

Supporting the improvement of quality care at BHRUT: Ash Ward

A report from Healthwatch Redbridge – July 2023

Introduction

Barking, Havering, and Redbridge University NHS Trust (BHRUT) are keen to improve the quality of care and patient experience across the hospital trust which covers Queen's Hospital in Romford and King George Hospital in Goodmayes.

In response to a recent Care Quality Commission (CQC) visit, BHRUT jointly commissioned their local Healthwatch organisations in Barking & Dagenham, Havering, and Redbridge (BHR HW) to speak to patients about their experiences of services provided by the trust and to explore patients' expectations of services and how these were met.

Aim

To speak with patients on six identified wards/service areas to understand what works well within the ward and what improvements could be made to improve patient experience.

Additionally, BHR HW will follow the discharge pathway and agree to interview patients once they have left hospital.

Objectives

- To identify what patients' feel is working well in each identified ward/service area.
- To identify what would improve patient experience.
- Make recommendations based on feedback received from patients.
- To explore patients' expectations of services and how these were met.
- Provide a full report to BHRUT for each service area after a visit and telephone interviews.

Methodology

Patients were identified by senior staff to ensure Healthwatch were able to speak with people who would potentially be leaving hospital within a week. This ensured we could complete follow-up telephone interviews within a two-week period.

Ward visits were carried out by BHR HW. Each Healthwatch was responsible for two visits to wards/service areas identified by the BHRUT Patient Experience Team. Healthwatch Redbridge (HWR) undertook visits to Ash Ward and Holly Ward at King George Hospital. This report covers the responses from patients on Ash Ward.

All responses are anonymised. Agreement was sought from each patient to contact them after they had been discharged from hospital and complete a follow-up response.

A minimum of ten face-to-face interviews and telephone calls (after discharge) were undertaken for each ward/service area.

Staff and volunteers from Healthwatch Redbridge were given access to Ash Ward to complete confidential surveys with patients who had agreed to speak with us.

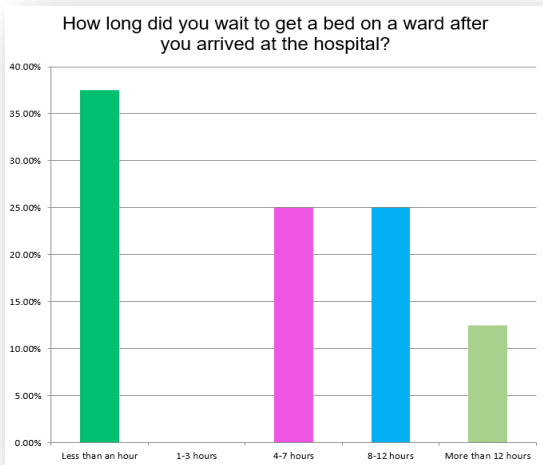
Survey questions were agreed in advance and have been used across the BHRUT services.

Ash Ward: Findings

Healthwatch Redbridge visited Ash Ward on Tuesday 4 July 2023. Ash Ward is a specialist endocrinology and medical ward.

We spoke with **10** individuals; **8** were patients and **2** were carers. Most of those we spoke to (**80%**) identified as female. Most patients (**60%**) told us they were between 50 & 64 years of age. Full demographics are shown within Appendix 1 at the end of this report.

Admissions

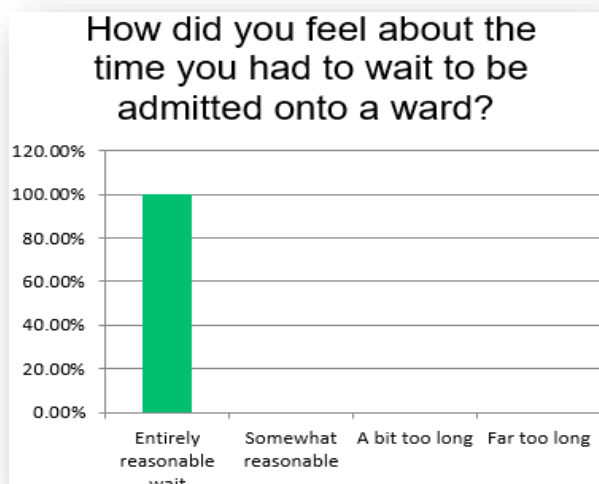
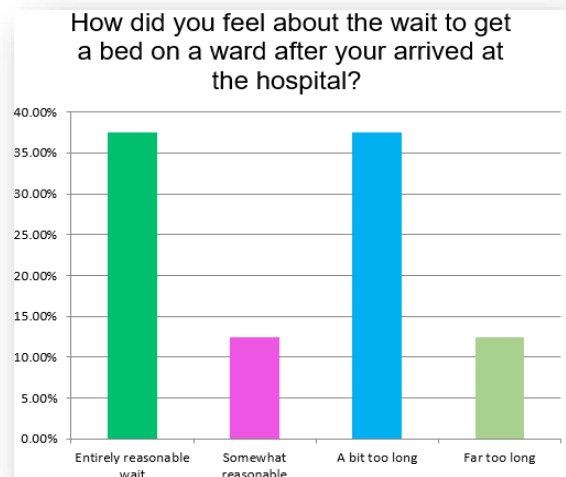


We asked patients to explain how they were admitted to the ward. Most (**8**) were admitted through the hospital's Emergency Department. A couple (2) came through a Podiatry clinic admission route.

“...Referred straight from Podiatry clinic by letter directly to hospital so no waiting. 'Absolutely Brilliant'. ...”

Most patients (**37.5%**) waited less than an hour to get a bed, although two patients waited between 4 and 7 hours and two between 8 and 12 hours. One respondent told us they had waited over 12 hours to get a bed on the ward.

When responding to whether they felt the waits were reasonable, there was an even split between those who felt it was mostly reasonable, and those who felt it was too long.

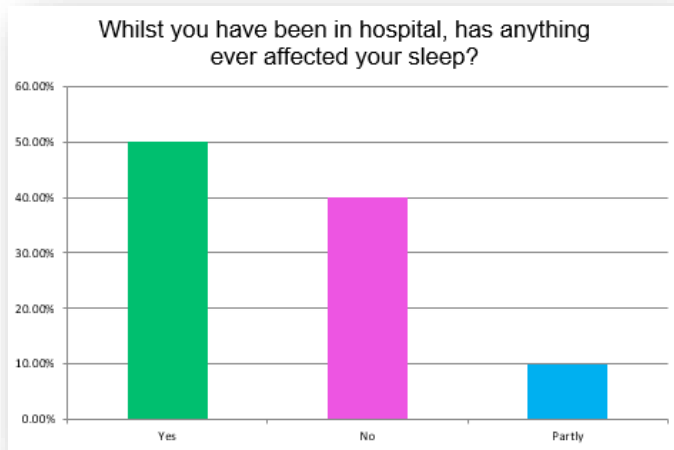


However, when asked how respondents felt about the time it took to be admitted to the ward, all felt it was a reasonable wait and to be expected.

Ward Experiences

We asked patients and carers to rate their experiences within the ward.

Sleep Disturbance

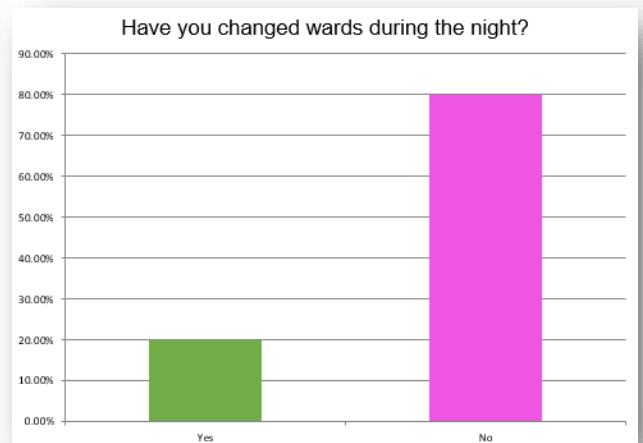


Four patients spoke about having their sleep disturbed during the night. Mostly, this was attributed to general noise from staff and patients. One felt the reason was due to the withdrawal of their sleep medication.

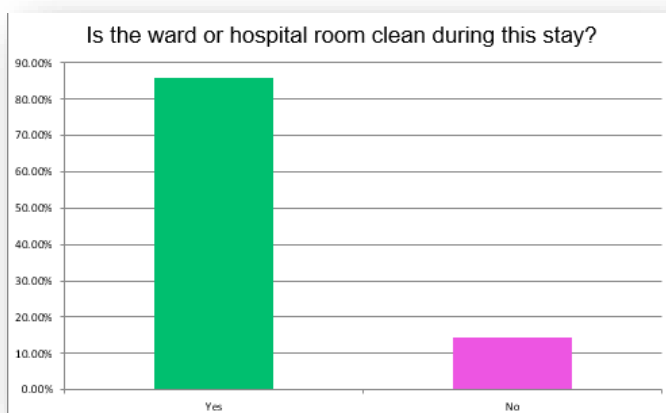
“...Other patients and security guards - I know they are necessary...”

Two patients told us they moved ward during the night.

When we asked if staff had given clear information on the reason behind the move, both said they had not been given a reason.



Cleanliness



We asked whether respondents felt the ward had been cleaned during their stay, most (**over 80%**) said it had.

“...Always cleaning...”

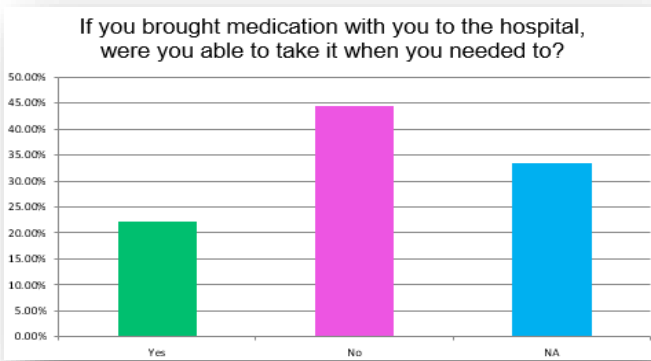
However, there were some occasions when they felt the cleaning had not been as good as it should have been.

“... Toilet cleaned with tissue after someone sick on floor...”

“...A patient was sick in the toilet but then it wasn't cleaned properly...”

“...Side ward, infection control; some staff failed to change PPE...”

Medication



Six patients told us they brought medication into hospital with them. Two said they used their own when required.

Food

Receiving appropriate and adequate refreshments whilst an in-patient is important.

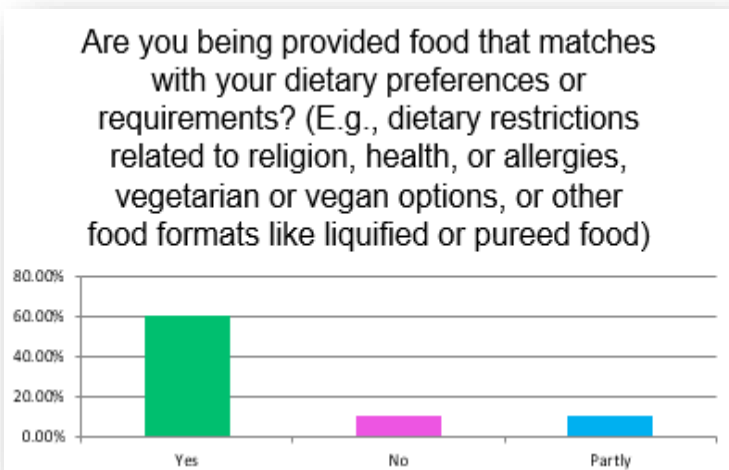
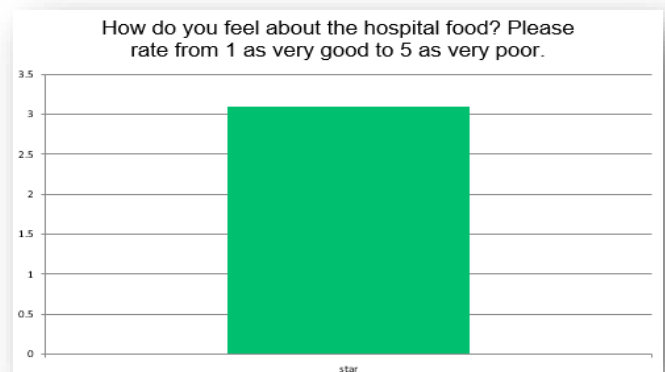
We asked patients and carers to rate the quality of the food on the ward. Some felt it was fine.

“...So many options, very happy...”

However, most rated the quality as below average. Some also felt the use of iPads took some of their independent choice away.

“...Disgusting, awful. Options given not what I heard...”

“...Good having a menu choice. Would prefer having a card rather than an iPad...”



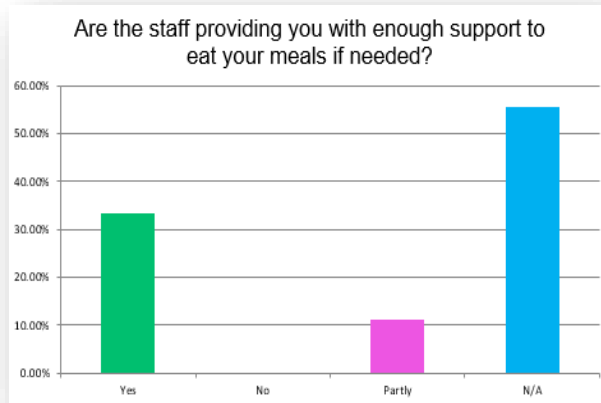
Most patients and carers felt there could have been more choice and spoke about the quality of the food offered.

“...Flavour and texture could be better...”

“...Not happy with choices; went to Costas...”

“...Not enough choice, variety poor...”

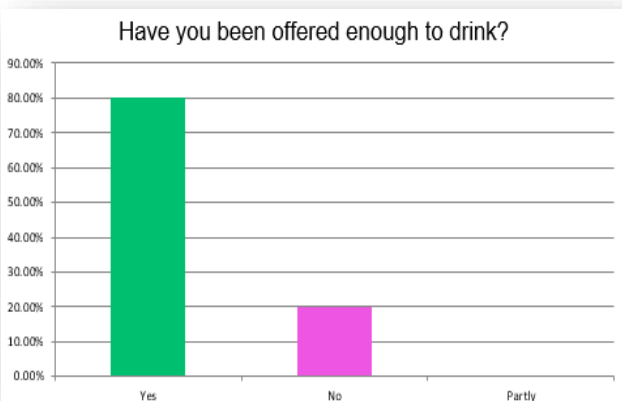
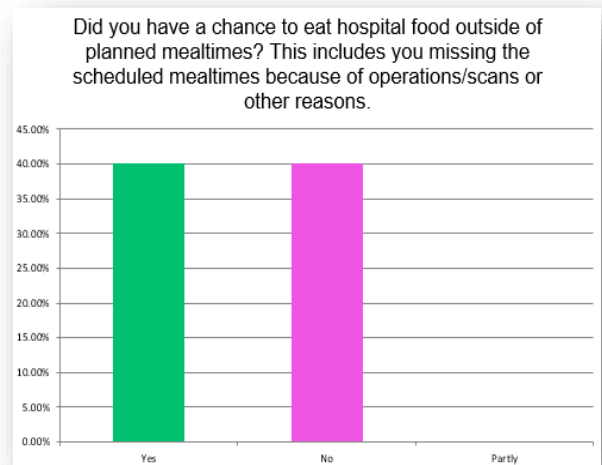
“...Caribbean meal but not very tasty. Needs to be looked at...”



Although most patients felt they did not need support with their meals, or they received it if required; one respondent felt they had only been partially supported as they did not always receive the support they needed.

Of the eight respondents who spoke about accessing hospital meals outside of normal mealtimes, there appeared to be an even split.

However, a couple of respondents did not know they could ask.



Having access to fluids whilst in hospital is extremely important.

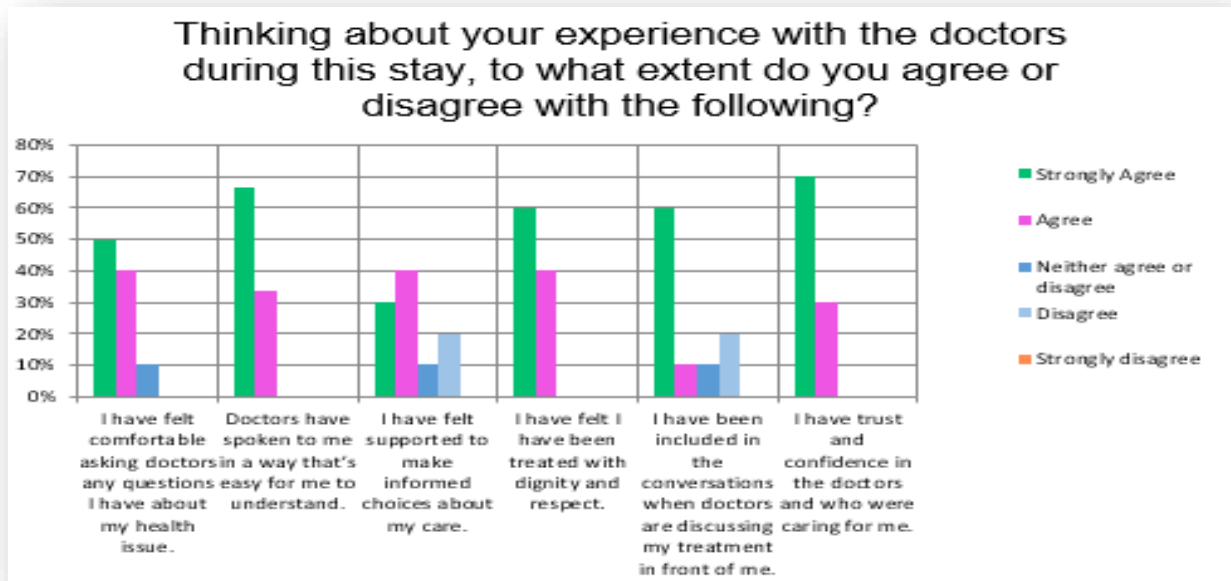
Of the eight patients who responded to our question regarding access to fluids, most felt water was freely available although some said they would have preferred access to tea or coffee more often.

“...Available if and when needed...”

“...Water often, but other refreshments scarce...”

Staff Interactions

We asked respondents about their experience of interacting with the doctors and nursing staff on the ward. We asked them to rate their interactions and how well they agree or disagree with the statements read to them.



Most told us when they were with doctors, they felt comfortable asking questions, were treated with dignity and respect, and were supported and included in conversations about their treatment.

Two respondents, however, felt they had not been able to make informed choices about their own care or involved in discussions about their treatment.

“...When I wasn't sure what was being said I was able to ask questions...”

“...Always very good at answering questions...”

“...Not convinced doctors are fully aware what is happening to her. They are working on it...”

“...Left to own self to decide. The doctors don't get involved. What they speak goes way over your head. Decisions are so much harder if you don't know what's going on...”

“...Very pleasant and caring. Good listeners...”

“...All under pressure but still give quality time. Fantastic...”

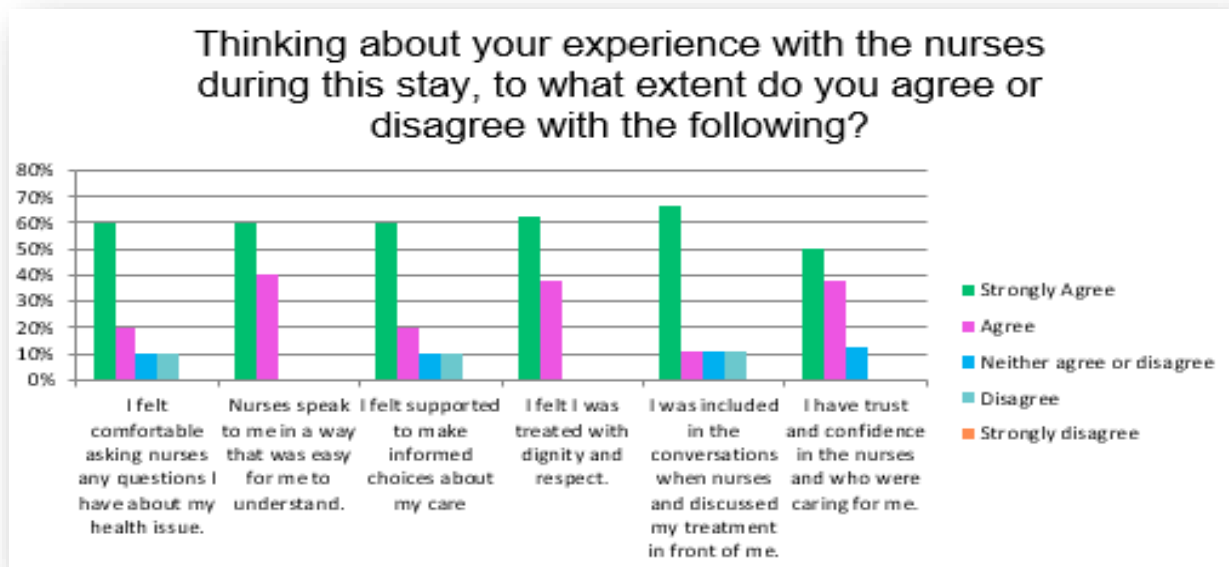
“...They always explain what's going on...”

When asked, three respondents told us they required interpreters, however, only one was provided with support. The other two stated this was not offered.

Two respondents told us they were given conflicting information by different members of staff.

There were similar responses when asked about nursing staff, although there were slight variations regarding trust and confidence, asking questions, and making informed choices.

It should be noted though that the sample size within this survey is small and will need to be considered when addressing recommendations.



“...Have had very good treatment from all staff and now feeling much better...”

“...Very Good, and sympathetic. Well consoled when feeling depressed...”

“...Always there for me...”

“...Good experience except for 1 night nurse who told me to 'shut up' whilst I was trying to explain something...”

“...Some very good. Some need to show more empathy and some need more training...”

“...Nothing is too much trouble. They always come back if they have to leave before finishing...”

“...They have got better about responding to the buzzer...”

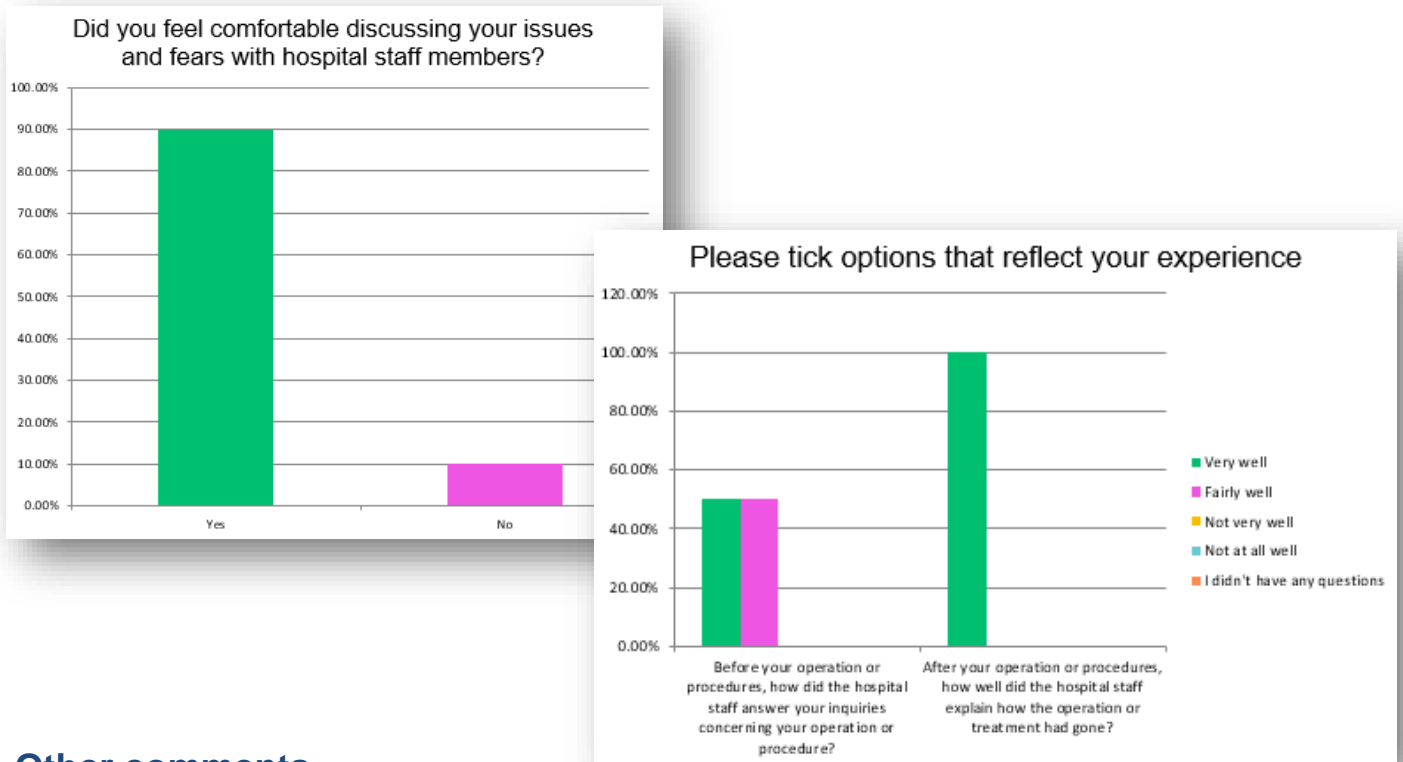
“...They have so much on their plate they can't get it for you. They tell you how it suits them not how it suits the patient...”

“...Nicely treated, with respect, very nice...”

“...They have a lot to do. Sometimes they ignore you...”

Discussing Concerns

Most respondents felt comfortable discussing their concerns with hospital staff.



Other comments

“...Someone has taken my clothes and slippers. I’ve asked staff but with no answers...”

“...Longest hospital stay ever for me. I was unable to walk but now feeling well and can't praise enough. Only comment is staff shortage so more pressure on existing staff but still always had a smile...”

“...I was concerned about a patient in a side ward who was shouting (non-verbal) but no one went in to check on her. Otherwise, all well. I also have a learning disability...”

“...Trying to purchase refreshments and snacks is no longer available and where possible you need a card...”

“...If I'm not happy they know. I've been in hospital a long time, so they know me. I also have a breathing problem...”

After Discharge: Follow up

Patients and carers who were interviewed on Ash Ward were also invited to take part in a follow-up telephone interview within two weeks of the visit. We wanted to understand how their discharge journey had progressed.

Healthwatch Redbridge agreed to attempt contact with patients or carers on four occasions, after which we would assume the patient or carer did not want to complete the interview. Of the 10 patients (or their carers) spoken with, we were only able to carry out 2 interviews due to the following reasons:

Patient 1	-	Did not have time to answer and will not be available in the timeframe
Patient 2	-	Transferred to Queens Renal unit - no further contact
Patient 3	-	Family informed us that patient would be going to care home and not suitable for a follow- up
Patient 4	-	Unable to carry out interview - no interpreter available
Patient 5	-	Completed – see below
Patient 6	-	Patient in Goodmayes for further 3 weeks - not suitable for follow up
Patient 7	-	Left 4 messages - no response received
Patient 8	-	Completed – see below
Patient 9	-	Left 4 messages - no response received
Patient 10	-	Left 4 messages - no response received

After Discharge: Responses

Two patients agreed to be interviewed after their discharge; both went home.

Both felt involved in their discharge, included in discussions about any equipment they might need, and provided with written information about any medication (plus verbal instructions).

One patient felt the discharge process could have been managed better insofar as the doctor and physiotherapist were not communicating with each other. The patients' discharge took hours to confirm. The patient was informed at 9am that morning that they would be discharged by 4pm; they finally left hospital at 8pm.

The patient mentioned there was confusion with who would provide the necessary dressing aftercare. After a day, they called the district nurses to check what was happening, only to be informed that there had been no referral placed. As the district nurses had been previously involved with this patient, they agreed to add them to their list (but not because the hospital had completed a referral).

The patient also told us they would have to wait two weeks for their physiotherapy services, which will attend twice weekly. They were not asked whether they felt this was satisfactory.

NOTE: As we are unsure whether waiting two weeks for physiotherapy to begin at home would cause issues for the patients' rehabilitation; could BHRUT clarify whether this is best practice.

The second patient mentioned several serious issues which they did not feel comfortable raising on the ward. The patient spoke about having a blood transfusion:

“...At one point, I was having a blood transfusion and the nurse was having to flush the line. As she was having to do it, the blood was going back into the syringe...”

...I pointed out that I didn't think this should happen (I recall this was said to one of the trainees who were on the ward). The nurse said, ‘I did turn it off, I have witnesses.’ It kept happening, until she did actually turn it off...”

They went on to tell us about another occasion:

“...Another incident happened with the same nurse, there was a woman on the ward with mental health problems. A different woman woke up and asked for help. The woman with mental health problems shouted and asked the security guard for help, he said, ‘Why can't you press the buzzer?’ She pressed it and lots of staff came running and then told her off for pressing it...”

...Why did they speak to her like that? they didn't speak to me like that, was it because she has mental health problems? The next day there was a security guard shadowing her. She asked the nurse if the security guard was there for her and the nurse said no, but she asked the guard directly and he said yes. So, the nurse lied to her. Then when the patient asked her about it, she denied it and was shouting at her across the ward...”

...I was very disappointed, the other staff worked brilliantly as a team. The other nurse was working with her ego, not her heart. Maybe she needs training or something, in order to not work with her ego...”

Prior to this report being completed, senior staff at Healthwatch Redbridge contacted the hospital Patient Experience Team to make them aware of these concerns immediately they were raised.

NOTE: We are unsure whether the patient being supervised by security staff would meet the criteria for a Deprivation of Liberty Standards (DoLS) assessment¹; could BHRUT clarify whether this is best practice.

¹ <https://www.scie.org.uk/mca/dols/at-a-glance#what-is>

Recommendations

Based on the analysis of all feedback obtained, Healthwatch Redbridge would like to make the following recommendations:

- Overall, although waiting times appeared not to be an issue for patients, it is important that patients and carers are kept informed of any delays.
- Overnight noise on wards was a concern. Staff must be aware of the way noise carries at night and address their own behaviour. The ward needs to take actions to reduce noise wherever possible.
- Moving wards at night seems unnecessary and intrusive. If this must be done, staff should ensure patients are made aware of the reason and, if not for clinical reasons, a better system should be established.
- It was unknown whether patients were asked to bring in their own medication from home. If it is not being used, then it serves no purpose and should not be brought to the ward.
- Cleaning must be completed in a safe and hygienic manner, whether during the day, or night.
- Staff should be aware of and maintain the highest protocols for infection control.
- Hospital food raised several issues.
 - Patients should be provided with food that meets their cultural, religious, or dietary requirements.
 - The introduction of iPads to record patient choice at mealtimes works for some, but for others who wish to receive a paper form, one should be provided. Some patients could either not hear what the menu choices were, could not remember what they had ordered, or were overwhelmed by the choices available and forgot what was being offered.
 - Food needs to be taste tested regularly as some patients felt the food lacked flavour. This should be carried out by patients from different cultural backgrounds.
 - All patients should be asked if they need support at mealtimes and this should be clearly identified.
 - Fluids should be offered frequently, with options for those who dislike cold drinks.
 - Are snack trolleys available within wards? Hospitals should be aware that some patients might not have access to card only payment options. Cash payments should still be available for **ALL** purchases.
- Staff must continue to include patients and carers in making decisions about future care needs. Being included in care decisions is vital and a new part of (updated) informed consent law. There must be direct engagement with service users.
- Discharge pathways should be clear and complete, patients should not have to chase personally to establish if referrals have been made.
- Supporting patients with additional needs is important. No patient should be verbally abused or shouted at.
- A patients' personal belongings should be respected. Items, however small or insignificant, might be the only symbols of individual identity and it can feel alienating to fear they have been disregarded.

- Patients should be able to challenge procedures and expect appropriate responses for health staff when they feel something is not being carried out correctly.²

Acknowledgements

Healthwatch Redbridge would like to thank the patients who engaged with Healthwatch staff and volunteers and took part in the face-to-face interviews and follow-up calls.

We were also grateful for the support received from the BHRUT Patient Engagement Team to coordinate the visit, and to the staff on Ash Ward for their welcome and support on the day.

² <https://www.rcn.org.uk/get-help/rcn-advice/duty-of-candour>

Appendix 1: Demographics

