



Supporting the improvement of quality care at BHRUT: Holly 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 Holly 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 Holly 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.

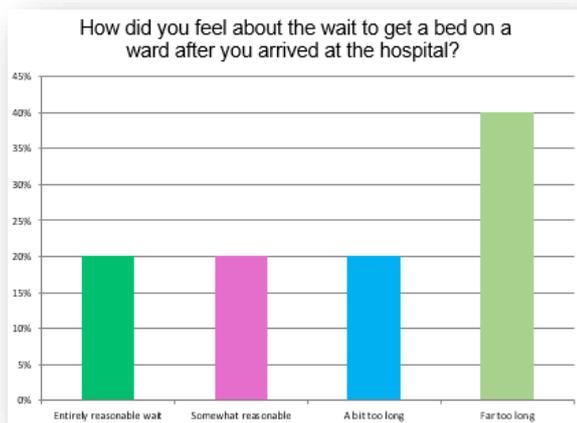
Holly Ward: Findings

Healthwatch Redbridge visited Holly Ward on Friday 14 July 2023. Holly Ward is a specialist geriatric ward.

During our visit, we spoke with **8** patients. Most of those we spoke to (**80%**) identified as female (2 patients declined to comment). Most patients (**80%**) told us they were over 80 years of age.

All respondents identified themselves as White British/Irish and were native English speakers. Full demographics are shown within Appendix 1 at the end of this report.

Admissions

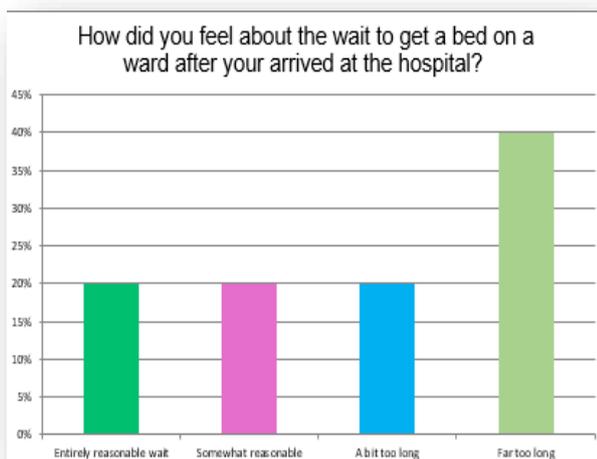
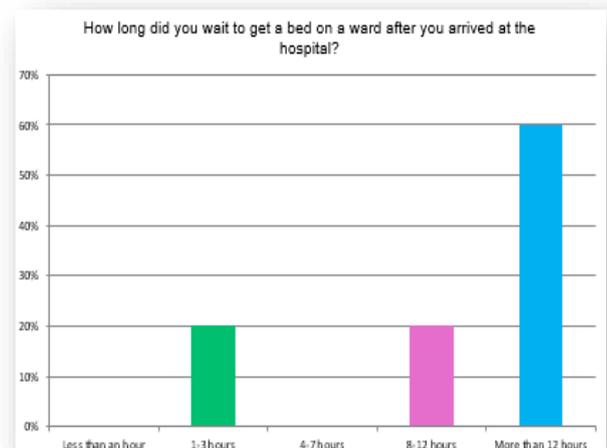


We asked patients to explain how they were admitted to the ward.

Most (**6**) were admitted through the hospital's Emergency Department. One patient was admitted via their GP and one directly from the ambulance.

We asked patients to tell us how long they had waited to be admitted to the ward. Of the six using the Emergency Department, five provided a response.

Three waited more than twelve hours to get a bed, one patient waited between 8 and 12 hours and one between 1 and 3 hours.

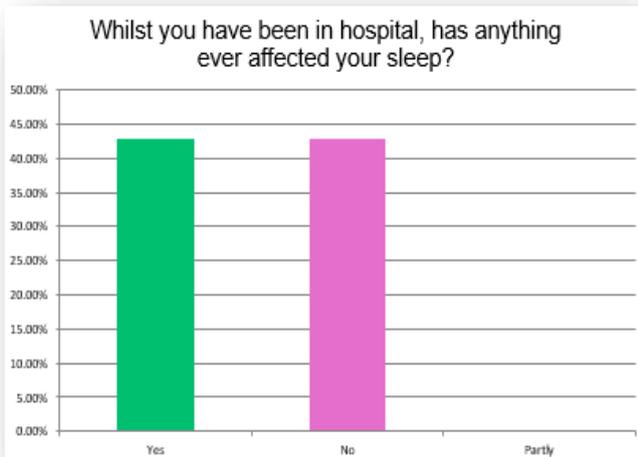


When responding to whether they felt the waits were reasonable, five responded with two feeling it was far too long, one thinking it was a bit too long, and two who felt it was somewhat or entirely reasonable.

Ward Experiences

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

Sleep Disturbance



Three patients spoke about having their sleep disturbed during the night. This was attributed to general noise from staff and patients. Six patients provided feedback to this question.

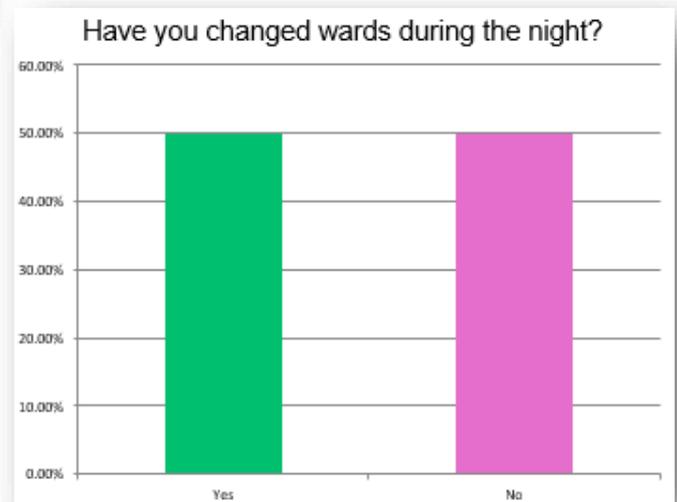
“...Noise from staff talking, furniture being moved, phone going, patient shouting...”

Four patients told us they moved wards during the night.

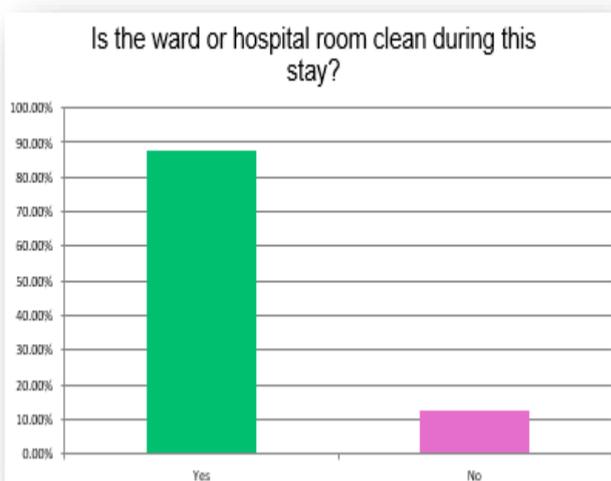
We asked if staff had given clear information on the reason behind the move.

One was woken and moved, another was woken at 5am and moved; both were not given an explanation.

One patient was moved from A&E to MRU and then to Holly ward. One patient was moved after a procedure.



Cleanliness



We asked whether respondents felt the ward had been cleaned during their stay, most (7/8) said it had.

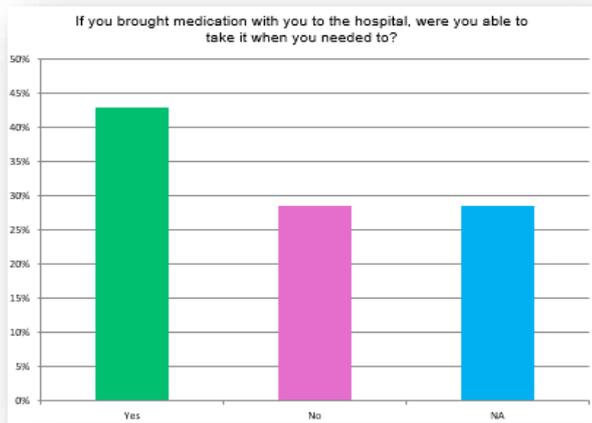
“...Been here two days and always clean...”

“...Staff always cleaning...”

One patient felt the cleaning had not been as thorough as it should have been.

“...When I had to move beds, a battery and a previous patient’s hair was on the floor...”

Medication



Five patients told us they brought medication into hospital with them.

Three said they used their own when required.

Food

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

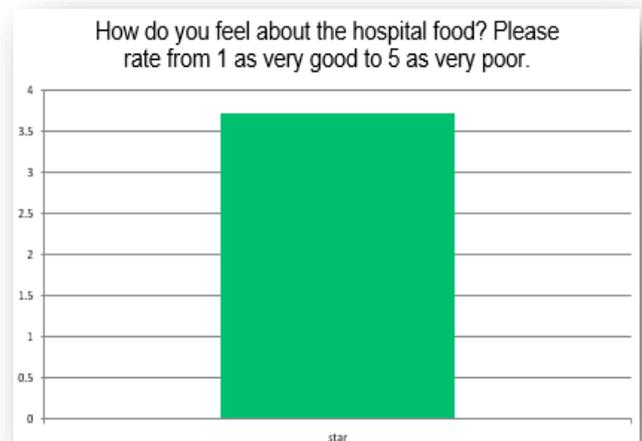
We asked patients to rate the quality of the food on the ward. Seven patients responded. Some felt it was fine.

“...Okay, but not home food...”

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

“...Mince every day, everyone fed up with it...”

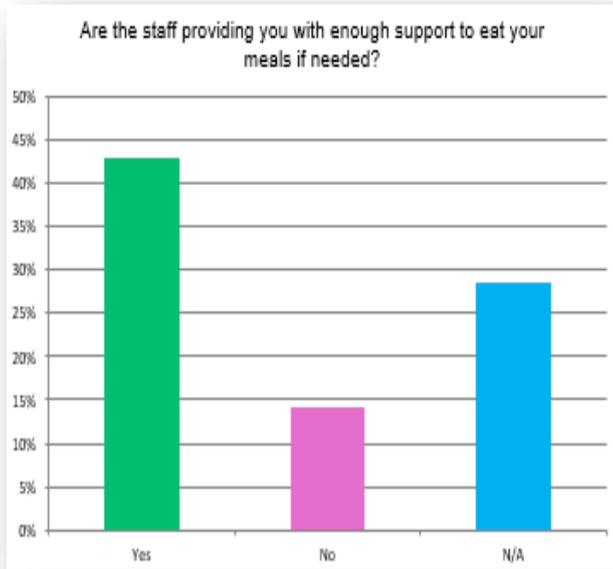
“...Not very varied and not much choice...”



Most patients felt they were being provide with food that match their preferences. Seven patients responded.

“...I’m having Kosher meals...”

“...I’ll eat anything...”



Six patients answered the question with two requiring no support to eat their meals. Most patients (3/4) felt they received the right amount of support. One patient felt they had not received the right support.

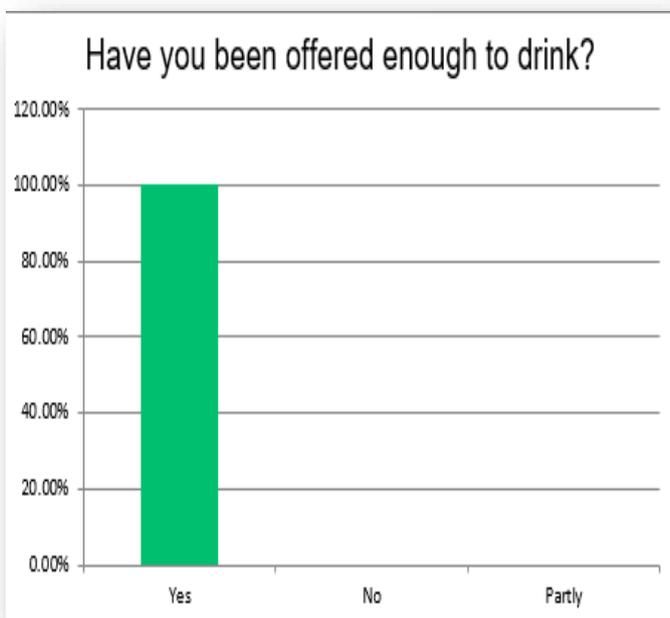
“...Very helpful...”

“...They help me often as I have arthritis...”

“...Problem swallowing lumps, given even though difficulty is known...”

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

However, one patient said their family would get them a meal from the on-site restaurant, and two spoke about getting a variety of foods.



Having access to fluids whilst in hospital is extremely important.

Of the seven patients who responded to our question regarding access to fluids, all felt water and other beverages were freely available upon requests.

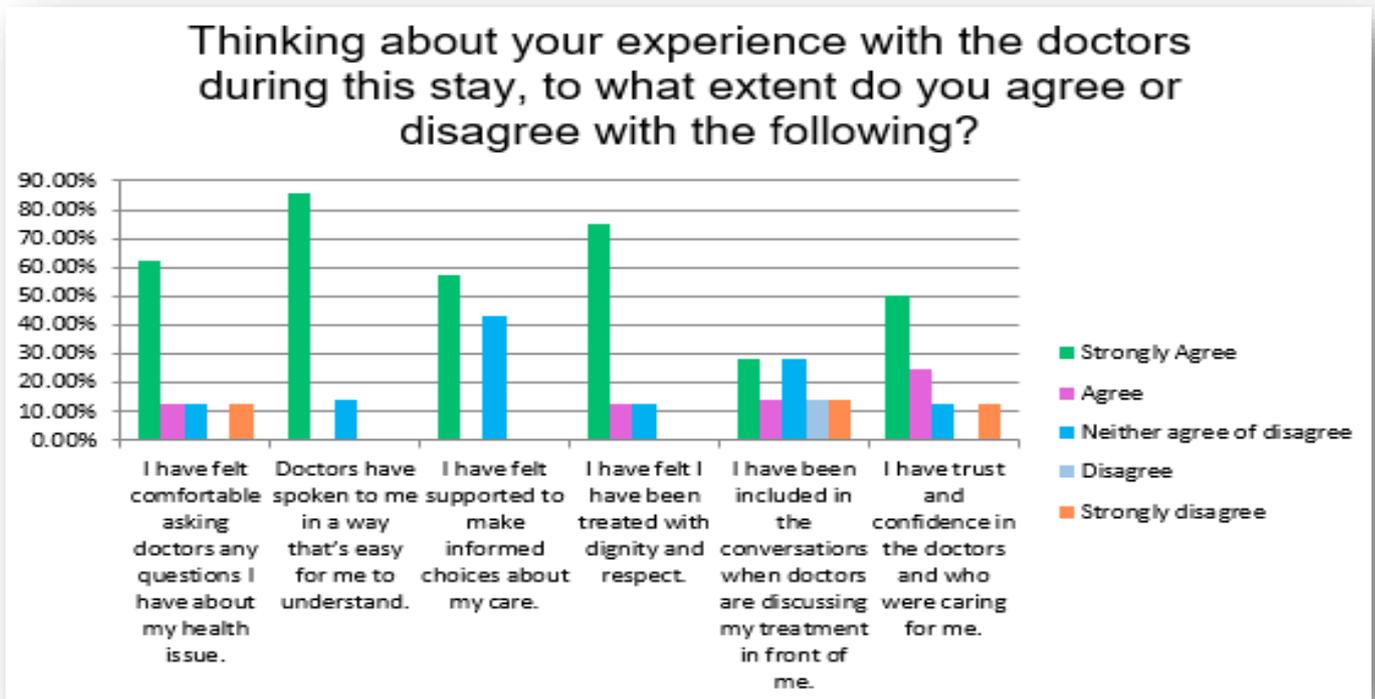
“...Plenty of water...”

“...I have fruit juice...”

“...I can ask for tea...”

Staff Interactions

We asked respondents about their experience of interacting with the doctors and nursing staff on the ward by rating their interactions and how well they agreed or disagreed with the statements read to them.



Most patients felt comfortable asking questions, were treated with dignity and respect, and were supported and included in conversations about their treatment. Some respondents, however, felt they had not been able to make informed choices about their own care or involved in discussions about their treatment.

“...They talk at the bottom of the bed...”

“...All depends on the doctor...”

“...Sometimes...”



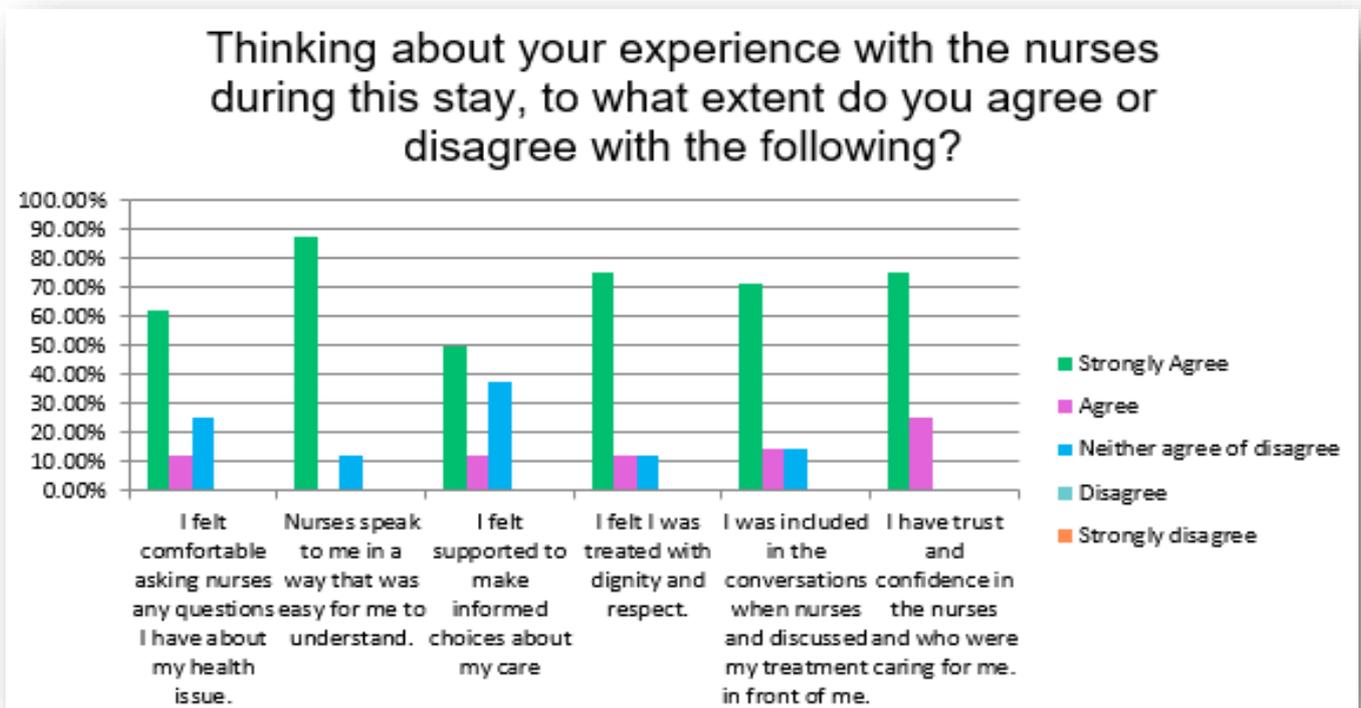
Two respondents told us they were given conflicting information which made it difficult to make their discharge arrangements or keep their family updated.

“...That happens everywhere...”

“...I said orthopaedic, they said medical...”

There were similar responses when asked about nursing staff, although there were slightly more positive variations within all areas.

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



“...All lovely...”

“...Treated me well...”

“...No bad experiences...”

“...Nice, can have a laugh...”

“...Absolutely lovely especially this lot...”

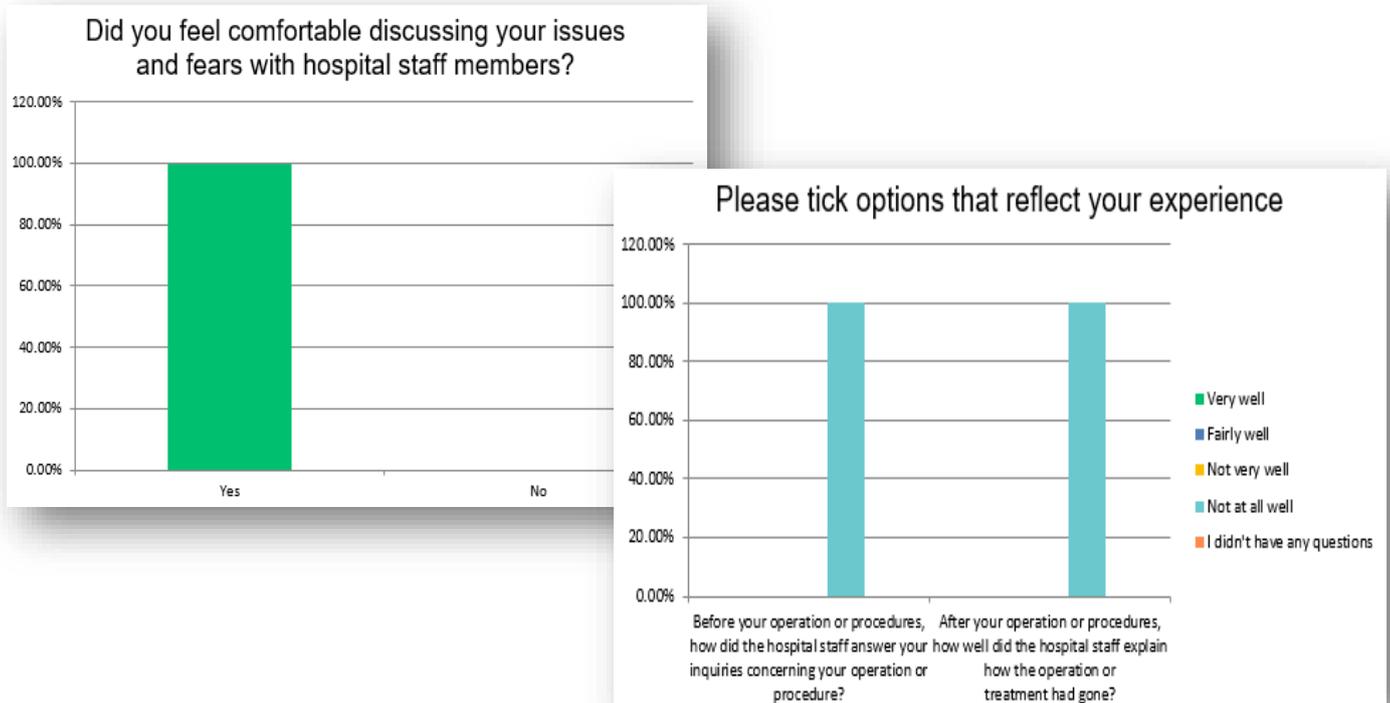
“...I may not want to be cleaned, but nurses doing the best for me...”

“...A lot of nurses don't know what they are talking about. I don't feel I can encroach on the time they spend with other patients. They need more time. It depends on which one you can talk to...”

Discussing Concerns

Most respondents felt comfortable discussing their concerns with hospital staff.

Only one patient required an operation whilst on the ward. They felt staff did not answer their questions before the operation, nor did they explain the outcomes of the operation.



Other comments

“... Very good. Well treated. Happy in 6 bed ward...”

“...Not enough staff and they don't know what's happening. Was told I can go home and was all ready; then told I can't as the doctor did not sign me off...”

“...Too noisy - impossible to get any peace & quiet. No tranquillity...”

Discharge Concern

Whilst on the ward we had an opportunity to speak to a patient who raised concerns regarding their imminent discharge.

They explained they had only been discharged from hospital a few weeks previously with a care package in place (care 4 x daily). Patient explained they have cancer and mobility issues and is living on the ground floor of their home. They felt their mobility had worsened since the last time they were in hospital, and said they were now unable to get in or out of bed unaided.

They had recently been informed by a nurse that they would be going home as soon as the care package was in place. This was possibly today (14th July) and was the first they had

heard of the arrangements. They told us they were concerned as they could not go, had no family, and had minimal mobility at home.

Healthwatch Redbridge lead staff voiced the patients' concerns to the ward Sister and Patient Experience staff member. They responded that the patient had been reassessed and the care package would be suitable, stating the assessment had shown their mobility was better than last time. They also stated they considered patient choice when making discharge decisions. We re-stated what the patient had told us and asked that they speak directly to the patient to understand their concerns.

Patient Update

We were able to follow-up with the patient after they were discharged. Following our discussion on the ward, the patient was able to voice their concerns and a new discharge pathway was agreed whereby they would go into a nursing home for a period of support. The patient was happy with this proposal and felt their concerns had been addressed in full.

After Discharge: Follow up

Patients and carers who were interviewed on Holly 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	-	Completed – see below
Patient 2	-	Still in hospital - unsure of discharge date
Patient 3	-	Completed – see below
Patient 4	-	Completed – see below
Patient 5	-	Relative spoken with - patient still in hospital and will be discharged to a care home.
Patient 6	-	Did not wish to take part in a telephone interview
Patient 7	-	Did not wish to take part in a telephone interview
Patient 8	-	Did not wish to take part in a telephone interview

After Discharge: Responses

Three patients agreed to be interviewed after their discharge; two went home and one went into a nursing home.

All felt involved in their discharge, included in discussions about any equipment they might need. Two patients felt the discharge process could have taken less time (stated they waited approximately three hours to receive their medication, which delayed their discharge). Both said they were provided with written information about any medication (plus verbal instructions).

All received enough information about after-care, and who they should contact once they have left hospital. All felt they were treated with dignity and respect.

Recommendations

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

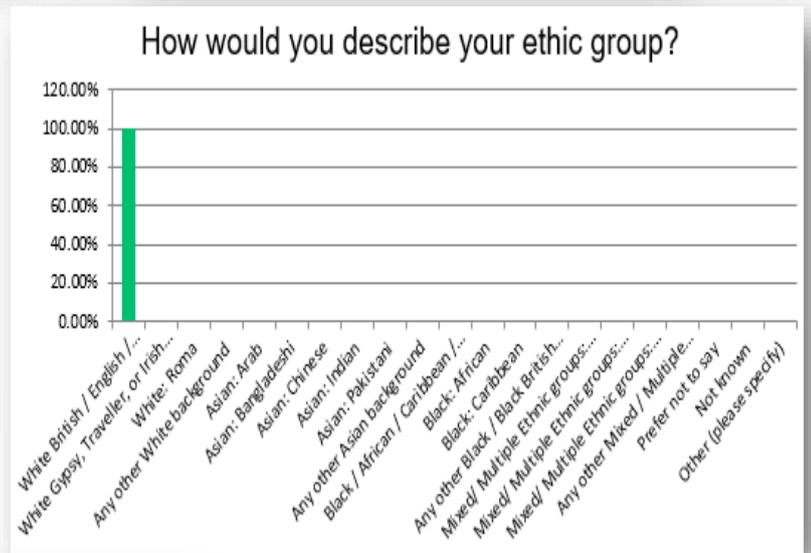
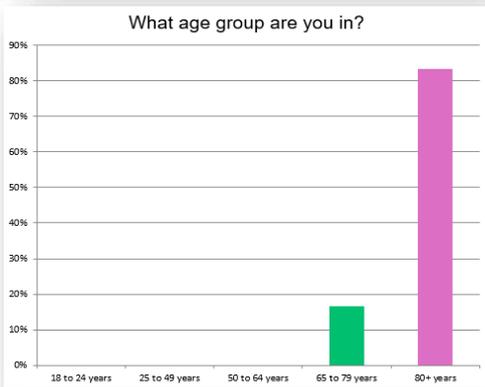
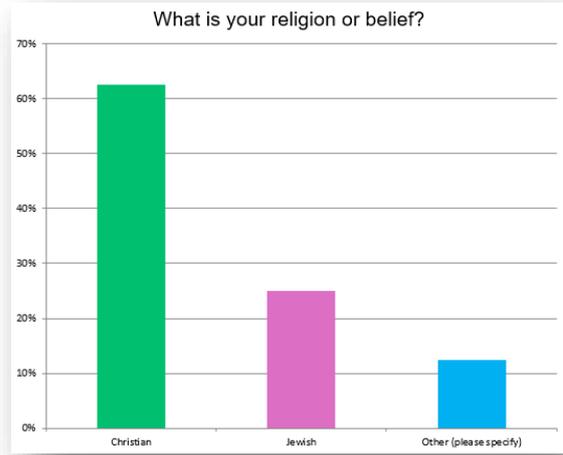
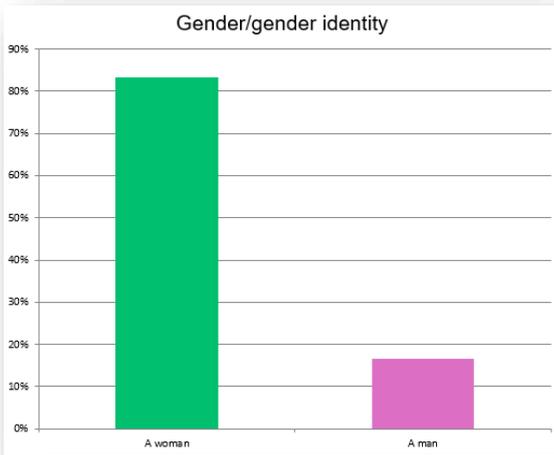
- Overall, waiting times had an impact, particularly for older people. It is important that patients and carers are kept informed of any delays.
- Overnight noise on wards was a concern. Staff must be aware of the way noise carries at night and address their own behaviour. The ward needs to take actions in place 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, checks should be made 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.
 - Appropriate safeguards should be put in place to ensure patients with swallowing problems should never be given food that is unsuitable for them.
 - The variety of food offered needs to be stimulating enough so patients do not get bored. Repetitive meals can lead to less interest.
 - Food needs to be varied enough to stimulate taste tested regularly as some patients felt the food lacked flavour.
 - All patients should be asked if they need support at mealtimes and this should be clearly identified.
 - Patients should be able to receive food outside of normal mealtimes and not rely on family members to purchase it from the restaurant.
- Staff must continue to include patients and carers in making decisions about future care needs and avoid discrepancies as this can lead to confusion for the patient. 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 appear to be impacted by long waits for medication to be released. A review of the reasons would enable better systems to be instigated.
- Patients need to be supported and included within their proposed discharge pathway. Check and re-confirm the process is agreed and understood by the patient and their family.

Acknowledgements

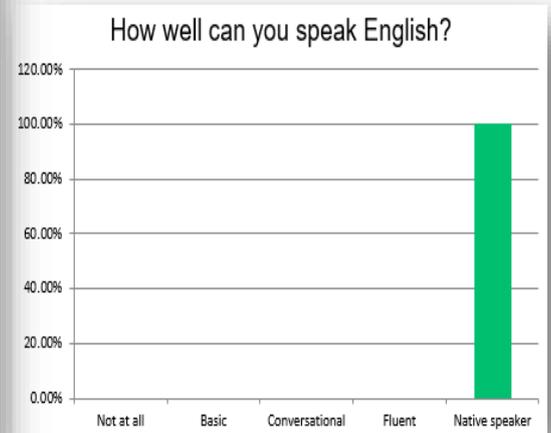
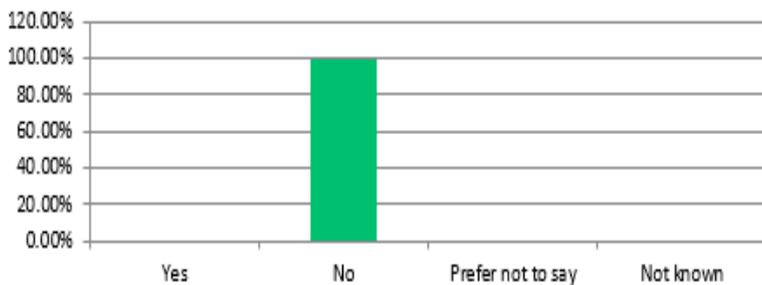
Healthwatch Redbridge would like to thank the patients who engaged with Healthwatch staff and volunteers and took part in the face-to-face interviews and follow-up calls.

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

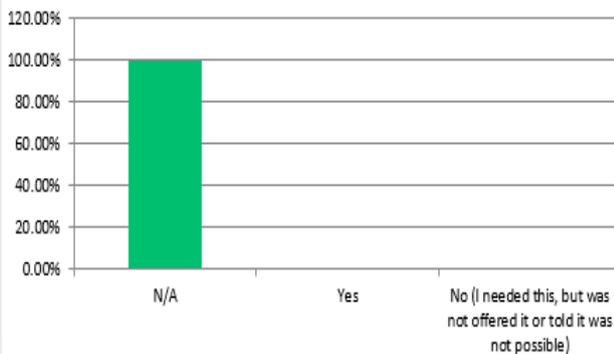
Appendix 1: Demographics



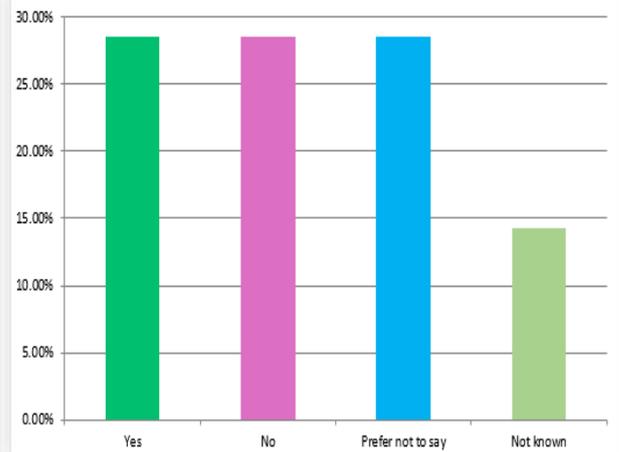
Do you consider yourself to be a carer?
(A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and...)



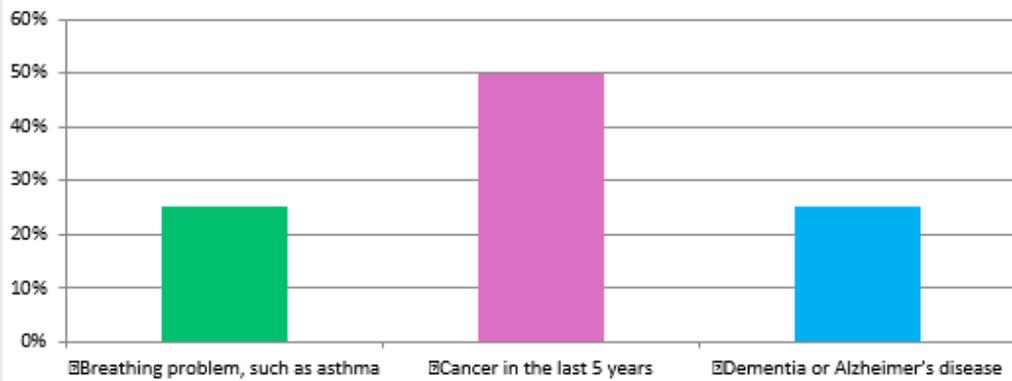
If required, have you been offered the interpreting (including BSL) or translating services?



Do you have a disability?



Do you have any of the following physical or mental health conditions, disabilities or illnesses that have been or are expected to last 12 months or more?



Education: What is the highest level of education you have achieved?

