
Aneurin Bevan Community Health Council

Visiting Report

Nevill Hall Hospital:

Ward 3/3 Duffryn

February 2023



Introduction

As a Community Health Council with a statutory duty to monitor and scrutinise health services, we want to understand people's inpatient experiences within hospitals in the Aneurin Bevan area.

As part of its day-to-day activities the CHC undertakes visits to NHS premises so we can talk to people and their carers and/or family members about their experiences of NHS care. These visits are usually part of a planned series of CHC activities that help us to understand what is happening within the Aneurin Bevan area.

Occasionally, the CHC will do unannounced, responsive visits to NHS settings. These visits are not part of our pre-planned work programme but are done when we have had concerns or issues raised with us by members of the public. This report sets out the findings from an unannounced visit we undertook to Ward 3/3 Duffryn at Nevill Hall Hospital on Wednesday 1st February 2023, in response to concerns raised as part of an inquiry received from a member of the public.

Nevill Hall Hospital is an enhanced Local General Hospital located in Abergavenny. It provides a wide range of healthcare services for the local population, including inpatient care and outpatient facilities. On this visit CHC members attended Ward 3/3 Duffryn to establish the level of patient satisfaction and the quality of the environment, and to observe staff interaction with patients.

Throughout the visit, information was collected via patient surveys, a ward environment form, and a mealtime observation form.

The CHC would like to thank the CHC volunteer members who took part in this exercise. Without the continued support of our members, completing exercises like this would not be possible.

Nevill Hall Hospital, Ward 3/3 Duffryn

Ward information:

Ward 3/3 Duffryn is a 32 bedded Care of the Elderly and General ward. At the time of our visit the ward was supporting 16 women and 16 men. One person was awaiting discharge.

Two nurses were present on the ward, as well as four Health Care Support Workers. There were also two bank Health Care Support Workers. Due to staff shortages, no Sister or Deputy Sister was available.

What we found:

During the visit, members spent time observing the ward and speaking with patients about their experiences. In total, three patients gave feedback.

1. The ward:

On arrival, the CHC team found that the area was correctly and adequately signposted, and that there was a good amount of information, including information on staffing, available at the entrance of the ward.

Staff responded to the entry bell quickly, and CHC members introduced themselves before being admitted to the ward.

Our team found the noise levels on the ward to be satisfactory, and the temperature was comfortable. Hand hygiene facilities were readily available.

The ward is accessible to people with mobility issues, with no potential trip hazards in the walkways. Fire exits were clear and fire notices clearly displayed throughout. Members noted that the ward was clean, and that the toilets were clean and well-stocked.

Medication trolleys are no longer used on this ward; medication is now stored in the locked partition in peoples' bedside lockers, and as such is not accessible to members of the public. The medication room was also locked and inaccessible to members of the public.

There is a hearing loop on Ward 3/3 Duffryn, but staff members were unsure of its operation.

Members noted that there was a good patient dashboard¹ available. Staff were able to provide the complaints procedure to members when asked.

1.1 Staff:

Upon entering the ward, our team found that staff members were not gathered, but were readily available to visitors. Staff were observed to be wearing appropriate uniform, with clearly displayed name badges. At the time of the visit, there were no Welsh-speaking members of staff on the ward.

Staff informed CHC members that there have been no volunteers on the ward since December 2022, except for one Robin volunteer who attends on occasional Mondays. It was expressed that volunteers would be very welcome on this ward.



1.2 Patient areas:

As CHC members spoke with people on the ward, they were pleased to observe that the area around the beds was clean and tidy with no

¹ A patient dashboard is usually located by the ward clerk's desk. The dashboard provides information such as recent falls on the ward, infections, number of people on the ward, visiting times, information for patients and visitors and ward policies etc.

potential trip hazards, both in the four-bed bays and in individual rooms.

Members reported that although people's bedside lockers appeared cluttered, the ward was clean.

Our members found that identification boards were in use near the beds, and that there was a very satisfactory amount of room for visitors in the area around the beds. Lockable storage was available for people's personal belongings. All of the buzzers/cords observed by our members were easily accessible and functional.

No medications were left on peoples' trays or bedside tables during the CHC's visit.

The ward's linen supply was satisfactory and replenished every morning, except on weekends and Bank Holidays, when staff noted problems sometimes occur.



1.3 Patient feedback:

Our members conducted face-to-face surveys with three people during their visit to the ward.

Two of the three people spoken with had not received an information leaflet on arrival to the ward. The third could not recall if they had received a leaflet or not.

We were pleased to note that none of the three people spoken with reported having any communication issues on the ward; all three said they were able to communicate in their preferred language.

All three people found the visiting hours on the ward satisfactory, with one person noting they were 'more than happy' with them.

1.3.1 Communication:

CHC members spoke with people about their experience of the staff during their time on Ward 3/3 Duffryn.

Some of the questions CHC members asked:

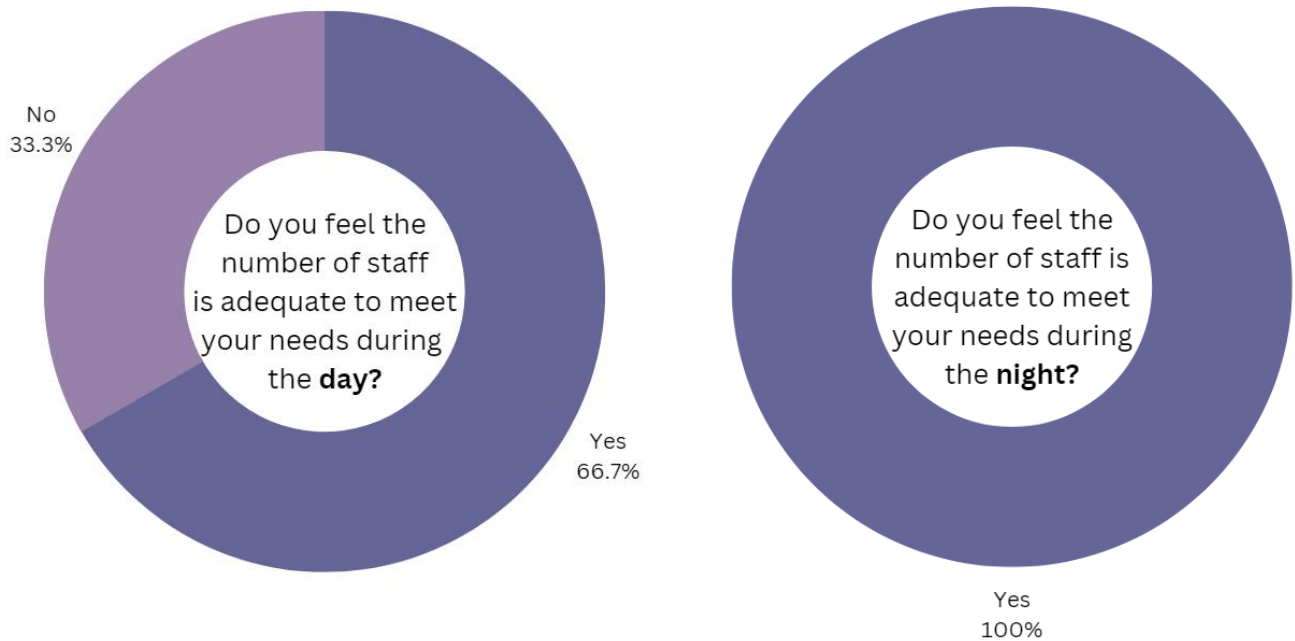


The CHC is pleased to report that all three people found that staff introduced themselves before providing care and felt that staff listen to them and their relatives when making decisions about their care. One person noted that staff are 'willing to repeat themselves' when needed. All three people spoken with found staff to be friendly and helpful.

Two people felt staff were discreet when discussing their care/treatment with them, with one person answering 'mostly'. They commented that 'staff talk between themselves' and that the 'door [is] always open'.

Two people found the number of staff was adequate to meet their needs during the day, with one person commenting they felt there was 'more than enough' staff. One person felt that the number of staff during the day was not adequate to meet their needs.

All three people found the level of staffing adequate to meet their needs during the night, with one noting that they were 'supervised all night' and were 'very pleased'.



People told us that their buzzers were accessible and working, and that staff responded to them in a timely way when used.

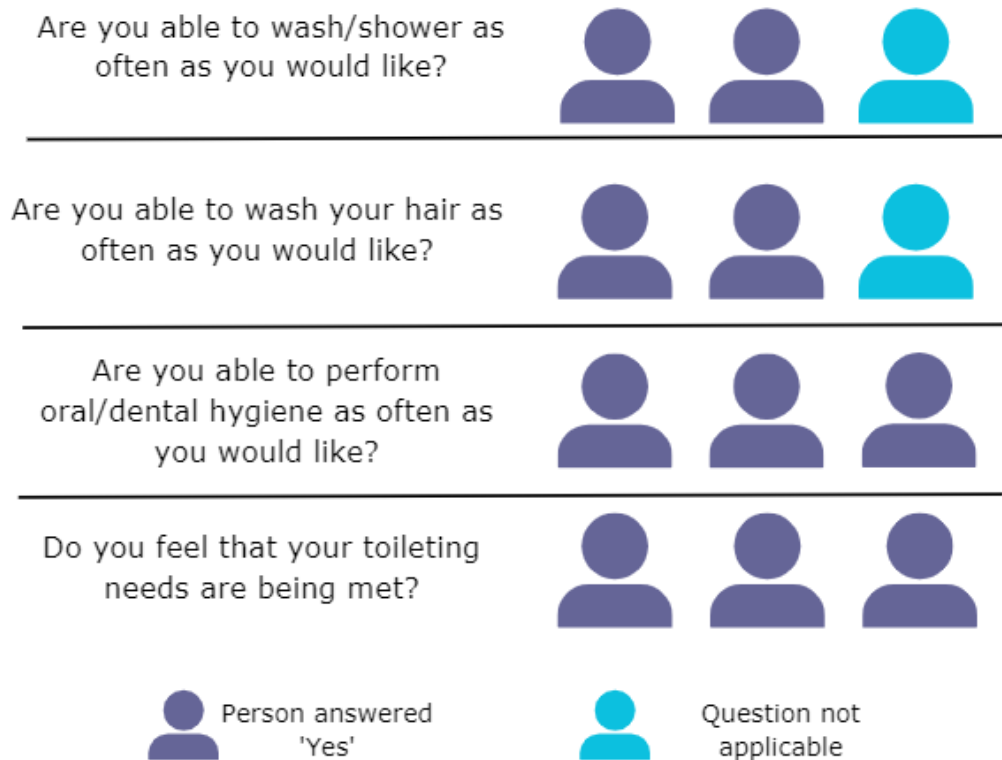
1.3.2. Comfort:

All three people spoken with said they had enough pillows and blankets. While two out of three told members they were comfortable, one person said they were not comfortable.

One person told CHC members that they open their window as they are 'too warm', and another also felt that it is 'maybe too hot' in their room.

CHC members asked the following questions regarding access to washing and showering facilities, and toileting needs:

Some of the questions CHC members asked:



We are pleased to report that everyone our members spoke with felt that their toileting needs were being met, were able to undertake oral/dental hygiene, and that where possible they were able to wash/shower and wash their hair as often as they would like.

1.3.3 Facilities and Activities:

All three of the people CHC members spoke to were able to watch television in their room or bay, although not all television sets had a remote control. CHC members noted possible problems with people in four-bed bays accessing a television. Two out of three people had access to the radio. Two people told members that daily newspapers were only available in the shop, while one person received newspapers from a family member. Two people had access to electronic devices such as phones in their room/bay, while one person had their own with them.

Ward 3/3 Duffryn has a day room, though there are no communal activities due to the nature of the ward. All three people spoken with

had access to a private room or area where they could make phone calls or see visitors.



1.4 Mealtime Observation:

The visiting team undertook a mealtime observation, noting that the ward does not currently have a tray identification² system in place.

Two nurses were carrying out observations and medication rounds whilst lunch was being served to people.

Two food trollies were in use; one was plugged in for a short period of time, one was not plugged in while meals were being distributed.

Members did not observe staff encouraging the use of hand hygiene before the meals were served.

Our team observed some staff members supporting people with their meals, however there did not seem to be enough staff to support everyone who needed assistance. For example, CHC members saw one member of staff in a four-bed bay trying to assist multiple people.

Sealed food/snacks were observed to be difficult to open by elderly or frail people on this ward, who may need additional support. In some cases meals were cleared away by staff before people had finished eating.

² A tray identification system is used to help staff identify which people need extra support when eating, or need foods which have a modified texture (e.g., mashed or pureed foods).

Three people gave us the following feedback regarding the food on the ward:



	Very good	Good	Ok	Poor	Very poor
Quality of the food	1	1	1		
Temperature of the food	1		1	1	
Presentation of the food	1	1	1		
Portion sizes	1	1	1		
Choice of food on the menu	1	1	1		

One person told us they were encouraged to use hand hygiene facilities before meals, with another noting that they use them independently.

People told us that they always receive the meals they ordered. One person commented that they have access to snacks during the day and night. Another told us that their snacks are provided by their relatives.

People were happy that their water jugs were changed often enough. One person was happy with the level of support they receive to eat and drink, however one was not, commenting that 'sometimes [there is] no tea before 9.30'.

Patient feedback

People gave positive feedback about their time on Ward 3/3 Duffryn:

'Can't fault'

'Room quiet enough.'

'Staff very pleasant – nurses and doctors'

When asked what would improve their time on the ward, one person commented:

'An early morning cup of tea'

'No choice of white or wholemeal bread'

Areas for improvement identified on Ward 3/3 Duffryn

While we heard many positive comments regarding people's time on Ward 3/3 Duffryn, we also identified some areas for improvement.

People on the ward did not always feel that their dietary requirements were being met. Assistance was not always available for people who required it during mealtimes, and it was observed that sealed food/snacks were sometimes difficult to open for elderly or frail people on the ward who may need additional support.

Staff were seen to be carrying out observations on people after they had received their meal. Members also observed staff clearing people's food before they had finished their meals. Additionally, the

food trollies were not plugged in for the duration of the mealtime to keep food warm.

Members raised concerns that staff, in particular Health Care Support Workers, did not always show a caring, compassionate and understanding attitude towards people on the ward.

In the absence of a Ward Sister or Deputy it was felt there appeared to be a lack of leadership on the ward. There was no designated Charge Nurse, therefore the Senior nurse, Ward Administrator, and an experienced Health Care Support Worker appeared to be running the ward to the best of their ability.

Recommendations

- 1) The CHC would be pleased if the positive comments throughout this report could be shared with the staff on Ward 3/3 Duffryn.
- 2) The Health Board is asked to provide information leaflets for people on arrival to the ward.
- 3) The CHC asks the Health Board to ensure that staff are aware of the Hearing Loop and can support people to use it when needed.
- 4) The Health Board is asked to consider ways to address the problems the ward experiences with linen supply over weekends and Bank Holidays.
- 5) The Health Board is asked to ensure people have access to facilities such as the television (and accompanying remote controls), newspapers etc.
- 6) The CHC asks the Health Board to ensure assistance is available to those who require it during mealtimes, and that sealed foods/snacks are made accessible where needed.
- 7) The Health Board is asked to ensure that people's dietary requirements are noted for meals, and to consider whether it is possible for people to receive hot drinks outside of mealtimes.

- 8) The Health Board is asked to ensure that food trollies are plugged in for the entirety of the time during which meals are distributed, so that food stays warm throughout.
- 9) The CHC asks the Health Board to ensure people have sufficient time to finish eating before meals are cleared away.
- 10) The Health Board is asked to note the concerns raised regarding the attitude of some staff towards people on the wards, and to consider ways to support staff to display a caring, compassionate attitude.
- 11) The Health Board is asked to consider the feedback within this report regarding the staffing levels on the ward, and to ensure there are enough senior staff present to support and provide leadership to the team.

Contact details



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Appendix 1 – Equality and Diversity Survey Results

Number of people who filled in the Equality and Diversity Questions:

Preferred Language								
English			Other			Not answered		
0			0			0		
Gender								
Woman/ Girl	Man/Boy	Non- binary	Prefer not to say	Other	Not answered			
0	0	0	0	0	0			
Do you consider yourself to be a trans person?								
Yes		No		Prefer not to say		Not answered		
0		0		0		0		
Sexual Orientation								
Asexu al	Bisex ual	Gay	Le sb ia n	Heterose xual/ Straight	Pans exua l	Prefer not to say	Oth er	Not answ ered
0	0	0	0	0	0	0	0	0
Month and Year of birth								
Jan 1931- 2002	Feb 1992	Mar 1946- 90	Apr 1945- 88	May 1942- 2003	Jun 1934- 95	Jul 1937 -89	Aug 1931 -77	
0	0	0	0	0	0	0	0	0

Sept 1939-66	Oct 1940-73	Nov 1933-91	Dec 1928-95	1953-1995	Not answered		
0	0	0	0	0	0		
Ethnicity							
Asian or Asian British:							
Bangladeshi	Chinese	Indian	Pakistani		Other		
0	0	0	0		0		
Black or Black British:							
African		Caribbean		Other			
0		0		0			
White:							
Welsh/English/Scottish/Northern Irish/British		Gypsy or Irish Traveller		Irish		Other	
0		0		0		0	
Other Ethnic group:							
Arab		Prefer not to say			Other		
0		0			0		
Religion or belief							
Buddhism	Christianity		Hinduism		Islam	Judaism	
0	0		0		0	0	
Sikhism	Atheism		No Religion		Prefer not to say	Other religion or belief	

0	0	0	0	0
Not answered	0			
Do you consider yourself to have a disability?				
Yes	No	Prefer not to say	Not answered	
0	0	0	0	

Do you look after, or give any help or support to a family member, friend, or neighbour because of a long-term physical disability, learning difficulty, mental ill-health or problems related to old age?			
Yes	No	Prefer not to say	Not answered
0	0	0	0

Are you currently pregnant or have you been pregnant in the last year?			
Yes	No	Not answered	Prefer not to say
0	0	0	0

Appendix 2

Equality Impact Assessment

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the **CHC policy/activity/report** or that it will have no affect at all

Impact	None	Negative	Positive	Comments
Protected Characteristics				
Age	x			
Disability	x			
Sex	X			
Race	X			
Religion/Beliefs	X			
Sexual Orientation	X			
Gender reassignment	X			
Marriage and civil partnership	X			
Pregnancy and maternity	x			
Other characteristics to consider				

Welsh Language			x	Reports & Surveys published bilingually
Other Languages		x		Reports & Surveys can be published in required language on request
Human Rights	x			
Poverty level	x			
Persons with dependents	x			
Rural residence	x			
Gypsy and traveller communities	x			
Digitally vulnerable	x			

Risk Assessment

Are there any risks arising from the implementation of this policy?

N/A

What measures are in place to manage or remove these risks?

N/A

Welsh Language

This document/policy/report has been assessed in line with our Welsh language requirements for standards:

- i) 37,38
- ii) 69,70,71

In coming to our impact determination, we can evidence that:

All CHC public facing documents are available in Welsh & English.

The CHC undertakes an Equality Impact Assessment for all public documents and identify them as positive for Welsh translations.

Outcome

Positive impact –

Standards 37, 38 – All public documents are produced and published bilingually in Welsh and English.

Standards 69-71 - We undertake Equality Impact Assessments for all public documents and identify them as positive for Welsh translations

Negative Impact – None

Accessible Formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.