

Inpatient Care Report (St Helier & Epsom Hospitals)



January 2017
Full Report

Contents

Executive summary.....	4
Inpatient Care Report.....	6
Prioritisation.....	6
Remit.....	6
Objectives.....	6
Proposed Methodology.....	7
Implementation and Variation.....	8
Analysis.....	9
Patient Survey Analysis by Question.....	11
Areas for Commendation.....	33
Key Findings & Recommendations.....	34
Other Potential Areas for Action.....	34
Next Steps.....	35
Acknowledgements.....	36

All appendices are available on request and are on the website
www.healthwatchsutton.org.uk

Executive summary

Background

Local people told us that inpatient care was their third highest priority in relation to health and social care. In order to investigate this priority, we developed a project to find out what is working well in inpatient care and where improvements could be made.

Methodology

We set up an Inpatient Project Group and put forward a proposal that our volunteers and staff would visit 6 wards from a variety of specialities at St Helier and a further 2 wards providing elective orthopaedic surgery at Epsom Hospitals to speak directly to patients. We developed a questionnaire for patients that focused on food, availability of nurses, quality of nursing care, quality of doctors' care, receiving help and noise at night. We also developed a Carer's Survey and an Observation Sheet to broaden our insight.

Implementation

A series of visits were co-ordinated over a period of 5 weeks during June and July 2016. In total 173 Patient surveys, 6 Carer Surveys and 21 Observation Sheets were completed. The quantitative and qualitative data collected from these sources has been analysed to establish the key findings and recommendations.

Areas for Commendation

1. **OVERALL** - Average rating of the 'overall experience' of staying on the ward, across all participating wards is 8 out of 10. **COMMENDATION - High score for the overall experience on the wards.**
2. **TRUST IN NURSES** - 89% of patients advised that they 'Agreed' or 'Strongly Agreed' that they trusted the nurses on the ward that they were staying on. - **COMMENDATION - High level of trust in nurses**
3. **TRUST IN DOCTORS** - 91% of patient advised that they 'Agreed' or 'Strongly Agreed' that they trusted the doctors on the ward that they were staying on. - **COMMENDATION - High level of trust in doctors**
4. **OTHER STAFF** - Analysis of comments relating to 'other staff' show that these were overwhelmingly positive (only 8 negative from 135 comments) . **COMMENDATION - Positive feedback about Physiotherapists, Phlebotomists, Pharmacists, Occupational Therapists, Radiologists etc.**
5. **WARD CLEANLINESS** - Staff and volunteers visiting wards noted an overall high level of cleanliness and this is also reflected in patient comments **COMMENDATION - High level of cleanliness**

Key Findings & Recommendations

1. **GENERAL** - All wards have received a variety of qualitative and quantitative data about their wards. We have produced individual ward-based reports for each of the 8 participating wards. **RECOMMENDATION - Individual wards respond to these reports with any action that they will take in response to their ward report (especially looking at Q7, Q9,Q12) individual ward reports appendices A-H.**
2. **NOISE AT NIGHT** - Just less than half of all patients surveyed said that they had been bothered by noise at night on the ward. The main source of noise was other

patients. Equipment, staff and bins/doors were also cited as other sources of noise. A fifth of patients have been bothered by light. **RECOMMENDATION - Investigate effective ways of alleviating both noise and light issues on wards that impact on patient's rest/sleep.**

3. **SUFFICIENT NURSES** - 1 in 10 patients said that they felt that there were not enough nurses on a weekday, rising to 1 in 5 patients when asked the same question about nursing staff levels at the weekend. Having insufficient nurses was felt a lot more strongly at St Helier hospital. There is significant variation in responses from different wards at St Helier hospital. **RECOMMENDATION - St Helier wards to look at any real/perceived deficit in nurse staffing levels to reassure patients (this could be achieved as part of Recommendation 1 above).**
4. **OTHER** - There is a significant amount of analysis that has not been used to make recommendations in this report. **RECOMMENDATION -To look at all the remaining analysis to see if there are any other areas where potential improvements can be made.**

Other Potential Areas for Action

1. **FOOD** - Overall the variety and quality of food was rated favourably. However, the comments show that taste/consistency, organization/correct orders and choice are all areas where improvement could be made. **RECOMMENDATION - that the full data is shared with Mitie and that Mitie respond with any action/feedback in relation to the food provided to patients.**
2. **NURSES COMMUNICATION** - The comments about nurses showed that patients were concerned about the standard of English spoken by some staff. **RECOMMENDATION - Investigate potential ways to improve English communication between nurses and patients**
3. **PATIENT DIGNITY** - 14% of patients stated that they agreed that nurses spoke in front of them as if they were not there. **RECOMMENDATION - Look at ways to reduce these incidents potentially through awareness/training.**
4. **TV** - Even though we didn't ask any question about TV or entertainment, we received a number of complaints about the cost and availability of entertainment. **RECOMMENDATION - Assess any ways to reduce the cost of TV for patients and cover areas where TV is not available.**

Next Steps

This report has been formally submitted to the Chief Executive of Epsom and St Helier University Hospitals NHS Trust. The covering letter asks the Trust to look at our findings and provide a response outlining any actions or further research that will be carried out by the Trust in response to the report. We have offered to provide any practical support that may help the Trust to address any issues raised. We would also like to highlight the areas of commendation in this report to the Trust to be shared with relevant staff/management.

Inpatient Care Report

Prioritisation

In order to enable Healthwatch Sutton to understand the priorities of local people, we launched a simple 2 question survey in 2015 called 'What matters to you?' This is a feedback system designed as an on-going process that not only allows us to respond to new issues as they arise but also enables us to regularly analyse all the recent feedback received so that we can plan our work programme.

In May 2015, a paper outlining a proposal for the work plan was agreed by the Board. This paper agreed that the staff and volunteers would take forward a project to look at the experience of inpatients. Inpatient care was the 3rd highest priority identified by local people. GP access and outpatient care were identified as 1st and 2nd priorities and both have already been investigated by Healthwatch Sutton.

The qualitative feedback that we had received as part of the 'What matters to you?' responses showed that the following areas had been identified by respondents as areas of concern:

- Staffing levels at weekends
- Bank nursing staff and having sufficient nursing staff
- Food
- Noise at night

Remit

The aim of this project is to use the feedback already received from local people as the basis of a more in-depth investigation looking at inpatient care. This project intends to produce the most robust, transparent, evidence-based report possible within the limited resources available by making use of partnerships, volunteers and skills within the staff team.

Objectives

1. To identify local organisations that would be stakeholders in this project.
2. To develop a set of questions that will help identify the areas where improvement may be needed in inpatient care.
3. To find a suitable/practical method of collection of responses to these questions.
4. To collect a body of evidence, comprised of the views and experiences of local people that will stand up to scrutiny.
5. To analyse response data and identify themes and/or areas for improvement/areas that are working well.
6. To produce a report with a series of recommendations
7. To follow up on the completion of actions developed in response to the recommendations

Proposed Methodology

A variety of methods were considered for this project that included surveys, focus groups and telephone interviews (used previously for the Hospital Discharge Project). Issues around data protection, availability of patients after they had returned home and the potential small size of a focus group, lead to the proposal to carry out surveys directly with patients on wards. The Healthwatch Sutton volunteers had previously expressed an interest in supporting this project through visits to inpatients wards.

Prior to the Board's agreement of this project, Healthwatch Sutton had already discussed the potential to work with Healthwatch Merton on any projects that related to St Helier hospital as both boroughs' residents use the services that are provided there. Healthwatch Merton had recently trained 10 volunteers for 'enter and view' activities. It was agreed that volunteers from both Healthwatch organisations would work together to collect survey responses.

Healthwatch Sutton has established a process that it follows for its projects. In order to ensure transparency and accountability, Healthwatch Sutton advertises for local people to put themselves forward to be part of the Project Group, in this instance, the Inpatient Project Group. A Project Brief document is created at this stage to share with the Group and other stakeholders. The proposed methodology is taken to this Group at the beginning of the project to ensure that we are asking the right questions and to confirm that the method we plan to use to collection people's views is appropriate.

If a provider/commissioner is directly involved in the project then discussion and agreement are made in advance. In this case, we liaised with key staff at Epsom and St Helier University Hospitals NHS Trust to confirm that the use of volunteers would be appropriate, check any potential issues relating to visiting wards and to verify that the questions will make sense to patients. We also ensure that all volunteers are well briefed prior to their first visit to the hospital.

The process runs as follows:

1. Issue for investigation is identified.
2. Project Brief document is developed.
3. Methodology and questions are created (if appropriate).
4. Methodology and questions are checked with provider organisation.
5. Participation in the project group is advertised through our communication channels.
6. Project Group is created and initial meeting held to check methodology and questions.
7. Volunteers Project Briefing is held (if appropriate).
8. Data collection activity is carried out.
9. Data analysed, recommendations developed and report produced.
10. Report checked by provider for factual accuracy.
11. Project Group reconvened to agree and sign off report.
12. Healthwatch Board agreement for publication.
13. Covering letter and report sent to most appropriate representative of the organisation able to respond to the recommendations.
14. Report published and sent to key stakeholders.
15. Actions taken in response to recommendations monitored (with support from Healthwatch if available/appropriate).

Implementation and Variation

Initial discussions were held to decide which inpatient areas should be covered. Sutton Clinical Commissioning Group helped us to identify the inpatient services that were most commonly attended by Sutton residents. We established that the majority of attendances took place at St Helier hospital with some planned operations taking place at Epsom hospital (South West London Elective Orthopaedic Centre (SWLEOC) only). For Merton residents the situation was slightly different with people who lived in the south of the Borough likely to attend St Helier hospital and those in the north more likely to attend St George's hospital in Tooting. To further complicate the situation, many residents of both Sutton and Merton would attend other local specialist units if they happened to be admitted due to a special condition. These could be in a variety of London hospitals.

For ease of delivery of this project, it was decided that only wards at St Helier hospital and the SWLEOC would be visited. Healthwatch worked with Epsom and St Helier University Hospitals NHS Trust to identify 8 wards that would cover a variety of areas of acute care. It was agreed that we would attend the following:

- AMU - St Helier
- A3 - St Helier
- B5 - St Helier
- C3 - St Helier
- C5 - St Helier
- C6 - St Helier
- Derby - SWLEOC
- Oaks - SWLEOC

In order to be able to compare wards, the visiting teams were looking to find a minimum of 20 respondents for each ward.

A Project Brief document was created that outlined the case for the investigation.

Nine people met to be part of the Inpatient Project Group. They met held a meeting on 9 March 2016. The members gave feedback on the plans and agreed to sign off the project so that the main data collection activities could commence.

A set of survey questions was developed and some minor amendments that were implemented as a result of feedback from the Inpatient Project Group member, Healthwatch volunteers and staff from Epsom and St Helier University Hospitals NHS Trust. You can see the full survey in Appendix 12

If tried and tested questions that had been used in the National Inpatient Survey were available, then these were used. Every effort was made to minimise the number of questions to ensure patients were more likely to be happy to complete the full survey. Volunteers would complete the survey with the patient unless the patient wished to complete it by themselves. The final survey comprised of 20 questions. Some contained comments boxes to allow respondents to give more information about their response. We also collected age, gender and disability data.

All respondents were offered the opportunity to receive a copy of this report after it has been published. In total 72 respondents requested a copy.

In addition to the patient survey, both the hospitals' Trust and the Project Group felt that a separate survey should be developed to be completed by the carers, families or friends of patients who are staying on the wards. This was felt to be particularly important on those wards that had a large percentage of patients who may have difficulty in completing the survey themselves even with assistance from volunteers; e.g. stroke ward and people with dementia. A slightly amended version of the original survey was developed that was more appropriate for carers, families or friends to complete. You can see this survey in Appendix 11.

In order to capture observations of both ward environment and staff interactions with each other and patients, Healthwatch staff accompanying the volunteers agreed to complete an 'Observation Sheet' that had been created by Healthwatch Merton. In total, 21 Observation Sheets were completed.

A series of visits to both hospital sites were arranged from 13 June to 15 July 2016. Patients completed 173 surveys and carers, families or friends completed a further 6 surveys.

Analysis

Calculating scores

For questions that have asked respondents to give a rating (i.e. 1-5 or 1-10), the scores have been kept using the same scale and an average has been calculated.

In order to make it possible to compare responses to non-numeral questions (i.e. 'agree'/'disagree') the following scoring system was developed to give a single score for a scaled text-response question.

For each of the following response types in the tables below a weighting is given between 1 and 0 depending on the positivity of the response. All responses that show that the respondent does not give an opinion are removed from the equation. For example a response of 'Don't know' or 'I have not received any treatment of procedure' would be removed.

Questions with responses 'Yes, definitely', 'Yes, to some extent' and 'No'	
	Weighting
Yes, definitely	1
Yes, to some extent	0.5
No	0
Questions with responses 'Strongly disagree', 'Disagree', 'Undecided', 'Agree', 'Strongly agree'	
	Weighting
Strongly disagree	0
Disagree	0.25
Undecided	0.5
Agree	0.75
Strongly agree	1

Questions with responses 'Yes', 'No'	
	%
Yes	1
No	0

To calculate the score for each site or ward, the responses are substituted with the figures above and then an average is calculated. These are then converted in to a score out of 100 (0-100) by multiplying the final figure by 100 and rounded to the nearest whole number.

If a 'yes' or 'agree' response is a negative response, as shown in the questions below, then the scoring shown above is reversed. A higher figure shown in the report denotes a positive outcome for the patient.

Q: Nurses speak in front of me as if I'm not there - Strongly disagree - Strongly Agree

Q: Have you been bothered by noise at night? - Yes, No

Response Numbers

Patients' Survey

The number of surveys completed per ward is shown in the table below.

Ward	Total
AMU	34
A3	25
B5	24
C3	18
C5	16
C6	23
Derby	17
Oaks	16

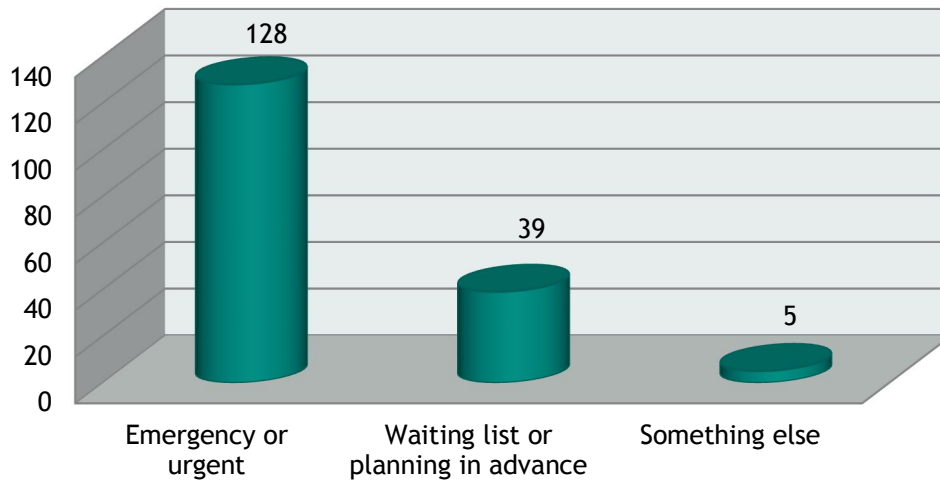
The turnover of patients on the AMU ward made it easier to collect a larger number of responses. On other wards, where patient turnover was lower and the patients were less well, response rates are lower. On 4 wards, we were unable to reach the target of 20 responses. We have produced ward-level reports, (appendices A-H) however, we would advise that caution should be taken in the figures given for these wards with less than 20 responses, as the low response rate could have an effect on the accuracy of these figures due to the potential variance.

Patient Survey Analysis by Question

About your stay

Q1. Was this stay in hospital planned in advance or an emergency?

Was this stay in hospital planned in advance or an emergency?

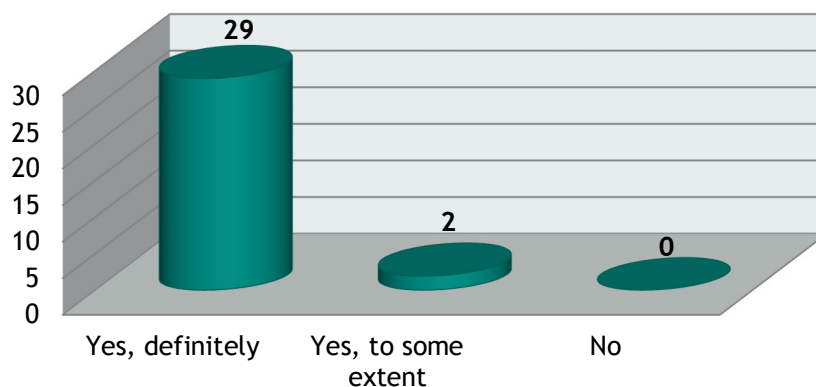


From the 140 responses received for St Helier hospital, nearly all admissions were 'Emergency or urgent' with only 8 admissions from a 'Waiting list or planned in advance' and a further 5 'Something else' (e.g. admitted from the Outpatient Department). Non-emergency admissions therefore make up only 9% of admissions.

Conversely and unsurprisingly, only 2 of the 33 admissions (6%) of admissions at SWLEOC were unplanned 'Emergency of urgent'.

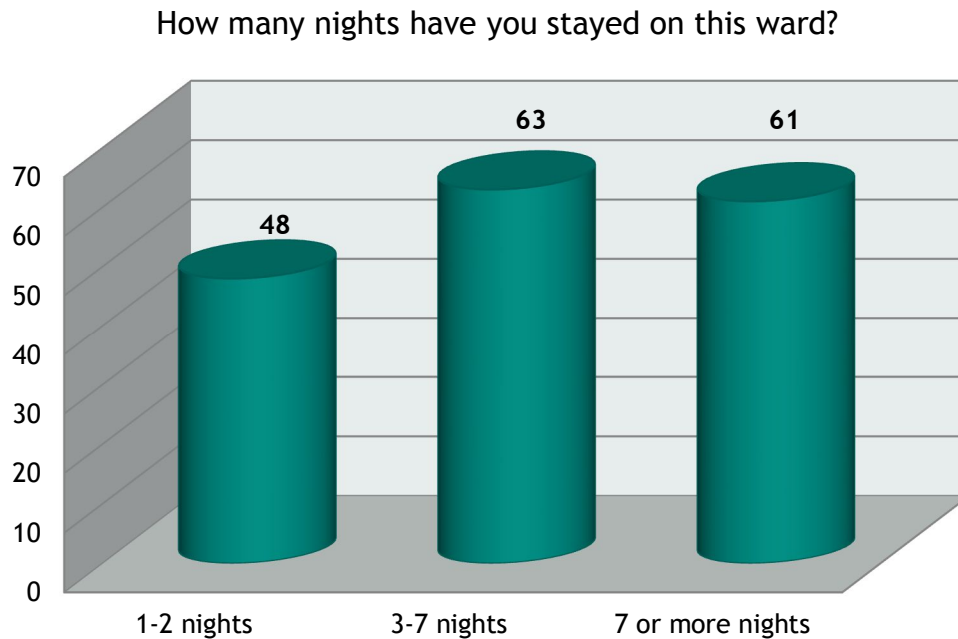
Q2. Before you have received procedures and/or treatments, do you feel that they have been explained clearly to you?

Before you have received procedures and/or treatments, do you feel that they have been explained clearly to you?



Only those patients who were a planned admission were asked this question and as such there are insufficient responses to analyse for St Helier hospital. Of the 31 responses for SWLEOC, 29 stated ‘Yes, definitely’ to this question with the remain 2 stating ‘Yes, to some extent’ and no-one stating ‘No’.

Q3. How many nights have you stayed on this ward?



The table for all responses shows that a similar number of patients stayed for 1-2, 3-7 and 7+ days. However, as you would expect, the lengths of stay at SWLEOC were, on average, considerably shorter.

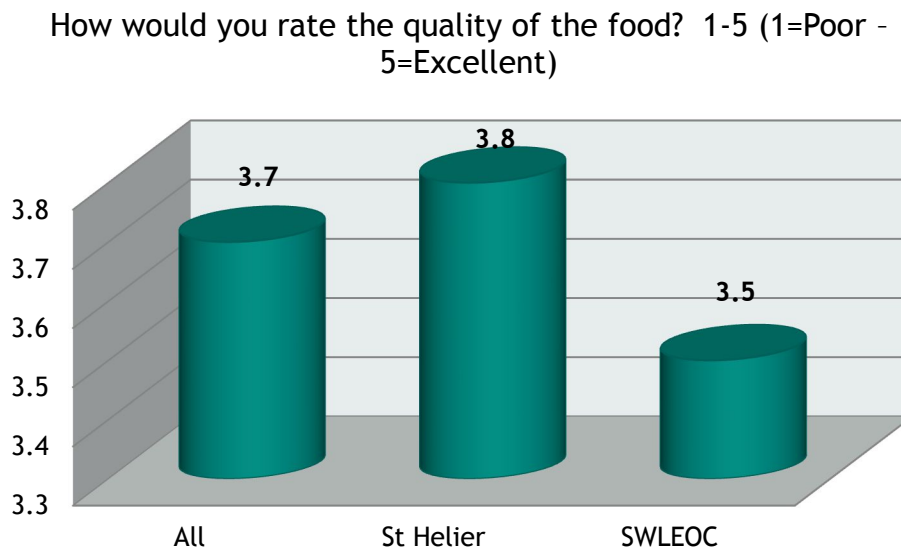
Length of stay	SWLEOC Number	SWLEOC Percentage	St Helier Number	St Helier Percentage
1-2	17	52%	31	22%
3-7	13	39%	50	36%
7+	3	9%	58	42%

Over half the patients at SWLEOC had only been on the ward for 1-2 days at the point that we spoke to them. Whereas more than three quarters of patients at St Helier had been on the ward for more than 2 days.

For analysis of the changes in views for each question depending on the patient’s length of stay please see the ‘Comparisons’ section on page 31

Food

Q4. How would you rate the quality of the food? 1-5 (1=Poor - 5=Excellent)



Patients were asked to rate the quality of the food. It was expected that there would be very little variability in the responses as the food is provided in the same way by the same provider. However, there are some small differences in food rating by hospital site and by ward. C5 could be considered an outlier with a rating of 4.4 (only 16 responses).

Site/Ward	Rating (Average scale 1-5)
All	3.7
St Helier	3.8
SWLEOC	3.5
Derby	3.4
A3	3.5
C3	3.6
Oaks	3.7
AMU	3.8
C6	3.8
B5	3.9
C5	4.4

Q5. How would you rate the variety of food? 1-5 (1=Poor - 5=Excellent)



As the same systems should be in place across all wards to enable patients to access the same variety of food, it could be expected that there would be some consistency in the average responses, though personal perceptions of choice may influence patients' answers to this question. The table below shows the average rating (1-5) for all, each hospital site and individual wards.

Site/Ward	Rating (Average scale 1-5)
All	4.0
St Helier	4.0
SWLEOC	3.9
A3	3.7
C3	3.7
Derby	3.9
Oaks	3.9
C6	4.0
B5	4.1
AMU	4.4
C5	4.5

Patients rated the variety of food more highly than the quality.

Any other comments about the food?

Analysis of the 89 comments about the food received from all the wards, shows that the following number of positive, negative and neutral comments were received.

Positive comments	38
Negative comments	35
Neutral comments	16

Of these comments both positive and negative (excluding Neutral) were separated in to the following themes; general, temperature, choice, portion, presentation, organisation/correct orders and taste/consistency. Some comments would cover a variety of themes.

The following number of comments were received for both positive and negative comments by theme.

Theme	Positive Comments	Negative Comments
General	18	3
Temperature	8	6
Choice	8	8
Portion	8	4
Presentation	8	0
Organisation/ Correct orders	4	9
Taste/consistency	1	8

Looking at these figures the greatest disparity between positive and negative comments (excluding general comments) relates to taste/consistency and organization/correct orders. It should also be noted that whilst there was the same number of positive and negative comments about choice, the number of negative comments was quite high compared with other themes.

Not very good. Diabetic and lack choice. No direction and support about food choice. Ward C6

Thoroughly enjoyed my meals so far. Derby ward

They bring menus round every day and you just tick off what you want. They bring round cups of tea and coffee all day long. There's always something going on. Oaks ward

The food is good, well presented. Extra portion available on request. AMU

To see the full comments and analysis see Appendix 8

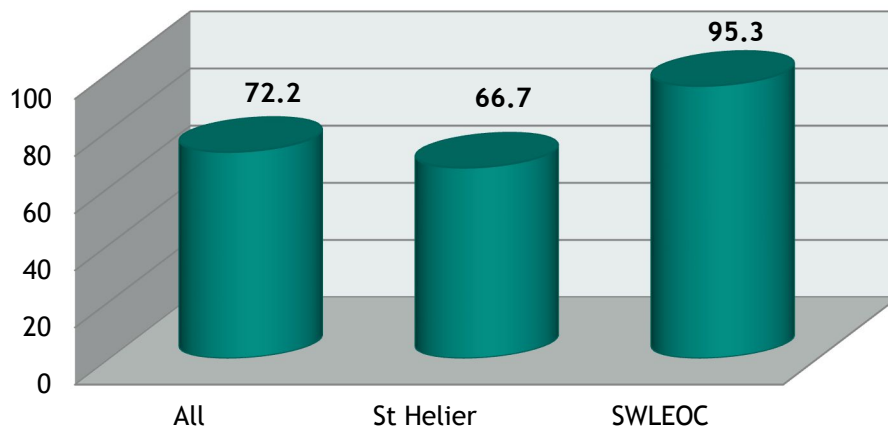
Staff

Nurses

Q.6 In your opinion, are there enough nurses on duty to care for you in hospital at the following times? (Calculated score 0-100, please see full explanation on page 9)

Weekdays (All wards)

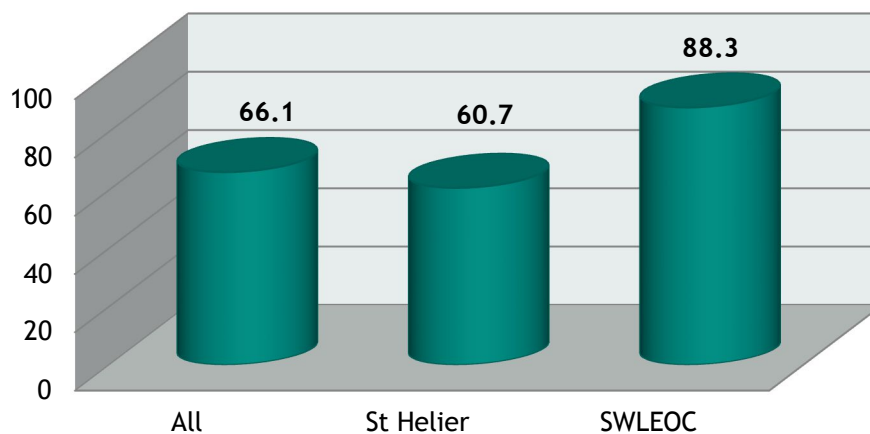
In your opinion, are there enough nurses on duty to care for you in hospital on weekdays?



Response	No. of responses	Percentage
Yes, definitely	94	56%
Yes, to some extent	53	32%
No	20	12%
Total	167	100%

Weekday Evenings

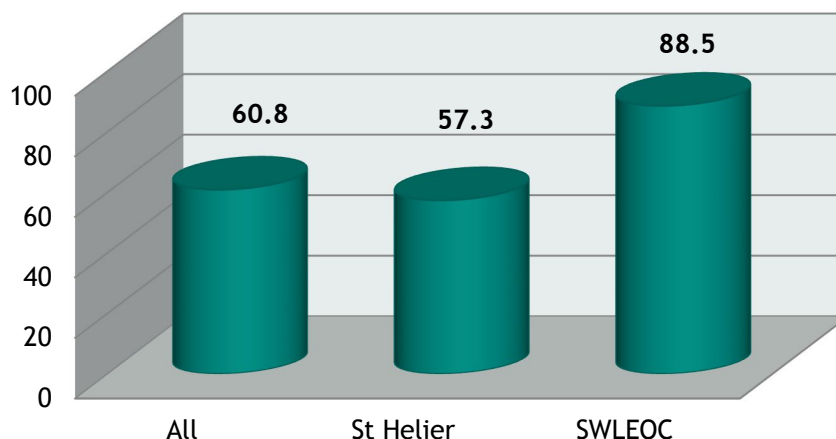
In your opinion, are there enough nurses on duty to care for you in hospital on weekday evenings?



Response	No. of responses	Percentage
Yes, definitely	77	50%
Yes, to some extent	49	32%
No	27	18%
Total	153	100%

Weekends

In your opinion, are there enough nurses on duty to care for you in hospital at the weekend?



Response	No. of responses	Percentage
Yes, definitely	51	44%
Yes, to some extent	41	35%
No	25	21%
Total	117	100%

The figures show that on average approximately, 1 in 10 patients staying at SWLEOC feel that there are not enough nurses on duty across all the different times given in the questions. The weekend figure for SWLEOC has been given by a smaller number of patients as very few have stayed in the wards at the weekend.

The view that there are not enough nurses is felt more strongly by patients staying on the wards at St Helier hospital and more patients felt that there were not enough nurses in the evenings and even more acutely at the weekend. (Calculated score 0-100, please see full explanation on page 9)

Time	All	St Helier	SWLEOC
Weekdays	72.2	66.7	95.3
Weekday Evenings	66.1	60.7	88.3
Weekends	60.8	57.3	88.5

It should also be noted that, there is quite a significant variability in the figures for each ward (St Helier only) as the table below shows.

Time	Lowest Score	Highest Score
Weekdays	47.6	81.8
Weekday Evenings	42.5	75.9
Weekends	43.3	75.0

Comments

Across all wards, the comments showed a mix of positive, negative and neutral statements. The total number of comments were as follows:

Positive comments	40
Negative comments	14
Neutral comments	42

The comments show that patients are often very sympathetic to the demands that are placed on the nursing staff, however they feel that more nursing staff are needed, in particular in the evening and at the weekend. There are also a number of comments relating to the English language skills of some nursing staff. In a couple of more extreme cases, delays in response to a call for help have led to discomfort and loss of dignity for the patient.

*Not been here at weekend.
Sometimes have to ring bell again
and again to call someone for help.
Ward A3*

*Night staff not so good,
very hostile, do not
listen. Ward B5*

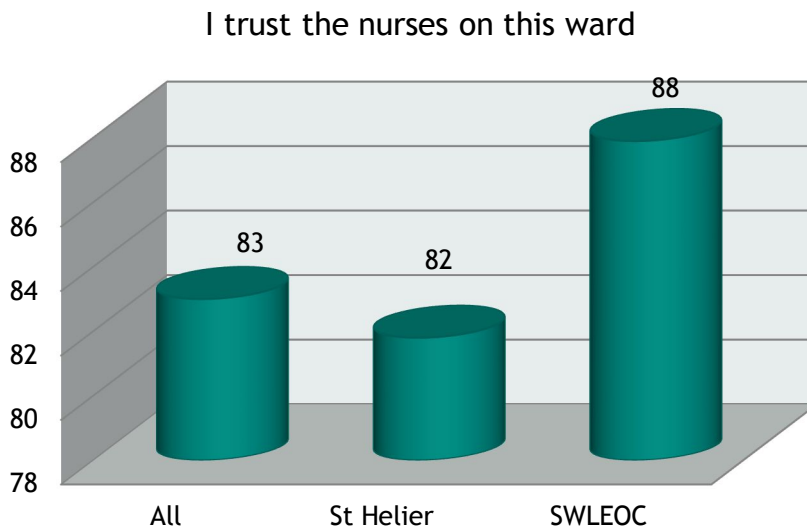
*During the day nurses are
great but service is not
the same at night.
Ward C6*

*Never had a problem.
Ward A3*

To see the full comments and analysis see Appendix 9

Q7. Please state how much you agree or disagree with the following statements about the nurses on this ward: (Calculated score 0-100, please see full explanation on page 9)

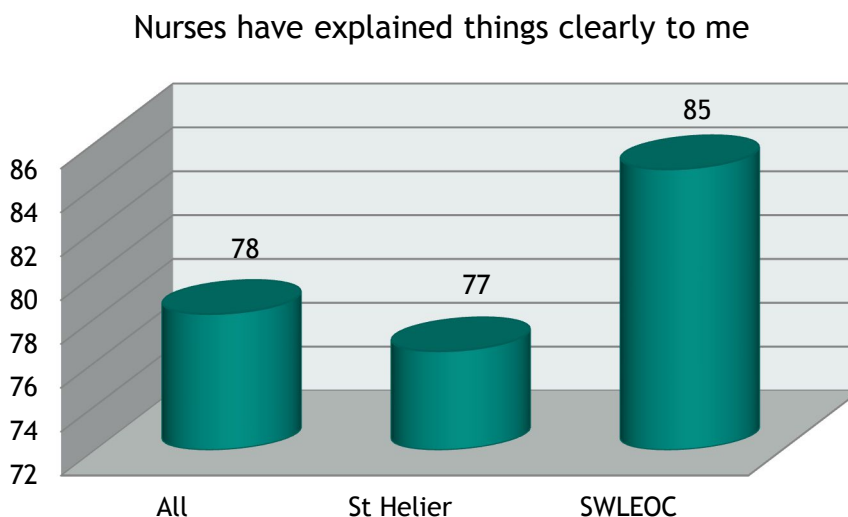
I trust the nurses on this ward



Response	No. of responses	Percentage
Strongly Disagree	1	0.6%
Disagree	4	2.4%
Undecided	13	7.8%
Agree	71	42.8%
Strongly Agree	77	46.4%
Total	166	100%

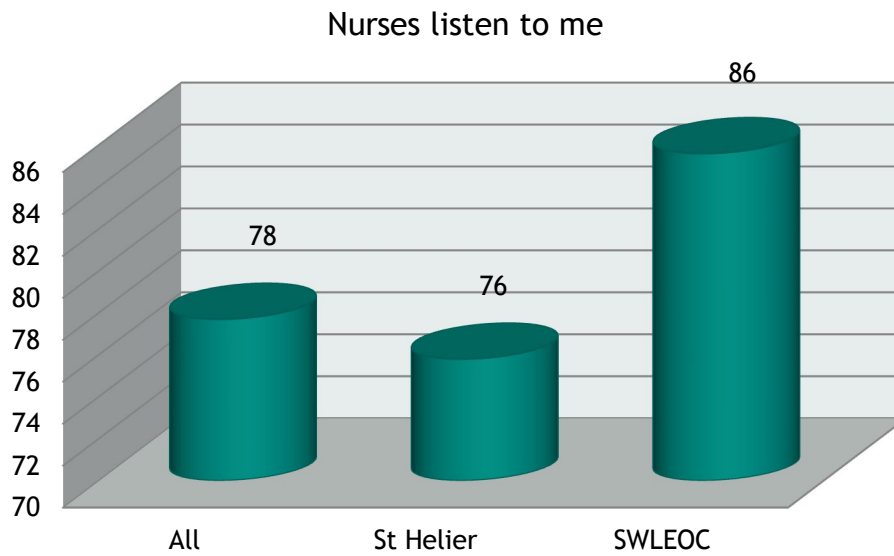
Nearly 90% of patients advised that they ‘Agreed’ or ‘Strongly Agreed’ that they trusted the nurses on the ward that they were staying on.

Nurses have explained things clearly to me



Response	No. of responses	Percentage
Strongly Disagree	1	1%
Disagree	15	9%
Undecided	13	8%
Agree	69	42%
Strongly Agree	67	41%
Total	165	101% (rounding)

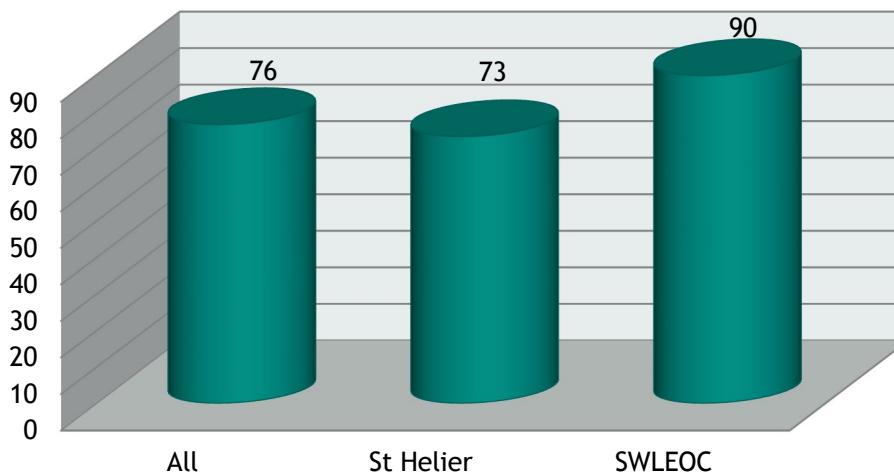
Nurses listen to me



Response	No. of responses	Percentage
Strongly Disagree	2	1%
Disagree	15	9%
Undecided	13	8%
Agree	68	42%
Strongly Agree	67	41%
Total	165	101% (rounding)

Nurses speak in front of me as if I'm not there

Nurses speak in front of me as if I'm not there



Response	No. of responses	Percentage
Strongly Disagree	71	44%
Disagree	55	34%
Undecided	15	9%
Agree	19	12%
Strongly Agree	3	2%
Total	163	101% (rounding)

Please note that the responses shown in the chart above have been reversed for this question. A high number denotes a higher level of satisfaction.

The responses to the 4 rating questions about nurses above are on the whole positive. The possible exception is 'Nurses speak in front of me as if I'm not there'. A minority 14% agreed with this statement with a further 9% 'Undecided'. Leaving 4 out of 5 patients stating that nurses did not speak in front of them as if they were not there.

Q8. Any other comments about nurses?

In total, 78 comments were received about nurses. Theming the comments in to positive, negative and neutral showed the following total number of comments:

Positive comments	34
Negative comments	37
Neutral comments	7

Key themes that emerge from the comments are:

Positive

- Helpful
- Friendly
- Attentive
- Good service

Negative

- Language barrier
- Nursing quality varies (some patients stated differed dependent on shifts)
- Slow response/not attentive

Nurses listen to me - if enough time. Nurses earn their money. The jobs they have to do. Ward C5

Not enough time for listening. Medication missed on occasion. Ward C5

Happy with service and attitude. Personally, try their best. Ward C6

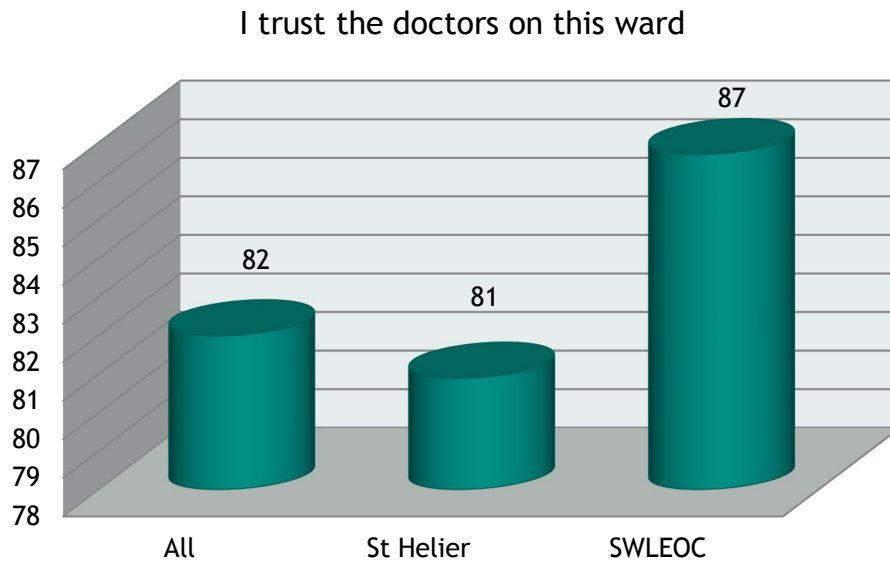
They listen to me, I listen to them, we share, we laugh!. Ward C6

To see the full comments and analysis see Appendix 5

Doctors

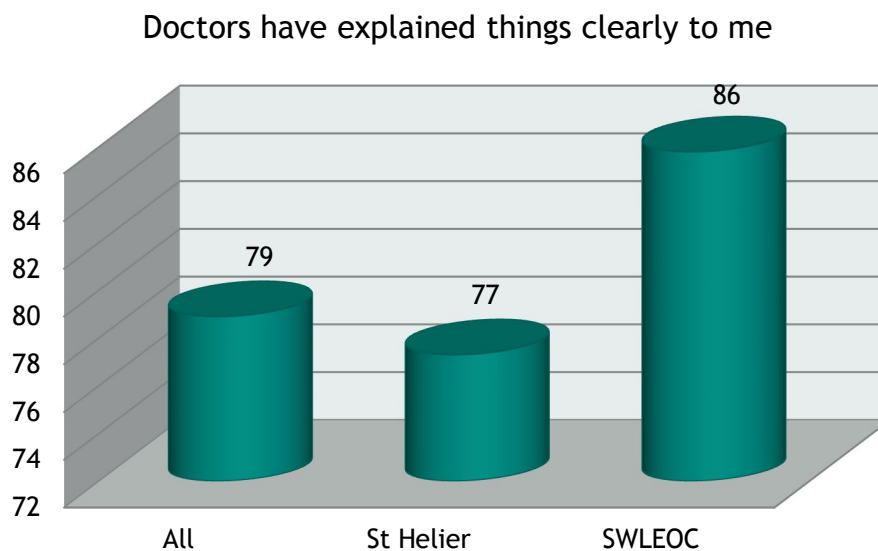
Q.9 Please state how much you agree or disagree with the following statements about the doctors on this ward: (Calculated score 0-100, please see full explanation on page 9)

I trust the doctors on this ward



Response	No. of responses	Percentage
Strongly Disagree	4	3%
Disagree	0	0%
Undecided	10	6%
Agree	78	49%
Strongly Agree	66	42%
Total	158	100%

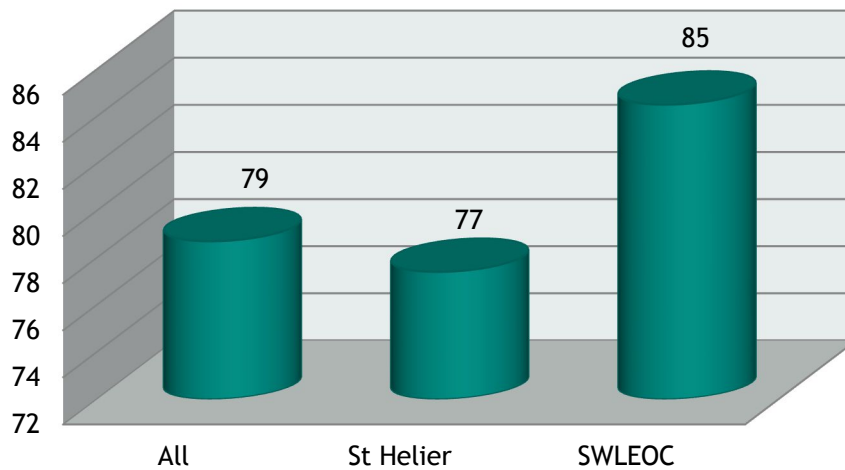
Doctors have explained things clearly to me



Response	No. of responses	Percentage
Strongly Disagree	5	3%
Disagree	10	6%
Undecided	6	4%
Agree	73	46%
Strongly Agree	66	41%
Total	160	100%

Doctors listen to me

Doctors listen to me



Response	No. of responses	Percentage
Strongly Disagree	5	3%
Disagree	4	3%
Undecided	10	6%
Agree	81	52%
Strongly Agree	56	36%
Total	156	100%

Q10. Any other comments about doctors?

In total, 64 comments were received about doctors. Theming the comments in to positive, negative and neutral showed the following total number of comments:

Positive comments	32
Negative comments	16
Neutral comments	16

Key themes that emerge from the comments are:

Positive

- Good explanations
- Very good
- Listened

Negative

- Poor explanation
- Didn't listen

*They are excellent.
I really feel safe
with them.
Ward C5*

*Level of communication
between doctors was varied.
Weekends a problem.
Ward C6*

*I trust them and they do try.
Could explain more. They do
listen but not sure if act on it.
Ward A3*

*Doctors and specialist are brilliant.
Ward B5*

To see the full comments and analysis see Appendix 10

Q11. Any other comments about other staff? (For example, occupational therapists, physiotherapists, phlebotomists, etc.)

In total, patients made 135 comments about other staff. Many stated generally that they felt that they were all good. They made the following number of positive, negative or neutral comments:

Positive comments	101
Negative comments	8
Neutral comments	26

The following healthcare professionals were mentioned specifically in the comments:

- Physiotherapist- (41 comments - 37 positive, 4 negative)
- Phlebotomist - (19 comments - 18 positive, 1 neutral)
- Pharmacist- (3 comments - 2 positive, 1 neutral)
- Occupational Therapist- (2 comments - 2 positive)
- Radiologist- (4 comments - 4 positive)
- Dietician- (1 comment - 1 neutral)

The comments about other staff are overwhelmingly positive.

Physios and Phlebotomists have been very kind and supportive.

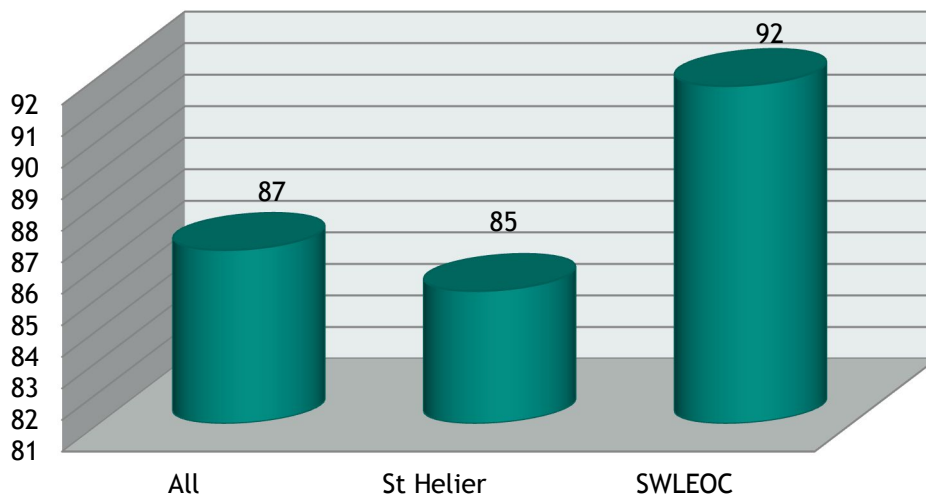
The man who took blood test was very nice.

X-ray staff excellent

To see the full comments and analysis see Appendix 2

Q12. Did you receive all the help that you needed on this ward? (for example; to eat your meals, go to the toilet or respond to your call bell etc.) (Calculated score 0-100, please see full explanation on page 9)

Did you receive all the help that you needed on this ward?



There were 168 responses to this question, however, 20 responses stated that the patient did not need any help. The remaining responses were as follows:

Response	No. of responses	Percentage
Yes, definitely	114	77%
Yes, to some extent	28	19%
No	6	4%
Total	148	100%

The table for the responses to this question, show that only a small percentage (4% of people felt that they 'did not receive the help they needed'. A further 19% stated 'to some extent' showing that these patients did not feel that they consistently received the help they needed.

Q13. Comments - Receiving help

The number of comments received about ‘receiving help’ was relatively small (43) in comparison to other questions. Of the 9 comments received about the wards at SWLEOC, only 1 was negative. The negative comments show that delays in receiving help in some more extreme cases have led to discomfort and loss of dignity for patients. Please see individual ward reports for full comments. Total number of comments received:

Positive comments	21
Negative comments	13
Neutral comments	9

If they are in good mood then they come and help otherwise not. Ward B5

Just ring the bell. Help is always available. Oaks Ward

To see the full comments and analysis see Appendix 1

Q14. Have you been bothered by noise at night?

Response	No. of responses	Percentage
Yes	80	48%
No	88	52%
Total	168	100%

Approximately 50% of patients have been bothered by noise at night. All wards show that they have received a similar number of ‘yes’ and ‘no’ responses apart from Oaks that had only had three times the number of ‘no’ responses compared with ‘yes’ responses (from a small no. of responses).

Q15. Which of the following noises have bothered you? (please select all that apply)

Response	No. of responses	Percentage
Other patients	60	43%
Equipment (monitors etc.)	25	18%
Staff	21	15%
Bins/Doors	16	12%
Call bells	8	6%
Other	7	5%
Visitors	2	1%
Total	139	100%

'Other patients' were the largest sources of noise that bothered patients. At 43% of all responses this category was more than double the next highest 'Equipment' (18%); closely followed by 'Staff and 'Bins/doors'.

Q16. Have you been bothered by light on the ward?

Response	No. of responses	Percentage
Yes	34	20%
No	133	80%
Total	167	100%

One in five patients have been bothered by light on the ward. This is significantly less than the percentage of patients that have been bothered by noise.

Q17. Have you been given the opportunity to give feedback or raise concerns about the care you have been receiving on this ward?

In total, 150 patients responded to this questions, however, 35 stated that they 'did not want to give feedback or raise concerns'. The remaining 115 responses were as follows:

Response	No. of responses	Percentage
Yes, definitely	38	33%
Yes, to some extent	21	18%
No	56	49%
Total	115	100%

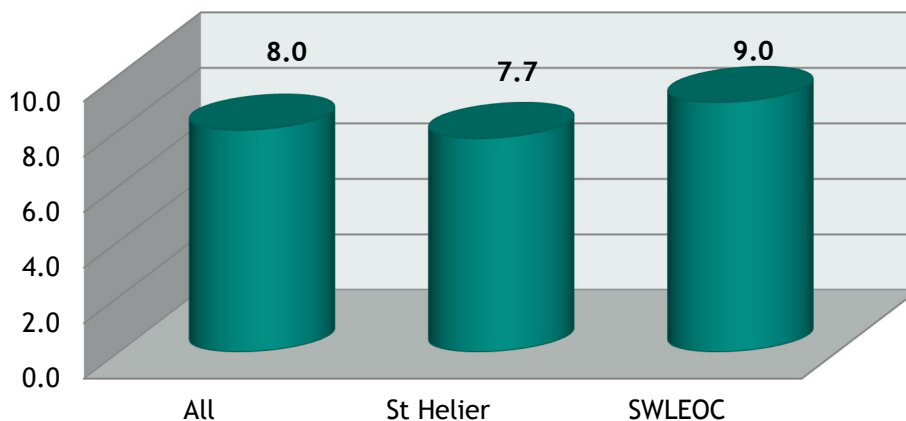
Q18. Comments

The comments section has been used by patients to share a variety of positive and negative feedback based around a wide variety of themes. Several stated that they felt that they had not been in the hospital long enough and expected to give feedback when they leave.

To see the full comments see Appendix 4

**Q19. Please rate your overall experience of staying on this ward
(1=Poor - 10=Excellent)**

Please rate your overall experience of staying on this ward
(1=Poor - 10=Excellent)



Ratings for each ward are fairly consistent. For St Helier hospital, the highest rated ward achieved a score of 8.3 and the lowest scored 7.1 with no distinctive outliers. For the two wards at Epsom the highest achieved a score of 9.3 and the lowest 8.7.

Q.20 Any other comments about your stay in hospital?

In total, 75 comments were received about the patient's stay in general. Comment totals:

Positive comments	40
Negative comments	22
Neutral comments	13

The comments have been separated in to the following themes with the total number of comments for each theme shown in the table below (from highest to lowest).

Response	No. of comments (positive, negative, neutral)	Percentage
Care/ Staff	26 (19+, 5-, 2)	33%
General	18 (16+, 1-, 1)	23%
Clean	7 (5+, 1-, 1)	9%
Ambience	6 (5+, 1-, 0)	8%
Discharge	6 (0+, 6-, 0)	8%
TV/ Entertainment	6 (0+, 6-, 0)	8%
Environment	5 (1+, 2-, 2)	6%
Facilities/ Equipment	4 (2+, 2-, 0)	5%
Information	2 (1+, 1-, 0)	3%
Total	80 (49+, 25-, 6)	103% (rounding)

In proportion to the total number of responses received discharge and TV/entertainment both received 100% negative comments (and the highest number of negative comments in a theme). The reasons for discharge issues varied. All the comments relating to TV/Entertainment all related to the following 2 categories:

- Dissatisfaction was availability of TV/Entertainment (i.e. none available).
- Dissatisfaction with the charges for TV service.

When it rains it comes through the windows as they don't close properly. The water doesn't seem very hot.

This form should be available to all patients, not just based on a chance encounter

Even though its unpleasant to be unwell, its been pleasant to be in here. Its nice to be looked after by nice happy people. We always have a joke. I used to be really scared of the idea of being in hospital but now that I've been in here I can see it's alright.

To see the full comments and analysis see Appendix 3

Individual ward reports

So that individual wards are able to respond to the feedback for their ward we have produced individual ward reports (appendices A-H).

Comparisons

We have used the data to compare the experience of different groups of patients to see if there is any variation.

Gender

There was very little variation in the average responses for men and women in relation to the questions asked in the survey.

The biggest variation at only 4 points out of 100 was that women felt slightly less favourably about the doctors in response to the following questions.

- I trust the doctors on this ward
- Doctors have explained things clearly to me

To see the full analysis see Appendix 7

Age

There are only

- 3 18-24 year old respondents
- 2 25-34 year old respondents
- 6 35-44 year old respondents
- 4 95+ year old respondents

For this reason these age ranges were removed from the age range comparisons. The table below shows now the overall rating (1-10) varied for different age ranges.

Age Range	Please rate your overall experience of staying on this ward. (1=Poor - 10=Excellent)
45-54	7.92
55-64	8.00
65-74	7.45
75-84	7.20
85-94	8.33

Length of Stay

A comparison has also been made of patients' responses to the questions dependent on their length of stay (St Helier only as SWLEOC stays are nearly all short). For many of the questions there were no discernible trends in their views. However, the following observations can be taken from the analysis:

- Patients' views regarding the quality of the food show that their rating improved the longer they have been staying on the ward (surprising)
- Patients' perception that there are enough nurses across all the shifts declines the longer that the patient has been staying on the ward. This could be considered unsurprising as many who have stayed shorter periods may not have experienced weekend shifts, however, all patients who complete the survey had stayed at least one night and they could choose 'Don't know' if they have not experienced weekend nursing. There may be other factors that impact on this result; for example as patients recover, their awareness and prioritisation of nursing may change.

- Patients views regarding the following statements also decline the longer they have stayed:
 - Nurses have explained things clearly to me
 - Nurses listen to me
 - Doctors have explained things clearly to me
 - Did you receive all the help that you needed on this ward?
- The number of people saying that they have been bothered by noise at night decreases the longer they have stayed on the ward
- There is a slight decrease in patients' overall rating of their experience the longer they stay on the ward (scale 1-10) from 8.0 to 7.6.

To see the full analysis see Appendix 6

Carer's Survey

The number of responses received for the carer's survey (6) is too low to use to produce any statistical data. Volunteers found it difficult to find sufficient carers/family/relatives to complete this survey. This may have been due to the times that we visited the ward and/or volunteers finding it more uncomfortable to approach patients who have a visitor. The responses were received from a variety of wards.

The following comments show some compliments/issues.

Doctors/Communication

Communication between doctor and relative is variable.

Problem is do not always see a doctor. Especially at visiting times.

More communication between doctor/relatives/patients.

Nursing

Brilliant, helpful nursing staff

Staff low in the evenings.

Nursing Assistants not qualified enough. More qualified Assistants required.

Good but lack of staff

Better if more staff available.

Noise at night

Noisy at night from other patients.

Observation Sheets

On most visits Observation Sheets were completed for each ward visited. The sheets commented on the following:

- Entrance/reception
- Décor
- Tidiness
- Lighting
- Odour
- Cleanliness
- Noise level
- Information displayed
- Staffing level
- Safety
- Temperature
- Staff interactions

In total, 21 Observation Sheets were completed and there was at least one for each ward. There were no clear themes that emerged from this data. As such, an Observation Sheet combining all the observations for each ward has been compiled. This has been added to each ward's individual reports (appendices A-H) so that they can pick out an action that they may wish to take in response to the observations.

As part of this process, Healthwatch staff and volunteers had been asked to look out for 'Nurse in charge' badges being worn by nursing staff. We only found that they were being worn on one ward on one occasion.

Areas for Commendation

1. **OVERALL** - Average rating of the 'overall experience' of staying on the ward, across all participating wards is 8 out of 10. **COMMENDATION** - High score for the overall experience on the wards.
2. **TRUST IN NURSES** - 89% of patients advised that they 'Agreed' or 'Strongly Agreed' that they trusted the nurses on the ward that they were staying on. - **COMMENDATION** - High level of trust in nurses
3. **TRUST IN DOCTORS** - 91% of patient advised that they 'Agreed' or 'Strongly Agreed' that they trusted the doctors on the ward that they were staying on. - **COMMENDATION** - High level of trust in doctors
4. **OTHER STAFF** - Analysis of comments relating to 'other staff' show that these were overwhelmingly positive (only 8 negative from 135 comments) . **COMMENDATION** - Positive feedback about Physiotherapists, Phlebotomists, Pharmacists, Occupational Therapists, Radiologists etc.
5. **WARD CLEANLINESS** - Staff and volunteers visiting wards noted an overall high level of cleanliness and this is also reflected in patient comments

COMMENDATION - High level of cleanliness

Key Findings & Recommendations

It should be acknowledged that the wards involved in this study and the types of patients on those wards, vary considerably. It may not necessarily always be a straight-forward ward comparison. The types of patients, their level of need, age and length of stay may vary considerably and may therefore impact on the patients' views of the service.

1. **GENERAL** - All wards have received a variety of qualitative and quantitative data about their wards. We have produced individual ward-based reports for each of the 8 participating wards. **RECOMMENDATION** - Individual wards respond to these reports with any action that they will take in response to their ward report (especially looking at Q7, Q9,Q12) individual ward reports appendices A-H.
2. **NOISE AT NIGHT** - Just less than half of all patients surveyed said that they had been bothered by noise at night on the ward. The main source of noise was other patients. Equipment, staff and bins/doors were also cited as other sources of noise. A fifth of patients have been bothered by light. **RECOMMENDATION** - Investigate effective ways of alleviating both noise and light issues on wards that impact on patient's rest/sleep.
3. **SUFFICIENT NURSES** - 1 in 10 patients said that they felt that there were not enough nurses on a weekday, rising to 1 in 5 patients when asked the same question about nursing staff levels at the weekend. Having insufficient nurses was felt a lot more strongly at St Helier hospital. There is significant variation in responses from different wards at St Helier hospital. **RECOMMENDATION** - St Helier wards to look at any real/perceived deficit in nurse staffing levels to reassure patients (this could be achieved as part of Recommendation 1 above).
4. **OTHER** - There is a significant amount of analysis that has not been used to make recommendations in this report. **RECOMMENDATION** -To look at all the remaining analysis to see if there are any other areas where potential improvements can be made.

Other Potential Areas for Action

1. **FOOD** - Overall the variety and quality of food was rated favourably. However, the comments show that taste/consistency, organization/correct orders and choice are all areas where improvement could be made. **RECOMMENDATION** - that the full data is shared with Mitie and that Mitie respond with any action/feedback in relation to the food provided to patients.
2. **NURSES COMMUNICATION** - The comments about nurses showed that patients were concerned about the standard of English spoken by some staff. **RECOMMENDATION** - Investigate potential ways to improve English communication between nurses and patients

3. **PATIENT DIGNITY** - 14% of patients stated that they agreed that nurses spoke in front of them as if they were not there. **RECOMMENDATION** - Look at ways to reduce these incidents potentially through awareness/training.
4. **TV** - Even though we didn't ask any question about TV or entertainment, we received a number of complaints about the cost and availability of entertainment. **RECOMMENDATION** - Assess any ways to reduce the cost of TV for patients and cover areas where TV is not available.

Next Steps

This report has been submitted to Epsom and St Helier University Hospitals Trust formally as a Healthwatch report. We ask the Trust to take on board the feedback that we have received from patients across the 8 wards that participated in this project. We would like to acknowledge that positive findings that are outlined in the 'Areas for commendation' section. We would like key staff in the Trust to look at 'Key findings and recommendations' and 'Other potential areas for action' sections of this report and respond individually to each numbered recommendation.

Healthwatch will support the Trust in any practical way possible to help them to maximise the improvements that come about as a result of this report.

Acknowledgements

A special thank you to all of the following people who have made this work possible:

All the staff on the following wards who supported us to carry out this project:

- AMU - St Helier
- A3 - St Helier
- B5 - St Helier
- C3 - St Helier
- C5 - St Helier
- C6 - St Helier
- Derby - SWLEOC
- Oaks - SWLEOC

Also thanks to the following staff at Epsom and St Helier University Hospitals NHS Trust who were the key contacts and enablers of this project.

Lynn Godfrey-James - Head of Patient Experience

John Needham - Patient Experience Officer

Charlotte Hall - Chief Nurse

With special thanks to the following volunteers who were instrumental in the delivery of this project by providing all the intelligence gathering required.

David Williams	-	Healthwatch Sutton
Shri Mehrotra	-	Healthwatch Sutton
Neena Mehrotra	-	Healthwatch Sutton
Roy Bentley	-	Healthwatch Sutton
Clare Nunns	-	Healthwatch Sutton
Eileen Laidman	-	Healthwatch Sutton
Isabelle Harding	-	Healthwatch Sutton
Sally Sauvageot	-	Healthwatch Sutton
Daphne Norman	-	Healthwatch Sutton
Eileen Nutting	-	Healthwatch Merton
Nancy Adamson	-	Healthwatch Merton

The Inpatient Project Group who put themselves forward to shape this project and ensure that it is accountable to local people.

The staff team at Healthwatch Sutton and Healthwatch Merton (Pete Flavell, Operations Manager, Erin Cowhig Croft, Information and Outreach Officer, Sara Thomas, Communications and Administration Officer).

And, all patients and carers who gave up their time to complete our survey.

Healthwatch Sutton

Granfers Community Centre

73-79 Oakhill Road

Sutton, Surrey, SM1 3AA

Company limited by guarantee no: 8171224

Registered charity no: 1151601

Tel: 020 8641 9540

Email: info@healthwatchsutton.org.uk

Website: www.healthwatchsutton.org.uk

Facebook: www.facebook.com/healthwatchsutton

Twitter: @HW Sutton