



# Kingston Hospital adult inpatient wards Enter and View report

31 March 2021

**healthwatch**  
Kingston upon Thames

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## Introduction

In November and December 2019 and then in January 2020, Healthwatch Kingston upon Thames conducted a series of Enter and View visits to the adult inpatient wards at Kingston Hospital NHS Foundation Trust. This report details the feedback that we received from patients, relatives, and staff, as well as the observations made by [Healthwatch Kingston Authorised Representatives](#) and staff team.

### Acknowledgement

Healthwatch Kingston acknowledges the mutually agreed extended timeline to formally complete this report for publication due to the unprecedented impact of the coronavirus pandemic and the need to prioritise a local response.

Kingston Hospital continues to strive to deliver quality elective, non-elective care and, linked with partners in the community, after care throughout the Covid-19 crisis.

Healthwatch Kingston would like to recognise the efforts made by staff and volunteers at the Kingston Hospital during this period. It is greatly appreciated.

Whereas Healthwatch England suspended Enter and View visits in March 2020, local Healthwatch still has an important role to play when it comes to alerting NHS and social care services of issues that relate to patient safety.

The delayed publication of this Enter and View report, of experiences shared with Healthwatch Kingston by patients, relatives, and staff, as well as the observations made by our authorised representative team of staff and volunteers during visits to Kingston Hospital adult inpatient wards in November and December 2019, and in January 2020, is part of our Healthwatch Kingston legislated role.

It is important to note that this report is a snapshot of observations gathered before the beginning of the coronavirus pandemic. Healthwatch Kingston enjoys a high degree of trust with Kingston Hospital NHS Foundation Trust and will continue to work with hospital colleagues to attend to feedback published in this and future reports.

Healthwatch Kingston was set up by the [Health and Social Care Act of 2012](#) to be the independent champion for local NHS and social care. We seek the views of patients, service users, carers and the public to help services work better for the people who use them. We play an important role bringing communities and services together. Everything we say and do is informed by what local people tell us. As well as encouraging those who run local services to act on what matters to people, we also share local views and experiences with [Healthwatch England](#) and the [Care Quality Commission](#) who make sure that the government put people at the heart of care nationally.

The Health and Social Care Act of 2012 and its regulations granted Healthwatch the power to Enter and View premises that provide health and/or adult social care services, and to request information from health and social care providers. We usually receive a formal response to the report and recommendations from the visit within 20 working days, but this was extended during this unprecedented time.

Healthwatch Kingston and Kingston Hospital Foundation Trust regularly have constructive discussions about the importance of the patient experience in the hospital. There has been a shared appreciation by both parties of the need to listen to the patient's voice.

Healthwatch England is a major source of information of how people feel about their treatment within the NHS. A constant theme from HWE and many similar authorities is the hesitancy patients have about speaking up. However, research also shows more patients would feel they could voice concerns more easily if their messages would result in a constructive response from staff and management. There is a wish by patients to help other people encountering similar problems.

In January 2020 Sir Robert Francis, the chair of Healthwatch England published the paper: [Shifting The Mindset](#) which noted:

*'Reporting (by hospitals) needs to look beyond the numbers and response times and focus more on how to effectively demonstrate to patients and the public what has been learnt. This is the only way to give the public confidence that their concerns are being listened to and acted on.'*

Mindful of this, our report does not seek to look for faults, but rather to open discussions about how things might be adapted for the betterment of both the patient and the dedicated staff in whom they place their trust.

All Healthwatch Kingston reports and recommendations can be found on our website [www.healthwatchkingston.org.uk](http://www.healthwatchkingston.org.uk) or are available from our office. Please email [info@healthwatchkingston.org.uk](mailto:info@healthwatchkingston.org.uk) or call us on 020 3326 1255, leave a message with your contact email/phone number, and one of the team will get back to you within 72 hours.

## Background

Kingston Hospital provides services to Kingston residents and those of surrounding areas including Richmond, Roehampton, Putney, and East Elmbridge. The Trust provides services to approximately 295,100 people, has approximately 520 beds and provides all eight acute core services: urgent and emergency care; medical care; surgery; critical care; services for children and young people; maternity; outpatients and end of life care.

The Hospital directly employs 2,750 staff with another 300 staff employed by contractors but working on behalf of the Trust.

The primary aim of this Enter and View of the adult inpatient wards at Kingston Hospital was to understand, from a patient and/or relative perspective, the quality of the service provided to patients. Secondly, where opportunity to engage arose, we wanted to hear from Kingston Hospital staff about their experience of providing care on the ward, and whether they are well supported in their role.

**The hospital can be found at the following address:**

Kingston Hospital NHS Foundation Trust  
Galsworthy Rd,  
Kingston upon Thames  
KT2 7QB

## Methodology

This report complements the [‘Kingston Hospital adult inpatient wards Enter and View report’](#), which was published by Healthwatch Richmond in September 2019.

Healthwatch Kingston agreed with Healthwatch Richmond to use the same methodology to conduct visits to the remaining wards which the Healthwatch Richmond report did not cover (apart from Kennet ward, which Healthwatch Kingston wanted to review following its recent refurbishment).

Both Healthwatch Kingston and Healthwatch Richmond used the same prompts for our conversations with patients (see Appendix 1: Patient Questions on page 32). The Healthwatch Kingston conversations with patients were semi-structured which allowed patients to raise other topics based on their individual experiences and views of service on Wards. The original Healthwatch Richmond checklist, to guide observations throughout the visits (see Appendix 2: Observation checklist on page 33), and list of prompts for staff conversations (see Appendix 3: Staff Questions on page 36) were also used.

Healthwatch Kingston is grateful to Healthwatch Richmond for extending their original methodology to us.

### Plan for the ward visits

The six adult inpatient wards visited were:

- **Alex (Elective Surgical):** an elective surgery ward working alongside Admissions on the Day Lounge. Patients are admitted to the Admissions lounge before their operation and return to the ward post operatively.
- **Astor (Emergency Surgical):** an emergency ward caring for patients with acute or chronic illnesses. Patients are admitted directly from Clinic, from Accident and Emergency or from the Acute Assessment Unit. Astor ward is experienced in managing acutely unwell patients from a range of different specialities including General surgery, Colorectal surgery, Urological surgery and Vascular surgery.
- **Hamble (Respiratory Care):** a ward caring for patients with a range of respiratory conditions. Leaflets are available from the ward on conditions such as COPD and Asthma.
- **Hardy (Gastroenterology):** an acute medical ward, specialising in looking after patients with gastroenterological conditions and illnesses.
- **Isabella (Gynaecology and Breast):** a short stay surgical ward.
- **Kennet (Acute Elderly Care):** care for the acutely ill older person within a multi-disciplinary setting providing individualised patient-centred care within specialist area.

The Healthwatch Kingston authorised representative team of staff and volunteers visited each of the six wards twice for approximately one and a half hours, speaking to patients, relatives and hospital staff and observing care, hygiene, and atmosphere on the ward.

To reduce the likelihood of speaking to the same patient twice Healthwatch Kingston left a two-week gap between each Enter and View ward visit. The Trust also helpfully arranged

for us to visit wards in the morning and then in the afternoon so we could capture experiences from patients at different times of the day. The Enter and View team visited two wards on each day and Healthwatch Kingston also conducted a shorter, late-evening visit to each of the wards, spending approximately 15 minutes on each ward, to observe the experience of being on the ward prior to 'lights out'.

The Healthwatch Kingston Enter and View visits took place on the following dates and times:

- Tuesday, 19<sup>th</sup> November 2019: 10:30 - 12:30
- Wednesday, 20<sup>th</sup> November 2019: 10:30 - 12:30
- Thursday, 21<sup>st</sup> November 2019: 10:30 - 12:30
- Tuesday, 10<sup>th</sup> December 2019: 13:00 - 15:00
- Wednesday, 11<sup>th</sup> December 2019: 13:00 - 15:00
- Thursday, 12<sup>th</sup> December 2019: 13:00 - 15:00
- Wednesday, 15<sup>th</sup> January 2020: 21:00 - 22:30

The visits were planned in accordance with [Healthwatch Kingston's Enter and View Policy](#) and undertaken in a spirit of cooperation and openness with Kingston Hospital. Each visit was led by a Healthwatch Kingston staff member, with pairs of Enter and View Authorised Representatives visiting each ward. Each Enter and View Authorised Representative undergoes a recruitment process that includes the completion of a written application, provision of references and an interview, a DBS check and relevant training in adult safeguarding and conducting Healthwatch Enter and View visits.

## Analysis

Across all the Enter and View visits to the Kingston Hospital adult inpatient wards during November and December 2019 and then in January 2020, the Healthwatch Kingston team spoke to 60 patients and/or relatives and 16 hospital staff with a range of roles and responsibilities across the six wards visited.

To provide a consistency of approach with the Healthwatch Richmond report, and so that the two reports might be reviewed as 'companion documents', the qualitative data received during the Healthwatch Kingston visit was analysed in the following ways:

- Experiences and views were grouped into four categories: positive, neutral, negative or where there was insufficient data.
- The experiences and views were separated into themes such as 'Overall Care', 'Staff Attitudes and Quality of Care' and 'Communication'.
- The themed data was then analysed for frequency, specificity, emotion, and extensiveness of individual issues. A summary was then prepared for each theme.
- The overall results were reviewed by the Healthwatch Kingston staff team along with our Hospital Services Task Group and recommendations added to the report.

## Limitations

This report is compiled from the experiences and views of 60 patients (sometimes assisted by relatives) and 16 hospital staff that were shared with Healthwatch Kingston Authorised Representatives during a time specific Enter and View visit, of six adult inpatient wards at Kingston Hospital.

Urgent patient problems identified by the Healthwatch Kingston visiting team were raised immediately with the patient experience team and a senior nursing manager.

The visiting team was mindful it was visiting a hospital and there was limited time available with each patient, so follow up questions were not asked in all instances which might have enabled a fuller understanding of the context of some of the patients' issues.

*Please note that to protect the anonymity of the people we spoke with, Healthwatch Kingston has used the pronoun 'they' to represent 'he' or 'she'.*

## Patients' and relatives' feedback and visiting team observations

### Overall care

Patients who spoke with the Healthwatch Kingston Enter and View visiting teams were generally very pleased with the care received in the six adult inpatient wards at the time of the visits. When asked how they would describe their overall care on their ward, 71% of patients (43 out of 60 engaged with) gave positive feedback.

### Positive comments from patients about overall care

One patient on Hardy (Gastroenterology Ward) said *"A few years ago, I would have asked for anywhere but Kingston Hospital, but now I think it is wonderful and very much improved."* An elderly male on Alex (Elective Surgical Ward), who had been in hospital for 13 days following keyhole surgery, commented on the brilliant range of care from surgeons, physicians, and nursing staff. Another patient on our second visit to Alex Ward said that she had gone into Emergency (A&E) Department a couple of days before and was taken and operated on and recovering in intensive care all within 24 hours. She said the care had been *"absolutely brilliant"* and that she *"might not be here today if it wasn't for the care which saved my life"*.

Further positive comments about overall care shared by patients across the six adult inpatient wards during the Enter and View period: *"Nothing is too much trouble"* - Astor (Emergency Surgical Ward).

*"Everyone's been helpful, friendly, kind."* - Alex Ward.

*"The treatment was brilliant, absolutely fantastic."* - Hardy Ward.

*"Staff fantastic."* - Hamble (Respiratory Care Ward).

*"Brilliant throughout, excellent, can't fault it."* - Isabella (Gynaecology and Breast ward).

## Neutral sentiments expressed by patients about overall care

Feedback from ten patients described their care with more neutral sentiments (i.e. not as good as the 43 who had provided clearly positive feedback). Instead, the patients said that their overall care was “pretty good”, “OK”, “they are alright” and “varies”.

## Negative comments from patients about overall care

Four patients spoken with during the visits shared negative experiences of overall care at Kingston Hospital.

One patient on Astor Ward had returned for the third time to hospital and told the Healthwatch Kingston team they were surprised that they had been sent home the first time by a senior member of the nursing staff and not a doctor. They felt there had not been clear reasons provided for their previous discharge home and subsequent returns to hospital.

Another patient on Alex Ward complained that they had come back to the Emergency (A&E) Department after being in Kingston hospital only a week before. They were not seen for ages and then were placed back in the waiting room. They were in pain and did not know what was going on.

A patient on Isabella Ward was not happy, as they came into Kingston Hospital for a colonoscopy but never received a letter in the post to explain how to prepare. They received an email from their consultant’s secretary that confirmed the ward, the date and time, but when they arrived there was no bed ready and so they were asked to wait five hours.

### Recommendation 1: Communication - Overall care

Healthwatch Kingston notes that whereas most patients engaged with during this Enter and View visit felt well communicated with (67%), some did not. It would be helpful therefore if the Trust continue to explore ways to ensure staff communication with patients attending Kingston Hospital is provided to a consistently high standard across all wards.

A patient on Hamble Ward shared a concern with Healthwatch Kingston volunteers about being “dismayed at life on the ward”. The patient added: “I hesitate to blame the nurses, appreciating that they appear to be under-staffed, but I have had to offer help to aged patients with their water as they appeared unnoticed at times.”

These negative patient experiences, across four different wards, were highlighted to the Kingston Hospital Patient Experience Team on the day of the visits. Healthwatch Kingston would like to note the hospital team responded quickly by visiting each of the wards and speaking to staff to investigate any problems requiring urgent attention.

## Ward staff attitudes and quality of care

During the Enter and View visits, Healthwatch Kingston Authorised Representatives asked patients how they would describe the staff on their Ward. 88% of patients (53 out of 60) were very positive about staff attitudes and the quality of their care and were impressed with the level of staff compassion and friendliness.

### Positive comments from patients about ward staff attitudes and quality of care

A patient on Astor Ward said, *“Everyone explains who they are on the ward.”* They were very impressed with the staff, *who seemed “coordinated in what they are doing and very clued up”*. Another patient said the staff appeared to enjoy working there. Another patient on Alex Ward said they had experienced problems in the past but *“things have improved over the years”*. Another patient shared, *“The staff have been brilliant, friendly, helpful, cleaners say good morning, and doctors explain things well.”*

Another patient on Alex Ward said: *“Tell the Government to pay nurses and doctors more, because they are amazing!”*

Other positive comments about staff that the Healthwatch Kingston team heard from patients across the six adult inpatient wards visited during the Enter and View included:

*“Very involved, only have to ask and they sort it.”* - Astor Ward.

*“Very helpful. Fairly quick to respond to requests.”* - Alex Ward

*“Staff fantastic, always respond quickly.”* - Hamble Ward.

*“Very good, nurse remembered my name.”* - Isabella Ward.

*“Nurses fabulous, staff excellent, very friendly and kind.”* - Isabella Ward.

*“Nurses have been amazing.”* - Astor Ward.

*“Very understanding, absolutely wonderful.”* - Alex Ward.

*“They responded quickly when I called, even when in isolation.”* - Hardy Ward.

*“Happy with the nurses.”* - Hamble Ward.

### Observations by Healthwatch Kingston of good ward staff attitudes and quality care

Alongside the patient and their relatives’ feedback, the Healthwatch Kingston visiting team observed how staff interacted with patients during time on the wards. Throughout this report there are excellent, more detailed, examples of where staff were seen interacting well with patients. A few general examples of quality care observed include:

- **Astor Ward:** One of the housekeeping staff was observed being incredibly chatty with the patients. She was very cheerful and offering to help. The patients responded to her very well and they were laughing.
- **Hardy Ward:** All staff appeared to treat patients in a friendly and caring manner. The visiting team observed a warm, positive feeling on the ward.
- **Hamble Ward:** The team observed that patient and staff interactions were friendly and caring.

- **Isabella Ward:** All staff appeared to be attentive, warm, and caring during the visit.
- **Astor Ward:** All the staff observed at the time of the visit were welcoming and helpful.

### Neutral sentiments expressed by patients about ward staff attitudes and quality of care

There were four neutral sentiments expressed about ward staff attitudes and quality of care to the Healthwatch Kingston team during the visits. One patient on Astor Ward said, *“Most of the time care is OK.”* On Hamble Ward one said, *“Staff are pretty responsive.”* Another commented, *“Staff don’t seem as quick when dealing with the elderly.”* One patient on Kennet Ward answered, *“Staff are alright.”* Another on Kennet Ward said, *“Staff are mostly helpful, but not always.”*

### Negative comments by patients and relatives about ward staff attitudes and quality of care

Although most comments about staff were positive, the Healthwatch Kingston team did hear of five negative experiences across three wards related to the quality of care provided by and attitudes of ward staff during the visit.

On Kennet Ward, there was a specific concern raised that, *“Staff are getting bottles confused.”* A family member, visiting their father, told the Healthwatch team *“My dad has two identical plastic water bottles, one containing water the other a Sodium Chloride solution, but the bottles are not clearly labelled”*. The family member shared that they had to stop staff giving the wrong bottle to their father. This incident was reported to the Kingston Hospital Patient Experience Team on the day of the visit and immediate action was taken in line with Trust policies.

On Hamble Ward, a family member described the care their father received as *“intermittent”*. The patient’s partner had *“made a complaint several weeks before”* their visit, about a doctor’s attitude, but had not yet received a response. The family member had found their father sitting in a chair, soiled, and badly needing to be cleaned. Healthwatch Kingston are unable to confirm if the partner had spoken to a staff member at the time of the incident.

Another patient on Hamble Ward told the visiting team that they had been in pain and needed support from extra pillows. At their request, extra pillows were delivered by staff, but no help was given to help support the patient arrange these. In the end, the patient had to wait for a visit from a family member before they received proper help with the pillows.

The Healthwatch Kingston team learned from one patient’s observations of another. They pointed out an elderly patient by the window and said they appeared to be having constant problems and was often seen waiting a long time for staff to respond. The patient, who shared the observation, was disturbed by the length of time staff spent logging their actions on the ward computer, as they felt this as taking too long when patients were needing care. The visiting team did not have an opportunity to speak with the other patient perceived as waiting for care.

A patient on Astor Ward commented that they had a poor experience when a nurse appeared inexperienced to deal with their catheter. The nurse became frustrated and became annoyed, and rude, when the patient questioned their work. The patient complained and the nurse apologised, but it *“felt like a forced apology.”*

### Observations by Healthwatch Kingston of below standard ward staff attitudes and quality care

The majority of Healthwatch Kingston observations of staff attitudes during the Enter and View visit were positive and reflected a good quality of care. This report, however, highlights some areas that appeared problematic. These included:

- **Kennet Ward:** Our authorised representatives observed (curtains were not fully drawn) a member of staff insert a pessary (they were wearing gloves). The nurse then wiped the fingers of their gloves with tissue and proceeded to plump up the patient’s pillows.
- **Hamble Ward:** The nurse in charge did not introduce themselves to the visiting team on either visit.

## Communication

### What patients and relatives shared about good communication

67% patients who answered this question (36 out of 53) had positive things to say about communications on the adult inpatient wards visited.

A patient on Astor Ward felt the care they needed had been explained to her well.

On Alex Ward, the husband of a patient said, *“Staff have been very good at communicating with my wife who has Alzheimers.”*

A patient on Hardy Ward was Malayali. His wife (who was a nurse) helped with understanding, especially of medical terms used. The team learned there was a Malayalam speaking member of staff on the ward, who had helped with communication. Overall, the patient was satisfied.

Some other positive comments by patients shared with Healthwatch Kingston:

*“I have been kept well informed.”* - Astor Ward.

*“They explained to me how to deal with my stoma, I now feel confident about what is happening.”* - Alex Ward.

*“Doctor excellent, absolutely brilliant.”* - Hamble Ward.

*“Really good at explaining. If I don't understand, I'll ask.”* - Isabella Ward.

### Observations by Healthwatch Kingston of good communication

The visiting team observed several examples of good communication between staff and patients while on the wards:

- **Astor Ward:** Nurses were observed taking time to explain how to wear a support brace to a patient who had never worn one before.
- **Hardy Ward:** Staff were seen introducing themselves to patients, being polite, respectful, and showing empathy with patients who had communication difficulties.
- **Isabella Ward:** Staff also mentioned their names and were observed bending down to place themselves at patients' eye level while talking and listening to them.

### What patients and relatives shared about “fairly good” or poor communication

There were five experiences of poor communication on Alex Ward on the first visit, and another on the second visit. One patient felt unsure of what was going on with their care and said they did not feel as if they were getting answers to their questions. A couple of patients found it frustrating that they had to keep explaining and repeating aspects of their conditions to different members of staff; it appeared as if there was no continuity. Another patient had problems regarding their discharge from Kingston Hospital saying that a *“doctor and nurse argued in front of me about whether I should be allowed to go home”*. The patient reported that the doctor came back later and apologised, saying it was not very professional and had been poorly handled. Another elderly patient seemed confused and said, *“It would help to have things written down as a reminder of what is going to happen, so I can share this with my family when I speak to them later.”*

Another patient on Alex Ward wished for more liaison between their multiple doctors, so they did not have to keep explaining their history to each. Another patient echoed this, saying they have to keep reminding staff of things. They also recognised that this could be because of how busy staff were.

There were four comments about poor communication on Isabella Ward which seemed to be centred around discharge. (Isabella Ward receives patients following surgery for a short stay and can discharge up to 40 patients a day). One patient felt their discharge had been rushed, was still in pain, living alone, and did not know what was happening with after care. Another patient said they were waiting for discharge documents, did not know what their care plan was and were not aware of what out-patient support would be available to them. Another patient said they were unaware of plans for their discharge. *“Everything is a bit up in the air.”* Another patient said communication was poor and that there were no doctors around to speak to.

On Astor Ward the visiting team noted only three comments. One patient said communication was *“fairly good”*, but staff had *“off days”* and they had not been involved in decisions made about their care and treatment. Another patient said communication had been moderately good, but the patient did not feel involved in their care and treatment and was unbriefed about plans for discharge. Another patient said that they were *“generally kept up to date but maybe a few hours late”*.

There were two comments about poor communication on Hamble Ward. One patient said that they could ask and find out what they needed to know but had observed that older patients remained confused and less able to ask questions. The team learned that visitors of older patients on the ward, would turn to the younger patient to get progress reports on what had been happening. Another patient mentioned that sometimes they could not get answers about what was happening with their care, and this was echoed by a family

member. They agreed that “*lines of communication are bad*”. Discharge arrangements and the links between hospital and follow-up care were key areas of anxiety for patients we engaged with during our visits. Problems with the hospital pharmacy were also mentioned examples of these are mentioned throughout this report.

Patients on Kennet Ward shared three comments about poor communication during the Enter and View visit. Patients felt they needed to understand care plans better before going home. One patient said, “*Communication is not always clear and helpful and arrangements for discharge keep changing.*” Another patient said, “*I have no information about my care plan*” even though they were told they were being discharged later on in that day.

### **Recommendation 2: Communication - Care Plans**

Healthwatch Kingston recommends Kingston Hospital continue to review how staff communicate care plans to patients, ensuring consistency, continuity and regularity when communicating.

The Healthwatch Kingston Enter and View team listened to a range of experiences, shared by patients, of poor communication regarding discharge from Kingston Hospital. This is further addressed later in this report (see ‘Spotlight on discharge’ page 23).

## **Privacy and dignity of patients**

Most patients engaged with during the Enter and View visits felt that their privacy and dignity had been respected. They reported that staff were using curtains appropriately. The Healthwatch Kingston visiting team observed that the curtains around the patients’ beds were well-kept and provided adequate cover. They were also routinely used by staff when administering care and when doctors visited patients.

A couple of patients however, commented that they did not like the fact that conversations could be heard through the curtains.

## **Medication**

When patients were asked if they were given their medications on time, most patients answered that they were. There were a handful of less satisfactory experiences relating to incidents of how and when the medication was given. These are provided below.

A patient on Astor Ward told the visiting team of an experience they found disturbing. They recalled being woken up by a nurse at night to take some medication, but they did not know what the medication was for and refused to take it. The nurse brought another member of staff to insist. The patient reported it to a doctor the following morning.

*The visiting team learned from patients and family members of a few concerning issues with medication during the visit and Healthwatch Kingston will discuss these directly with the hospital.*

### **Recommendation 3: Communication - Dispensing medication**

Healthwatch Kingston recommends Kingston Hospital explore how medication can be dispensed more responsively to meet the needs of patients. Also, patients need to understand why they are receiving their medications at certain times.

## **Ward environment (including hygiene/cleanliness)**

### **Observations by the Healthwatch Kingston visiting team and positive patient descriptions of wards during the day**

Healthwatch Kingston teams observed that all bays and wards visited were clean and tidy and noted patient bays and side rooms did not feel cluttered with patient belongings. Corridors in wards were uncluttered, and no equipment appeared to be obstructing movement. The visiting team noticed housekeeping staff were very attentive and the floors were being cleaned.

69% of patients (32 out of 47 asked) shared positive descriptions when asked to describe their ward environment during the day. Comments included:

*“Very happy with the environment and atmosphere.” - Astor Ward.*

*“The ward is a very clean and tidy environment.” - Alex Ward.*

*“Toilets are clean.”- Hamble Ward.*

*“The noise level is ok during the day.”- Hardy Ward.*

*“Quiet and clean.” - Isabella Ward.*

*“The environment is fine; we have no problems.” - Kennet Ward.*

### **Observations by the Healthwatch Kingston visiting team and negative patient descriptions of wards during the day**

Out of the 15 negative descriptions of the wards, provided by patients to the visiting team, nine related to noise, four to cleanliness and two experiences were about the heating being too high.

A patient on Astor Ward was not impressed with the cleaning on the ward. She said, *“I had just gone into the bathroom after it had been cleaned and whilst you could see the cleaner had used the mop, they hadn’t swept up all the rubbish from the floor.”*

A patient on Alex Ward said, *“Many patients appear to be having problems with the toilets not flushing and so you have to go elsewhere to find a toilet that works”.*

A patient on Hardy Ward commented about the level of noise which he found *“disturbing”.*

On Hamble Ward, a patient complained, the ward was uncomfortably hot, and their bed had not been made that day because they had slept on top of it to keep cooler without disturbing the covers. Other patients also commented on the heating on Hamble Ward, saying it was “*too hot*”.

A patient on Isabella Ward commented, “*There are too many visitors,*” adding that this was “*very disruptive*”.

Two patients on Isabella Ward commented about noise levels.

Similarly, a patient on Hamble Ward mentioned visitors being noisy when attending in large groups.

Another patient on Hamble Ward said, “*The television has not been working for some days and there has been no response when I have asked for it be repaired*”. They added that there were 6-7 televisions not working on the ward. The same patient commented on the hygiene standards being “*below-par*”. She said a toilet was not cleaned and there was “*blood on the floor for days*”. The Healthwatch Kingston team checked the toilet and shower room identified by the patient and it was clean at the time of the visit.

### Observations by the Healthwatch Kingston visiting team and during the night

Two members of the Healthwatch Kingston staff team, accompanied by a representative of the Kingston Hospital Patient Experience Team, visited all six adult inpatient wards between the times of 9pm and 10pm on Wednesday, 15<sup>th</sup> January 2020 and noted positive experiences, with ward staff being attentive and responsive to patients.

The Astor Ward visit began just after 9pm. Lights were off in some bays, but not all. Some patients were asleep, and others looked as though they were getting ready to sleep. The ward was very quiet with nurses attending to some patients. There was a spillage on the floor in one of the day rooms and the kitchen areas were cluttered with some used patient trays from dinner. The team asked when the cleaners came and were advised that the last round of cleaning is done early evening. The lead nurse explained, cleaning staff would normally be back early in the morning. The visiting team also observed that a kitchen fridge door was left slightly open. The nurse spoken with was not aware of the spillage in the day room but said that they would call the cleaning staff and ask someone to come and deal with it straight away now that they knew about it.

Alex Ward was visited at around 9.20pm and the team observed nurses doing the medication round. Most of the ward had dim lighting and was very quiet. The team heard a nebuliser making a loud noise. A clinician explained it was for a patient to help clear airways so that they could sleep better, and the noise would only last 15-20 minutes. The kitchens had some dishes and cups that had not been washed and put away or collected following dinner.

The visiting team observed Hardy Ward at around 9.30pm and noticed that the kitchen areas were also partly cluttered. The corridor lighting was very bright, but some bays were already dark, and it looked like some patients were already asleep. It was very quiet, and we asked when the corridor lighting would be dimmed. The staff advised this would happen at 10pm after the medication rounds were done.

The Hamble Ward visit began around 9.40pm. Lights were on and patients were still chatting loudly but seemed happy. They had only just finished what we presumed was dinner and some trays still needed to be cleared. One patient came wandering out of his

bay and was singing loudly and dancing. A nurse immediately attended to him, was kind and gentle and took him back to bed so as not to disturb the other patients. On exiting the ward, it was noted that the hand sanitiser had run out by the door and in corridors.

The walk-through of Isabella Ward started at 9.45pm and it was livelier than the other wards. All lights in the corridors and bays were still on. We realised this was because of the nature of the ward with patients being brought back from surgery and short-stay recovery. Hand sanitizer was also empty outside Isabella and Jasmine Wards. We were advised it was part of the role of the cleaning staff to check this when they did their rounds early evening, but a representative of the Kingston Hospital Patient Experience Team assured us that they would alert the relevant team to have the dispensers replenished and to ensure the process for replenishment was reviewed.

The Kennet Ward walk-through began at 9.55pm and all corridors were dimly lit. Everything appeared clean, tidy, and calm other than the team could hear a couple of loud televisions. The team was told by the nurse that as this ward was for elderly patients, some had hearing problems. At one point the team heard a loud alarm and saw some nurses running towards a bay and the team was informed that alarms alert staff if a patient falls out of bed. The response to the alarm by ward staff was immediate.

In addition, the visiting team noticed several toilets on wards were being used for storage of hospital equipment. It was unclear at the time of the visit if these were still being used by patients.

#### **Patient comments about ward experiences during the night**

Only five patients shared their experiences of what their ward was like during the night.

A patient on Astor Ward said he was being woken up every hour for medication during the night but understood that this was necessary. He did say that *“Wards at night aren’t great”* but realised that this was all part of being in hospital.

A patient on Alex Ward said they were *“kept awake by noisy patients”*.

Another patient said it can be *“very noisy on Hardy Ward at night”*.

A patient on Hamble described the Ward as *“miserable”* at night”.

Another patient on Isabella Ward said it was *“very noisy at night”*.

#### **Recommendation 4: Ward environment - Hygiene**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure the cleanliness of wards in the evening and how patients and staff are empowered to report this, and that appropriate action is taken.

### **Recommendation 5: Ward environment - Visitor noise**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure that groups of visitors are mindful of noise levels in wards, and how patients and staff are empowered to report this, and action is taken.

#### **Food and drink**

##### **Positive patient experiences of their food and drink**

45 patients shared with the Healthwatch Kingston Enter and View visiting team, experiences of their food and drink available on the wards. 53% of patients (24 out of 45) engaged with during the visits, described their food and drink on the wards in positive ways that included:

*“Fine, very good.”*

*“The food is lovely.”*

*“Good choice.”*

*“Very nice.”*

The visiting team learned that patients valued being able to have a hot drink when they wished and a biscuit in between meals and said their water jugs were refreshed regularly.

One patient, who had a gluten-free dietary requirement said, *“I am getting appropriate meals, although they are the same every day.”*

##### **Patient and relatives’ poor experiences of food and drink**

In contrast to those with positive views, 46% of patients (21 out of 45) shared poor descriptions of their food and drink on the wards. Comments included:

*“Cold and unpleasant.”*

*“Like going back to school.”*

*“Not a fan.”*

*“Overcooked.”*

One patient on Astor Ward told the Healthwatch Kingston visiting team they observed another patient struggling to eat soup. It had been put into a cup for them. The observer thought this was considerate, but the patient was still having difficulty drinking and they felt the patient could have had more help from the ward staff.

Another patient on Astor Ward said, *“The food isn’t very hot, and I was not given a menu.”* The patient added, *“They just read the options out to you”* and shared there was sometimes a language barrier when trying to explain to staff what options they wanted to order. They shared that a written menu would have been easier.

A patient on Alex Ward said, *“The food was not so good, I have been sticking to sandwiches”*. They added, *“I like to eat sandwiches, but they are not on offer as a*

*hospital food option*". The team were told the patient had tried to eat some of the food provided but did not like it.

A patient on Hamble Ward found the food and drink *"unappetising"*. The patient's daughter, who was spending many hours on the ward, said that she had seen food being cleared away untouched from some of the older patients. The daughter also shared, *"I have lent a hand with some older patients struggling to eat"*.

The team learned from another patient's daughter that her family member being cared for on the ward had lost a lot of weight. She explained that they always needed help with their food. On one occasion, she found them sitting asleep with their hand in the food at lunch time and she was upset that patients did not appear to be helped to eat while food was hot.

### **Recommendation 6: Food and drink - Patient preparation and assisted eating**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure adequate preparation of patients ahead of receiving their meals and that vulnerable patients have access to consistent assisted eating.

### **Recommendation 7: Food and drink - Choice and hot**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure that patients are helped to choose their meals from a written menu, if they are capable, and that hot food choices are served hot.

## **Improvements suggested by patients and relatives**

We asked patients what they would change to improve the ward and 17 patients offered a suggestion.

A patient on Astor Ward said, *"When I was discharged last time, I missed the pharmacy as it was closing at 5.30pm. The hospital said they would send me the medication, but this never happened. I had to go back to the doctors [GP] to get the medication"*. The patient wondered if something more could have been done about this.

Healthwatch Kingston published ['What was leaving hospital like?'](#) in September 2019. One of the eight recommendations in the report was that Kingston Hospital and Community Care Providers explore ways to ensure that appropriate, 'joined-up' follow-up care in the community is provided to patients requiring it after they have been discharged from Kingston Hospital.

The same patient asked if something could be done if meals were disrupted in the ward. They added, “Perhaps the meal could be bunged in the microwave?”

A patient on Alex Ward asked if something more could be done about the long waits in Emergency (A&E) Department. They added, “*At the very least, patients need better communication, so they aren’t left unaware of what is going on.*”

Healthwatch England published [‘What matters to people using A&E’](#) in February 2020. One of the headline messages from the report was that overall patient experience is shaped by the ‘quality and frequency of information’.

Another patient on Alex Ward wondered if a ‘fast-track’ system could be applied in Emergency (A&E) Department for returning patients.

A patient on Astor Ward suggested a stronger induction programme for new hospital staff to reduce team stress levels on the ward.

Another patient on Alex Ward said, “*Just improve the food.*”

A patient on Hardy Ward said, “*More toilets would be helpful. Also, there needs to be separate toilets and showers because currently there is only one combined toilet and shower for a six-bed bay.*” The patient observed that if someone was taking a long shower, another patient might have to wait to use the toilet.

The visiting team noted several toilets on wards were being used for storage of hospital equipment during this Enter and View (see page 15).

## Staff feedback

The Healthwatch Kingston Enter and View team spoke to 16 members of staff from a wide range of staffing groups such as nurses (including student and newly qualified), Health Care Assistants, housekeepers, ward clerks, physiotherapists, and a junior doctor.

### Feedback from staff on wards

Enter and View Authorised Representatives spoke to a range of staff with experience ranging from three months, to 30 years. A hospital staff member on Astor Ward told the team they had been there for 14 years and loved their role in housekeeping. Another nursing assistant had been on Hardy Ward for three years. They said when they first joined, they did not feel well supported. They added, staff have changed since and they were now able to work as part of the team. Another housekeeper on Alex Ward had been there for 30 years. They said, “I love my role, I enjoy helping new starters and showing people around.” They added that they were doing more training in communication and customer service. They said their experience meant they knew a lot of people in the hospital, enjoyed working as part of a wider team and could support staff at all levels.

Most newer staff said they felt well supported when they joined and felt they were provided with adequate training. A nurse on Astor Ward said that after only two weeks of being on the Ward they had their own bay to look after. They said they would have preferred more time to settle in, as they did not yet feel confident in their role and felt this potentially affected how they dealt with patients.

### Feedback from staff on support from senior staff

All the staff we spoke to said they felt well supported by senior staff. This is summarised below by job role:

- **Housekeeper:** The staff member commented on how supportive the Sister on the ward was. However, they did feel under pressure as they were always very busy and could use more staff.
- **Health care assistants:** All were very positive about the support they received from senior staff who checked in with them and updated them where necessary.
- **Nurses:** Felt they were well supported and listened to and were free to feedback opinions, concerns, and ideas without feeling pressurised. They were very happy and content and had great respect for ward Sisters.
- **Physiotherapist:** They felt supported and liked the way that everyone worked well as a team. They felt able to raise issues with management, as necessary.
- **Occupational therapist:** They felt well supported by all the staff but added that more staff overall (not just Occupation Therapists) would improve the experiences of patients.
- **Nursing assistants:** All felt well supported.
- **Junior doctor:** They felt fully supported and appreciated a strong team spirit.

### Feedback from staff about working relationships

A housekeeping staff member was very positive about their team. However, they said that language can cause barriers between team members.

One health care assistant was impressed with the level of care and support given to a fellow pregnant colleague. They explained that measures were put in place to keep her protected from patients that might act aggressively and ensured she was kept away from the hospital X-ray room.

Another health care assistant told the visiting team that, although they had not received much training to date, this had been recognised by the ward Sister who had arranged for future training. Both health care assistants spoken with considered the smooth running of the ward was down to the Sister in charge and this was echoed by other members of the hospital staff team.

The Healthwatch Kingston team did not hear any negative issues between the support staff, nurses, and doctors.

*“Although it can sometimes be a very stressful job, I love and enjoy what I do and work with a great team. I get real job satisfaction.”*

Another health care assistant felt that the number and mix of staff on the ward, was good. The team very rarely used 'bank' staff, unless it was to cover unexpected sick leave. They felt there was a good working relationship with other staff groups and they were treated well by all. They confirmed that, if a patient appears to have mental health issues, a mental health nurse was available.

One nurse said, *"It can be a bit pressurised sometimes, particularly if staff are sick or there are lots of day patients, but capacity is normally adequate, with a good mix of experienced, permanent staff that meet patient needs."* They added, *"There are good working relationships with other staff groups, and there is a warm and friendly atmosphere."*

Another nurse said, *"The team gets on well together and we all support each other. We are only too pleased to welcome and support new staff and those in the process of being trained. We all have great respect for the ward Sister in charge."*

An occupational therapist felt there were sufficient staff for patients, although it could be very busy when there were discharges and admissions going on at same time, adding, *"I love working with other staff."*

A junior doctor said, *"We still rely on temporary staff, such as Locum Doctors, with varying levels of expertise but we could do with more permanent staff."* They explained the core staff all got on very well working together, *"We make a great team!"*

### **Feedback from staff about 'Freedom to speak up'**

In reference to the ['Freedom to speak up: raising concerns \(whistleblowing\) policy' for the NHS](#), the Healthwatch Kingston Enter and View visiting team asked staff if they were aware of how to raise a concern about an incident or make a complaint.

Most staff spoken to knew about freedom to speak up and how to raise a concern, apart from one nursing assistant who seemed unclear. Another nursing assistant said, *"The process is easily done, using the online system."*

*"There is a good process and if you raise an issue you get good feedback and feel problems are taken very seriously."*

*"We have a good incident procedure, and the process allows for follow-up and learning from the problem."*

One occupational therapist shared they had to raise two incidents. They said they were Spanish, and the problem related to patient remarks. They had found the process easy and the complaints were resolved in a supportive way.

### **Feedback from staff about bed shortages and discharge from hospital**

Two members of the staff that spoke with the visiting team explained sometimes there could be pressure to 'turn around' hospital beds and that on occasion, patients could contribute to delays in the discharge process. One added, *"This can be for varying reasons including that an NHS hospital bed is cheaper than private care."*

Staff said they assessed the physical capabilities of patients when they were due to be discharged.

*“We look at the level of ability before they come into hospital and assess the level of care needed when they leave to see if there are signs of decline. If so, we explore what can be done to help the situation”.*

### **Feedback from staff about the new digital discharge process**

Staff explained that they now had an online form that facilitated the sharing of patient records between health and care teams during discharge from Kingston Hospital. This was sent to the GP surgery but as it was a new system, sometimes GPs failed to pick up these online forms and therefore, did not always acknowledge receipt.

One nurse spoken with felt the new digital approach was speeding up the discharge process.

Another staff member said, *“It’s a good system but has some small issues.”*

An occupational therapist said, *“The discharge process tends to work well throughout the whole hospital.”*

### **Feedback from staff on coordinated care**

Staff said there appeared to be good coordination of care between hospital and community teams such as GPs, social services, care homes, supported living and extra care housing. One added, *“Coordination is normally facilitated by the ward Sister.”*

An occupational therapist said, *“Staff work to ensure care packages are put in place before patients are discharged from hospital.”*

Nurses agreed, they liaised well with other groups such as occupational health, social workers, and community based Multi-Disciplinary Teams to provide continuity of health and social care.

### **Feedback from staff on communication challenges**

The Enter and View team heard that sometimes nurses were not told when patients were going home. They considered nursing staff needed to be kept updated, as it did not look good if patients knew and staff did not.

Staff felt that whereas processes were in place to ensure clear communication across staff teams, that a more joined up approach between doctors, nurses, and occupational health would be helpful when looking at care plans when preparing patients for discharge.

Another staff member said, *“Issues sometimes occur when patients get ready too early because it has not been explained to them that they need to wait for their medication prescription.”* They added, *“The issue of waiting for medication at discharge is being dealt with by better and earlier communication with the pharmacists.”*

The visiting team spoke with a doctor on a ward who explained, *“I’d be the one to give the go ahead and start the process for a patient to be discharged home or to another community facility.”* They continued, *“As we are dealing with the elderly, conditions can change and then the patient has to stay. This can lead to some concern by the patients and their relatives. Also, a patient’s condition can improve, and then they are told they can go home at short notice.”*

The doctor explained further that a process took place to assess the patient's capabilities and whether they had support from someone at home. There could also be problems if the patient's medication had changed and information was needed for the GP from the pharmacist.

### Staff recommendations

The visiting team asked staff if there was anything they would like to see improved?

Several people said the only thing they would like to see was increased numbers of staff.

Some asked for more training opportunities, especially with Dementia Care.

One staff member said a 24-hour pharmacy on site would be useful when drugs that are not always stored on site are occasionally needed.

Some nurses indicated their shifts were too long: *"12 hours without a break! The hospital canteen closes at 3pm so we are not able to get anything to eat if we are working later."*

A doctor on Kennet Ward said, *"My workstation is shared by all of the teams: doctors; nurses; and physiotherapists. It is very cramped yet is also used for the daily Patient Progress Meetings. There is a wall mounted white board which has patients' information on it. The workstation is very public and when staff are holding meetings, visitors are often asked to move away to protect confidentiality."*

The doctor continued, *"As you go into the ward there is a small reception desk, but it is often not occupied. Relatives waiting at this desk can see staff in meetings at the workstation and naturally approach the open counter between the staff and visitors."*

The doctor felt a better solution could have been designed, particularly as the ward had just been refurbished. *"The good part about the teams all being at the same workstation is that it creates good interaction and transfer of information."*

### **Recommendation 8: Nurse to patient ratios and hot food**

Healthwatch Kingston notes that nurse to patient ratios at Kingston Hospital meet nationally agreed standards and supports continuation of this, but if hospital staff are at times needing to work longer than usual hours, then we recommend that hot food be made available beyond 3pm.

## Spotlight on discharge

Earlier in this report (see page 11), some patients and relatives are noted using words like “fairly good” or “poor” in relation to discharge communication and the lack of knowledge about their after-hospital care plans.

The publication of Healthwatch Kingston’s report: [‘What was leaving hospital like Patient experience of discharge from Kingston Hospital NHS Foundation Trust’](#) in September 2019, raised a set of recommendations to the Trust. One recommendation was focused on communication, and this still appeared to be an area which required further improvement (see the full set of recommendations and the Trust’s response in 2019 in Appendix 4 on page 37 of this report). It appears, however, from the staff feedback above, that there could have been a few reasons for this these include: bed shortages and therefore a high turnover and the quick turnaround of patients might complicate lines of communication; patients and staff might only just be seeing the benefit of the new digital discharge system; and challenges to robust communication still existed between staff teams and between staff and patients who were seeking clarity about their community care plans.

### **Recommendation 9: Discharge from hospital**

Healthwatch Kingston repeats our recommendation from our [‘What was leaving hospital like?’](#) report by recommending the Trust continue to explore ways to further improve staff communication so that all patients, those that help them at home (for example a friend or carer) and particularly people who have had unplanned stays in Kingston Hospital, feel more involved in the preparation of their discharge.

## In conclusion

Healthwatch Kingston would like to acknowledge the high volume of positive feedback that was received, especially about the care and attitudes of staff across all the wards visited during this Enter and View visit in November and December 2019 and then in January 2020. Patients and relatives spoken with also shared a range of experiences about how the hospital had improved for them in the past few years.

Healthwatch Kingston would also like to recognise the broader context in which this report has been written and the extra pressures Kingston Hospital and other NHS and social care providers have been under responding to the impact of COVID-19.

It is important not to forget that Healthwatch Kingston conducted these visits to the adult inpatient wards at Kingston Hospital prior to the beginning of the first coronavirus pandemic lockdown in March 2020. We have been working with hospital staff across this period when feasible to progress the publication of this report, mindful of the challenges that responding to COVID-19 have brought. We do, however, always have in mind the patients who shared their experiences with us to make this report and its recommendations. We have been keen to publish this report, so they know we have listened to them.

To re-emphasise points made in the introduction of this report, Healthwatch Kingston and Kingston Hospital Foundation Trust continue to have a constructive relationship about the value of the patient experience in the continuous review and improvement of hospital services.

Healthwatch England published the [Shifting The Mindset](#) report in January 2020 as Healthwatch Kingston was completing the Enter and View visits. The report noted:

*'Reporting (by hospitals) needs to look beyond the numbers and response times and focus more on how to effectively demonstrate to patients and the public what has been learnt. This is the only way to give the public confidence that their concerns are being listened to and acted on.'*

We will seek to continue our dialogue with the hospital on lessons to be learned from this. The hospital has introduced innovations over the past year. We look forward to learning more.

Healthwatch Kingston would like to make a special mention about our observations of Kennet Ward following its refurbishment. When Healthwatch Richmond conducted their Enter and View visit earlier in 2019, a few issues were noted by their visiting team about Kennet Ward. Issues noted about staff attitudes to patients on Kennet ward were attributed in the Richmond report to the possibility of bank staff coming on and off the wards during its refurbishment. The Healthwatch Kingston visiting team noticed that staff attitudes and overall standards of care appeared to have improved significantly in comparison with Healthwatch Richmond's findings, and all involved in this achievement should be commended.

Based on those the Healthwatch Kingston visiting team engaged with, improved communication continues to be a key recommendation (Healthwatch Richmond noted a similar recommendation in making sure that staff understood the history of patient's medical histories). This report notes communication issues linked to patient discharge from hospital and the importance of involving patients, family, and friends (carers) in all aspects of patient discharge and community care plans. This report offers nine recommendations for consideration by Kingston Hospital. These are dispersed throughout this report to contextualise each recommendation but are also collated below with a response to each from Kingston Hospital.

## Healthwatch Kingston: Kingston Hospital adult inpatient wards Enter and View report recommendations and response from Kingston Hospital

Healthwatch Kingston made nine recommendations to Kingston Hospital and they provided the following responses:

### **Recommendation 1: Communication - Overall care**

Healthwatch Kingston notes that whereas most patients engaged with during this Enter and View visit felt well communicated with (67%), some did not. It would be helpful therefore if the Trust continue to explore ways to ensure staff communication with patients attending Kingston Hospital is provided to a consistently high standard across all wards.

#### **Kingston Hospital Response to Recommendation 1:**

We have put plans in place to increase the number and diversity of Sage and Thyme communication facilitators at the Trust - incorporating clinical staff from a range of backgrounds. Sage and Thyme is an evidence-based programme focused on supporting staff working in health settings to use enabling communication strategies.

Over the next 6-9 months we intend to gather and further collate existing evidence on communication challenges across inpatient wards as well as other settings with the objective of making a case to put forward enhancing communication as a Quality Priority for 2022.

### **Recommendation 2: Communication - Care Plans**

Healthwatch Kingston recommends Kingston Hospital continue to review how staff communicate care plans to patients, ensuring consistency, continuity and regularity when communicating.

#### **Kingston Hospital Response to Recommendation 2:**

We recognise that having systems, processes and training in place that enables Kingston Hospital staff to communicate with patients about their planned care and treatment is an area where continuous improvement is needed, and we welcome the feedback in the report on this and the opportunity to respond. Consideration of the examples cited in this report have led to us identify the following specific opportunities that the Patient Experience and Involvement Team together with clinical colleagues will act on:

- We will use a quality improvement project (QIP) to explore how we can more consistently communicate with patients on planned surgical pathways, focusing on the opportunity we have at the point of pre-assessment to inform and work in partnership with patients.

The Trust has an improvement programme to roll out a new generation of workstations on wheels (WOW) that provide enhanced WIFI connectivity and longer battery life. The Patient Experience and Involvement Team will work with the clinical lead for this initiative to ensure that training and support as part of this roll out supports health professionals to use WOWs as an enabler of communicating and making decisions about care in partnership with patients at their bedside.

### **Recommendation 3: Communication - Dispensing medication**

Healthwatch Kingston recommends Kingston Hospital explore how medication can be dispensed more responsively to meet the needs of patients. Also, patients need to understand why they are receiving their medications at certain times.

#### **Kingston Hospital Response to Recommendation 3:**

Medicines administration is a key part of a patient treatment and it is important that patients receive their medicines at the appropriately prescribed times to ensure treatment is effective, but this does need to be delivered with the informed consent of the patient involved. For medicines of critical importance to clinical management, ward staff are duty bound to support patients to take prescribed medicines or establish why this cannot take place.

Where a medicine is not administered or delayed, this is recorded in the patient's notes with the reason or, if unintended, as a clinical incident report which is investigated to support future safe practice. Kingston Hospital gains assurance of appropriate practice through regular audits of "missed" doses that are carried out and reviewed by the Medicines Safety Group and reviews of key themes such as patient refusal and unavailability of a medicine. It can be the case that a patient will be woken up to take or have a medicine administered if it is considered essential to a patient wellbeing e.g. antibiotics. Other examples are analgesics such as slow-release formulations where a patient may be comfortable and not in pain but failure to administer the medicine on time may give way to pain later, at which point additional analgesia may be needed to "catch up" with the pain.

As part of our work to gather and collate evidence of communication challenges we will explore how we can gather further evidence of patients experience of receiving information about medication during their hospital stay.

#### **Recommendation 4: Ward environment - Hygiene**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure the cleanliness of wards in the evening and how patients and staff are empowered to report this, and so that appropriate action is taken.

##### **Kingston Hospital Response to Recommendation 4:**

As part of our COVID response significant action has been taken to ensure and monitor the cleanliness of wards across the hospital. All cleans have been elevated to enhanced cleans and PPE compliance and hospital cleanliness is audited weekly in very high-risk areas (monthly in other areas) and reported directly to the Director of Nursing and Infection Control, and EMC.

#### **Recommendation 5: Ward environment - Visitor noise**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure that groups of visitors are mindful of noise levels in wards, and how patients and staff are empowered to report this, and action is taken.

##### **Kingston Hospital Response to Recommendation 5:**

As part of our COVID response to NHSE guidance on visiting we have introduced a booking system to coordinate the flow of visitors on hospital wards and a visitor contract that sets out our expectations of visitor behaviour and the steps that Kingston Hospital is taking to keep everyone safe. Visiting is limited to named individuals agreed with the patient. Additional visitors can be agreed on compassionate and also therapeutic grounds in adult wards, maternity and children's services with the agreement of senior clinical staff.

#### **Recommendation 6: Food and drink - Patient preparation and assisted eating**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure adequate preparation of patients ahead of receiving their meals and that vulnerable patients have access to consistent assisted eating.

##### **Kingston Hospital Response to Recommendation 6:**

Infection control requirements throughout the pandemic curtailed the range of initiatives in under development and in place to support patients for mealtimes. Where possible ward staff have welcomed visitors to support their family member with meals, within the context of visiting guidelines.

We look forward to welcoming back our 70 regular volunteering dining companions in July 2021. We are currently evaluating a pilot programme that extended the dining companion scheme to staff and will explore how this will be moved forward together with our 'Supported Mealtimes' initiative once the annual nutrition and hydration audit has taken place in August 2021. The Supported Mealtimes Initiative launched prior to the pandemic reduced clinically focused activity during mealtimes to enable staff to spent time with patients and offer support with eating and drinking where needed.

### **Recommendation 7: Food and drink - Choice and hot**

Healthwatch Kingston recommends Kingston Hospital explore what additional steps can be taken to ensure that patients are helped to choose their meals from a written menu, if they are capable, and that hot food choices are served hot.

#### **Kingston Hospital Response to Recommendation 7:**

Since Healthwatch Kingston's visits in 2019/2020 the hospital has implemented a patient meal ordering system PMOS. Hostesses have been trained to support patients to make meal choices, offer written menus and to use pictural aids to support decision making. Nurses are involved in meal choices for vulnerable patients unable to independently make a meal decision.

Food temperatures are checked at every meal service, regularly monitored and also reviewed as part of the annual nutrition and hydration audit. Results have always been green.

### **Recommendation 8: Nurse to patient ratios and hot food**

Healthwatch Kingston notes that nurse to patient ratios at Kingston Hospital meet nationally agreed standards and supports continuation of this, but if hospital staff are at times needing to work longer than usual hours, then we recommend that hot food be made available beyond 3pm.

#### **Kingston Hospital Response to Recommendation 8:**

KHFT is committed to valuing and responding to staff views on how the working environment can be improved. We have a Health and Wellbeing Steering Group chaired by the Trust's Deputy Director of Nursing tasked with listening to and putting actions in place that respond to staff concerns. We responded to staff requests for greater access to food on site by offering Kingston Hospital Charity funded evening meals from outside catering providers throughout wave 1 and 2 of the Covid Pandemic. Our onsite Costa is open until 7.30pm for a range of hot drinks and sandwiches and the Trust has a hot food at night steering group attended by clinicians that is exploring what more can be delivered on site, or facilitated for staff that would meet staff food preferences.

### **Recommendation 9: Discharge from hospital**

Healthwatch Kingston repeats our recommendation from our [‘What was leaving hospital like?’](#) report by recommending the Trust continue to explore ways to further improve staff communication so that all patients, those that help them at home (for example a friend or carer) and particularly people who have had unplanned stays in Kingston Hospital, feel more involved in the preparation of their discharge.

#### **Kingston Hospital Response to Recommendation 9:**

In terms of discharge planning, we recognise that this is an area where continual improvement is needed, and we have a range of programmes in place to review and build on the learning from our experience throughout the Covid-19 pandemic that will address specific elements of the patient pathway. These include:

- a collaborative quality improvement project involving both acute and primary care practitioners, together with patients and carers, to improve the discharge summary documentation patients receive when they leave hospital.
- work as part of the hospital’s Urgent and Emergency Care Board to implement the hospital’s discharge policy and further collaboration with community colleagues around discharge planning. Findings from the Healthwatch Kingston report ‘What was leaving hospital like’ are contributing to the patient voice in this project.

KHFT will report to Healthwatch partners on the progress of these programmes of work in Autumn 2021.

## **Thank you!**

Healthwatch Kingston would like to thank the patients, family, and friends (carers) for their time spent contributing to this report during our visits to the adult inpatient wards.

Thank you also to our Hospital Services Task Group and our volunteer Enter and View Authorised Representatives - your support helps Healthwatch Kingston gather the views of patients, service users, carers, and the public to help hospital services work better for the people who use them in the Royal Borough of Kingston upon Thames.

Special thanks to Nichola Kane (Deputy Director of Nursing), Elizabeth Tsangaraki Wilding and Jane Suppiah (Patient Experience & Quality Improvement Leads) who made our visits possible by coordinating with hospital staff.

Thanks also to Healthwatch Richmond for allowing us to adopt their initial methodology. We have welcomed the opportunity to work in partnership to ensure that all adult inpatient wards at Kingston Hospital have been covered with consistency through a two part Enter and View process.

## Appendix 1- Patient questions

### Kingston Hospital Adult Inpatient Wards

#### Enter and View visits

#### Prompts for PATIENT DISCUSSIONS

Please record the ward and (if relevant) bay number

<b>Overall Care</b>	Overall, how would you describe the care and treatment you have received on this ward?
<b>Staff</b>	How would you describe the nurses on this ward? And what about other staff? E.g. doctors, healthcare assistants, cleaning staff Do staff respond quickly when you need something (during the day and night)?
<b>Privacy/Dignity</b>	Do you feel that your privacy and dignity have been respected during your stay?
<b>Medication</b>	Have you been able to take medication at the times you need to?
<b>Food/Drink</b>	How would you describe the food/drink provided on the ward? (If relevant) Have you received the help you need with eating / drinking?
<b>Communication</b>	Overall, how well have staff communicated with you during your stay? E.g. have you been kept up-to-date on what's happening with your treatment or plans to be discharged? Have you felt involved in decisions about the care and treatment you've received?
<b>Environment</b>	How would you describe the ward environment during the day and night? E.g. is it clean, quiet, busy Are there any activities/entertainment available to you?
<b>Improvements</b>	If you could change <u>one thing</u> to improve the ward for patients/staff, what would it be? Is there anything else I should have asked you about?

## Appendix 2 - Observation checklist

### Kingston Hospital Adult Inpatient Wards

#### OBSERVATION CHECKLIST

Authorised representative name:..... Ward:.....  
 Date & Time completed:.....

Topic	Observation	Comments <i>(Please be <u>specific</u> in your comments - where and when something occurred, who it relates to)</i>
Care	Are staff treating patients in a friendly and caring manner?	
Care	Are staff <b>introducing themselves</b> to patients <b>prior</b> to undertaking care?  Are staff <b>seeking consent</b> from patients <b>prior</b> to undertaking care? (including severely ill/unconscious patients, by verbal or tactile means)	
Care	How <b>quickly</b> are <b>call bells/patient needs</b> responded to?	
Care	<b>How many</b> staff are on the ward?  Are staff carrying out any <b>ad-hoc rounds</b> to check whether patients are comfortable?	
Communication	Are staff wearing <b>name badges</b> that are <b>clearly displayed</b> ?  Are staff wearing clearly <b>identifiable uniforms</b> ?	

<b>Topic</b>	<b>Observation</b>	<b>Comments</b> <i>(Please be <u>specific</u> in your comments - where and when something occurred, who it relates to)</i>
<b>Communication</b>	<p>Are staff <b>communicating clearly</b> with patients? (e.g. explaining what will happen next; what treatment a patient requires &amp; why)</p> <p>Are staff <b>attentive/responsive</b> when patients speak to them?</p>	
<b>Communication</b>	<p>Are staff using patients' <b>preferred/appropriate names</b> in routine communication?</p>	
<b>Privacy/dignity</b>	<p>Are patients and relatives able to <b>discuss personal issues/concerns in a private area</b>?</p>	
<b>Privacy/dignity</b>	<p>Do all <b>doors/curtains</b> provide adequate cover and are they used appropriately?</p>	
<b>Food/drink</b>	<p>Are staff assisting patients who need <b>help with meals</b>?</p> <p>(e.g. help with sitting up, cutting food, eating etc)</p>	
<b>Hygiene</b>	<p>Are patients given the opportunity to <b>wash their hands/use hand wipes</b> before meals?</p> <p>Are they supported in doing this?</p>	
<b>Hygiene</b>	<p>Are <b>patients clean</b>?</p>	
<b>Environment</b>	<p>Are patient bays <b>clean, tidy and comfortable</b>?</p> <p>Is the ward <b>clean and tidy</b>? (floors, walls, toilets)</p>	
<b>Environment</b>	<p>Are patients' <b>'self-care' items within easy reach</b>?</p> <p>(e.g. call-bell, water and jug, self-managed medication, table)</p>	

<b>Topic</b>	<b>Observation</b>	<b>Comments</b> <i>(Please be <u>specific</u> in your comments - where and when something occurred, who it relates to)</i>
<b>Environment</b>	Are patients' bedside information boards <b>up to date</b> ?	
<b>Information</b> <b>(if applicable)</b>	Is information provided to patients in an accessible way, including those with <b>sensory impairments, dementia, learning disabilities</b> or those who <b>do not speak English</b> ?	

## Appendix 3 - Staff questions

### Kingston Hospital Adult Inpatient Wards

#### Enter & View visits

#### Prompts for STAFF DISCUSSIONS

Please record the Ward and role of the staff member that you speak to

Topic	Suggested Questions
Intro	How long have you been working on this ward? Do you only work on this ward? <b>(If joined recently)</b> What was it like starting on the ward? Did you feel well supported?
Patient conditions	What are the most common conditions you see?
Service capacity + staff mix	Do you feel that you have enough staff/capacity to safely meet patients' needs? Do you feel that the ward has enough experienced, permanent staff? How do you find working with different staff groups (e.g. nurses, HCAs, doctors, physios and occupational therapists)?
Discharge	How well do you feel the discharge process works (incl. discharge medication)? Do you think there is good coordination of care between hospital and community teams (e.g. GP, social services, care homes)?
Support for staff	Do you feel well supported by senior staff in your role? Are there any changes that would help make your role easier?
Learning from incidents	Have you ever raised an incident? <b>If Yes:</b> How did you find the process of reporting the incident/concern? How has the learning from the incident been implemented? <b>If No:</b> Do you know how to raise an incident/concern?
Safeguarding	How would you raise concerns about safeguarding? Has there been any learning from the last safeguarding concern that occurred?
Improvements	Are there any changes that could help you/the ward provide better care? If you could change <b>one thing</b> to improve the ward for patients/staff, what would it be? Is there anything else I should have asked?
<b>(depends on ward)</b> Patients with additional needs	How many patients do you see with: learning disabilities, mental health issues, dementia or non-English speakers? Do you feel equipped to support these patients?

## Appendix 4 - What was leaving hospital like? Patient experience of discharge from Kingston Hospital NHS Foundation Trust - Recommendations and Trust's response

### Healthwatch Kingston Survey Report, September 2019

**HWK RECOMMENDATION 1:** Healthwatch Kingston recommends the Trust explore how to ensure all patients, whether in Kingston Hospital for a planned or unplanned stay, are given an estimated time for discharge at least 24 hours before they are due to leave.

**THE TRUST'S RESPONSE TO RECOMMENDATION 1:** This finding will be discussed with staff via the Nursing and Midwifery Board and Sisters Forum to identify what further actions can be taken to improve how staff communicate with patients, relatives, and carers in relation to time of discharge. We will also take steps to encourage patients, relatives, and carers to ask the question 'when am I likely to leave hospital?' by including this in question in patient information available on the ward and training our patient experience volunteers to talk to patients about this.

**HWK RECOMMENDATION 2:** Healthwatch Kingston recommends the Trust explore ways to further improve staff communication so that all patients, those that help them at home (for example a friend or carer) and particularly people who have had unplanned stays in Kingston Hospital, feel more involved in the preparation of their discharge.

**THE TRUST'S RESPONSE TO RECOMMENDATION 2:** Patient experience volunteers will offer patients, relatives, and carers on wards the opportunity to watch the Trust's new information film about discharge 'Homeward Bound'. We will signpost community and voluntary sector partners to the film's location on the Trust website and ask for support in disseminating its messages. Actions taken in response to recommendation 1 will also support recommendation 2.

**HWK RECOMMENDATION 3:** Healthwatch Kingston recommends the Trust introduce ways to further reduce delays when leaving Kingston Hospital, in order that patients with either planned or unplanned stays in hospital are provided for equitably.

**THE TRUST'S RESPONSE TO RECOMMENDATION 3:** More pharmacists are being trained in prescribing discharge medications. This will reduce the reliance junior doctors' availability to do this and reduce discharge delays. The Trust is working to reduce transport delays and has established a working group to oversee the implementation of recommendations following a review of patient transport. This group is being led by a member of the Executive Team.

**HWK RECOMMENDATION 4:** Healthwatch Kingston recommends that if common reasons for delay to discharge from Kingston Hospital, such as access to medication, waiting for discharge letters and transport can take longer than expected, the Trust consider providing more realistic discharge times to manage patient, family, friend, and carer expectations.

**THE TRUST'S RESPONSE TO RECOMMENDATION 4:** The Patient Experience Team will request a 'Grand Round' session on patients experience of discharge from Kingston Hospital. These sessions focus on learning from experience and implementing change. They are attended by junior doctors,

Consultants as well as other members of the multi-disciplinary healthcare team. The session will explore how to communicate with patients, relatives and carers about discharge and manage their expectations. A Schwarz Round on the topic of discharge will also be organised.

**HWK RECOMMENDATION 5:** Healthwatch Kingston recommends the Trust provide all patients with printed information about what to do after they leave Kingston Hospital (regardless of whether patients are being discharged from planned or unplanned stays).

**THE TRUST'S RESPONSE TO RECOMMENDATION 5:** The Volunteering Service has developed a Discharge Volunteer programme over the last 6-12 months and is expanding this. This means that more potentially vulnerable patients will be supported to access relevant information at discharge. The Patient Experience Team will produce an A5 discharge card together with ward staff. This will provide generic information about what to do or not do following discharge and who to contact should they have questions or concerns about their health during recovery.

**HWK RECOMMENDATION 6:** Healthwatch Kingston recommends that when reviewing information provided at discharge, the Trust consider: being more detailed; using less medical jargon; and how this information might be provided digitally.

**THE TRUST'S RESPONSE TO RECOMMENDATION 6:** In October 18, the Trust started a quality improvement project to standardise how patient information is produced and reviewed. This has included the launch of patient information templates, and information surgery appointments to enable staff to work directly with members of the Patient Experience Team to produce leaflets using plain English and a clear structure. A panel of Patient Partners and Trust staff meets every six weeks to review and approve information. Going forward we will ensure that at least 1 piece of discharge information is reviewed at each panel meeting. New and revised patient information will be made publicly available when the new Kingston Hospital website is launched later in 2019.

**HWK RECOMMENDATION 7:** Healthwatch Kingston recommends the Trust explore ways to ensure discharge information is provided in accessible and alternative formats for disabled people, particularly where staff are discharging people with living with a learning disability, autism, and other neurodiverse conditions.

**THE TRUST'S RESPONSE TO RECOMMENDATION 7:** Flagging learning disability patients within our hospital information system is a Quality Priority for 2019/20. This report's finding will be taken to our new Learning Disability Collaborative for guidance and support with identifying specific information gaps on discharge and addressing these. Staff and volunteers are now pro-actively approaching people on inpatients wards to ask them about their accessible information needs. Mandatory training on accessible information is now a requirement for all staff.

**HWK RECOMMENDATION 8:** Healthwatch Kingston recommends the Trust and Community Care Providers explore ways to ensure that appropriate, 'joined-up' follow-up care in the community is provided to all patients requiring it after they have been discharged from Kingston Hospital.

**THE TRUST'S RESPONSE TO RECOMMENDATION 8:** The Emergency Programme Board involving the Trust and community partners is strategically planning the better integration of hospital and community healthcare services. Their focus includes 'joining-up' follow-up care for people needing this following their discharge from hospital.



# healthwatch

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