



Healthwatch Liverpool Enter and View Report

Liverpool Heart and Chest Hospital

23rd September 2014

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Section A

Introduction

General parameters of a Healthwatch Liverpool Enter and View.

Healthwatch Enter and View visits are not designed to be systematic inspections of health or social care services. Such inspections are carried out by the Care Quality Commission and relevant service commissioners. The Care Quality Commission has the role of assessing and informing the public regarding the general standards of care provided by health and social care services.

Healthwatch conducts Enter and View visits in order to observe a service in action and where practicable, to hear the voices of patients. At best, such Enter and View visits can only offer a strictly time limited snapshot of a service. Healthwatch Enter and View representatives are not health professionals, and so undertake these Enter and View visits from the perspective of a lay-person.

Date and Time of Visit:

Tuesday 23/09/2014, 1pm - 3pm.

Background to service and opening hours:

Liverpool Heart and Chest Hospital NHS Foundation Trust is the largest single site specialist heart and chest hospital in the UK.

The service provides specialist services in cardiothoracic surgery, cardiology, respiratory medicine including adult cystic fibrosis and diagnostic imaging, both in the hospital and out in the community.

The Trust serves a catchment area of 2.8 million people, spanning Merseyside, Cheshire, North Wales and the Isle of Man, and increasingly it receives referrals from outside these areas for highly specialist services such as aortics.

Heart and lung disease continue to be amongst the biggest killers in the UK and the communities the Trust serves are marked by increased prevalence of cardiovascular disease, higher levels of heart failure, hypertension, coronary artery disease and an ageing population.

The visit was arranged with

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The reason for the Enter and View Visit

The Enter and View visit was part of the Healthwatch Liverpool activities of:

- identifying whether, and how, local health and social care services could be improved
- identifying whether, and how, local health and social care services ought to be improved
- identifying recommendations to improve the standards of health and social care services

On this occasion Healthwatch Liverpool was specifically interested in observing the facilities at the Trust from the perspective of a lay person or a typical patient.

The Methodology of the Enter and View Visit

The Enter and View visit was undertaken in accordance with the remit of Healthwatch Liverpool and will assist Healthwatch Liverpool in carrying out its statutory functions under the Health and Social Care Act 2012.

The visit only entered communal areas and facilities. We did not enter any non-communal areas. We spoke to both staff and service users where appropriate.

The visit was conducted by 2 Authorised individuals from Healthwatch Liverpool who displayed the requisite identification and provided proof of DBS clearance for the visit. Andrew Lynch and Moira McLoughlin.

Moira McLoughlin - Authorised and trained volunteer

Andrew Lynch - Authorised and trained Development Officer

Healthwatch Liverpool classed this as an announced Enter and View, meaning that the service provider was given notice some days prior to the Enter and View taking place. This is a reflection of the fact that on this occasion Healthwatch was not following up any specifically indicated quality issues regarding this service. This meant that there would have been no advantage by conducting an unannounced visit on this occasion. Announcing the visit also had the advantage of Healthwatch being able to arrange the visit at a time likely to minimize the chances of any disruption to the service that might be caused by our being there.

Section B

The Enter and View Observations

Healthwatch visitors were informed that the Quality Priorities for the Trust were:-

The 'Sign up to Safety' campaign with the goal of harm free care by 2019. The main elements of this were reduction in mortality rates, prescription errors and falls. There is a desire to understand deaths from a nursing perspective.

The Trust wishes to offer care that is Excellent, Compassionate and Safe and is working with an American company, Pascal Metrics, to improve the culture within the Trust and as part of this aim to initially understand the culture. One approach used is to speak to newly appointed nurses and have offered an anonymous helpline to staff which had already received 4 calls.

The Trust also see families as partners and staff have an opportunity to shadow family members.

One initiative in relation to reducing the number of falls is 'Call, don't fall' as evidence indicates that the patients who fall are often not at high risk of falling, rather that they are used to being independent and don't seek support. However there is also the link with dementia as some patients can forget they are not at home in their own environment.

There have been concerns about pressure ulcers which occur on the face and ears as a result of tubing. In other organisations, often these are not reported in tissue viability statistics as they are considered 'device related'. However, LHCH report all pressure ulcers.

Joanne Shaw, who is also the Dementia Clinical Lead at the Trust, reported that they are working on improving the environment for patients with dementia, they work with Dementia Action Alliance and the Museum of Liverpool (House of Memories) which has led to an accredited module; her obvious enthusiasm for improving care for all patients, including those with dementia is to be commended.

Dementia friends training, which takes one hour, is offered within and beyond the Trust; this has led to over 4000 people across Merseyside being trained with just over 1000 being trained by the LHCH and being offered within the community e.g. to care home staff, Barclays bank and local residents.

A patient portal is being developed which will enable patients to add details prior to admission which will then be used in their 'This is Me' document.

Holly Suite

This new day ward opened in February 2014 and it is a bright, spacious, modern but also a comfortable and relaxing environment for patients waiting for procedures such as angioplasty. Patients can bring a relative and there are tea and coffee making facilities, computers with internet access, reading materials, lockers for patients, a television and massage chairs.

Healthwatch visitors were also shown the 'suit' that has been designed with patient input which maintains dignity while waiting to go to theatre but also offers easy access for clinicians during procedures. Patients who need to wear this suit have a separate lounge.

Oak Ward

Points of good practice/design observed were as follows:-

- Attractive and engaging notices in the family room
- Height of basin and mirror in patient bathrooms
- Lights under beds
- Some rooms have pull down or glide away beds for family members to sleep in

The nursing model is based on patient and family centred care for which they have received a Patient Experience Network National Awards (PENNA) award. This year's award application relates to dementia.

Proud to care awards - nominated by patients.

The acuity of patients on any given day is the deciding factor in staffing levels; sometimes it only requires a volunteer to enhance staffing levels but on other occasions additional trained staff member(s).

Critical Care Unit (CCU)

This unit comprises of the Post Operative Care Unit (POCCU) and the Intensive Care Unit (ICU). The culture on his unit had been a concern

of the CQC, with staff perceiving the unit as understaffed, although staffing levels are considered to be commensurate with the demands of the unit. In response to this the Trust had made changes to leadership within the unit and increased, on a temporary basis, the staffing levels; the intention is that when the new style of leadership is embedded morale will improve and additional staff can be withdrawn. The CQC made an unplanned visit just prior to this Healthwatch visit and apparently were impressed by the changes and the resultant benefits.

In the Intensive Care Unit (ICU) visitors are usually allowed 8-9 am and 12-8pm, 2 per bed, but each case is treated individually.

There is the potential for ICU patients to suffer from 'ICU psychosis', where there are problems relating to disorientation in time i.e. unable to distinguish night from day, and patients need good sleep during this period; this would obviously be a particular problem for patients with dementia, therefore the need for quick throughput is stressed.

Some of the bays can be mixed sex but this would depend upon the 'level' of the patients i.e. the patients with higher levels of dependency could be nursed in these circumstances.

Notable practice includes a weekly relatives' forum, which also involves former patients.

Research Ambassador

Healthwatch visitors met the Head of Research & Initiative and the former patient/relative who is employed as the Research Ambassador. This post has now been funded by the Lord Leverhulme Trust for 5 years. He answers only to one of the Trust's Non-Executive Directors and stated that he feels very well supported by the Trust. He is a member of the Trust's research committee and provides a patient's perspective in all decisions relating to research, including grant applications. He also chairs the Service Users' Research Endeavour (SURE) group and is a member of the University of Liverpool's Ethics Sub-Committee; all of these indicate the commitment of the Trust to patient involvement in all aspects of research.

Lay summaries of research are produced and are used in patient information sheets.

The motto 'Turn research into service' does seem to have some meaning in this Trust.

Section C

Summary/conclusions of the patient experience that Healthwatch gathered relating to this Enter and View.

Taking into account the remarks outlined in the introduction about the general parameters of Healthwatch Enter and Views, nothing was observed during this Enter and View visit which gave Healthwatch cause for serious concerns regarding the quality or safety of the services being offered to patients using services at the Liverpool Heart and Chest Hospital.

Healthwatch visitors were very impressed by the Day services waiting area as it was very welcoming and supportive of patient's needs and completed to a high standard.

It was also good to note the level and ratio of nursing in Post-Operative critical care and that patients were categorised in terms of their individual needs.

Healthwatch visitors were very impressed by the very well laid out room for relatives. It had a lovely caring atmosphere with an eye for detail in terms of the information that was on display. This demonstrates a great understanding of the needs of families and the important role they have in terms of the patient and the support they need.

The Intensive Care - high dependency unit continued the focus on families by in some areas offering pull down beds for relatives/friends to stay with their loved ones.

Conclusions

It is clear that Liverpool Heart and Chest are developing and delivering excellent services that support the needs of their patients, families and friends. There is a lot of good practice at Liverpool Heart and Chest Hospital which will no doubt be of value to other Hospital Trusts.

Healthwatch Liverpool is always keen to hear more from patients about services, whether those stories are about positive or negative experiences. Patient feedback helps Healthwatch to identify and acknowledge good practice, or issues that call for improvements.

To give Healthwatch further information, or to discuss this report further please find us using the contact details below.

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