospital.
- There is a new post, a maternity support worker, who is community based, working with patients at home and at children's centres- but the staff members spoken to said they still need more staff.

PALS/Complaints

A member of the Enter and View team visited the PALS/Complaints department during the second visit. Once the building work is complete, this team will be based at the front reception to the hospital making them highly visible to patients, carers and visitors.

The Complaints team also manages a general patient feedback form.

- People find it difficult to make complaints, and the team wants to make it easier for them. Most people want a quick solution, not a long formal complaint. The team operate a triage system and support complainants throughout the whole process.
- The number of complaints received each month ranges from 11-26. The main theme or issue for complaints is communication, followed by medical treatment, discharge and medication.
- The Complaints team shares best practice with their counterparts in the local area and have peer reviews to look at how they deal with complaints. A feedback form on how effectively the complaint was dealt with is sent to complainants two weeks after the final response is sent.
- Dealing with complaints effectively is a priority for the Trust and measures are being implemented to constantly improve the service.

General Observations

- The hospital volunteers were noted by the Enter and View team as being very good, particularly with helping and directing patients and visitors around the hospital.
- Problems with paying for parking was an issue that was raised many times, and which the Enter and View team in fact came up against. It is not obvious where the pay machine is, there is only one for the whole car park, the machine does not take cards nor indeed certain coins, and on the day of the visit was not giving change. There are often long queues, and it is not all under shelter, and people are sometimes getting to the front of the queue, only to find that they need to return to the hospital to get correct change. It is not evident where one can go for this change.
- One carer gave the Enter and View team feedback regarding her trials with parking, adding that it had been dark and wet, she had her husband with her in a wheelchair and had to go through the rigmarole of queuing, going back to the hospital to find somewhere to get change, then re-queuing. This may appear minor in the grand scheme of hospital improvement, however, it is often the small things in what may have been a trying day, which cause people great upset.
- There is only one cash machine, located in the café at the hospital. It was not working on our visit.
- Although the food was generally mentioned as good, the Enter and View team observed that there was not a lot of choice in the evenings, when it appeared to be mainly cold food such as sandwiches.
- The Enter and View team also followed up an issue of diabetic meals not being labelled as diabetic. They are labelled as a “balanced choice”, on the advice of Diabetes UK; however, it is not at all clear to patients, and many members of staff spoken to were not aware of this either, so would be unable to help patients. When raised with the senior management team, they seemed to agree that this was confusing and somewhat counterproductive, and measures to inform staff would be put in place to remedy this.

*Compassion in Practice and the 6Cs

Compassion in Practice is the three year vision and strategy for nursing, midwifery and care staff, launched in December 2012.

The 6Cs which underpin this are: Care, Compassion, Competence, Communication, Courage and Commitment