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Joint Enter & View Report

Manchester Royal Infirmary

Wards 9,10,11 & 12 Tuesday 6 October 2015



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Details of visit	Review of Manchester Royal Infirmary (MRI) Transplant and urology wards 9 & 10 Hepatobiliary & pancreatic surgical wards 11&12 Oxford Road, Manchester, M63 9WL
Service address: Service Provider:	Oxford Road, Manchester, M63 9WL Central Manchester University Hospitals NHS Foundation Trust (CMFT)
Date and Time:	Tuesday 6 October 2015 11:00 -12:00 observation and patients' experience 1:30-3.00 patients' and visitors' experience
Authorised Representatives:	Healthwatch Manchester – Katherine Bays, Michael Molete and Ken Hsu Healthwatch Trafford – Jean Rose and Marilyn Murray (<i>Lead representative</i>)
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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 Care Quality Commission where they are protected by legislation if they raise a concern.



Acknowledgements

Healthwatch Manchester and Healthwatch Trafford would like to thank the patients, visitors and staff at CMFT at the time our visit for their contribution to this Enter and View report. We would like to acknowledge the support received in advance of the visit from Kathryn Krinks, Head of Quality Improvement for Central Manchester Foundation Trust and Margaret Israel, Head of Nursing for Manchester Royal Infirmary Surgical Division.

Disclaimer

Please note that this report relates to findings observed on Tuesday 6 October 2015. 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.

All Healthwatch Manchester and Healthwatch Trafford authorised representatives have successfully been through: the application process, Disclosure Barring Service (DBS) standard check and Enter and View training.

Executive Summary

The aims of the initiative were to visit and observe the delivery of service on Wards 9, 10, 11 & 12 at Manchester Royal Infirmary and record the views and experience of patients and their visitors on these Wards. This was a joint approach by Healthwatch Manchester and Healthwatch Trafford acting upon information gathered from our public engagement events and patient opinion surveys during 2014/15. These showed mixed reviews from people accessing the service at Manchester Royal Infirmary.

A formal proposal to conduct an Enter and View visit was produced by the joint Healthwatch teams in May 2015. The results on the day of the visit indicate that many of our observations and patient experiences were positive; wards appeared clean, bright and well maintained. Staff were caring, friendly and quick to give help to patients. Some of the negative comments that were recorded at the time of the visit included lack of communication between departments, resulting in delay of treatment, delay in obtaining medication from pharmacy department which is impacting on discharge of patients and long waiting times at the night before staff respond to call bells.

The suggestions and recommendations made following this visit can be found on page 14.



Purpose of the Visit

To find out how patients were informed and involved in their treatment on wards 9, 10, 11, and 12 at Manchester Royal Infirmary; how staff were responsive to patient's needs; how the privacy and dignity of patients is respected and patients safety is maintained.

Strategic Drivers

- To contribute to service improvement, especially the service user experience
- Identifying and sharing 'best practice' e.g. activities that work well
- Encourage providers to engage with local Healthwatch as a 'critical friend' outside of formal inspections

Methodology

This was an announced Enter and View visit.

Arrangements were made in advance between the joint Healthwatch team and Manchester Royal Infirmary. The joint team, comprising staff from the two Healthwatch and trained Enter and View volunteers, met frequently over the summer of 2015 to plan our approach and agree the principles and practicalities for the visit. In September 2015 we met with Manchester Royal Infirmary Head of Quality Improvement and the Head of Nursing for the Surgical Division to explain the purpose of Enter and View visits and to outline the drivers for this particular visit. Answers to some preliminary questions were sought, to help understand the procedures on the wards and maximise time available during the visit [see Appendix 1]. Predetermined questions were used by the Enter & View Team [see Appendix 2]. The time of the visit was two hours before lunch and two hours in the afternoon following lunch time period, this was agreed with senior nursing staff before the visit. A Healthwatch poster was produced by the Healthwatch team and Manchester Royal Infirmary staff agreed to display the poster promoting the Enter & View visit to patients, visitors and staff on wards 9, 10, 11, & 12.

On the day of the visit, the Enter & View team met with Manchester Royal Infirmary Head of Nursing for the Division of Surgery and the Lead Nurse who offered further information to enable the Enter & View team to gain a greater understanding of the wards and the care provided to the patients. The Enter & View team visited the wards twice, in the morning and the afternoon, making observations and talking with patients [as directed by staff] as well as with other members of the nursing staff. The Enter and View team explained to patients who they were, why they were visiting and left patients with a leaflet explaining Healthwatch Enter and View along with the Manchester and Trafford Healthwatch contact details.



Background

Between January and September 2014, the Healthwatch Trafford Engagement Worker listened to and recorded six patient opinions (face to face) relaying treatment of elderly patients (and one young patient) regarding wards 9, 10, 11, and 12 at Manchester Royal Infirmary. Concerns relating to:

- Delays in treatment and diagnosis
- Poor care leading to patient developing septicaemia
- Patients discharged when still unwell
- Poor or no communication with patients / relatives / parents about patient condition and treatment from staff
- Elderly patients not given support to use toilet, left in bed to soil themselves. Relatives had to clean and take care of this
- Elderly patients not bathed (relatives had to do it)
- Buzzers not answered to elderly patients
- No pain relief given
- Patient notes being mixed up with other patients
- Perceived lack of respect / sensitivity regarding cultural differences from Trafford residents of South Asian heritage

In September 2014 Healthwatch Trafford and Healthwatch Manchester met to discuss exploring patient experience as a result of the above. In October 2014, further research using the Patient Opinion website (written by people from a range of locations) revealed 64 patient opinions recording positive experiences at Manchester Royal Infirmary and 57 patient experiences recording negative experiences at Manchester Royal Infirmary.

A formal proposal to conduct an Enter and View visit was produced by the joint Healthwatch teams in May 2015 and after further correspondence with Central Manchester Foundation Trust, our request was received by the Head of Quality Improvement at Manchester Royal Infirmary, was acknowledged and agreed.



The Visit: Observations, patient and staff experience

1. Impressions of Wards:

The Enter and View team observations

Positive:

- Staff were welcoming to patients and that the wards felt calm even though they were busy. On approach, staff were keen, insightful, appropriately identified and very helpful throughout the Enter and View.
- Unattended patients seemed relaxed and comfortable; those who were being attended to seemed in good spirits with the staff.
- Contact information for relatives was visible; the signage for toilets and other facilities was adequate and the wards appeared clean, bright and well-maintained.
- The areas around patient beds were clear and uncluttered.
- The temperature during our visit [during the day time] was comfortable.
- There is evidence that reasonable adjustments have been made to ensure that the ward and ward facilities are as accessible as possible. Information is available for patients with disabilities. Interpreters are available for those patients requiring them.
- Staff conduct ward rounds every month to collect patient feedback data. Patients also give feedback forms on iPads, mostly when they are being discharged. There are monthly reviews to ensure the two sets of data match each other as closely as possible.
- The colour of the urine chart in the toilet to remind patients to drink enough fluids is an excellent idea, as was a separate board showing at-a-glance dietary requirements of patients for staff serving meals [e.g. nil-by-mouth].
- Mealtimes are considered protected though we had concerns about how strongly this is preserved [see below].
- A range of data are available on the notice board including information on staff uniforms, staff levels (they were displayed as understaffed on the day of our visit), infection control stats, patient friends and family test results.

Other observations

- The outside corridor appeared cluttered with machines and trolley but with a clear access.

Needs improvement:

- Welcome signs are hidden when the door to the ward is open [which it often is]. While the ward caters for individual needs and has a wide range of interpreters available for patients, there is no help for visitors with similar needs.



- Protected mealtimes: A screen was put up to stop external visitors coming in during mealtime, however, the staff did not ask visitors to vacate and were still in the rooms.

Staff experience

Positive:

- The two members of staff interviewed in wards 9 and 10 were very knowledgeable about the systems in place to prevent patients from experiencing any complications; they explained that this was facilitated by clinical observations such as routine observation of vital and early warning signs and clinical handover sessions which occur three times a day. Staff input patients' data on computer and in the event of abnormal readings the computer will automatically prompt the attention of a relevant clinical team, who will manage the anomaly accordingly.
- Staff felt that their team is adequately able to reduce falls and pressure sores through 'wet signage', side rails and comfort pressure rounds of those patients unable to move or turn themselves.
- Staff members facilitate meals and snacks for patients with cultural/religious and lifestyle preferences.

Needs improvement:

- Ward staff informed the Enter & View team that there needs to be an improvement in the processes to create more space for new patients: speed up patients' discharge, patients awaiting prescriptions, communication between teams from wards doctors, admission/discharge lounges and community services including pharmacy.





2. Responsive to People's Needs:

The Enter & View team observation

Positive:

- Patient dignity was protected; the patients observed were dressed appropriately and curtains were drawn as necessary. The Enter and View team were offered privacy during their interviews with patients.
- Patients all wore an ID bracelet.
- Washrooms and toilets were suitable and easily accessible.
- Visitors had access to chairs and space to visit.
- Patients receive amenity packs on arrival, which include ear plugs and an eye mask to help them sleep
- Patients receive a discharge pack when they leave which includes information on their stay, the procedures they've had, their medications and aftercare support.

Patient feedback

Positive:

- Patients told us that during the day help is given quickly: "Use the buzzer and the nurses come instantly".
- Patients felt listened to, well-informed and respected:
"The staff respected how I wanted to be involved in my care. I asked them not to tell me much. The wife finds out the details. The team respected our wishes and kept us informed that way."
"I am monitored closely, well informed, chose this hospital to attend rather than opt for closer hospital".
- One patient told us how the doctor wanted to spend time with him to explain what was going to happen: "isn't that brilliant...I felt so reassured"
- A few patients were certain of the 'official' way to feedback comments on their experiences "Discharge survey on the TV when I go" but most we spoke to felt comfortable raising issues directly with staff:
"Don't know how to give feedback, but I would feel comfortable to tell problems to the staff directly".



Needs improvement:

- One patient who has stayed on the ward three times over the last two years told us that sometimes, especially at night, patients are waiting a long time before staff respond to call bells. [Wards 9&10]
- Two patients told us they had to wait an hour for pain relief “probably because they’re busy”. [Wards 9&10]
- A patient told us he observed support staff shouting when addressing an elderly gentleman. The patient thought that the elderly man didn’t understand the English language, he wasn’t deaf. [Wards 9&10]
- A patient who’d been in the ward for six weeks had observed a few negative issues with the pharmacy; his friend had to wait all day to be discharged (from 9am until 8:30pm) because he had to wait for his medication from the pharmacy.
- Three patients on wards 9 & 10 told us that the wards are too hot at night, which prevents them from getting a good night’s sleep.





3. Quality of Care and Patient Safety:

The Enter and View team observation

Positive

- There is clear information for visitors about infection control. A notice board shows the number of recent MRSA cases. Essential measurement data is displayed and illustrates continuous improvement. It includes the number of accidents & incidents/falls/complaints. There is evidence of the NHS Family and Friends Test programme being implemented.
- Staff wore identification badges and information is provided above each patient's bed stating who is looking after them.
- Hand sanitisation is readily available for staff, patients and visitors. The wards are piloting a new scheme whereby staff have a new badge that warns if they have not sanitised their hand after interacting with a patient.
- Patients' call bells were functional and were responded to.
- Appropriate safety measures were in place to prevent and reduce falls. Staff interviewed were insightful about incident and accident procedures.
- Rubbish, dirty items and linen are disposed of appropriately.
- Green running man emergency exit signs were prominent and visible.
- Due to the ward's specialism not many people were able to eat. During the afternoon of the visit the Enter and View team observed jelly and ice cream being served which appeared to be a morale booster that was well received by most patients who were not nil by mouth

Other observations:

- Fire evacuation signs were visible.

Needs improvement:

- Buzzers can be too high to be reached when sitting down. Many patients have the buzzer on their bed and can struggle to find it quickly when needed.
- More can be done to promote how to give feedback whilst on the ward (see patient feedback below).
- Although fire evacuation signs were visible, escape procedures and routes weren't clear.



Patient feedback

Positive:

- Patients told us about the “caring” and “friendly” staff who looked after them.
- Patients said that they were satisfied with the care they received. One patient we spoke to said “Would donate to this hospital if I win the lottery” while another would “recommend the ward even to healthy people”! This patient also commented on the benefit of being with people who had similar health problems and on the support provided for carers. A package of care had been put in place and details had been given to his wife and him regarding the district nurse visits. He felt secure with the support provided when he went home as he had names and phone numbers of people to contact should he or his wife be concerned.
- Most patients gave positive feedback on the food available:
“The food is more than adequate. You select what you want from a computerised system a day before. You get what you want and this reduces waste. It also caters for different nationalities.”
- Patients told us the referrals system which led to them being on the ward works well: “Brilliant service, especially the 40 days fast track cancer referral”.
“Noticed the condition using cancer kits you get though the post. Good communication with all the referrals throughout the process”.

Needs improvement:

Patients told us that communication with other wards/the wider hospital could be improved:

- “Sister called but couldn’t get through till today (it’s now Tuesday, couldn’t get through since Friday). The switch board sent her to the wrong department” [A&E instead of ward 12].
- There was a problem regarding the transfer of one patient’s personal belongings from the Elective Treatment Centre. Books belonging to the patient were one day late arriving on the ward from the admission lounge and the patient’s handbag containing reading glasses a day later.
- One patient told us that his wife, who is also his carer gave a list of his current medication at the admission lounge but the information wasn’t relayed to relevant staff in the ward thus causing delays in his treatment.
- One patient told the Enter & View team that it would be good if staff could look at the sleeping patterns of patients and separate patients that talk in their sleep. “Sometimes you don’t report because you feel guilty about reporting another patient”.



- One patient was not a renal patient but allocated a bed on this ward following admittance to A&E (only availability). When requiring prescribed medication for a condition not directly due to his injuries (over the weekend), doctors on the ward would not do this as he was not one of their patients attached to the renal ward. He told us that staff nurses are “awesome” but that the doctors are “too busy” to see him and that they “don’t listen”.
- A patient told us that a group of patients complained to staff about the disruptive behaviour of one patient who was creating distress for the rest of the ward and that it took two or three days before staff dealt with the situation and moved the patient on.





4. Staffing and Leadership:

The Enter & View team observation

Positive:

- Staff evidence of knowledge of incident and accident policies as well as the risk register: they utilise different care pathways, a checklist and traffic light system to ensure quality of care and patient safety.

Needs improvement:

- It wasn't clear if the staffing numbers displayed on the entrance notice board were for ward 9 or 10 or both.

Patient feedback

Positive:

- One patient told us that she had been visited by the stoma nurse and how helpful the nurse had been.

Needs improvement:

- One patient told the Enter and View team:
“it was obvious which nurses were bank staff as they gave a lower level of care”.
- One patient stated that staff could be more polite in order to improve the service.

Staff experience

Comments

- Staff felt that both wards were short staffed. Nevertheless both staff members felt supported by their colleagues and senior team members.

Needs improvement:

- Ward staff felt that even though they are working well as a team with matron's support the staff shortages in both wards need addressing.



5. Further Questions:

Following the Enter & View visit further questions were put to provider:

- Q1. When patients give feedback during their stay, how do staff reassure the patient that there will be no repercussions from the comments they give?
- Q2. What is the procedure for 'protected meals' and for visiting times in the Wards?

Below are the responses we received from Manchester Royal Infirmary:

- A1. Matrons visit patients daily when on duty. Patients giving feedback received during these visits or at any other time are verbally assured it will not adversely affect their care.
- A2. Manchester Royal Infirmary sent Healthwatch Trafford a booklet 'Your Surgery' which is a guide to having surgery at the Manchester Royal Infirmary stating that all the information on protected meals and visiting times can be found in the booklet.

Recommendations/suggestions

- Reposition welcome signs on back of doors to wards as they are often hidden.
- Ask visitors to vacate the wards at meal times and when visiting time has ended to comply with protected procedure.
- To consider monitoring the temperature on wards 9 & 10 at night as patients are finding it too hot sleep.
- To look at how to improve communication between the different departments including pharmacy to improve the patients admission and discharge.
- Monitor response time by staff to patients during the night.
- Staff to be aware of barriers to communication e.g. language and hearing impairment for visitors as well as for patients.
- Ensure that patients can reach their buzzers easily.
- Ensure that processes are clear for non-renal patients who have been place on the renal wards due to overflow of patients accessing A&E at Manchester Royal Infirmary.
- Identify disruptive patients and act quickly to avoid distress to other patients.



Service Provider response

In response to the above recommendations the Head of Nursing for Manchester Royal Infirmary Surgical Division stated that she was happy with the report and gave the following assurance:

“We will action all the recommendations once the report is finalised and I have circulated it to the senior team so that they can work with their staff to embed them”.



Appendix 1

Preparation for the visit:

Before the visit took place Healthwatch Trafford contact the Head of Quality Improvement for a description and further information of Wards, 9, 10, 11, & 12. The following information was received:

Description of the wards:

Wards 9 & 10: Transplant and urology

Is a double lobbied 54 bed ward - one side of which is for female patients and the other side for male patients. The transplants carried out are kidney, pancreas and islets of Langerhans. Patients are referred from a number of areas:

Salford Royal Foundation Trust, Pennine and their satellite hospitals plus other Trusts refer in relation to kidney transplants.

Leeds, Hull, North Wales, Sheffield, Birmingham and other Trusts refer patients to the MRI for Pancreas transplants.

Within the MRI nephrology and diabetic consultants refer patients also for transplants.

Prior to referring patients for transplant the 'worked up' patients will have begun at their base hospital, then referred for suitability for transplant to MRI. MRI's transplant coordinators take over the coordination of their care at the MRI and prospective transplant, working closely with the medical team, and other units for suitable live, altruistic or cadaver donors.

Urology patients are referred into the MRI service from their GP and via the emergency department.

Wards 11 & 12: Hepatic/pancreatic surgeries

56 beds, and cares for male and female patients with conditions such as:

- Hepatic/pancreatic surgeries which vary from gallbladder removal and Whipples procedures to liver resections and management of pancreatic conditions. Hepatobiliary (HPB) patients are usually complex patients with complex needs and can be very dependent patients requiring long term input from both the ward based nursing, medical and allied health professional team and also the specialist nursing teams when they have been discharged home to recuperate.
- Patients are admitted from a variety of sources including GP referrals, emergency admissions and referrals from other Trusts across the Greater Manchester region, serving a population of over 3 million people. The majority of HPB patients being tertiary referrals from other hospitals across Greater Manchester, with a smaller number being admitted via the emergency department.



Appendix 2

The questions used by the Enter & View team to frame their report of the visit to Manchester Royal Infirmary Wards 9, 10, 11 & 12 on Tuesday 6th October 2015.

On-Site questions: Patient Experience

- How are you today?
- Do you know who is looking after you today?
- Tell me what happens if you ask for help?
- Are you able to get a good night's sleep?
- Is the food adequate?
- Do you feel you have been well informed about your condition/s?
- Do you feel involved in decisions about your care?
- Do the doctors/nurses and other staff members answer your questions fully?
- Are you satisfied with the care you are receiving? What 3 things are you most impressed by?
- Are you aware how to give feedback?
- Is there anything the staff ward/unit could do better or improve?
- Would you recommend this ward/unit to other members of your family and friends?
- Any other key concerns?

On-site questions: Staff Experience

- Are there any blockages/barriers preventing speedy consultation/assessment, admission/ discharge or transfer? If so, what do staff feel can be done to resolve these?
- How do you identify deteriorating patients?
- What actions does the department take to reduce falls/pressure ulcers?
- How do people access meals and refreshments?
Is the Menu user friendly, does it provide enough choice, and does it cater for cultural/religious/lifestyle appropriate to choices?
- Are staff aware of (and are they comfortable with) reporting procedures on incidents, accidents or near misses and are they aware of risk registers?
- How many staff are on duty on each shift?
- What is the skill mix/shift?
- Is the ward up to full establishment?
- How many agency staff are used on the ward?
- What opportunities exist for you to give feedback?
- How are your concerns listened to?
- How do you ensure you're kept up to date with developments in the unit or department or trust?
- How do you ensure effective handover and continuity of care?
- What do you think works particularly well in the ward/unit with patients' care and teamwork?
- Are there any issues around resources and support which affect your provision of care that is responsive and effective?
- What in your opinion do you think needs to improve in your ward/unit?