

# Enter & View Follow-up Report

Beech Frailty Unit  
King George Hospital  
Barley Lane  
Ilford IG3 8YB



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## Visit Details

Service Provider	Barking, Havering, and Redbridge University NHS Trust (BHRUT)
Service visited	Beech Frailty Unit King George Hospital Barley Lane Ilford IG3 8YB
Contact Details	Clementina Martins, Matron
Date/Time of visit	23rd May, 1.30–3PM
Type of visit	Announced, follow-up visit
Authorised representatives undertaking the visit	Margaret Igglesden Sally Curtis
Contact details	Healthwatch Redbridge 103 Cranbrook Road Ilford Essex IG1 4PU 020 8553 1236

## Acknowledgements

Healthwatch Redbridge would like to thank the staff on Beech Frailty Unit for their welcome and support on the day.

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# Introduction

In July 2024, we conducted an Enter & View visit of Beech Frailty Unit, King George Hospital. Following this visit we produced a report, including recommendations for BHURT. BHRUT responded to these recommendations with an Action Plan (see Appendix).

In May 2025, we conducted a follow-up visit, specifically to review whether the Trust had applied the actions in their action plan and what impact this has had on the service provided to patients.

## Methodology

We arranged our follow-up visit, working with the Head of Patient Experience. On 23rd May 2025, two of our Authorised Representatives conducted this follow-up visit. These representatives were part of the team who conducted the initial Enter & View visit.

The visit was in three parts:

1. Speaking to the Matron
2. Speaking to six nurses
3. Conducting observations

# Findings from speaking to the Matron

In accordance with BHRUT's action plan, our conversation with the Matron was focused on reviewing:

- The discharge process
- Patient's personal clothing
- Pyjama paralysis<sup>1</sup>

The Matron explained to our Authorised Representatives that patients are expected to be discharged 24-48 hours after arriving on Beech Frailty Unit. This is after a Consultant and Junior Doctor have seen the patient. Patients are reviewed via a "Care Flow Board," which is constantly changing and kept up to date. There are various categories, e.g., short stay, 24 hours, 48 hours. Within that time, patients will have tests, such as blood tests etc. Patient's needs are discussed with the patient and their families, and they are reassured about any reasons for changes to their discharge plan. If a patient needs an increased stay, there are long stay areas or a patient may be moved to another ward, such as Gentian ward.

The Matron told us that since the admitting staff have advised relatives and friends to bring in patient's personal clothing, they have noticed an increase in this.

The Matron told our Authorised Representatives that a specifically designed Pyjama Paralysis Audit folder was created last August, and this ensures that audits are conducted every four-weeks.

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<sup>1</sup> [NHS England, End PJ Paralysis Challenge takes NHS by Storm](#)

# Findings from speaking to nursing staff

In accordance with BHRUT's action plan, our conversation with nursing staff was focused on reviewing:

- Ward huddles
- Answering a patient's questions
- Access to a patient's notes
- Clarifying any confusion a patient may have regarding their treatment

In total, our Authorised Representatives spoke to six nursing staff.

The nursing staff told our Authorised Representatives that ward huddles are used to discuss infection control, improvements based on patient feedback, any incidents that have occurred, any complaints, admissions, patient care relating to meals and fluids, reminders about patient's wearing their own clothes and ensuring patient safety.

We wanted to understand how the nursing staff respond if they are asked a question by a patient that they cannot answer.

All nursing staff said that they would escalate this to the nurse in charge (or doctor depending on the question). They would reassure the patient and tell them they would find out and get back to them with an answer.

We wanted to understand how often nursing staff review a patient's notes to see if patients are provided with consistent answers by nursing staff.

Nursing staff gave a range of answers when asked how often they access a patient's notes, with the majority telling us they access them very regularly.

Four told us they access them all the time; one told us they access them if they have had to leave a patient (e.g. for a break), they will check the notes, before returning to that patient and one told us they access them twice during their shift.

We wanted to understand how the nursing staff respond if a patient appears confused about their treatment. We received a variety of responses, with three nursing staff telling us they would explain and discuss the patient's treatment with them and three telling us they would try to identify why the patient was confused.

One nurse told us their response would depend on the patient's condition and whether they have dementia. If they do not have dementia, they will explain their treatment to try to ensure the patient understands. If the patient still does not understand, they would ask the nurse in charge to explain. If the patient has dementia, they will explain and reassure the patient.

Another nurse told our Authorised Representatives that they would fully explain the patient's treatment, giving reasons for it. They would involve relatives if necessary.

One nurse said they would try to identify what part of the treatment was confusing for the patient and discuss this.

Three nursing staff said that if patients were appearing with a new confusion, they would investigate why this was, in case the patient was dehydrated or constipated. They would discuss this with a doctor.



# Observations

In accordance with BHRUT's action plan, our observations were focused on reviewing:

- Toilet signage
- Whether patients were wearing their own clothes
- Visibility of PALS information

Our Authorised Representatives observed that pictorial representation had been added to each toilet door and that this was clear and at the right height to be easily visible.

Beech Frailty Unit consists of 25 beds. Our Authorised Representatives counted that eight patients were wearing their own clothes. Several of the beds on the unit were empty as these patients had been taken off the unit to undertake tests. We were informed that 15 patients were newly admitted to the unit, and some were due to be discharged today. Of the remaining patients, we observed that some were wearing their own clothes, and some were wearing hospital gowns.

PALS posters and complaints leaflets were now clearly visible. These were observed by our Authorised Representatives at the entrance to the unit and on the patient experience trolleys.

# Clarifications and Responses

After the visit, we wanted to understand in more detail the process involved in the Pyjama Paralysis Audit and sought this information from the Patient Experience Lead.

## Trust response:

*"The Pyjama Paralysis audit was performed from August 2024 to January 2025. The campaign aimed to urge staff to request that patient families bring in the patients' own pyjamas or clothing from home during their stay in an acute hospital bed. This strategy seeks to encourage early mobilisation and foster the patient's mentality towards rehabilitation and reintegration into their home environment. Posters explaining the audit were exhibited in the department to enhance awareness and furnish precise information to patients and families. Of the 16 patients, 10 opted to wear their own clothing, while the others wanted to remain in hospital gowns, frequently influenced by their families' preferences.*

*"This was initially a temporary audit; however, the ward found it very useful. It will now be an ongoing audit to ensure continuity and help reduce deconditioning in our elderly unit. Relatives are informed about the campaign through posters placed in the unit, and staff also verbally inform them upon admission.*

*"As part of the process, the ward is collaborating with the "See the Person First" initiative (a conversation tool), which encourages patients and their relatives to discuss their preferences. Enjoying wearing their own clothes helps patients feel much better and more comfortable."*

# Conclusions

We were pleased to hear that following our recommendations and BHRUT's Action Plan, patients are receiving a more consistent approach from nursing staff regarding answering questions. This change appears to be made due to information given at ward huddles and by nursing staff more regularly reviewing patients' notes.

The responses we received from the nursing staff regarding how they respond when a patient appears confused about their treatment showed a variety of answers. Whilst it is important that if a patient is displaying new confusion, this is investigated, it is also important that a patient's confusion regarding their treatment is taken seriously. It can be very disconcerting for a patient if they are not clear about what will be happening to them whilst they are in hospital. As stated in the Action Plan (see Appendix item no. 2): *"Ward Manager will reiterate to all staff that any queries raised by a patient must be escalated if an immediate answer cannot be provided or if they are unsure what the response should be. Staff will regularly be reminded of the above during ward huddles."*

We are reassured to hear that patient's needs regarding hospital discharge is discussed with both the patient and their families and that patients are reassured if these discharge plans change.

Due to the high number of patients admitted to the unit that day our results were inconclusive in terms of the number of patients wearing their own clothes. However, we are pleased that following our Enter and View visit recommendation, the Pyjama Paralysis audit has become an ongoing process. Encouraging patients to wear their own clothes whilst in hospital contributes to improving patients' wellbeing.

We were also pleased to see that both the toilet signage and PALS posters and complaints leaflets are now in place and clearly visible for patients and their visitors.

# Appendix

## Action Plan from BHRUT

### UNANNOUNCED VISIT – HEALTHWATCH REDBRIDGE

### BEECH WARD – KING GEORGE HOSPITAL

12<sup>th</sup> July 2024

BRAG COLOUR	DEFINITION
BLUE	Completed
GREEN	On track to complete by target date
AMBER	Minor issues that may slow progress
RED	Unlikely to meet target closure date

### ACTION PLAN

Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
1	Ward	Whilst we acknowledge that staff may not have all the answers to patient's questions, staff should refrain from dismissing a patient's queries. Staff should reassure a patient that they will try to find out for them. Staff could raise the patient's concerns during handover meetings and then pass on the relevant information.	Unit Manager	On-going	Ward Manager will reiterate to all staff that any queries raised by a patient must be escalated if an immediate answer cannot be provided.  Staff will regularly be reminded of the above during ward huddles.	
2	Ward	It can be confusing for a patient if they are given different answers by staff members. Staff should refer to patient notes before answering questions to ensure consistency is given to the patient or ask for support in responding to the questions raised with them.	Unit Manager	On-going	Ward Manager will reiterate to all staff that any queries raised by a patient must be escalated if an immediate answer cannot be provided or if they are unsure what the response should be.  Staff will regularly be reminded of the above during ward huddles.	

3	Ward	All patients should be informed of their discharge plan on admission to the ward. Planning discharge at an early stage will help staff members to anticipate any problems and put appropriate support in place. BHRUT should endeavour to provide patients with a summary of the discharge plan.	Unit Manager	On-going	<p>Patients will be notified of their discharge plan upon admission if the information is available. Not all patients will have a discharge plan available upon admission. All staff will be regularly reminded to ensure patients are updated with any potential changes as and when they are made.</p> <p>Staff will regularly be reminded of the above during ward huddles.</p>	
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Item No.	Area	Recommendation	Lead	Target closure date	Action	Status
4	Estates & Facilities/ Mitie	Signage for the toilets should be improved to include pictures as well as text to make it accessible for all patients.	Soft FM Contracts Manager	31 October 2024	Estates and Facilities have acted on this action and a job was raised on 19 <sup>th</sup> August.	
5	Ward	Whilst we acknowledge the lack of laundry facilities, where patients have relatives visiting, they should be encouraged to bring clothes for patients and patients should be encouraged to change into these.	Ward Manager	On-going	<p>The admitting staff ought to advise relatives and friends to bring in the patient's personal clothing upon admission and record the conversation with the relative in the nursing note.</p> <p>To conduct 4 weekly audits to ensure compliance</p> <p>Impact: to prevent PJ paralysis</p>	

6	Ward/ PALS	The ward should ensure that the complaints procedure is visible and available for all patients. The procedure should be available in a range of accessible formats.	Matron/ Ward Manager/ PALS & Complaints Manager	30 September 2024	<ul style="list-style-type: none"> <li>• The PALS information poster has been relocated at the entrance of the unit.</li> <li>• Ward Manager to liaise with PALS &amp; Complaints Manager to obtain more posters.</li> <li>• Ensure PALS &amp; Complaints leaflets are visible and accessible for patients.</li> </ul>	
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# healthwatch

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