



The Older People's Improvement Collaborative (TOPIC)

Improving patient care and patient experience

November 2023

healthwatch
South Tyneside

Background

In July 2020 South Tyneside and Sunderland NHS Foundation Trust launched a new initiative which aimed to improve the care and experience of older patients in hospital and attract more nurses to work in this important field.

The Older People's Improvement Collaborative (TOPIC) was developed due to the recognition that it is was difficult to recruit and retain nurses into the speciality of older people's nursing.

The Trust has acknowledged that staffing shortages lead to poor patient care and that it needed something more than the standard recruitment campaign.

Background

TOPIC aims for improvement in four key areas:

- the recruitment and retention of staff
- staff support, development and education (including clinical skills and QI capability)
- essential patient care
- patient experience

The Trust asked Healthwatch South Tyneside and Healthwatch Sunderland to support the TOPIC programme by obtaining patient and carer feedback to provide valuable information that could aid the development of improvement initiatives in older people's care.



Brief and methodology

The Trust has commissioned Healthwatch South Tyneside and Healthwatch Sunderland to obtain feedback from patients, carers/relatives/friends and staff working in Care of the Older Person in-patient wards on two of the TOPIC programme's key objectives: patient care and patient experience.

To capture patient experiences of care, Healthwatch developed separate surveys to be completed by patients and carers/relatives on the same topics, but from the perspective of each group.

The questions focused on activities of daily living and the support given by ward staff to enable patients to complete these activities during their stay on Wards 2 and 19 at South Tyneside District Hospital and six wards at Sunderland Royal Hospital.



Brief and methodology

Themes included:

- communication, understanding care and care planning, decision making
- bathing and hygiene
- nutrition and hydration
- personal hygiene
- movement/maintaining mobility
- dressing during daylight hours
- engaging in activity/entertainment
- sleep

A third survey was created for staff on the wards which asked questions designed to ascertain levels of workforce confidence, ward culture and barriers to delivery of interventions.



Brief and methodology

On all three surveys, open and closed questions were used to gather quantitative and qualitative data.

Importance was placed on overall patient experience/perceptions of care but the numbers of patients requiring specific types of care, e.g. support to bathe/toilet, were also collected to give insight into findings.

Patient responses were gathered at patient bedsides by HWST staff and volunteers. Senior ward staff determined which individuals were physically and mentally well enough to be invited to participate. Individuals with memory problems or those lacking capacity were excluded from the survey.

Senior staff introduced HWST staff and volunteers to participants where possible, explaining the purpose of the survey and gaining initial consent.

Brief and methodology

Participants were made aware that their responses would be recorded on paper and comments may be included in any report but fully anonymised to protect their identity. Participants verbally consented to this and were given the option to withdraw/stop the survey at any time.

Carer/friend/family surveys were given to people visiting patients to complete independently and return to ward staff or the survey return box on the ward.

Staff surveys were distributed to senior staff on wards to encourage completion by all ward staff. Surveys were returned to senior staff.

No personal or demographic information was collected.

Brief and methodology

Healthwatch South Tyneside staff and volunteers attended South Tyneside District Hospital on the following dates to talk with patients and complete the questionnaires.

Agreement to attend wards between 2pm and 4pm was changed to 11am to 1pm as daily visiting time at 3pm impacted on numbers of patients who could be surveyed. Visiting time did allow opportunity to engage carers/family/friends.

Date	Ward	Time
Monday August 21 st 2023	Ward 2	2pm-4pm
Wednesday August 23 rd	Ward 2	2pm-4pm
Wednesday August 30 th	Ward 2	2pm-4pm
Monday September 4 th	Ward 19	11am-1pm
Wednesday September 6 th	Ward 19	11am-1pm
Monday September 11 th	Ward 19	11am-1pm

Brief and methodology

Additional question

Following the first visits to each ward, a question was added to all surveys in relation to hand washing. Eight of the patients interviewed were therefore not asked this question.

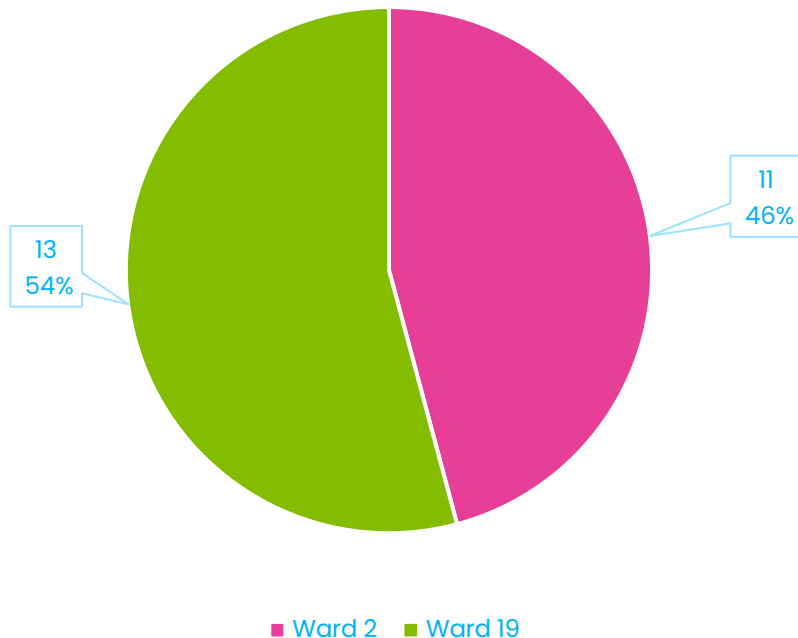
This report details responses from the South Tyneside District Hospital visits but the table below shows the total number of respondents including Sunderland Royal Hospital. In all, 108 people took part.

	Ward 2	Ward 19	SRH	Total
Patient	11	13	33	57
Family/friend/carer	1	7	5	13
Staff	7	18	13	38

Q&A: patients and relatives/carers

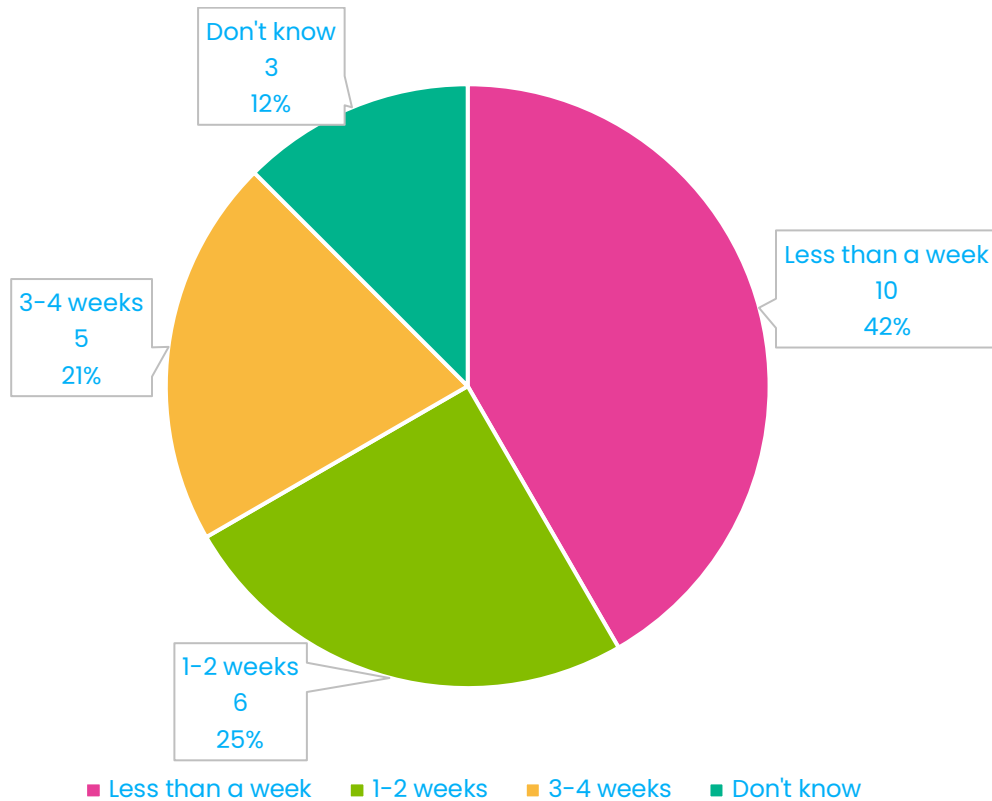
There were 16 questions asked, some which included additional fields to complete.

Q1 – Which ward are you staying on?



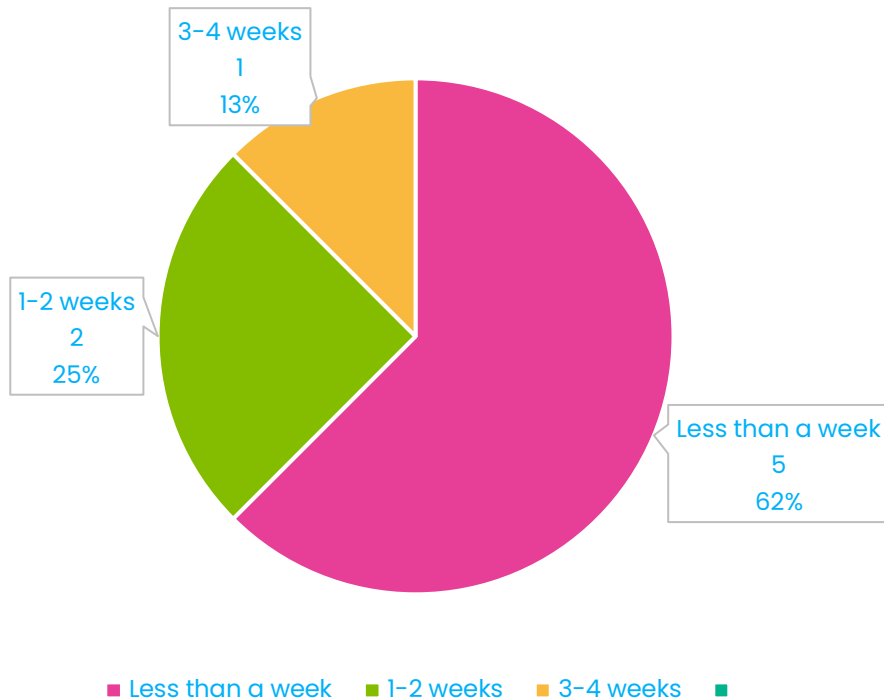
Q&A: patients

Q2 – Approximately how long have you been on the ward?



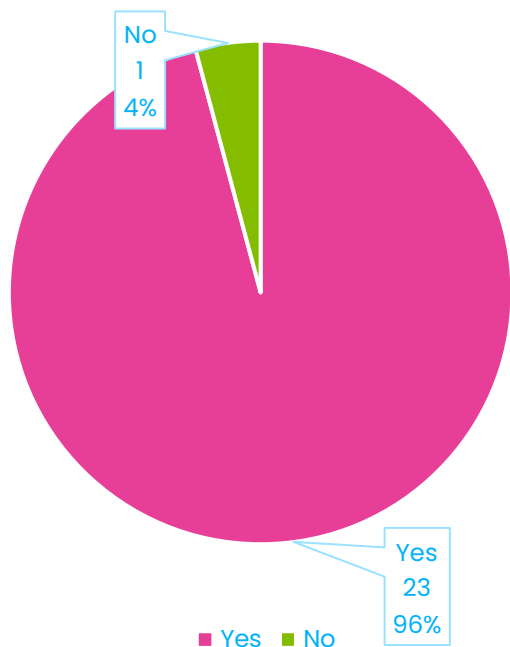
Q&A: relatives/carers

Q2 – Approximately how long has your relative/person you care for been on the ward?



Q&A: patients

Q3 – Do you feel staff on the ward communicate well with you and keep you up to date with your care?



Comments:

"Yes they talk to me and explain everything."

"They go out of their way to help you. The doctor even helped me get some toiletries when I needed them, she was great, over and above!"

"Since I've been here they have been very perceptive. Really wonderful."

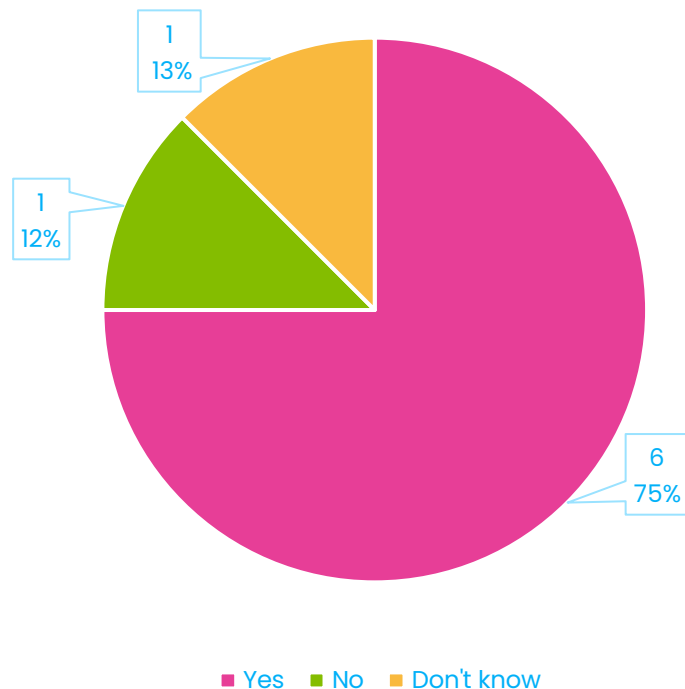
"Fantastic really. Reactions are always friendly - even when they are busy. They even contacted my son in America to update him - he was worried."

Despite an overall positive response, there were some less favourable comments around discharge:

Yes I keep asking when I can go home? They say they are talking about it.

Q&A: relatives/carers

Q3 – Do you feel staff on the ward communicate well with you and keep you up to date with their care?



Comments:

"Bit more communication instead of having to look for someone to ask what was happening."

"Think it's the same with all wards. You only find out information if you ask."

"Can go days without an update from staff unless we seek them out."

"Communication to all concerned was very helpful."

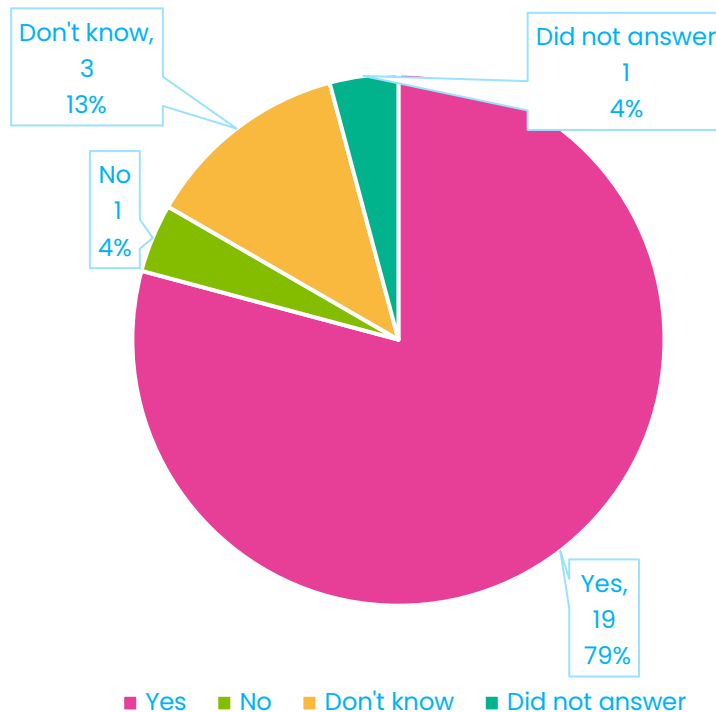
Anything that could be improved?

"Better communication with the relatives as the patients on this ward are often confused and unclear."

"Better communication from doctors regarding the status of the patient's condition."

Q&A: patients

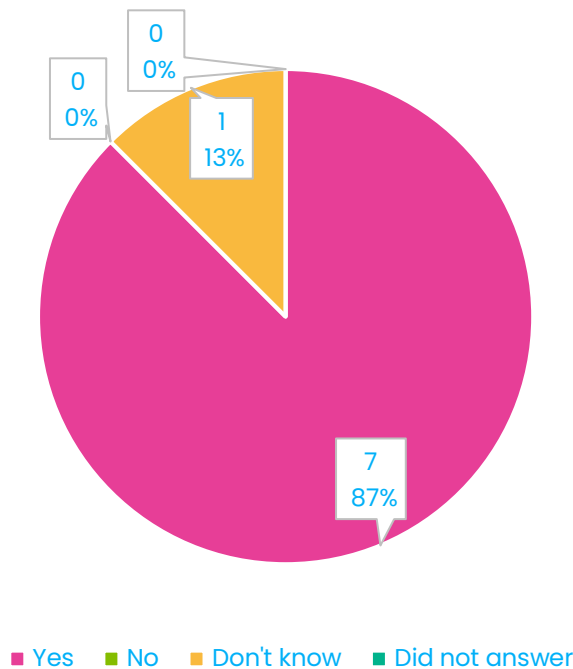
Q4 – Are you aware that staff will only tell your family/carers/friends what you consent (agree) to them sharing?



This question received mostly positive responses. Further questions in this section generated comments about the importance of information sharing with family/friends/carers.

Q&A: relatives/carers

Q4 – Are you aware that staff will only tell you things that the patient has consented (agreed) to them sharing?



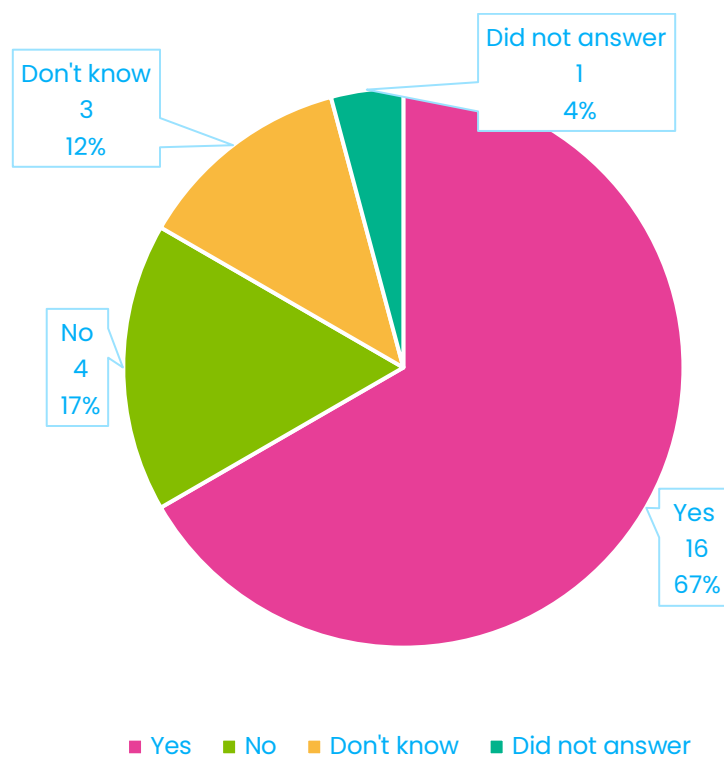
Comments included:

"Can go days without an update from staff unless you seek them out."

"If asked for any information, they explain thoroughly."

Q&A: patients

Q5 – Do you feel comfortable asking questions about your care, challenging decisions and refusing treatment?



Comments:

Most respondents felt confident questioning care but felt staff know best.

"They asked me what I wanted shared. Yes I do feel comfortable."

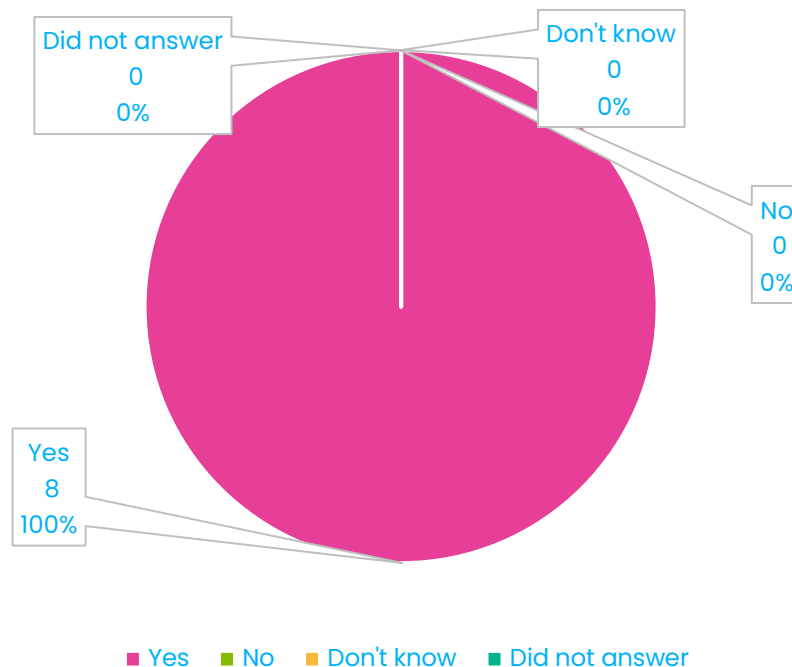
"I've been given lots of opportunities (to discuss care and make decisions). I feel confident to refuse treatment/care."

"Yes, very comfortable - it's the trust I have in them . I have just this morning challenged something as one of my medications wasn't being given to me. It's back on my prescription - it wasn't the ward's fault."

"Everyone explains what the medications are but sometimes I don't know enough."

Q&A: relatives/carers

Q5 – Do you feel comfortable asking questions about their care and challenging decisions on their behalf?

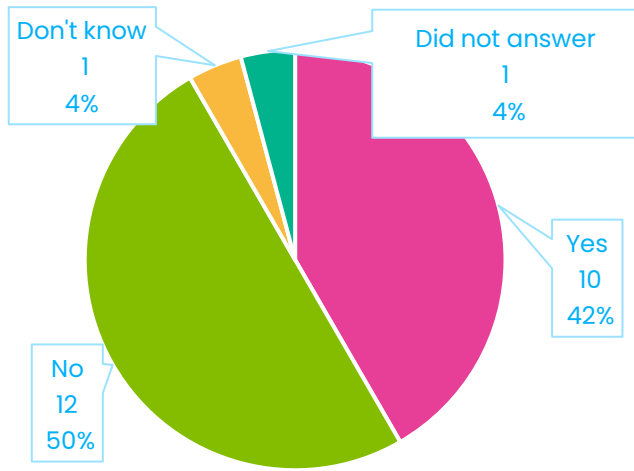


One relative said:

"I don't mind asking about their condition. However, I'm more reluctant to question treatment even when I may have a valid point to make."

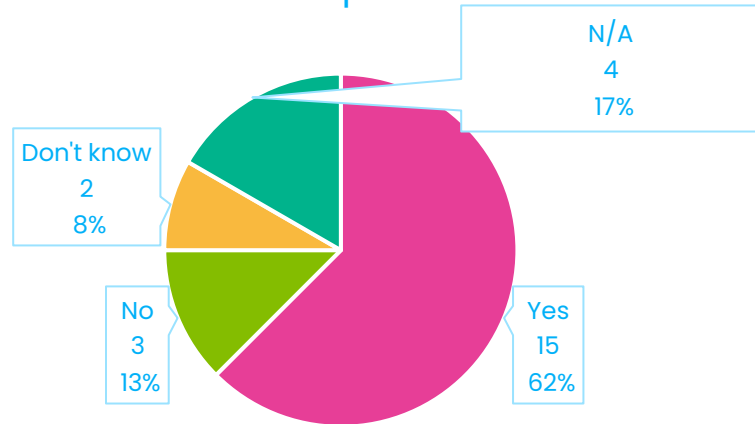
Q&A: patients

Q6 – Do you need help to wash, bathe and/or dress?
(Please also think about shaving, hair and fingernail care)



■ Yes ■ No ■ Don't know ■ Did not answer

Do staff help with this?



■ Yes ■ No ■ Don't know ■ N/A

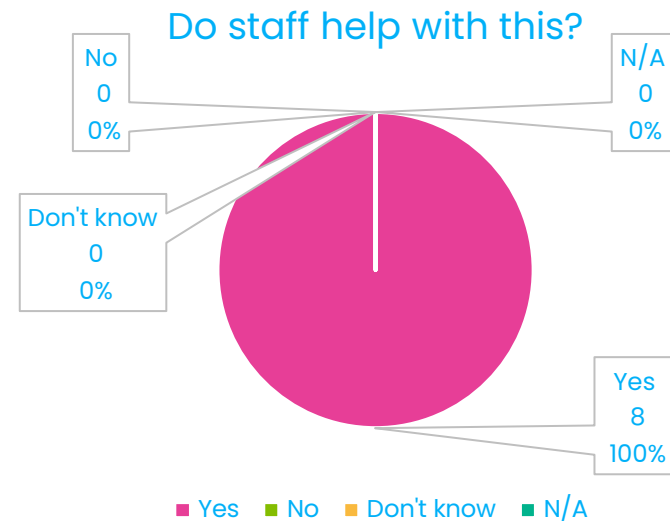
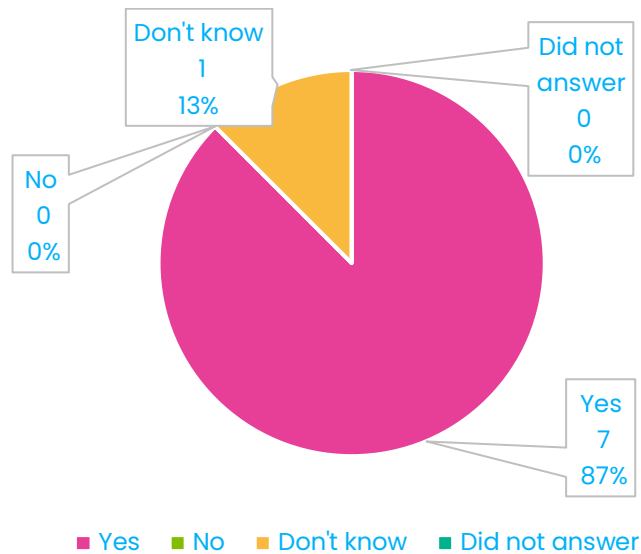
Comments:

"Sometimes need help to get washed. Yes, I just let the staff know and they help."

"I get a daily wash at my bedside. I haven't had a shower, haven't been offered a bath since I got here."

Q&A: relatives/carers

Q6 – Does the person you are supporting need help to wash, bathe and/or dress?
(Please also think about shaving, hair and fingernail care)



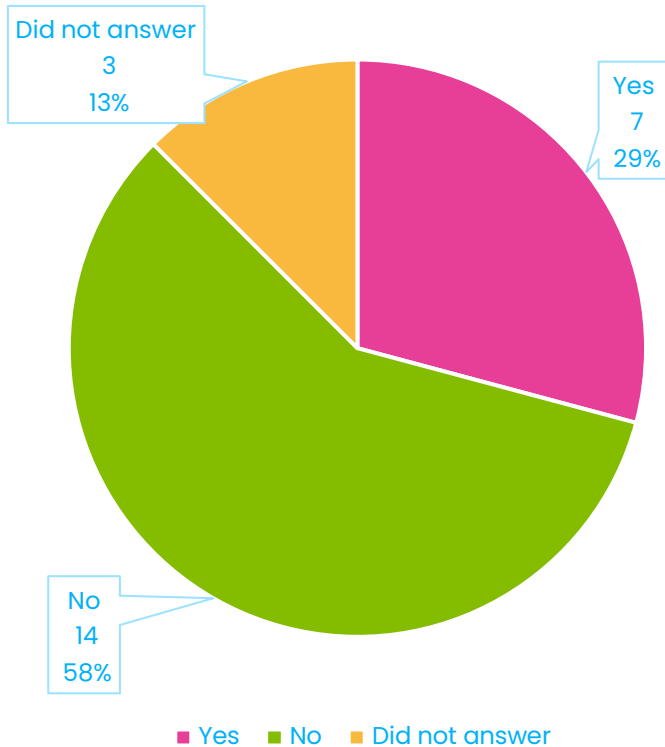
Comments:

"Sometimes help with meals and personal care re dentures, hair etc."

"If help is required to visit the toilet or get to bed, the assistance is there."

Q&A: patients

Q7 – Do you need help to eat and drink?



Comments:

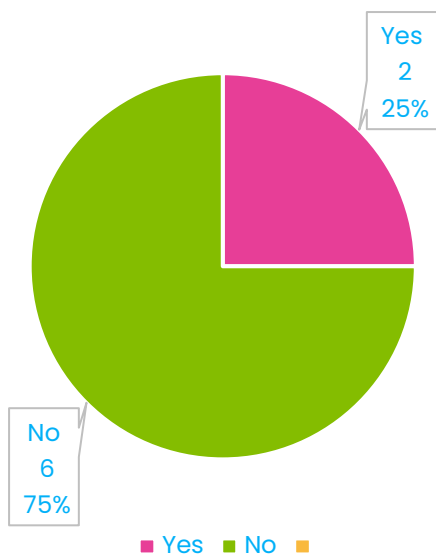
"I don't really understand what the letters and numbers mean on the menu."

"I'm not too fussy . I don't get (understand) the menu - It hasn't been explained."

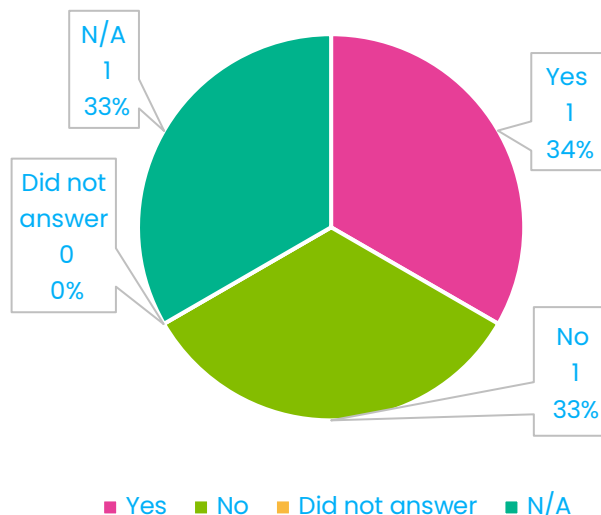
"I didn't get my breakfast so had to request it - they brought me some porridge. I have a limited soft diet and when I'm choosing there's nothing but soup and ice cream. I could have beans on toast – I don't need a pureed diet."

Q&A: relatives/carers

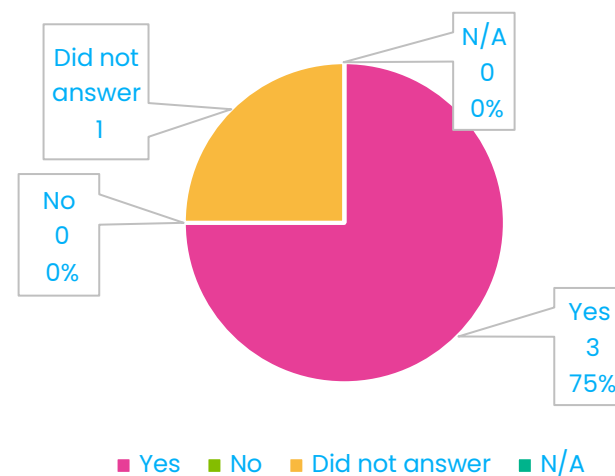
Q7 – Does the person you are supporting need help to eat and drink?



Do staff help with this?*



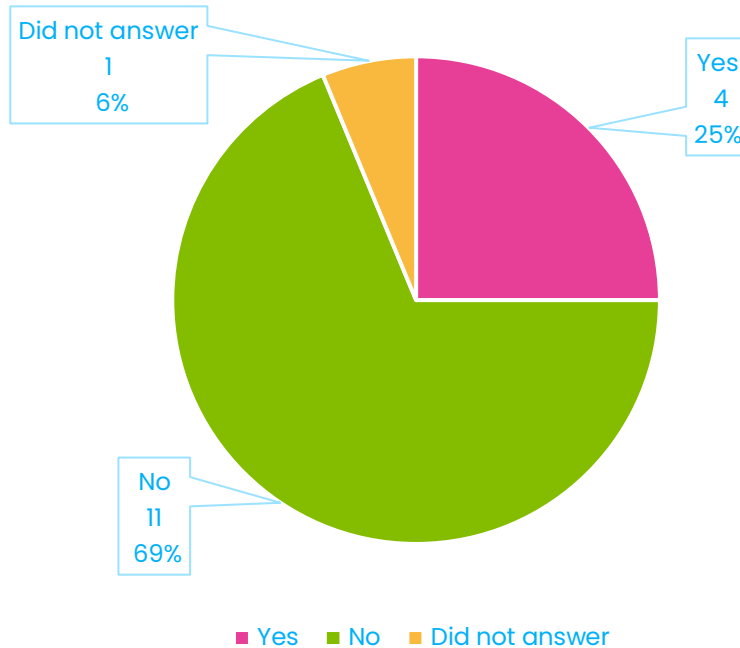
Is help offered at times other than mealtimes?*



* These questions were added part way through the survey process and only four of the eight respondents were asked them.

Q&A: patients

Q8 – Are you encouraged/supported to clean your hands before mealtimes?*



* This question was added after eight patients had completed the survey.

Q&A: patients

Q8 – Are you encouraged/supported to clean your hands before mealtimes?*

Nearly 70% of patients questioned answered ‘no’ when asked if they were encouraged/supported to wash hands before eating. We observed hand wipes at some bedsides, but not consistently throughout either ward.

Many stated they washed hands independently either after visiting toilet or prior to eating, using wipes, bathroom sink or ward sink. Consideration must be given to the possibility that being questioned about doing something which is commonly understood as essential hygiene practice may have resulted in patients agreeing they completed this task when they may not have or may have struggled unassisted.

Comments:

“There is a sink next to my bed - I wash my hands there but my mobility is limited so can’t always get there.”

“I had wipes but they are waiting for them to come in now (indicating none at bedside). I can wash hands in bathroom if I can hang onto the sink after going to the toilet.”

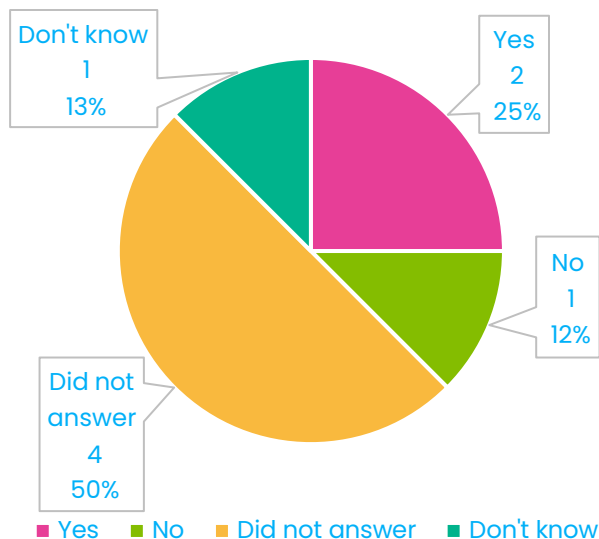
“Not really asked – it’s left for me to decide - I’m too stubborn to ask.”

“Not provided with wipes - if I was I’d use them.”

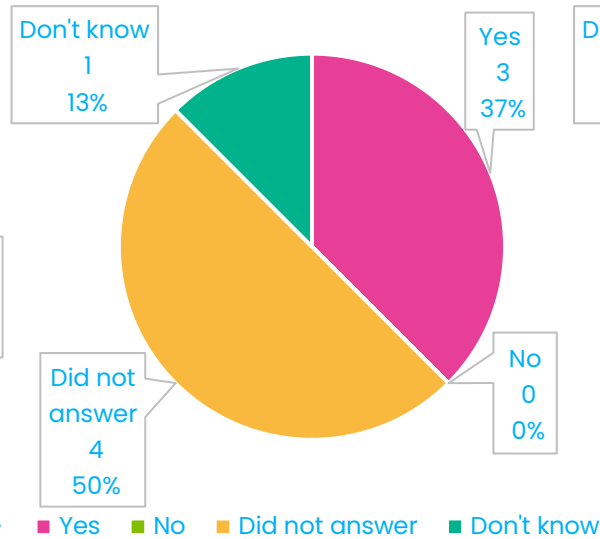
“I can get to the sink to wash hands.”

Q&A: relatives/carers

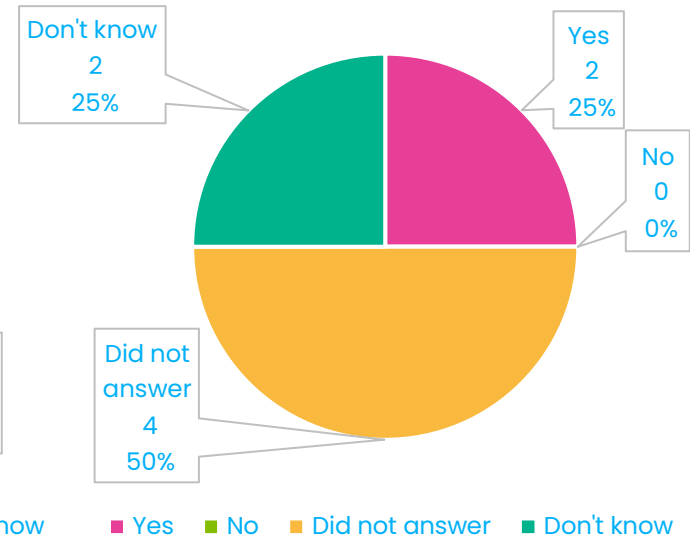
Q8 – Is encouragement/ support offered with cleaning hands before mealtimes?*



Do staff help with this?*



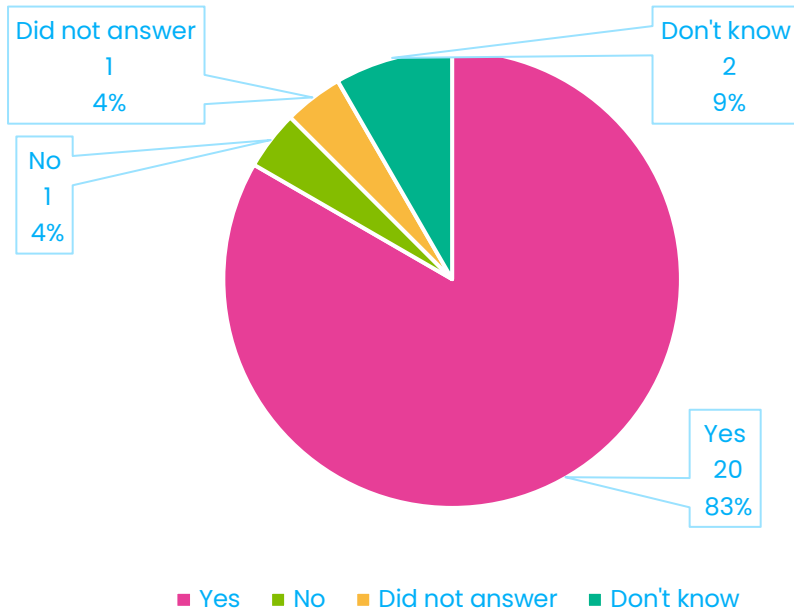
Is help offered at other times?*



* These questions were added part way through the survey process and only four of the eight respondents were asked them.

Q&A: patients

Q9 – Tell me about the food and drinks on the ward. Is there enough for you?

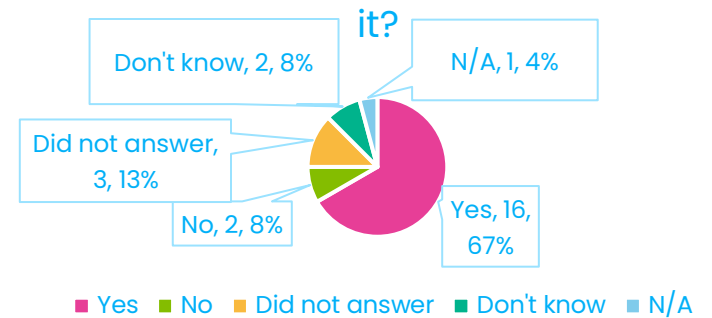


Comments:

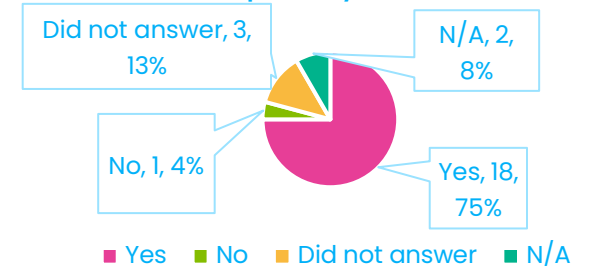
"There is plenty of choice, food very good, if I needed help they would help."

"If I'm hungry between meals there's nothing."

Is it available when you want



Is there plenty of choice?



Q&A: patients

Q9 – Tell me about the food and drinks on the ward. Is there enough for you?

Some patients reported difficulty or being unable to complete menu cards due to small font size and seemed to have limited understanding of cards and specific dietary needs that were catered for. Many reported enjoying completing the menus, however:

“It’s the highlight of my day” “Staff help with menu as I can’t see it.” “Menu could be larger print.”

“My husband helps me with the menu card. I haven’t any glasses so staff read it out to me.”

“I don’t ‘get’ the menu - it hasn’t been explained. I don’t really understand what the letters and numbers mean on the menu.”

“I do have problems with food order form (relating to small print). Not sure what the letters mean either.

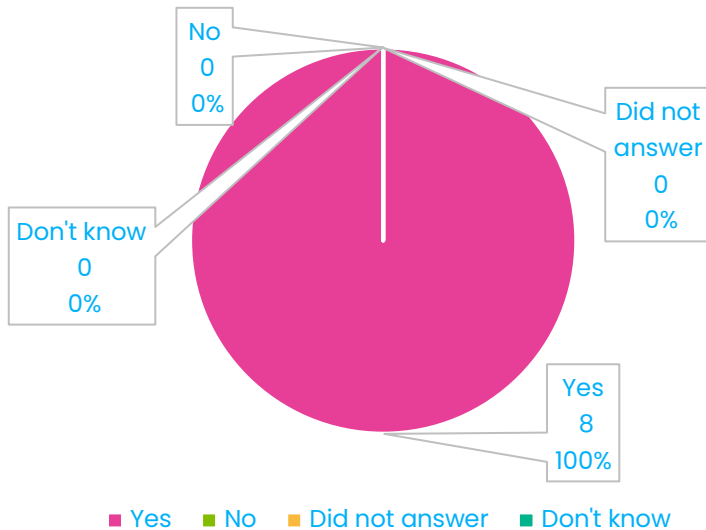
Three people told us that they struggled at mealtimes with things they could manage with a little support:

“I need softer food. I can’t chew what gets sent - I could chew on the chicken all day”.

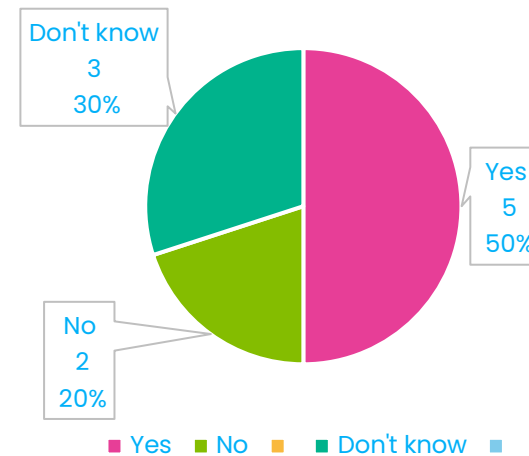
“I can’t see what’s on the tray and they don’t tell me where things are - I’ve knocked things over because of this. I can feel the ridge in the table but can’t see where food is.”

Q&A: relatives/carers

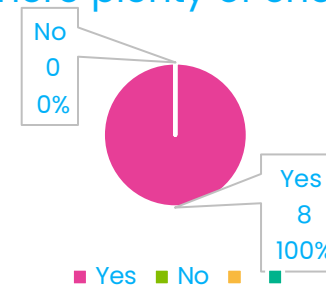
Q9 – Tell me about the food and drinks on the ward. Is there enough for you?



Is it available when wanted?



Is there plenty of choice?

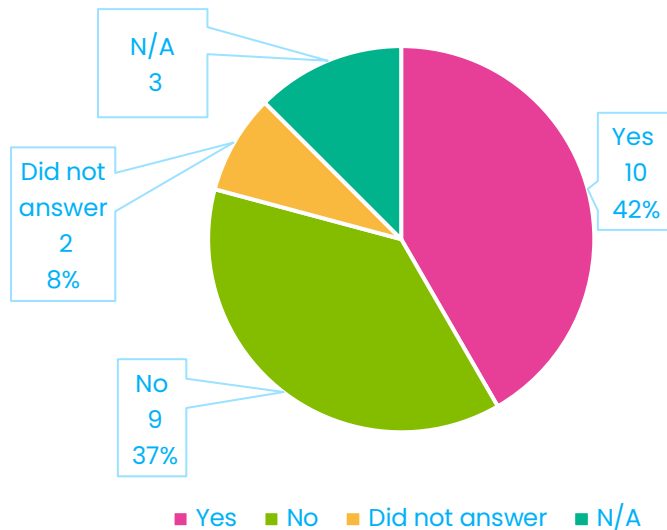


Comment:

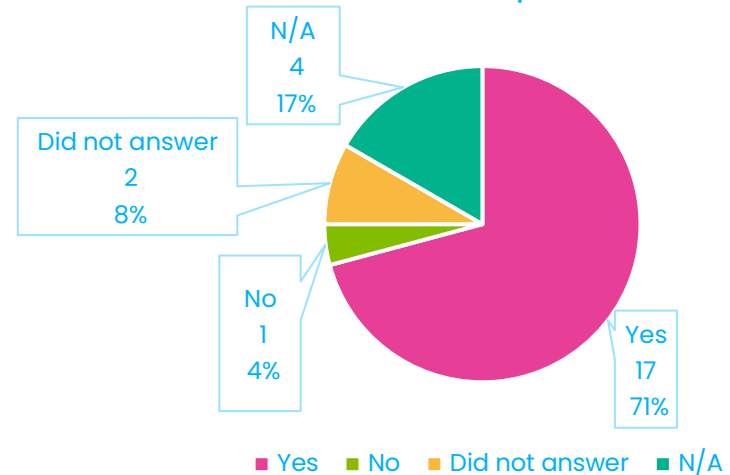
"The selection for meals is varied and...is well prepared."

Q&A: patients

Q10 – Do you need help to use the toilet?



Are staff there to help when needed?



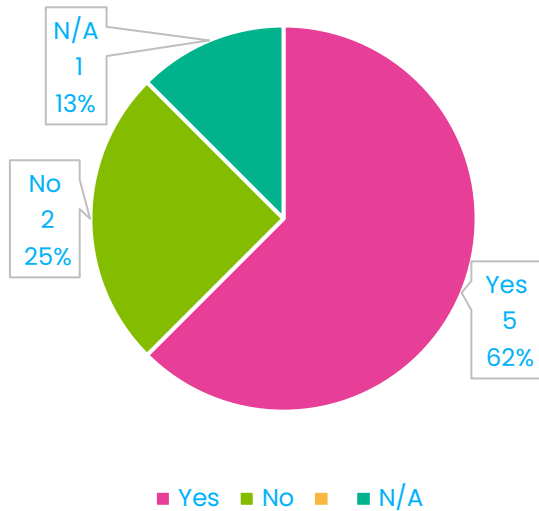
Patients who said they needed help with toileting reported staff were quick to respond:

"I'm embarrassed to ask for help but sometimes need it."

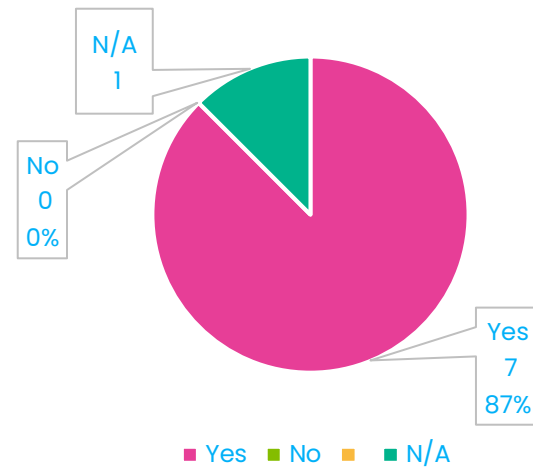
"Staff are very attentive they are good at checking in - they always go over and above."

Q&A: relatives/carers

Q10 – Does the person you are supporting need help to use the toilet?

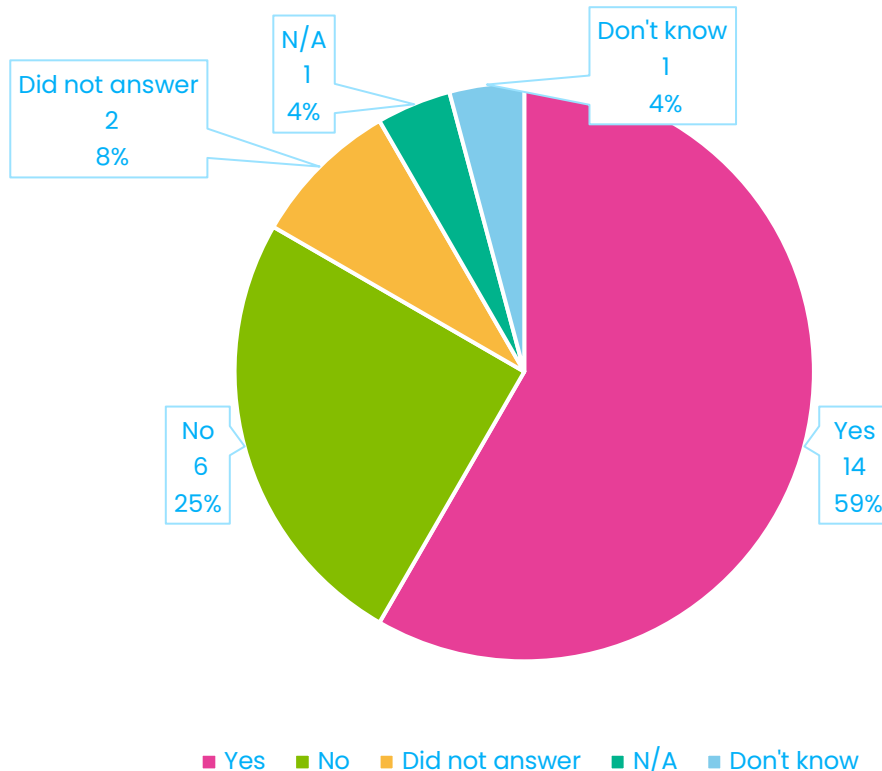


Are staff there to help when needed?



Q&A: patients

Q11 – Are you encouraged to move around/get out of bed during the day?



A variety of responses could indicate patients were unwell/unsteady and lacking confidence:

"I am encouraged to get up and out of bed."

"I get asked to get up and go for a walk on the ward."

"They do try to encourage you."

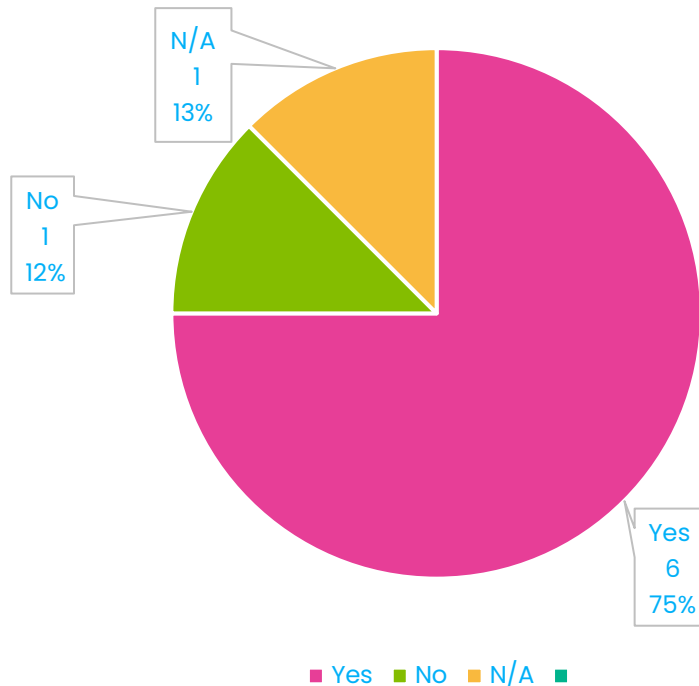
"(Joking) Yeah they chuck you out of bed! It's better to get up and keep my routine that I have at home."

"I want to be up and about. I haven't been asked by staff but the physio offers."

"I don't get told but I do this myself. I don't need reminding. I am unsteady."

Q&A: relatives/carers

Q11 – Has the person you are supporting been encouraged to move around/get out of bed during the day?



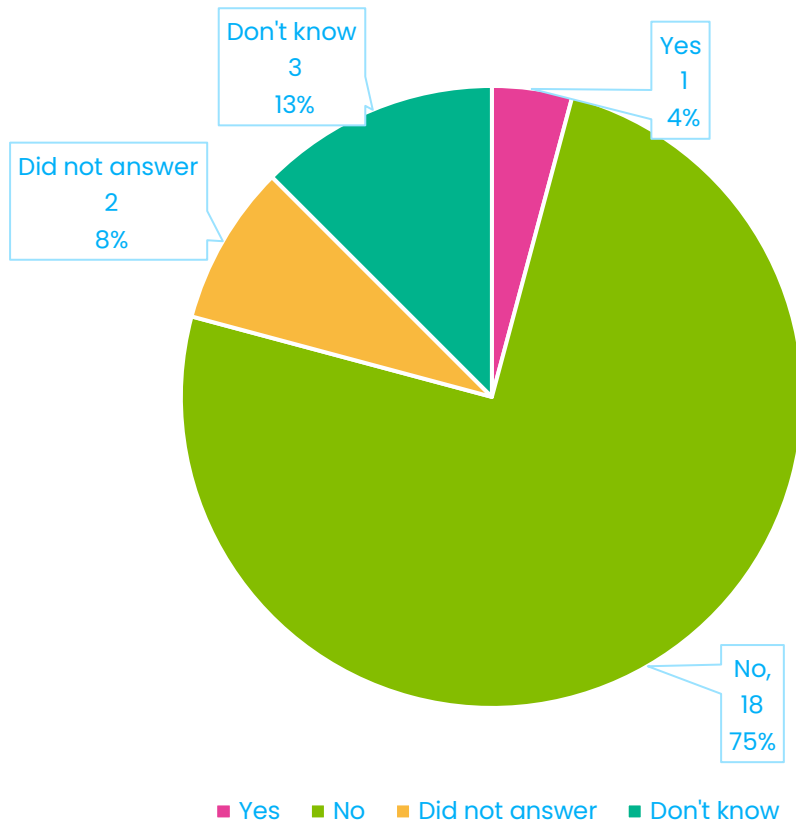
Comments:

“She is dressed daily and encourage to walk around.”

“When mobility has allowed the patient has been encouraged to be active.”

Q&A: patients

Q12 – Are there activities during the day on the ward?



The overwhelming majority of people answered 'no' when asked about activities on the ward. Most people tended to have their own books, puzzles etc. Many did not feel well enough to join in/engage:

"No activities I don't think – I've not been asked."

"Nothing to do."

"Not at all. Not to my knowledge."

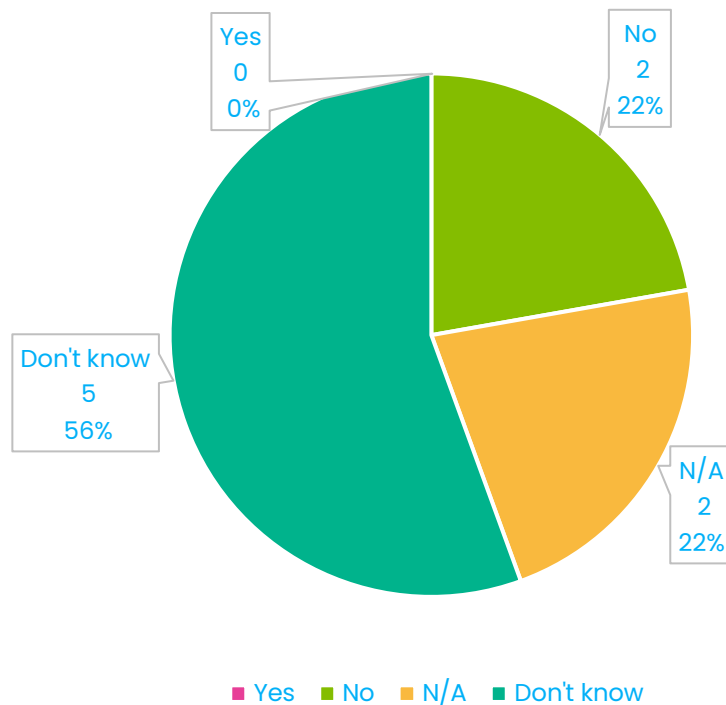
"Never been told about it."

"Sometimes they put the radio on."

"There is a day room but I'm never asked if I want to go there."

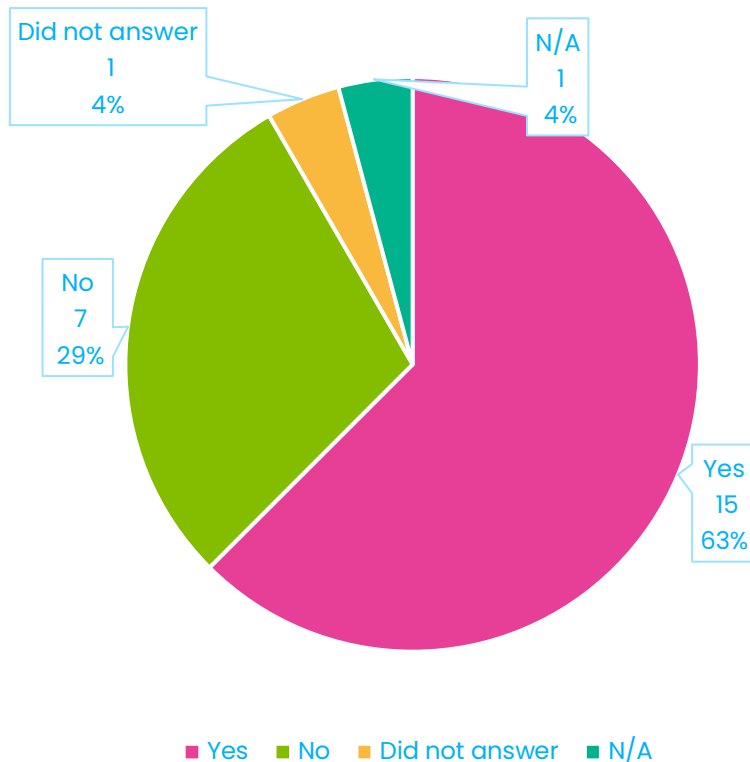
Q&A: relatives/carers

Q12 – Are there activities during the day on the ward?



Q&A: patients

Q13 – Are you encouraged to change from nightwear into day clothes during the day?



Many agreed they were encouraged to do this and enjoyed wearing their own clothes. However, many stated a preference to staying in hospital pyjamas ‘in case of an accident’ or because they felt unwell:

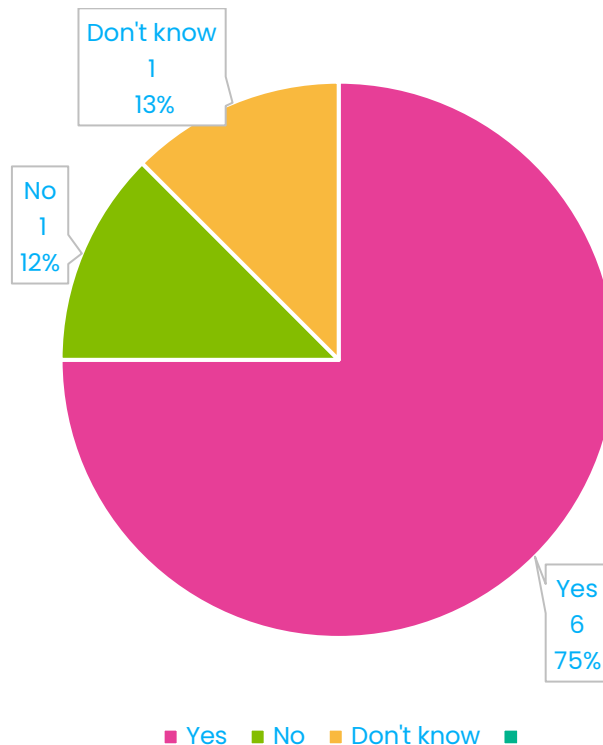
“Encouraged to change clothes and wash, general hygiene.”

“I think I’d like that but I’d need help. Clothes not here - went home to be washed.”

“Feel better in my clothes but family have to take it home to wash it.”

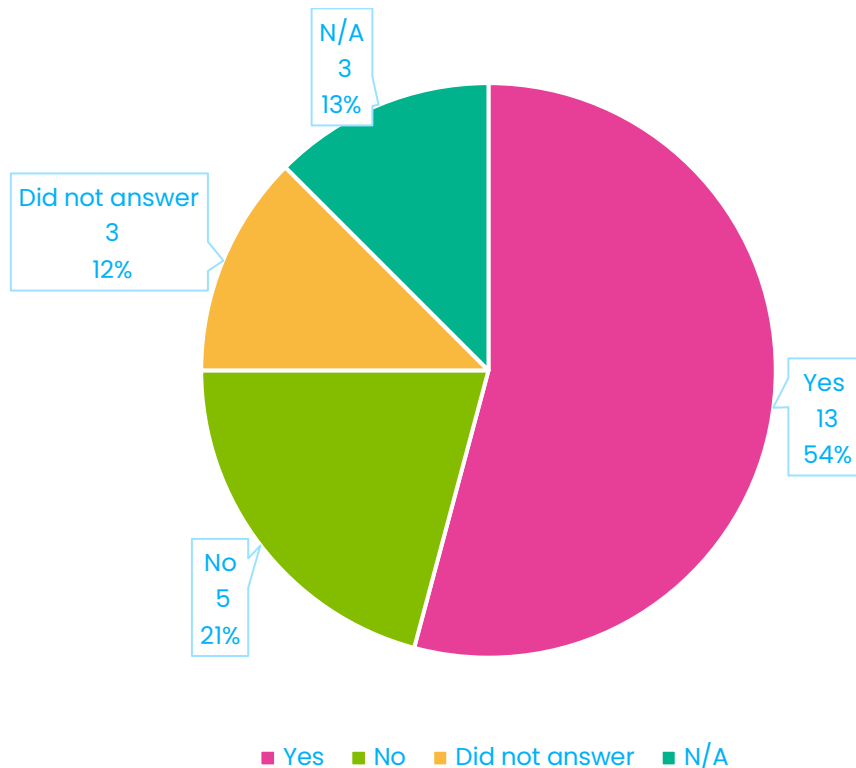
Q&A: relatives/carers

Q13 – Is the person you are visiting encouraged to change from nightwear into day clothes during the day?



Q&A: patients

Q14 – Do you sleep well on the ward?



Most described sleeping well but felt disturbance was mostly from others on the ward who were unwell and accepting of this:

"I hear all of the noises at night. It's very relaxed though on the ward."

"Not bad but sometimes confused patients can be noisy."

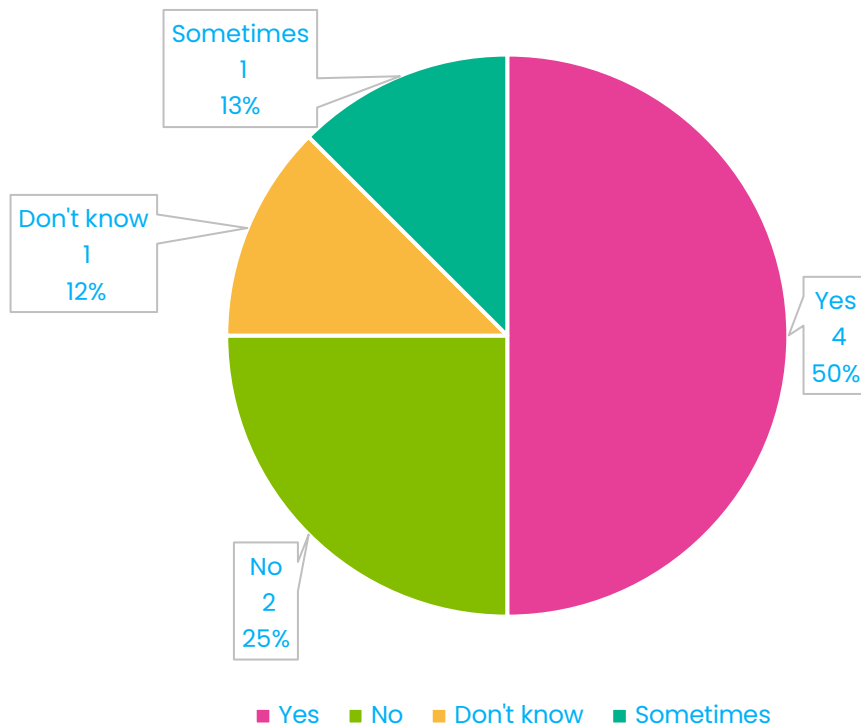
"I sleep well, very quiet."

"I can hear people moving around, but when I'm asleep I'm asleep!"

"It's as good as it can be. I've not noticed noise - I just take my hearing aids out!"

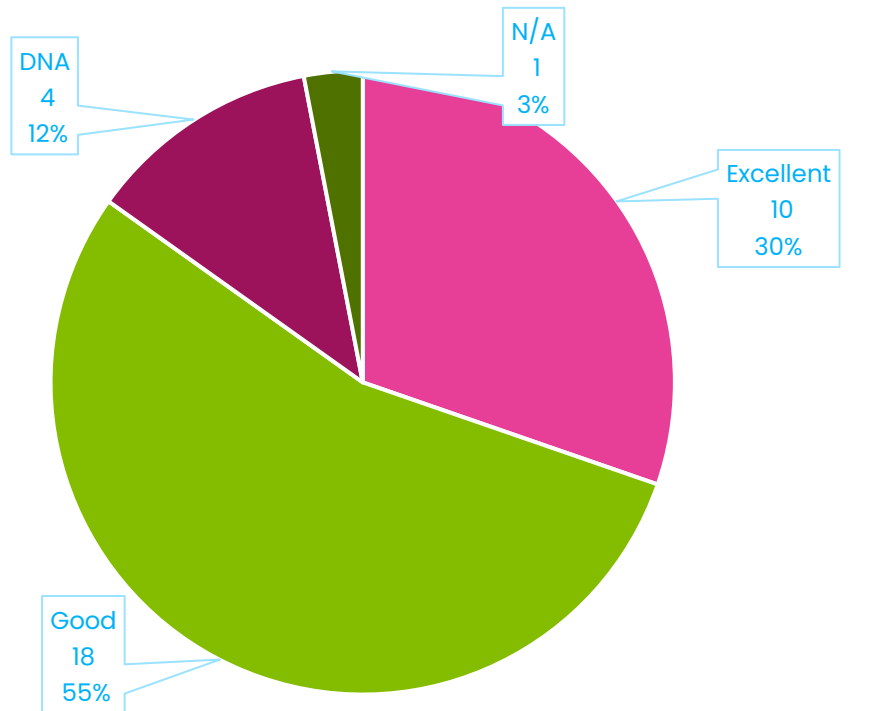
Q&A: relatives/carers

Q14 – Do they sleep well on the ward?



Q&A: patients

Q15 – Overall how was your experience of being in this hospital?



■ Excellent ■ Good ■ OK ■ Poor ■ Very poor ■ Prefer not to say ■ DNA ■ N/A

Comments centred around how the nursing staff made being in hospital a more positive experience, how warm and friendly staff are, how staff try to reassure, support and accommodate needs wherever possible:

“Always someone around when I need assistance.”

“I couldn’t ask for better treatment.”

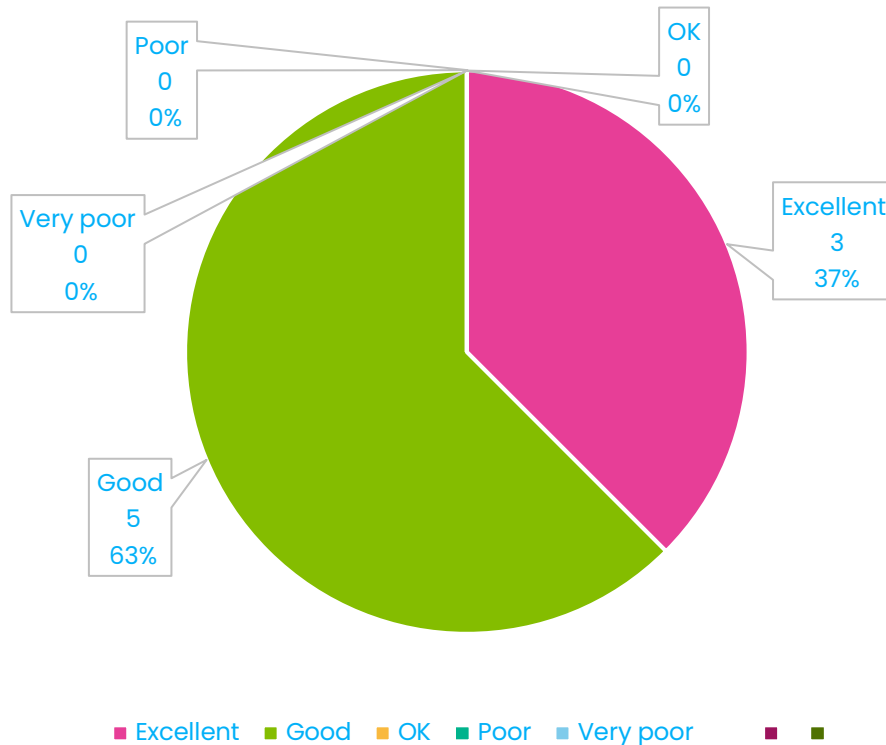
“I’m not treated like a patient; I’m treated like a person. They know what I like.”

Suggested improvements included:

“TV would be a godsend. A communal lounge - there doesn’t seem to be one.”

Q&A: relatives/carers

Q15 – Overall how was your experience of supporting someone in this hospital?



Comments:

“Overall, Ward 19 was very clean and my relative seems to be well looked after.”

“Staff very friendly, lovely with the patients.”

“Staff very friendly and helpful; nothing was a bother.”

“The ward is secure and comfortable.”

“You only find out information if you ask. This is the same with all wards.”

“Better communication with relatives as the patients on this ward are often confused and unclear.”

Q&A: staff

There were 25 members of the STDH ward staff who took part in the survey. They were asked 20 questions around communication and care, activities of daily living, the hospital environment and other thoughts they had.

No issues with communication were raised other than a desire to have more time to talk to patients, although one respondent said many international nurses struggled with communicating with patients and relatives.

A number of staff reported various activities which were available for patients including TV, jigsaws and puzzles, books and magazines, and going into the garden or to the coffee shop with relatives.

Positive aspects highlighted included the wards having nutrition champions, a good team ethic, and ward managers encouraging staff input that could benefit the ward.

Q&A: staff

Suggested improvements included the ability to control the volume of buzzers, smaller food portions and having more time to spend talking to patients.

Some respondents said staff did not have time to undertake activities with patients.

Comments included:

“We do not have the time or staff to do activities.”

“Don’t always have staff to engage in activities – although we would love to do this.”

“Not enough staff and staff breaks and you are doing charts.”

“Not enough staff at times to cover one-to-one care for the high risk patients. Struggle at times to provide time and personal care we would like.”

One simply wrote: “More staff.”

Key observations

We observed a member of staff working through exercises with a patient in a warm and friendly encounter with both enjoying the interaction.

Staff were visible in ward bays completing notes, quietly available to patients.

Staff were seen feeding patients in a non-hurried way, with care taken to maintain dignity and cleanliness – carefully tucking in a plastic pinny to cover clothes.

We noted the consideration of staff around the frustration felt by some patients due to being unable to go home and the need for interaction

Patient property boxes were observed at some bedsides.

It was calm and peaceful on wards despite being busy, and airy and bright.

Good person-centred support meant patient preferences for drinks were known - and offered - by staff. We saw friendly interactions, with members of staff making patients feel they were known to - and important to them - by recalling preferences.

Key observations

Staff were also observed explaining basic routine care to patients, such as bed making and cleaning up, answering questions.

Medical equipment was observed in corridors with some smaller items obstructing rails to walls and the floor at ground level. However this was mostly to one side of corridors to enable clear passage.

We saw some bags of washing on the floor in a corridor, blocking the route of a patient using a walking frame.

Our staff found it difficult to work out bed numbering systems in some bays.

We observed instances of bedside tables, food or cutlery being placed out of reach of patients. One person was observed picking up a water jug to drink from when unable to reach their beaker.

Despite some people stating hand wipes were available; these did not appear to be provided consistently across the wards.

Key observations

A healthcare assistant was observed leaving a barrier nursed room without removing their gloves and apron, entering a cupboard for an item before returning to the room, pausing on the way to give a visitor a pen while still wearing their gloves and apron.

A patient with capacity was placed in a bay with others who lacked capacity or had memory problems, so had little opportunity for conversation, stimulation or company.

Another person reported having been moved to a cubicle where they felt extremely lonely and isolated. This person voiced several more negative comments, which may be attributed to them feeling isolated.

Many reported dressing in day clothes to be a positive aspect, something they wanted to do and something that made them feel better. One of the barriers cited to wearing day clothes was that family members had to take clothes away, wash and return.

Also, as fresh clothing was reported by one patient to be required on a daily basis, some patients preferred their NHS supplied pyjamas. For those without a support network at home, having fresh clothing for each day may not be possible.

Recommendations

In summary, although patients overall reported positively on their experiences of being in hospital some did talk about some aspects of everyday care and activities of daily living which may improve their inpatient experience.

These recommendations are in response to what patients told us and may not accurately reflect the ward function and culture.

We were not aware of any of the reasons for admission to the ward, therefore there may have been valid reasons (including medical reasons) why some aspects of care may have been withheld such as not using a bath/shower.

Recommendations

Bathing

The feeling from patients when asking them about bathing was that being able to bathe in the shower or bath was a luxury as opposed to an everyday event; patients reported limited opportunities to use the shower or bath whilst on the ward.

Increasing opportunities such as this may aid patients' feelings of choice and control and ability to practice self-care, relaxation and cleanliness whilst away from home.

As mentioned previously, there may be valid reasons why some patients were not offered the opportunity to use a shower or bath during their stay, including open wounds/specific medical treatments. It also came to light that Ward 19 was relocating to another ward soon where ensuite facilities may alleviate this.

Recommendations

Nutrition and hydration

Reformatting current menu choice cards to include large print or pictorial representations may enable more patients to independently choose what they might like to eat during their stay.

Asking about filling in menu cards revealed many people actively enjoy this task and appreciate having this choice. It also highlighted how some patients lack understanding around codes printed on the forms which relate to special diets and that foods for specific diets can be ordered. Greater explanation to patients about - or simplifying - menu cards may increase patient choice and active engagement.

Increased staffing around mealtimes may support those who struggle with eating. Observations of meals and drinks being placed out of reach were noted. One partially sighted patient explained how they often couldn't find food on their plate and had knocked over drinks as they needed a description of where food is when placed on the table for them to eat.

Recommendations

Handwipes

We asked 16 out of the 24 patients surveyed about handwashing before meals, adding this question after eight surveys had already been completed. Handwipes were not consistently seen at every bed. Many patients stated they were not encouraged to wash their hands before mealtimes and did not mention they had handwipes. Some people told us they washed their hands either in the bathroom following use of toilets or in ward sinks.

Consideration must be given to the possibility that being questioned about doing something which is commonly understood to be essential hygiene practice may have resulted in patients agreeing they completed this task when they may not have - or may have struggled to do this task unassisted.

We recommend handwipes should be made available to every patient regardless of their reported ability to independently complete handwashing.

Recommendations

Placement of people within the wards

Three patients we spoke to seemed to struggle with being in hospital due to where they were placed on the ward.

One person whose discharge was delayed due to awaiting a care package was in a bay with others who all had some degree of issues with memory/cognition. As a result, he had limited interaction with others, did not feel he could move around/mobilise due to restrictions on other patients' movement and reported evenings starting very early (after tea) with lights being turned off as other patients needed rest. This resulted in the patient feeling frustrated and angry at times.

“Anything that’s bad has been my fault. I have a bad temper and have felt very frustrated - I should have been home two weeks ago - feel my mobility is worse - but that’s because I’m frightened of having a fall.”

Recommendations

Placement of people within the wards

The second patient (in a side room) felt very isolated from the rest of the ward, including staff. This isolation may have prompted their negative perceptions of staff not being as attentive.

The third person wanted to be in a side room as they felt vulnerable due to recent chemotherapy.

These issues could have been a result of bed shortages and, though not common when we visited either ward, it is important to note due to the impact it appeared to have on the three patients we spoke to.

Final comments

We would like to thank all Trust staff, patients and relatives/carers/friends who took part in – and facilitated – this research.

Hopefully it will achieve its objective of assisting the Trust in its TOPIC programme, in particular the two key aims around patient care and patient experience.

For more information

Healthwatch South Tyneside

Unit 7

Witney Way

Boldon Business Park

Boldon Colliery

NE35 9PE

w: healthwatchsouthtyneside.co.uk

t: 0191 489 7952

e: info@healthwatchsouthtyneside.co.uk

 @HWSouthTyneside

 facebook.com/HWSouthTyneside