

Community Engagement

BHRUT Engagement project

Sky B Ward (Cancer and clinical support)

Patients' perspectives

July 2023



What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that we can become the influential and effective voice of the public.

Healthwatch Havering is a Community Interest Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your voice, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

*'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill*

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Community engagement

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has a statutory duty to ascertain the views of health and social care services and to make them known to the commissioners and providers of those services so that they can be taken into account in the development, commissioning and delivery of services.

We do this in a variety of ways, such as surveys, interviews and focus groups.

We also participate, with other Healthwatch organisations across North East London, in the Community Insights System, which gathers views and comments on health and social care from people across the area. Intelligence gained from Community Insights is used directly in, or to inform, many of the surveys and other public engagement events that we carry out.

The results of our community engagement are shared with Havering Council, NHS North East London, NHS and other provider organisations and Healthwatch England.



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Introduction

Following the CQC inpatient visit findings, Barking Havering Redbridge Hospital Trust (BHRUT) are keen to improve the quality of care and patient experience across the hospital trust. In response to this BHRUT wanted an independent voice to speak to patients about their experiences of services provided by the trust and to explore patients' expectations of services and how these were met. BHRUT would use this to explore good practice and use the findings to improve areas where feedback showed changes need to be made.

There were six wards in total: Ash ward and Holly ward at King George Hospital, Goodmayes and Cornflower B ward, Ocean B ward, Sky B ward and the Medical Receiving Unit at Queen's Hospital, Romford.

Healthwatch Havering took the lead on two wards at Queen's Hospital: the Medical Receiving Unit (MRU) and Sky B ward.

This report reflects the findings from patients in Sky B ward, which provides care for patients undergoing treatment for cancer. The nature of their illness and treatment meant that we were only able to speak to a limited number of patients.

Research objectives

- To identify what is working well in each service area
- To identify what would improve patient experience
- Make recommendations based on feedback received from patients
- To explore patients' expectations of services and how these were met
- Provide a full report to BHRUT for each service area after a visit and telephone interviews.

Research approach

The research was carried out through:

- Face-to-face interviews conducted on the ward
- Telephone interviews (the aim was to conduct up to 10 interviews but, in the event, individuals' circumstances meant it proved impracticable to get that full number)

The differing nature of the wards and unit visited meant that there will not be a standard set of findings or recommendations; each ward and unit will have different requirements.

Methodology

The research was carried out in two steps:

- A questionnaire was devised, and questions were asked to patients on the ward, during the visit patients were asked if they would be happy to undertake a follow-up interview so we could explore their experience of the discharge pathway. The same questionnaire was used on each ward and the unit.
- A week later, individuals who had given permission were called, and exchanges over the phone were conversational and effective in obtaining high-quality feedback.

Summary of Demographics

The full demographic details of the respondents to this survey are set out in the Appendix. The principal details are summarised as follows:

<u>Age range</u>	<u>Respondents</u>
25-49	1
50-64	2
65-79	1
80+	1
Declined to reply	1

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<u>Gender/identity</u>	<u>Respondents</u>
Man	3
Woman	2
Declined to reply	1

<u>Ethnicity</u>	<u>Respondents</u>
White British (etc)	3
Asian Indian	1
Asian Chinese/Vietnamese	1
Declined to reply	1

<u>Disabled</u>	<u>Respondents</u>
Yes	1
No	1
Prefer not to say	1
Declined to reply	3

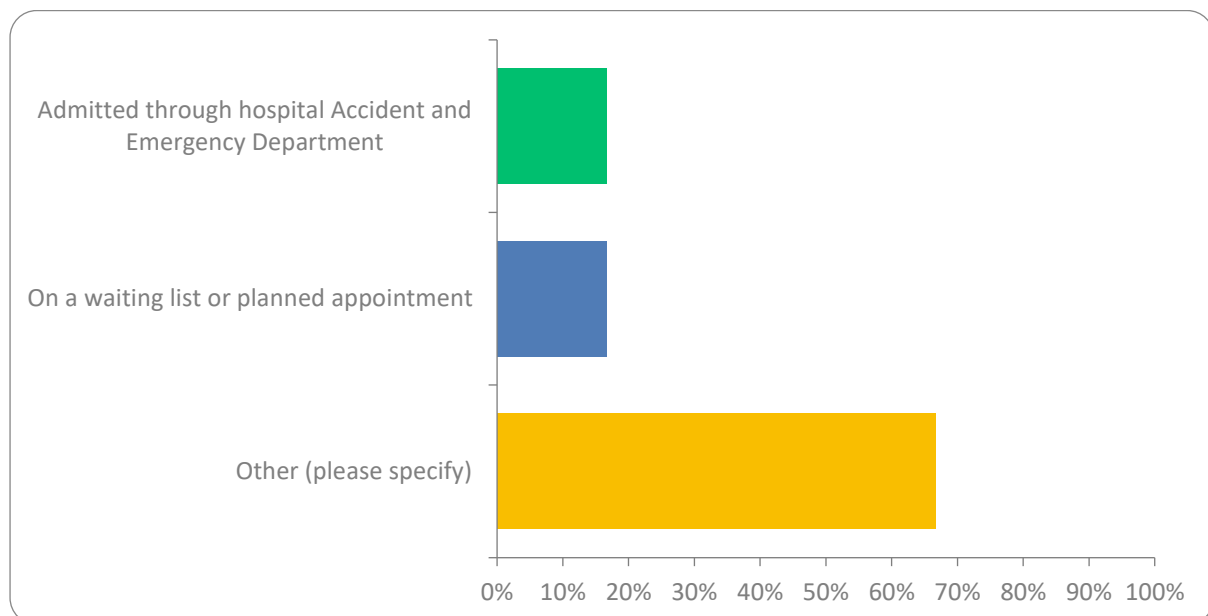
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Findings

Healthwatch Representatives spoke to 6 patients during the visit. The nature of individuals' illnesses meant that there was only a limited number of patients to whom we could speak during our visit.

Admission into hospital and ward



One patient had been admitted on a planned basis and another following a visit to the Accident & Emergency Service (A&E). The remainder told us:

"Been to A & E twice. Was on the waiting list for 12 days and then called in. Patient felt this was entirely reasonable"

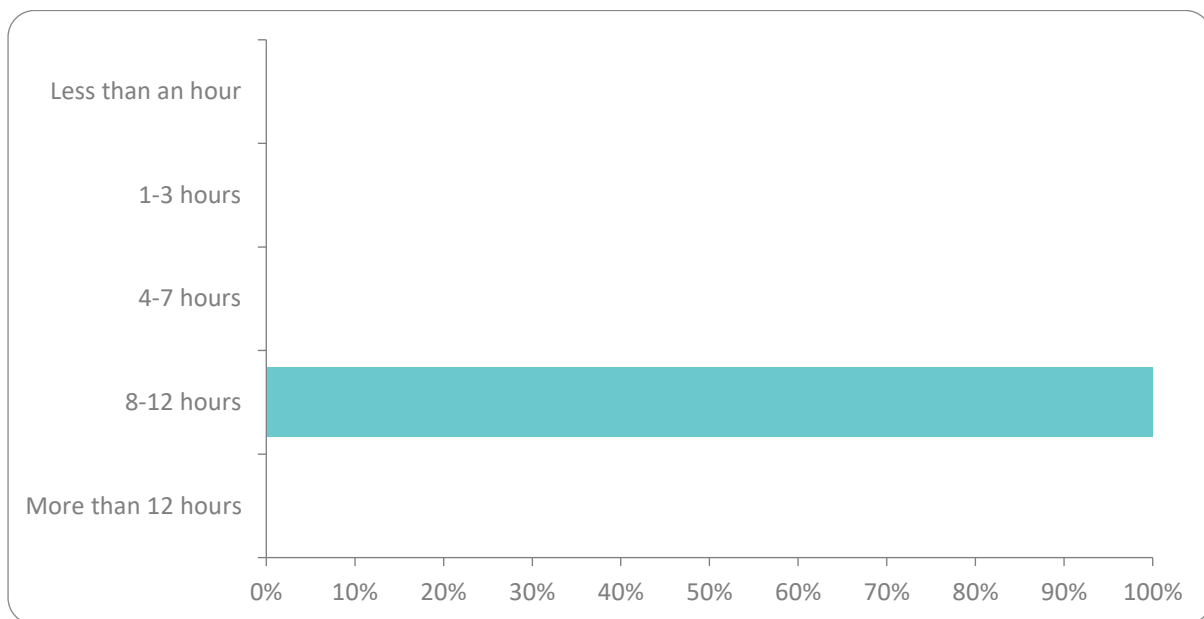
"Was admitted through A & E three weeks ago. Transferred from King Georges. A room was reserved in oncology. I went straight to my bed as it was booked"

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“Admitted through consultant, saw consultant on Wed then had a call once bed available”

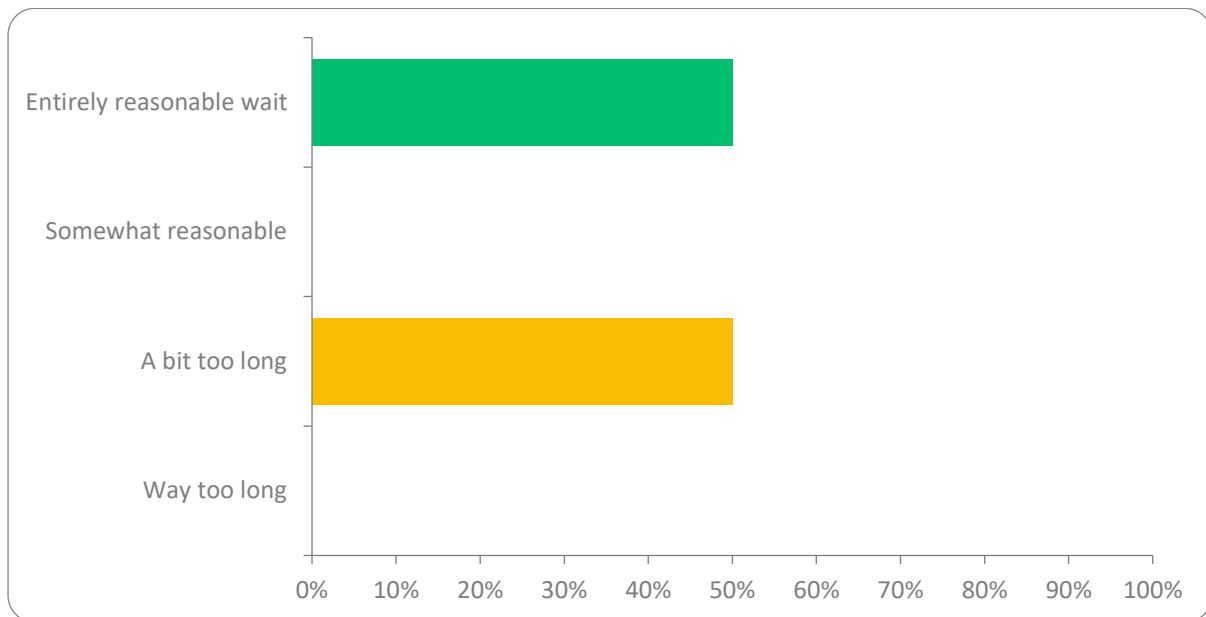
“Waiting for bed, diagnosed prior to admission. Planned admission”



Only one of the patients to whom we spoke had had to wait between 8 and 12 hours to be admitted, following arrival at A&E. They felt the wait had been “a bit too long” but, given that it was unplanned, a delayed admission was probably inevitable.

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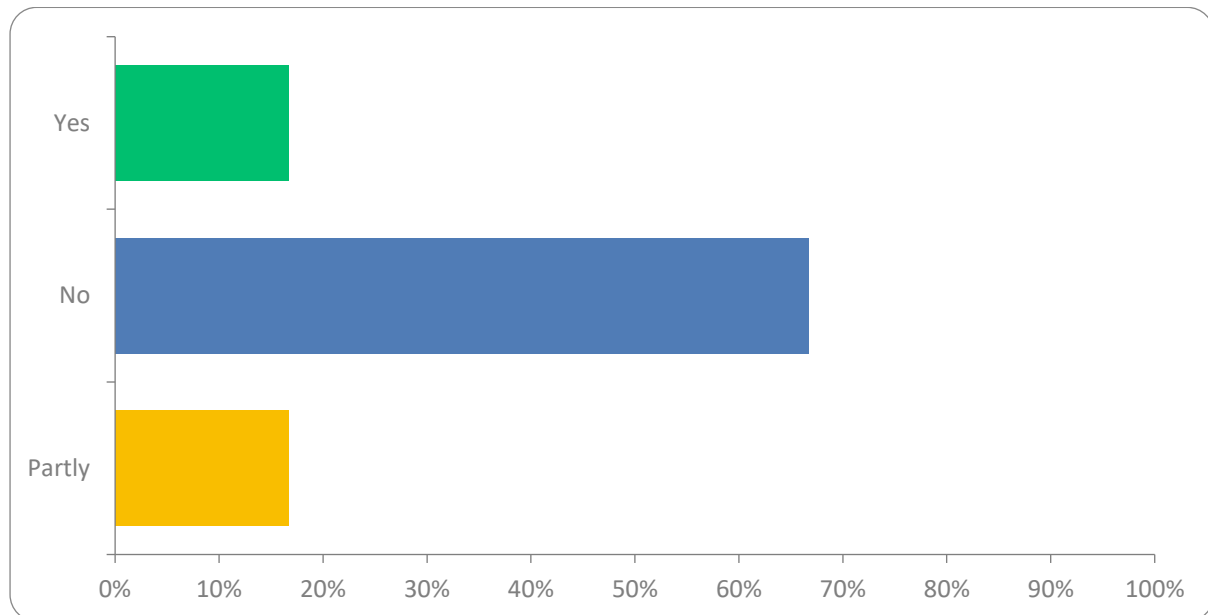


Of the two patients who responded, one felt that they had been on the waiting list for a reasonable time, but the other felt their waiting time had been “a bit” too long.

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The hospital environment



We asked patients how their sleep had been affected by being in the hospital. One (16%) told us that they had found their sleep disrupted while four (67%) had not been and one (16%) had found their sleep disrupted to some extent:

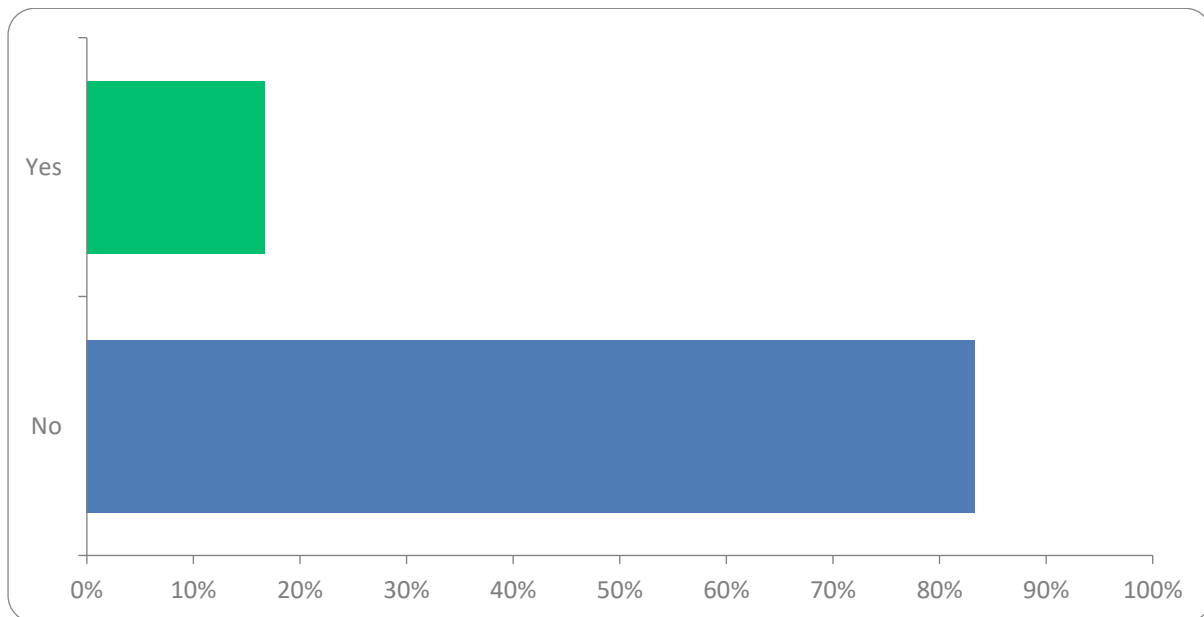
"First time when patient was in A & E was very noisy with people coming in and out. Quiet in Sky B"

"Not at Queen's. At KG's it was very noisy. Staff talked louder than the patients. They would stand and talk loudly at the end of someone's bed. Son made a phone call and was asked where it was and was told it sounded like he was in Victoria station (ward 3C)"

"It got quite cold during the night"

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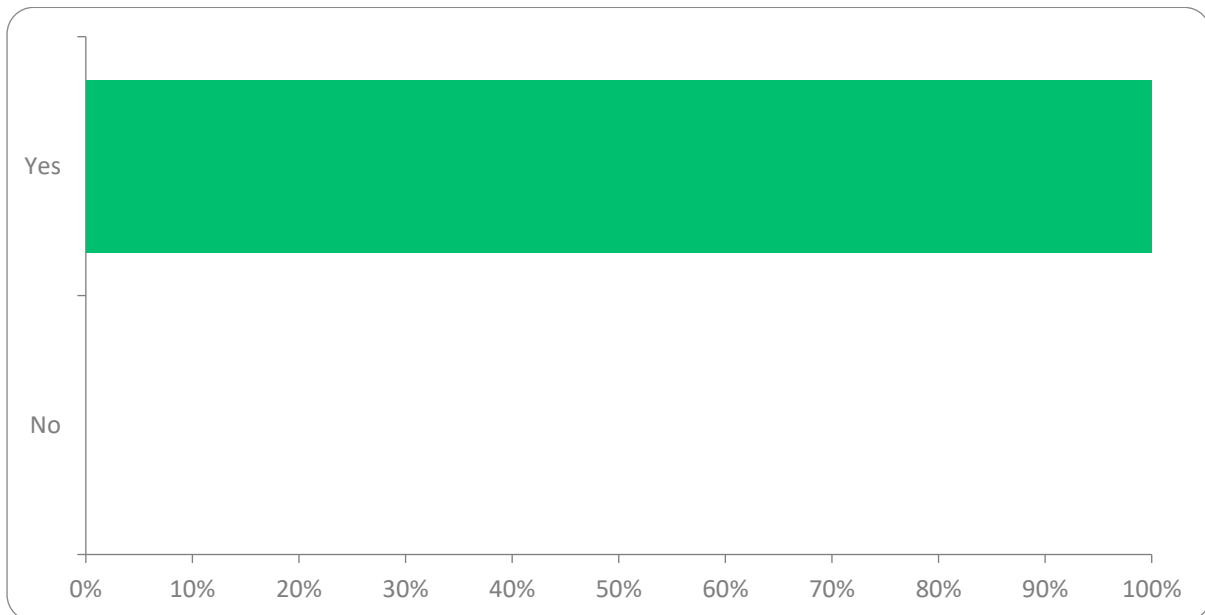
Of the respondents, only one (8%) reported that they had been moved during the night. This patient told us that they had experienced a good change. Another told us:

"I changed wards during the day. There was a shortage of beds but got one eventually"

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Hospital hygiene



All patients (100%) responded that the ward was clean during their stay. This shows that the ward is kept clean to a high standard, which enhances the patient experience during their stay.

"Every day cleaned. An inspector came and checked the window frame, top of the door and the curtain rail"

"Very Clean - cleaned every day"

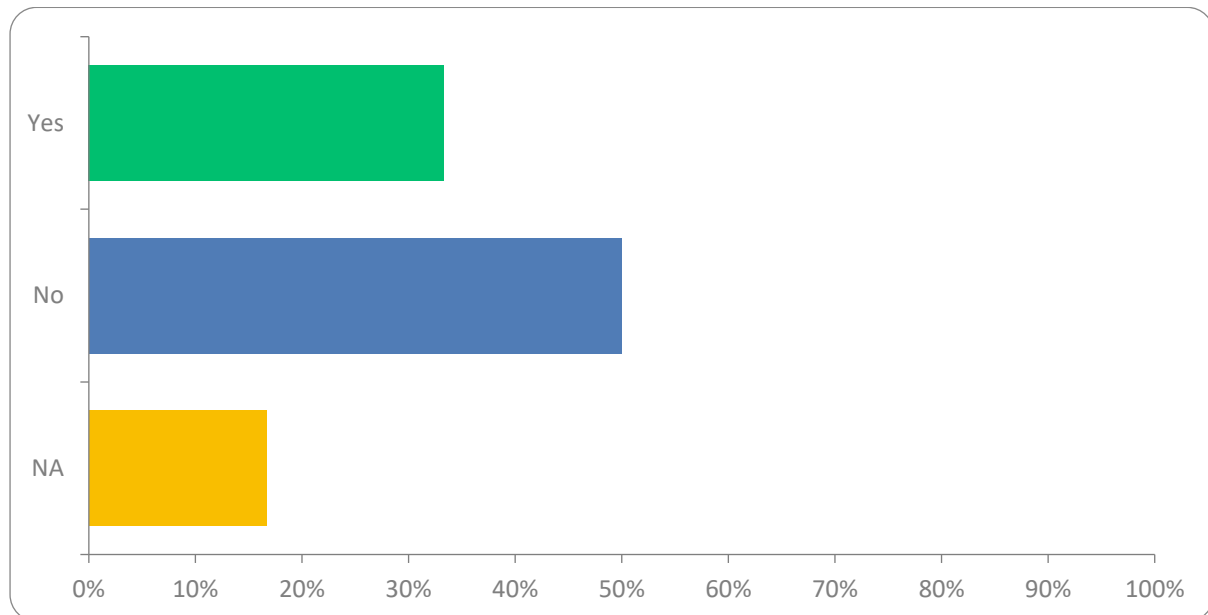
"Spotless, immaculate"

*"The staff who come to clean are friendly.
Housekeeping good"*

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Food and Medicine

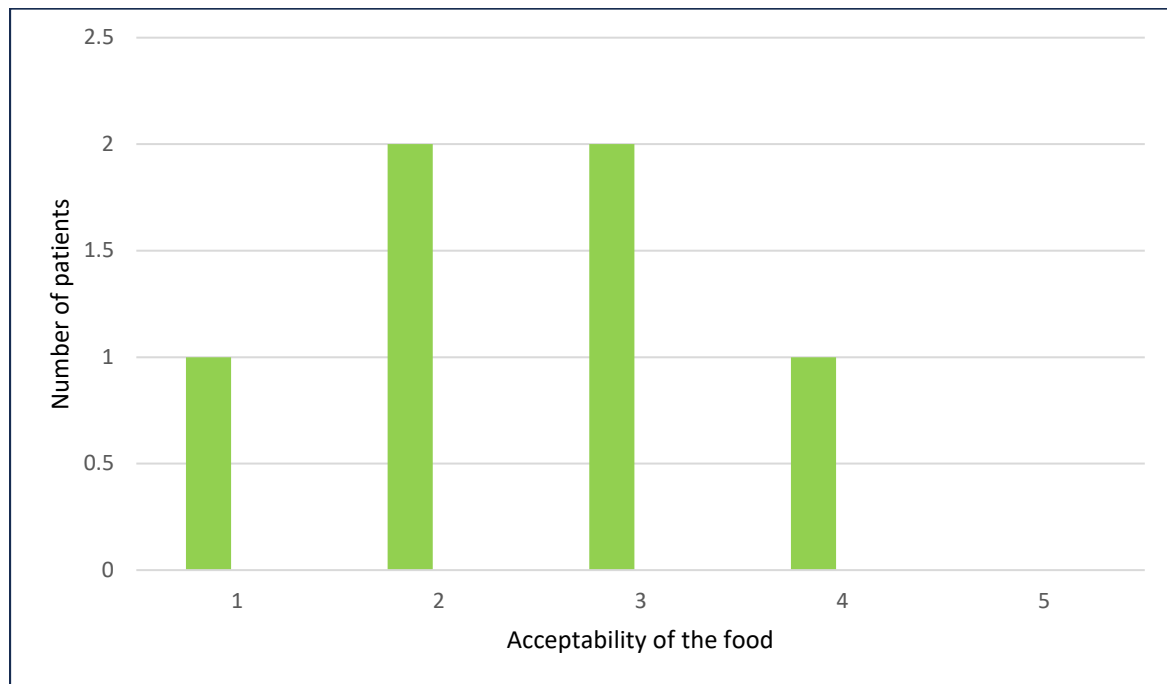


During the visit, two (33%) of the patients indicated that they were able to bring medication with them to the hospital and take it when they needed to. However, 3 (50%) told us that they were unable to take the medication they usually did at home; one (16%) answered that this did not apply to them. According to research, many patients are unable to take the medication they took with them to the hospital; however, it is important to make sure that everyone can continue their routine medical treatment as an inpatient (so far as doing that is not contra-indicated with the medications they need because of their treatment in the hospital).

“Hospital locked meds away and prescribed meds as and when needed”

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Healthwatch representatives asked the patients how they felt about the food provided by the hospital. Only one patient considered it very good; the rest rated it as 4 or higher (where the higher the number was, the less acceptable the food was). Their comments included:

"Should be ok. Is designed for this ward. I am easy to please"

"King George food was horrendous, never hot and they would not heat it up in the microwave. Queen's food much nicer"

"Not being offered suitable food for a diabetic"

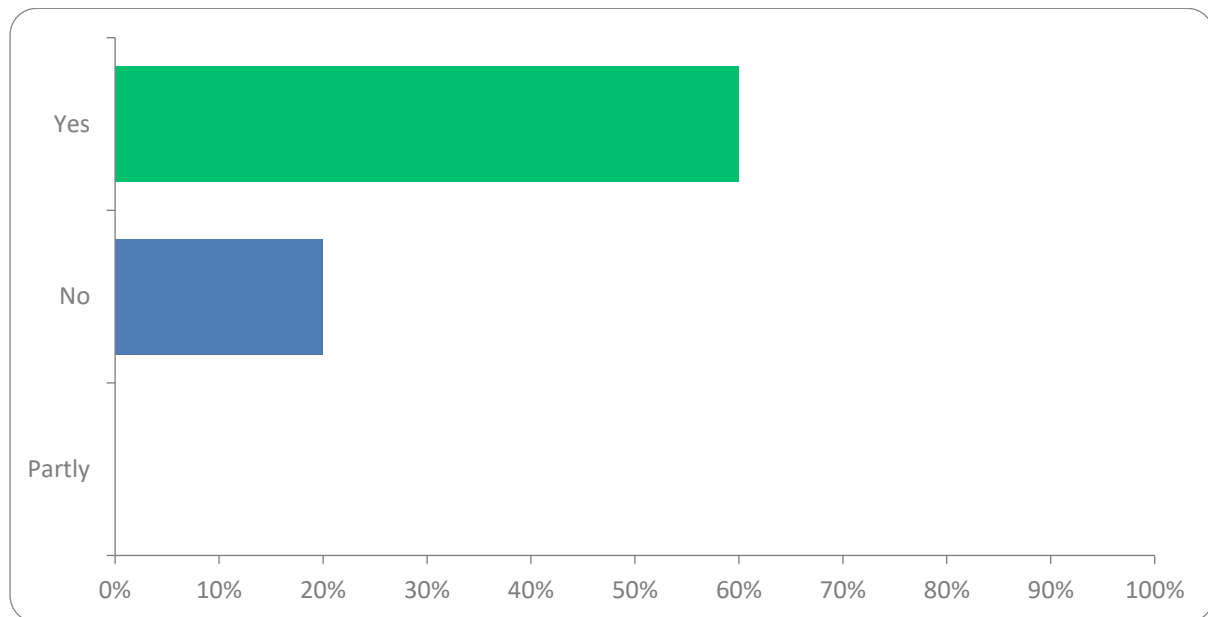
"No problems"

"Very bland, just edible"

"Not much variety for people who have allergies or options for vegetarians. Had Jacket potato three times a week. New Supplier who does Asian/Vegetarian"

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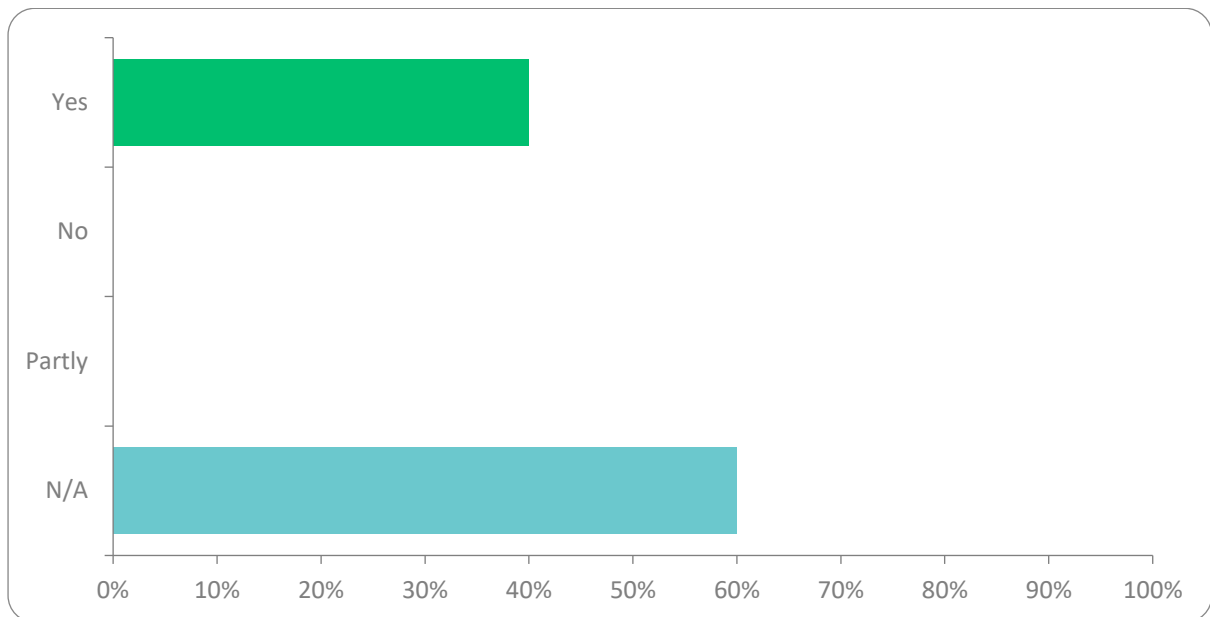
Bearing in mind that some people living in the Havering area have specific dietary requirements for religious reasons and others are vegetarian or vegan or have restricted diets for health reasons, it is important to ensure that those needs can be met.

The responses suggest that the dietary needs of three patients (50%) were met to their satisfaction.

To guarantee that patients have a better experience eating hospital food, findings point to the need for more work to improve hospital meals.

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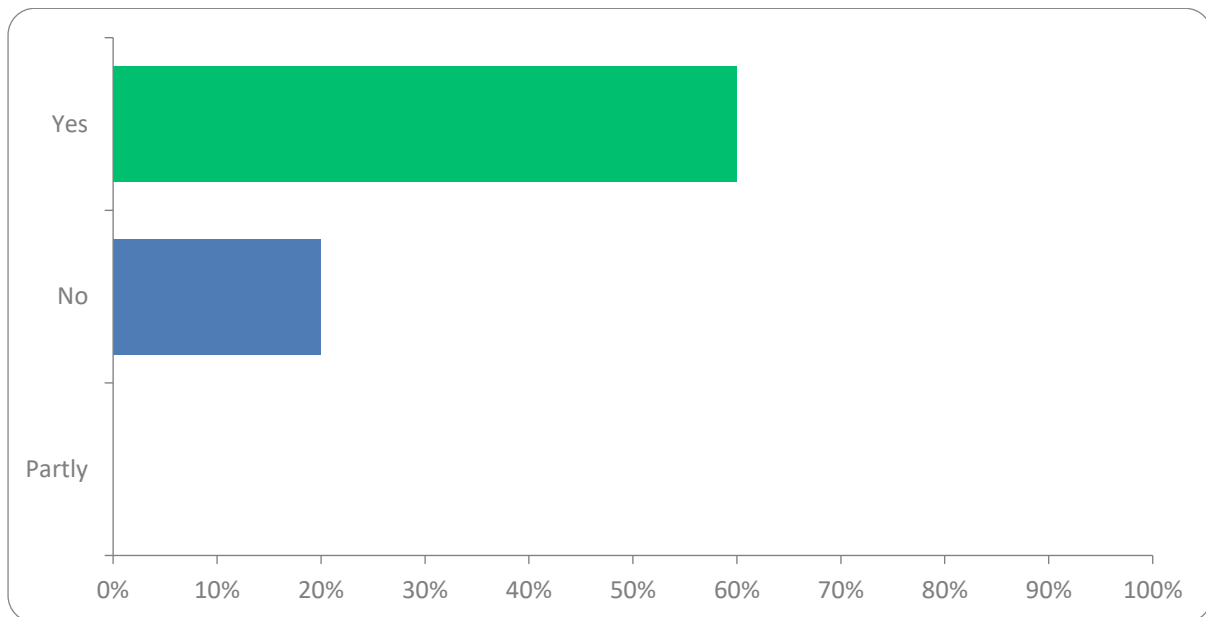
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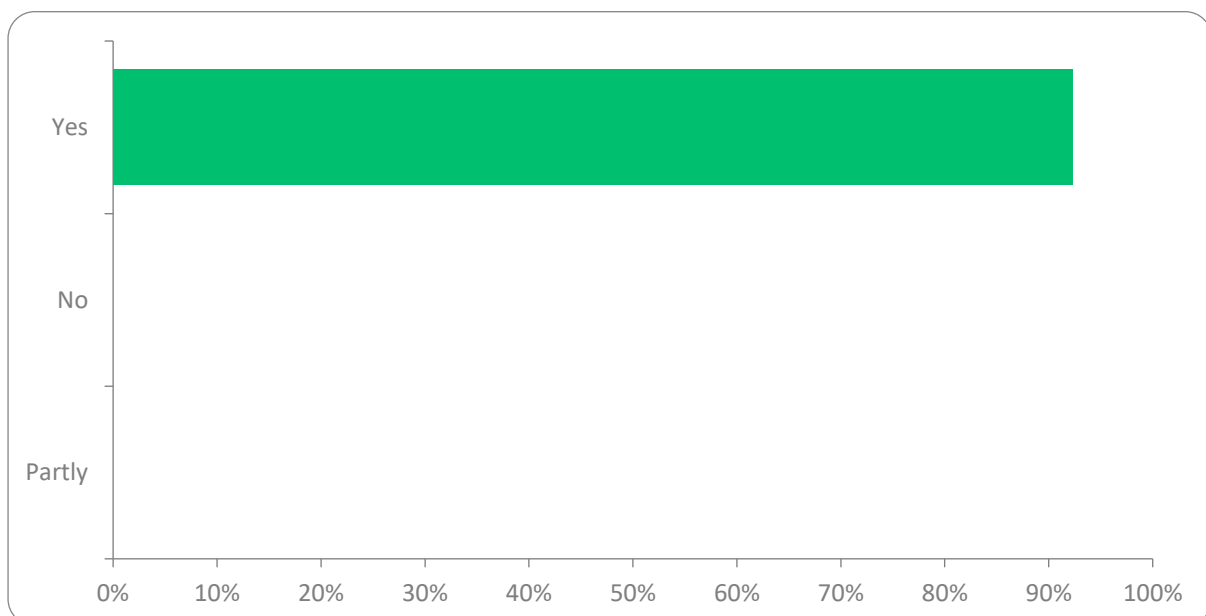
Two patients (40%) told us that hospital staff offered enough support for them to eat their meals, if needed. Three (60%) of the patients did not need any help as they were able to feed themselves.

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One (20%) patient told us that they had not been able to eat other than during defined meal times.

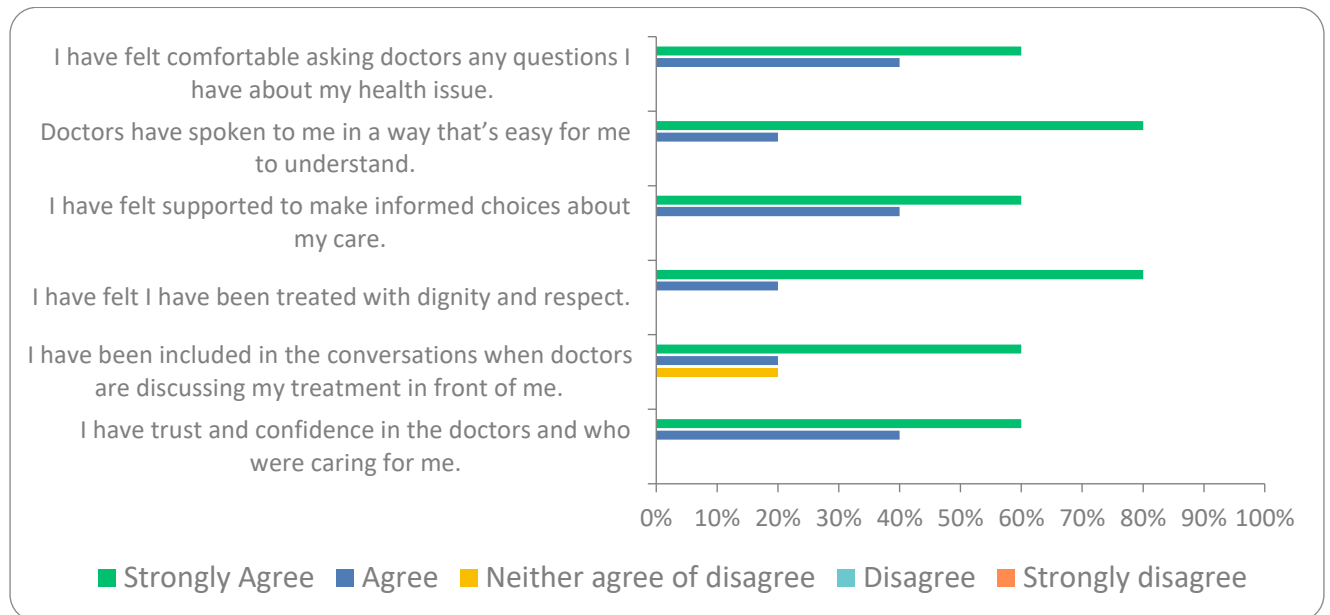


All patients had been offered enough to drink.

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Staff – Doctors and nurses



Most patients have great trust in their doctors. Nearly all of them – 80% – felt strongly that they were being treated with dignity and respect (and the rest did not disagree), all told us that they had trust and confidence in the doctors and no one felt that they had not been spoken to in a way that they could not easily understand. No one felt disrespected or ignored.

Patients told us:

"Any questions are answered. Very appreciative"

"Happy"

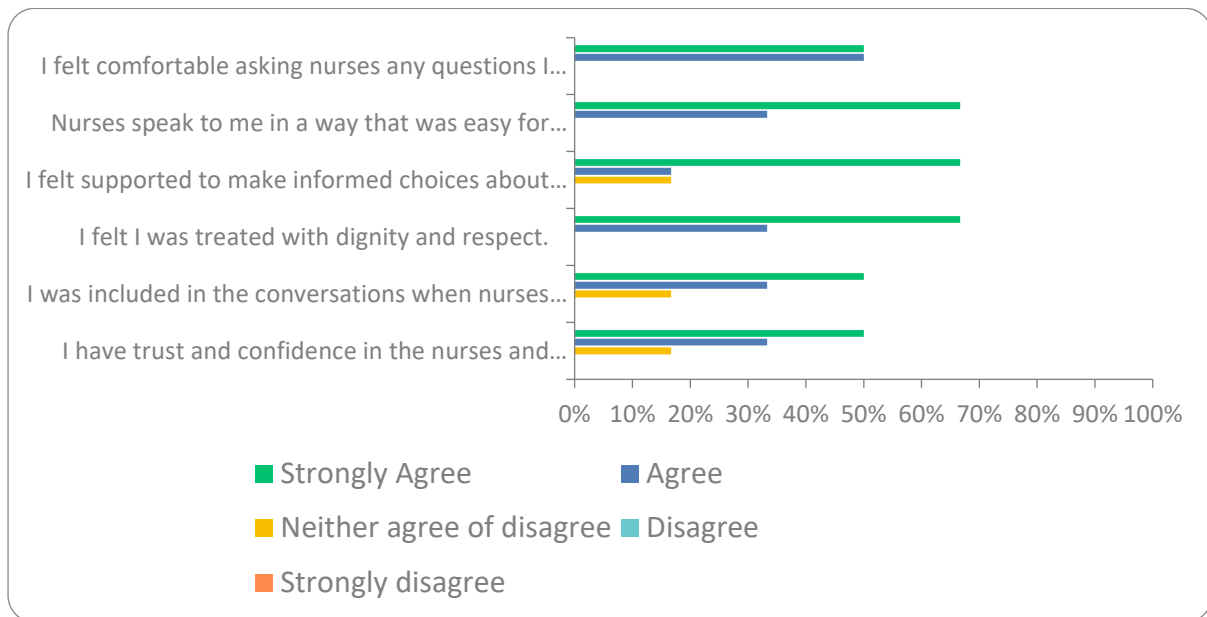
"Updated daily on progress and treatment"

"No complaints at all. Very happy over and above"

"A lot of them know about my iron levels. I work with them. They are accommodating"

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All the patients told us they felt comfortable asking nurses questions about their health, that nurses communicated well with them and that they felt treated with dignity and respect by the nursing staff. They told us that nurses were:

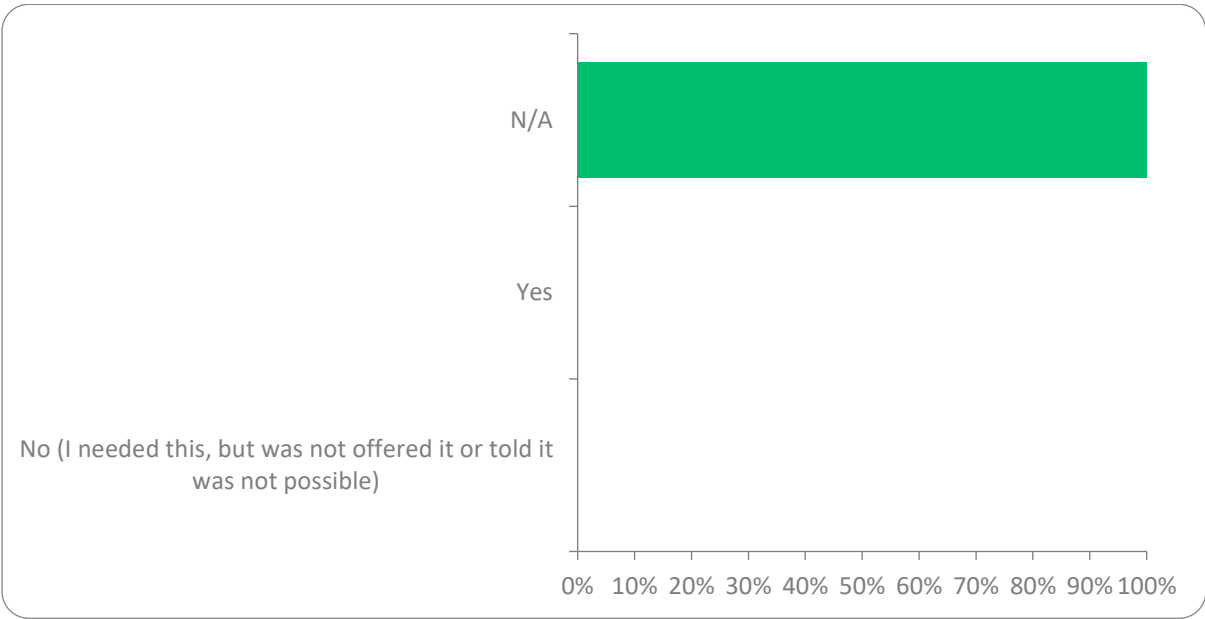
"Very helpful"

"Some nurses taking blood were very good, others not so"

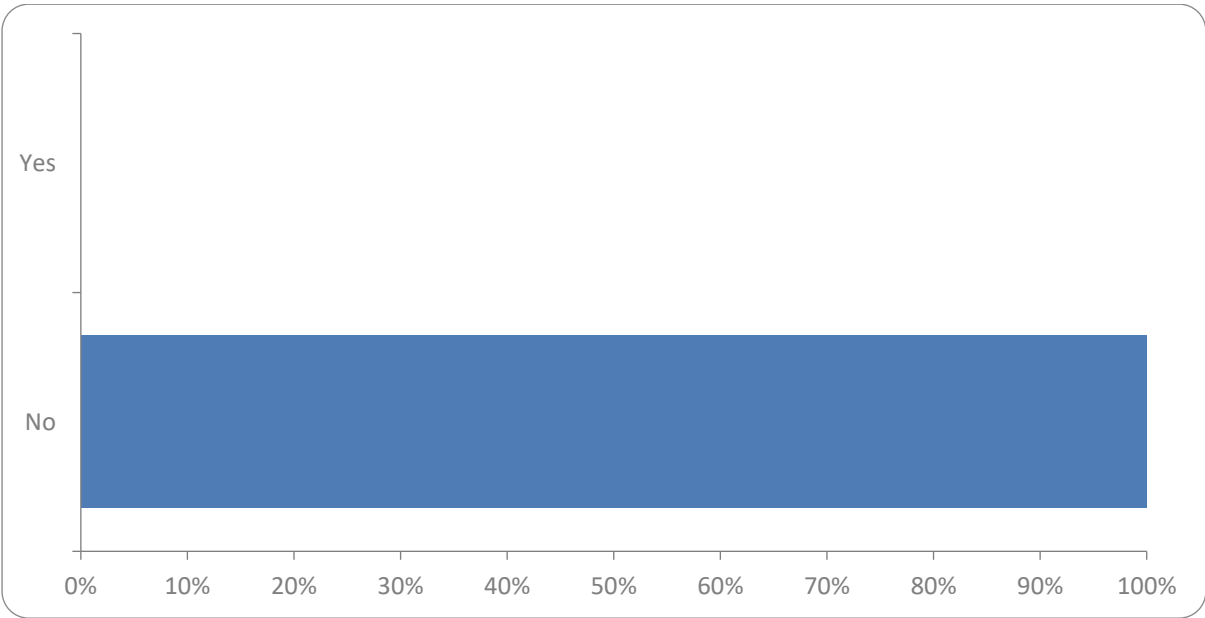
"Extremely efficient"

"Most of the time I left it to the nurses"

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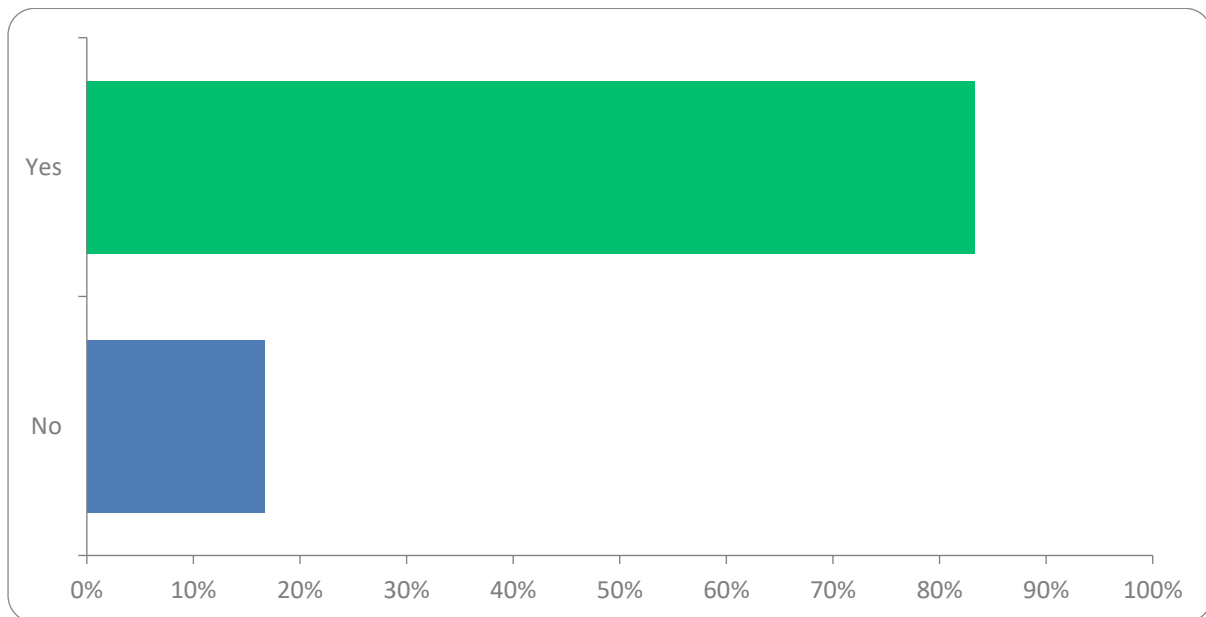
None of the patients required an interpreter.



No patient told us that they had been given different information by different staff.

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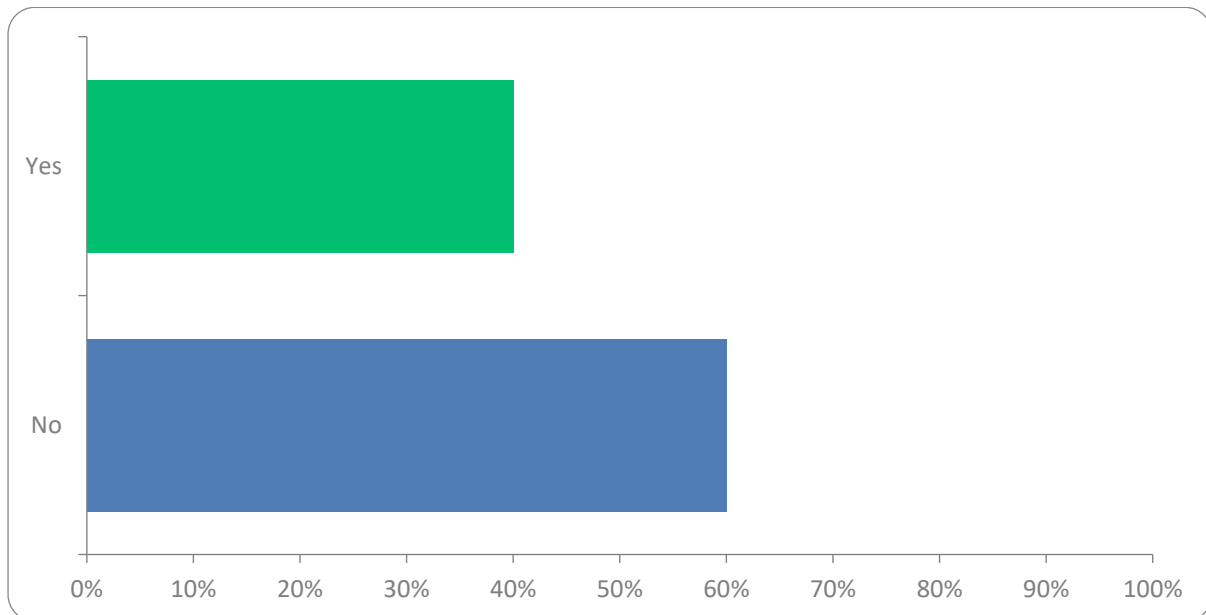


Only one patient felt uncomfortable discussing their situation with staff (but did not explain why).

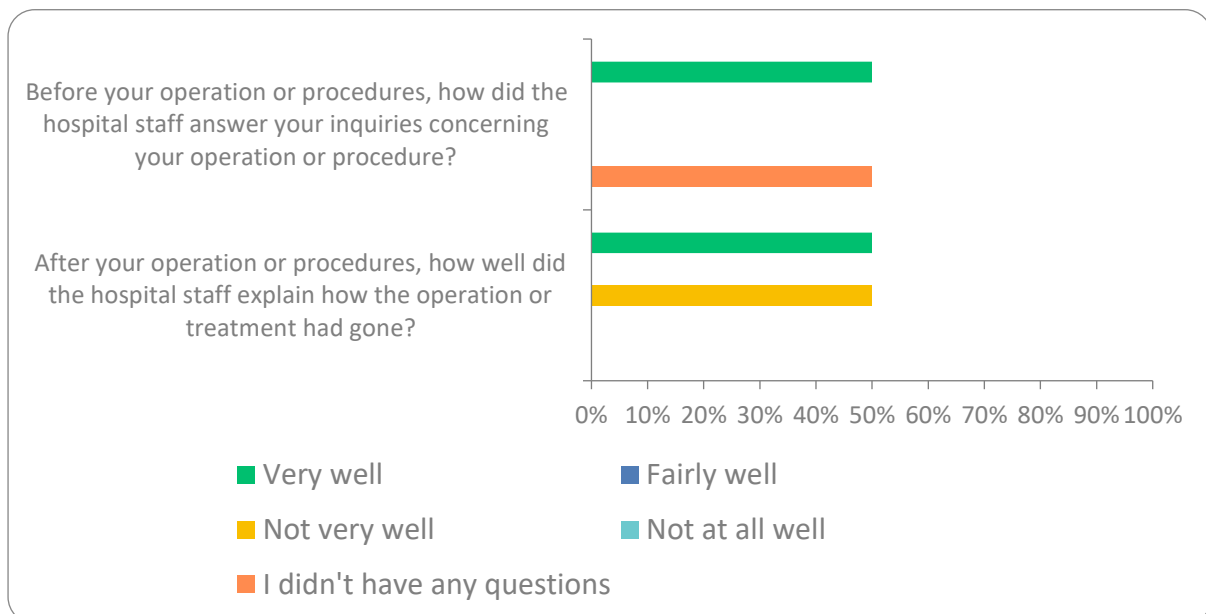
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Operations and Procedures



Two patients had needed an operation or procedure while in the hospital.



Before the event, one of those patients had not asked any questions and the other felt that their enquiries had been

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answered well. One felt that their questions after the event had been well-explained but the other did not feel there had been a good explanation of how it went.

Overall impression of the stay in hospital

We asked our respondents whether they wished to add anything to what they had told us. We were told:

"Last time I was in hospital for three weeks, I was told I was going to be discharged, but it took five hours. I was waiting for medication, but it was the same medication I had at home. Because I was told I was being discharged, I told family to pick me up, they had to leave work, but we still had to wait five hours. I have a back problem. I have not walked much in the last three weeks, because I am in bed all the time. After treatment, I have been told I might still get pain where the tumour was in my spine. Will probably need physio.

"Before I came here, I had a 1/3 of my lung taken away. This patient has difficulty taking all of her medication at one time. She prefers to stagger her medication as not to be sick. She checks her medication is the right dosage. Would like to go to the toilet on their own but has been told they might fall - so shouldn't

"No. "Might book two weeks next year"

"Good stay"

"Blood exchange in ITU Plasma exchange. I didn't hear much about what was going on at the time.

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Discharge process and follow up

The nature of the illness affecting patients in Sky B ward means that most will not be discharged for some time. Although we tried to contact patients discharged within a week or so of our visit for the survey, we were unable to do so before the deadline for the preparation of this report. Accordingly, we are unable to report on their experience. We will, however, continue trying to make contact and, if possible, will publish a supplementary report later.

And in the end...

The patients told us:

"As regards whether hospital staff told me who to contact if I was worried about my condition or treatment – yes via a discharge letter"

"About support received – have been through this situation before. It was very reassuring I can still remain at home. Cannot fault the care I received. I'm lucky to have family involved. Family came and picked me up from the discharge lounge downstairs. It took a while to arrange but I know the state of the NHS and I am conscious of how busy staff are. Was prepared for this..."

"On the question of "did hospital staff discuss with me whether I may need further health or social care services after leaving hospital" – the answer is no but I would have liked them to"

Recommendations

- 1 That further consideration be given to improving the food offered to patients. Although significant improvements have been made, patients' comments now reported indicate that more needs to be done – for example, it is not acceptable for someone who has specific dietary requirements for clinical or religious reasons to be offered food that fails to take that into account. Some flexibility over mealtimes would also help.
- 2 That, so far as possible and providing there are no clinical contraindications to doing so, patients be permitted to continue to take pre-existing medications during their stay. Where for clinical reasons this is not possible, the reasons should be clearly explained. Many patients are likely to become anxious or distressed if their daily medication regime is interrupted without explanation.
- 3 That staff on duty at night be reminded that they should only disturb patients' sleep if necessary and should, therefore, ensure that any conversations they hold are (a) only essential and (b) conducted at the lowest practicable volume.

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Acknowledgements

Healthwatch Havering would like to thank those patients who responded to our survey and the staff who facilitated the visit to the ward for the first part of the survey.

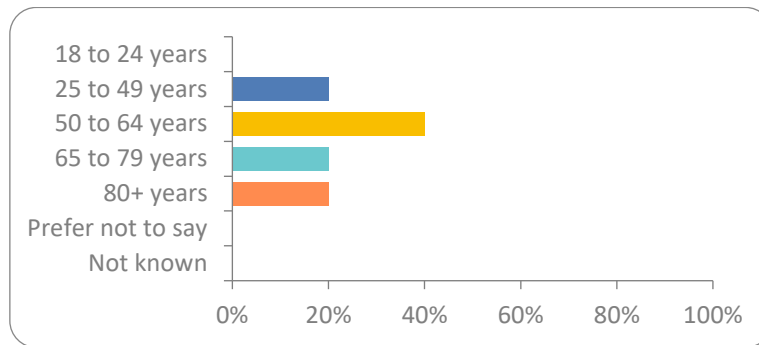
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Appendix

Respondents' demographics

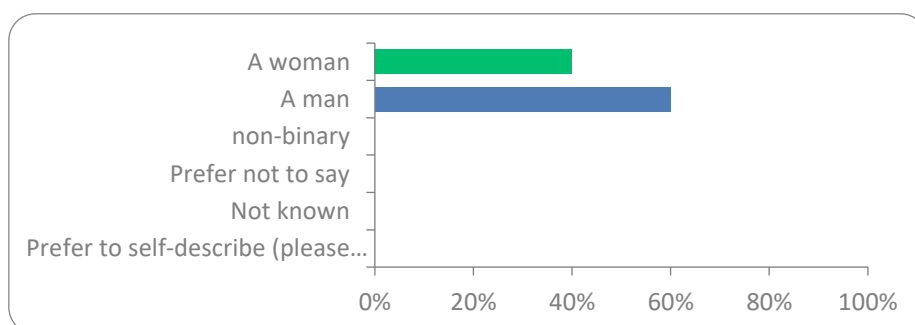
Age range



Respondents

25-49	1
50-64	2
65-79	1
80+	1
Declined to reply	1

Gender/gender identity



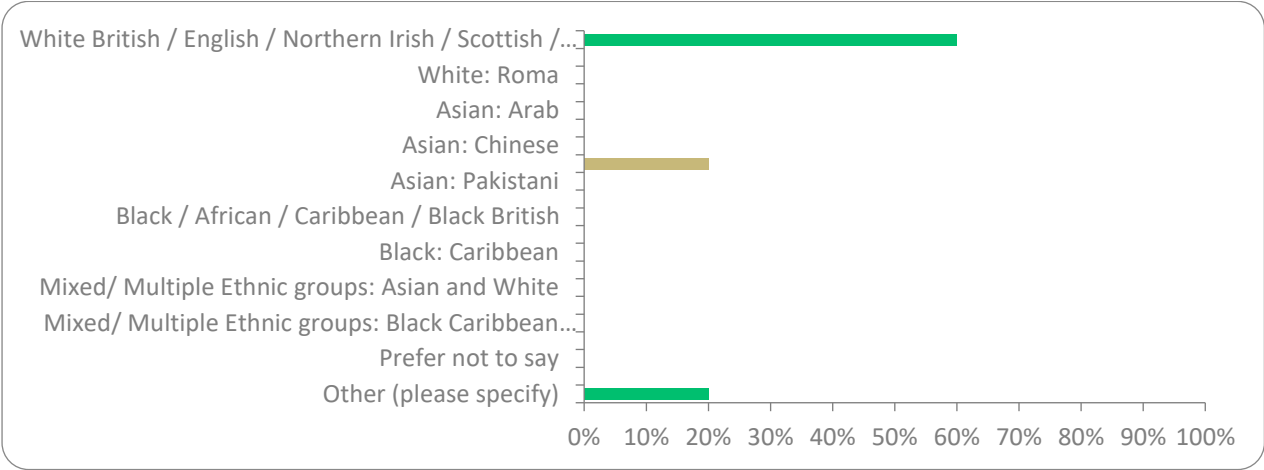
Respondents

Man	3
Woman	2

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Declined to reply 1

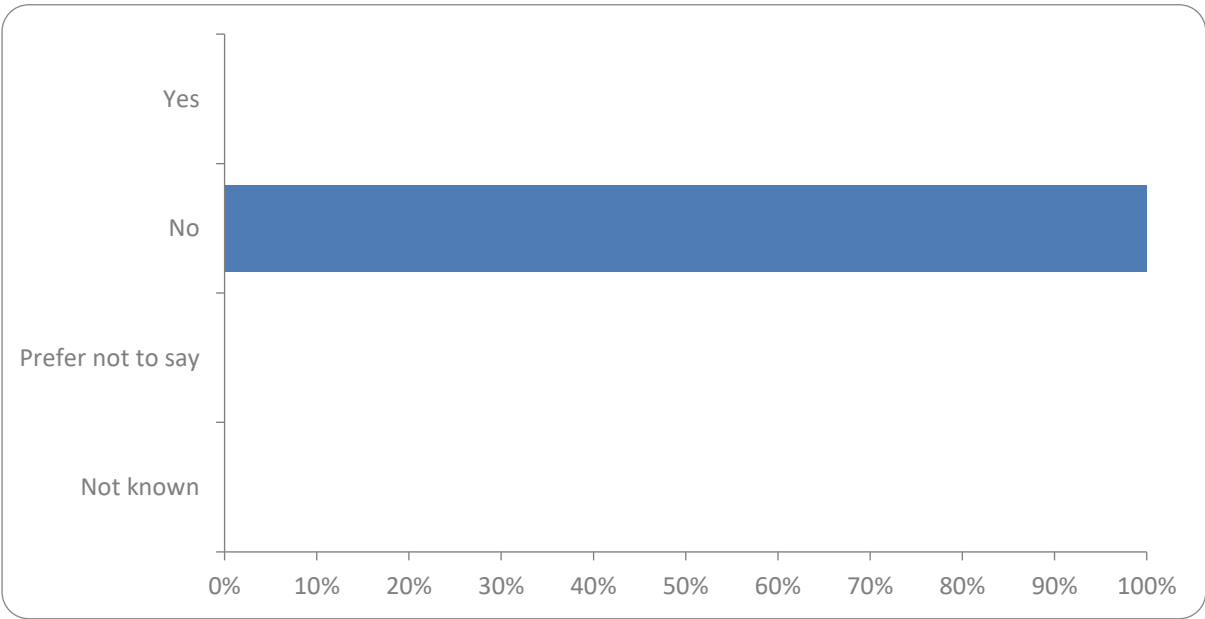
Ethnicity



Respondents

White British (etc)	3
Asian Indian	1
Asian other (Chinese/Vietnamese)	1
Declined to reply	1

Are you a carer?



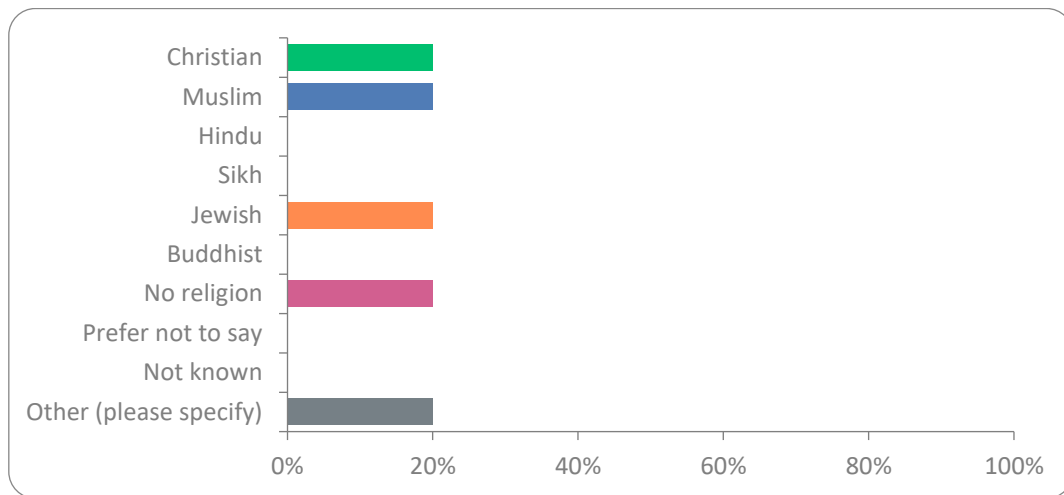
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Respondents

No	2
Declined to reply	4

Religious belief/faith



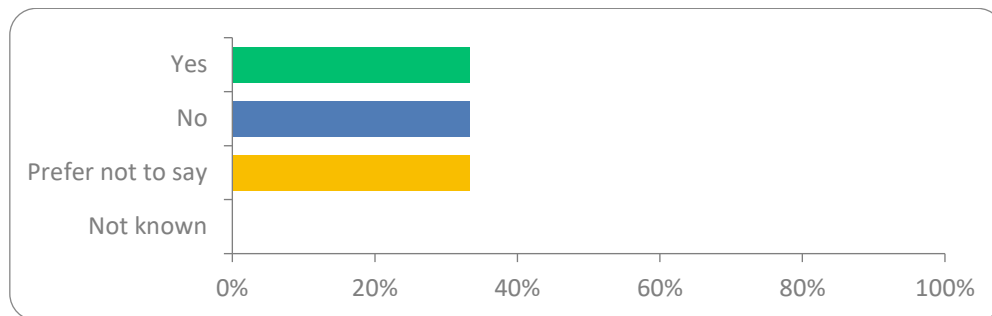
Respondents

Christian	2
Muslim	1
Jewish	1
None	1
Other (Roman Catholic)	1
Declined to reply	2

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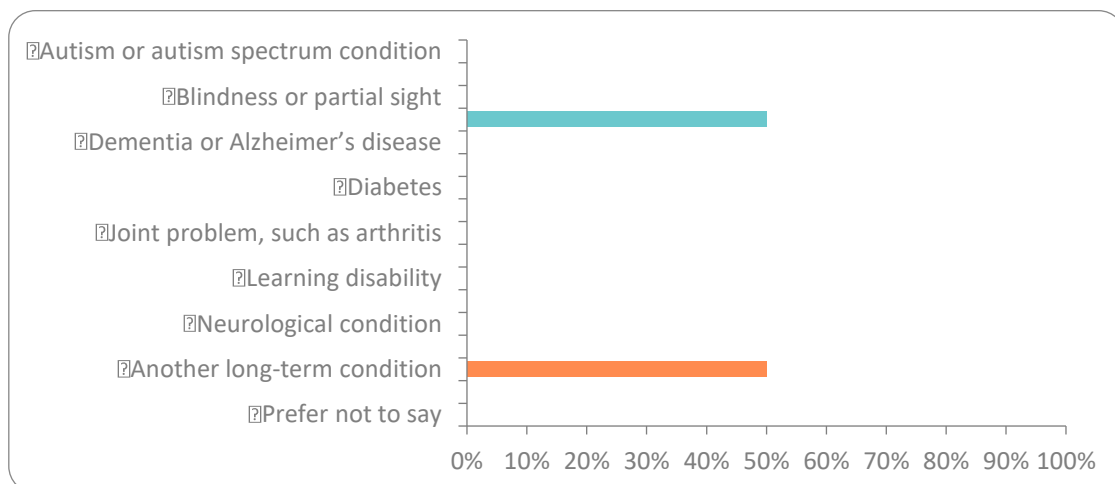
Do you have a disability?



Respondents

Yes	1
No	1
Prefer not to say	1
Declined to reply	3

Do you have a long-term condition (LTC)?



Respondents

Yes – Cancer in last 5 years	1
Yes – Another LTC	1
Declined to reply	4

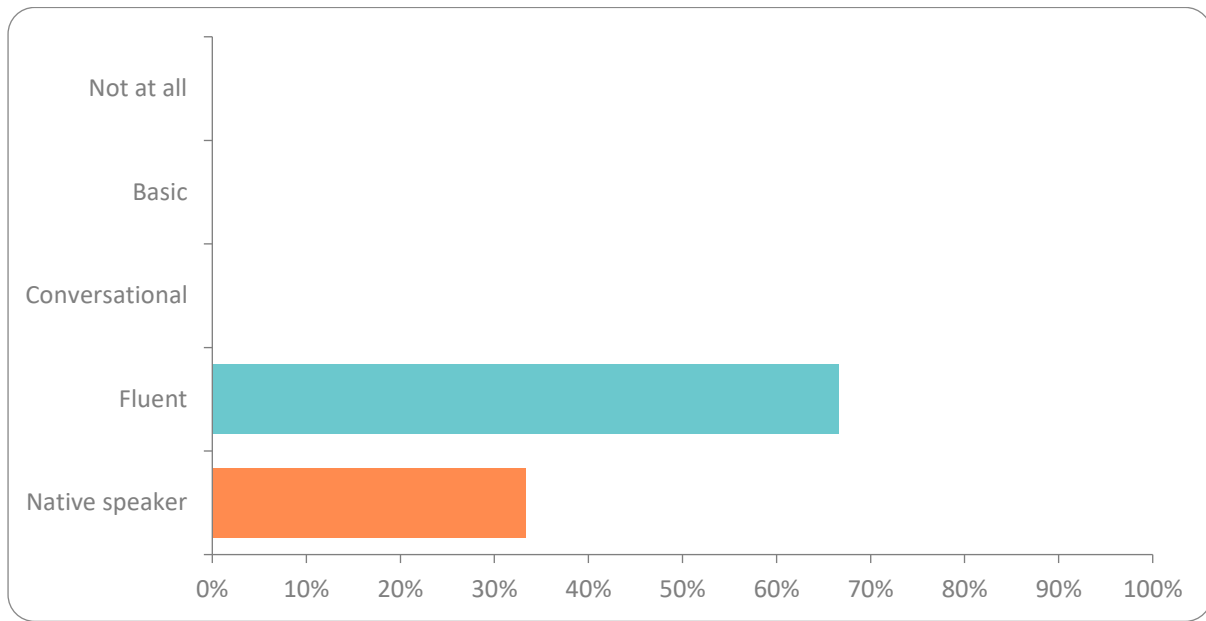
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Education level

None of the respondents wished to answer this question

Understanding of English



Respondents

Fluent	2
Native speaker	1
Declined to reply	3

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Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Healthwatch Havering Friends' Network

Join our Friends' Network for regular updates and other information about health and social care in Havering and North East London. It cost nothing to join and there is no ongoing commitment.

To find out more, visit our website at

<https://www.healthwatchhavering.co.uk/advice-and-information/2022-06-06/our-friends-network-archive>

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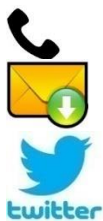
Healthwatch Havering is the operating name of
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