
Aneurin Bevan Community Health Council

Visiting Report

County Hospital: Oak Ward

December 2022



Why did we visit

Oak Ward?

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

As a result of the pandemic, we found new ways to keep engaged with patients in hospitals, such as calling the patient and obtaining their feedback about their stay in hospital virtually.

However, as restrictions have started to ease, the CHC is able to safely resume our visiting programme.

Our volunteer members attended County Hospital for an unannounced visit on 23rd November 2022. The purpose of this visit was to establish the level of patient satisfaction, the quality and effectiveness of the hospital environment and observe staff interaction with patients.

To complete this visit, information was collected via inpatient surveys, a ward environment form and mealtime observation form.

The CHC would like to thank the Health Board for their support, as CHC members attended a site hub on the morning of their visit, to ascertain which wards were safe for them to visit (no known Covid-19 patient areas).

To maintain the safety of everyone involved, CHC members carried out a lateral flow test on the morning of the visit.

The CHC would also 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.



What we found

Ward information:

Oak Ward is located in a standalone building within County Hospital grounds and had a bed capacity of 28 plus one bed for direct admission. All of the beds were occupied at the time of the visit. There were 7 men and 21 ladies on the ward on the day of the visit. The ward had a full staff capacity consisting of four nurses, four specialist nurses and one bank or agency nurse. Oak Ward offers rehabilitation services as well as managing complex discharges.

One person was ready to be discharged during our visit. It was noted that there were six people awaiting a package of care and/or step closer to home arrangements before being able to be discharged. Some of the reasons for the delays are as follows:

- Access to packages of care
- Adaptions to home
- Choice of care homes
- More difficult to arrange under four care visit packages

What we found:

During the visit to Oak Ward, members spent time observing the ward and speaking with people staying on the ward about their experience. Eight people gave feedback.

1. The ward:

On arrival, the CHC member's identity was checked before allowing them access to the ward. Fire exits were clear and fire notices were clearly displayed.

The ward covers two floors. The ground floor had two sections - one for men and the other section for women with complex needs. The first floor is also in two sections both for women.

Upon entering the ward, members reported that there was information displayed for patients/visitors as well as staff information. However, there was no information available on staffing levels.

Noise levels were found to be satisfactory along with the temperature. The ward is accessible to people with mobility issues. Members reported a friendly environment and that there is a patient/relative thank you board displaying cards, letters and photos of primary school children and their work linked with the ward.

It was indicated that the patient dashboard¹ is regularly updated. The information included cleaning dates and times as well as the daily activities available to people. There was also a box available for completed feedback forms.

There were a few information leaflets available, although most of the people we spoke to stated that they were not given these on admission to the ward.

The ward was found to be very clean and organised with a lot of hand sanitiser and hand wipes readily available. There were no potential trip hazards in walkways.

Our members reported that there was signage in place for a hearing loop, but they were unable to locate it. If a person's first language is not English, the staff would arrange someone to provide this interpretation service.

The visiting team were told that there were various volunteers that attend Oak ward:

- Ffrind I Mi (Friend of Mine)
- Therapy Dogs
- A Befriending Service
- Coleg Gwent students.

Toilet and bathroom facilities were clean and well stocked, as well as being free from communal toiletries.

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 patients on the ward, visiting times, information for patients and visitors and ward policies etc.

Clinical waste bins and sharps boxes were kept in the sluice rooms away from public areas. The medication room and trolley were locked. Patient medical notes trolleys were not left unattended or in a public area.

It was reported that the ward mostly had an adequate supply of linen, which is brought over to the ward daily. There is no linen cupboard and linen is stored in a covered trolley. The quality of the linen was satisfactory and stored in a clean environment.

1.1 Staff:

Staff on this ward were not gathered but readily available to people and visitors, wearing appropriate uniform and wearing name badges. Staff were all approachable, helpful and took pride in the ward.

Members noted that there were no members of staff that were able to communicate in Welsh. However, there was a designated Welsh Speakers uniform available.

1.2 Patient areas:

As members spoke with people staying on the ward it was clear that the areas around peoples' beds were clean and tidy and there were no potential trip hazards. Buzzers/cords were available and there was enough room for visitors around the people's beds.

People had access to lockable storage space and there was sufficient room to store their belongings. There are TV's in each of the four units.

People staying on this ward had curtains that could close fully around them to give privacy if needed.

There were no medications left on bed trays or on bedside tables during the CHC visit. Seven of the eight people that we spoke with informed us they were not given an information leaflet upon admission to the ward.

It was noted that there was a day room on each floor with a TV and music system. People on the ward had their own electronic devices such as iPads and mobile phones.

1.3 Ward activities:

The Senior Nurse advised of the Ward's engagement with the voluntary sector and inter-generational work with the local primary school using zoom chats, art and craft engagement and "smile in the bag" initiative.

Whilst these activities were not taking place at the time of the visit there were photos posted near the main entrance of some of the primary school children who are taking part in the initiative and their work.

The Senior Nurse stated that the ward's intergenerational work and meaningful activity had received two awards and is looked on as an exemplar for other wards to learn from.

Visiting is from 8am to 8pm. Visitors are required to pre-book in hourly slots to manage numbers and to adhere to restrictions. As covid-19 restrictions have eased, there are plans for pupils to visit the ward and take part in activities on this ward during December.

There is a Health Care Support Worker who was a hairdresser and provides this service to patients.

1.4 Mealtime observation:

Eight of the 28 people staying on this ward spoke with our CHC members on the day of the visit.

CHC members observed that there was a calm atmosphere during the mealtime and staff on the ward were ready to receive the food trolley and assist people with their meals.

It was reported that there used to be a tray identification system² in place for mealtimes on this ward, however this is not currently in operation.

Our members observed people being supported into a comfortable position to eat and staff were observed assisting individuals with their meals.

Members noted that staff did not encourage the use of hand hygiene before the food was being served, however some people stated they are offered this regularly.

The food trolley remained plugged in during the mealtime. Meal temperature taken at start and finish of service. There was no adapted cutlery available to people should they need these.

The eight people we spoke to gave us the following feedback regarding the food on the ward:

	Very good	Good	Ok	Poor	Very poor
Quality of the food	1	3	2	1	1
Temperature of the ward	2		3	2	1
Presentation of the food	2	1	3	1	1
Portion sizes	1	3	4		
Choice of food on the menu	1	3	3	1	

People reported that they have a choice of food but had to choose two days prior and that some people did not want or did not remember their food choice on the day.

² A tray identification system can be different colours of meal trays such as; red, which would indicate a person needed extra assistance or one to one support to eat or drink.

People are offered breakfast at 8:30am, lunch at 12:00pm, evening meal at 5:00pm as well as tea and biscuits in the evening. Lunch and evening meal consists of a three-course meal. Staff stated to members that this creates a lot of food waste and would be better off offering one three course meal and a lighter second meal.

Patient feedback

The people that we spoke with on this ward told us that all staff were *"friendly and helpful"* and reported that they were able to communicate in their preferred language.

Positive feedback was received in relation to staff on the ward. We were told that people felt staff listened to them and/or relatives when making decisions about their care and took the time to get to know them.

Six out of the eight people felt that there were not enough members of staff on the ward to meet their needs during the day and night. These people felt that more staff are needed on the ward at all times.

Comments:

"Very short staffed"

"Felt short staffed when I came in"

As mentioned previously, buzzers were within reach of people and they told us that their buzzers were working, and if used, they were responded to in a timely manner.

People reported that they were comfortable and had enough blankets and pillows.

We were told that toileting needs were being met and that people were able to shower/wash as often as they wanted.

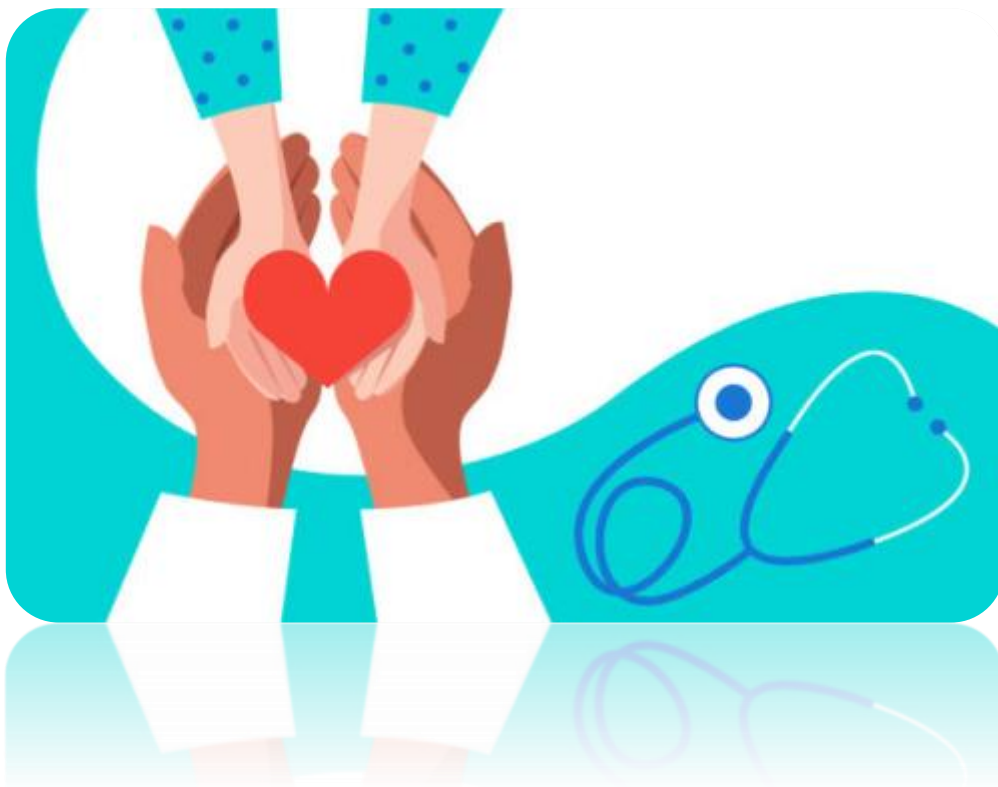
Most of the people we spoke with told us that they use their own electronic devices. However, none of the people had access to a radio or daily newspaper.

People were able to access a private room/area where they could make phone calls or see visitors.

Everyone that we spoke to felt staff are discreet when discussing their care/treatment with them.

When we asked what could improve their time on the ward, we received the following feedback:

"Sometimes a lot of staff and sometimes none."



Recommendations

- 1) The CHC would be pleased if the positive comments in this report could be shared with the staff on Oak ward. With recognition given to the variety of engagement and volunteering activities, particularly the hair dressing service and intergenerational work.
- 2) The Health Board are asked to ensure that people are given an information leaflet when admitted to the ward.
- 3) The Health Board is asked to ensure a suitable tray identification system is in place to ensure people's nutritional and feeding needs are met accordingly and adaptable cutlery is available for people who need them
- 4) The Health Board is asked to ensure that staff encourage hand hygiene during mealtimes.
- 5) The Health Board is asked to consider the feedback given in relation to meal sizes, in order to reduce the high level of food wastage that was reported by staff on the ward.
- 6) The CHC asks if meal choice reminders are feasible, to help people remember what meals they choose for particular day, given that meal choice requests are made two days in advance.
- 7) The Health Board are asked to review the patient feedback in relation to the lack of staff on the ward.

Contact details



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CIC Aneurin Bevan CHC

Appendix 1 – Equality and Diversity Survey Results

Number of people who filled in the Equality and Diversity Questions: 5

Preferred Language								
English			Other			Not answered		
2			0			3		
Gender								
Woman/ Girl	Man/Boy	Non- binary	Prefer not to say	Other	Not answered			
4	1	0	0	0	0			
Do you consider yourself to be a trans person?								
Yes		No		Prefer not to say		Not answered		
0		2		0		3		
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	2	0	0	0	3
Month and Year of birth								
Jan	Feb	Mar 1935- 45	Apr 1932- 42	May 1940- 50	Jun	Jul	Aug 1935 -45	
0	0	1	1	1	0	0	1	

Sept	Oct	Nov	Dec	Not answered		
0	0	0	0	1		

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
2	0	0	0

Other Ethnic group:

Arab	Prefer not to say	Other
0	3	0

Religion or belief

Buddhism	Christianity	Hinduism	Islam	Judaism
0	2	0	0	0
Sikhism	Atheism	No Religion	Prefer not to say	Other religion or belief
0	0	1	0	0

Not answered	2		
Do you consider yourself to have a disability?			
Yes	No	Prefer not to say	Not answered
3	0	0	2

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
1	2	0	2

Are you currently pregnant or have you been pregnant in the last year?			
Yes	No	Not answered	Prefer not to say
0	2	0	3

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.