

Enter & View Visit Report

Sage Ward, Whipps Cross University Hospital



31st January 2018



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Visit Details

Service Provider	Sage Ward - Barts Health NHS Trust Whipps Cross University Hospital Whipps Cross Road, London E11 1NR
Service Description	<p>Sage ward delivered a mixed Elective Orthopaedic service for up to 18 patients until January 2018 whereby the service underwent changes.</p> <p>All the elective orthopaedic procedures were cancelled and Sage ward became non-elective surgical ward due to winter pressure in the hospital. As a result of this change, the ward was opened as a 21-27 bed service at the time of our visit.</p> <p>At the time of our visit the staff team consisted of 4 registered nurses, 2 health care assistants, a ward manager and a senior ward matron. Multidisciplinary teams were also present delivering patient care.</p>
<i>Date and Time</i>	31st January 2018, 11:00-14:25
<i>Status of visit</i>	Tuesday 27th February 2018, 11:30-14:25
<i>Status of visit</i>	Announced

<i>Authorised Representatives</i>	<p>Joyce Osei - Lead Representative - Enter & View Coordinator</p> <p>Althea Bart - Manager - Healthwatch Waltham Forest</p> <p>Patricia Braga - Authorised Representative - Healthwatch Waltham Forest</p> <p>Veronica Neblett - Authorised Representative - Healthwatch Waltham Forest</p>
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<i>Declarations of interest</i>	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, patients/service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Enter & View representative (E&V rep) who assisted us in conducting this visit and putting together this report. We welcome all contributions to this Enter and View programme.

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 experiences of all service users and staff, only an account of what was observed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits.

Local Healthwatch representatives carry out these 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 local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services has a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorized representative observes anything that they feel uncomfortable about they inform the Lead Officer, who will inform the service manager, and end the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of Visit

Healthwatch Waltham Forest (HWWF) conducts Enter & View visits as part of a wider programme of visits to Health and Social Care Services in Waltham Forest with the aim of hearing and seeing how consumer services are delivered.

We created questionnaires for patients and staff in order to measure quality and delivery of care.

Healthwatch Waltham Forest received a number of comments from local residents regarding their inpatient care on the ward during the period 2015-16.

The aim of our Enter & View visit was:

- a) To capture the experiences of patients on the ward, and those involved in their care at the point of service delivery.
- b) To observe patients and relatives engaging with the staff within surroundings of the Ward.
- c) To share this information with the service provider to help shape service improvement.
- d) To identify examples of good working practice

Methodology

Healthwatch Waltham Forest undertook research prior to the visit by using our Trends Analysis Report using data gathered by our Patient Experience Panel. In addition, data provided by Barts Health and information gathered by telephone meetings with senior staff from Barts Health.

This was an announced visit. Barts NHS Health were informed about this visit in writing via a letter stating; a proposed visit and agreed date. Patients were informed prior to the visit

by means of posters and information booklets, which were sent seven days prior to the visit. We were informed that patients were also advised by ward staff that they could have their relatives present with them during our visit if they wished.

We asked service users to give feedback on the above, as well as suggestions for service improvements. This was used by means of a questionnaire. We also sought feedback from staff of Sage ward by using a questionnaire.

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

The visit was conducted on Wednesday 31st January 2018, between 11:00am-14:25pm. Our visit was themed around the following aspects of care provision;

- Patients experience of hospital treatment and care
- Staff responsiveness
- Communication between patients and staff
- Perception of the discharge process
- Complaints

To inform service users of the visit, posters and information booklets for patients were displayed within the ward seven days prior to the visit. Staff information booklets were also provided.

In order to capture as many views as possible on our visit, we provided a patient questionnaire. This consisted of several questions and an additional monitoring form which related to our visit and the above mentioned themed aspects of care provision.

Provider questionnaires were used to interview staff. This captured information relating to the care provided to patients.

The Enter and View visit began by entering the ward, where we were met by the Ward Manager and the Surgical Matron. We introduced ourselves as Healthwatch representatives (confirming this by showing our ID badges) and explained the purpose and structure of the visit.

We were given a guided tour of the ward and information on the structure of the service. Representatives then proceeded to observe the surroundings on the ward and spoke with patients and a number of staff in different roles including; nurses, and members of the management team.

We observed Information displayed on various notice boards throughout the ward, including Enter and View visit posters and service user leaflets; patient/visitor and staff safety notices and information; fire and evacuation; Safety/cross infection, also, a standalone board on How to Spot Sepsis Board.

At the end of our visit a meeting took place with the Ward Manager. An opportunity was given to add context to what was observed at the time.

Summary of Findings

We carried out our Enter & View visit to Sage Ward, Whipps Cross Hospital, on 31st January looking at themed aspects of care provision in order to observe delivery of care; capture the views of patients, family members and carers; identify any areas for improvement, also identify good practice and to assist in peer learning of Barts Trust.

The overall feedback received from patients receiving care at Sage Ward around quality of care was very positive. Patients felt safe, supported and listened to when expressing their needs. From our observations we found there to be a good nursing team who were committed and worked well together and with the patients they were caring for.

Patients perceived the care they received from staff to be caring and compassionate. Some felt they were informed about their care and knew when they would be discharged from the ward. Some patients perceived staff to be very busy and felt uncomfortable to express their needs.

The service has a complaints policy and procedure in place. Patients seemed to be

aware of how to raise a concern or complaint should they need to. Staff were aware of the service complaints procedure and how to communicate it to patients. The ward had produced a patient welcome pack and was in the process of updating it for distribution at the time of our visit.

The service had a comprehensive staff training system in place, including mandatory training. Some staff members felt it was adequate, whilst others felt it could be improved. The response from staff regarding support and feedback was varied; some members of staff felt they were supported well in their role, whilst others were concerned about low staffing levels as an ongoing problem. It was felt that the service experienced disruption to joined up working when new or inexperienced agency/bank staff came in. Some staff felt the service would benefit from more support from

management.

Summary of Findings (Continued)

The service had systems in place to support people with additional needs, however, some staff experienced barriers to accessing effective support - for example, the demand and waiting period for face to face support when using the language line for patient support in comparison to the supply of support and timeframe in which it was given. Provision was in place to support patients living with dementia, however additional tools/equipment within the ward was not utilized as well as it could be in order to provide activities support for this patient group as well as other patients on the

ward. In addition, staff had access to comprehensive training and support from the Dementia and delirium team. However, this was under-utilized.

Results of Visit

Whipps Cross Hospital is one of five hospitals of the Barts Hospital Trust. Sage Ward previously offered a service as a mixed elective ward providing up to 18 beds and comprised of three five bedded bays (bays A, B & C) and three side rooms. Each of the five bedded bays had their own toilet facilities located within the bay.

At the time of our visit, all elective orthopaedic procedures had been cancelled and the ward became a non-elective 21-27 bed surgical ward due to winter pressures within the hospital.

On the day of our visit, there were 3 registered nurses and 2 health care assistants

working on the ward. The registered ward manager told us that the ward night shift would consist of 2 registered nurses and 2 health care assistants. In addition, there were other multidisciplinary teams delivering patient care on the ward. We were informed that ward rounds took place between 10-10:30am. Opening times for visitors are from Monday to Sunday, 14:30 - 19:00.

We visited the entire ward, including all occupied bays. There was a main staff reception desk, and a designated central administration area accessible for staff to update/share information. Our team experienced the staff team of Sage Ward to be welcoming,

accommodating and responsive to our Enter & View visit.

Observations - Outside and Inside the Ward

The Ward is located on the first floor of the Out-patient building. There are several disabled bays outside of the out- patient department as well as other parking across the hospital site.

There are two entrances near to the out-patient department both are wheelchair accessible. One entrance has a large map (on the wall) of the Out Patients department area. Sage ward is located on the first floor.

There is a Help & Advice desk situated near the lift which is staffed by volunteers who can give directions to patients and visitors. It is not clear if the Help desk has volunteers daily or the times they are there. Entrance to Sage ward is via an intercom system.

Observations - Outside and Inside the Ward (Continued)

There were several notice boards in the main corridor of the ward which gave a wide variety of patient and staff information including; fire and evacuation; how the hospital deals with complaints; leaving hospital - discharge process; Quality Standards & (Patient Liaison Advisory Service (Pals) information; Health & Safety control & information and Enter & View visit details. Our team noted a standalone and clear notice board on 'How to Spot Sepsis.'

Accessibility

The ward can be accessed via a lift or stairs. The lift is wheelchair accessible. Access for those with sensory or hearing impairments may find using the lift difficult as there are no large print notices. No Braille or automated lift floor recognition were observed. The ward is wheelchair accessible. There is a clearly signposted disabled toilet and baby changing room off the main waiting area.

A Discharge Coordinator is available on the ward daily. They coordinate care for patients, including special needs support.

Cleanliness of the Ward

Our team observed the ward to be bright, clean and ordered. A hand wash basin and hand sanitizing gel were accessible at the entrance of the ward accompanied with clear instructions for use.

We saw an information board on 'How to Spot Sepsis', and were shown the Sepsis

management system in place, which included specific crash/medication that stored relevant medication and equipment used to manage cases of sepsis infections. We were told that the trolley was checked daily, and mandatory training was provided to all ward staff.

Patient Experience

Our team spoke to a number of patients about their experiences of being on the ward. The majority of patients spoke positively of their experience of care received on the ward. One patient told us, “Staff have been very helpful and kind to me - it does help when you’re not feeling well”. Another patient commented, ‘I had to wait ages for my blood tests but the staff are helpful and are doing the best they can”.

When patients were asked whether their requests for assistance have been answered in a reasonable amount of time most patients told us they were satisfied with the response time to their request. One person told us, “I do have to wait for a bit sometimes but am aware that staff are helping someone else with worse problems than me”.

Responsiveness and Communication Between Patients and Staff

The team observed and noted respectful, compassionate and professional interactions between the staff and patients throughout the period of the visit. Staff were observed taking time to communicate what they were doing to patients and checking if they were comfortable. The service offered a red tray system for patients who needed extra support to eat meals - we did not observe this service being delivered. We noted that all interaction from the staff team with patients was carried out maintaining their dignity. Beds for these patients were placed close to the nurse's station.

We did not observe any use of translators on the day of our visit. All people we spoke with were able to speak English and did not appear to have specific needs around communication support.

Patient's relatives/carers who agreed to speak with us about their experience on the ward told us they felt involved in the care of their relative and were satisfied with the service.

On asking patients if they felt listened to and supported by staff when they expressed their wishes/needs the majority told us they did, a few reported sometimes. Some patients told us that they were not always confident to express their needs due to perceiving staff to be 'too busy' or 'rushed off their feet'.

Staff used the Trust's language line to further help patients who required support with communication - this included an interpreter and sign language service. Some staff members we spoke with reported the service not to be very helpful due to the long waiting period before they received the support needed to provide the best level of support to help patients.

We asked staff how they supported patients who had spiritual needs; we were informed of the onsite chapel available for use to all patients of all faiths.

Complaints and Feedback

The service had a structured complaints system in place in which most staff we spoke with were aware of, including their complaints and incident reporting system. Staff told us that feedback and patient complaints were managed both locally and by the central complaints and governance team. We spoke with the ward Liaison Officer who told us she tried to resolve any issues before they became formal complaints and also liaised with the Patient Liaison Service (PALS) as part of the process.

Other staff told us they responded to patient complaints in the first instance by trying to resolve the issue by speaking with the patient with the aim of making things right and followed the recording and reporting process.

The ward manager told us that complaints and feedback were also discussed and managed through regular team meetings, training and staff supervision sessions. This enabled the service to communicate, reflect and learn from their mistakes.

Complaints and Feedback (Continued)

On speaking with patients, it was noted when they were asked 'If you are not happy with any aspect of your care, are you aware of how to make a complaint?' Most people reported that they would speak to a member of staff if they needed to make a complaint. Most patients reported that they had not experienced anything they wished to complain about at the time of our visit. One patient told us they were

unhappy about being spoken to rudely by another patient but did not wish to take it further.

At the time of our visit we observed a varied display of patient information, including 'Did you receive good care today' patient questionnaire, quality standards and the PALS service.

Provision of Care for People living with Dementia

Patients diagnosed with Dementia were supported in various ways; we were told that all staff had received dementia training, in addition, training was updated annually. The staff team included one nurse trained as a dementia Champion. The aim of this additional staff training is to ensure that the needs of individuals living with dementia in hospital are met in the best way through engagement and support. All members of the staff team had also completed mandatory training in Safeguarding adults level 1 and 2 and required to update this every three years.

At the time of our visit we were told that there were 2 patients living with Dementia being cared for on the ward. We were shown the ward's activity trolley used for engaging patients living with dementia - other patients also had access. We did not observe the activity box in use to engage any patients and although all staff had been trained to use the contents of the box, we were told that they were not used often since a low number of patients living with dementia were admitted to the ward. However, no patients were encouraged to use it. Management acknowledged that it had not been utilised as well as it could be. However, there was willingness

to explore how the service could address and improve this. Staff told us that the service used a forget-me-not book as a tool to enhance patient care.

Following our visit, we spoke to the Dementia and Delirium Team to find out about their care and support provision for both patients and staff. We were told that staff were encouraged to refer to the Dementia and Delirium Team for specialist advice, support and input in relation to individuals with a formal diagnosis of Dementia and/or Delirium. In addition, a range of free structured and bespoke training courses were available to staff to access with the intention of enabling them to better support and care for patients and carers living with Dementia and/or Delirium. Training course availability included; Dementia training, Dementia Champion training and Dementia Leadership and support training.

Perception of the Discharge Process

Most patients whom we spoke with told us they were aware when they were due to be discharged. It was noted that a few patients were waiting to be seen by a doctor for further information regarding their care. Therefore, they were not yet aware of their planned discharge date.

Some staff told us of the difficulties of the discharge planning process for patients due to challenges around the multidisciplinary teams being able to work together in good time for the process to be efficient. They experienced delays from other

agencies where additional support was needed - for example, adult social care support in order to support the patient at home. Also, medication can also often slow down the process.

Additional Findings

Of the patients we spoke with, one person told us that they spent a long period waiting to be moved from the intensive care unit (ICU) to the ward. Another person said they had been moved around too many times to different wards and had waited very long before receiving their blood tests.

When our team asked patients the question ‘would you recommend this hospital to your family/friends’, most people told us that they would. Some people told us of their family members receiving care from the hospital at that time.

Our team spoke with staff available to answer questions about the service. When asked the question, ‘what improvements would you like to make or see made to the service if any? Comments included:

- “Improvement in communication with multidisciplinary teams in the patient discharge process”.
- “Refurbishment of the ward which would improve the environment for patients and staff”.
- “To supply the ward with necessary new equipment needed.”

- “Provide another staff member for the team who can offer a customer care role to patients, their relatives and carers - this would help other ward staff to spend more time engaging with patients”.
- “A reduction in paperwork to help nurses reduce work pressure and have more balance”.

Examples of Good Practice to Share

At the time of our visit, our team observed a team that communicated well together and provided a good responsive and caring service. Most patients reported that they were satisfied with the service. Most of the patients we spoke with also told us that they felt listened to by staff when expressing their needs. Overall, we observed staff to have a patient-centered approach and were clear on the process of complaint management.

Overall Recommendations

Our report and recommendations are based upon what we observed during our visit. The feedback we obtained from staff and service users during our visit and feedback from our patient questionnaires.

Recommendation 1

We recommend that the service carries out a review of the existing service plan in

place which offers support to patients diagnosed/living with Dementia by working more closely with the existing Whipps Cross Dementia & Delirium Team to ensure all staff are fully trained, knowledgeable and equipped to engage and support patients more actively. This would include; actively making better use of existing tools/activities (Dementia friendly activity box) for all patients on the ward who may benefit from them. In addition, for staff to strengthen the existing communication around Dementia needs and ensure relevant information reaches all, including agency and bank staff.

At the time of our visit, we noted that the ward manager acknowledged there could be better use made of the existing activities box and was open to exploring options to make improvements.

Recommendation 2

We recommend that the service complete the production of the patient/service user welcome booklet discussed with Healthwatch Waltham Forest at the time of our visit. We suggest including information such as; complaints advice, also promotion of the dementia friendly activity box with the aim of informing patients and their families, as well as encouragement to use additional resources available within the ward. We suggest that this may also be reflected visually within the ward by the means of posters inviting people to request a booklet etc.

Recommendation 3

We recommend that the service put in place, a review of the existing discharge process and explore how best to improve and make this process more patient centred. Communication needs to be improved between multidisciplinary teams across the health and social care system to provide integrated care and support for

patients in the best way possible and to avoid delayed discharges. This may also improve the patient experience and reduce stress on the existing staff team, enabling them to better manage time on patient care provision.

Provider Response

Barts Health response

Barts Health welcomes the report findings and took the recommendations seriously with immediate review and implemented actions to address the concerns raised. Their response below addresses each recommendation and includes an action plan of work to be undertaken in order to deliver high quality patient centred care to improve outcomes and patient experience.

Recommendation 1

Barts Health Response	Owners	Time Frame
Dementia and delirium screen are compulsory and in place for all over 75 yr olds admitted to the hospital, and reviewed through monthly divisional performance review.	Barts Health	Completed December 2019
Monthly audits ensure that the DAD's team are aware of both existing patients with a dementia diagnosis and those with a potential diagnosis of dementia and review them during their inpatient stay to provide advice and support of the patient's management.	Barts Health	Completed December 2018

The ward manager has made all staff aware of the dementia activity box on the ward.	Barts Health	Completed December 2018
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Recommendation 2

Barts Health Response	Owners	Time Frame
Sage ward relocated to Chestnut ward in January 2019 and is a dedicated elective orthopaedic unit, the beds are ring fenced	Barts Health	Completed January 2019

<p>beds for patients having planned orthopaedic surgery.</p> <p>Barts Health have worked collaboratively with J&J to produce patient information packs for patient's being admitted to the orthopaedic ward. The pack includes information on type of surgery, preparing for surgery, exercises, hospital stay, home recovery and a DVD. Patients undergoing joint replacement surgery also attend Joint School, which is a multi-disciplinary educational session for patients.</p>		
<p>The surgical division provide a customer care facilitator who visits the wards daily to support all patients and relatives and ensures the dementia activity box is offered where appropriate.</p>	<p>Barts Health</p>	<p>Completed December 2018</p>

Recommendation 3

Barts Health Response	Owners	Time Frame
<p>WXH undertook a large piece of work with an external organisation called PERFORM in March 2018 to improve the flow and discharge process of patients in hospital. There are twice daily multidisciplinary board rounds, including social workers and the integrated discharge team reviewing patient progress and identifying patient discharge needs. Retraining was undertaken in March 2019 and the effectiveness of board rounds is currently being re-audited to inform the updated training programme.</p>	<p>Barts Health</p>	<p>Initial training completed March 2018 but continuous review ongoing.</p>
<p>Our Enhanced Recovery programme has aided the discharge process. The discharge process starts prior to admission with our Joint School, whereby goals and expectations are discussed with our patients.</p>	<p>Barts Health</p>	<p>Completed December 2018</p>
<p>We are constantly striving to improve communication with our community colleagues to ease the transition from hospital to home/rehabilitation facility. We have a QI project</p>	<p>Barts Health</p>	<p>October 2020</p>

reviewing pre-assessment of the patient, this working group involves acute and primary care staff, and patient involvement.		
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Distribution and Comment

This report is available to the general public, and is shared with our statutory and community partners.

If you have any comments on this report or wish to share your views and experiences of the community Health and Social Care services in Waltham Forest, please contact us.

About Us

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