

FINAL REPORT



Enter & View Visit

Whipps Cross University Hospital
Rowan Ward

28th February 2017



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Contents	
Details of visit	2
Acknowledgements	3
Disclaimer	3
What is Enter and View	3
Purpose of Visit	4
Methodology	4-5
Summary of findings	6
Result of visit	6
Observations	6-7
Ward Projects	7
Accessibility	8
Cleanness of the ward	8
Patient experience	8
Perception of the discharge process	9
Communication between patients and staff	9
Complaints and feedback	9
Perception of discharge	10
Patient suggestions	10
Additional findings	10
Examples of good practice to share	10
Recommendations and responses	11

1. Details of visit

Details of visit:	
Service Provider	Rowan Ward - Barts Health NHS Trust Whipps Cross University Hospital Whipps Cross Road, London E11 1NR
Service description	The ward is a female only general surgical ward with 29 surgical beds. There are currently 5 registered nurses and 3 health care assistants working on this ward. Multidisciplinary teams are also present delivering patient care on a daily basis.
Date and Time	28 February 2017 11:00-16:25 2015
Status of visit	Announced
Authorised Representatives	Joyce Osei - Lead Representative - Enter & View Coordinator Frances Martineau - Healthwatch Volunteer
Contact details	Healthwatch Waltham Forest Waltham Forest Resource Hub (Central) 1 Russell Road London E10 7ES
Declarations of interest	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 and contributed 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 authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending 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.

As part of its normal intelligence gathering exercise, Healthwatch Waltham Forest has 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. This includes comments from period 01/01/2015 to 30/09/2016.

This was an announced visit. Barts NHS Health were informed in writing and were sent two letters; a proposed visit and agreed date. Patients were informed prior to the visit by means of posters and information booklets, which were sent five 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 Rowan ward by using a questionnaire.

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 and contributed at the time.

The visit was conducted on Tuesday 28th February 2017, between 11:00am-4:25pm. Our visit was themed around the following aspects of care provision;

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

To inform service users of the visit, posters and information booklets for patients were displayed within the ward five 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 16 questions and an additional monitoring form, which related to our visit to the above mentioned themed aspects of care provision. Provider questionnaires were also given to staff complete. This captured information relating to the care provision of patients. A total of 8 patient and 13 staff questionnaires (before and during our visit) were completed.

The Enter and View visit began by entering the ward, where we were met by the Associate Director of Nursing and the Senior Ward Nurse. 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; information displayed on the notice boards; staff responsiveness and communication between patients and staff. Patient's relatives/carers who agreed to speak about their experience on the ward were given an opportunity to participate.

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

- Patients felt that their overall experience of care received on Rowan ward was very positive. This included being treated with care and compassion; a clean and comfortable ward; feeling they were listened to, cared for and supported.
- Patients were given adequate information about their care and when they would be discharged from the ward.
- The service has a high staff vacancy rate and a high turnover of staff. It is currently understaffed, resulting in increased pressure on permanent staff and dependency on the use of bank staff, of whom are only able to deliver certain tasks within their remit.
- Staff currently use a telephone interpreting service, aimed to provide dedicated service to patients who do not speak English as a first language. However, some staff have reported that experience of using this service is currently not a very positive one. This is due to the fact that the face-to-face interpreting support service is no longer available, it is now accessible by phone only. This has resulted in barriers to communication for staff and patients lack of confidence in accessing the service to support patients.
- There is a complaints policy and procedure in place. A feedback booklet is available and given to patients, of which the majority of staff were aware of, however, some staff were not clear on what they needed to do if they receive a complaint from a patient.

Results of Visit

Rowan ward is a female only general surgical ward, housing 29 surgical beds. This includes beds for medical care cases which act as a step-down for Intensive care (ICU) patients. The average length of stay for patients is 4-5 days for surgical patients and longer for patients needing 1+1 nursing care. The ward has a small Genealogical treatment room in which a dedicated specialist nurse provides assessments and one-to-one support for women on a daily basis. On the day of our visit, there were 5 registered nurses and 3 health care assistants working on the ward. In addition there were other multidisciplinary teams delivering patient care on the ward. Opening times for visitors are from Monday to Sunday, 14:30 - 19:00.

We visited the four bayed wards, each with up to 6/7 beds, there are also 3 side rooms which are used for 1+1 care and for isolation purposes.

There is a designated ward administration area and designated central information update/sharing area which can be used by all staff and is accessed via personal swipe card. This area is located near to the main staff reception desk.

Observations - Outside The Ward

- The Ward is located on the first floor of the Out-patient building. There are a number of 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. Rowan ward is located on the first floor but is not clearly highlighted on the map.
- There is a Help & Advice desk situated near the lift which is staffed by volunteers who are able to 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 Rowan ward is via an intercom system. There is a small notice board in the entrance to the ward which welcomes patients, visitors etc.
- The team experienced staff to be welcoming, accommodating and responsive to expect an Enter & View visit.
- There are a number of notice boards in the main corridor of the ward which give a wide variety of patient and staff information including; Quality Standards & Pals information; Infection, Health & Safety control & information and Enter & View visit details.

Observations - Within The Ward

- We experienced staff to be welcoming, accommodating and responsive to the E&V visit.
- There is a soap dispenser and mounted hand gel bottle available for use by all who enter the ward.

- There are a number of notice boards in the main corridor of the ward which give a wide variety of patient and staff information including; Quality Standards and Patient Advice and Liaison Service (PALS) information; Infection, Health & Safety control & information and Enter & View visit details.
- A staff awareness raising session on the importance of disposing of clinical and other waste correctly was observed at the same time the visit was conducted.

Ward Projects

There are two designated areas close to Bay 1 and 4. There were plans to turn these areas into mini a mini treatment room and a safe storage area, which staff told us were currently on hold due to financial pressures. Both areas are currently used for storage of items including chairs, tables and Zimmer frames. Both areas are visible and accessible to patients and staff. Staff acknowledged that the environment could be enhanced and utilised in a more productive way if funding could be made available for these projects to continue.

Accessibility

The ward can be accessed via a lift or stairs. The lift is wheelchair accessible. Access for those with sensory or hearing impairment's 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 on a daily basis. They coordinate care for patients, including special needs support.

Cleanness Of The ward

Authorised Representatives observed the ward to be bright, clean and tidy. The majority of patients who were asked questions felt that the ward, toilets, bathing facilities and communal areas were kept clean. One patient when asked for comments about cleanliness of the ward responded, 'the patient's toilet was clean but could be better'. There were a number of Hand gel packs on the ward allowing for staff to access the gel to clean their hands prior to seeing a patient. We observed staff wearing disposable gloves and aprons when undertaking tasks as appropriate.

During the tour of the ward we were informed that there was an inter-connecting door from female to male ward. There was a sign stating that this door should not be used as a 'walk through'. There was also a hand gel pack located next to the door. We observed a member of staff going through this door. It was observed that this person did not use any hand anti-bacterial gel whilst transiting from one ward to the other. The senior nurse confirmed that she had made it clear to staff not to use this door for the purpose mentioned and stated that she would speak to the member of staff about this.

Patient Experience

The team spoke to a number of patients about their experiences of being on the ward. The majority of patients we spoke with were very satisfied with the hospital care they received. One patient when asked for comments about her treatment of care said, 'staff care for you and are very kind'. Another patient commented, 'I like this ward, other wards are not so nice. One patient told us that she had requested to be placed on Rowan Ward following a previous admission and positive experience on the same ward last year. One patient's relative told us 'we were taken care of as a family and offered tea and biscuits'.

When patients were asked whether their requests for assistance have been answered in a reasonable amount of time; 4 out of 8 said sometimes. In addition they commented that staff looked or seemed very busy. 4 patients answered, yes and 3 out of this group commented that staff appeared very busy.

Communication Between Patients And Staff

The team observed and noted positive and respectful 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 alright.

We did not observe any use of translators at the service and all the people we spoke to were able to speak English and did not appear to have specific needs around communication support.

Complaints And Feedback

We were informed that monthly staff ward meetings were held, which included sessions on how to deal with complaints. Of recent, they had not been held as frequent as they would have liked. This was due to staff illness, however, there was an acknowledgement that steps were being taken to manage and improve

this. We were also told that feedback and patient complaints are managed via the ward communications book and staff supervision. Several of the staff we spoke with told us that 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.

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?' the majority were not clear of the steps they needed to take should they choose to make a complaint. No patients reported that they had experienced anything they wished to complain about at the time of our visit.

There is a patient feedback form available - 'Did you get great care today?' Staff informed us that patients were encouraged to complete this form either whilst on the ward or at the point when discharge information is given. It is also available to complete online. Whilst this form asks patients about the care and treatment received, there is no clear information advising on how to make a complaint about their experience of care, should they wish to. We did not see displayed, specific information - posters or leaflets advising of the Barts Health Trust's Complaints procedure and how patients could to access this. Information on the Patient Advice and Liaison Service (PALS) was available. This offers patients a confidential advice, support and information on health-related matters.

Perception of The Discharge Process

Discharge planning is usually discussed during the ward rounds and involves significant staff from the hospital, the patient, and where possible relatives or carers of the patient.

The number of patients when asked whether they had been told when they would be discharged was 4. 2 patients said they were not sure as they were still new to the ward and 2 said they were not sure as had been there for some time. All patients mentioned that they had someone to assist them home from hospital and would be cared for by a relative or friend.

Patient Suggestions For Service Improvement

3 patients suggested that more car parking could be improved by creating more spaces for patients and visitors. Also, a reduction in car park charges would be helpful. 3 people commented that the building should be renovated - this would improve perception of care in the hospital. 1 person commented that medication should not be handed out at the same time as food being served.

Additional Findings

It was noted that 3 out of 7 patients reported a very poor experience with the Accident and Emergency unit service prior to arriving on Rowan Ward. This includes; long waiting times; patients being treated in corridors; a section of the unit observed as dirty; a urine sample been lost; poor staff attitude; the service coming across as chaotic and uncaring; One patient reported 'I was so upset with the way I was treated in A&E, but my experience here has softened my bad experience there'. Another patient reported being scared and felt 'staff looked unhappy and were uncaring and abrupt'. The same patient told us she had waited 13 hours before receiving a bed in the A&E unit.

The E&V 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:

- 'More appreciation for nurses'
- 'Improve morale for nurses'
- 'management could help out when staff are rushed off their feet - that would be great'
- 'Staff would like to see management more visible'
- 'More staff meetings to share ideas'
- 'Staffing levels that reflect the needs of the patients on the ward'
- 'Retention of staff to improve patient experience'
- 'A separate bay available for Genealogical care patients only'
- 'Allocation of a health Care Assistant in each bay'
- 'Decoration of the ward'
- 'Better communication between services to improve service'

Examples of Good Practice To Share

Overall the team noted a level of good quality service provided by staff on Rowan Ward. Patients feel that they received a kind, caring and compassionate service. One patient when asked about her experience had requested to be placed in Rowan Ward as her previous admission one year prior had been a positive experience. A number of thank-you cards have been received from patients who have received care and are on displayed on the ward administration desk.

The ward provides a specialist service for patients in need of additional psychological support. This includes one-to-one counselling and support for

women who have had experiences such as ectopic pregnancies and miscarriages.

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.

Barts Health Response

Bart Trust has responded in that they welcome the report findings and have taken the recommendations very 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 and patient centred care to improve outcomes and patient experience.

Recommendation 1

We recommend that steps are taken to ensure an effective language translation service.

Barts Health Response	Action Owners	Timeframe
Patient Information <ul style="list-style-type: none"> • Effective use of Trust Policy on translation service, education for all staff on how to obtain information in different languages and use of language line as required in a timely manner • Develop patient information on ward process (e.g. welcome letter explaining key activities of the ward) • Develop specific patient 	Barts Health NHS Trust	In place - April 2017

<p>information leaflets upon discharge and utilise Trust website on leaflets that are available</p> <ul style="list-style-type: none"> • Full review of all notice boards throughout the ward (redesign Quality notice board, Safer staffing notice board incorporating who's who) 		
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Recommendation 2

We recommend that a review of managing patient complaints is carried out. This includes; ensuring that all staff are made aware of and are clear of the complaints process. Staff should also make patients aware of how to complain should they need to; clarity on the procedure taken when a patient complaint is raised; clear written information provided for patients which will enable them to make a complaint and advise on what happens with their complaint, also, how PALS can be contacted. This should also be reflected visually within the ward.

Barts Health Response	Action Owners	Timeframe
<p>Complaint Handling</p> <ul style="list-style-type: none"> • Standard Operation Procedure via Governance team to be shared with all members of staff • Ensure there are adequate patient information leaflet how to raise a concern. • Ward to maintain local action plan on all complaints received demonstrating learning which will feed up into Divisional action plan 	Barts Health NHS Trust	April 2017

<ul style="list-style-type: none"> • All concerns to be logged in ward monthly meeting, surgical wards have agreed on set format for records(Quality & Safety team meeting) • Nurse in charge & ward sister to do daily walkabout and speak to patient to obtain real time feedback 		
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Recommendation 3

We recommend that appropriate steps be taken to prohibit the use of staff using the inter-connecting door from female to male ward. We are aware that the senior nurse has already put a system in place, however, as we have mentioned through our observations, a member of staff ignored the existing sign placed on the door.

Barts Health Response	Action Owners	Timeframe
<p>Maintaining infection control measures to protect our patients</p> <p>At present we have liaised with ICPT and they have confirmed that movement is permitted if hand gel used</p> <ul style="list-style-type: none"> • Bi-Annual Infection Prevention & Control Audit: <ol style="list-style-type: none"> 1. Staff compliance 2. Staff knowledge/understanding 3. Communal areas 4. Patients care areas 5. Equipment • Implement our internal peer review 	Barts Health NHS Trust	May 31st 2017

<p>cycle in line with infection control</p> <ul style="list-style-type: none"> • Tighter control between wards to be reviewed in line with Fire regulations to prevent staff movement between two different wards. This will require a review with estates department to explore swipe access 		
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Recommendation 4

We recommend a review of staff recruitment for the ward - supported by senior management. This could reduce some of the stress on the existing staff and enable the team to raise the level of care provided to patients.

Barts Health Response	Action Owners	Timeframe
<p>Safer Staffing Recruitment Plan</p> <ul style="list-style-type: none"> • Weekly workforce meeting with Associate Director of Nursing addressing recruitment plan • Ward to develop recruitment trajectory for 6 month period • Weekly workforce meeting as above to cover skill mix target in line with Trust Policy and key performance indicators to maintain safety • Senior Nurse to maintain 24hr staffing plan which addresses skills mix and balance use of external staff throughout the surgical 	Barts Health NHS Trust	June 2017

<p>wards</p> <ul style="list-style-type: none"> • Site wide recruitment strategy plan been developed with Director of Nursing and Associates • Share staff survey from site and develop local action plan (Picker Survey) • Listening into Action event to explore team work to continue 		
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Healthwatch Waltham Forest will meet with Barts Health NHS Trust for a 3 month follow up review meeting following the Enter & View visit carried out on Rowan Ward.

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.

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