Enter & View Visit Report

Details of Visit

Service Name and Address	Wards 15 and 16 (Stroke service) Princess Royal Hospital
Service Provider	Shrewsbury and Telford Hospital NHS Trust
Date and Time	15th September 2016 14.00 – 17.00
Enter & View Visit Team	Three Healthwatch Shropshire Authorised Representatives

Purpose of the Visit

To explore the continuity of care between the acute, rehabilitation and discharge home phases of care after a stroke.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experience of all service users and staff, only an account of what was observed and contributed at the time.

Context of Visit

During 2014, services for Shropshire people with acute stroke were centralised at Princess Royal Hospital (PRH) in Telford. This re-organisation allowed people to get specialist diagnostic tests (e.g. CT scan) and urgent treatment (e.g. thrombolysis) more quickly in the acute phase. This was planned as a short term measure. However, Healthwatch Shropshire and other stakeholders were told that clinical outcomes for acute stroke improved so much that it was decided that the centralised acute service should be kept at PRH longer term.

Healthwatch Shropshire received over 20 comments from Shropshire residents about the stroke service provided by the Shrewsbury and Telford Hospital NHS Trust (SaTH) in the two years 2014 and 2015. As well as some positive messages about acute stroke care at PRH, several people expressed concerns about long delays before their move from the acute ward to the specialised rehabilitation ward at RSH. Others were concerned about the long travel distance to Telford to visit patients because they stayed there for such long periods.

SaTH provides stroke rehabilitation services at PRH in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury. During Summer 2016, because of an unplanned reduction in stroke consultants, the Hospital Trust decided to treat all stroke patients, (whether requiring acute or rehabilitation care) at PRH for the short term. This visit was designed for patients to tell us about their experiences on the Stroke Unit, during this period.

Both PRH and RSH can be used by residents of Shropshire and Telford & Wrekin. Consequently the two Healthwatch organisations, (Healthwatch Telford & Wrekin and Healthwatch Shropshire), work together to visit wards at the two hospitals. A representative from Healthwatch Telford & Wrekin was not available to join the Healthwatch Shropshire visit team on this occasion.

Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives. These volunteers are not experts in healthcare and report only on what they see and hear during the visit.

This visit was semi-announced. Healthwatch Shropshire's Enter & View Officer gave the hospital trust and Stroke Ward managers a window of four weeks when the visit would take place.

What we were looking at

We looked at the quality of patient experiences in the ward. In particular we asked patients about:

- their comfort and ability to relax
- their confidence in the staff and whether they felt supported by staff
- if staff listened to them and communicated well.

We also asked patients about:

- how long they had been in hospital;
- whether they had received rehabilitation treatment from therapists (such as Physiotherapists, Occupational Therapists and Speech and Language Therapists)
- whether plans for their discharge from hospital had been discussed with them.

What we did

We spoke to 25 patients. Twenty patients completed a brief questionnaire, either in discussion with us or on their own, and the relatives visiting two patients who had impaired speech completed the questionnaire on their behalf. Three patients chose not to complete the questionnaire, although they told us a bit about their experiences in hospital.

We also had the opportunity to speak to senior nursing staff and members of the rehabilitation therapy team.

What we found out

Ward 15 is the Acute Stroke Unit. It has 24 beds: a 'hyper-acute' mixed six bed bay to which people are admitted direct from A&E, a bay for men and one for women and a number of side rooms. One clinical room is designated for thrombolysis (clot-busting treatment) which is only administered after a CT scan (X-ray of the brain) has shown that this treatment is appropriate.

Ward 16 is for stroke rehabilitation. The aim is for a more relaxed environment for patients recovering after the acute phase, and requiring intensive therapies (e.g. physiotherapy, occupational therapy – OT, and speech therapy – SaLT).

A rehabilitation therapist told us that, after the acute phase, the important requirement for stroke patients is for specialist therapy to be started as soon as possible in hospital. This therapy then needs to continue for long enough after discharge for the patient to achieve their maximum degree of independence. The length of rehabilitation varies from person to person. During this time it is important that, whatever their age, they continue to receive therapy from therapists specifically trained to rehabilitate stroke patients. Insufficient specialist rehabilitation limits the recovery of the patient, and may make them more reliant on support services.

The results of the 22 completed questionnaires are summarised below:

During your stay, have you felt...?	Not at all	Not very	Quite	Very	Don't know
Comfortable			4	17	1
Able to relax	2	4	5	11	
Confident in staff ability			6	16	
Supported			3	18	1
Listened to and understood			5	17	
That staff communicated with you well		2	5	15	

Comfort and ability to relax

Nine patients added comments to their responses to the questionnaire, each saying sleeping was difficult because of noise at night. One patient commented that they were usually 'edgy' and that had increased their inability to relax in hospital. Another person said that difficulty sleeping had made them feel very tired during the day.

One patient, with some physical weakness following a stroke said how much they appreciated that the nurses changed their position regularly day and night to make sure they were comfortable.

Three patients commented on pain relief. One said the tablets had really helped. Another patient said the tablets given weren't strong enough and no one had asked them whether their pain had been relieved. A third patient remembered the severe pain they were in when they first came to A&E, but it was more than 1½ hours before they were given morphine.

Several patients said that they had been moved between different bays or between wards since arriving at the hospital. One person who had had four moves, said it was unsettling. However four patients commented that they felt the moves were at the right time, and it gave them confidence they were getting better. Two patients had not been admitted to the Acute Stroke Unit because there were no beds available when they arrived at A&E. One of these said it was seven hours after arriving at A&E before a bed was found for them in another ward in the hospital.

Confidence in the staff

Although there was generally praise for the staff, there were six patients who marked their questionnaire only as 'quite' confident in the staff. These patients did not explain their response to this question.

Comments included:

'Can't fault it. Staff are attentive and always there for you.'
'The nurses are fantastic. They have a lovely manner.'
'If you ring the bell, staff come quickly.'
'I was afraid to come into hospital, but not now.'

Several comments were made about how much the patients appreciated the support of the physios, OTs and other therapists.

Staff listening and communication

Although most patients were satisfied with the quality of their communication with staff, there were four people who said they would like more time to ask questions or to receive more information.

Comments included:

'If you ask questions, you get answers.'
'They explain things clearly.'
'I would really like a bit more information.'
'The nursing staff explained things clearly, both to me and my family.'
'I would like more time with someone to ask questions.'

One patient was very distressed by conflicting information: first they were told that they could go home, and then that they could not, but no one had explained why they couldn't go home.

Time since admission

Staff told us the national guidelines suggest that the best time for transfer from acute to rehabilitation care is 72 hours after the start of the stroke. Most of the patients we spoke to in Ward 15 (the Acute Stroke Unit had been there for four days or less, but two patients said they had been admitted more than nine days ago.

Several patients on Ward 16 (the rehabilitation ward) could not remember when they had been admitted, but said they had been on the ward for 'quite a while'. Others were more specific. The shortest stay was one week and that person (who lived in Shrewsbury) was transferring on the day of our visit to RSH for further rehabilitation treatment. Two people had been in PRH for about two and a half weeks. Everyone else who gave us their date of admission had been at PRH for more than seven weeks. One of these patients had also spent some time in the Royal Stoke University Hospital before transferring back to PRH.

Where patients live

21 of the patients we spoke to told us where they lived:

- 8 patients were from Shrewsbury
- 1 person was from Welshpool and one from Oswestry
- 4 patients lived in Telford
- 3 were from Market Drayton in north east Shropshire
- 4 were from towns and villages in south east Shropshire.

Rehabilitation

When we first arrived, two patients were being taken by wheelchair from Ward 16 to the gym for therapy.

Every patient we spoke to on Ward 16 said they had seen a physiotherapist, and several were receiving ongoing physiotherapy treatment.

Several people told us the OT was involved in assessing their home circumstances in preparation for going home. One patient said the OT had helped them re-learn how to wash and dress themselves because they still have residual weakness. Others said they had been assessed in the hospital OT kitchen for basic cooking/ making a cup of tea.

Four patients had received treatment from the Speech and Language Therapist (SaLT) either for problems with swallowing, or communication problems.

Comments included:

'[With the help of the Physio] my walking has improved 100%'
'The OT went to the bungalow when my wife was there to see if anything needed to be done.'
'I couldn't walk at all at first, now I am fine with my Zimmer frame, and I can stand without help. The OT took me to my home this morning (I live alone) to see how well I can cope.'

Arrangements for Discharge Home

We asked all the patients on Ward 16 (and the two on Ward 15 who had been there more than a week) whether discharge arrangements had been discussed. Eight people described actions that had been taken towards planning for their discharge, but the majority said they had been given no indication of when they might be discharged or what needed to be done before they could leave hospital.

We were told:

- "I was told I was going home, then everything changed. Now I don't know what to think, I don't know why I can't go home. I feel quite angry and upset."
- "There has been good planning for my discharge, with involvement of the Physio, OT, SaLT and Social Worker."
- One patient, who lived farthest from Telford, said there had been talk of moving closer to home. However, they felt the specialist stroke unit at PRH was the best place to be and didn't want to move until they were ready to go home.
- One person was moving to a new home in sheltered housing the following day. This person said it has been arranged for the community physio to visit them at home.
- One patient, who had had severe leg weakness, said there was originally some talk about a specialist rehabilitation centre, but the physios had helped create a real improvement, and it hadn't been mentioned again. This person did not know when they might be ready for discharge.
- One person said there would be a multi-disciplinary team review, involving the patient and their family in two weeks time.
- One person had just been on a home visit; another was going on a home visit soon. Both told us that discharge would be discussed after their home visit had been assessed.
- Another told us the OT had visited his wife at home the day before and discussed the adaptations that would be needed.
- Two people said they had had home visits with the OT, but were not able to manage well and they were waiting for home care packages to be arranged.

Additional Findings

- Visitors commented that the visiting hours are different for Wards 15 and 16, which is confusing when patients are moved between the two wards.
    - Ward 15 visiting hours 2.30 to 4 pm and 7.30 to 8.30 pm
    - Ward 16 visiting hours 2.00 to 4 pm and 6 to 7 pm

  This also means that visitors travelling some distance have to wait around for several hours between afternoon and evening sessions, or drive home and then set off again very soon. This is extremely stressful for them.

- We saw staff in all of the bays. They were often writing clinical notes, but were observing what was happening and responding quickly if patients needed help.

- We were told by staff that some people who have had a stroke benefit from thrombolysis (clot-busting treatment) within a three-hour critical time period. However it is essential to take a CT scan first to ensure there is no bleeding into the brain. We were told there is only one CT scanner at PRH. When it was being serviced recently, patients were driven by ambulance to RSH for the scan before being returned to Ward 15. This may have delayed the administration of thrombolysis, where it was indicated.

- One person on Ward 15 was awaiting a CT scan after a road traffic accident. They were told it would be done early that morning, but they still hadn't been called by 3.00pm and no-one was keeping them informed. They said they felt a bit frustrated.

- We spoke to staff about the transfer of rehabilitation patients to RSH so they could be closer to their homes. We were told three people had been transferred in the last week (and another was going on the afternoon of our visit), but that these were the first for many months. This indicates that Shropshire residents who have had a stroke, and those from Wales, do not have the opportunity to receive specialist rehabilitation in the stroke rehabilitation ward at RSH for many months of the year due to other demands placed on that hospital. This means they have to stay in Ward 16 at PRH, which also means their visitors may for a long period of time have to travel a long distance to see them.

- Staff told us there are four beds in Ward 22R at RSH reserved for stroke patients from PRH, but these are rarely available. There is no policy for identifying appropriate patients to transfer. A list of patients is sent to RSH each Monday, and if a bed is available, the person at the top of the list "may be selected".

- Staff told us that Ward 16 organises multi-disciplinary team meetings with patients and their families for a 'fact finding' session before discharge plans are firmed up. One patient had told us this was being arranged for them and their family.

- We were told by staff we spoke to that there are long waiting times (4 to 6 weeks) for community therapists to support stroke patients after discharge home. The hospital trust (SaTH) does fund an Early Discharge Team, made up of therapists from different disciplines, but this team will only support patients who are discharged within two weeks of admission.

- Occupational Therapists told us they often are not able, or it may not be appropriate at this stage of a person's recovery, to give the full range of assessments needed by some stroke patients while they are in hospital. They also said that staff working in the community OT service may not have the expertise, or the manpower, to do these detailed and specialist assessments.

- Staff members told us there is no routine follow up apart from a six monthly check in the Consultant outpatient department.

- Staff told us there is no routine clinical audit process that records patients' progress from the onset of a stroke through rehabilitation to hospital discharge

- A member of the therapy team told us that Shropshire Stroke Association has a Liaison Officer who is excellent at sign-posting stroke patients to services which may be helpful. For example, it is usually some time after discharge from hospital that a person who has had a stroke may be ready to drive again. They will need an accredited assessment and may need help in adapting a vehicle or learning new techniques.

Summary of Findings

- Patients said that:
    - they were looked after well
    - the ward was often noisy, particularly at night, which made it difficult to sleep
    - they had confidence in the care and treatment they received
    - the majority of staff communicated with them well.

- Several patients, although they praised the staff, said they wanted more detailed information and more personal time to discuss their condition.

- Patients who have had a stroke go to PRH from all over Shropshire and Telford and Wrekin, as well as parts of Wales. Many of these have hospital stays of over two months. This can create difficulties for families who want to visit frequently.

- Visiting hours are different for Wards 15 and 16, which is very confusing for visitors.

- Approximately half the rehabilitation patients we spoke to had had discussions about discharge, but the others did not have any idea about whether there were any plans or when they might be ready for discharge.

- At the time of our visit, it appears that most patients feel they are transferred from the acute ward (Ward 15) to the rehabilitation ward (Ward 16) at PRH at the most appropriate time, although two people had been in Ward 15 for more than a week.

- There appears to be sufficient hospital rehabilitation therapy services for stroke patients. Many patients praised the support they had received from the team of therapists.

- Ward staff are concerned about the continuing rehabilitation support available for stroke patients once they have been discharged from hospital.

- There is no routine clinical audit of patients as they move through the treatment and rehabilitation stages.

- There is no formal follow-up process to track patients' progress once they have left hospital apart from a 6-month visit to the Consultant outpatient department.

Recommendations

- To consider if anything can be done to reduce noise levels in the unit, especially at night.

- To review visiting times between the two stroke wards to see if they can be the same.

- To review effectiveness of processes for providing information on progress and plans for discharge with patients.

- To review the process for identifying those patients at PRH who would benefit from a move to the specialist rehabilitation ward at RSH.

Actions for Healthwatch Shropshire

- Healthwatch Shropshire will escalate concerns raised in this report about the rehabilitation pathway.

Service Provider Response

Healthwatch Shropshire has received the following response from Shrewsbury and Telford Hospital NHS Trust:

Thank you for the feedback which you have provided following your visit to Wards 15 and 16 at PRH to review the experiences of patients being nursed within these areas. This information is valuable in assisting the service being shaped to meet the needs of the patients within these Ward areas.

In response to some of the findings and recommendations:

Visiting times differ between the two Wards due to a number of reasons:

- Each of the Wards has differing meal times as the meals are not pre-plated but served individually for each patient by a member of the catering team. The server attends to one Ward area and then with a new meal service trolley to the second Ward. The Wards adhere to protected meal times to ensure that patients are not interrupted and that staff are available to assist all patients requiring support with eating their meals.

- The needs of the patients within each Ward differ due to the nature of the area. Within Ward 16 the patients often tire earlier due to the active rehabilitation sessions they receive throughout the day and this is why the evening visiting starts and ends earlier.

Whilst the visiting time differs between the two Wards visiting hours are reviewed on an individual basis based upon the patient's condition and the nursing team aim to be flexible when required. The 'butterfly scheme' is in place and the 'Carer's Passport' is used to enable flexible visiting to support families and improve patient experience.

Within Ward 16 patients tend to be longer stay whilst receiving rehabilitation, the predicted length of stay is 6 weeks however this varies for each individual taking into account the progress which is being made and their individual needs. As outlined within the report, progress and planning meetings take place and the patient and their family or carer is involved in this. The initial meeting is usually scheduled to take place during the second week of their rehabilitation with a second meeting being arranged 2-3 weeks later and a final meeting to plan the patients discharge.

All patients suitable for transfer to RSH for rehabilitation are identified on the Patient Status at a Glance board (PSAG). This is an electronic system which enables patient information to be visible and data to be collated and reported upon. A report is created daily by the Capacity team and this identifies each individual patient who has been highlighted as suitable to transfer to RSH.

Whilst every effort is made to transfer patients to be located near to home and family transfer to RSH is not always possible due to restricted capacity.

The feedback and action plan will be shared with members of the nursing, medical and multidisciplinary teams who provide care for the patients on Ward 15 and 16.

Healthwatch Shropshire has received the following action plan from the trust in response to our recommendations:

To consider if anything can be done to reduce noise levels in the unit, especially at night.

- Ward 15 is an admission area taking patients directly from the A&E Department during the day and overnight in order for patients to be treated within a specialist area. The admission of patients overnight can be unsettling for patients trying to sleep. The patient feedback shared by Healthwatch will be shared with the nursing teams to reinforce the need to be aware of noise levels.

- Ensure that patients are aware that amenity packs consisting of an eye mask and ear plugs are available on the Ward.

This will be overseen by the Ward Managers and completed by 28/02/17

To review visiting times between the two stroke wards to see if they can be the same.

- Ensure that visitors are made aware of visiting times within each of the Wards

- Reiterate to staff the use of the carers passport

- Undertake a patient survey to identify preferred visiting times

This will be overseen by the Ward Managers and completed by 28/02/17. The deadline for the patient survey will be 31/03/17 to enable sufficient patient feedback to be captured.

To review effectiveness of processes for providing information on progress and plans for discharge with patients.

- To ensure that patients and their families / carers are aware of progress / planning meeting process upon admission to the Ward

- To review the feasibility of increasing the frequency of progress / planning meetings for each patient

This will be overseen by the Ward Managers and completed by 28/02/17

To review the process for identifying those patients at PRH who would benefit from a move to the specialist rehabilitation ward at RSH.

- Reiterate to staff that all patients identified as suitable for transfer to RSH for rehabilitation are identified on the PSAG board

This will be overseen by the Ward Manager and completed by 31/01/17

- Any patients or relatives expressing a preference to be transferred to RSH should be highlighted

- Monitor the number of patients who are receiving care at PRH whilst awaiting transfer to RSH to ensure that any barriers can be identified and addressed

This will be overseen by the Operational Manager (Stroke) and completed by 31/03/17

Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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