Milton Keynes University Hospital NHS Foundation Trust

Enter and View

Review of Staff/ Patient Communication

Ward 17 and 18

September 2017

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1 Introduction

1.1 Details of the visit

Details of visit: Wards 17 and 18	
Service Provider	Milton Keynes University Hospital NHS Foundation Trust
Date visit carried out	4 & 5 September 2017
Authorised Representatives	Tracy Keech and Hazel Reynolds
Contact details	01908 698800

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Milton Keynes University Hospital NHS Foundation Trust (MKUHFT), service users, visitors and staff for their contribution to the launch of our 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

2 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 have 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.

2.1 Purpose of Visit

The purpose of this Enter and View programme was to engage with patients, or their relatives and carers, to find out how they felt about the level and effectiveness of communications between the staff and themselves.

2.2 Strategic drivers

Healthwatch Milton Keynes, as part of a thematic review of the level of information that is given to patients about their treatment and discharge services, intend to gather data and experiences to improve processes and report how patients feel about the information they are given and how it is provided.

These visits have been carried out in response to the Red 2 Green initiative that Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) are implementing across the hospital. The aim of Red 2 Green is to ensure that each day of a patient's stay in hospital is adding value to their diagnosis and/ or treatment and is reducing unnecessary time spent in hospital. A big part of the initiative is focused on making sure that patients have a clear understanding of what is happening to them each day and what needs to happen before they can be discharged.

2.3 Methodology

Healthwatch Milton Keynes Authorised Representatives met with the Patient Experience & Engagement Manager, and most of the Ward Matrons, to outline the project and gather the staff views on the Enter and View programme.

It was agreed that Healthwatch would begin the review in Wards 17 (Cardiology) and 18 (Frail Elderly), as Ward 17 had not started using Red 2 Green at the time of the visit, and Ward 18 was the first Ward the initiative was rolled out in. It was felt that this would give a good comparative view of what worked well and where improvements might be made.

We agreed the dates and timings so that we were able to conduct the visits with minimal disruption to the patients and staff. Healthwatch Milton Keynes provided bedside leaflets that the hospital staff delivered prior to the visit to explain who we were, what Enter and View was, and the specific purpose of these visits. The leaflet made it clear that patients did not have to speak with us if they preferred not to, but also gave our contact details should they, or their family or carer, wish to speak to us outside of the visit. A copy of the pamphlet is included in the appendices.

At the beginning of the visit the Healthwatch Authorised Representatives made themselves known to the most senior staff member on duty in each ward, and provided them with a letter confirming the purpose of the visit. At this time, we talked to the senior staff member about the patients on their ward. This meant that we were fully briefed on which patients it would be inappropriate to disturb because of the nature of their condition. In total there were ten patients on ward 17 and Seven patients on ward 18 who were identified by the staff as being clinically appropriate for Healthwatch to engage with.

The Authorised Representatives approached each of these patients with an introduction and gained their consent to interview them. All of the patients, or their relatives or carers, had seen the bedside leaflet and were happy to share their experience with us. The carer of one patient on Ward 18 spoke to us about the experience of the patient, the carer, and the family of the patient in relation to their experience of communication and subsequent outcomes. This information has not been included in the data for this report but has been passed, with consent from the carer, to the Patient Experience & Engagement Manager.

The Enter and View team had designed a set of prompts to encourage the patient to talk about what they knew about their treatment, who gave them the information, and how they felt about the information given. The Authorised Representatives wrote extensive notes during the conversation and then transcribed them later for analysis. A copy of the prompts is included in the appendices.

After the visit, the lead Authorised Representative had a brief discussion about the findings with the Patient Experience & Engagement Manager. An appointment was made to meet with the Director of Patient Care and Chief Nurse to discuss the findings and allow the hospital to check for accuracy and to provide a response to the report and to the recommendations made in it.

Summary of findings

- Information provision is not proactive but is available when staff are asked
- Patients would like a more structured and consistent provision of information
- There is a general lack of clarity on specific dates for procedures or discharge and what may affect these
- Effective communication raises levels of satisfaction in the overall patient experience. This was evidenced in the comments from patients who felt the communication between the hospital and themselves was very good, who reported higher levels of satisfaction and confidence in their treatment.

Recommendations

We asked the patients "If you could make one change to how you are given information, or what kind of information you are given, what would it be? Our recommendations are based on the responses received from patients, and from observations made during the visits:

- If conversations about the patient are taking place around the bed, the patient should be included in the discussion. “They need to stop talking ‘Doctor’ and start talking ‘patient’ – I’m still in the bed, I can still hear you”
- Patients would find it helpful to have a 'Welcome Pack' which contains the usual information given to patients on admission but also a more personalized 'This is our plan for you’ type document which invites some level of patient participation
- Providing a written discharge plan that tells the patient what to expect physically and mentally in the first days and weeks at home, and who to contact if things are not as they should be, would ease concerns for both the patient and their family or carers
- We suggest using whiteboards at each bed to write down what test/ procedure is going to happen that day, with an approximate time if possible to allow patients, families, and staff to be able to keep track of what is happening
- Ensure that all staff, including agency staff, are well versed in the Hospital’s Equality and Diversity policies so they understand the importance of making themselves aware of a patient’s cultural or religious needs and that these needs are met wherever possible

Results of visit

Ward 17

Seven of the ten patients interviewed in Ward 17 were unclear on what treatment they were receiving that day or felt they were receiving enough information about their treatment.

60% of patients knew when they were likely to be discharged with another 40% reporting that they did not know what needed to happen to get home.

About half of the patients spoken to had a clear or broad idea of what was planned but, amongst the negative comments there was a general lack of clarity on specific dates and dependencies.

On balance, the 24 positive comments regarding information about treatment far outweighed the 8 negative ones. The theme of these comments was that, while the provision of information is not proactive, it is available when staff are asked for it.

Most patients would like to see a more structured and consistent provision of information, e.g. Written plans.

What arrangements have been made for discharge?

When asked about what arrangements would be in place when they were discharged, the general theme of the comments from patients was that they had family at home so didn't need a discharge plan, with two people confident that the hospital would be setting up their discharge with their GP so they did not need to worry about it. It was unclear whether these were assumptions made by the patients or whether these plans had been discussed with them by hospital staff.

One relative who was spoken to thought it would be good for hospitals to provide patients with some written information about what to expect physically and mentally when they got home. She gave the example 'expect to be tired for two weeks and, try to incorporate some light exercise after that period', as her mother found she was very tired after she had a stent fitted (on a previous occasion) and was not sure whether that was to be expected or not.

General comments and observations:

Although there were two comments made about noise from visitors at night, the staff had been made aware at the time and had taken care of it. For those patients who reported finding it difficult to sleep at night due to noise, we confirmed ear plugs are available and suggest that night staff could offer them more freely to patients. All of the patients spoken to had high praise for the staff, with mention of the care and dedication provided, especially when they are working in such a busy environment. One patient felt it would be good to have extra staff to help

take the pressure off as he felt the nurses and health care assistants were very busy.

On our arrival, the Senior Ward staff advised the Authorised Representatives of the condition of each patient on the ward, including which patients it would be inappropriate to speak to due to the seriousness of their condition. The ward staff were observed interacting well with patients, with light hearted banter and friendly conversation in most verbal interactions. The nursing staff were seen to treat the patients with respect and dignity, for example, rearranging a hospital garment that had slipped down off the patient's chest, asking the patient permission to help hold a cup when encouraging them to drink.

The majority of patients in Ward 17 reported feeling that they received a lot of information when they were first admitted and, while a couple commented that this tapered off the longer they were in the ward, they all felt they could ask the staff if they needed any more information.

Ward 18

How informed do patients feel?

Out of the six people whose interview data has been included in this report, three patients were unclear on the plans for their treatment, did not feel they were given enough information, or knew what needed to be achieved before they could be discharged.

One patient, who was younger than the other patients in Ward 18 and had been admitted to resolve medication issues for a long term condition, had an idea of when they would be discharged. This patient, and the relative of one other patient, said that they felt that they had been given enough information about the discharge plans. These two people also said that they were informed each day about what would be happening. However, the relative said that it would be helpful if staff could provide approximate times of when things were likely to happen, as this would allow carers and relatives to go for a walk or take a break from the ward. The relative explained that the patient would get distressed if taken for a test or procedure if the relative was not there to be told where the patient was going.

On balance, the 15 positive comments and observations weighted against the 21 negative comments reflected a poorer patient experience overall on this ward. The theme of these comments was a lack of communication from staff in general.

What arrangements have been made for discharge?

From the conversations we had with patients it became clear that patients were not being given information about the plans for their care once they were discharged, but neither were they actively asking for it. In a ward with a lot of frail elderly patients, these issues may be inevitable because of the complexities around their conditions and the difficulty in establishing a clear clinical pathway to discharge.

One patient told us that she would rely on neighbours supporting her at home and said that she has no idea about her discharge and had not spoken to hospital staff about it. Another patient expressed concern that, while she lived in sheltered housing with daytime staff, there had been no discussion with anyone about what to do if she needed a higher level of support.

We were told by one relative that the patient may be discharged in the next 2-3 days and that hospital staff had said that the patient would have carers in the mornings. The hospital staff have assured the relative that the care was in place but the relative has spoken to the council who have said they have no capacity and that they have told the hospital this.

The responses from patients show that hospital staff to need to initiate communication about discharge plans as, for the majority of patients, there was a high level of uncertainty and ambiguity about what was going to happen that day, or what was needed to happen for them to get home.

General comments and observations:

The Senior Ward Staff member was engaged in a number of tasks when we arrived on the ward and took a less personal approach to the patients when advising on which patients it would be appropriate for us to speak to. An Occupational Therapy Assistant was in one of the bays playing music and engaging the patients in choosing songs to play, encouraging them to sing along and move with the music. Those patients were all smiling, some were suggesting songs, and they were all moving to the music.

Two thirds of the people we spoke to felt that the ward was short staffed and commented that it was worse at night. During our visits, we observed that it was a very busy ward but that there was very little patient interaction. The lack of personalised care is likely to have an impact on the communication between staff and patients.

One relative told us that she didn't doubt that the staff were very dedicated, but that communication between shifts seemed to be poor, or else staff weren't reading notes. She told us that she felt it was “a constant battle chasing things up all the time”.

Additional findings

Wards 17 and 18

One family member told us that she was staying on Ward 18 twenty four hours a day and felt that the staff saw her as a nuisance. She said that nurses don't recognise the family is taking a huge load off the nurses, and felt it was not appreciated. She told us "I am cleaning my mother and washing her. They are treating all the patients as if they are the same. I have to wash my mother after toileting because she is Muslim and wants to pray. They just give a little wipe and she can't pray".

A patient on Ward 17 was dressed and waiting for AgeUK to take him home. His discharge medications had been delivered, and then locked into his bedside unit. As he had been waiting for some time, the Authorised representative spoke with the AgeUK staff based at the hospital entrance. The AgeUK staff were unaware that he was waiting on the ward and would have expected him to be in the discharge lounge.

On Ward 17, where people are admitted for a specific condition that generally has a defined pathway for diagnosis and treatment, patients experienced a much higher level of communication about what tests and procedures would be carried out, and a higher level of satisfaction with the hospital experience overall.

On Ward 18, the conditions presented by patients are varied, may need more time to diagnose and can be quite complex. The lack of a defined clinical pathway may make it difficult to have discussions with patients about a discharge date, but patients or carers should still be aware of what their next steps are.

It was observed by the Authorised Representatives that the frail elderly patients seemed quite content to be in hospital, generally very accepting of their situation and aware of the risk of further falls on returning home. This is representative of the generational 'don't like to complain' mentality and also of the difficulties of discharging frail elderly people back into their homes without checking on whether or not they will be safe there.

Service provider response

Milton Keynes University NHS Foundation Trust welcomed this Enter and View visit for two of our inpatient medical wards, Ward 17 Cardiology and Ward 18 Medical Frail Elderly by the Health watch Milton Keynes team.

MKUH is a 400 bedded teaching hospital that provides a full range of acute services to the people of Milton Keynes and surrounding areas. Our vision is to be the healthcare provider of choice for the people of Milton Keynes and we aim to deliver the right treatment, in the right place at the right time. In 2016 the Trust was award a 'good' rating from the Care Quality Commission, the independent regulator of health and social care in England.

This report has provided MKUH with the opportunity for real time feedback from our patients and their views and opinions on our new initiative Red2Green. The report has acknowledged the areas that work well and identifies areas for improvement going forward for patients, families and carers.

Red2Green is a national initiative designed by NHS England's Urgent and Emergency Care Intensive Support Team (ECIST). The Red2Green model aims to reduce delays and makes sure our patients know the answers to key questions about their care. The initiative helps turn patients from 'red days' into value-adding 'green days' which help to facilitate a safe discharge from hospital.

At MKUH Red2Green was launched in April 2017 on two pilot wards to assess the impact and change required to deliver the initiative before rolling out a programme across the Trust. The project plan was to embed the principles with staff and progress to involve the patients and their families once established. Feedback from your visit has highlighted the importance of engaging patients from the commencement of the initiative on the wards.

Following the successful pilot of the Red2Green initiative the project was rolled out across the organisation. At the time of the Healthwatch visit Ward 17 had been in its infancy of implementing the Red2Green having commenced the initiative at the end of August 2017.

We have used the valuable feedback from this report to inform the future roll out of the programme and have developed communication aids for patients to be empowered to ask specific questions(Illustration attached)

Ward 18 started as a winter escalation ward and currently is in the process of becoming a male frailty elderly ward with 28 beds. They are a relatively new team who are becoming more established and cohesive under the leadership of a Senior Sister who has just recently returned from maternity leave. Also, there have also been recent appointments of two Geriatrician Consultants who will be providing medical leadership for the ward.

The ward model of care is being based on Ward 3 which is one of our established elderly care wards and a rotation of Health Care Assistants from Ward 3 to Ward 18 has now commenced to develop the new team and drive high standards of care delivery through role modelling and training.

The Chief Nurse is focused on raising the profile and delivery of care for our frail and elderly patients and to this end has increased the senior nursing team numbers to support the Senior Sister to provide focused leadership for ward 18.

Following the Healthwatch visit feedback has been given to both Ward 17 and Ward 18 .Ward 18 have subsequently undertaken a Patient Experience Review Meeting which was led by the Complaints/PALS Lead and the Patient Experience Manager. The review meeting triangulates all forms of feedback that the Trust receives from patients and identifies themes and concerns. An action plan is then developed and agreed by the Matron responsible for that area and will be monitored and reviewed regularly.

For Ward 18 their actions are as follows:

- Include patients and families in Red2Green initiative
- Reenergise the practice of ‘ Hello my name is ‘
- Senior Sister Rounds to be introduced daily
- ‘Meet and greet’ sessions during the week for families to ask questions or raise concerns
- Introduction of a Ward Information Slip that informs patients and families who is the senior team on the ward and contact details

Ward 17 have a meeting booked for October 2017 and will use the feedback from this Healthwatch report to inform and support further improvements in communication and collaboration with their patients and families.

As an organisation we absolutely acknowledge that communication is a fundamental part of the care delivery we provide patients and families and will continually to strive for improvements in this area.