



# **Imperial College Healthcare NHS Trust**

**Charing Cross Hospital, 6 North and 6 South  
Wards**

*Assessments carried out from 16<sup>th</sup> - 18<sup>th</sup> December 2013*

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## Executive Summary

This report presents the findings from the Healthwatch Central West London (CWL) assessment of patient experience at Charing Cross Hospital. The purpose of the report was to assess the quality of the patient experience against the Department of Health's Dignity Standards.

Healthwatch CWL supports peer led lay assessors known as 'Dignity Champions.' Eight of our champions carried out assessments at Charing Cross Hospital on wards 6 North and 6 South from December 16th to 18th 2013.

Findings identified the potential for improvement in the following areas:

- Discharge process
- Facilities
- Compliancy in meeting the Macmillan Values Based Standard around nurses speaking to patients every hour

The report was submitted to Imperial College Healthcare NHS Trust in January 2014 requesting a response within the 20 working day statutory timeframe. After 20 working days, this report and the Trust's response will be published and circulated to key stakeholders including the Care Quality Commission.

This report is coming at a time where improving patient care is being discussed at a national level in political and popular culture following the recent publications of the Francis Report and Grant Thornton Report. This report finds there is room for improvement in patient experience at Charing Cross Hospital and Dignity Champions have made recommendations to Imperial College Healthcare NHS Trust which should result in improved dignity in care.

## Introduction

In April 2013, Local Healthwatch was established under the auspices of the Health and Social Care Act and became the successor of the Local Involvement Networks (LINKs).

Healthwatch Central West London (CWL) is the new independent consumer champion for health and social care services and has over 4,100 members who share a passion for improving these services across the London Borough of Hammersmith and Fulham, the Royal Borough of Chelsea and the City of Westminster.

Healthwatch CWL is keen to build on the great work of the LINK Dignity Champions and has continued to build on this legacy in the transition.

Our Dignity Champions' key priorities are to listen and understand the views and experiences of local residents, and to speak up about dignity to improve the way services are organised and delivered. The Healthwatch CWL Dignity Champions follow the 10 standards set out in the Department of Health's 'Dignity Challenge'<sup>1</sup>.

### The Dignity Challenge

High quality care services that respect people's dignity should:

1. Have zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy
7. Ensure people feel able to complain without fear or retribution
8. Engage with family members and carers as care partners
9. Assist people to maintain confidence and a positive self-esteem
10. Act to alleviate people's loneliness and isolation

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<sup>1</sup> [http://www.dignityincare.org.uk/Dignity\\_in\\_Care\\_campaign/The\\_10\\_Point\\_Dignity\\_Challenge/](http://www.dignityincare.org.uk/Dignity_in_Care_campaign/The_10_Point_Dignity_Challenge/)

## 1. Background to the assessment process

The Dignity Champions assessed two wards caring for cancer patients at Charing Cross Hospital, 6 North and 6 South. 6 North has 26 beds and mainly provides palliative care. The ward has been recently refurbished. 6 South also has 26 beds. Half the ward is an assessment unit while the other half provides beds for short-term patients.

Imperial College Healthcare NHS Trust ranked as the lowest performing NHS trust for cancer patient experience, according to a recent survey conducted by Macmillan Cancer Support.<sup>2</sup> However, according to another report based on self-assessment and published on the My Cancer Treatment website<sup>3</sup>, the hospital's Cancer Network Brain & CNS Team scored 88 per cent overall compliance against relevant targets. This was an improvement from 61.5 per cent in the previous year and placed it above the median score for similar services in the UK.

### The Process

#### The Methodology

The assessment was carried out using four methods:

- 1) Observation
  - 2) Interviews
  - 3) Conversations with staff members
  - 4) Documentation
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- 1) The Dignity Champions recorded their observations relating to areas including the hospital environment, staff interaction with patients, mealtimes and patient privacy on the specially designed observation tool.
  - 2) 25 interviews were conducted with patients who were happy and able to participate. These were recorded on the interview tool.
  - 3) The Dignity Champions had a number of informal conversations with staff members which have also helped to inform this report.
  - 4) A selection of documents were provided by wards 6 North and 6 South and obtained from online resources including:
    - Information for visitors on 6 North and 6 South
    - Macmillan cancer patient experience survey
    - My Cancer Treatment document on Charing Cross

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<sup>2</sup> <http://www.macmillan.org.uk/Documents/AboutUs/Research/Keystats/2013CPESInsightBriefingFINAL.pdf>

<sup>3</sup> <http://www.mycancertreatment.nhs.uk/>

## The Assessments

Assessments took place over three days, as follows:

- Monday 16<sup>th</sup> December, 12pm - 2pm
- Tuesday 17<sup>th</sup> December, 5pm - 7pm
- Wednesday 18<sup>th</sup> December, 8am - 10am

## 2. Findings

### Environment:

#### 6 North

The Dignity Champions mostly rated the environment of the 6 North Ward as either acceptable or good with some areas rated as excellent. The general impression of the ward was of a quiet and calm place.

Overall there was a good impression of cleanliness on the ward. One Dignity Champion said 'the floor shines, everything is very clean'. A cleaning audit displayed on the noticeboard gave a score of 97 per cent. The noise level was perceived as appropriate although one Champion commented on a 'constant beeping sound' during one of the early morning visits. The Dignity Champion later discovered that this was a call bell that was not being answered.

Some Champions were more neutral in their comments about the ward. One Champion said the ward environment made them feel 'okay' and a couple of Champions described 'normal' interactions between staff and patients.

When asked whether anything about the ward made them feel less confident, most Champions answered 'nothing'. However, one Champions said the lack of decoration in the quiet room and day room diminished their confidence. Apparently there were brightly coloured chairs and a nice coffee table in the day room which were all new but the walls were bare and there were no books or magazines. One Champion described the ward as feeling 'very clinical'.

One Champion overheard a conversation between staff about the shower and drain needing a repair, which had apparently been reported a month ago and still hadn't been fixed.

Odour was generally not a problem although one Champion commented on an unpleasant odour in the toilet.

There seemed to be a problem with security on the ward during one visit. The entrance was not staffed and the Champions were free to walk in, although their ID was checked by a nurse once they were on the ward. On a second visit, however, the door was locked and the Champions were buzzed in.

## 6 South

Ratings for the environment of 6 South were generally lower than those for 6 North. One Champion described the ward as 'old and run-down' and in need of refurbishment. Indeed the old appearance of the ward was something that lowered the overall confidence of Dignity Champions on the ward.

On a positive note, the ward had a calm and quiet atmosphere and an acceptable noise level.

With the exception of one, the Dignity Champions perceived the ward as clean although several referred to wear and tear. A couple referred to clutter on the ward including chairs stacked in the corridor and a tray with leftover food lying in the corridor.

Areas of the ward environment that inspired trust in the Champions included the information displayed on noticeboards and the number of hand sanitisers. Information on display included photographs of all staff working on the wards, which was commended.

One Champion said the ward made them feel 'uneasy' and another said it made them feel 'depressed'. One Champion felt the ward was very dark. One patient said the receptionist never smiled and described the ward as 'quite depressing', he also said "It should be filled with joy and smiles as some patients don't have long and are in a bad way".

The festive tinsel, however, was noted as a cheerful touch.

### **Privacy:**

## 6 North

Champions found patient privacy on the ward to be of a high standard. Curtains were frequently drawn for privacy and staff lowered their voices for private conversations.

In general patients felt there was enough privacy on the ward. However, one said there was 'not a lot' of privacy but they did not mind. Another patient did not think there was enough privacy and wanted their own room as they found the ward very noisy and another commented that privacy was good now they had their own room.

All patients asked said they were able to discuss their personal details in private if they wished to. Patient's confirmed that staff always draw the curtains for private conversations.

## 6 South

The Champions reports of patient privacy on 6 South were also positive. Staff conducted private conversations at an appropriate level and curtains were drawn when necessary.

All patients on the ward said they had enough privacy and all felt they were able to discuss their personal details in private if they wished to.

### **Staff and communication:**

## 6 North

Some Champions referred to the ward as welcoming with plenty of staff, positive interactions between staff and patients, and a 'friendly and helpful atmosphere'. One Champion said the ward makes me feel 'confident that patients are looked after'. Aspects of the ward environment that inspired trust in the Champions included staff interactions with patients, lots of staff available and 'patients are being attended to'. One Champion referred to the 'calm and caring' feel of the ward.

A couple of the Champions were more neutral describing 'normal' interactions between staff and patients.

One Champion felt there were not enough staff.

Almost all the patients interviewed felt the doctors and nurses on the ward to be helpful and caring. The one patient who responded otherwise felt the doctors rather than nurses were not always helpful and caring. One patient described the nurses as 'lovely' and said 'they do a good job'. Another said the night nurses came and sat with them if they woke up and would always make a cup of tea if they wanted one in the night. Someone else described the doctors and nurses as 'a little rushed but great'. This person thought the ward was always short staffed.

The majority of patients felt they were given adequate information on their treatment and care although a small minority did not. One person said 'the staff come every day to tell me what is going on'. However, another patient complained that they had not seen a doctor since they were admitted. Another said they would like to have seen the doctors more often. Apparently appointments had been given but the doctors had not turned up.

Most patients felt they had been given choice over their treatment although several reported that no other choice was possible because of the nature of their conditions. Everyone felt that staff took every opportunity available to talk to them about their care plans.

Some patients felt nurses came to talk to them on an hourly basis most of the time. However, most disagreed. One person said nurses came 'every three hours or

more'. Another felt it would have been nice if nurses came more often as they did not want to have to keep using the call bell if they wanted water or were in an uncomfortable position. Someone else said that 'a lot of people get distressed that nurses don't check them every hour'.

### 6 South

One Champion felt there were plenty of interactions between staff and patients. One saw staff and patients joking and felt there was a good atmosphere with happy staff and patients. However, another Champion thought that interactions between staff and patients were limited and there was a lack of staff. One Dignity Champion said there seemed to be less staff on 6 South than on 6 North and felt the interactions were not as good on 6 South.

Patients all felt the doctors and nurses to be helpful and caring. One described the consultants as 'great'. Another said the nurses are 'very hands-on, always around'. Another said there are some 'star nurses'.

Everyone asked felt they had received enough information on their treatment and condition. Everyone except one person said they had been given a choice on their treatment; only one person said the treatment they were receiving had been suggested by the doctors. Likewise everyone felt they were able to discuss their details in private when they wanted to and staff took every opportunity to talk to them about their care plans.

One patient identified a communication problem between the hospital, GP, radiotherapy department and pharmacy, describing it as 'a shambles'. Other patients said they had had problems waiting for both medication and hospital transport.

### **Call bells:**

### 6 North

Most patients felt their call bells were answered promptly. One person said they never needed to use the call bell because the nurses were always around. One patient however, said they sometimes had to wait for 20 minutes to have their call bell answered. This person said they did not mind because the staff are very busy and inform the patients of this. Another person pointed out that the cord on their call bell was out of their reach. Other patients commented that they usually had to wait for between 10 and 15 minutes for the call bell to be answered.

## 6 South

Generally patients felt their call bells were answered promptly. However, one person felt they had to wait for a nurse and this was worse at night. Other patients agreed it took longer for a nurse to come at night.

### **Bathrooms:**

## 6 North

The Dignity Champions generally felt the bathrooms and toilets to be clean. However, an unpleasant odour was described in one of the toilets and another described as having a mess on the floor.

One patient complained about the waiting time for toilets. However, in general patients felt the bathrooms and toilets were clean.

## 6 South

The bathrooms and toilets were described as clean by both Dignity Champions and patients. However, one patient described one of the toilets as 'disgusting' owing to a seat being loose and the drain being blocked.

### **Patient clothing:**

In both wards, Dignity Champions identified a mixture of patients wearing their own clothes and hospital gowns. All gowns provided appropriate coverage.

### **Mealtimes:**

Dignity Champions were pleased to see a wide variety of options available on the menu including salads, sandwiches, a selection of hot meals, halal choice, omelette, all-day breakfast and jacket potatoes.

## 6 North

Food appeared appetising and nutritious to the Dignity Champions. One meal looked 'lovely' according to one of the Champions. A survey about improving the food for patients to fill in was noted on the ward.

However, three Dignity Champions noted cleaning taking place during mealtimes which is not meant to happen. This included cleaning taking place in patients' cubicles while they were eating.

Patients reported that food is available 24 hours a day. One person described this as 'nibbles' and one commented that sometimes the ward seemed to run out of food in the evenings. Another person said they could not eat but coffee and water were available when desired; however they often had to wait for it.

## 6 South

Again food looked appetising in 6 South according to the champions. No cleaning was observed taking place on this ward during mealtimes.

Most patients felt food was available 24 hours a day. However two people did not think so. One patient commented that they were 'starving' one evening at 10pm in 6 South after being unable to eat earlier but the nurse said no food was available.

## **Discharge:**

### 6 North

Patients on the ward had been admitted both for planned treatment and as an emergency. Most said someone had spoken to them about discharge. One person was expecting to be spoken to on the day of the Champions' visit. Another said tests were still being carried out. Most people had been given 2-3 days to prepare for their discharge. One person had only had a few hours; someone else had received more than four days notice.

Most patients also felt they had been informed about further help once they left the hospital. This included home care and in one case going to a hospice. Two people, however, did not feel informed. People's concerns when they left the hospital included getting up and down two flights of stairs in their flat, worrying about whether carers would arrive on time, using machines for feeding and dealing with pain management before leaving.

One patient felt that discharge was problematic on the ward. Apparently staff sometimes tell patients they can go home that day but cannot say what time. This makes it hard for the person to make plans and sometimes they are not able to leave until the evening.

Other patients complained about having to wait for their medication on discharge. In both cases they had to wait hours for their prescription. One patient said 'the pharmacy should be prepared for discharge'.

Someone else reported a good experience of discharge apart from having to wait 2 hours for hospital transport in the past.

Others were more positive in their comments. One said they were being discharged tomorrow, they had been given enough information and their medication had been fully explained.

### 6 South

Again patients in 6 South had been admitted for both planned and emergency procedures. The majority had been spoken to about discharge. However three people had not. One of these people had been in hospital for under two days;

however, another had been there for five days. Another patient said staff had spoken to them about discharge 'but you have to push them'. A few people had concerns about going home. These included needing more help and having to move to a new place because they could not live alone any more.

One person described the discharge process as 'fairly okay'. Another said the hospital needed to improve the transport waiting time. As with 6 North, a patient commented that some people wait all day to be discharged - they are told they can go in the morning but don't leave until the evening. This person commented: "Why the hold up? It upsets people".

### 3. Conclusion

Patients and Dignity Champions alike had positive things to say about both 6 North and 6 South wards. Cleanliness was generally good, both wards were quiet and calm and perceptions of staff were largely positive. Most patients felt they had received good information about their treatment from doctors and nurses. Patient privacy was respected by staff. Hospital gowns provided appropriate coverage, which has often been a problem in other hospitals assessed by the Dignity Champions.

However, there were some areas of concern in each ward. On 6 North security was an issue on one visit with the door left open so that anyone could enter the ward. Cleaning was taking place on the ward during mealtimes. One patient could not reach their call bell.

On 6 South, the ward was desperately in need of refurbishment and was felt to be dark and depressing by some of the Dignity Champions. Food was not always available to patients as it should be.

On both wards, the discharge process was problematic with patients being told they were able to leave in the morning and not actually being able to do so until the evening. This was unsettling for patients and interfered with making plans to be collected from the hospital. Arranging for medication to be available at the time of departure also seemed to be a problem.

While some people felt there were staff shortages in both wards, there was a sense that staff were trying hard. As one patient said, "I know this hospital has a bad reputation but everyone does their best."

In both wards, small touches that might make the wards more friendly and cheerful places were perhaps being overlooked, from homely touches in the dayroom, good lighting and bright décor to a friendly smile from the receptionist upon arrival.

## Recommendations

### 6 North

1. Add some welcoming touches to the dayroom such as artwork on the walls and books and magazines on the tables. Make it a place where patients can feel comfortable and relaxed and away from a clinical environment.
2. Ensure that repairs on toilets and bathrooms are carried out promptly and any issues cause minimal disruption to patients and visitors.
3. Make sure that the entrance door to the ward is always closed and visitors are granted access by staff.
4. Check that nurses are visiting all patients on an hourly basis to see if there is anything they need.
5. Ensure all patients can reach the cords of their call bells as soon as they are admitted to the ward.
6. Make sure no cleaning takes place during mealtimes so that patients are able to eat without disturbance.
7. Aim to give all patients a specific time for their discharge so that they are able to make plans to get home and are not left waiting around all day.
8. Improve communication between ward and pharmacy so that medication is available to patients upon discharge.

### 6 South

1. Look at refurbishing the ward as soon as possible and replacing old furniture.
2. Find ways to brighten up the ward either through improved lighting or brighter décor.
3. Make sure patients do not have to wait longer at night-time to have their call bells answered.
4. Ensure bathroom and toilet repairs are carried out promptly.
5. Ensure food and drinks are available to patients at all times.
6. As with 6 North Ward, ensure patients have a specific time for discharge rather than left to wait around all day.

## Acknowledgments

Healthwatch CWL would like to thank staff, patients/service user and family in Charing Cross Hospital who welcomed, supported us and engaged with us to improve services.

## Contact

For further information on this report, on Healthwatch CWL or on our Dignity Champions initiative, please contact:

Jade Fairfax

Dignity Champions Facilitator

Ph: 020 8968 4852

Email: [info@healthwatchcwl.co.uk](mailto:info@healthwatchcwl.co.uk)