

Working to make sure the consumer's voice is always heard and helps shape the provision of health and social care services in West Sussex

ST. RICHARDS HOSPITAL, CHICHESTER Post-Operative Experiences

January 15

A patient has told Healthwatch West Sussex about their very recent post-operative experience at St. Richard's as they wanted others to have a better experience than them.

Having arrived at the hospital, as instructed, before 7am the patient was told at 10am the list had changed and they would probably be going down for their elected surgery at midday. The patient had no issue with the changes and understood the need for this. They asked if they could get a drink, and the staff seemed unsure as to whether this was possible. They stated they could not have any fluid "as it was likely to be less than 4 hours". After pressing the point, the patient was given a very small amount to drink (about a teaspoon).

The patient explained to us they were left without any further contact until about 4pm, when they were called to get changed for the operation. The patient told us their surgery went smoothly.

At around 6pm the patient starting asking when they would be allowed onto the ward (from the recovery room) and was told there was a delay due to hospital circumstances. The patient, and others, could not go down to the ward until 7.30pm. During this time the patients were not offered anything to drink or eat.

On the ward, the patient told us they asked if they could have anything to eat and drink. They were told the kitchen closed at 5pm and therefore there was nothing to eat but drinks were not a problem. The staff suggested they contact someone to bring food in, which was not an option. Eventually the staff came up with sandwiches.

We have also been told:

- it was good to have a booklet pre-surgery, which gave contact details (including Healthwatch)*
- nurses come around at 10pm informing patients it was 'lights out' but staffing at nursing stations are loud enough to wake patients up in the early hours of the morning.*
- Issues with personal painkillers taken into the hospital and handed over, along with prescription information, not being made available due to doctors not writing up that these could be taken. This is despite having free access to liquid morphine.*
- Patients being discharged with injections to use at home but not shown how to use*

Healthwatch tweeted about the patient experiences and have heard similar concerns about the lack of food and drink after late operations. Issues around nutrition and hydration are evidenced in Appendix A.

Why this story concerns Healthwatch, the consumers' champion?

Hydration and nutritional needs:

According to RCN Guidance 'Perioperative Fasting in Adults and Children' (November 2005) states:

- for healthy patients *“water up to two hours before induction”* and *“clear fluids (through which newsprint can be read) including clear tea and black coffee [are] also permitted up to two hours before induction of anaesthesia”*
- *“food/milk/sweets/tea or coffee with milk, can be taken six hours (minimum) before induction”*
- *“all higher risk patients [should] follow the same fasting regime as healthy patients, unless contraindicated and that the anaesthetic team should consider further interventions, as appropriate”*
- After routine Surgery staff should *“encourage the patient to drink when they are ready, provided there are no complications”*. pg. 33-39.

Page 24 of the RCN Guidance states *“there should be an integrated approach to the management of perioperative fasting, with a clear strategy and policy supported by management”*

It should be noted that Healthwatch could not find any later edition of the above guidance.

The Care Quality Commission's essential standards, Section 5 state:

(5D) “People who use services benefit from clear procedures followed in practice, monitored and reviewed to ensure they:

- Are only subject to fasting (for example before an operation or procedure) for the minimum possible period, and the service will ensure they have adequate hydration as soon as possible afterwards. Nutrition should be provided as soon as possible where facilities exist, or appropriate advice and opportunity is offered where those facilities do not exist.
- Can be confident that consideration is given to the duration of fasting for each person... prior to the scheduling of operations or procedures.
- Are given nutrition as soon as possible after procedures requiring fasting are cancelled.”

The patient experiences show nursing staff do not appear to be following the guidance:

- 1) as an 8+ hour delay between admission and induction has been reported and no hydration was offered or made available
- 2) the staff suggestion that there was less than the allowed 4 hours is outside of the recommended 2 hours
- 3) no hydration or nutrition was made available for at least 1.5 hours after patients had recovered enough and appears only to have been available due to patient(s) pushing for something to eat and drink.

Healthwatch wishes the Trust to recognise the patient's concern that the hospital does not appear to have systems in place to ensure patients who are operated on late in the day have access to nutrition.

Medication:

Healthwatch wishes to discuss medication with the Trust to understand the issues around patients bringing in personal medication and how this can be maintained during their stay in hospital.

Healthwatch has been given examples of how other providers deal with giving patients the confidence to self-administer injections. A person told us how they had been given an injection and when the next dosage was due, the nurse had ask them if they were happy to try injecting themselves but said that they would watch and intervene if there was any need. This gave the person the confidence to try for themselves.

Healthwatch recommendations

1. The Trust reviews their strategy and policy around perioperative fasting and raises awareness of this amongst staff, to ensure patients are given appropriate hydration and nutrition when in hospital.
2. The Trust reviews its communication systems between pre-operation and recovery/wards to ensure patients do not have to wait to the following day to have access to food, beyond a sandwich.
3. The Trust carries out a review of food provision to ensure practice is in line with CQC essential standards and it is expected that the Trust will report back on any planned changes.
4. The Trust use staff communication methods to develop a culture of calmness during the night so patients are not unnecessarily disturbed
5. The Trust review their policies and procedures relating to medication to ensure patients have access to medication.
6. The Trust review practices to ensure patients receive training and support ahead of discharge so they are confident and safe in administering medication

Response from Western Sussex Hospitals NHS Foundation Trust (WSHT)

Healthwatch met with the Trust on 22nd January 2015, to discuss the examples of patient experience detailed in this report and to seek assurance the hospital's leadership will use this information to improve patient experience.

The Trust welcomed the opportunity to respond to the concerns raised and told Healthwatch that they are always keen to work to resolve any concerns raised by patients about their care. Without knowing the identity of the patients involved the Trust was only able to respond in a general manner about their approaches. Healthwatch appreciate the Trust's wish to investigate on an individual basis but remains firm in its position such accounts must be used as opportunities to use learning to enhance hospital wide practices.

We were told patients who come to the hospital for elective hip or knee operations follow the Trust's *Enhanced Recovery Plan*. This includes coming to the hospital for an education day for talks by the multi-disciplinary team to prepare the patient for their planned hospital stay. The talks are supported by an information booklet to reinforce the verbal information.

Access to perioperative hydration

To prepare for being 'nil by mouth' on the day of the operation, patients receive three nutritional drinks, two to have the evening before the operation and one for the morning of

the procedure. Patients are also encouraged to have a snack before bed and told they can have fluids in the morning. The hospital staff try to minimise the length of time that the patient is kept without nutrition as it is recognised that this is an important part of the patient's recovery. There are times however when unplanned delays may occur. It was agreed better communication between theatre and ward staff is needed to ensure realistic operating times are sought and communicated to patients. The Trust stated "*It is regrettable that the staff on this occasion did not ensure that the patient was kept informed of events.*"

The hospital will action this by sharing the patient story at the ward sisters meeting, to cascade to all staff, at the next ward and governance meetings. In addition, the matron for recovery has been asked to ensure that the recovery staff ensure drinks are made available to patients as soon as possible. The Trust stated "*this is an expected standard and the matron is very sorry that this did not happen for this patient*". Due to the sterile and specialist nature of the recovery area it is not normal for food to be provided and under usual circumstances patients should not be in this area for too long.

Access to post-operative food and drink

The Trust stated "*it was not acceptable that patients had to ask for food and drink, this should be offered by staff, it is not an expectation that patients should provide their own*". The main kitchen, for hot meals, operates until 7.30pm. Each ward has a kitchen which is open all night and should be stocked with a range of cold options: sandwiches, yoghurts, fruit, as well as bread for toasting and cup-a-soups. Again this issue will be discussed at the ward and governance meetings to ensure staff understand the importance of approaching patients with prompt access to food and drinks.

This and the other issues raised by patients in regard to St Richards food will be taken to the hospital's *Food Strategy Group* to look at how this can inform future service development.

Ward Noise

The hospital has done much to try to improve on night noise, for example: providing bins with soft close lids, providing eye masks and ear plugs and trying to cut down on late night ward moves. It remains an area where the Trust is keen to continue to improve. The Trust carries out regular surveys of patients each month and noise at night continues to provide cause for concern. There is a plan for carrying out more detailed review about the cause of disturbance at night and to ensure that all possible actions are in place. A simple opportunity for improvement that has been already put in place is to raise awareness of staff (particularly those who work mainly at night) to lower their tone and wear quiet shoes. It is therefore very disappointing when noise from staff chatter is the source of the problem. The hospital will reflect on this and work with staff to encourage quiet working and interaction.

Access to own Medication

Any medication the patient brings to hospital should be locked in a cabinet next to their bed. We were given examples of painkillers that would be administered pre and post operation and it was explained that access to own medication is always supervised by staff. The hospital operates an evidenced based pain protocol for the enhanced recovery programme. This is followed by nursing staff to avoid the potential for accidental drug overdose. It was agreed that further explanation on the education day would support understanding and avoid potential confusion. This will be included in the education day and information booklet.

Accessing patient confidence and capability for self-administering medication

Healthwatch was shown a checklist used by the hospital nursing staff which details prompts from Day 1 that nurses should be showing patients how to administer medication (reference to blood thinning injections). We were told the hospital would liaise with other services where a patient was not able to self-administer the injections so appropriate support is available at home.

Also the hospital employ an *Enhanced Recovery Plan Facilitator*, who will contact elective surgery patients within 72 hours of discharge and again after 5 days. This contact enables patients to share concerns or talk through any post-surgery issues.

The hospital agreed to review the checklist so there is a prompt to review the confidence and capability of the patient.

Positive Initiatives

The Trust has introduced a pilot initiative *Staff Dining Companions* on two wards each at St. Richards and Worthing Hospital. This is in addition to the existing volunteer dining companions across the wards. Staff are offering to volunteer to sit and have lunch at a central table or at the bedside with patients, so people have the opportunity to have a social lunch. Patients are expressing to the hospitals how positive an experience this is and how lovely it is to sit at a table and talk with others. Through feedback from patients the hospital has purchased supportive chairs to enable patients to dine more comfortably.

The hospital also recognise for some patients they need a lot of time and encouragement to eat and there is a '*Carer's Passport*' scheme that enables family/friends of patients with dementia to support over meal-times and to have open visiting throughout the day.

Healthwatch West Sussex's Follow-up Comment and Plan

Healthwatch recommend this report informs service development at all Trust sites and we will continue to seek and feedback patient accounts.

We have scheduled hospital visiting activities in our 2015 work plan which will enable us to have proactive discussions with patients to identify how they have found their hospital experience.

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Food and nutrition

Data collected between July 2013 - December 2014

The follow summary covers cases where care or treatment has caused an issue involving food, nutrition and/or hydration. With a few exceptions, this does not include cases where the medical condition relates to these topics (for example, Gastroenterology).

Food delayed or not received

- A client experienced very slow post-natal care. It took 12 hours to be discharged, and they were unable to get any water with which to take some tablets.
- A client's partner was admitted for treatment at the Royal Marsden Hospital. They were not given dinner on the first day. On subsequent days they received inadequate and incorrect meals. "The hospital neglected to care for the patient properly".
- A client staying at Connolly House reported that there is not enough food for the patients at night. They were told by the Deputy Manager that it costs too much to provide fruit juice.
- A client waited for over five hours in the recovery unit at Worthing Hospital following an operation. Once on a ward, there was no food available, despite having not eaten all day. Eventually, two slices of bread were found.
- A client who received a gastric bypass at St. Richard's Hospital waited over seven hours to be fed breakfast. When they asked, they were told that their nurse was on a lunch break!
- A client visiting their child at Queen Alexandra Hospital was upset not to have been offered any food or refreshments for over 24 hours, and was told they could bring food from home.
- A client was concerned that their elderly relative was not receiving enough fluids during very hot weather, as they were sedated most of the time.

Clients with diabetes and other conditions

- A diabetic client found the four-hour wait at Worthing Hospital difficult because they have to eat regularly.
- A client, who was being treated at Worthing Hospital A&E for an infection, has a dry mouth caused by Sjogrens syndrome. They requested some water to help them eat a sandwich, but the request was refused.
- Medication given to an elderly person in the Leslie Smith ward in Bognor Regis Hospital, gave them a dry mouth, meaning they cannot chew foods which are dry. This has not been taken into consideration and they have not been offered an alternative menu. The client worries that their health is deteriorating because of this.

- A client experienced poor care at East Surrey Hospital after a suspected mini stroke. The client, who is diabetic, was ignored in reception when requesting a drink. They were pointed to a vending machine, but had no money as they had been urgently admitted by ambulance. The nurse just shrugged, and it took the intervention of their visiting GP before food was provided.

Mental health conditions

- A client was diagnosed with Anorexia Nervosa and treated at Chalk Hill. They felt the clinic was not suitable for their needs: staff weren't trained to deal with eating disorders, the hospital was not strict about meal times or eating, and there was no specific therapy for eating disorders.
- A young person, who was receiving CAMHS services, had a severe eating disorder, but was not referred to any source of help. The team focussed on weight gain without looking into the wider reasons for the restrictive diet. The client was traumatised by their psychiatrist's "scare tactics" and did not seek help for almost a decade after this.

Serving of food on wards & in homes

- A client felt that the food at East Surrey Hospital was bad, and that it was unhygienic for food to be served which patients were using the commode.
- A client with terminal cancer in Latham Lodge, Purbrook, Hampshire was given food which they could not reach.

Quality of food

- A client's parent was given food by Aldersmead Care Home, Bognor Regis which had been mashed up in a blender, because they had no gums.
- The friend of a client in Manor Barn Care Home, Chichester, was concerned that the diet is "monotonous and inadequate, lacking in fresh fruit and fresh vegetables".
- "Food good [at Worthing Hospital] considering the budget".
- A client found the food good at the Harold Kidd Unit.
- A client, whose child's broken foot was treated at St Richard's Hospital, couldn't eat the hospital food "as it was just leftovers". The client felt the food was "disgusting".
- A client felt the food at Worthing Hospital was much improved.
- A client mentioned that a lot of people complain about the food at Worthing hospital but they found it "passable".
- A client commented that food at St Richard's Hospital was "not consistent in quality."
- "Poor nutrition" at East Surrey Hospital.

Healthwatch notes that the 'Food: Choice and Quality' categories on NHS Choices show:

St. Richards Hospital as *OK: 94.3% Within the middle range*

Worthing Hospital as *OK: 95.2% Within the middle range*