

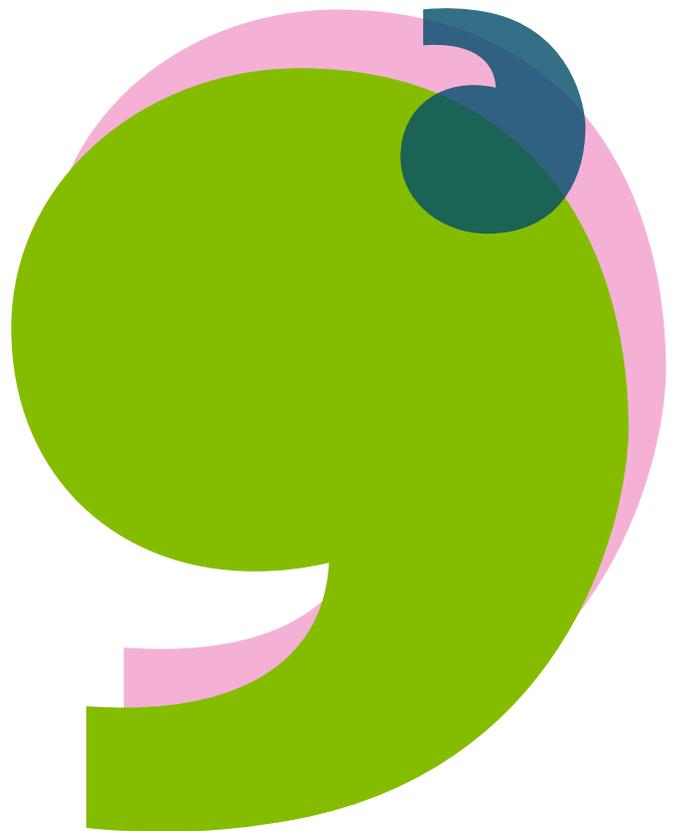


Milton Keynes University Hospital NHS Foundation Trust

Review of Staff/ Patient Communication

Ward 24

December 2017



Contents

- Contents..... 2
- 1 Introduction 3
 - 1.1 Details of the visit 3
 - 1.2 Acknowledgements 3
- 2 What is Enter and View? 4
 - 2.1 Purpose of Visit 4
 - 2.2 Strategic drivers 4
 - 2.3 Methodology 5
- Summary of findings 6
- Results of visit 6
 - Ward 24..... 6
- Recommendations11
- Service provider response12
 - Appendix 113
 - Appendix 214

1 Introduction

1.1 Details of the visit

Details of visit: Ward 24	
Service Provider	Milton Keynes University Hospital NHS Foundation Trust
Date visit carried out	7 December 2017
Authorised Representatives	Tracy Keech and Paul Maclean
Contact details	01908 698800

1.2 Acknowledgements

Healthwatch Milton Keynes would like to thank Milton Keynes University Hospital NHS Foundation Trust (MKUHFT), service users, visitors and staff for their contribution to our Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time

2 What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

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

2.2 Strategic drivers

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

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

2.3 Methodology

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

So that Healthwatch could talk to patients admitted for a variety of reasons and receiving treatment from different specialty areas and staff, it was agreed with the hospital that we would spread the visits over a number of different types of wards. Healthwatch Milton Keynes began this programme of visits with reviews of Wards 17 (Cardiology) and 18 (Frail Elderly), as Ward 17 had not started using Red 2 Green at the time of the visit, and Ward 18 was the first Ward in which the initiative was rolled out. For the second visit in the programme, we visited Ward 24, a reasonably new and modern surgical ward where the Red 2 Green ethos was embedded in the design and set up of the ward.

We agreed the dates and timings so that we were able to conduct the visits with minimal disruption to the patients and staff. Healthwatch Milton Keynes provided bedside leaflets that the hospital staff delivered prior to the visit to explain who we were, what the Enter and View programme is, and the specific purpose of these visits. The leaflet made it clear that patients did not have to speak with us if they preferred not to, but also gave our contact details should they, or a member of their family or carer, wish to speak to us separately from the visit. A copy of the pamphlet is included in appendices 1.

At the beginning of the visit the Healthwatch Authorised Representatives made themselves known to the most senior staff member on duty in each ward, and provided them with a letter confirming the purpose of the visit. At this time, we talked to the senior staff member about the patients on their ward. This meant that we were fully briefed on which patients it would be inappropriate to disturb because of the nature of their condition. In total there were 12 patients on the ward that it was clinically appropriate for Healthwatch to engage with. We spoke to 9 patients in total as there were 2 patients we did not disturb as they were sleeping, and one patient who declined to speak with us as he was about to leave for home.

The Authorised Representatives approached each patient with an introduction, and gained their consent to interview them. All patients we spoke to had seen the bedside leaflet and were happy to share their experiences with us.

The Enter and View team used the set of questions and prompts that were designed for the overall review, allow consistency in the analysis of the findings. These prompts are designed to encourage the patient to talk about the information they were given about their treatment, who gave them the information, and how they felt about the information given. The interviews with patients were lengthy and detailed, allowing our representatives to further explore the patient's views. The Authorised Representatives wrote extensive notes during the conversation and then transcribed them later for analysis. A copy of the prompts is included in appendices 2.

After the visit, the lead Authorised Representative had a brief discussion about the findings with the Patient Experience & Engagement Manager. An appointment has been made to meet with the Head of Nursing to discuss the findings more fully and allow the hospital to check for accuracy and provide a response to the report and to the recommendations made in it.

Summary of findings

- Information provision is proactive and thorough with nursing staff generally seen as being approachable and willing to give clarification, or find further information for patients.
 - Staff members consistently introduce themselves at shift changes, key contacts are identified for each patient, and staff check on patients frequently.
 - Overall, there is a structured and consistent provision of information, which means that patients report a high level of understanding of what is happening each day and what needs to happen to get them home.
 - Consultants, on the whole, were perceived to be knowledgeable and helpful. However, some patients living with long-term conditions felt that their own expertise and knowledge of their illness was generally not acknowledged. These patients felt that, in some cases, consultants seemed to have not read the notes properly, especially in respect of complex cases, and had missed key points.
 - Effective communication raises levels of satisfaction in the overall patient experience. This was evidenced in the high levels of satisfaction and confidence in treatment reported by patients.
-

Results of visit

Ward 24

Do you know what is happening today or tomorrow? And what needs to happen before you can go home? Do you have a timeframe for getting home?

All nine of the patients we spoke to knew what tests or treatment they were to receive that day. One person reported not knowing whether the MRI scan needed would happen that day as there may not be available appointment slots.

Eight of the nine patients spoken to knew what had to be achieved before they could be discharged, with six having a clear timeframe of when this was expected. One

person said they would know once they had come back from surgery, and another said that they would be given a timeframe once the Physiotherapist had assessed them. Only one patient reported not having any idea about a discharge date as the information given, about diagnosis and treatment, by consultants changed from day to day.

How are you kept informed about what is happening, who tells you? Do you have any specific requirements for the way information is given to you?

We spoke to one patient who wore hearing aids. The patient told us that the staff were aware of this and made sure that the hearing aids were only removed when the patient was unconscious. The patient was very comfortable that his requirements around communication were provided for.

One of the people we spoke to said that they suffered from problems with memory and used a notebook to write things down. The patient reported that most of the doctors seemed to be unaware of this issue and did not acknowledge it when informed.

The remaining patients on the ward told us that they did not have any specific requirements for the way they were given information, and so were happy with the methods used.

While information was given to patients by a variety of staff, six patients specifically mentioned that staff introduced themselves before starting to give information. It was positive to see the 'Hello, my name is...' initiative being used so widely on this ward, especially as there are generally a number of different health professionals visiting each patient.

Do you generally understand what you have been told; how do staff check that you do?

Most of the patients on ward 24 reported that their surgeon, consultant, or nurse explained things very simply and clearly, and that they were always asked whether they understood what the information meant to them.

Only one patient reported feeling confused about the information given to them. This was due to the conflicting information given by different consultants and the patient's pre-existing condition which results in memory loss. The patient would have preferred the information in written form. One patient reported understanding what they were told, despite not always agreeing with what the consultants were saying.

Do you feel comfortable asking for more information or an explanation? Do staff ask for your questions and opinions? Do you feel listened to?

Two patients with long-term conditions reported that the consultants were dismissive of their opinions or needs around their treatment. One patient reported that this had led to readmission. Another patient told us that the consultants'

manner made them feel like just a number and that the consultants' demeanour made them too nervous to feel able to ask them for clarification or more information.

Patients with less complex conditions or needs said that consultants were informative and explained things in professional, matter of fact terms, were thorough and honest, would ask if the patient had any questions and were happy to provide further details.

Do staff ask for your questions and opinions? Do you feel listened to? How does this make you feel?

Most patients reported that the staff listened and acknowledged their questions. Patients reported that the staff were friendly and approachable and were happy to go away to find more detailed answers for them. The Nursing staff were consistently praised by all, with one patient stating that they were brilliant. Consultants were generally praised for their candour and straight talking. However, two patients with complex long-term conditions felt undermined by their view that consultants either didn't believe them, or dismissed their information. There was a perception that, in one complex case, consultants were struggling to diagnose a patient's issues but wouldn't be candid about it. The patient would prefer honesty about this rather than having hopes raised with optimistic discharge plans, only to have them changed at the next conversation.

Would you change the way you are given information or the type of information you are given? If so, what would you change?

It was suggested that more information on post-discharge support would be helpful, with a patient wanting a clear idea of what would be in place at home after discharge. Another suggestion given was that information provided by consultants should be consistent, even when more than one consultant was involved. Patients felt that the lack of consistency meant that the professionals were being overly optimistic.

Patients who felt that their consultants were straightforward with them reported higher levels of confidence in their treatment.

What arrangements have been made for discharge and do you know who to contact if arrangements do not work?

One patient, admitted for planned surgery, had been given a discharge date but had decided they would not leave at that time because of uncertainty around the support being put in place for their return home. As the ward was not full, staff were accommodating of the patient's concerns and wishes.

As this was a single observed incident, it should not be assumed that this is a common occurrence, however, it does highlight the necessity for discharge planning to be applied consistently across the hospital to prevent issues arising at times of high need. While the patient centred approach demonstrated here is commendable, it increases the risk of an unsatisfactory, and possibly unsafe, discharge for the patient in the event of an increase in the number of unplanned admissions.

Six of the nine patients we spoke to knew who they should contact if their discharge plans did not work as they should. Two more patients felt confident that they would be told when the discharge date was closer, and happy that they would be able to contact the hospital to get any further information they required.

The only patient with no knowledge of their discharge date or arrangements reported that, because of conflicting information from consultants, it was still to be decided whether their treatment would be provided in hospital, or at home.

General comments and observations:

One patient we spoke to said they had been very scared about coming in for their planned surgery as they had had a bad experience in the Emergency Department a month previously. The patient said:

“It is lovely here, I even told my partner not to come in at night because there are a lot of people looking after me. They have made me feel at home. 100% different to A&E. It is very clean, and they make sure I am comfortable”.

Another patient told us:

“the staff always come and say 'Hi, I'm so and so' and I know four of them by sight. I could go to the States and spend millions and still not get the treatment we get on the NHS”

One patient said:

“because of a long-term condition I tend to get recurring kidney infections. I was here two weeks ago but the consultant told me I looked “too well” and sent me home with oral antibiotics. I said ' ok, so I'll see you in two weeks then' He got annoyed and told me not to say things like that, but here I am. I know that oral antibiotics don't fix it”.

One patient reported that there had been a problem regarding a very late cancellation the previous week. The patient had received a call at 5.30pm Monday when due in 7:00am Tuesday. They had to rearrange work and family commitments as their surgery was delayed by a week. They then discovered during that call that there had also been a change in the treatment plan, which necessitated an additional visit to the Consultant before admission. The confusion was due to a miscommunication and the patient was informed that they should have been told a week before. The Consultant was very apologetic.



Quite a few comments were made about the friendliness and professionalism of the staff, with specific mention made of the way the day and night staff introduce themselves on changeover.

Specific mention was also made about the quality and freshness of the food and the cleanliness of the ward.

The nurse in charge knew that Healthwatch Milton Keynes were visiting and was clear which patients we could interview and at what times. Staff were very polite and helpful. One senior staff member was not aware of our visit initially, but was extremely friendly, helpful and attentive. She was also very interested in our findings and was keen to find ways to improve. Overall, there was an atmosphere of calm purpose with good rapport between staff and patients.



Recommendations

Our recommendations are based on the responses received from patients, and from observations made during the visits:

- Where multiple consultants are involved in a patient's care, a meeting between them to agree plans and familiarise themselves with patient history could be useful to ensure consistent advice and information is given to patients. This would be especially helpful to those patients with more complex clinical needs. Patients should not have to inform consultants of specific issues when they are entered in the case notes.
- Having a clear discharge plan from the time of admission gives patients peace of mind, and confidence in their discharge from hospital. We recommend that the discharge planning policy is applied to all patients to ensure that the current high standards observed in this ward are maintained
- We would like to congratulate all staff who are involved in maintaining the quality of care and cleanliness on Ward 24. The appreciation of the high standards are acknowledged, and reflected in the comments made by the patients.



Service provider response

Ward 24 is an elective surgical ward and is predominantly used for 'clean' surgery, including joint replacements, breast surgery and some of our larger urology cases and selected trauma cases. The ward is new and such has a relatively new multidisciplinary team who have worked together for a year at the time of the visit.

We welcome the recommendations as learning for Ward 24 and will also be shared across the wider surgical division to improve standards and patient experience outcomes. The clinical director has taken the feedback in regards to communication for patients who have several Consultants involved in their case to the divisional meetings to discuss and agree how as a team they could work more collaboratively and cohesively for patients going forward.

Discharge planning is a key element for patients to ensure a timely safe discharge is facilitated that supports patients following surgery. Ward 24 uses the Trust discharge checklist and discharge planning should be commenced on admission which is best practice. The ward is also supported by a discharge Sister, a senior nurse whose role is to facilitate the discharge process for patients and staff to ensure a robust discharge plan is in place for all patients leaving Ward 24.

We thank Healthwatch for taking the time to visit and producing such a positive report for Ward 24 and the multidisciplinary teams who support this ser

Appendix 1

V

healthwatch
Milton Keynes

We want to know what you think

We will be visiting here on:

.....

To ask how well informed you feel about what is happening to you each day you are in hospital

Your Healthwatch Milton Keynes
Volunteer Authorised Representatives:

.....

What is Healthwatch Milton Keynes?

Healthwatch Milton Keynes is an independent organisation who visit different health and social care providers to get the views of the people, family and carers who use their services.



it starts with
YOU

What is Enter and View?



Healthwatch Milton Keynes can go anywhere that health or adult social care is being provided, so that we can see in person how services are being delivered.

When we visit, we listen to the views of the people using that service, their relatives and care givers so that we can find out what they think.



We then write a report on what we have found and make it available for people to look at online. Or we can send a printed copy out to you if you ask

We would like to ask you a few questions about the care you are getting to see what you think. You do not have to answer if you don't want to.

If you, your relatives, or carers, would like to speak to us about this survey, or any other health or social care issue please contact us.

Call: (01908) 698800
Email: info@healthwatchmiltonkeynes.co.uk
www.healthwatchmiltonkeynes.co.uk

healthwatch
Milton Keynes

Appendix 2

Questionnaire – E&V Red2Green review MKUHFT

WARD _____ Is Red 2 Green rolled out in this ward? Yes No

First name _____
Surname: _____
Preferred Name: _____
D.O.B: _____
Male: <input type="checkbox"/> Female <input type="checkbox"/>
Occupation: _____
Ethnic Origin: English/Welsh/Scottish/Northern Irish/British Irish Gypsy or Irish Traveler Any other White Background (please describe) White & Black Caribbean White & Black African White & Asian Any other Mixed/Multiple Ethnic Background (please describe) Indian Pakistani Bangladeshi Chinese Any other Asian Background (please describe) African Caribbean Any other Black/African/Caribbean Background (please describe) Arab Any other Ethnic Group
Domestic Situation: _____
Faith: _____
Sensory Impairment: _____

Admission - questions/ prompts:

1. Why have you been admitted to hospital? (Do you know what is wrong with you or what the hospital are testing for?)
2. Planned admission? Unplanned admission
3. Is this the first time you have been in hospital with this condition? Yes No
4. If No: Why were you readmitted? (eg: Discharged without enough support? Needing further tests/ treatment?)
5. How long has your current stay in hospital been?

Communication regarding treatment - questions/ prompts:

1. What is going to happen now, later today and tomorrow to get you sorted out? (eg: what tests/ procedures you're having)
2. How are you kept informed about your treatment? (eg: Who tells you? (patient should have a named carer); How do they inform you? (what method is used))
3. Do you have any specific requirements for the way you need to be given information? (eg: interpreter; to a carer/ relative)
4. Are these requirements provided for?
5. If you could, would you change the way you are given the information and if so, how? (eg: The time it is given? the method it is given? who gives it? Who it is given to?)

6. Do you generally understand what you have been told?
7. Do staff check that you have understood?
8. If yes, how do they check?
9. Do you feel comfortable asking for more information or for an explanation?
10. Who would you ask?
11. Why would you ask them? (eg: Are they the named carer? They explain things better?)
12. Do staff ask for your questions and opinions? Do you feel listened to?
13. How does this make you feel?
14. Do you think that you are given enough information?
15. If you could make one change to how you are given information, or what kind of information you are given, what would it be?

Communication regarding discharge questions/ prompts

1. Do you know what needs to be achieved to get you home?
2. Do you know when you are likely to be discharged? (Time frame if known)
3. Do you know what arrangements will be in place when you are discharged?
4. Do you know who to ask or follow up with if discharge arrangements are not as they were arranged?

Patient or Carer/ Relative follow up contact information:

Name: _____ Address: _____ _____ _____	Relationship: _____ Contact Number: _____ Mobile: _____ Email: _____
---	---

Patient Consent

<p>I consent to my information being shared anonymously in a report about the 'Red 2 Green' initiative. Consent given: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I consent to Healthwatch Milton Keynes contacting me, or my carer or relative, in the future, to gain more information about my experience of this hospital admission and discharge.</p> <p>Consent given: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Sign: _____ Date: _____</p>
--

Any Further observations not covered by this survey:

- Were staff aware you were coming?
- Were staff receptive to your visit?
- Could staff articulate the communication needs of their patients? (Language barriers; dementia etc)