

**The Princess Alexandra Hospital
NHS Trust**

Enter and View Visit Report

**Princess Alexandra Hospital
Hamstel Road, Harlow
October 2017**

Introduction

Healthwatch Hertfordshire (HwH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to ‘Enter and View’ health and social care premises to see and hear for themselves how services are provided.

HwH was asked by Professor Nancy Fontaine, Chief Nurse and Deputy Chief Executive of Princess Alexandra NHS Trust (PAHT), to be involved with their quality improvement activities and provide some independent feedback. During the first week of October, Enable East¹ was going to be conducting some mock inspections in the hospital and this provided an opportunity to combine this with HwH visits. The Trust’s Patient Panel would also be conducting visits at the same time.

Methodology

The focus for the visits, as requested by the Trust, was:

- Do staff **introduce themselves** and ask if they can help when you enter a clinical area?
- Are staff **proactive with providing information** and challenging you as a visitor?
- Is **patient information** freely and easily available?
- Do patients know their **Estimated Date of Discharge**?

Our trained volunteers (Authorised Representatives) also made observations on the following key themes:

- Welcoming
- Well organised and calm
- Caring and involving
- Safe

It should be noted that Enter and View visits are not inspections but instead offer a lay person’s perspective on service quality and provision.

Visit dates and wards were chosen by the Trust. Volunteers used checklists to record their observations and talked to patients.

¹ An independent NHS team that assists other health and social care organisations to deliver effective projects and measureable improvements.



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At the end of the visits we gave feedback to the PAHT Associate Director Patient Engagement. We also met with Enable East before the visits and shared feedback after the visits.

Wards Visited:

Penn Ward, mixed surgical ward	02 October 2017, 11.00 - 1300
Ray Ward	04 October 2017, 10.30 - 1200
Kingsmoor Ward, Emergency Assessment Unit	04 October 2017, 13.00 - 1400

Visits conducted by Healthwatch Hertfordshire Authorised Representatives:

Kumara Moorthy, Virginia Kirri- Songhurst, Jane Brown, Tom Barrasso, Sara Kent

Acknowledgements

We would like to thank the patients and families and members of staff who we spoke to whilst on the visits.

We would also like to thank Shahid Sardar (Associate Director Patient Engagement) for facilitating the visits and listening to the feedback from the HwH team.

Disclaimer

This report relates only to specific visits (points in time) and the report is not representative of all service users (only those who contributed within the restricted time available).

Summary Observations

Good Practice

We spoke to staff and patients and relatives on the three wards we visited. Patients spoke of the good care they had received from staff at all levels and how hard they worked.

When we talked to staff, it was evident how much they cared about their patients. There was a sense of pride when they could demonstrate where they had improved systems that had had a positive impact on patient care and experience.

Patient flow appeared to be well managed in Ray ward.

There is a sense that the hospital is moving in the right direction both with the care and support of patients and with the physical environment itself which is undergoing a lot of work. Staff are having to cope with considerable change but those we spoke to embraced what that might mean for improved patient outcomes.

Cleanliness throughout the hospital was noted to be very good.

Areas for improvement

The high vacancy rate for nursing staff is an area the Trust is very aware of and they have been working very hard to improve this.

Information for patients was inconsistent. Patients did not easily remember seeing or receiving the 'Welcome to the Princess Alexandra Hospital' pack. Patient information Boards could be more fully developed on the wards so that patients and relatives know where to find key information (this is important when so much change is happening).

Communication about what happens after a test, other interventions or where there are delays need to be consistent, timely and more detailed.

See also Recommendations at the end of the report.

Note:

The Response from the Princess Alexandra Hospital NHS Trust (PAHT) can be found at the end of this report.

Key observations:

1. First impressions on entering a clinical area

1.1 We mostly went unchallenged in all three wards. This could be because they were busy (no one was on Reception in Ray ward when we entered) and the positioning of the Reception desk halfway into the ward. However a number of staff did pass us without questioning who we were or if they could help us.

On Kingsmoor, when they did notice us the staff examined our identification badge (this was not done on other wards).

1.2 As soon as staff did talk to us, they were courteous and found the ward manager who then introduced us to other staff on the ward.

1.3 All staff spoken to were happy to talk about their ward, the challenges and what worked well.

1.4 The doors to Penn ward were open for the whole visit whereas they were closed on Kingsmoor and Ray.

1.5 In Penn ward it initially felt quite chaotic as the corridors were very cluttered. This was due to a refurbishment with items being moved from one place to another. We were unsure as to how long this was going on for. Staff did well to navigate around the obstructions and it was clear they were well organised despite this upheaval. However there was a patient who was trying to walk up and down the corridor who was finding it a bit of a struggle.

1.6 On Ray ward it was busy but quite a calm atmosphere.

1.7 All staff seen were wearing badges.

1.8 Both patients and volunteers remarked on the cleanliness of the wards which is an achievement given the building renovations going on all over the hospital.

2. Patient Information and Communication

2.1 We were told that patients are given a pack by the 'Journey Co-ordinator' when they arrive on the ward but patients we spoke to generally couldn't remember receiving them. The packs could be further developed to cover all the information patients need to know during their stay as the focus is on discharge and feedback only.



2.2 Posters were often placed haphazardly on walls and badly displayed (this was particularly noticeable in Kingsmoor ward). In Penn ward there was a specific Patient and Carer Board but it had nothing on it as they were in the middle of refreshing the ward.

The Health Liaison poster (for patients with a Learning Disability) was missing in Kingsmoor ward though when questioned it was evident staff knew who to contact.

2.3 White boards displaying ward information were up to date and fully completed (including the 'you said, we did' section in Ray ward) but was only partially completed in Penn ward.

2.4 There was a sign on Penn ward that informed patients that staff were using IPods and iPads to record information which was helpful.

2.5 Some communication issues were expressed by one patient around which teams worked at the weekend that had had an impact on the patient's care (the gastro team did not work weekends and no one had communicated this).

2.6 Another patient said that they had been all over the hospital and no one could agree on a treatment plan or when they would be going home.

2.7 Staff that we talked to knew about the carer benefits that were being promoted by the Trust.

2.8 On Penn ward we were told that carers can stay overnight (recliner chairs are available) dependant on space and the restrictions of the ward.

2.9 A patient's relative on Ray ward that we spoke to said they had seen significant improvements since their last visit a year ago. They were also pleased that they had been allowed to come onto the ward in the morning to support their loved one and this also gave them the opportunity to question the doctors. We also noted that the ward had responded to patient feedback about getting information from doctors by setting up an appointment system in the afternoons for relatives.

2.10 Visiting times were clearly displayed at the entrance to the wards and on Penn ward a hairdresser's details was also provided.

2.11 Staff photos were only evident on Kingsmoor ward.

2.12 The Quiet room on Penn ward just had furniture in it and no leaflets or information.

2.13 Patients can pay to watch the TV on a machine available at each bedside. One patient commented it was very expensive for a limited amount of channels.

2.14 Currently there is no WI-FI in the hospital and it is difficult to get a phone signal. We were told that there are plans to enable WI-FI for patients in the future.

2.15 The web site is also a temporary website as it is being developed and therefore available patient information in minimal.

2.16 Other than the quality indicators, NHS Choices does not appear to have been updated for some time.

3. Discharge and Patient Flow

3.1 Most patients spoken to did not know their discharge date except in the Emergency Assessment Unit (Kingsmoor) where they were more aware of where they were going to next. (Home or to another ward).

3.2 Those that were younger and more articulate were sometimes more involved with their care (in particular those receiving bowel care on Penn ward). Older patients did not feel that information had been communicated with them or said

they may have been told but they didn't remember. A patient on Penn ward said that they had seen a social worker but didn't know what had happened as a result. Some patients said they didn't want to know.

3.3 Patient flow seemed well managed on Ray ward where the red to green system² was being used proactively. The ward manager has seen the difference and that there were tangible improvements. Staff meet at 9 am rather than 11.30 am for discussions and that has contributed to the improvements. They have a Journey Co-ordinator assigned to Ray ward and the system seems well embedded. As soon as a bed is available, it is filled. They have managed to reduce the average stay on the ward to 9 days from 14/15 days.

3.4 Discharge delays had also improved for Hertfordshire patients from Ray ward. Patient transport (provided by another organisation) however was a struggle to organise particularly for Hertfordshire patients.

3.5 The red to green initiative seemed less embedded in Penn ward and the ward manager acknowledged that there was more work to be done to get this right.

3.6 Getting all staff together on Penn ward to share learning was challenging and minutes of meetings were even displayed in the staff toilets. What had had a positive effect on patient flow was having a pharmacist placed on the ward.

3.7 Discharge was often held up waiting for care packages and this wasn't just for complex cases but could be for simpler ones such as for someone with a broken leg. This obviously had an impact on bed availability.

3.8 A Patient in the Emergency Assessment Unit (EAU) told us that they had been admitted to A&E (by private transport) at 4 am. As they had a 'red card', the patient was moved to 'Majors' within 1 to 2 hours until a bed was available in the EAU which the patient got to at 4pm. The patient needs to go to Harvey ward but currently there were no beds available there. The patient had been in the EAU for 3 days at the time of our visit.

3.9 On Kingsmoor which is an emergency assessment unit, staff felt the configuration of the ward meant it was difficult to manage the needs of the patients as effectively as they would like and had organised more high risk patients close to the nursing desks as a result. They were also a long way from where patients needed their tests and as they no longer had a dedicated porter this was taking up more staff and patient time and causing more delay. The department is

² A system that helps staff and patients understand the process of treatment. Red - waiting test/investigations
Green - had the tests/investigated now waiting for results and reviewed for the next stage of treatment.

scheduled to relocate to ease these issues and staff were looking forward to planning their new ward.

4. Ward Staffing

4.1 Unprompted, patients felt there were not enough staff. They felt safe and cared for but were concerned for the staff 'who are rushed off their feet'. Sometimes this impacted on how quickly call bells were answered particularly early morning ('when everyone wants them') and at night (Penn ward).

4.2 Staff also acknowledged the difficulties of not enough staff (there was a high vacancy rate on Ray ward). The use of volunteers was evident and on Penn ward a past employee was now a volunteer.

There seemed to be less problems getting staff for Kingsmoor as it is a multi-speciality area.

We noted that there was only one permanent nurse on Ray ward on the day of our visit.

However there was a great sense of 'team' which helped staff cope. Some of the staff we spoke to had been there a number of years because they liked working at the Trust.

4.3 A member of staff spoken to on Kingsmoor ward felt that they were well supported with training. The staff member had just completed a qualification and though did not want to progress further at this time, knew there were other opportunities should they change their mind.

5. Food

5.1 There seem to be a limited choice of meals for patients. One patient said that the quality of food was good but would have liked more choice. Another remarked the food was a bit bland.

5.2 Patients said that they got what they ordered.

5.3 There did not appear to be a 'red tray system'³ in use for vulnerable patients who need extra help but we were told that the information on those patients was in the kitchen and staff were aware who needed help.

³ A red tray is used on the wards, in hospital to help staff identify which patients need extra attention when eating, or need foods that have a modified texture (such as mashed or pureed foods).

5.4 A Patient's relative we spoke to commented that the pureed foods were well done.

5.5 We observed the bell being rung on the wards for protected meal times.

The Princess Alexandra Hospital NHS
Lunch Menu - Monday

Ward: _____ Name: _____ Bed No: _____

PLEASE TICK YOUR SELECTION ✓

Please Choose one

☒ Steak & Vegetable Pie
☐ Fish in Tomato & Onion Sauce
☐ Vegetable Pasta Bake
☐ Grated Cheese & Pineapple
☐ Ham Sandwich - White
☐ Ham Sandwich - Wholemeal
☐ Egg Mayo Sandwich - White
☐ Egg Mayo Sandwich - Wholemeal

Please choose if required

☒ Gravy

Please choose two

☐ Creamed Potatoes
☒ Jacket Potatoes
☐ Cabbage
☐ Peas
☒ Side Salad

Please choose one

☐ Chocolate Cheesecake
☒ Fruit Cocktail in Natural Juice
☐ Strawberry Whirl
☐ Fresh Apple

Please choose if required

☐ Vanilla Ice Cream

Alternative Specialist Main Menu
available on request.

7. Recommendations

1. Ensure there is consistent use of the 'Journey Co-ordinator' across the wards to improve patient flow and patient understanding of their discharge date.
2. Standardise patient and carer information boards so that patients know where to find key information. When boards are 'stripped', put up a notice to say when the ward will return to normal and where else they can find information.
3. Where posters are used, ensure they are properly displayed and themed.
4. Ensure ward white boards are fully completed.
5. Update NHS Choices particularly if the web site is going to be temporary for some time.
6. Develop the food menu to provide a little more choice.
7. Ensure vulnerable patients can be more easily identified for help at meal times e.g. use of the red tray system or similar.

8. Keep patients and relatives informed of outcomes of tests or changes to their treatment during their time in hospital.
9. Remind staff to be aware of 'visitors' on the ward and to ask who they are and how they can help.
10. Develop the patient information folder and ensure packs are provided to all patients.

Response from Princess Alexandra Hospital NHS Trust

The Trust welcomes this report and thanks Kumar Moorthy, Virginia Kirri-Songhurst, Jane Brown, Tom Barrasso and Sara Kent for the time spent and your commitment to supporting improvements in the quality of care at The Princess Alexandra Hospital NHS Trust. We are very grateful to them for supporting this voluntary inspection and for providing feedback following the two visits on the 2 and 4 October to Penn, Ray and Kingsmoor Wards.

The Trust accepts the findings of the report and has not identified any changes or factual inaccuracies. We would like to highlight how we are responding to the challenges identified by the report. These are grouped under the following categories:

1. Staff engagement with patients, families and carers
2. Current Refurbishments and ward moves
3. Websites, Wi-Fi and NHS Choices
4. Nutrition and Protected Mealtimes

1. Staff engagement with patients, families and carers

The Trust recognises this as an area for improvement and so is currently running a number of programmes which address communication, leadership and quality improvement while also recognising that capacity issues have an impact on staff ability to proactively communicate.

The first element is "Talk to Me" a campaign to improve self-awareness amongst staff and the need for consistent open and honest communication. Our objective is to reach every part of the hospital with this communication skills teaching programme, so far the teaching has had excellent feedback and the responses from our ED team who received the first round of training was as follows:

* 5. Do you have any other feedback?

fantastic idea and
needs to be rolled out
everywhere asap.

Loved Estelle's story - very moving and really
hit home!
communication styles gave me more understanding
of how I and others communicate.

* 5. Do you have any other feedback?

emotional but effective

We plan to roll this out across the whole of the Trust over the next 12 months and intend for this to have a significant impact on the quality of communication between staff, patients, families and carers.

The Trust has recently launched a number of leadership programmes and has invested heavily in this area, with a new Mary Seacole Leadership Programme, Bands 1-5 Development Programme, the highest pass rate for overseas students nurses in England for OSCEs and we hope to see the fruits of this programme emerge in the coming year.

A new Staff Council, Freedom to Speak Up Guardian, Tuesday morning briefings, a weekly letter from the CEO, a new weekly briefing from comms and a weekly newsletter to all staff have added to and increased staff engagement as the new CEO is seen as accessible, honest and transparent in his approach to problems. We believe that this cultural of openness and transparency will support staff to act in the same way.

2. Current Refurbishments and ward moves

A significant number of ward and department moves were taking place at the time of the visit, which the report acknowledges. This response seeks to explain why these are taking place and how they will improve care.

Two moves relate to movement through the Emergency Department. This means that Cardiac Care Unit (CCU) on Fleming Ward has been moved to Kingsmoor Ward and so we have Kingsmoor CCU, while Fleming Ward has become a Medical

Assessment Unit to improve the pace of movement of patients from the Emergency Department, so we have Fleming Medical Assessment Unit (MAU)

The first moves were of the Orthopaedic Surgical Unit (OSU) near Family and Women's Services to Henry Moore based on the first floor (which has already moved to Gibberd, a new dementia ward) this enables the elective surgery ward to be closer to Main Theatres and reduces the likelihood of Surgical Site Infections and mishaps as it reduces the number of steps required before someone arrives and returns from theatres.

A gynae and women's surgery ward is to be established on the site of the OSU once it has moved, moving from Melvin Ward, this move is now complete. This is as the ward is closer to women's services, both in terms of the leadership team and the other people working in this field.

Then in order to support patients coming through the ED, a Surgical Assessment Unit (SAU) is to open on Melvin Ward, called Melvin SAU and GPs will be able to refer directly to this service.

Lastly, three further changes will mean we have a refreshed Paediatric Emergency Department which has also now opened in the old Emergency Assessment Unit, with a refreshed Discharge Lounge and Clinical Decision Unit (CDU) opening in a refurbished existing space.



3. Websites, Wi-Fi and NHS Choices

The current website is temporary and by the end of the year a new site will have been developed and deployed, we realise how critical this is as a source of information for patient, families and carers and this is a priority to be completed.

Wi-Fi was not in place at the time of the visit, but we are pleased to be able to report that a new system is now in place in some areas and will have been rolled out across the whole of the Trust, once again by the end of the year.

Lastly, NHS Choices, the Choices website is updated regularly apart from when the lead is out of office, which was the case for a large part of September, it is then updated and if you check now, all stories are 100% up to date and there should be no stories reported this year which show no response.

4. Nutrition and Protected Mealtimes

A specific piece of work is taking place to audit protected mealtimes and nutrition, led by the Nutrition Steering Group.

New menus are to be introduced which are disability friendly, child friendly, with an increase in choice, with a key aim to be the minimising food waste.

Additional mock inspections in the form of PLACE Lite Audits will be taking place where the Trust would welcome the involvement of Healthwatch Hertfordshire.

Conclusion

The Trust welcomes the Report and will be sharing it with the leads in each of the areas for improvement identified. In particular

1. With the Head of Complex Discharge regarding the use of Patient Journey Coordinators.
2. Emphasise the importance to ward leaders of patient information on boards and on walls being standardised, consistent and regularly updated.
3. Make changes based on the findings of the inspection to protected mealtimes in particular, and in general to the catering service for both patients and staff, with a deadline of completion by the end of March 2018.