

Enter and View Visit

Whipps Cross Hospital
Elizabeth Ward
24 November 2022



Contents

Visit Details	3
Enter & View	4
Purpose of the visit	5
Methodology	6
Background	8
Environment – observations external and inside the Ward	9
Accessibility	12
Staffing	14
Patients experience of hospital treatment and care	16
Transport	20
Communication between patients and staff	21
Feedback and complaints	24
Staff responsiveness	25
Provision of care for people with dementia	26
Perception of the discharge process	26
Care pathways	29
Recovery and after care	30
Case Study	33
Conclusions and recommendations	35
Service provider response	39
Distribution and comment	41

Visit details

Service address	Whipps Cross Hospital
Service Provider	Barts Health NHS Trust
Service description	Elizabeth Ward – Coronary Care Unit
Status of visit	Announced
Date and Time of visit	24 th November 2022 11:00am-16:30pm
Authorised Representatives	Raluca Enescu - Head of Insights and Intelligence Joyce Osei - Enter & View Project Coordinator Robina Ramzan - Operations Manager
Contact Details	www.healthwatchwalthamforest.co.uk info@healthwatchwalthamforest.co.uk
Declarations of interest	None

Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, service users and staff for their cooperation and hospitality in hosting this visit. We welcome all contributions to this Enter and View programme.

Enter & View

Enter & View is a statutory power conferred upon Healthwatch by the Health and Social Care Act 2012. It gives Authorised Representatives of Healthwatch Waltham Forest the right to enter and observe publicly funded health and social care services in the Borough. Enter & View visits are visits and not inspections. They are used to get a lay perspective on the service concerned and are an opportunity for service users to talk about their experiences of the service. A report of each visit is produced which includes any recommendations for change or improvement arising from the visit. This is shared with the service prior to publication. All Healthwatch Waltham Forest Authorised Representatives undergo training and background checks before joining the Enter & View programme.



So friendly, positive, cheery, no negatives
Inpatient Elizabeth Ward



Disclaimer

This report relates only to the service viewed on the date of the visit and is representative of the views of the service users, visitors and staff who contributed to the report on that date.

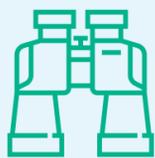
Purpose of the visit

Healthwatch Waltham Forest conducts Enter & View visits as part of a wider programme of engagement aimed at hearing and seeing how health and care services are delivered.

In addition, this Enter and View links into a broader programme of Healthwatch activities focused on bringing the voice of people with long-term conditions into the Waltham Forest Health and Care Programme Boards Integration Transformation Programme. The programme includes a wide range of projects aimed at providing care for people at home (or in their care home) rather than in hospital, and if they are in hospital, getting them out as quickly and safely as possible. It aims for all parts of the care system to work seamlessly around the person with a focus on what matters to them, rather than what's wrong with them.

We plan to go out to talk to local people in the hospital, at GP practices, in the community, over the phone and in their homes, about what they think of current services, the new plans and how they would like to receive care in the future.

The aims of our Enter & View included:



- 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, relatives and carers engaging with the staff within the 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

This was an announced visit. Barts Health NHS Trust were informed about this visit through a briefing meeting and in writing stating details of the proposed visit and agreed date. 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. 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 patients to give feedback on their experience, as well as suggestions for service improvements. This was achieved through use of a topic guide. We also sought feedback from the staff of Elizabeth ward.

Our visit was themed around the following aspects of care provision:



- Patients' experience of hospital treatment and care.
- Accessibility.
- Communication and interaction between patients and staff.
- Complaints.
- Staff responsiveness.
- Perception of the discharge process.
- Dementia care.

In order to capture as many views as possible on our visit, we provided a patient questionnaire covering the themed aspects of care provision and demographic information. 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 **Ward 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 observed the surroundings of the ward and spoke with patients and a number of staff in different roles including; nurses, and 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 & staff safety notices & information; fire & evacuation; Safety/cross infection.



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.

Background

Whipps Cross Hospital, Elizabeth Ward – Coronary Care Unit

Elizabeth Ward Coronary Care Unit (CCU) is an acute cardiology unit with an 18-bed capacity. The ward is divided into the CCU, a mixed gender bay of eight beds, and 10 general cardiology beds.

The Cardiology patients require specialist cardiac investigations and treatment, encompassing sub-specialties such as interventional cardiology, heart failure, electrophysiology and implantation of cardiac devices.

The ward has a multidisciplinary approach to the treatment and safe discharge of patients with regular Multi-disciplinary Team (MDT) meetings to discuss progress and referrals to Occupational Therapy and Physiotherapy. Staff work closely with the MDT to plan, organise and facilitate safe discharge.

The ward has a good reputation for innovation and quality improvement, they have been an exemplary ward for informatics and have led the paper lite journey at Whipps Cross Hospital, currently they record all documentation electronically.



Environment

Observations – external and inside the ward

The main entrance to the hospital is on Whipps Cross Road (the A114) between the Whipps Cross roundabout and the Green Man roundabout.

Access by public transport includes buses that stop within the hospital grounds and include Low-floor wheelchair accessible buses. There are approximately 400 parking spaces for patients and visitors on the site - located in four visitor car parks. The majority of parking operates a pay and display system. There are 50 Orange Badge parking bays on the site for disabled drivers.

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 Elizabeth ward is via an intercom system

The main entrance has step-free access and is wheelchair accessible; Elizabeth Ward is located at Junction 12, lower ground of the outpatient building. The signage in the main corridor is clearly labelled on a blue background.

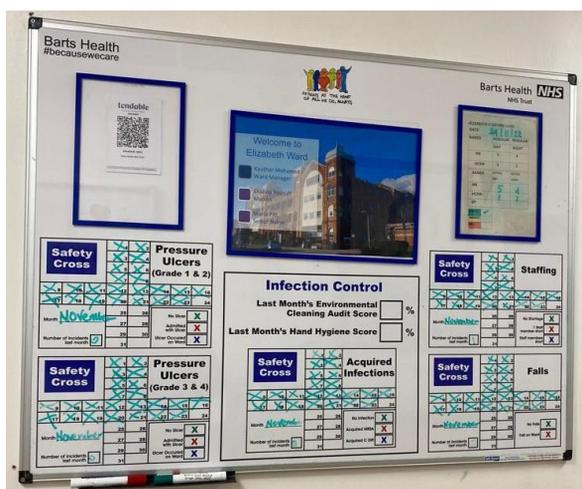
We observed the entrance to the ward, a poster which displayed information about the ward itself, such as visiting times and Elizabeth Ward's staff team



Posters regarding our Enter & View visit were displayed on the ward entrance door and throughout the ward.

We observed Notice Boards and displays throughout the ward which included:

- Cleaning standards and performance.
- Meet the team with all the staff members' photos and names.
- Infection control for staff to refer to.
- Feedback comments display.
- Posters of Patient Advisory Liaison Service (PALS) in the main ward corridor.



At the time of our visit, our team observed the ward to be bright and visibly clean, tidy and ordered. A hand wash basin and hand sanitizing gel were available at the entrance of the ward and throughout, accompanied by clear instructions for use.

Ward renovation

Elizabeth Ward has undergone a recent major renovation. We found the signage clear and accessible. Communal areas were furnished with comfortable upholstered sofas and coffee tables for patients, family members and other visitors to use.

The ward has two separate rooms allocated for patients who need to be separated for infection control purposes. Staff told us that, where possible, they do their best to accommodate patients who require access to a separate room for personal, cultural, or religious reasons; however, these rooms are generally prioritised for infection control patients.

Barts Health NHS Trust has implemented QR Code technology throughout its five hospitals. Staff told us that they include the use of this system within the ward to improve communication; for example, all doors in the ward use a QR code that can be shared with external departments providing a quick and easy way to identify the room and report any problems.

Staff told our team that they were involved in the process of redesigning the ward; as a result, this enabled the layout to work in a more practical, safer and functional way. For example, the staff lockers and changing rooms, previously located at the back of the ward, are now located close to the entrance of the ward allowing staff to change into PPE more safely.

Nurses' stations are located at the beginning, middle and end of the ward with an ideal amount of space at the sides allowing easier access for staff while equipment is neatly out of the way. Additional features of the ward redesign include new monitoring screens at each section of the ward allowing staff to monitor patients' vital information in a faster and more accessible way.

Patients with more serious conditions and those needing extra care had their beds placed close to the nurse's stations, ensuring easier access as necessary. We noted that the Doctor's and Registrar's room was smaller than expected and fairly crowded with office equipment leaving little space for staff to sit comfortably.

Accessibility

The hospital car park has several disabled parking bays available for patients and visitors. There is step-free access from the main entrance and lift availability throughout the building, which accommodates wheelchair use.

The ward was fully accessible with bathrooms, toilets, and shower spaces with bars and rails for patients with mobility or disability needs. Toilets are located at the end of the ward and are generously spacious for anyone using a wheelchair or walking frame. Staff told us they accommodate female-only spaces where possible and separate bathroom areas on the ward if required.

Patients told us they were generally satisfied with the signage to and from the ward and found it easy to get around the building.

Staff told us they use the Trust's language line to help patients who require support with communication. For example, patients who do not speak English and need an interpreter or patients who use sign language.

Staff reported that provision was also made for family members to visit beyond the ward visiting times to support their relatives being cared for who were deaf or blind in order to teach and enable staff to manage their care in the best way.

One patient told us she felt more could be done to support relatives when visiting the ward. They said....



My sister comes to visit me – she has mobility issues. She's not allowed to use the patient chairs, and the visitor chairs are not suitable for her disability, so she just sits/leans uncomfortably on her mobility frame.



Accessibility **continued**

Staff told us that there was a free Wi-Fi service available throughout the hospital for patients.

Food

Most patients were happy with the available food choices. One patient felt that a lighter option offer would be helpful.

 It's good, but there are no light warm options. If you have a full meal for lunch, then for dinner you've got to have another full meal or otherwise just sandwiches or salads.. 

Staffing

During our visit, we spoke with eight members of staff, including five nurses, one Health Care Assistant (HCA) and two students.

The service is made up of a diverse staff team. Nurses told us that their working environment is supportive, and they receive good training and professional development opportunities. They also learn from each other's experiences and from the training courses they attend.

Our interviews with staff indicated a strong and positive level of teamwork and support between colleagues. We observed good communication between senior nurses and their team members, and conversations between staff seemed friendly and respectful. There was a practice of consideration for each other within the working environment.

Staff said that the first Covid pandemic lockdown was very difficult. It took a toll on staff wellbeing due to the complexities of government guidance, frequent changing service demands and other factors. Since this period a staff well-being service was developed. One nurse told us of their experience of receiving support from the service when she caught Covid, including the excellent level of support from their staff team. She was provided with helpful information and advice, and was fully reassured by the Leadership Team.



Staffing **continued**

Nurses felt supported by the senior leadership team and told us the hospital management was doing many things to take care of staff mental health and well-being. However, due to shift patterns and the nature of the ward, and the high level of patient need, some staff did not have the time to take up these opportunities, especially senior nurses; staff, therefore, felt that more could be done to create a better balance in this area. Nurses also felt that the nurse to patient ratio needed to be increased sometimes.

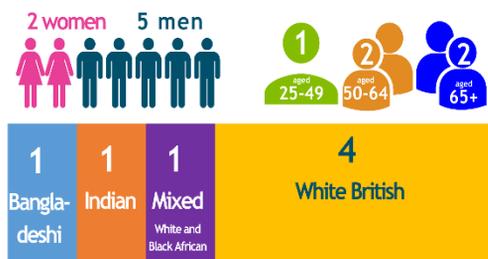
Members of staff mentioned there was a strong training programme for growth and development, including mandatory training and access to policies and guidelines accessible via the trust intranet system. Regular staff meetings, supervision and support, feedback and appraisals from senior and Practice Development Nurses took place. For example, one nurse said:

 I get lots of feedback and support and am very happy with it. Back home, we don't have this – here it is open, more supportive and good for growth and development 

Nurses working in the ward told us they were proud to work there. They thought the department was well-led, and they felt comfortable and worked well together.

Patients experience

During our visit we spoke with seven patients about their experience of being on the ward and their care journey.



3 out of 7 respondents worked part time.
3 out of 7 respondents were retired.



2 out of 7 respondents were digitally excluded.



One respondent identified as disabled.

3 out of 7 respondents lived in a multigenerational household.



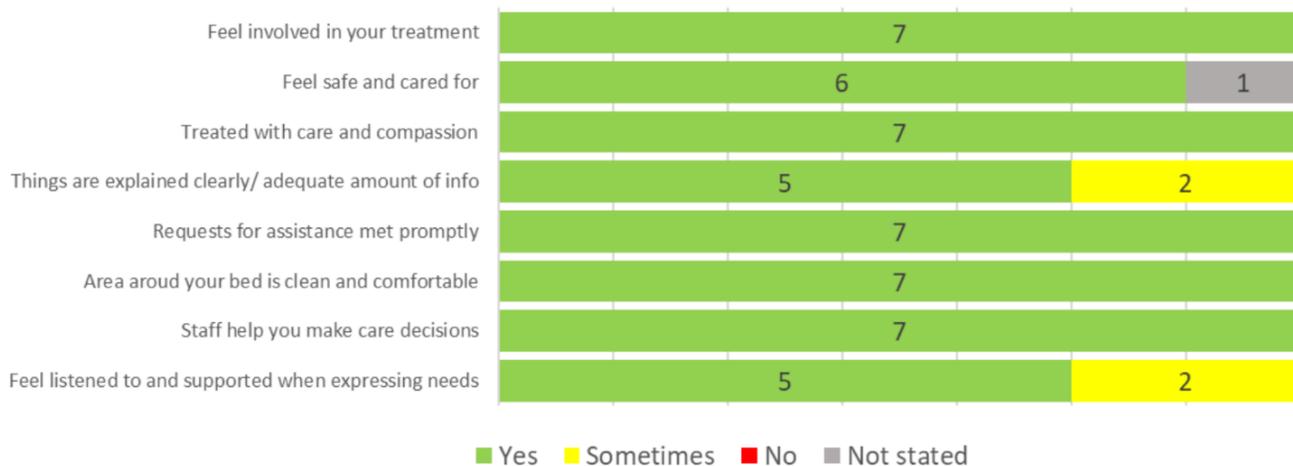
All respondents lived in homes owned by themselves or their families.

2 out of 7 respondents lived on their own.
2 out of 7 respondents lived with a spouse.



Patients felt they were treated with care and compassion, staff were helpful and they felt involved in their treatment.

Patient experience



Patients experience continued

Patients said:



Staff could not be better, and my experience of care on the ward has been excellent

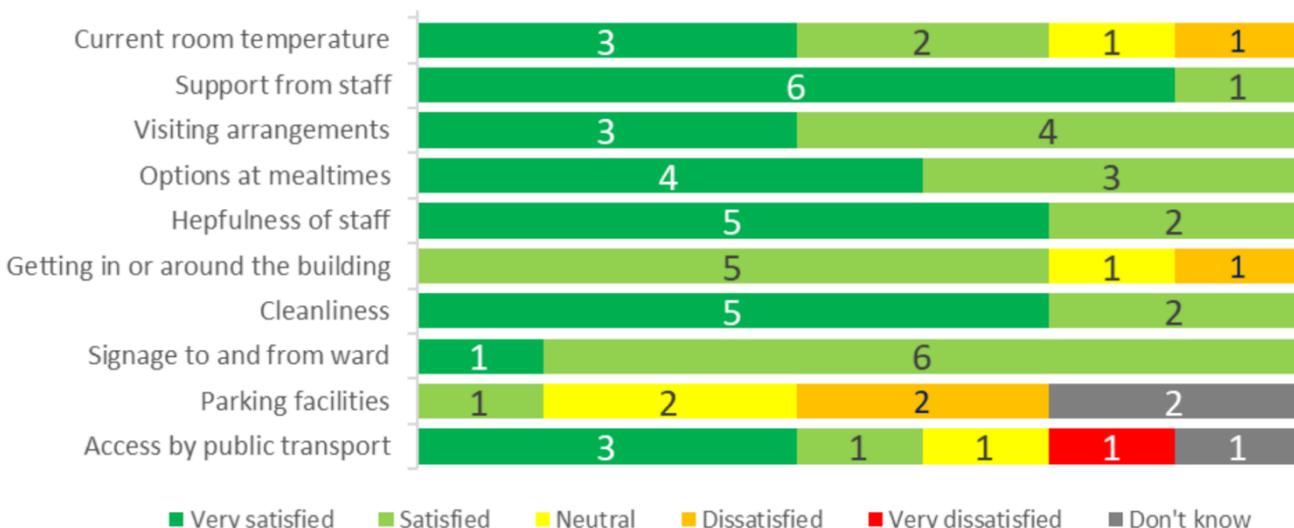


The nurses here have the greatest respect for each other [...].I got to know all the cleaners, saw them cleaning every day. They are all very proud of what they are doing.



Satisfaction with the ward and the hospital were overall very good.

Satisfaction with...



Patients experience continued

Patients praised the quality of care they received from doctors, nurses and auxiliary staff, as well as their warm, friendly bedside manner.



Staff are very efficient, helpful, professional and thorough in looking after my health. I've been in the Acute Assessment Unit before, and that ward didn't feel quite as professional, you feel a bit overlooked, whereas here it's much better. They're very thorough, not ruling anything out- they do loads of testing, and they're not complacent. They do daily monitoring and keep you in the loop. I'm able to give feedback and voice any concerns, and if I don't understand something I can always go back to them and ask - they will explain and elaborate.



They're very thorough, not ruling anything out- they do loads of testing, they're not complacent. They do daily monitoring and keep you in the loop. I'm able to give feedback and voice any concerns, and if I don't understand something I can always go back to them and ask- they will explain and elaborate.



Another patient said



The nurses here have the greatest respect for each other [...].I got to know all the cleaners, saw them cleaning every day. They are all very proud of what they are doing.



Patients experience continued

 Nurses work so hard, their dedication is beyond words. Experiences with doctors were more mixed- they didn't always understand me and didn't always have patience- I did have one bad experience. At one point the doctor said out-loud to me "If something happens, we won't keep you alive"- so I was in bits, I thought my life was finished; you can imagine it was pretty tough to be told that. but the ward sister said "We will look after you"- and they did. I think when they realised I was really sick that's when everyone really knuckled down and did what they needed to do. They talked to Barts and to professors at Cambridge about the drugs they needed to give me. They were interested in me- in any trade you can go wrong, but they showed really good thinking. 

 I couldn't move and I was very embarrassed about not being able to go to the toilet:- but they made me feel comfortable; the trainee nurses were particularly brilliant. 

 The heart doctor is very informative and very thorough in talking thorough options with me, they take the time, they don't rush you through and they're not pushy. 

People told us they were able to offer each other peer support during their stay on the ward. One patient told ...

 Patients are different- people are different- I'm a social person, but others in the ward were miserable; so I started talking to a lot of my fellow patients and explained things like the angiogram procedure to them- to this day, I still have their phone numbers, we talk, we're meeting for Christmas, I explained to them about defibrillators. Peer education among patients can take the pressure off the medical professionals; patients get bored all day, and they have to talk to each other. 

Transport

The main areas of dissatisfaction related to transport both in terms of coming by car or by public transport.

They should do something about the parking meters. Some time ago, I was in this very hospital with my moribund partner- what was I supposed to do- leave the ward to go to the parking lot and top up the meter- or wait for my partner to die?? This has to be improved for people whose loved ones are dying. The John Radcliffe hospital in Oxford has a system- if you are likely to lose someone within the next 48 hours, they leave your car alone- but not here. You shouldn't have to worry about getting your car impounded or getting a fine when you're dealing with loss.

It's all very packed. In the hospital you can wait for hours - every two hours you have to run to the parking meter to top it up, you could miss your appointment. You have to keep taking long walks from the hospital area you're in to the parking lot.

I live in Chingford and there is no direct bus - I have to either walk or go to Walthamstow. We're actually the closest bit to the borough to the hospital, but actually we are isolated, because all buses are centered around Leytonstone. It's actually easier and faster to go to Barts . I have to spend an hour and a half on buses, for what should actually be a 20 minutes journey.

Communication and interaction between patients and staff.

Our team observed respectful and compassionate interactions between staff and patients throughout the period of our visit. We noted that staff showed patience when speaking to patients about the care. Patients with higher needs were placed closer to the nurse's station.

Nurses told us that the service used various ways to ensure they were communicating with patients in an accessible way to support patient needs. For example, one nurse told us they use google translate for small day-to-day conversations; however, for medical conditions or updates, they use Language Line and are provided with a code to gain access. Some members of staff told us this was a very good service, and the consultants found it very useful. However, 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.

Due to a diverse staff team, patients were also supported by bilingual staff within the service, who speak various languages, including Ukrainian, Russian and Albanian. Staff work closely with patients' families in order to use a co-productive approach to support patients. The service used a flexible approach, including extended visiting hours for families, to maximise patient support for patients living with Dementia or experiencing Delirium. Staff told us they assist patients by using the skills gained from training and information.



You don't always understand the jargon- we need simple explanation of test results, slowed down- explain what is happening in my body and why; I need to be kept in the loop.



Communication and interaction between patients and staff.

We observed a range of information leaflets in the ward, which were available to patients, their relatives and carers, which included:

- Cleaning standards and performance
- Meet the team with all the staff members' photos and names
- Infection control for staff to refer to
- Feedback comments display
- Posters of Patient Advisory Liaison Service (PALS) on display in the main ward corridor

We asked patients if they had received enough information about their treatment and if this had been explained clearly; most patients reported yes. However, one patient we spoke to felt that some improvements could be made around communication with doctors.



I would have meetings with the doctors - the doctor in the morning would tell me one thing then the doctor in the afternoon would tell me a different one. It didn't add up, and I felt like they were withholding the truth from me. Eventually, we went into the quiet room and we had a real honest conversation - after that, things changed; but I feel like I had to push them to be honest with me.



They keep me pretty well informed. All is good- I feel like I can make decisions to the extent that they are medically possible/advisable



The heart doctor is very informative and very thorough in talking through options with me, they take the time, they don't rush you through, and they're not pushy.



Communication and interaction between patients and staff.

Patients praised the quality of care they received from doctors, nurses and auxiliary staff, as well as their warm, friendly bedside manner.

They're very thorough, not ruling anything out – they do loads of testing, they're not complacent. They do daily monitoring and keep you in the loop. I'm able to give feedback and voice any concerns, and if I don't understand something, I can always go back to them and ask- they will explain and elaborate.

The nurses here have the greatest respect for each other [...].I got to know all the cleaners, saw them cleaning every day. They are all very proud of what they are doing.



Feedback and Complaints

We observed notice boards within the ward areas which provided information about the patient advice and liaison service (PALS) and complaints. These boards also provided information about improvements that had been put into place in response to complaints and feedback

Most of the patients we spoke with felt confident to discuss their concerns or complaints by speaking to staff, or online, should they need to. However, none reported receiving information regarding the service complaints process. At the time of our visit, none of the patients we spoke with told us that they have complained or felt the need to. One patient said...



I didn't need to, they met all my needs – but in practice I know I can always speak to the ward sister and I would speak to her first – she's the best, she fixes things.



The hospital has a patient survey system which consists of questions related to patients' information, dignity and respect, and comfort. Staff told us that they give patients feedback cards to complete, closer to the point of discharge – a QR code is also on the back of the card should patients choose to complete it electronically. These are also given to patients who are transferred to another ward.

The service had a structured complaints system in place of which most staff we spoke with were aware, including their complaints and incident reporting system – Datex. Staff told us they tried to resolve any issues before they became formal complaints; firstly, by talking to the patient and their family and escalating to the ward manager and then matron to resolve it at ward level; if not resolved, then escalate to PALS and the central complaints and governance team.

Learning from such events, as well as feedback and good practice was shared within the service through training, regular meetings, emails and departmental newsletters.

We also heard how patient feedback is shared with the team in ward meetings and with the ward clerk. There is a system in place where comments are uploaded and circulated between wards to learn from good and bad practice. In addition, the ward manager discusses and manages the complaints concerns and feedback through regular team meetings, training and staff supervision sessions. This enables the service to communicate, reflect and learn from their mistakes.

Staff Responsiveness

Our 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.



I've been allowed to visit beyond the visiting times to be there for the patient.



The service used a multidisciplinary approach and various systems and tools to deliver care.

The service has a system called daily care, where a daily review to discuss each patient's needs takes place; this can change from morning to evening and is discussed in the handover.

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.

Provision of Care for People with Dementia

The hospital has a dementia and delirium team who are available on site to provide clinical advice and support for patients living with dementia and delirium and their carers. The service also provides staff with support and training, including specialist dementia champion training, aiming to equip staff with additional training to meet the needs of patients living with dementia through engagement and support.

The environment was dementia-friendly, and the service had in place processes, such as safety briefings to ensure staff were aware of patient needs, identifying Dementia and Delirium patients and other patients with particular needs. This highlights incidents and adaptations for patients needed. At the time of our visit we did not speak with any patients living with dementia or delirium

Perception of the discharge process

The service multi-disciplinary hospital discharge team and transfer of care hubs professionals work together in order to assess the patient's whole need and discharge them home once they have reached a point of recovery.

Staff told us that the discharge planning process starts at the point of admission and once the patient is fit to go home. A doctor discharge summary is followed by the screening of medicines by the pharmacist. The nursing team will then organise transport to take the patient home.

Perception of the discharge process **continued**

Overall, staff told us the discharge process works well; however, our interviews revealed some difficulties experienced with 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. For example, the problem with delays in the process for patient prescriptions often impacts discharge process.

We noted that some of the services (e.g., Angiogram) that Angiogram require patients to visit other hospitals will be returning to Whipps Cross and this should help with the patient flow.

Patients we spoke with had mixed experiences of discharge. Overall, they were less positive than other aspects of their hospital stay. The main causes of concern noted from patients and staff were:

- Delays with medication.
- Delays for transport arrangements.
- Patients not feeling ready for discharge.
- Post-discharge support.

 I had heart failure – so the nurses were with me regularly – they told me if I have any problem to call them straight away – the aftercare is there, and I know whom to call. 

Of the patients we spoke with, some had been updated with their discharge plan, including those who were been transferred elsewhere. Others told us they were not yet aware. Patient interviews also revealed previous discharge experience of being admitted to the ward.

Perception of the discharge process continued

 Whipps Cross decided to send me home and treat me as an outpatient until my surgery at Barts - I really didn't feel ready to go home, but they insisted I needed to either be discharged or be moved to another ward - with no medication for the artery blockage! As an outpatient it was uncertain how long until I could get the procedure - it could have been months- I could have died. I ended up having a minor heart attack and was taken by ambulance straight to Barts. 

 I will be transferred to Barts from here. They explained what will happen at Barts and which wards I will stay in, but not what happens after discharge- that's for the Barts people to discuss. 

 When I was discharged, I didn't feel 100% ready to go home but all the tests they performed on me were good- I was the first patients in Barts to get a golden discharge after a bypass. On my last day in Barts, the male nurse who was changing my bandages rushed- the bandage came off with a stitch and some of my skin, and I started bleeding- they still sent me home like this. I continued to experience bleeding for two weeks, with no support whatsoever. The post-discharge support was very disappointing.-I had no help from anyone. 

See aftercare notes for what happened next

Care pathways

We found that speaking with patients about various aspects of their experience around the discharge process revealed gaps in their care pathways.

Patients reported experiencing issues prior to being admitted to the ward from A&E or following referral from GPs.

GP Access

 I've had back pain for ages - the GP only offered me remote consultations and asked to see pictures of my back, instead of actually examining me in person - that's why I don't trust appointments that aren't face to face. They thought I had swollen tendons and prescribed me some medication for that - which didn't work because in reality I had heart issues. 

 I just couldn't get a GP appointment within the last ten years. I tried for three weeks to get a GP appointment, then I had a consultation and the GP just told me to go to A&E and gave me a note, I could have done that on my own, without the GP's input. I came into A&E, went through the A&E process, it took 14 hours. They deposited me in a chair at the Ambulatory clinic with no explanation, then two men turned up with a bed on wheels and I ended up in Acute Care. It was excellent care but with no explanation of where I am and what to expect. I was just waiting in the waiting area for three hours, until I got called out and then I saw the two men with a bed. I think they sent me to the wrong place and forgot about me. 



The GPs are rubbish nowadays. You call - you get the "You are number 45 in the queue" message, and then when you get through there's no appointment. The hospital sent them my discharge report, we also gave them the report but still they had no idea. After coming back from hospital I had a cough. I rang the GP but they had no appointments. Then I rang 111, and 111 said my GP needs to see me face-to-face. The GP surgery said, again, no appointments. Again, I insisted because I am a vulnerable patient who just had a bypass, so they agreed to give me a same-day telephone consultation and the doctor prescribed me some antibiotics - without actually seeing me or listening to my chest. I'm not sure about how good a diagnosis like this can be.



Recovery and aftercare

Patients told us about the problems they experience with previous admissions, discharge and aftercare.



I feel like the recovery would have been the GP's responsibility more than the hospital's. The GP should have had all the info from discharge. Eventually, I mentioned to my GP the situation with my wound, they arranged district nurses but, again, nobody showed up. Then I called 111, and 111 got in touch with the paramedics and district nurses.

Only then the district nurse came in, and only once, she just said "You'll be OK, we can't change your bandages every time," so I had no help for recovery, and my daughter had to change all my bandages for me. I was worried about infection but got no help at all. I tried contacting the hospital but all they would say is, "If you have a concern go to A&E". In A&E as a vulnerable heart patient, where people have Covid and all sorts of infections, how can you do that? It's not a suitable place for high-risk people who are recovering from surgery, so I have to say the after-surgery care is really really rubbish.



Recovery and aftercare

continued

Living with chronic illness - what's important

It's important to understand that with the onset of serious heart disease life changes completely. I used to be very physically active- I was a weightlifter and martial arts instructor- but I can't do that anymore. I want to be able to get back to normal, to do as much as possible of what I used to do.

It's good to know where you can go for advice- I'd like to have something like a phone number to ring with questions and concerns- who should be my first port of call? For example, if I want to ask what kind of exercise is safe for me to do..

Additional support

Social groups- bringing together people with a similar condition and professionals who can give advice and make you feel not alone- face-to-face support.

Information and communication

There is no info at the moment- I would like to have regular check-ups, just to be asked "Are you OK? Do you need to see us?". They should make sure I am comfortable post-discharge.

More advice about my illness and how to manage it. I would like to receive advice through conversations.

Recovery and aftercare continued

I don't know yet, recent communications with the borough for diabetic care have been OK, albeit sometimes confusing. For example, the Diabetic Clinic at the Jane Atkinson centre- I got an appointment, then I got a message that another appointment- an online one- has been made for me- but I wasn't told the initial appointment was cancelled. I went there only to find out I didn't have an appointment and the technician was sick.

Post discharge support needed.

We found there were wider issues. . .

As a priority my bleeding should have been addressed. Even if it's minor, bleeding can lead to infection; so I wish I had help from the district nurses, as well as a recovery plan. As things stand, I had no choice but to call 111 and/or call an ambulance every time I needed help.

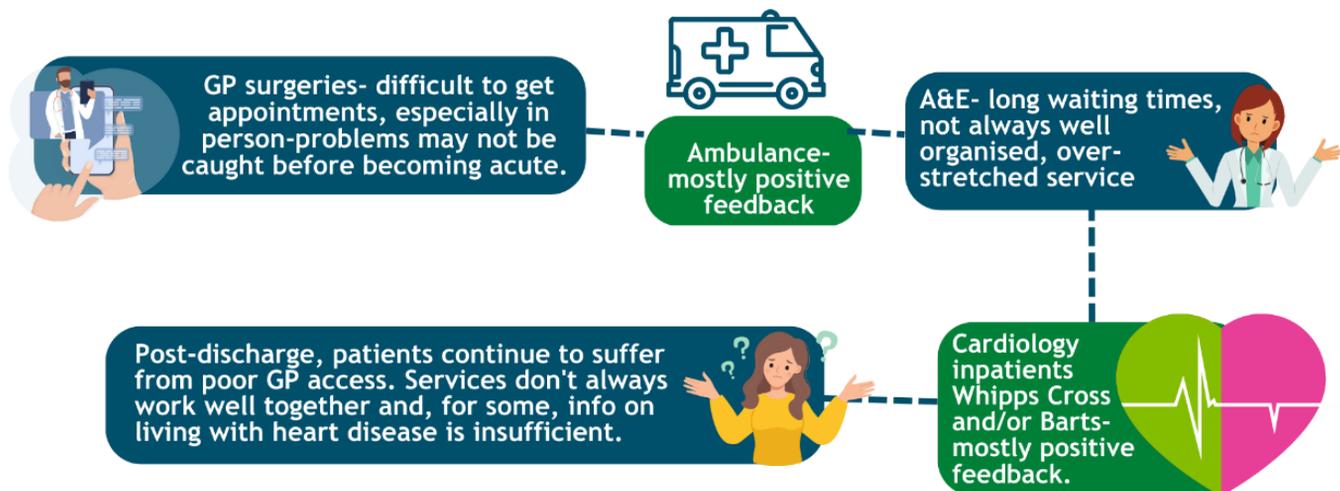
There should be some post-discharge information available on things like how can I be physically active while recovering; their approach is "bye, it's your problem now.

I was supposed to receive care from the district nurses after my operation, but it just never happened. I kept bleeding and every time my bandages filled with blood I had no choice but to call an ambulance, the ambulance staff were the only ones checking on me.

Case study

Consistency of care across the NHS

While people report receiving good care in the cardiology ward itself, they may not experience similarly good levels of care across the NHS.



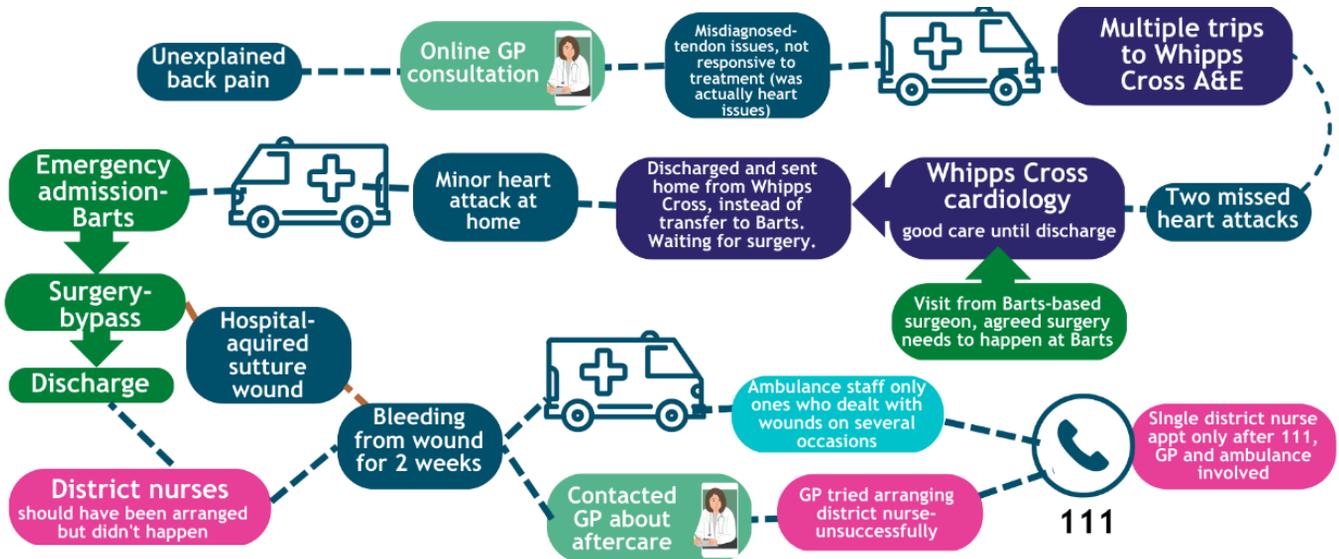
Sanjay's Story

We spoke to Sanjay (not his real name) on our visit to Elizabeth Ward. Sanjay had been living with back pain for months; his GP, after an online consultation and seeing a picture of his back, determined the cause must be tendon inflammation.

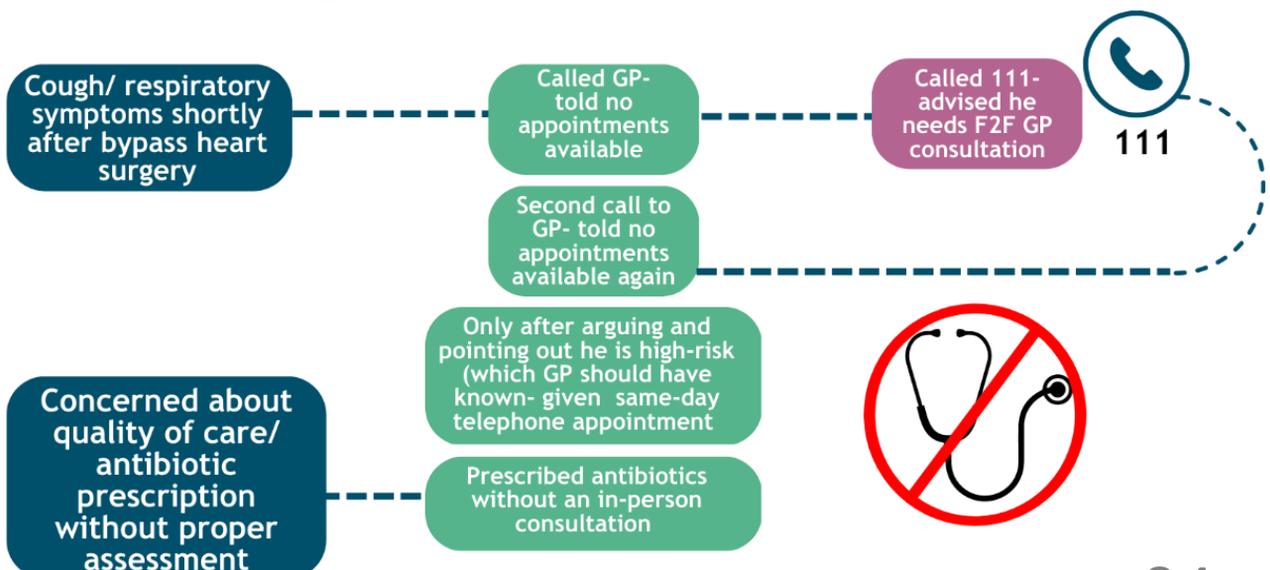
Sanjay had been living with back pain for months; his GP, after an online consultation and seeing a picture of his back, determined the cause must be tendon inflammation. In reality, Sanjay suffered from heart disease. After multiple trips to the Whipps Cross A&E, it was discovered he had two missed heart attacks. After a stay in Whipps Cross, where he says he was very well looked after, he was discharged- to wait at home until he would be admitted to Barts for a bypass; despite not feeling ready to be discharged. At home, he suffered a third heart attack; he was brought by ambulance straight to Barts, where he had emergency surgery. Sanjay was very happy with his surgeon, who explained the procedure thoroughly.

Sanjay's Story continued

He returned home with a suture wound- he was supposed to receive care from district nurses, but it didn't happen. Despite repeatedly trying to liaise with his GP about it, he was only able to get help with dressing his open, bleeding wound by calling an ambulance on multiple occasions.



More recently, as he started to experience a cough, he was told by his GP surgery that no appointments are available; despite being a vulnerable patient with heart disease. After insisting, he received a telephone consultation and a prescription for antibiotics; he feels distrustful of his diagnosis and treatment.



Conclusions and recommendations

Overall, the feedback from patients on Elizabeth Ward was very positive and we found various examples of good practice delivered by staff.

The environment of the ward was clean, accessible, spacious and comfortable for patients, their relatives and carers.

Patients told us that they received a kind, caring and compassionate service. Some patients felt that staff went above and beyond their duty to ensure they felt supported. The cleaning staff were also kind and friendly.

Our interviews with staff showed that they recognised the importance of providing good standards of patient care. We noted that the staff team worked very well together to ensure patients were looked after as well as possible. For example, nurses adopted a flexible approach by working collaboratively with relatives and carers by including extending visiting times to allow for additional patient support, such as providing interpreting and other support. Staff also acted as interpreters where possible in addition to using the Trust's Language Line.

Staff showed a strong sense of teamwork and support between colleagues. We observed compassionate and professional interactions between staff and patients.

Nurses told us of occasionally feeling challenged due to staff shortages; however, they felt supported by their senior leadership team in various ways. Staff had access to the Trust's Health and Well-being service activities - an opportunity to support their overall health well-being; however, due to shift patterns and the demands of the ward, some staff were not able to take up these opportunities.

Recommendations

Recommendation 1

Improve communication with patients when involving them with decisions about their care and treatment:

- a) A small percentage of patients we spoke with felt that some improvements could be made around communication with doctors providing information about their treatment, with the need for it to be consistent with other medical practitioners within the service.
- b) Patients told us that they wanted to be involved in conversations about their treatment during Ward Rounds and when doctors speak to medical students.

We recommend that the service review the current system in place to ensure that all staff provide clear, accurate and accessible information when communicating with patients, using a patient-centred approach

Recommendation 2

Explore options to enable all Ward staff to access the Trusts Wellbeing service:

We observed a strong and positive level of teamwork and support between colleagues and compassionate and professional interactions between staff and patients. Nurses felt supported by the senior leadership team on various levels. Staff had access to the Trust's Health and Well-being service activities; however, due to shift patterns and the demands of the ward, some staff were not able to take up these opportunities, especially senior nurses.

We recommend that the Senior Leadership Team review the current system in place and explore opportunities for all staff to access this service in order to improve staff wellbeing and effectively helping to improve the service's patient experience.

Recommendations continued..

Recommendation 3

Provide patient information about the service, including how to complain :

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 4

Improve information on discharge processes:

We recommend that there is a review of the information available to patients on discharge to support them to understand who they can contact, when, why, how and what for. Make it easily accessible, plain English, local, up to date with key access phone numbers. Include social prescribing and ideally a directory of services/activities/support. Who does what in terms of GP staff, pharmacies, rehabilitation and reablement, district nursing will help people to direct their own support needs. This in turn could free up GP capacity and save money in the longer term through avoiding readmissions. This information could be provided preadmission in terms of planned care and include how to prepare for your hospital visit, information about the ward and what to expect when you are discharged.

Recommendations continued

Recommendation 5

Is there, or could there be, a system where by recently discharged patients could be fast tracked through the GP appointment process.

Patients who are having complications post discharge who find it difficult to access GP appointments are at high risk of being readmitted which is both detrimental to the patient and a significant cost to the health care system.



Service Provider Response

Dear Ms. Joyce Osei,

I would like to express our gratitude for sharing the Healthwatch "Enter and View" report documenting your visit to Elizabeth ward in October 2022.

The Trust wholeheartedly welcomes the report and appreciates the positive comments that have been conveyed to the teams regarding the commendable practices highlighted. For the majority of patients, their experience on the ward was characterized by positivity, compassion, and support. We take all the findings and recommendations seriously and have promptly initiated a thorough review, as well as implemented actions to address the raised recommendations.

We are delighted to read the favourable remarks in the report, as Elizabeth ward has consistently been recognized as an effective and engaging environment, earning positive feedback from both patients and staff members.

In our commitment to maintaining the quality of care provided on the ward, we regularly conduct patient safety and experience walkabouts. These assessments are led by matrons, senior nurses, and ADONs with the support of the Director of Nursing. Feedback is shared with each department, and if any changes to practice are deemed necessary, they are discussed with the teams and appropriate actions are developed.

Senior Nurse Maria Pitt, Clinical Lead for Cardiology Dr. Das, and Ward Manager Kauthar Mohamed will take charge of implementing all agreed-upon actions, while keeping the Division of Medicine and the Cardiology Network updated on the progress.

Should you require any additional information or clarification, please do not hesitate to reach out to us.

Yours sincerely,
Mark Elliott
Associate Director of Nursing
Whipps Cross University Hospital

Service Provider Response

Key Themes	Suggested action	Timescale	Progress
Communication and interaction between patients and staff.	<p>Improve communication with patients when involving them with decisions about their care and treatment:</p> <ul style="list-style-type: none"> • Patient to be engaged in the discussion regarding their care and treatment and also find out any worries patient may have. • During discussion with patient team to check out if patient understands and to ask patient to repeat back what has been discussed. • The discussion to be summarised and check if patient wants to add anything. • Communication with patients will be incorporated into the WXH Ward accreditation program. The Organizational and culture workshop held in July. 	<p>March 2023</p> <p>Sept 2023</p>	<p>Achieved</p>
Staffing	<p>Explore options to enable all Ward staff to access the Trusts Wellbeing service</p> <ul style="list-style-type: none"> • Staff to be encouraged to use Wellbeing Hub during their break time or when they want to be away from the ward to reflect and relax. • Staff recommend to have a TV in the quiet room as part of their wellbeing support, a place to relax when they are on their break. 	<p>July 2023</p> <p>Dec 2023</p>	<p>Achieved</p> <p>Funding identified</p>
Feedback and Complaints	<p>Provide patient information about the service, including how to complain:</p> <ul style="list-style-type: none"> • Currently there is a general ward leaflet which is being developed and discussed with the Patient Liaison team in order to have a standard patient information leaflet for all the wards. Ward to create patient Information leaflet holder with information board which will be visible for patient and family. 	<p>Sep 2023</p> <p>Jul 2023</p>	<p>Drafts agreed, work in progress to standardise for wards and source funding</p> <p>Order placed</p>
Recovery and after care	<p>Improve information on discharge processes:</p> <ul style="list-style-type: none"> • A review of the information available to patients on discharge to support them to understand who they can contact, when, why, how and what for. 	<p>Sep 2023</p>	<p>QI project and various T&F groups are in-place to support with discharge and discharge processes.</p>
	<ul style="list-style-type: none"> • Currently no System to fast track patient to GP. Only hospital follow up appointments are arranged within three months. 		<p>Healthwatch Waltham Forest to raise with GP providers and commissioners</p>



Distribution and Comment

This report is available to the general public and is shared with our statutory partners – London Borough of Waltham Forest, Waltham Forest Health and Care Partnership, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough, please contact us.



healthwatch Waltham Forest

www.healthwatchwalthamforest.co.uk
info@healthwatchwalthamforest.co.uk