



## **Enter and View Report**

Ward F5, St. Luke's Hospital, Bradford Teaching Hospital Foundation Trust  
26th October 2015

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### **Key Findings**

- Excellent care and treatment on Ward F5
- Supportive and caring staff at all levels
- No formal mechanism to provide emotional support to stroke survivors
- Mixed views on involvement and communication on discharge planning
- Not all patients get the right information upon discharge



## Enter and View Visit Details

<b>Date:</b>	Monday 26th October 2015
<b>Authorised Representatives:</b>	Lorna James and Mohammed Akhtar
<b>Healthwatch Staff:</b>	Afsana Aslam
<b>Service visited:</b>	Ward F5, St. Luke's Hospital, Bradford Teaching Hospital Foundation Trust
<b>Provider Staff:</b>	Jill Underwood, Ward Manager/Sister, Elderly Care Samantha Palfreyman, Stroke Sister



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### **Why Healthwatch volunteers visited this service**

The Enter and View visit was organised as an opportunity to explore patient experience of inpatient stroke rehabilitation services and learn how Bradford Teaching Hospital Foundation Trust is delivering care at St. Luke's Hospital.

### **Background**

The Care Quality Commission report published April 2015 highlights some concerns about staff shortages and lack of psychological therapies available across inpatient Stroke Rehabilitation wards at St. Luke's.

Healthwatch Bradford and District have recently undertaken a piece of work on behalf of the CCGs (Clinical Commissioning Groups) to gather people's opinions concerning the recent changes to the Hyper Acute Stroke Services across Bradford and Airedale. Additionally, Healthwatch are currently undertaking an independent project to review the impact of support for mental health and emotional wellbeing for people who have a long term condition. This is a time limited piece of work that focuses on stroke and heart failure.

Early findings and patterns emerging from the data gathered indicate a lack of support offered to address the emotional impact of stroke and connect people to after-care in the community. Healthwatch were keen to hear about individual experiences during rehabilitation care, to gain a better understanding of these issues.

### **Purpose of the Enter and View visit**

Healthwatch representatives decided to focus on the care and psychological support offered to patients during their stay on F5.

Questions were prepared to gather patient's experience of both formal and informal psychological support offered to patient and families during their stay on the Ward.

We also asked people if they felt involved in planning for discharge and ensuring the right level of support was in place to meet both physical and mental needs.

### **How was the visit prepared and conducted?**

The Enter and View visit was conducted on one visit and provides a snap shot of patient experience on that day. Two representatives and a member of the Healthwatch team carried out the visit. Volunteers met with five patients during the visit and also spoke to some relatives and carers.

Everyone we spoke to was informed of our volunteer role with Healthwatch, and the aim of Enter and View. All participants provided verbal permission for the interviews to proceed and were assured of confidentiality.

This report was drafted by Healthwatch staff based on volunteers' notes and feedback. Factual details about the ward have been checked with the hospital staff.



In September 2015, Ward F5 (Elderly Care), and Ward F6 (Stroke Rehabilitation) at St. Luke's Hospital were combined onto a 27 bed Ward, F5. This was done for a number of reasons including overcoming problems of staff shortages which were highlighted in the CQC report published April 2015. Other reasons included an opportunity for Elderly Care nursing staff to train and build skills on how to care and support stroke patients.

F5 now provides care to Elderly, Neurology and Stroke Rehabilitation patients. The ward has four side bed bays which accommodate six beds each and three private rooms. Staff make up on the ward is equal to four qualified nurses and four healthcare assistants during the morning and late shifts; reducing to two qualified and three assistants during the night. Currently there is no medical cover over the weekend; when a patient needs a doctor, nursing staff contact the BRI to try to arrange for the patient to transfer to a bed on a ward there. If no beds are available the patient will be transferred by ambulance to Accident and Emergency at the BRI.

Samantha Palfreyman the Stroke Sister commented:

*“Four staff is a good ratio, it's a nice number it means we have one qualified member of staff to every six -seven patients.”*

Jill Underwood told the Healthwatch team:

*“The staff embraced the change and are using this as an opportunity to learn from one another. Elderly care nurses are learning from the specialist stroke nurses on how to care and support stroke patients, there is regular training on the ward which helps to update staff knowledge.”*



## Key Findings

- Most patients reported excellent care and treatment on Ward F5
- Supportive and caring staff at all levels
- No formal mechanism to provide emotional support to stroke survivors
- Mixed views on involvement and communication on discharge planning
- Not all patients get the right information upon discharge

### ● Care and treatment

Patients are transferred from the hyper acute stroke unit (HASU) at the BRI on to ward F5 at St. Luke's to be supported with rehabilitation and recover from the impact of stroke. A typical stay on ward F5 can last up to 100 days. The discharge rate on F6 was 160 stroke patients within the last year.

The stroke ward is increasingly seeing younger patients who have experienced stroke.

*“We seem to be seeing younger patients coming through with stroke, it's not necessarily elderly.”*

Samantha Palfreyman also added the transfer from BRI to St. Luke's often has an unhelpful effect on patients.

*“When people are transferred it often takes them about a week to become acclimatised to the environment, sometimes they are upset because they think they are going home and end up here.”*

Once patients have arrived on the ward, nursing staff involve patients, carers and families to develop personalised rehabilitation plans. These plans help to set individual goals for recovery and may include physiotherapy and speech therapy if this required. Plans are usually developed early on and the ward team check the patients progress daily via board round which includes occupational therapists, physiotherapists and nurses.

Therapy staff, patients, and families are also involved during weekly review meetings where they have the opportunity to feed into plans prepared by medical and nursing staff. The ward manager Jill Underwood said

*“Patient's feedback is important to us and this is monitored through daily interactions as well as the friends and family test.”*



### **Psychological support on ward F5**

The psychologist is based at the Bradford Royal Infirmary rather than at St. Luke's Hospital, however this service is also available to patients on ward F5. If the staff team are concerned about a patient's mood or well-being then they can make a referral.

Nursing and therapy staff who are working directly and routinely with patients provide support and encouragement during one to one or group contact with patients. This includes physiotherapy and speech therapy teams.

When staff recognise feelings of low mood among patients this is reported to the Ward Manager or Sister on duty who will take the necessary steps to ensure patients have the right support and are made to feel comfortable.

In the past the ward had a volunteer who was a stroke survivor, the volunteer would visit twice to befriend and offer support to patients. Sadly the volunteer has recently died. Both Jill and Samantha recognised the importance of continuing to offer support in this way and hope to recruit new volunteers.

### **Supporting a diverse community**

Interpreters are not used for day to day interactions however are invited to attend and support with personal goal planning and meetings.

The Ward Manager told us:

*“On a day to day basis we rarely have interpreters, we have multilingual staff who can support patients and we try and encourage the use of pictures....staff have also learned key words which can help to steer through the conversation and identify the patient need.”*

More recently the Ward have arranged for interpreters to be present with patients during each physiotherapy, occupational and speech therapy session.

Samantha told us:

*“We have had Slovakian and Polish patients and needed an interpreter at each session of physio, occupational and speech during the patients stay so that we could fully understand the patient need and provide the right care.”*



## ● Preparing to go home: Early Supported Discharge scheme

Research suggests people recover better when they are in their own environment. The Early Supported Discharge scheme (ESD) supports this by allowing the patient to go home earlier while still receiving some essential support in the home at set and agreed times.

The decision for a patient's suitability is made by the therapists and they make the referral. The community stroke nurses go in at home to further support stroke survivors; checking on things such as blood pressure and general well-being. When representatives asked what the staff feel about this scheme Samantha commented:

*“Often find patients come back to us in six week with significant improvements and recovery.”*

### Updated information 11 March 2016:

Since our visit, Healthwatch Bradford and District has heard some concerns that the Early Supported Discharge scheme (ESD) has ended and that people have to wait some weeks for physiotherapy after leaving hospital.

We have been informed by Bradford Teaching Hospitals NHS Foundation Trust that, although there have been some staffing issues and an ongoing discussion with commissioners about funding for the scheme, ESD is still in place.

The ESD pilot is currently being evaluated for effectiveness and value for money before a decision on the future of the scheme.

## ● Information people are given when they go home

Patients are provided with a medical summary as well as details of their prescribed medications and the home from hospital scheme, which is provided by Carers' Resource. This scheme offers time limited practical support to patients on arrival home for example, basic shopping and signposting information.

Carers are provided with contact details of Carers' Resource. No referrals are made to other community groups, i.e. those supporting people who have had a stroke - there is an assumption that the community stroke nurse would probably pick this up.



### Mr A, a stroke survivor

Mr A was transferred from Bradford Royal Infirmary around a week before our visit. He settled in well and is making good progress in his recovery.

Mr A was very relaxed and enjoying the company of his family who were visiting. His family did not have any lengthy conversations with us only interjecting to confirm what he was telling us.

When asked about the care he was receiving on the ward, Mr A responded:

*“It’s very good, excellent! I get everything I need and the care is over and above my expectations.”*

Family members were also pleased with the care he was receiving and commented on how well his recovery was, they felt nothing needed to be changed.

When asked if he was involved in planning his recovery Mr A told the representatives:

*“Nurses explain the care and decide the best care for me.”*

Mr A was happy with this and felt the professionals knew what was best for him.

We asked about physiotherapy, and Mr A explained there were therapists during the week to teach exercises and he visited the specialised gym where some of this took place but the same service was not available on the weekends. He recognised that this was so much of a problem for him (because the stroke had not had a huge impact on his mobility) but he thought that other patients may find this more difficult.

Mr A did not feel he needed one to one emotional support; he was recovering well and quickly from his stroke. Currently there had been no informal discussion or plans for discharge with the hospital staff however Mr A felt it would not be long before he would be ready for home and discharged.

Mr A’s final comments were complimentary of both the ward and staff:

*“They do their best on the ward and give you instant attention once the buzzer is alarmed or when you ask for help from staff.”*

However he also felt that some improvements could be made and efficiency improved.

*“The nursing staff had too many jobs to do, sometimes they leave the job they are doing to attend to someone and don’t always return to do the job they were doing.”*

Overall Mr A and his family were happy with the care he was receiving.



**Mr B, White British man in his 50s**

Mr B was at the peak of his career when he suffered a stroke; he was transferred from the Bradford Royal Infirmary approximately 6 weeks ago to continue his recovery. He was emotional and tearful; however he wanted to share his experience with Healthwatch.

He explained when he had his stroke his speech had been affected and now had almost returned to normal. He was alone during the interview and presented himself as a very independent person who finds it difficult to ask for or accept help.

*“I was trying to get up even though I’ve been told not to, I was unable to keep my balance and thankful I didn’t get an injury because of it. I feel frustrated always having to ask for simple tasks to be done like passing me my mobile phone when I forget to bring it back to the bedside.”*

Mr B is now more accepting of the help he is offered by the staff. When asked about the care he receives on ward F5, Mr B praised an individual staff member highly for attending to his needs including ensuring he is showered, dressed and supported to get ready when Mr B goes home on short visits.

*“I am getting the help and care I need. I get a lot of support from a male member of staff, he is superb. I appreciate the care I get, it’s better than that at BRI and has exceeded my expectations”*

Mr B was unsure about whether he and his family had been involved in the plans for discharge. However he explained that his primary care giver had arranged for various aids to be installed at his home to help him once discharged. He was going home for visits of a few hours at a time, and looking forward to his next leave home.

Mr B was asked about emotional support; while he appears to be struggling to come to terms with his illness and the prospect of being unable to work in the near future, he said he was not offered any support for his mental health. However, Mr B went on to say he would refuse such support if offered as he felt his family were able to provide more support than anyone else.

When asked about improvements to the ward, Mr B said that the noise of the trolleys and doors closing, along with beeping from machines, were unsettling. He recommended rubber wheels and self-closing devices on doors to make them quieter.

Mr B experience on ward F5 has been positive; he is happy with the care he is receiving and the environment in which care is being provided.



● **Mr C, White British man in his 70s**

Mr C has no immediate family and lives alone, however he has a helpful neighbour.

When Mr C was asked about the care on the ward he felt the doctors and nurses didn't talk to each other about the treatment and he felt excluded from conversations about his care. In exploring the extent of his involvement in care, Mr C explained he was not involved in making decisions about his care:

*“The nurses make decisions about my care and I just go with the flow, they make their minds up and you just accept it.”*

Mr C said the care on the ward did not meet his expectations:

*“Sometimes the buzzer sounds and there are considerable delays in answering, even when there are several nurses around the station.”*

Mr C had six sessions of physiotherapy and was taught the exercises which would help him, now he is expected to continue the exercise without support. He felt there was a weakness in the system because there were no physiotherapists or doctors on the weekend and nurses had nothing to do with physiotherapy.

Mr C told us he has not been offered any emotional support or one to one support however the staff will ask how he is feeling.

Mr C appeared to know little about what support he would have upon discharge and wanted information on what would happen in the next few weeks, including services to support the recovery and use of his hand and other support services. He was aware and had accepted home care support for up to 6 weeks and was hopeful his neighbour would also help.

Mr C highlighted he did not want to experience the same challenges other patients had at the point of discharge due to long delays in the discharge process. He had seen some patients on the ward waiting for transportation or medication which resulted in them being transported late in the evening or the next day. To avoid this, Mr C says he will try to maintain clear communication with the staff and ensure medication is ready. He has also arranged for his neighbour to collect him.

Although Mr C lives alone and is dependent on social care and support from his neighbour, he was excited about going home where he hope to continue his recovery.



### ● Mrs D, White British woman in her 90s

Mrs D lives alone, she has family but they live outside of Bradford. She had been on the ward for some 15 days and was almost ready for discharge, occupational health have assessed her and fitted rails to the home.

When asked about the care Mrs D commented:

*“Not too bad, got some rest and peace but I wouldn’t want to come back the doctors and nurses don’t talk to me.”*

She was keen to get home and have the support from her family for a week; she had rejected the support offered from social care because she was uncomfortable with this.

Mrs D did not want further discussions and was unsure of the support and involvement she and her family had received.

### ● Mrs E, White British female in her 50s

Mrs E was very happy with the care she received during her stay at the Bradford Royal Infirmary, but felt the care at St Luke’s was not as good..

*“At BRI it’s very professional, quick and good systems in place. Its different on this ward, I feel like I am left on my own to get on, don’t think the care is as good on this ward, not as efficient as the BRI.”*

*“It’s difficult to get through the day on a ward like this, I am much younger and surrounded with elderly patients, some of whom have not even had a stroke.”*

Mrs E appeared frustrated with the environment and the length of time her recovery was taking. She felt well enough in herself and could not understand why things were not progressing faster despite conversations with staff. Mrs E was unable to expand and provide further information about her experience due to the difficulties with speech.

*“Wish things would move quicker, I want to go home, half term and my family will be there to look after me. I haven’t been affected that badly by the stroke, I recovered quickly. It’s my left hand and speech.”*

*“I want to know when I can go home, who will visit me at home, when and what times, services that can help. At the moment no one has mentioned anything about this yet.”*

Mrs E felt the ward required improvements in efficiency and communication.



The Enter and View team would like to thank Jill Underwood, Samantha Palfreyman, Sara Freeman and all staff for the warm welcome given to the Enter and View team.

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

Generally, from what we saw and experienced on the day representatives were impressed by the commitment of the staff we met on the ward, the general condition of the ward and care of patients.

Patient experience that Healthwatch has collated from various sources (including CQC report, Stroke Engagement Report September 2015, early data from the Healthwatch Long Term Conditions and Mental Health Project) highlights limited 'formal' psychological input for patients during or after hospital stays. It is reassuring to learn nursing staff and therapists are involved in providing support informally.

Additionally, Healthwatch are aware a local stroke support group run by Creative Artworks (voluntary and community organisation) is currently exploring ways in which they can offer emotional support to stroke patients undergoing rehabilitation. We were pleased to hear the Trust encourage and welcome volunteer support onto the ward.

There are various support services in the community and we understand it can be difficult for hospital based staff to be aware of all options. However, the Enter and View Representatives felt it was important patients were provided information on local community support groups by the hospital.

We heard from both staff and patients about the disruption that can be experienced by some patients when transferred from BRI to St. Luke's.

On some occasions care on Ward F5 can be interrupted due to the lack of specialist care and consultant cover on the weekend.



### Enter and View team's recommendations

1. Healthwatch feels it is important that Bradford Teaching Hospitals NHS Foundation Trust explores how they can ensure that patients have more opportunities to speak about how they feel emotionally after their experience of stroke. The Trust may consider embedding psychological assessment/input during recovery and stay at the hospital as well as identify the necessary support needed to be put in place upon discharge.
2. We recommend the Trust considers building links with local community stroke groups and explore ways in which a peer led volunteer approach can be used to provide invaluable help to patients during their stay on the ward.
3. Carers and patients tell Healthwatch that it is important to be informed about local support available. The Trust could develop a leaflet with information about organisations such as the Stroke Association information line as well as more locally based stroke support groups. It may also be useful to have a dedicated information board for patients, families and carers with information of local support services.
4. We recommend that action is taken to improve communication with patients and families who are waiting to be discharged, including where possible giving people updates between different stages (e.g. booking to patient transport, waiting time for medication and test results).
5. Following changes and expansion of the Hyper Acute Stroke Unit at Bradford and the lack of medical cover over the weekend at St. Luke's Hospital, Healthwatch suggests the Trust explores the possibility of joining together hyper-acute, acute, and rehabilitation care. We feel this would support stroke patients, carers and relatives receive more consistent care.
6. Some services are Monday to Friday only, we recommend that there should be 7 day a week specialist stroke nursing and therapy services on ward F5.
7. We suggest the environmental issue of noise on the ward is addressed.
8. We hope that staff at St. Luke's F5 will receive this report and in particular that they are commended for the very positive feedback staff received from a large majority of patients, who value their skill, their attitude and their respect.

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

[Lorna James, Healthwatch Enter and View Representative](#)

[Mohammed Akhtar, Healthwatch Enter and View Representative](#)

### What is 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 our Enter and View activities please call us on 01535 665258, email [info@healthwatchbradford.co.uk](mailto:info@healthwatchbradford.co.uk), or visit our website [www.healthwatchbradford.co.uk](http://www.healthwatchbradford.co.uk)