

Llais Gwent Region - Visiting Report

Nevill Hall Hospital – Duffryn Ward 3/3

July 2023



Accessible formats

This publication is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us. You can ask for a copy by contacting our office:

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BACKGROUND



Llais is an independent statutory body, set up by the Welsh Government to give the people of Wales much more say in the planning and delivery of their health and social care services – locally, regionally, and nationally.

As part of our annual plan, Llais Gwent Region has stated our commitment to undertake face-to-face ward visits and to gain feedback from people at the point that they are receiving care.

On 20th June 2023, our volunteer visitors attended Duffryn Ward 3/3 of Nevill Hall Hospital in Abergavenny. The purpose of this visit was to establish the level of people's satisfaction whilst staying on this ward.

To complete this visit, our volunteers engaged with people on this ward and noted their feedback using a survey.

This report recounts what people told us about their experience of staying in Nevill Hall Hospital, Duffryn ward 3/3.



WHAT PEOPLE TOLD US



Our visiting representatives spoke with ten people when they visited Duffryn ward 3/3.

1.1 The ward:

Only one person was given an information leaflet when admitted to this ward. Everyone was happy with the visiting hours that enable family and friends to visit.

1.2 Communication:

Four people told us they had communication issues on the ward. However, everyone was able to communicate in their preferred language.

1.3 Staff:

Everyone we spoke to felt that the staff on ward 3/3 were friendly and helpful. However, one person told us that they had witnessed staff interacting with other patients in a “poor manner.”

Nine people told us that staff always introduced themselves before they provided care to them, although one person said this did not happen for them.

Most people felt listened to as well as their relatives when decisions were made about their care and treatment.

When we asked people if the number of staff available day and night was enough to meet their needs, we received a mixed response. One person told us that staff were “*overworked, run off their feet!*” They also felt that there were not enough staff to help patients.

1.4 Buzzers:

All the people we spoke to on this ward were able to reach their buzzer and use it. However, some people had not used their buzzers yet, so were unsure if they worked.

Some people who had used their buzzer, told us staff responded in a timely manner. We received the following comments about response times to buzzers:

“As soon as they can.”

“Sometimes busy.”

“Sometimes when not busy.”

“Sometimes want to go to toilet but the buzzer isn’t answered in the day, it gets very painful.”

1.5 Comfort:

The people we spoke to on this ward told us they felt comfortable, and they had enough pillows and blankets. Although, one person told us they would have liked another pillow *“but can’t get one.”*

People also told us that staff encouraged them to get up and move around. Staff ensured they did so safely.

1.6 Personal care:

Most people told us they were able to shower, wash, and wash their hair as often as they wanted. Although, two people did not feel they could do this as often as they would have liked, as they needed assistance.

People told us they were able to attend to their oral/dental hygiene when they wanted.

One person told us they felt that their toileting needs were not met because staff did not respond to their buzzer.

1.7 Facilities on the ward:

Most people told us they had a television in their bay and had access to their electronic devices. It seemed that people on this ward missed the trolley service.

1.8 Boredom and isolation:

Staying in hospital can often be an anxious and lonely time for some patients. It was pleasing to note that most people did not feel bored or lonely whilst staying on ward 3/3. However, one person told us they felt lonely, and two people told us they felt bored.

People told us there were no activities on the ward: this may have an adverse impact on some people. One person told us they would like *“Some activities like bingo and a trolley service.”*

Most people were unsure if there was a day room, or communal room that they could use. In common, people were unsure if there was a visitor’s room, or if they had access to a private area that they could use to make phone calls.

1.9 Mealtimes:

In terms of people’s views about their meals, we asked people to rate the following:

	VERY GOOD	GOOD	OK	POOR	VERY POOR
Quality of the food	6		2	1	
Temperature of the food	3	4	2		
Presentation of the food	3	3	3		
Portion sizes	4	2	2	1	
Choice of food on the menu	3	4		2	

All ten people we spoke to told us they always received the meal that they ordered, and they were happy with the level of support they received to eat and drink. Although, most people told us that they were not offered a choice of where they could eat their meals.

Most people told us that staff did not encourage patients to use hand hygiene facilities before meals.

There was a mixed response when we asked people if they had access to snacks during the day and night. One person told us they only had access to snacks because they had their own.

Some people felt that their water jug was not changed often enough.

Comments:

“Sometimes it’s left empty.”

“Only changed twice – not enough.”

“Limited”

1.10 People’s comments:

We asked people what had been positive about their time on the ward.

Comments:

“Mixed care sometimes good.”

“Staff very good, medical care and the food is fine.”

“Been very good with me, food very good, the dinner is too big!”

“Helping me to get better and the pain relief.”

“Happy with the company.”

“Feels like a holiday, been in a few times.”

“Happy with the level of care.”

We also asked people to tell us if they had any suggestions that could improve their stay on the ward.

Comments:

“Single ward, and own toilet facilities. Staffing issues.”

“Nothing.”

“Water topped up more regularly. Twice a day is not enough.”

“Speaking to elderly with respect.”

“Trolley service.”

“More staff – run off feet! Would like some company, nurses are too busy.”

Conclusion:

In conclusion, overall, people receiving care on Duffryn Ward 3/3 gave our volunteers positive feedback about their stay.

However, the findings highlight a range of areas where Llais would recommend and welcome improvements, to ensure patient stays are as stress-free and comfortable as possible.

While Llais recognises the system pressures across the NHS, it is important that staff are always available to patients on the ward and that they have time for caring tasks as well as routine medical tasks.

We therefore respectfully ask the Health Board to consider our recommendations for improvements shown below.

RECOMMENDATIONS



Llais Gwent Region would like Aneurin Bevan University Health Board to consider the following recommendations:

- a) Please share the positive comments given throughout this report with staff on Duffryn ward 3/3.
- b) Ensure that when someone has communication problems, their needs are assessed, and arrangements made so that they can engage effectively.
- c) To provide information leaflets for people on arrival to the ward.
- d) To note the concern raised regarding a person witnessing staff speak to people on the ward in a “poor manner.” The Health Board should consider ways to support staff to display a caring, compassionate attitude.
- e) To ensure staff respond to calls for assistance (either buzzers or other means), in a timely manner.
- f) To respond quickly when a patient asks for assistance to use the toilet.
- g) To review staffing levels on this ward, as staff should be available throughout the day and night to meet the needs of people staying on the ward. It is concerning that there was a report of someone being in pain because they did not get assistance to use the toilet.
- h) To make people aware of the day room, communal room or private area that they can use and consider introducing activities in consultation with people on this ward, where possible, to try and reduce loneliness and boredom.

Appendix 1 – Equality and Diversity Survey Results

The number of people who filled in the Equality & Diversity questions: nine.

What is your preferred language?	
English	Other
7	

Which gender do you identify with?				
Man/boy	Woman/girl	Non-binary	Other	Prefer not to say
3	6			

Do you consider yourself to be a trans person?		
Yes	No	Prefer not to say
	9	

What is your sexual orientation?			
Asexual	Bisexual	Gay	Lesbian
Heterosexual/Straight	Pansexual	Other	Prefer not to say
8			

Month and Year of Birth

Jan 1930-40	Feb	Mar	Apr 1950-60	May 1950-60	Jun
1			1	1	
Jul	Aug	Sept 1930 - 50	Oct	Nov	Dec
		2			
Misc 1930-70					
4					

What is your ethnicity?**Asian or Asian British**

Bangladeshi	Chinese	Indian	Pakistani	Other

Black or Black British

Bangladeshi Chinese	Indian Pakistani	Other

Mixed

Asian and White	Black African and White	Black Caribbean and White	Other

White

Welsh/English//Scottish/Northern Irish/British	Gypsy or Irish Traveller	Irish	Other
9			

Other Ethnic group

Arab Any other	Prefer not to say	Other

What is your religion or belief?

Buddhism	Christianity	Hinduism	Islam	Judaism
	7			
Sikhism	Atheism	No religion	Prefer not to say	Other
		1		1

Do you consider yourself to have a disability?

Yes	No	Prefer not to say
6	3	

Do you look after, or give any help or support to a family member, friend, or neighbour because of long term physical disability, learning difficulty, mental ill-health, or age-related problems?

Yes	No	Prefer not to say
1	8	

Are you currently pregnant or have you been pregnant in the last year?

Yes	No	Prefer not to say
	9	

Which of the following best describes your financial status?

I have more than enough for necessities, and a large amount of disposable income, that I can save or spend on extras or leisure	1
I have more than enough for necessities, and a small amount of disposable income, that I can save or spend on extras or leisure	1
I have just enough for necessities and little else	5
I do not have enough for necessities and sometimes run out of money	
I do not know/prefer not to say	2

Appendix 2

Equality Impact Assessment

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by Llais' 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 are available and published bilingually
Other Languages		X		Reports & surveys can be published in a required language on request
Human Rights	X			
Poverty level	X			
Persons with dependents	X			
Rural residence	X			
Gypsy, Roma 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:

37,38

69,70,71

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

All public facing documents are available in Welsh & English.

We undertake 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