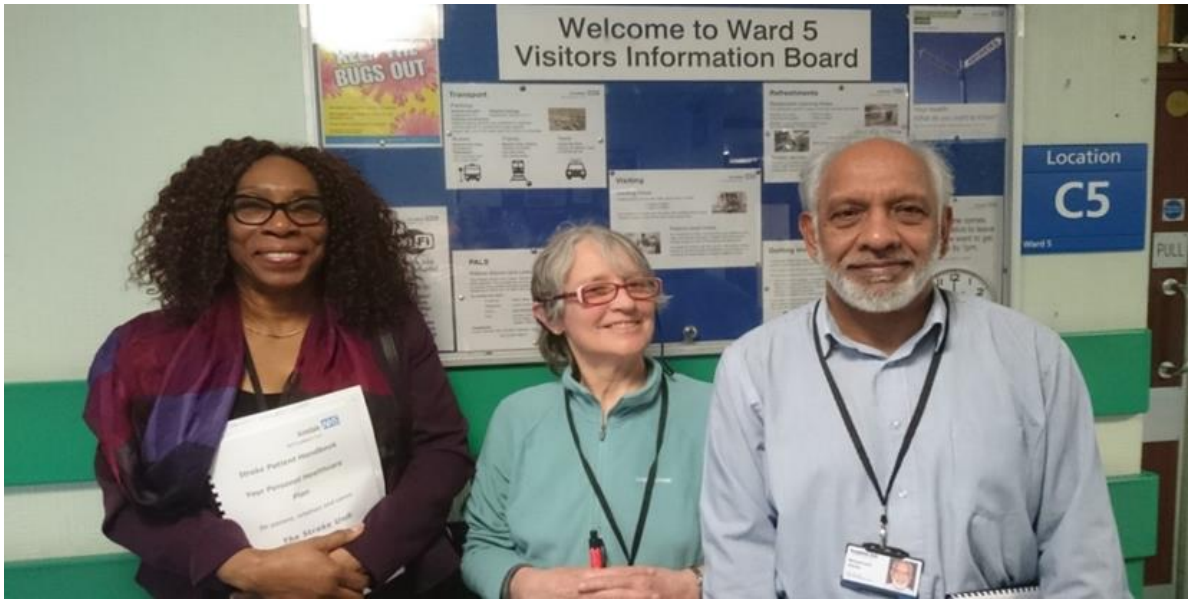
healthwatch
Bradford and District



Enter and View Report
Airedale General Hospital, Ward 5

1st March and 5th April 2016

Key Findings

- Good and excellent care
- Generally felt well informed and involved in their care
- Friendly, caring staff with positive attitudes
- Cleanliness of ward
- Some people were less happy about the staff levels at the weekend, specifically the absence of therapy staff
- Some felt less informed / involved about discharge planning and follow up services
- Some felt less well informed about their care and what was happening on the ward when they were first admitted.

What is Enter and View?

Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.

Service visited:

Ward 5, Airedale General Hospital, Airedale NHS Foundation Trust.

Dates of visits:

Tuesday 1st March and Tuesday 5th April 2016

Authorised Enter and View Representatives:

- Lorna James
- Mohammed Akhtar
- Val Mills

Healthwatch Staff:

- Andrew Jones, Healthwatch Manager
- Victoria Simmons, Healthwatch Communications Manager
- Safya Khan, Healthwatch Development Worker

Why did Healthwatch visit this service?

- The visit gave an opportunity to gather experiences of stroke rehabilitation Ward 5 at Airedale General Hospital, following the transfer of the Hyper Acute Stroke Unit to Bradford Royal Infirmary in August 2015.
- We had heard some concerns about a lack of specialist stroke services and therapy at the weekend.
- During a project on the experience of people with long-term conditions, we had heard some negative feedback about a lack of support to some people with stroke in the community following discharge.

Purpose of the Enter and View visit

The focus and the purpose of the visit was to look at aspects of service delivery with a focus on stoke rehabilitation service. Healthwatch wanted to help the service understand what is working well, what is not working so well and what needs to be improved.

- There was also a focus on speech and language therapy services, to understand how patients feel about the additional support that is given to them.
- Healthwatch were also interested to know if there was specialist stroke care and therapy input provided at the weekend and patient's experiences and views on this.
- We wanted to ask if emotional (psychological) support had been offered or provided.
- Healthwatch wanted to find out what involvement and support is available upon discharge, including community services support.

How was the visit prepared and conducted?

The visit for ward 5 was carried out over two sessions; the reason for this was that at the first visit the number of patients available to speak was low, largely due to the number of patients not being well enough to speak to Healthwatch or not wanting to participate at that time. The visits were carried out by three representatives, all three talking to patients on 1 March 2016 then two of them returning for a second visit on 5 April. The representatives and Healthwatch staff were welcomed onto the ward by Anthea Wagstaff, the Senior Sister. Anthea was able to identify which patients we were able to speak to, and those that were well enough to participate.

The representatives met with nine individuals who were inpatients at the facility and spoke to some family members. Patients that we spoke to had been on the ward for a minimum of 3 days and a maximum of more than 3 months. All individuals that were spoken to were informed of the independent role of Healthwatch and told about the objectives of the Healthwatch visit. All participants gave verbal permission for the interviews to proceed and were assured of confidentiality and anonymity. One patient started the interview but started to feel unwell and tired at which point the Enter and View representative decided the best option was to terminate the interview.

Healthwatch also interviewed two members of staff to gain an insight from their perspective. With the patient's agreement, we also observed a physiotherapy session and spoke with the therapists.

All the members of staff we spoke to were happy to answer our questions. The hospital Trust had helpfully provided us with information prior to the visit.

Methods used to gather feedback:

- A "semi-structured" interview questionnaire for both patients and families, used by enter and view representatives
- An observation sheet for representative to record other aspects of the service
- Key questions for staff, used by Healthwatch staff.

Introduction to the Service

Ward 5, at Airedale General Hospital, Steeton, is a mixed ward providing acute rehabilitation services for stroke patients, care for people with neurological and other medical conditions, and specialised rehabilitation services for people with complex disability. The ward has an allocation of 21 beds of which 15 are used for Stroke patients, 6 for neurological conditions. (7 additional beds on the ward were used as "escalation beds" for other conditions.) This mix varies slightly according to needs at any one time.

The ward is a mixed, open bay ward, with 4 beds to each bay. There are also separate rooms for patients which are allocated dependant on medical needs. The staff/patient ratio is as recommended by the Royal College of Physicians, of 1.35 Nurse per bed for stroke rehabilitation. Staff training has been developed in-house so far. A training needs analysis is being carried out with the service looking for the best stroke-specialist training modules available nationally that meet identified needs.

There is a ward round twice a week by a Stroke Consultant. Every Thursday there is a multidisciplinary team (MDT) meeting, led by the Consultant and including all key nursing and therapy disciplines and a hospital social worker. Individual patient MDT goals for the next two weeks are agreed, and the progress made by each patient is reviewed. Once patients are medically stable, decisions about discharge are therapy-led and take into account progress made and future potential for additional recovery.

Psychological support is no longer available routinely on the ward. Psychology used to be part of the ward MDT but this is no longer the case. Ward staff feel there is a strong case to reinstate this. Speech and Language Therapy have an office on the ward; physiotherapy and occupational therapy are key disciplines in the MDT.

Therapy staff are not available at the weekend on Ward 5. The Senior Sister told us that therapists leave instructions about therapy for the nursing staff at the weekend relating to each patient. She said that the weekends give patients the opportunity to practice their therapy exercises and/or take necessary rest and spend time with their families.

As well as the specialist stroke care and rehabilitation, physiotherapy and speech therapy, staff told us about other areas of support and information:

- Family meetings – patients and carers are involved in planning their care, held regularly to set goals, monitor progress and in time, plan discharge.
- A "family evening" every Thursday to speak to family members and carers who can't get in during the day.
- For those who can't make it to these, the Stroke Specialist Nurse calls each family of a patient for a telephone conversation once a week.
- The Stroke Specialist Nurse phones every patient one week after discharge, there is then a 6 week follow up with the Stroke Consultant, then a six month follow up.

- As with the rest of the hospital, Ward 5 gather feedback via the Friends and Family test and conduct surveys, sometimes using volunteers.
- Information boards are in place on or outside the ward, signposting people to self-help groups and useful websites.
- Staff give and use self-help guidance, information, relevant booklets.
- There is a comprehensive (55 page) "Stroke Patient Handbook – Your personal healthcare plan for patient, relatives and carers". This has been produced by the hospital Stroke Unit
- The ward staff use Carers Resource via a link worker, a service which gives broader support and advice, for example on wider issues such as finance / welfare benefits.
- A stroke advice line for the public has been established – this provides an answer phone and call back by the Stoke Nurse Specialist.

Ward 5 at Airedale Hospital does not provide the more intensive "Hyper Acute Stroke Unit" (HASU) services. Since August 2015 these specialised services have been provided at Bradford Royal Infirmary (BRI) for the first 24-72 hours of care following a stroke, with Airedale patients then being transferred back to Airedale Hospital for the remainder of their acute rehabilitation on Ward 5. The ward has a clear operational policy; there are also repatriation guidelines to ensure transfers between the BRI and Airedale work well.

Based on our discussions with patients and families, and our observations during two visits to the ward, the Enter and View team felt the ward was providing good care. Generally patients felt well informed and involved in their care, and spoke warmly about the staff team. Many people commented positively on the cleanliness of ward environment.

Some people were less happy about the staff levels at the weekend, specifically the absence of therapy staff. Concerns were expressed by some patients and carers who felt less involved in discharge planning and follow up services. Some people felt they didn't understand enough about plans for their care and what was happening on the ward when they were first admitted.

More detail on what people liked:

- Several people said they like being in Airedale Hospital rather than the Hyper Acute Stroke Service a Bradford Royal Infirmary. (This was no reflection of the care in the HASU in Bradford, more about being out of the very acute phase and being closer to home.)
- The care received from staff on Ward 5 at AGH (and the BRI stroke services) was said by the majority of patients and families to be "good" to "exemplary".
- Most care on Ward 5 was found to meet the needs of patients, including the setting of goals or targets.
- People spoke positively about helpful, informative staff giving explanations and information at the right time.
- Patients and families spoke positively about their involvement in *some* aspects of discharge planning, (but people also said there needed to be more involvement to cover *all* aspects of discharge planning).
- Visits from the Chaplain for those who wanted them were positively remarked upon.
- People liked the view from the windows.
- They noted the cleanliness of the ward.
- People appreciated the cheerfulness of the cleaners and tea lady.

What people didn't like:

- Availability of specialist staff and therapists (Speech & Language and Physiotherapy) at weekends, not just through the week, for those patients who want this:

  "People don't stop being poorly because it's Saturday,"

  "(At weekends) everything comes to a standstill."

- People did not like the fact that there were gaps in service and support if therapists are on holiday.
- A lack of privacy and therefore dignity was noted in some situations.
- A lack of communication particularly when initially admitted and new to the ward/procedures/treatment. Some patients said they were not clear about treatment and care, particularly in the early days on the ward.
- Some said there is a need to improve on the information given about planned discharge, involving patients and families in all decision-making and including information on what happens after discharge into the community.
- There was one example given where repeated requests for staff to use a patient's preferred name had been overlooked, and the patient expressed a sense of being ignored by some staff.
- Relating to the whole stroke pathway, people described stress, anxiety and inconvenience for Airedale residents who were admitted to the hyper acute stroke unit at BRI resulting in problems with visiting/parking.

Interviews with patients and carers

The Enter and View team spoke to patients and carers on the ward about their experiences, what they felt was good and what could be improved.

Patient A

Patient A was transferred from the BRI two weeks ago following a major stroke which left her unable to use one hand. We met her with her daughter who was visiting. Her daughter found it very stressful when her mother was admitted to the HASU at the BRI – following an ambulance in an emergency, parking, travelling many miles to visit, all adding more stress to an already stressful situation.

Patient A is low in spirits but looking forward to going home. She does not like the lack of privacy on Ward 5 and finds the level of noise uncomfortable. "The TV is very loud and on all day regardless if it is being watched or not". She feels that better care needs to be taken of patients' possessions. She says that not all staff use her stated preferred form of address – she finds it disrespectful to be called by her first name. But she also said, "the senior staff and physiotherapists are intelligent and respectful".

We asked about the type of support available on the ward over the weekends. Her daughter said there was only skeleton staffs which she felt were mostly inexperienced and unskilled, resulting in reduced quality of care.

Patient A says although she is unable to use one hand, she has only had help once to eat; she said that if help is requested the staff say they will come when they can but this can take a long time. She was very upset about an incident that occurred where she requested a bed pan; she waited a long time and by the time it got there it was too late, she had soiled the bed. This was very distressing as she felt she lost her dignity. She felt that this needs addressing – unwell people may not be very assertive or may be unable to express themselves.

Her daughter is involved in planning meetings. They both spoke positively about the cleanliness of the ward and visits from the hospital Chaplain.

Patient B

Patient B is elderly and has a long term degenerative neurological condition. Her son was visiting. She had recently collapsed at home, and this had been seen as a potential stroke and she had been taken to the BRI. Diagnosis and treatment in Bradford showed she had not had a stroke and she was brought back to Airedale Hospital.

She had nothing but praise for the medical care and attention she had received on Ward 5 at Airedale Hospital saying it was, "so much better than last time she had been an inpatient", when she said the treatment on another ward had been unpleasant and staff very bossy. She enthusiastically gave her care on the Stroke Ward a 12/10 score!

Patient C

Patient C is in her 80s and had a very active life in the local community that she was keen to get back to as soon as possible. She hoped to get out by the weekend.

She felt she had some difficulty with speaking. She was already on blood thinning and other drug treatments following her previous mini stroke. She also had other health problems, was receiving a range of treatments for various conditions and community physiotherapy.

A hospital doctor called in to see her about a scan being arranged for later, she was not really sure what it was for.

She told us that she had not liked her time at BRI, in what she described as a 'gloomy environment' so she had asked to be brought back to Airedale where she had to be placed on another ward until a bed on the stroke ward became available. She said the stroke ward at Airedale was very nice, the services excellent and the treatment good.

Patient D

Patient D has had a major stroke paralysing her on one side. Having collapsed at home she had just managed to phone a male relative who had phoned Emergency Services. Police had broken in and she had then been taken to Bradford by ambulance.

She was still very shocked by her collapse and the drastic consequences for her future health and lifestyle as she had previously been fit and well. She said she had some problems with remembering words and speaking but was clearly interested in the current affairs on her TV.

She had been moved to Airedale General Hospital for longer term nursing care, having been bed bound for several weeks.

She had no other relatives to care for her nor local friends to visit her. As she needed long term nursing care the hospital senior stroke ward staff were trying to find a suitable nursing home for her to be moved to. She does not have any active family members locally lobbying and advocating for her to ensure that she gets the necessary level of quality services, now and after discharge. The Enter and View representative asked if she had a social worker or an independent advocate – it appeared that she did not.

In terms of care on Ward 5, she said she found the food "ok" and enjoyed the pleasant garden view from her windows. She repeated that she felt there weren't enough nurses.

Patient E

Patient E is in her 60s and had a major stroke in March 2016. She was admitted and treated initially at the BRI then transferred to Airedale General Hospital to continue her recovery. She has been there about four weeks.

Patient E said out that the care she was receiving from everyone was exemplary. Patient E felt that the doctors and nurses were good at talking with her and explaining the things that she needed to know and she was happy with that.

We asked whether specialist support was available at the weekend, for example physiotherapy or speech therapy. She said she was having physiotherapy sessions 2 to 3 times weekly however, there were no therapists on the ward at the week end. She said that patients are encouraged to continue doing the exercises they are taught by the physiotherapist and over the weekend other staff are available to give support if needed.

We asked if support was offered for her emotional wellbeing, Patient E said she was not offered any opportunity to talk about how she was feeling.

At this point of her recovery Patient E has not had any discussion about discharge. She will have support from husband at home and adult sons and did not anticipate that she will need any aids in her home to assist her.

Patient E said all staff were very attentive and nothing was too much trouble. She was delighted with the care she was receiving. She did not feel anything needed improving and thinks everything is brilliant. Patient E had only praise and admiration for all the staff on Ward 5 and the multidisciplinary team.

Patient F

Patient F suffered a major stroke in March 2016. She was nursed at the HASU in BRI for the first 48 hours before being transferred to the stroke unit at Airedale General Hospital.

We also met Patient F's daughter who was visiting at the time; she commented that although her mother had a stroke she was still very sharp and witty, for example still doing well at her crosswords.

Both the patient and her daughter said the care she received at BRI and the care she is receiving at Airedale were marvellous. Patient F said the staff explain everything, they both agreed that the care she was receiving met her needs.

Patient F explained that she has had speech therapy but no physiotherapy as yet. Her daughter pointed out that her mother has been sleeping a lot and that she also had problems swallowing and is receiving feeds through a nasogastric tube.

Regarding one to one or group support to discuss how she was feeling Patient F said that the nurses always ask how she is feeling although she has not had any direct one-to-one or group sessions. Her daughter said the family try to visit her mother as much as possible

so someone is with her most of the time. They both agreed that that they were very much involved in her care. Her daughter also pointed out that she and her mother know who to ask for help if needed.

Exploring what she would like to know before discharge, Patient F said it was going to be a long while before she is discharged, however her daughter told us that her mother has been given a book with a lot of information by the stroke nurse.

Patient F told us that she felt they clean the ward well.

Patient G

Patient G is a middle aged patient who was sent by her GP to Bradford Royal Infirmary for a CT scan following an incident. Patient was transferred to Airedale as the scan was clear, she has undergone an MRI scan and is awaiting the result of that. She feels that the hospital have done everything they can and she accepts that there are natural delays.

Asked if the patient has been involved in planning the recovery for example, speech therapy, physio etc, she said that occupational therapy have asked if they can help and physio has provided some therapy already. Patient said she feels well enough and said does not need more help for the time being but has been offered help if she needed it at home.

She felt that everything stopped on the weekend and comes to a standstill and this could free up beds if support available for patients to improve. Patient said, “People don’t stop being poorly because it’s Saturday.”

Asked if she had been offered the opportunity to talk about her feelings, Patient G said that she was emotional a day or so ago but kept it to herself. She was fairly confident that if she needed the support it would be available.

Patient G said she feels she is respected and that staff know she would like to go home and they are all working towards this. As part of the discharge, the patient would like to know who is going to the follow up and when and would welcome other support once diagnosed.

Asked about the things that are done well on the ward the patient said if you needed help you would receive it, however there may be other people that need more help. She complimented the cleaning services and said that they work hard to keep the ward clean.

Patient G said her bay at the end of the corridor felt “a bit out of the way”.

Patient H

We spoke to Patient H with her husband. Following a stroke she was admitted to the BRI and later transferred to Airedale; she has been on ward 5 for 6 weeks.

Generally everything is good on the ward except she says that there was an issue with food last week. The patient wanted the food to be more solid; she told us that as part of the recovery the food texture should be more solid, however this took a week to sort out.

Her husband said that the hospital allow him to visit when he wants, to support his wife. Patient H feels that she is involved in the planning of her recovery. She said that she and her husband had a meeting with staff, where they set out the aims and achievements.

In terms of support, the volunteers from the chapel do come and speak to patients and the patient has been able to come home on the weekend to have a break from hospital.

Patient advised she feels is involved in the decisions regarding discharge. They have had a meeting with the clinical staff and are due to have a follow up meeting in a couple of weeks. There is a possibility that patient will be using a wheelchair at home and will need support with that. Patient said she would like to build on the advice already given and is buddying up with a neighbour who is in a similar situation. This was suggested by the physio and patient was very happy with the support.

She said that the disposition of people on the ward is very cheerful, the tea lady is cheerful and all staff are smiling and have a pleasant demeanour.

In terms of improvements, Patient H mentioned that staffing levels on the weekend could do with being improved to include physiotherapy on the weekends. She feels that there are less staff and that there are 3 staff members to support 18 patients. She told us that due to the Easter break there was lack of physio so there is a week's worth of therapy missing from the care plan.

Both patient and her husband have commented on the positivity of staff and that generally everything is fine.

Patient J

We met patient J while he was having a physiotherapy session on the ward, with two physiotherapists. He is in his early 70s, and has been on the ward since November 2015 after suffering a severe stroke. He was taken to Bradford first but doesn't know or remember much about the early stages of his care.

He spoke very warmly about the care he receives on the ward, "I really appreciate what they do for me."

The therapists clearly had a good rapport with him, and had worked with him through his recovery – they knew him well and remarked on how well he was doing compared to a session earlier in the week where he'd been tired. The therapists knew about work Patient J had been doing in the kitchen with the occupational therapists and were talking about how this therapy builds on the physiotherapy – encouraging stability and balance as well as fine motor skills.

The patient said he had sessions with the physiotherapists 3-4 times a week, sometimes more but never at the weekend. He said that he wants as much as he can get, but that he thinks having a break for the weekend is important, "I think you need the time to rejuvenate and recharge your batteries."

J said he was very clear about what he needed to achieve and work towards to get home, and that was his focus. "The girls (physios) and I set goals together, I know what I need to do and I know they're here to help me. There are no half measures."

Interviews with staff

We met with two physiotherapists during a session. They said they can't always meet the demand for daily therapy sessions with every patient, but they aim for 3-4 physio sessions per week and use national guidelines for prioritising patients. This tends to mean that those who are recovering well might get daily sessions, and patients whose recovery is going more slowly will have fewer sessions per week. "Rehabilitation can be slow, and we have to work with that."

In the early stages of recovery, a patient may need a team of 4 physiotherapists working together to safely mobilise. For some patients just getting them sitting for short periods is all the physiotherapy that is appropriate at that time. Sometimes it can be a challenge to manage the expectations of patients and families, who understandably want to see recovery happening quickly.

The therapists say that it is not just the physio sessions which have an effect, everything that the patient is doing is contributing – so the care assistants and nursing staff helping a patient to feed themselves, or supporting a patient to transfer to wheelchair, is significant in their recovery. They said that the multi-disciplinary teams work well together and share information that ensures all staff support patients appropriately.

We also met with a staff nurse. She feels teams on the ward work well together and she's confident they deliver really good care for patients. Communication among different members of the ward staff is good and helps them all work effectively.

"Right from the top to the bottom everyone who works here is focused on the patients. Even the girl who comes in and makes cups of tea for people is paying attention to patients and identifying needs – she might say to me 'Mrs. Smith seems a bit upset' and we can pick up on it."

A mood assessment test is used on the ward by staff, and any concerns are identified and discussed at MDT meetings or in handovers. Many patients on the ward take anti-depressants. Nurses wouldn't make a referral for psychology but would raise it with the stroke consultants first, who might then make a referral if needed.

Recovering from stroke can be very hard emotionally as well as physically, and she feels that patients often 'put on a brave face'. "Sometimes you can see people are feeling upset but are trying to hold it in. They see that we're busy and think they shouldn't bother us to talk about their feelings. People can get isolated when they're on the ward for a long time. And often they're struggling to communicate because they've lost their speech or have cognitive problems, so they are getting really frustrated with that too."

"You need to invest the time to communicate properly with a lot of our patients, but it's really important." Staff on Ward 5 use different tools to communicate with patients who have difficulties after stroke – picture boards, spelling things out, or some people use ipads or smart phones.

Patients and families want physiotherapy sessions at the weekends, and she thinks that for some patients this would help their recovery, but not for everyone. Nursing staff are given information from physios about the right way to mobilise each patient, how long they should sit for, how to transfer etc. This is shared verbally at handovers and is recorded on each patient's locker. Nursing and care staff follow this and encourage patients to do as much as they can, but they can't do any more than that because they are not qualified in physiotherapy. Sometimes patients and families seem frustrated by a lack of physio at the weekends.

Members of Ward 5 staff identified the following areas where they would like to make improvements or fill gaps:

- Psychology support on the ward as an integrated part of the service – this was once part of the service on ward 5 but has now ceased. Staff recognise the importance and value of this service.
- An assessment bathroom would be of value
- Different layout on the ward, for example by changing the dayroom into a dining area
- Updating the decor which is somewhat dated
- One staff member said that it would be really good for patients to have more social interaction and activities, and this would help with recovery on many levels. The hospital organises some social things but it's not enough.
- Opportunities for patients to talk to others who have been through a similar experience, to help them understand what to expect during their recovery but also to see that there can be a positive outcome.
- The senior staff team are looking at options for new stroke nursing / stroke rehab training module (the ward developed one in house but now wants to build on this and strengthen specialist skills).

Conclusion

The Enter and View team would like to thank Elaine Andrews, Anthea Wagstaff, Pam Beaumont and Anne Shirley and all the other staff on Ward 5 for the warm welcome given to the Enter and View team. We appreciated the information the Trust provided us about Ward 5 and the stroke service and the openness and transparency of all involved.

We greatly value the time that patients and carers spent talking to us, and allowing us to ask questions about their experience.

As Enter and View Representatives, we were very impressed with what we observed and what we were told by the service users about care on ward 5. The staff team were professional, welcoming and friendly, the atmosphere on the ward was calm and the environment was clean.

Service users had confidence in the staff who they praised highly for the care they provide.

Some patients raised issues about a lack of therapy staff and specialist stroke staff at the weekends. Some also said they wanted to be better informed and more involved immediately after admission, throughout their stay, and before and during discharge. There were a small number of comments about respect and areas where communication could have been improved. These issues are reflected in our recommendations.

Our conversations with staff also suggested some areas where they think services could be improved and developed. We suggest that the senior hospital team take account of the issues raised by staff and where possible take action accordingly.

Enter and View representatives' recommendations

1. We recommend that staffing levels at the weekend are reviewed to ensure that there is always appropriate access to all stroke specialist staff. We recommend that there should be 7 day a week specialist stroke nursing on ward 5.
2. In particular we recommend that consideration is given to having therapy services (physiotherapy, occupational therapy, speech and language) at the weekends for those patients who need and want this. We recommend that there should be 7 day a week specialist therapy services on ward 5.
3. We recommend that the input of a psychologist to the multi-disciplinary team is reinstated. We also recommend that the team looks at other ways to systematically promote and enhance patients' emotional wellbeing and mental health.
4. We recommend that the Trust explores how social opportunities for patients can be improved and what could be put in place to reduce social isolation. Specifically, we suggest the idea of "buddying" with other people who have been through a stroke and received stroke rehab services to help current patients understand what to expect during their recovery but also to see that there can be a positive outcome.
5. We suggest that the ward team reviews communication and information when patients are initially admitted and new to the ward/procedures/treatment. Some patients said they were not clear about treatment and care, particularly in the early days on the ward.
6. We recommend that the ward team reviews and where necessary improves on the information given about planned discharge, involving patients and families in all decision-making and including information on what happens after discharge into the community.
7. We recommend that the environmental issues raised in this report are addressed – review layout of the ward to improve visibility of all bays, consider converting the day room into a dining area, putting an assessment bathroom in, updating décor and signage, particularly for those patients with cognitive impairments.
8. We recommend that the staff on Ward 5 receive this report and in particular are commended for the very positive feedback from patients who value their skill, attitude and respect. The details of the many positive things said by patients are listed in this report.

We would again like to thank the Trust for letting us visit the department twice, and we will continue to work positively with them to ensure that patient and carer feedback is at the heart of their plans for continual improvement.

Lorna James, Mohamed Akhtar, Val Mills.

5th September 2016

More about Enter and View

- Members of the public volunteer to become authorised representatives, carrying out visits on behalf of Healthwatch. They receive training to deal with sensitive situations and confidential information, and are checked by the Disclosure and Barring Service
- Healthwatch authorised representatives carry out visits to health and social care services in our district, to see how a service is being run and make recommendations where there are areas for improvement.
- Visits can happen if people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.
- Any publicly funded service can be visited like care homes, hospitals, GPs and dentists.

Disclaimer

- Our report relates to a specific visit to the service at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by volunteer Enter and View authorised representatives who carried out the visit on behalf of Healthwatch Bradford and District.
- For more information about this visit and Healthwatch Bradford and District Enter and View activities please contact call 01535 665258 or email info@healthwatchbradford.co.uk