# Healthwatch Tameside

# Report of
# Enter & View visits undertaken at
# Tameside Hospital NHS Foundation Trust in December 2014

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Healthwatch Tameside, 95-97 Penny Meadow, Ashton-under-Lyne, OL6 6EP

www.healthwatchtameside.co.uk @HealthwatchTame

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# 1. Executive Summary

## 1.1 Background, purpose and methodology

These Enter & View visits were undertaken by Healthwatch Tameside with the full support and co-operation of Tameside Hospital and other partners. The purpose of the visits was to help Healthwatch to form a view about how the hospital's improvement plans had affected patients' experiences of their care.

The visits were undertaken by trained Healthwatch staff and volunteers during the period of a week in December 2014. Standard questions and observations were used by all staff and volunteers and the records of these were analysed and interpreted by staff in preparing this report.

This report incorporates the output from 96 interviews with patients and/or their families as well as observations made in seven wards/areas in the hospital.

## 1.2 Key questions

These Enter & View visits were designed to answer a few key questions. In effect these were:

- How effective is the communication between hospital staff and patients/their relatives?
- Do patients/relatives feel they are being well cared for?
- Do patients have access to effective medication when they are in pain?
- Do patients get the right personal care at the right time?
- If a patient has a fall, is this dealt with appropriately?
- Did the areas we visited appear to be clean and well run?
- How do patients feel about the care they receive in the newly established Ambulatory Care Unit (an area where patients can walk in, receive treatment or tests without the need for an overnight stay)?

## 1.3 Summary findings

Communication

- Most communication between patients, relatives and hospital staff seems to be effective.
- People who had more complex communication needs (e.g. sensory impairment or needing language interpreters) gave us more examples of difficulties with communication than other patients did.
- Information provision could be more uniform across wards especially PALS and complaints information.

Feeling Cared For

- Many patients (but not all) knew which member of staff was responsible for their care and said that they saw this person regularly or when they needed their help.
- Many patients said that staff appeared to be very busy, and therefore they didn't always ask for help.
- Not all patients and their families knew who their lead nurse was.

Access to Pain Relief

- Most people who asked for pain relief got it, and felt it was effective, although there were sometimes delays.
- Some patients on high levels of pain medication before being admitted did not feel the pain relief offered in hospital was effective.
- Not all patients asked for pain relief when they needed it, because they thought staff were too busy.

Getting the Right Personal Care at the Right Time

- Many patients said they felt staff were over-stretched.
- Most patients felt staff were giving the best care they could.
- Most patients got help at mealtimes, if needed, although there were a couple of exceptions.
- Most patients got the help they needed with bathing/toileting, etc. Sometimes this did not meet their expectations (e.g. frequency of having a shower) but they did not always ask for more.
- We feel that sometimes there is a difference between what patients and families expect and what the hospital is able to provide. We think better two-way communication could improve this.
- A few patients felt they had to wait too long for help with toileting.

Falls

- Only a small number of patients we spoke to had fallen whilst in hospital.
- A few patients who had fallen or had a near miss felt this had not been dealt with in a satisfactory way. Some families were not happy with communication about falls.

Cleanliness and Management

- On the whole, the areas we visited looked clean and free from major hazards.
- Information about the wards' performance was displayed and accessible to patients and their families.
- Our Enter & View volunteers said staff were all welcoming and happy for Healthwatch to be there.
- We were pleased to see incident reporting and safeguarding information (for staff) prominently displayed on many wards.

Ambulatory Care Unit

- The Ambulatory Care Unit looked to be well organised with satisfied patients when we visited it mid week. When we visited it on a Saturday a number of patients were frustrated because they had come in for a specific

procedure but had been told that the relevant clinician was not available – despite the fact that they had an appointment.

- Although patients on the Ambulatory Care Unit had clearly been offered hot drinks we could not see a way for them to help themselves to a glass of water if they were thirsty. Patients in this area said they had been offered food at meal times.

## 1.4 Our recommendations

Within the context of both local and national challenges to health and social care services and service providers, we make the following recommendations:

1. The hospital should build on their improved communication between staff, patients and their relatives, paying particular attention to:
    a. ensuring that patients and their relatives know that it's OK to ask for help even when nursing staff appear to be very busy;
    b. providing timely access to communication support for people who are deaf, blind or need language interpreters;
    c. enabling families who are only able to visit patients in the evening to have access to doctors so they can discuss their relative's care; and
    d. ensuring that patients understand what to expect in terms of access to (and support with) bathing and showering.
2. The hospital should continue to review nurse to patient ratios, taking into account the differing needs of different patients. Although there are no nationally required standards for these, there is national guidance and the hospital has struggled to reach these levels in the past.
3. Nursing staff should be encouraged and enabled to build on the pro-active support they give to patients. This should particularly focus on ensuring patients get the pain relief they need and help with eating and toileting.
4. The hospital should ensure that information about how to raise a concern, complaint or compliment and how to contact PALS is available equally across all areas and wards. Ideally this should be in a place that patients who are able to get out of bed can access easily whilst on their ward.
5. Where there is variation between wards in the ways that they operate, the hospital should assure itself that this variation is based on patient need and that it is still able to deliver equity of outcome (in terms of safety, clinical quality and patient experience) for patients and their families.
6. The hospital should continue to monitor, review and improve falls risk assessments and the systems it has in place when patients do fall or have a 'near miss'. These should particularly focus on ensuring that they recognise every time a patient falls, that appropriate medical checks are undertaken following a fall and that relatives are informed in a timely way.
7. The hospital should review the planning and deployment of clinical staff in the Ambulatory Care Unit. This should pay particular attention to

meeting the needs of patients who have appointments for planned interventions in the unit at weekends.

8. The hospital should consider whether it can make any additional improvements based on the contents of this report.
9. Tameside & Glossop Clinical Commissioning Group (CCG) should review its commissioning and contract management arrangements for the hospital to ensure that they are funding these services to a level and in a way that best meets the needs of the local population.

Healthwatch Tameside would welcome an opportunity to work with the hospital and the CCG in implementing these recommendations and would value feedback on a quarterly basis in terms of any actions taken. We would also welcome an opportunity to discuss this report with leaders at all levels within the hospital and other relevant partners.

# 2. Background Information

## 2.1 Background and Purpose

Tameside Hospital NHS Foundation Trust has been under significant scrutiny for a number of years. This has included activities by the Care Quality Commission, Tameside Local Involvement Network (LINk), Monitor, Tameside & Glossop Clinical Commissioning Group and other interested parties.

The Trust is one of the so called 'Keogh Trusts' and was included in the review undertaken by Sir Bruce Keogh and his team in 2013. It is currently in what Monitor (the regulator of Foundation Trusts) calls Special Measures and there is regular external oversight of the improvement plans the hospital has developed.

Healthwatch Tameside was established as a result of the Health and Care Act 2012. It has a statutory function as the local consumer champion for health and care services. The Act provides a duty for Healthwatch to act as a representative of the local community and provides some powers to help with this.

When Healthwatch Tameside was formed in April 2013 our Board took a conscious decision to work with the hospital to help them to understand how they could improve patient experiences. We have been involved in this in a number of ways including sitting on their Patient Experience Group as well as meeting regularly to discuss topics of interest with the Hospital's Chief Executive and senior officers.

The purpose of these Enter & View visits undertaken by Healthwatch Tameside was to gain an independent view of the experiences of patients in the hospital. Healthwatch was particularly keen to understand how the improvement plans the hospital had put in place translated into patients' feelings about their care.

## 2.2 Methodology

Enter & View is one of the statutory powers given to Healthwatch under the Health and Care Act 2012. It enables local Healthwatch organisations to enter places where NHS funded services (and local authority social care funded services) are provided. Healthwatch representatives are able to observe the way that care is provided and often may also talk to patients, service users and their carers.

It is important to note the Enter & View visits are not formal inspections. They are simply a way to help Healthwatch, the care provider and the commissioner of a service (the organisation that pays for it) to get a better understanding of people's experiences.

Healthwatch Tameside did not need to use its statutory power for these visits. They were undertaken with the full co-operation and support of the Hospital. We used the Enter & View process as a way to ensure that there was a structure to our visits. Any use of the phrase 'Enter & View' in this report should be seen in this context of collaboration.

Healthwatch Tameside appointed six Enter & View volunteers through an open recruitment process. These volunteers were then trained and vetted (it is a legal requirement to use the Disclosure and Barring Scheme as part of recruitment to these roles) prior to undertaking the visits. Members of the Healthwatch staff team were also vetted and trained. A staff member led each Enter & View visit.

Six Enter & View visits were made to the hospital between 4 December and 10 December 2014. It must be recognised that this was an extremely busy period for hospitals across Greater Manchester and coincided with reports of record numbers of emergency ambulance dispatches by the North West Ambulance Service. In total we spoke to 96 patients and/or their relatives on eight different wards in the hospital.

Where we use the word 'patient' in this report, this includes relatives and carers who we spoke to.

We invited Tameside Hospital NHS Foundation Trust and Tameside & Glossop Clinical Commissioning Group to respond to our draft report. Their responses are printed in section 5 below.

### 2.3 Key Questions

These Enter & View visits were designed to answer a few key questions. In effect these were:

- How effective is the communication between hospital staff and patients/their relatives?
- Do patients/relatives feel they are being well cared for?
- Do patients have access to effective medication when they are in pain?
- Do patients get the right personal care at the right time?
- If a patient has a fall, is this dealt with appropriately?
- Did the areas we visited appear to be clean and well run?
- How do patients feel about the care they receive in the newly established Ambulatory Care Unit (an area where patients can walk in, receive treatment or tests without the need for an overnight stay)?

Part 3 of this report addresses these overall questions as well as looking at some of the more detailed questions and observations that aimed to answer these.

Some of the questions we asked were based on previous reports about care at the hospital.

### 2.4 Acknowledgements

The Board of Healthwatch Tameside thank the following people for their assistance and support in undertaking these Enter & View activities:

- The Healthwatch Tameside staff team
- Healthwatch Tameside's Enter & View volunteers
- Karen James and her senior managers at Tameside Hospital
- All the Tameside Hospital staff our volunteers encountered during the course of the visits
- Nikki Leach at Tameside & Glossop Clinical Commissioning Group

### 2.5 Disclaimer

Please note that this report relates to findings observed during the period set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what we observed and were told at the time.

# 3. What we found

## 3.1 Findings by Topic

### 3.1.1 How effective is the communication between hospital staff and patients/their relatives?

***We asked 'Have staff talked to you about why you are in hospital, and about your care in a way you understand?***

> *'They have done a lot of tests (which surprised me) and have explained what is happening.'*

Most patients are happy with the explanations they have been given regarding the reason for being in hospital and the medication/treatment they are receiving, although not all. There were some people in MAAU (the Medical Assessment & Admissions Unit) and the ambulatory care unit who felt less informed, although a few were still waiting for tests and/or results.

There were a few patients where communication was difficult, because they were blind, deaf or where they did not speak English as a first language. We spoke to the families of these patients, who said that their relatives felt isolated. One of them said they felt the location of the bed made a difference to the amount of attention and stimulation the patient received.

> *'Doctor and staff did not know what to do or what was going on. No-one can do ultra-sound until Monday.'*

We were told by a few patients that if they are admitted at the weekend, they cannot always see a specialist until Monday.

They also said that there can be delays waiting for various tests at weekend, with scans not being available until Monday. This was mentioned by a few people in MAAU and the ambulatory care unit.

***We asked 'Do you feel you have been listened to by hospital staff and your views taken into account?'***

> *'I have had all the information I need. My daughters have had the opportunity to talk to the doctor. They fired lots of questions at him and he answered them all.'*

Most of the patients we spoke to felt they were listened to most of the time, although there was at least one person on each of the wards we visited who felt this was not the case.

Some of the patients said that if their relatives could only visit in the evening, then it wasn't easy to speak to doctors/consultants.

***We asked 'Do you know how to raise a concern or complaint if you're unhappy with your care?'***

Of the wards we visited, only the patients interviewed on ward 42 all knew how to make a complaint, if they needed to. On the other wards, there were a few patients on each ward who did not know.

The majority of patients who did not know how to complain had been in the hospital for less than one week. The longer a patient is in hospital, the more they know about who to speak to.

***We looked to see if information about visiting was clearly displayed in each ward we visited***. Visiting information was displayed for every ward we visited – however for the Trauma ward it was displayed in the corridor some distance from the nursing station and patient areas so could easily be overlooked.

***We looked at leaflet racks on the wards. This included looking for information about how to raise a complaint or concern.*** We were able to locate a leaflet rack on most wards apart from MAAU. Most leaflet racks were well stocked – the one on Ward 42 was noted as being well organised but the one on Ward 30 was described by our observer as 'chaotic'. We were surprised that there seemed to be few stroke-related leaflets in the rack on ward 5.

Information about PALS and complaints was variable. We didn't see any information at all about these on Wards 30, 31 or 45. On MAAU the information was displayed on a poster outside the ward's security doors and was therefore inaccessible to any patients who may be able to walk. Other wards had some information about this on display in areas accessible to patients.

Our Summary

- Most communication between patients, relatives and hospital staff seems to be effective.
- People who had more complex communication needs (e.g. sensory impairment or needing language interpreters) gave us more examples of difficulties with communication than other patients did.
- Information provision could be more uniform across wards especially PALS and complaints information.

### 3.1.2 Do patients/relatives feel they are being well cared for?

***We asked 'How often do you speak to or get help from nursing staff?'***

*'They are always bobbing in and out.'*

The frequency patients are spoken to by staff varies widely, in the opinion of the patients we spoke to. Some said they saw staff 'all the time', some said they saw staff 'frequently' or 'regularly', some saw staff 'when needed', and a few said they did not see staff very often.

*'Not enough – just left waiting for test.'*

***We asked 'Did the nurse leading your care right now introduce themselves when they started their shift today?'***

Just over half of the patients we spoke to definitely knew who their lead nurse was each day. Others said they didn't know at all, only knew on some days or weren't sure.

***We looked to see if a patient's lead nurse was written on the board next to their bed***. The only ward where we saw this for all patients was the Trauma ward. For visiting relatives we think it is as important to know the name of the lead nurse

as well as the lead doctor. For many patients the doctor was written on the board by their bed but not the nurse.

***We looked at 'Friends and Family Test' results displayed on the ward.***

These were seen on all of the wards visited, apart from wards 45 and 46. However, they could not be seen from the female side of MAAU, as they were on the male side, on the other side of the security doors.

***We checked to see whether patients were dressed in a way that preserved their dignity***. We noted three instances where patients' dignity was not preserved. These are detailed in section 3.2 below (Wards 30, 45 & 46).

Our Summary

- Many patients (but not all) knew which member of staff was responsible for their care and said that they saw this person regularly or when they needed their help.
- Many patients said that staff appeared to be very busy, and therefore they didn't always ask for help.
- Not all patients and their families knew who their lead nurse was.

### 3.1.3 Do patients have access to effective medication when they are in pain?

***We asked 'Have you been in pain? If so, how well was it controlled?'***

Most patients who experience pain said that they generally find the pain relief offered is effective, but not all.

Some patients said there have been issues getting pain relief at the correct level, but these have generally been resolved.

> *'Pain control was too strong at first, but happy with pain control now.'*

One patient said they were in excessive pain on admission to MAAU, but were unable to get morphine for 12 hours, as it was weekend, and there was no doctor available.

According to some patients, they do not ask for pain relief when they need it. These patients said they sometimes assume that the staff will know when pain relief is needed, or they said they do not want to be a nuisance when staff are obviously busy.

One patient was not able to say how she felt, however relatives said staff had thought she was in pain so had given pain relief. The family had not realised themselves that she was in pain.

A few patients on high levels of pain medication before going into hospital, told us that they find the levels of medication given in hospital are less than they are used to, so consider it to be non-effective.

One patient was already receiving morphine prior to admission – on one day it was forgotten, and the patient told us they were in pain, and felt like they were getting withdrawal symptoms. They said it took an hour to get it prescribed, but there have not been any problems since.

Our Summary

- Most people who asked for pain relief got it, and felt it was effective, although there were sometimes delays.
- Some patients on high levels of pain medication before being admitted did not feel the pain relief offered in hospital was effective.
- Not all patients asked for pain relief when they needed it, because they thought staff were too busy.

### 3.1.4 Do patients get the right personal care at the right time?

***We asked 'Do you feel that the nursing staff always have time to give you the help you need?'***

From all the discussions we had with patients, the general feeling is that most nurses do everything they can for patients, but they are extremely busy. There can be delays, or requests are occasionally forgotten.

*'Get what I need but short-staffed - others in this bay need much more attention.'*

Healthwatch Tameside observed one patient being looked after by his wife on ward 45. Staff were seen to be very busy on this ward.

***We asked 'Do you get help at meal times if you need it?'***

Many patients told us that they do not need help at mealtimes. Of those that said they do need help, some said they receive all the help they need, some receive limited help and one said they don't get any help. A couple of patients' relatives said they have found their relative with cold food uneaten in front of them when they have arrived at visiting time. Some families told us they were not aware they can help out with feeding.

We did not see any information displayed on Wards 5, 30 or 45 about relatives being able to help during meal times if their family member needed assistance or encouragement. This information was displayed on other wards we visited.

***We looked to see whether patients had drinking water by their beds***. It appeared that patients on all wards we visited had water at their bedsides if appropriate (e.g. not people who were 'nil by mouth' or on thickened fluids only). We were concerned that there didn't seem to be ready access to drinking water on the Ambulatory Care Unit but on both of our visits to this area patients had cups of tea etc.

***We asked 'Do you think that your washing and personal hygiene needs are met adequately?'***

Most patients told us they were happy with personal hygiene – they can either look after themselves, or receive assistance when needed and wipes are provided. There are some exceptions, where patients have not had a shower or bath for two weeks.

*'I have a bath and staff do it for me. They are very helpful.'*

No patients or their families raised any concerns in terms of being able to wash hands after toileting or immediately before eating.

A few patients said they occasionally have to wait longer than they would like for help with toileting. One person fell whilst going to the toilet, because they did not want to wet the bed.

***We observed whether or not we saw evidence of soiled clothing or bedding***. We only saw one instance of this which was on Ward 46. A male patient's shirt was stained with something that looked like blood. We were not aware of how this happened but the patient seemed articulate and able to meet his personal care needs (with his wife's help – and she was present).

***We looked at the information about staffing levels displayed on the ward***. We observed how many staff were actually on the ward and how this related to the displayed information.

On the whole, the staffing we observed looked to be at the level displayed. Exceptions to this were:

Ward 30 – we saw fewer staff than indicated

Ward 46 – the display showed actual staffing level as lower than planned

Ward 5 – the board was dated for a day the previous week

Our Summary

- Many patients said they felt staff were over-stretched.
- Most patients felt staff were giving the best care they could.
- Most patients got help at mealtimes, if needed, although there were a couple of exceptions.
- Most patients got the help they needed with bathing/toileting, etc. Sometimes this did not meet their expectations (e.g. frequency of having a shower) but they did not always ask for more.
- We feel that sometimes there is a difference between what patients and families expect and what the hospital is able to provide. We think better two-way communication could improve this.
- A few patients felt they had to wait too long for help with toileting.

### 3.1.5 If a patient has a fall, is this dealt with appropriately?

***We asked 'Have you fallen while you were in hospital?'***

Patients and relatives told us of a small number of instances of patients having fallen. On a couple of these occasions we were told that the patient was checked by a doctor and the family informed – they were happy with the way the matter was dealt with.

> *'I panicked – I did not want to wet the bed. Had a good check over and they rang the family.'*

We were told one patient fell out of bed during changeover of nurses. There appears to have been confusion and the family apparently were not told, and when they found out later, they had to ask for a doctor to be called to check the patient.

Another family said a patient was almost dropped whilst being taken for a scan. Her arm 'was a mess' according to the family, who had to ask what had happened.

One patient on ward 42 said they had fallen three times and managed to pick themselves up. The patient seemed confused and we were not able to determine whether they had told staff about the falls.

A few patients were in hospital as the result of a fall at home. They said staff helped them to reduce the risk of them falling again.

***We noted the information on the 'Harm Free Care' displays*** on the wards we visited. Falls had been recorded and reported in this data.

Our Summary

- Only a small number of patients we spoke to had fallen whilst in hospital.
- A few patients who had fallen or had a near miss felt this had not been dealt with in a satisfactory way. Some families were not happy with communication about falls.

**3.1.6 Did the areas we visited appear to be clean and well run?**

***We checked whether the dispensers for hand sanitising gel were functioning correctly***. On every area we visited the hand gel dispensers we tested functioned correctly and were easily located.

***We observed nurses cleaning their hands appropriately between patients on wards***. On no ward did we see any staff going from patient to patient without washing hands or using the gel.

***We observed whether the wards we visited generally looked clean***. Our view was that they generally were clean but that Wards 42 and 45 were quite cluttered.

***We particularly observed whether the toilets and bathrooms in the areas we visited looked clean***. Again we had no significant concerns about the cleanliness of toilets. However we noted that one toilet (door ref C29) on Ward 46 had some sealant coming away between the wall and floor. One toilet smelled of urine on Ward 31. One waste bin had a lid that would not close on MAAU (female side CF46).

***We observed whether the ward looked generally safe***. Whilst we felt that every ward looked generally safe our observers noted there was a lot of equipment on the wards in the Ladysmith Building.

***We noted the information on the 'Harm Free Care' displays*** on the wards we visited. All the wards had information displayed, dated October, November or December 2014. However, this could not be seen from the female side of MAAU, as the poster was on the male side, on the other side of the security doors.

***We checked to see if any medication had been left on patients' tables/bedside cabinets***. We saw no medication left unattended during our visits.

Our Summary

- On the whole, the areas we visited looked clean and free from major hazards.
- Information about the wards' performance was displayed and accessible to patients and their families.

### 3.1.7 Other topics

***We asked 'Is there anything else you would like to say about your time in hospital?'***

Below is a summary of their comments:

- A few people complained they were waiting for discharge from hospital, but had to wait for pharmacy to give them medication – they were waiting many hours.
- A few of the longer stay patients said they were bored, and felt that nurses give them less attention.
- Quite a few patients said they had been in Tameside Hospital before and it was much better now.
- Over a third of the patients interviewed stated they were happy with their care and had no complaints. Many others who did not complain commented on how busy the staff are. Only a small number of patients stated they were unhappy with the care received.
- One of the patients in ward 42 was very complementary of the care being received. However, they were very concerned that they were waiting for a procedure that could only be carried out once a week, and it was cancelled because the staff were not available. Another patient in the Ambulatory Care Unit had a pre-booked appointment for a procedure, but there was no-one available qualified to carry out the procedure. Although he had an appointment, no-one looked for someone to do this until he actually arrived. This had happened over the last three weekends, but does not happen during the week, when he is able to attend outpatient appointments in another area of the hospital.

> *'No complaints at all. Food is excellent. Big improvement - was in six months ago.'*

Our observations and reflections following the visits:

- When a patient is unhappy with one aspect of care, they often seem to us to be unhappy with the entire experience, answering all questions in a negative way. Of these patients, only two had been in hospital for any length of time, two were in MAAU and three in Ambulatory Care. Two of these latter patients had experienced problems in the past – the family of one had complained through PALS and another had used a solicitor. They seemed to have an expectation of poor service before they arrived.
- Our Enter & View volunteers said staff were all welcoming and happy for Healthwatch to be there.
- We were pleased to see incident reporting and safeguarding information (for staff) prominently displayed on many wards.

### 3.2 Findings by Ward Visited

Patients and their families often asked to remain anonymous when they told us about their experiences of care. As a result, we may have left some details out of some of the stories we tell in this section (otherwise the ward staff might have been able to identify them). We report what they said in good faith.

#### 3.2.1 Ambulatory Care Unit

This is a relatively new unit and is located within MAAU (see below). It enables patients to come into the hospital for some treatment or tests without needing an overnight bed. Sometimes patients come to the unit from Accident and Emergency (A&E) and sometimes they are referred direct to the unit (e.g. by their GP or following a previous visit to A&E).

We visited this area at a weekend, and also during the week.

On Saturday, many of the patients said they had been left waiting for pre-planned appointments and tests, and saw little of the staff. Scans were not available until Monday.

> *'Left waiting hours for results of blood test.'*

On Wednesday, all the patients were happy with the treatment they received and the attention of the staff.

> *'Kept well informed of results of tests and proposals each time in detail.'*

Communication – some patients told us they were frustrated on the Saturday. They said that information had been lost between departments, a doctor did not attend a pre-arranged appointment and an appointment had been made for an infusion but there was no-one qualified to do it. We were not told about anything like this on Wednesday.

One patient was concerned that existing medication was not checked.

We were concerned that there didn't seem to be ready access to drinking water on the Ambulatory Care Unit but on both of our visits to this area patients had cups of tea etc.

#### 3.2.2 MAAU (Medical Admissions and Assessment Unit)

This is often the first place that patients come to from A&E. It is usually the first ward that patients go to if they have an unplanned hospital stay. Patients don't usually stay on the ward for long (normally a day or two) and if they are not well enough to go home they are often transferred to another more specialist ward. The ward is large and one bay is set aside for the Ambulatory Care Unit.

Patients on the ward have a wide range of care and support needs. These can include communication support needs (e.g. dementia, learning disability or stroke-related). Where we identified that a patient needed communication support we generally only interviewed them if they had a carer with them.

When we visited on Saturday the ward had a calm atmosphere. When we returned the following Wednesday it looked very busy.

On Saturday, the patients felt that staff had time to help them. On Wednesday, no-one thought staff had time to help – they were very busy. There were high levels of patients with urgent care needs. However, the patients had a general feeling of satisfaction with personal care from staff, with all staff doing as much as they could to help.

A few patients complained that when they are admitted at weekend, they cannot have a scan, if they need one, until Monday.

Of the patients we spoke to, they mainly felt that pain relief given was effective. One patient had not asked for any because they thought that staff should know if they were in pain.

One patient told us he should have been given some tablets in the morning, but at 3.45pm had still not had them – staff told him they were waiting for the doctor to give them the file back, as they don't know what the medication is.

One patient had been on the ward for 3 days waiting for transfer to ward 31. They told us about a number of things that they were getting frustrated about, including the actions of the patient with dementia in the next bed.

We were not advised of any falls whilst in hospital on this ward.

We spoke to a relative of a patient on ward 45.The patient had been moved there from MAAU. When relatives came to visit him in MAAU, they asked staff where he was, but the staff didn't know his name. Another patient told them he had been moved – the family stated that they could have been very worried.

Another patient was satisfied with the care received on the Trauma ward, but unhappy with treatment received earlier in MAAU and A & E.

*'MAAU horrific. Not had treatment that I deserve. This ward - OK. Much better than MAAU. In MAAU do not have time to help. MAAU dealing with the most poorly - staff very busy.'*

### 3.2.3 Trauma Ward

The majority of patients on this ward were elderly people who had fallen and fractured a limb. Because of the age of these patients, a large number also had dementia or other short term memory difficulties. Where we identified that a patient needed communication support we generally only interviewed them if they had a carer with them.

Most of the patients we spoke to were pleased with their care. Staff are busy, but give the impression to patients generally that they have time for them. We were told that occasionally they forget when something has been requested.

However, not everyone felt they were listened to all the time. One patient was generally happy but was troubled about care from one nurse who seemed less than interested about her care.

A few patients told us they did not always get pain relief at the correct level, but this seems to have been resolved.

Only one patient felt their hygiene and washing needs were not being met.

*'Yes, happy in all areas of hygiene. Always get help on time.'*

Only one of the patients interviewed had fallen. The patient blames himself, as he didn't want to wet the bed. The family are happy with how this was dealt with.

Our observer noted that patient records appeared to be stored in a room opposite the nursing station. He observed that although the door had a security lock and notice saying 'keep closed at all times' it was frequently left open, even when the nurses' station was unattended.

We thought the nurses' uniform guide on the notice board was helpful and saw the nursing staff helping patients to eat at their mealtime.

### 3.2.4 Ward 5

This ward focuses on stroke patients. Several patients had stroke-related communication difficulties. Where we identified that a patient needed communication support we generally only interviewed them if they had a carer with them.

Most patients know why they are there.

There was mixed opinion from patients about how much attention they get from staff. Almost half felt staff were too busy, but gave good care. Not everyone feels they are listened to.

*'Daughter says she has never seen a doctor since her mother has been in.'*

Some patients said help is not always given at mealtimes and families are not all aware they can help.

One family was distressed at the lack of care received by their elderly relative. Another felt their relative had not received the stimulation and attention they needed, due to the location of their bed – in a corner of a bay, furthest from the door.

### 3.2.5 Ward 30

Patients generally feel they receive regular attention from the staff, although one felt they were too busy to always give immediate attention. Most people feel listened to.

The patients who experienced pain generally felt it was well-managed, although one patient did not.

*'I am in pain and have got gel I put on three times a day to relieve it.'*

Most patients said they were able to feed and wash themselves. One patient did not have relatives locally, so found it difficult to get clean clothing, and had also said they not been offered a bath/shower in the two weeks she had been in hospital.

We were concerned about the dignity of one lady who had come into the hospital with little of her own clothing and was wearing a gown that fastened at the back. She also had on her own cardigan but when she got up the gown was open to the point you could see her incontinence pad.

Patients seemed generally satisfied, although one person interviewed had been discharged but could not leave as the medication had not arrived.

### 3.2.6 Ward 31 (Cardiology)

All patients knew why they were in hospital. Most of them said they felt listened to.

*I've been listened to and my relatives have had chance to talk to doctors.'*

Most patients said staff speak to them regularly, although the general feeling is that they are too busy to chat.

Most patients said that pain relief is well-managed, but not all. One patient said when he told the nurses he was in pain, it took a while before he received medication. Another patient was in pain, but was waiting to go home, so did not ask for relief.

Patients were not all happy that their washing and hygiene needs were being met, although most were. One person was unable to wash/bathe in accordance with her cultural practices, but felt unable to ask for assistance. We asked on her behalf. Another person with mobility issues said they had not been offered a shower in two weeks. The matron overheard this conversation and went away to sort it out.

None of the patients we spoke to had fallen on the ward.

Although the toilets looked clean our observer noted that there was some toilet paper on the floor and a smell of urine in one of the toilets. The same observer noted that the showers looked good on this ward.

### 3.2.7 Ward 42

Patients understand why they are in hospital, and mainly feel listened to.

Patients said they see staff regularly, but quite a few patients felt staff were too busy to give as much care as was needed.

A number of patients said they are receiving pain relief, but it is not well-managed for them all. One patient cannot sleep with the pain. Another patient was in pain, but said because of the complaints they suffered from, the nurses were limited in the medication they could give.

Help with meals is provided, if needed, and patients say they are aware that relatives can help.

Patients said their hygiene and washing needs were generally met, although one person did not agree – they said they had only been brought water on one occasion.

One patient said she had fallen, and the family were informed. They were happy with the outcome.

Our observer noted that the ward felt quiet and organised.

### 3.2.8 Ward 45

Not all patients seemed to know why they were there. One family in particular was very unhappy. With the exception of this family, all patients felt they were listened to.

A few of the patients did not know how to complain.

> *'My father does not complain when he should do.'*

Patients feel they see staff regularly and most feel they have time to help. However Healthwatch observed one patient being looked after by his wife, as staff were busy.

A few of the patients told us they had experienced pain, which was not always well-managed. Not all patients told staff they were in pain.

Patients said help is provided at mealtimes, when required. However, one family said that staff sat the patient up in bed, but did not check whether food was eaten.

Patients felt their washing/toileting needs were being met, although one family said they had to remind staff about showers.

One of the patients interviewed had fallen on the ward. The family felt it was not dealt with well.

We were concerned about the dignity of a patient on this ward. The male patient was in a bay of four patients. He was using incontinence pads but was throwing covers back and exposing his penis. His wife was trying to pull curtains round but it was very difficult for her to maintain his dignity in a room of four! She was also trying to pull the curtains round the patient in the next bed, as he did not have any visitors and he was similarly exposing himself.

We thought there was a really good range of information on this ward. This included information in a range of languages as well as specific information relating to Strokes.

### 3.2.9 Ward 46

All patients understood why they were in hospital, and felt listened to most of the time.

Patients said they saw staff regularly, but some patients felt staff were too busy to help as much as they would like.

> *'Haven't needed much. Dreadful lack of staff and very busy with needy patients. Sometimes talking to me and get called away and then have to come back in an hour or more. Find it incredulous what's going on in NHS'*

Most patients said they had not been in pain, but if they were it was reasonably well-managed.

Most patients said they could manage their own washing and hygiene needs. The families of those who needed assistance said they appeared to be receiving it.

Healthwatch saw three sick bowls lying in this ward, which were only cleared when we pointed them out to staff.

We saw one patient's bedside where there were a number of articles lying on the floor, and the nurse was unable to get to her cabinet.

We noted that one patient was slightly exposed on this ward.

Our observer at this ward noted how much calmer the hospital felt compared with their previous visit. They felt that staff were less anxious and more comfortable.

> *'A very good place to be - they look after you well - enjoyed being here.'*

# 4. Conclusions & Recommendations

## 4.1 Conclusions

Firstly we must remind ourselves that the vast majority of patients and relatives were full of praise for frontline staff in the hospital. We heard many positive stories about the hard work and dedication of nursing staff and doctors.

We were pleased that, compared with previous LINk Enter & View visits**, there seem to have been improvements in the following areas**:

- Communication between nursing staff, patients and their families – although this has scope to improve further.
- Most patients who need help at meal times said that they got that help.
- Fewer patients seem to have repeated falls and several patients at risk of falling knew what was being done to reduce this risk.

**We feel that improvement is needed in the following areas** which were previously raised as concerns by the LINk:

- Information about how to raise a concern, complaint or compliment seems not to be consistently displayed across the areas of the hospital we visited.
- Patients repeating a message the LINk heard many times – effectively saying 'Nursing staff are hard working and caring but too busy - there aren't enough of them'.
- There still seems to be a gap between the support patients expect with bathing and showering and the actual help they receive with these.
- Some patients still say they have to wait too long for help with toileting. We do think there has been some improvement in this compared with the last LINk visit but there is room for further improvement.
- For some patients who had fallen or had a 'near miss' their families felt this hadn't been properly followed up and reported to them.
- There still seems to be variation in the way that different wards operate and this can result in patients on different wards having quite different experiences of their care.

**We would also expect the following areas to be addressed**:

- People with communication support needs (particularly in terms of sensory impairment or needing language interpreters) didn't seem to always have these needs met to their satisfaction.
- Several patients told us that they didn't ask for help (or didn't ask for pain relief) because they 'didn't want to bother the busy nurses'.
- People attending the Ambulatory Care Unit at the weekend (for a planned activity) didn't seem to have the appropriate clinical staff available to do the planned activity.

**We were pleased that:**

- Most patients said that the staff who looked after them were very hard working and caring.
- Most patients who needed pain relief received effective medication for this.
- The areas we visited looked clean and largely hazard-free.

- ‘Harm free care’ information was clearly displayed.

### 4.3 Recommendations

Our recommendations should be read with the following in mind:

- Staff in the hospital are dedicated to the patients they care for. Our recommendations seek to support and empower them in their important work.
- Although improvements are still needed at the hospital, there is now strong leadership that encourages challenge where this can lead to improved care. Change has already happened and our recommendations aim to build on improvements that have already been made.
- Pressures on public sector funding (including the NHS) are great. More people are living longer and needing more care. This adds to the pressures faced by an organisation which already has significant financial challenges.
- NHS services are likely to see significant changes over the next five years. Tameside Hospital doesn’t just need to think about how it can improve what it already does, it also has to think about its role in our future NHS.

Having said all this, we believe that safe and effective care that feels positive to the patient and their family should be at the heart of everything the NHS does. We are committed to playing our role in ensuring that the population of Tameside has good access to good quality NHS care and we see Tameside Hospital as an important part of this.

**Our recommendations are:**

1. The hospital should build on their improved communication between staff, patients and their relatives, paying particular attention to:
    a. ensuring that patients and their relatives know that it’s OK to ask for help even when nursing staff appear to be very busy;
    b. providing timely access to communication support for people who are deaf, blind or need language interpreters;
    c. enabling families who are only able to visit patients in the evening to have access to doctors so they can discuss their relative’s care; and
    d. ensuring that patients understand what to expect in terms of access to (and support with) bathing and showering.
2. The hospital should continue to review nurse to patient ratios, taking into account the differing needs of different patients. Although there are no nationally required standards for these, there is national guidance and the hospital has struggled to reach these levels in the past.
3. Nursing staff should be encouraged and enabled to build on the pro-active support they give to patients. This should particularly focus on ensuring patients get the pain relief they need and help with eating and toileting.
4. The hospital should ensure that information about how to raise a concern, complaint or compliment and how to contact PALS is available equally across all areas and wards. Ideally this should be in a place that

patients who are able to get out of bed can access easily whilst on their ward.

5. Where there is variation between wards in the ways that they operate, the hospital should assure itself that this variation is based on patient need and that it is still able to deliver equity of outcome (in terms of safety, clinical quality and patient experience) for patients and their families.
6. The hospital should continue to monitor, review and improve falls risk assessments and the systems it has in place when patients do fall or have a 'near miss'. These should particularly focus on ensuring that they recognise every time a patient falls, that appropriate medical checks are undertaken following a fall and that relatives are informed in a timely way.
7. The hospital should review the planning and deployment of clinical staff in the Ambulatory Care Unit. This should pay particular attention to meeting the needs of patients who have appointments for planned interventions in the unit at weekends.
8. The hospital should consider whether it can make any additional improvements based on the contents of this report.
9. Tameside & Glossop Clinical Commissioning Group (CCG) should review its commissioning and contract management arrangements for the hospital to ensure that they are funding these services to a level and in a way that best meets the needs of the local population.

Healthwatch Tameside would welcome an opportunity to work with the hospital in implementing these recommendations and would value feedback on a quarterly basis in terms of any actions taken. We would also welcome an opportunity to discuss this report with leaders at all levels within the hospital.

# 5. Responses

## 5.1 Tameside Hospital NHS Foundation Trust

*We welcome this Healthwatch Enter & View report and thank you for the opportunity to respond.*

*We note the observations of your team and the perceptions they were given. We also note your comments regarding the strong leadership in the Trust and our close partnership working. We have accepted your draft recommendations and have taken some assertive action already as part of our improvement programme to address inconsistency of standards, process and systems across the Trust.*

*We have undertaken an extensive review of nurse staffing and ratios and we receive a continuous update of Nurse Staffing levels at each Board meeting. This includes monitoring of ratios taking into account need of services. We have appraised our positions against NICE guidance and systematically monitor this. We have Senior Nurse oversight of the rotas with 4 meetings a day with monitoring of staffing levels and escalation.*

*We have undertaken an extensive monitoring and assurance programme of nursing standards in relation to help for pain management, eating and toileting. All wards have been reviewed by Senior Nursing Leaders and Specialists and we have focused safety improvement programmes in place in relation to Nutrition and Medicine Management.*

*Ward Managers & Matrons have quality rounds in place to monitor these issues and professional remedial action is taken if required. This is aggregated into our ward accreditation monitoring and we have developed ward dashboards to oversee these.*

*Underpinning our work is the Everyone Matters Values and Behaviours programme which ensure staff build on proactive support and patient focused care.*

*We have rolled out and implemented Clinical Leadership Developments, Senior Nurse Leadership developments, coaching training and support for patient focused care pathways.*

*We have changed our approach to mandatory training, induction and appraisal.*

*Healthwatch's observation regarding complaints, concerns and compliments have been noted and we had already taken assertive action to address visibility of posters throughout the wards. The Head of Pals and Complaints is addressing this work. To date we have trained in excess of 100 supervisory leadership and clinical staff in concerns and complaints handling and have seen a reduction from 600 open complaints or Pals cases for the year when the Keogh review was announced to below 200 at the current time. For your assurance extensive work has taken place regarding complaints and concerns handling which is monitored by our Quality and Governance Committee.*

*Your comments on variations are noted and our improvement programme is built around delivering equality of outcomes in terms of safety, clinical quality and patient experience. The extensive work we have carried out has reduced the*

*variance as is evident from the positive comments and improvements noted in your report and reports by other third parties.*

*Disappointingly we recognise there is still more to do to ensure all staff apply the standards we have set and expect consistency.*

*You comment in your report about falls risk assessment and the system we have in place when patients fall or have a near miss. We have already recognised that we needed to undertake further work in respect of keeping patients and relatives informed. The Falls Specialist Nurse has introduced a Duty of Candour leaflet to be available following any falls that occur. We are of course undertaking the monitoring of falls risk assessments and we have our falls Patient Safety programme across the Trust which is clinically lead.*

*A significant focus for the Trust has been on staff education in completion of falls assessments and documentation. A teaching programme has been developed and implemented to ensure staff are fully informed of falls prevention at induction. Timeframes have been agreed by members of the Falls Prevention group to provide guidance on when doctors would be expected to review patients following a fall, these vary depending on levels of harm/suspected harm and a post fall pathway has been developed to reflect this.*

*Patient information leaflets have been developed to inform patients and relatives how they can help to reduce the risk of falls whilst in hospital along with relevant information such as factors which may increase the risk of falls, information about what to expect whilst in hospital and follow up care including the falls clinic.*

*Staff on the wards now use a standardised handover template and this includes a section relating to falls. This means that staff have an up to date live record of the patients on the ward that are at risk of falling or have fallen.*

*These recent implementations have resulted in a reduction in patient falls with harm over the last 12 months (low harm falls - 11% reduction and moderate harm falls - 15% reduction). Staff are positively involved in falls prevention due to a comprehensive engagement strategy helping to ensure falls prevention is everyone's business.*

*We are continuingly monitoring and evaluating our Ambulatory and Urgent care programme and we note the observations regarding the Ambulatory Care Unit and will arrange for your recommendations to be revisited.*

*Once again can I thank you for your report in particular the recognition of the partnership work between the Trust and Healthwatch and I can assure you that your comments and recommendations will feed into our Improvement and Assurance Programme.*

*Karen James*
*Chief Executive*

## 5.2 Tameside & Glossop Clinical Commissioning Group (CCG)

*Tameside and Glossop CCG acknowledges and accepts the finding of the Healthwatch Enter and View December 2014 visits report.*

*The CCG endorses the report's recommendations and will be keeping progress against them by the Trust under regular review through our well established contract monitoring arrangements.*

*Regarding recommendation 9, the CCG funds services provided by the Trust in a way which is in line with national tariffs and promotes quality objectives through initiatives such as CQUIN.*

*The CCG particularly welcomes the views expressed by Healthwatch on page 23 regarding the need for the Trust to consider its future role within the local NHS.*

*It is encouraging that evidence has been provided which shows that good progress appears to be being made in a number of important areas, we very much support Healthwatch's ongoing independent oversight role in ensuring this positive trend continues.*

*In conclusion, the CCG would like to congratulate Healthwatch for the quality of the work undertaken and the subsequent report. We would also like to express our gratitude to the staff and, in particular, local volunteers who freely give up their own time to play an important role in both helping the local health system to recognise and take remedial action where problems occur and in holding the local service to account in a 'critical friend' capacity.*

Note: CQUIN is short for 'Commissioning for Quality and Innovation'. It is a way that the CCG can build quality improvement activity into its contracts with the hospital.