

West Middlesex University Hospital Compassionate Care Project Executive Summary

West Middlesex University Hospital NHS Trust, Twickenham Road,
Isleworth, Middlesex, TW7 6AF

Project Group: Batcho Notay, Jan Marriott, Julie Risley, Louise Smith,
Perin Hughes, Rasha Hussein, Sandra Hempel, Maureen Chatterley

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Introduction

Between 27th October and 12th November 2014, Healthwatch Richmond carried out 34 visits and spoke to over 100 patients at West Middlesex University Hospital (West Mid). We asked people about their experiences of care and gained an understanding of what it was like to be a patient at the hospital.

The aim of this work was to:

- Collect a range of experiences, focussing on the issues that mattered to patients
- Identify and report on areas where patients had concerns
- Work with West Mid to identify how improvements could be made
- Find areas for future work

We worked in collaboration with West Mid to plan the visits and design the questions that volunteers asked patients. The questions focused on identifying what actions could be taken to improve patient care.

We visited six wards of the hospital. These are detailed in the table below. Each of the visits lasted around two hours and were carried out by trained Healthwatch Enter and View volunteers, with two volunteers conducting each visit.

Ward	Type of Ward	Admission Pathway
Lampton	Care of the Elderly and Heart Failure	Mainly emergency with a some patients being admitted from clinics
Crane	Care of the Elderly - Dementia Speciality	Emergency pathway
Richmond	Surgical - all specialties	Mainly planned but also some emergency patients
Syon 2	Orthopaedic	Elective and emergency patient s
Osterley 1	General Medicine and Gastroenterology	Emergency patients
Marble Hill 1	Medical specialties	Emergency Patients admitted from Assessment Medical Unit

Our findings were generally positive, although we identified some negative aspects of patient experience. These were raised as areas for the hospital to consider making improvements.

Findings

Overall care and treatment

Over half of patients who responded viewed the care and treatment at the hospital positively, but there was substantial diversity among the wards - See Marble Hill¹ below.

Discharge

Patients were concerned about what happens to them when they leave the hospital. In some cases patients told us that they had no care after they left hospital, in other cases patients were not informed of the care that had been arranged for them or when they would leave Hospital.

Meeting Patient Needs

On each ward some patients told us that they had not received help or care when they had asked for it. The importance of this to individual patients, and that it was experienced across the hospital as a whole, makes this a significant issue for West Middlesex Hospital to address.

Some of the problems included patients being left waiting for a long period of time for their call bell to be answered, particularly when they needed the toilet.

Mealtimes

We found that there were significant inconsistencies across the wards with food and mealtimes. Issues with the food surrounded the quality, temperature, support, choice and the catering staff. There were also occasions where patients asked for help with eating and drinking and were refused, with no indication of receiving help.

Staff Identification

We found that staff members were not easily identifiable to patients. Volunteers also commented that identification badges on lanyards tended to be placed in a pocket to keep them out of the way when treating patients and were therefore not visible.

Cleanliness

We found that few patients were offered the opportunity to clean their hands before meals. Additionally, patients told us that there were problems with the cleanliness of toilets on some of the wards.

Communication

Communication between patients and staff was found to be poor, especially around information about care. There was also little evidence of the hospital's provision of information in other languages and some patients had problems understanding some staff.

Noise

Patients commented that there was a lot of noise on the wards, particularly at night.

Marble Hill

Marble Hill 1 consistently performed poorly throughout our visits, particularly regarding staff attitudes, communication towards patients and how attentive staff are to patient needs.

The Hospital is aware of the issues identified on Marble Hill and is taking steps to resolve these.

Actions

We brought together our volunteers and West Mid hospital staff members to discuss our findings and identify actions for improving care. West Mid used the outcomes of this session to produce an action plan for addressing the issues raised by our report. The Hospital have told us that they have already started taking steps to implement the following actions:

Discharge

- Implementing volunteers to assist with discharge.
- The hospital have set up a discharge group to begin working with Richmond Social Services and to improve the discharge process for patients and relatives. Specifically ensuring that the correct processes are in place to continue patient care in the community.

Meeting Patient Needs

- Moving nurses' stations from the ward corridors into patient bays. This is to ensure that staff spend more time close to the patients that they are caring for. This should also guarantee that that patients spend less time waiting for care and are also less likely to be forgotten. The Hospital have confirmed that they are in the process of piloting bay nursing on Syon and Osterley wards. The success of this approach will be reviewed and rolled out to other wards later in the year.

Cleanliness

- Introduce a notice to indicate that a sample has been left in a toilet. This alerts other patient wishing to use the toilet and acts as a reminder for the clinical teams to guarantee samples are collected as soon as possible.

Mealtimes

- Introduce hand bells to indicate it is mealtime on the ward. This is so all staff and patients are aware of the mealtime, and that this is the primary focus for patient care and patients who require assistance eating can receive the help they need.

Communication

- Pilot a patient diary for nurses, doctors and family. This aims to improve the communication between the family and clinical staff by providing a record of patient care for the family to refer to when visiting. The Hospital have confirmed that they are discussing how to implement this with their infection control team.

The action planning meeting also proposed several other actions which we hope the hospital will address in due course. These include:

Staff Identification

- Adding pictures of the staff uniforms to the patient leaflet and ensuring that staff boards are available on all wards. This is to help patients identify the type of staff providing treatment to them.
- Revisit the design of staff name badges to ensure that name badges adequately visible for patients.

Noise

- Remind staff to be considerate, particularly at night so that patients trying to sleep are not disturbed.

The hospital are providing us with quarterly updates on their progress with these actions. Additionally, we will re-visit the hospital to review the changes and their impact on patient experience of the hospital before the end of 2015.

Further information

Further information on the findings from this executive summary can be accessed in the detailed report. If you would like to know more about the West Middlesex Project and to get involved with Healthwatch Richmond's next steps or any of our other work please contact - info@healthwatchrichmond.co.uk or call 020 8099 5335.