Follow up visit to Leeds Teaching Hospitals NHS Trust (LTHT)

About Us

Healthwatch Leeds is here to help local people get the best out of their local health and care services and to bring that voice to those who plan and deliver services in Leeds.

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Why we did it?

Healthwatch Leeds visited ten wards in the Acute Medicine Clinical Service Unit (CSU) at LTHT in May 2015 to talk to service users about their experiences. Following these visits we made recommendations for improvement and the Head of Nursing Acute Medicine CSU provided an action plan to address them. These follow up visits were an opportunity to return and review the patient experience and check for improvements.

What we did?

Healthwatch Leeds staff and volunteers spent two hours on wards J16 and J26 in the Acute Medicine CSU in March 2016. J16 is a discharge facilitating ward and J26 is a Medical Admissions Unit. The two wards were chosen for the revisit because they represented the areas the action plan was intended to address. We spoke to the ward managers and a small sample of 11 patients and 5 relatives on the two wards.
The findings represent a snap shot of patients' and carer's views of admission, care experience on the ward and discharge.

What we found

Admission

Suggestions from the previous visit in May 2015:

- *Look at areas for people to wait*
- *Availability of food and drink*
- *How to best update people whilst they are waiting*

Actions from Acute Medicine CSU:
Review facilities available and location of Acute Medical Assessment Area

Findings of this visit:
The majority of patients and carers we spoke to reported that they had not waited for a long time before admission and described it in one instance as "quick and smooth". However, one patient said that they had waited 6 hours for a bed on the ward after being transferred from LGI. One carer also noted that their relative had waited for 2 hours, which they thought to be a long time. However, a patient reported a wait of the same length of time and felt that this was acceptable.

Out of all the patients that were able to take food and water, the majority were offered something to eat or drink. However, one patient mentioned having to ask her daughter to get her a cup of tea while waiting for admission to the ward as the staff were not aware that she was there. This patient had at that point been waiting for admission for 5 hours. Two carers also reported that food and drink was not available to patients.

The majority of patients and carers were provided with updates. Only one patient and one carer reported a lack of information, the latter saying that they felt this was due to the staff being too busy.

One further comment was raised by a carer, who noted that the porter took half an hour to arrive, delaying the admission process.

Key Findings

While overall the admissions process is smooth and quick, there are still occasions where things could be better. Patients and carers were better updated during the process this time.

Care & Experience

Suggestions from the previous visit in May 2015:

- *increase awareness amongst patients and relatives about who is in charge*
- *regular updates to both patients and carers*
- *increase staffing levels*
- *improve patient and carer's involvement*
- *improve call bell answering time*
- *increase activities for patients on the wards*

Actions from Acute Medicine CSU:

- *use red badge to identify Nurse in Charge*
- *support implementation of daily ward rounds on older adult wards*
- *monitor how involved patients feel through monthly compassion audits*
- *agree with each specialty their plan for involving patients in decisions about their care and treatment*
- *take action at ward level when patients report delays in answering call bells*
- *continue to request volunteers for all CSU wards*

Findings of this visit:

Out of all the respondents, only one patient reported noticing the nurse wearing the red badge and knew that this indicated they were the people in charge of the ward. The majority of patients and all carers said they would speak to any member of staff they could get hold of and "had not noticed" a red badge.

One patient (and no carers) felt that staff did not spend enough time with them. The majority of respondents felt that while staff were often busy, they would make the time to come see them and let them know when this would be.

Staffing was an issue on ward J26 at the time of the last visit but recruitment of new nurses in September has given them a full staff team and they are now able to deploy staff from J26 to other wards when necessary. The Senior Sister felt that staff morale on the ward has improved because of this. The staffing levels on the day of the visit were as they should be.

J16 also appeared to be well staffed, although the manager had to cover two wards.

Out of the five patients who said they were not involved in decisions about their care, three did not consider this to be an issue. Only one person reported a lack of involvement having a negative effect on their experience, saying that they felt they were not getting any better.

The majority of patients and carers said that call bells are answered promptly, but a few respondents said it depended on how busy the staff were at the time. No patients on either ward had been given the opportunity to take part in any activities, despite a small minority reporting being too unwell to take part.

Conclusion

Around a quarter said that there were no activities on the ward. We noted that books and board games were available on J16, but there was no indication that they had been used. TVs were only available in side rooms in J16, although this was not something which the patients expressed a concern about. It should be noted that patients on J26 are only on the ward for a short period of time so activities may be not deemed to be appropriate.

Staff are spending more time talking to patients and carers and the call bell is generally being answered promptly. The majority of patients said they were involved in decisions about their care, and of those who were not, most did not see this as a problem. The staffing level has been improved overall, however, activities were lacking on both wards.

Discharge

Suggestions from the last visit:
Improve communication around the discharge process

Actions from Acute Medicine CSU:
Implement new 'Going Home' discharge folder
Ensure Discharge Facilitators role includes dialogue with patients and families

Findings of this visit:
No respondents have been shown the Going Home discharge folder, although one carer and two patients said it was not applicable in their case. One respondent explained that "no one has discussed the discharge plan with me".

J26 are reviewing their use of the folder as the use of it amongst patients on the ward is minimal.
Three patients felt that good arrangements were in place for their discharge. However, the vast majority of patients and carers were unsure about what was going to happen to them. One carer described the discharge process as "very long".

It is worth noting that J16 is a non-medical discharge facility, i.e. patients are deemed medically fit to leave but are waiting for care to be put in place before they can be discharged. We were told by staff this could lead on occasion to a four month wait. One patient was in distress about not knowing when she would leave the ward – when the staff were asked about this, they confirmed that they were aware of her situation and explained that the patient was waiting for a suitable care home.

Conclusions

We are pleased to see significant improvements in staffing levels and general staff availability for patients on the wards. Patients appeared to be more involved in their care and the call bells were answered more promptly. These improvements have had a positive impact on the personal care on the wards.

Activities were not readily available on either ward. However, these did not appear to be an issue on the admission ward due to time patients spend there. Some patients and carers say they are unclear about the discharge process. The 'Going Home' folder is not something

they are generally aware of. They were also unaware of the red badge system indicating the staff member in charge.

We suggest that the red badge system is promoted so patients and carers will be clear who to raise any issues with on the ward.

We would also like to suggest that the CSU review effectiveness of the new 'Going Home' discharge folder since there seems to be scope to improve communication around the discharge process.

Next steps

This report and its findings will be shared with LTHT as well as service commissioners and the Care Quality Commission.
The report will also be published on the Healthwatch Leeds website.

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Response from the provider:

"Thanks for the report, I think it gives an accurate representation of the improvements that we are making along with acknowledging the areas that we know we have further work to do in.

Our priorities from the report will be to:

- Continue recruitment to nurse staffing posts
- Review the use of the discharge folder "My home planner" and its use in the CSU
- Continue to support patients to raise concerns by publicising the Nurse in Charge "Red badge" or by using the "Speak to Sister, Get a Message to Matron" posters on all wards
- Reviewing our admissions pathways to improve the use of the assessments areas and enhance ambulatory pathways for patients to avoid hospital admission where possible."

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