Enter & View Visit to Champneys Ward and Dialysis Services on the St George's Site 24th February and 1st March 2017

Healthwatch Wandsworth

Acknowledgement

The Healthwatch Wandsworth Enter & View Team would like to thank the management, staff, patients, relatives and friends who made us welcome and assisted us in carrying out our visits to Renal Services and in preparing this report.

The Visiting Team

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Executive summary

One the main aims of Healthwatch Wandsworth 'Enter & View' team's current strategy is to collect feedback on the experience of patients of St. George's University Hospitals NHS Foundation Trust. When we approached the Trust in early 2017, we were invited to visit renal services. Members of Healthwatch Wandsworth's 'Enter & View' team made three visits to St George's Hospital to learn about the renal services being provided there. On our first visit, we spoke to senior clinical staff; on subsequent visits we spoke to inpatients on Champneys Ward and to people receiving outpatient dialysis either on the ward or in the new St George's Dialysis Unit (SDU), a purpose-built mobile unit located in the hospital grounds. It was also suggested that we should visit one of the satellite units where dialysis is provided and the team visited the Colliers Wood Dialysis Unit at the end of March and produced a separate report.

The primary aim of all our Enter & View visits is to obtain information from patients on their experience of treatment and care. In this case, we were aware that there had been major changes in the organisation and delivery of the hospital's renal services. These involved a move out Knightsbridge Wing, the refurbishment of Champneys Ward (formerly a gynaecological ward), and a reduction in the previous numbers of inpatient beds and dialysis stations with a consequent increase in the number of patients attending the satellite units.

We spoke to nineteen patients in all: eleven in-patients on Champneys Ward and eight dialysis patients (six in the SDU and two on Champneys Ward). Overall, we received very positive views on the caring and responsive behaviour of staff. People were confident in the teams that were caring for them, and felt that they were generally listened to and supported. Most people were satisfied with the initial and on-going information and advice they were given about their treatment and self-management of their condition. The space constraints on newly-refurbished Champneys Ward and the mobile SDU were acknowledged by both patients and staff. However, standards of comfort and cleanliness were proving to be perfectly acceptable to patients.

Most of the negative comments we received were about changed dialysis appointments and the unreliability of the ambulance transport service. The schedules of more than half of the dialysis patients we interviewed had been changed, mainly without any choice being offered. Whilst this did not unduly concern some, for others it was proving inconvenient for family or personal reasons, and they would prefer to change back. Problems with transport service could worsen the sense of inconvenience, particularly for people at evening sessions. We were told of long waits before people were taken back home - up to four hours in the most extreme cases.

We were impressed with how well St George's staff had responded to the challenge of maintaining the quality of patients' care in the face of recent changes. We gained the impression that, apart from senior clinical managers, staff were feeling uninformed about developments. The Trust Board seemed remote and apparently unappreciative of their efforts.

Recommendations based on our visits

In relation to inpatient services:

- Ensure that all bed curtains are large enough to ensure privacy and dignity at all times.
- Improve information provided for patients coming from out of London.
- Continue to monitor the temperature control on the ward.
- Address the lack of overnight accommodation for visitors, especially as the service has a wide catchment as far as the South Coast. In particular, investigate whether overnight accommodation attached to other wards could be "borrowed" or whether the hospital could have a contract with a local B&B or hotel.
- Investigate whether there are ways to improve communication with the wider team (e.g. Physiotherapists and OTs).
- Re-evaluate whether toast can be provided on the ward.
- Make every effort to avoid delays to surgery occurring because of mis-communication (e.g. leading to a breach of nil by mouth).
- Acquire and use the episode of BBC film "Hospital" which featured a transplant with living donor to help prepare transplant patients and their families. We appreciate that this programme had only just been shown at the time of our visit but it was a very positive suggestion.

In relation to dialysis services:

- Review transport arrangements urgently and set appropriate standards for notification to patients about collection for treatment, maximum waiting times at the end of treatment, journey times.
- Review the "first come first served" system for putting people onto dialysis machines. We saw a system of appointment times at Colliers Wood which appears to be working well for most people.
- Consider whether three nurses are required at the beginning of the morning session in order to keep sessions on time.
- Improve signage to the SDU.
- Ensure that emergency access to the SDU is not blocked.

Finally, we appreciate that it has been a very busy time but it would be helpful for patients and visitors if the Trust website reflected the current configuration of services.

7th April 2017

The Full Report

1.0 Introduction

1.1 About Healthwatch Wandsworth

Healthwatch Wandsworth (HWW) is the patient and public champion in the areas of health and social care services. At the national level, we send our reports to Healthwatch England. HWW is funded by the Department of Health through the local authority, Wandsworth Borough Council. Our staff and volunteers are managed by an independent local voluntary organisation, Wandsworth Care Alliance (WCA). HWW is governed by an Executive Committee consisting of four Trustees of WCA and four members directly elected by the community. Our activities are developed in consultation with the public at our Assembly meetings.

1.2 Enter & View

Healthwatch Wandsworth has the statutory authority to visit health or social care services provided in the borough, or which cater for the local population but are located outside the borough. We can observe how services are delivered. Our main aim is to talk to patients or clients, their close relatives or carers, and senior staff responsible for managing the services. Our main focus is on the service user's experience of care.

Our E&V volunteers receive full training, and are DBS (Disclosure & Barring Service) checked before they can become authorised visitors. After each visit, the team produces a report containing its findings and recommendations. The reports are then sent to the service provider for comment, and to relevant bodies such as Healthwatch England, the Care Quality Commission (CQC), and those responsible for commissioning and providing the service we have visited. Finally, our report and any response from the service provider to our recommendations are posted on the Healthwatch Wandsworth website.

1.3 Our E&V strategy

One the main aims of our current E&V strategy is to collect feedback on the experience of patients of St. George's University Hospitals NHS Foundation Trust which is the main provider of acute care services in Wandsworth.

The Trust has recently been inspected by the Care Quality Commission (CQC) and their report of 1 November 2016[1] gave the Trust an overall rating of "requires improvement". When we expressed our interest in visiting St George's, renal services were proposed as a good starting point as these were services which had been particularly affected by changes made in response to the report.

Key elements of Renal Services were located in Knightsbridge Wing, one of the oldest parts of St George's Hospital, and it was found that the accommodation and facilities were no longer fit for purpose. It was recommended that these services should be relocated as quickly as possible. The relocation has involved a dispersal of what was a co-location of in-patient, dialysis and clinic services to separate locations on the hospital site, and substantially increasing the number of patients using satellite dialysis services off-site provided by a third-party or another NHS Trust. In the light of these changes, we were invited to visit the different parts of the service and to enquire about patients' experiences of services. We are aware that there is ongoing consultation about the future location of renal services and this report may also contribute to informing that discussion by feeding back current patient experience and our observation of services.

[1] The CQC report can be found at: http://www.cqc.org.uk/location/RJ701 This report followed an announced visit in June 2016 and an unannounced visit in July 2016.

2.0 Background

2.1 Overview

Renal services sit with Haematology, Oncology and Palliative Care in the Division of Medicine. The medical team consists of 12 Consultants with 5 full-time equivalent surgeons and 7 physicians, some with medical school responsibilities. The team expanded by 2 surgeons last year to increase the ability to do live donor transplantation and to sustain the rota. All current posts are now substantive. The service is primarily outpatient based with 11,000 contacts a year, about 20% of whom are new patients. Currently around 500 patients are being followed up after transplant, about 360 people are on the dialysis programme, 50 people on home peritoneal dialysis and 5 people on home dialysis. There are about 200 people on the caseload of the advanced kidney care clinic who may be needing dialysis. The overall population is 1000 to 1500 patients being seen regularly. We were told that the St George's Kidney Patient Association is very good and has close links with the services. About 70% of patients come from minority ethnic groups and many have co-morbidities such as diabetes.

The team performs transplants for Surrey and Sussex, in addition to the local area. There are 140 transplants a year of which 25% are local, 50% from Surrey and 25% from Sussex. The patients seen for follow up are only those who live locally (Wandsworth and some from Mitcham). Some Merton patients are followed up by St Helier Hospital which looks after most Sutton people. There is also a considerable follow up clinic at Kingston Hospital. There is one transplant per week from a living donor in addition to those from deceased donors.

Until December 2016, most renal services on the St George's site were co-located in Knightsbridge Wing. Buckland Ward provided 20 in-patient beds and 10 dialysis stations for two sessions per day (serving 40 patients per week); Norman Tanner Unit and Knightsbridge Unit each provided 20 dialysis stations three sessions per day (serving a total of 120 patients per week). In addition to the benefits of being on a large teaching hospital site which specialises in trauma, this co-location was considered very helpful for clinical working. Patients with major trauma often need support from the renal team and the team have extensive links with all specialities which benefit their patients.

Fresenius, a third-party provider, are contracted with St George's to provide dialysis services in two centres: North Battersea (108 patients); Colliers Wood (144 patients). There is also a contract between St George's Hospital and Epsom and St Helier Hospital to provide dialysis at a smaller satellite centre at Kingston Hospital. These patients remain under the care of the St George's consultant and MDT.

Following the CQC report Knightsbridge Wing closed.

2.2 Description of renal services following the recent changes in provision

The current in-patient service is provided in Champneys Ward (Lanesborough Wing) which is currently using 17 beds. There is a small Acute Haemodialysis unit on the ward currently serving up to 36 patients per week. This includes 4 dialysis stations on an on-going basis and 2 extra beds "borrowed" from the in-patient quota. The St George's Dialysis Unit, (SDU) also known as the Liberty Unit, in a large trailer in the car park near the Blackshaw Road entrance, is currently providing 6 dialysis stations serving 36 patients. Fresenius continues to provide dialysis at two satellite units and about 75 patients had their care transferred to those units. The Enter and View Team planned to visit at least one of these units in the near future to complete its visits to renal services[2].

[2] The team visited the Colliers Wood Dialysis Unit on 31st March 2017.

2.3 Information about Renal Services at St George's Hospital obtained from outside the Trust

2.3.1 The CQC report

Although St George's Hospital as a whole was rated as "requiring improvement", the picture for renal services was a mixed one.

On the positive side, the service was one of the few areas singled out as *Outstanding* : "Outcomes in relation to survival rates and transplantation were excellent and were some of the best in the country". In addition, under *Caring,* the service was noted as providing help and support to those who had had failed transplants and those facing difficult decisions about their dialysis. The active involvement of the Kidney Patients' Association both in providing support to patients and in making recommendations to the Trust was recognised. Under *Caring* the prompt access to dialysis machines was noted.

On the other hand, several very serious concerns were raised under other headings. Under *Safety*, the inadequacy of the Knightsbridge Wing building was noted and this had threatened patient safety directly when electricity supplies were interrupted. Inadequate time spent cleaning dialysis lines was also reported. Under *Effectiveness*, there were concerns about funding for training. Under *Caring*, the lack of comfort of the day room on Buckland ward for relatives waiting and the lack of access to hot drinks and food in the same building for them to purchase were noted. Under *Responsiveness* there was sometimes difficulty accessing theatre facilities for emergency transplants. Under *Well-led* the lack of re-provision of services which were in inadequate buildings and Trust's slowness to approve funding to upgrade its estate provision were particularly notable.

2.3.2 Information from St George's Kidney Patients' Association obtained after our visits

During our preliminary visit, we were told that St George's Kidney Patients' Association (SGPKA) was a very active group of volunteers, which held regular meetings and helped to provide additional facilities for patients, such as televisions. Its website contains valuable information for patients and families about kidney disease, its management and treatment. In fact, we did not make contact with the SGKPA until after our visits to services on the St George's site. The following pertinent information was actually gleaned during our visit to the Colliers Wood Dialysis Unit on 31st March. Our report on that service will contain more information about the views of the SGKPA and other patients on the impact of the changes to services on those in the satellite units.

The representatives of the Kidney Patients' Association to whom we spoke at Colliers Wood said that they greatly regretted the closure of Knightsbridge Wing which, despite its poor physical plant, provided a co-location of clinical services which was excellent for patient care. These services also benefitted from the rest of St George's clinical services. The patients we spoke to said that renal services are now dispersed and that although the satellite units are generally recognised to be very good, they were not set up to be for patients with significant co-morbidities and mobility problems.

They said that there had not been sufficient consultation about the service changes in 2016 and that this continues to be true at present. In their view, options for co-location of services and use of other hospital sites are not being adequately explored and considerable uncertainty remains for the future.

2.4 Preparations for our visit

2.4.1 Discussions with senior staff

On 31st January 2017, two members of the team (along with two other Healthwatch representatives) met with Dr Daniel Jones, Lead Clinician for Renal Services. We obtained very full details of the structure of services and the recent changes which had taken place. We also met Marlene Johnson,

Matron for Renal Services, and Paulo De Oliveira, Ward Manager on Champneys Ward, and visited the SDU.

It is the intention of the service that they should provide integrated care where patients are well-informed about their kidney disease and are supported to move between different components of the service.

In discussions with senior staff, we formed the strong impression that the service was working very hard to cope with all of the changes and on-going uncertainty over the past few months without compromising patient care. We gained the impression that they did not always feel that this work had been fully acknowledged and appreciated by those in Trust management positions. The failure to fund a second trailer unit was going to present staffing challenges and potential losses of experienced renal delivery staff.

We agreed to visit Champneys Ward on a Friday afternoon initially when we might be able to speak to a transplant patient and donor as well as other in-patients. Once the team had selected 24th February for an initial visit, we sent posters and a letter to patients explaining the purpose of our visit for staff to use to inform patients in advance.

We visited Champneys Ward on 24th February and 1st March. On 1st March we also spoke to patients receiving dialysis on Champneys Ward but principally in the St George's Dialysis Unit (SDU) in the car park. Although all of these services are managed by one Matron, the nature of the services and the questions that we asked are very different. Therefore this report has two sub-sections, each with conclusions and recommendations. From the outset we also intended to visit one of the satellite units and we visited Colliers Wood on 31st March. That visit is written up in a separate report. We decided to confine our visits to in-patient and dialysis unit provision as these had been most affected by the recent changes.

2.4.2 Planning and methods including objectives of the visit

The team planned to:

- Identify examples of good working practice.
- Observe patients and staff and their surroundings.
- Capture the experience of patients, and relatives and visitors and any ideas they might have for improvement.
- Ask patients who had previously used the service in Knightsbridge Wing about how the service changes had affected them.

Before the visits, we decided on some key topics and interview prompts to use. Although we ask specific questions, we also give plenty of room for people to comment on other issues and to elaborate their answers. We also agreed on a list of specific issues to observe on each visit. We drew up separate schedules of questions for in-patients and dialysis patients.

In reporting findings, we strive to maintain confidentiality and anonymity and so the gender-neutral pronouns "they" and "their" are used throughout and some very identifiable comments have not been used.

3.0 Champneys Ward in-patient service

3.1 Purpose of the ward

Champneys ward is both a medical and surgical ward for renal patients. Patients with acute kidney disease are admitted and they can receive dialysis on the ward while their condition is stabilised.

Patients are admitted for transplant and for vascular access surgery to insert lines or access points for dialysis including peritoneal dialysis. Patients may also be admitted because of problems managing their disease or to manage their disease without dialysis. There are many repeat admissions and kidney patients are usually admitted to the ward when they require other procedures (e.g. hernia repair) as they require specialist post-operative care. Every effort is made to avoid admissions to ITU for renal replacement therapy as this is a lot more invasive, reduces future options for dialysis and has a higher risk of infection.

The ward also provides care for people with end stage kidney disease and has close links with the palliative care service.

As a transplant ward, Champneys is doing one transplant per week from a living donor where both patients are admitted on a Tuesday for surgery on the Wednesday. The donor is normally discharged on the Friday and the recipient on the Sunday following surgery, which are considered to be very short post-surgery stays. In addition, the ward does transplants when kidneys from deceased donors become available. These admissions are at very short notice and the surgery has to be carried out within 6 to 10 hours of a kidney becoming available.

For all patients who require ward admission (new acute kidney injury or patients admitted from the outpatient treatment programme), the aim of the team is to get the person back to their previous best level of functioning before they are discharged. This is achievable for most people and they return home. However, for some people this is not possible and they may need palliative or end of life care, either at home or in a hospice, or to have a more intensive care package or to transfer to a care home. These discharges are frequently delayed because of the need to liaise and agree the services and funding with social services. Discharge planning is started on admission with a careful note of the person's current living situation and support network.

3.2 Staffing

Current staffing is for 17 beds and so the ward manager is carrying a couple of nursing vacancies which he is not allowed to fill while the 2 extra beds are being used for dialysis. Staff work mainly long days (7.30am to 8pm or 7.30pm to 8am) although some staff work early shifts (7.30am to 3.30pm) or late shifts (12pm to 8pm). Each patient has an allocated nurse for the whole shift. There are physiotherapists, occupational therapists and dieticians as well as specialist nurses who are regular members of the ward team. Referrals can be made to any specialty in the hospital and this is a great strength of the service being co-located on a site which provides the full range of services. There is a psychologist for renal services and referrals can also be made to psychiatry. The objective is to have a staffing ratio for nurses of 1:6 which consists of a senior Staff Nurse and two other Registered Nurses and three Health Care Assistants. The ward manager and discharge co-ordinator are not included in these numbers.

The seven medical Consultants (5.4 WTE, NHS) provide care on the ward on a rota for two weeks at a time. They are supported by ten junior doctors (4 Specialist trainees ST3+, 2 Foundation year 2 & 4 Core medical trainees).

The five surgical Consultants (5 WTE) provide surgical support on call on rotation 1 in 5 and split the week Monday to Friday afternoon followed by Friday afternoon to Monday morning. The surgical Consultants are supported by six junior doctors.

Seven day Consultant working has been in place for more than a decade with Consultant led ward round and board rounds occurring every day and Monday to Fridays this is occurring twice a day.

3.3 Layout and facilities

Prior to moving from Buckland Ward there were substantial refurbishments of the facilities on Champneys Ward to accommodate the special needs of renal patients especially in relation to high water consumption. We were informed that the temperature control on the ward still had not been resolved and that further works were planned during February 2017 to install cooling to deal with the heat output from dialysis machines.

The in-patient part of the ward has three 4-bedded bays and five side rooms (2 with en-suite facilities). Currently two of these side rooms are on loan to the dialysis service. There are two shower rooms (with toilets) and two additional toilets. The signage for these has to be adapted according to the gender mix on the ward at the time.

There is a doctors' office, an office for the Ward Manager, an office for the Matron and a Waiting Room (with TV) as well as a clinical room.

There is no additional space such as a lounge or quiet room with easy chairs for visitors and no provision of overnight facilities for visitors to stay (which used to exist on Buckland Ward).

Free TV and wifi are provided for all patients by the Kidney Patients' Association and special arrangements exist for parking for patients and visitors, courtesy of the hospital.

Food is provided centrally by the hospital and it is heated from frozen. On Buckland Ward there was a toaster but the current kitchen is deemed too small for this.

3.4 Our visits

We made two visits to Champneys Ward. Two team members visited on the afternoon of Friday 24th February and interviewed seven patients including the partner of one person who spoke on their behalf. Another of the seven, who was on the ward as a day patient for a surgical procedure, normally attended one of the satellite units for regular dialysis and provided some information that will be included under the section on dialysis below. Three team members returned on the afternoon of Wednesday 1st March when a further four in-patients were interviewed. Two patients who were receiving dialysis were interviewed on the ward and this information will be included with that from the patients interviewed in the SDU. Thus interviews from a total of 11 in-patients have been used for this section of our report. In addition, some of the dialysis patients made comments about the ward (including comparisons with Buckland ward) which will also be included here.

3.5 Our Findings

3.5.1 Ward environment and staffing

On 24th February, the staffing ratio was noted on the whiteboard as 1:6 and on 1st March as 1:5. On both visits the ward seemed quite calm and staff were going about their work purposefully. However, on the second visit it was noticeably busier and more cluttered with medicine trolleys, spare beds etc. more in the way of free movement.

Patients were in 4-bedded, same sex bays. Some patients had had to move bed bay between our two visits because the numbers of men and women had changed. On our second visit two of the three 4-bedded bays were then occupied by women. One of the toilets was out of order on our second visit.

The ward is bright and fresh throughout. There are whiteboards and noticeboards throughout providing a wealth of information including: identifying the staff (medical, nursing and other members of the wider team) with photographs; staffing levels (expected and actual); signing and interpreting services; information about hospital transport and reimbursement for travel; infection

control; nutrition; “Tell us what you think?” – request for patient feedback; “Don’t take your troubles home” and information about kidney disease.

Although the improvements in ventilation had been completed, the system was not yet operational when we visited and there were fans provided at many patients’ bed sides.

3.5.2 Interviews with patients and relatives

Demographics

Eleven patients were interviewed during our two visits. One of these had their views represented by a relative and in one interview a relative was present who added some comments. The demographic information for the patients is shown here:

Men	6
Women	5

White British	8
Asian	3

20-29	1
30-39	0
40-49	3
50-59	4
60-69	2
70+	1

The high percentage of patients from a White British background is not typical of renal patients locally where 70% of patients are from Black or Asian backgrounds. Of the 6 remaining patients 3 were White British and 2 were Asian.

Admission process and type of problem

The length of stay on the ward at the time of interview was generally short with nine patients having been there for less than a week and only one for more than a month. This is typical of the length of stay for Champneys. Six out of 11 had previously been admitted to a renal ward. Four patients had previously been on Buckland Ward.

Five patients were admitted as either an emergency or at very short notice, including two transfers from another local hospital because St George’s provides specialist renal care and one for a transplant when a donor kidney became available. For two people there had been delays with planned admissions including one person who had had two cancellations. One person experienced a delay (of half a day) finding a bed to be transferred to from another local hospital.

Of the eleven patients interviewed, nine had had had surgery on this admission. Five had had been involved with transplant surgery (one as a donor) either on this admission or on a previous one. For most (7 out of 9) there had been no delays with surgery. For one of the other two the delay was for a valid clinical reason and the other delay may have involved a mis-communication between clinical teams. The remaining patients were receiving a range of treatments including palliative care.

Information provided

We were interested to find out whether patients were provided with enough information before and during their admission (including discussion of their care plan) and advice and guidance about their care once they were discharged.

For those who had had planned admissions, all had received information about the ward although one described this as “skimpy” and another said it was “not enough” and one said that it would be useful to have more information for those who lived outside London. All patients apart from one said that their care plan had been explained. That person said that they had been on the ward before and “knew what to expect”. Another said that they had not been much involved in the discussion. For the most part, patients were very positive about explanations of care and treatment:

"I couldn't fault them", "very thorough information and two people talked it though", "[I] felt well prepared". One person said that they had watched a TV programme the previous week about a living donor transplant and that this had "really put my mind at ease" and had been excellent additional preparation for them and their family, including a child.

Several patients said that it was too early to expect advice about managing their condition once they were discharged. Of those who had been given advice, most were complimentary about it and mentioned being given phone numbers and/or receiving advice from the dietician and/or the pharmacist. On the other hand, one patient felt that the OT's questions were "insensitive" about going back to work.

We also noticed, ourselves, that the St George's website had not been updated following the move so Buckland Ward was still listed as providing renal services and Champneys as a gynaecology ward and renal services are described in their configuration prior to the move. We brought this to the attention of staff on duty and to the Matron on 24th February and at the time of writing (7th April) this appears to be in the process of change. It remains confusing for patients and visitors.

Feedback on quality of care and complaints procedure

We asked patients whether they had been asked for any feedback on quality of the care they were receiving and whether they were aware of the complaints procedure.

Only one patient had been asked for feedback about the quality of care. That person was on the point of being discharged and said that feedback was requested on an iPad at the time of discharge. There were about 10 questions and not just the single Family and Friends test. One person suggested that we look at the noticeboard with cards from patients and relatives and this contained a large number of complimentary messages to staff including some from relatives of patients who had died.

Of those who answered our question about knowledge of the complaints procedure (5) all said that they would know how to complain or thought that they could find out easily.

Staff caring and responsiveness

We asked patients about whether their care was provided by the same person throughout each shift, whether staff introduced themselves, whether they came promptly when called and whether appropriate help was provided. For those who had had surgery, we asked about comfort and pain relief. We also asked all patients about whether staff had time to listen if they wanted to talk, whether they responded to concerns, whether they provided physical and emotional support, whether they respected privacy and dignity and whether they worked well as a team. Finally, we asked about their confidence in the team looking after them and whether they felt content about their overall care.

The feedback that we received about staff was generally extremely positive with many superlatives being used in response to all questions. There were a few less positive comments which are noted below.

All but one of the patients said that staff introduced themselves and one pointed out that their nurse for the shift was written on a whiteboard above their bed. Responsiveness to the call bell was variable. For the eight patients who had needed to use it or had observed the response to others in their bay who used it, half said the response was prompt, three that it was "fairly prompt", "took a few minutes" or was "not bad" (citing 15 minutes), only one patient seemed dissatisfied with the response time. One person said that the bell was broken. One of our team reported this (with permission from the patient) and the problem was rectified straight away.

All patients who requested help with personal care or mobility were positive about the care that they received. Those who responded to the question about pain relief and care following surgery were also generally satisfied.

The question of whether staff had time to listen received a mixed response. Of the nine patients who answered this question, four said that staff had time to listen, three that staff sometimes had time and two that staff did not have time (although one of these latter two was also very positive about the emotional support provided). Indeed, all of those who had had concerns said that they had been able to discuss them with staff.

All but two patients were completely satisfied that nurses took great care to maintain their privacy and dignity. One patient said that curtains were not always adequate in size and the other that this was "not always 100%" and mentioned using a commode near the window when the curtains were not completely drawn.

Most patients were very positive about teamworking but one mentioned that physiotherapists and OTs were poorly informed about their condition. Positive comments included that it was a "dedicated team", "brilliant, first rate". Another said that staff handed over well and so the continuity of care was very good indeed. This had contributed to making them feel very supported. Only one patient was concerned about the care that they had received.

Additional positive comments included; "[they are] really caring….[I] could not fault them.. absolutely fantastic"; "staff here are excellent. It is the best unit in the entire hospital". One patient appreciated that staff did not give false expectations about the likely success of treatment: "they're very good, they don't overexcite you".

Ward environment

We asked patients about whether their bed and/or chair was comfortable and adjustable, about the temperature on the ward, about noise at night, about cleanliness and about food.

Two patients said that their bed was not comfortable. Another appreciated having an air mattress to prevent pressure sores. Five patients said that the ward temperature was acceptable, a further four said that it was too hot but they had been provided with a personal fan (which we saw) and two patients said that it was too hot.

All of those who had stayed overnight (10) said either that they were not bothered by noise at night or that this was occasional or that they understood that the nurses needed to provide care including turning people. Some of the noise was from the machines and only one person mentioned nurses talking. Another commented that nurses minimised disturbance by using a torch.

Ten said that the ward was clean or very clean: "they're always sweeping and mopping". The other person said it was "reasonably clean". Those who had used the bathroom were content with cleanliness but one person said that there were not enough showers. One person said that when they had been on the ward on a previous admission, they had reported that the shower was not working and that this was fixed now.

Views about food were very mixed with positives being that it was "like a hotel" "nice enough" and "good choices". The more negative responses included: "not brilliant", "not to my liking and served too early". There were also comments about lack of variety, not enough food and a regret that toast was no longer available.

Good experiences/points for improvement

We asked about whether there were any "stand out" good experiences and whether patients had suggestions for improvements.

The good experiences described were particularly in relation to the personalisation of care and treating each person as a unique individual. Unfortunately, detailing these would risk identifying the patients concerned. Equally, we directly observed some examples of caring concern and sensitivity when patients were upset (e.g. about a transplant that had not gone ahead).

A few patients had suggestions for improvement. These included: making the film from the BBC series "Hospital" available to those preparing for a transplant from a living donor; improving temperature control; having a visitors' room where relatives could stay overnight and making toast and sometimes a cooked breakfast available.

Comparisons with Buckland ward

Four patients had previously been on Buckland ward and there were comments both positive and negative about the differences in temperature. The co-location of all renal services in Knightsbridge Wing was mentioned as a positive by one person who had been able to pop in to visit a friend on the ward after having dialysis. The lack of a visitors' overnight room on Champneys was seen as a loss.

3.6 Our conclusions

Our overall impression from our interviews with 11 patients and our observations while we were on the ward as well as the way that we were briefed in advance of our visits, was that in-patient care on Champneys Ward is provided by dedicated and caring staff who are perceived by the vast majority of the patients we spoke to as being able to provide them with the information, physical care and emotional support that they need. There were a few negative comments about individual aspects of care principally time to respond to the call bell, the ward temperature and the food.

Our recommendations are given in Section 5 below at the end of the section on dialysis services.

4.0 Out-patient haemodialysis services at St George's Hospital: Champneys Ward acute dialysis beds and the St George's Dialysis Unit (SDU)

4.1 Purpose of the services

The six acute haemodialysis (AH) beds on Champneys Ward are intended to provide dialysis for patients in a variety of circumstances. These include patients when they are first diagnosed while their condition is stabilised, when they are readmitted requiring medical or surgical care on the ward, and where there are complex or special circumstances. These beds are also available for patients receiving treatment on other wards in the hospital but who require on-going dialysis. These patients visit the ward for their dialysis only, before being returned to their admission ward.

The recent changes in service have reduced the stations for outpatient dialysis at the hospital from 50 to 12. This has meant that patients have been dispersed to the other local units at Colliers Wood, North Wandsworth and Kingston. This has increased the pressure on these external providers, and resulted in the transfer to them of some qualified nurses from St George's to help with the extra workload. Many patients have needed to change the time and day of their dialysis and the dispersal has meant that they no longer see familiar patients and staff. Staff said that this had upset a lot of patients who had worried about what had happened to the staff who they no longer saw. Perhaps this was a transient issue as no patient mentioned this in our interviews at St George's.

4.2 Staffing

Staffing for the ward patients is generally three Registered Nurses (including one in-charge who works clinically unlike the person in-charge on the Ward) and one Health Care Assistant.

In the trailer, staffing is also generally three Registered Nurses (including one in-charge who works clinically) and one Health Care Assistant. However at the start of the morning session (until 8am) there are only two nurses. Further staff come in later, one at 11.30am and one at 4.30pm and three staff work through until midnight.

4.3 Layout and facilities

On Champneys Ward the dialysis beds are located in a four-bedded bay and two side rooms. The two side rooms are 'borrowed' from the ward's potential in-patient quota, to help with the pressure to redirect every patient in the service to appropriate facilities for their dialysis. There is pressure to return the ward to 19 beds but no date for this that we were made aware of. The six ward-based dialysis stations provide three dialysis sessions per day, six days a week. They are closed at night and on Sundays although there is an on-call team to provide a service in emergencies. The dialysis team is managed separately from other Champneys Ward staff.

The new St George's Dialysis Unit (SDU) is housed in a purpose-built trailer in what was formerly a car park. It currently provides six dialysis stations for outpatients. These replace some of the stations that were in Knightsbridge Wing but can only accommodate a fraction of those who were previously receiving treatment on the St George's site. The objective of the service is to provide dialysis as close to the patient's home or place or work as possible, as shorter travel times have been shown to provide better long term outcomes as well as reducing impact on people's daily lives. The six stations in the SDU each provide three out-patient sessions per day, six days a week for a total of 36 patients.

Patients come for sessions at the same time on either Mondays, Wednesdays and Fridays or Tuesdays, Thursdays and Saturdays.

4.4 Our visit

Two members of the team visited the SDU in the late morning of Wednesday 1st March and interviewed six people. In one of these interviews it was not possible to complete all of our questions, as the patient was unwilling to continue. We conducted another two interviews with dialysis patients on Champneys Ward one of whom normally had dialysis in the SDU but was temporarily on the ward making a total of 8 interviews

All but one of these people routinely attended the SDU; the other attended the Champneys Ward AH unit. We also received some incidental information about the local dialysis service from two inpatients on Champneys Ward, who were there for treatment other than dialysis.

4.5 Our findings

4.5.1 The environment of care and staffing

We have commented earlier on the general Champneys Ward environment. The dialysis beds are in a 4-bedded bay at the far end of the ward and the two side rooms are nearby. There are dedicated male and female toilet facilities for the dialysis patients in the bay and adjacent side rooms. Patients are often brought on their beds from other wards, or from other bays on Champneys which means that at the times when sessions are ending and the next ones are beginning, there can be beds in the corridor with or without patients in them.

The external approach to the trailer unit, across a former staff car parking space, is not prepossessing or welcoming for patients and visitors. There are no signs telling people about the trailer or the services it offers. During our visit, we witnessed the difficulty caused when an ambulance was called suddenly to take a patient on a stretcher, but found its way to the trailer blocked by a private car apparently belonging to a member of hospital staff.

Once inside, our overall impression was that accommodation in the trailer was welcoming and clean, despite significant limitations of space. There is restricted space between the six treatment stations, which must limit room to manoeuvre for staff. It also reduces the possibility of private conversations about matters which a patient might not wish to be overheard by others (e.g. about social security benefits). It is not possible to accommodate any patient who needs for some reason, such as an infection, to be nursed in isolation. The reception/waiting area is very cramped. At the main and smaller side doors lifts have to be operated for patients who cannot manage the steps leading up to the trailer, or to bring pieces of equipment in or out.

In spite of these apparent drawbacks, the people we spoke to were generally very satisfied with the comfort and all were satisfied with the cleanliness of their surroundings in the SDU. One person commented that the machines were washed and wiped down thoroughly between sessions and bedding was changed quickly and efficiently. Apart from one person, who brought in their own food, the refreshments provided during a session – hot drink and choice of sandwich - were appreciated by all, although there was not always enough food. There were mixed views about the acceptability of the temperature in the unit, but an acknowledgement that nurses were happy to provide fans or blankets as required. The lack of TVs which had been provided in Knightsbridge Wing was mentioned by many of the patients and the wifi was appreciated by some.

It was very difficult to ascertain the number of staff actually on duty in the SDU when we visited and, it appears that extra staff may have been coming on duty at the time of our visit. One person commented that there were always only two nurses at the beginning of the day which inevitably led to delays starting treatment. See below under dialysis sessions for more feedback on this issue.

4.5.2 Interviews with patients and relatives

Demographics

Eight patients receiving dialysis were interviewed. A little information from two people on Champneys as in-patients is also included. The demographic information for these two patients is in brackets in the table below.

Men	3
Women	5 (2)

White British	2 (1)
Asian	1 (1)
African-Caribbean	5

20-29	1 (1)
30-39	0
40-49	1
50-59	3 (1)
60-69	1
>70	2

Length of outpatient attendance for the eight interviewees covered quite a range: less than a year (three people); one year; three years (two people); four years; and “more than ten years”.

Information provided

Most respondents were satisfied with the information they were given about their treatment, both in advance and on-going, and had felt involved in discussions with professional staff. One satisfied patient commented that they did not remember being given a written plan, and the impression we gained was that on-going information was passed on verbally. The one exception was a patient who

thought that recently staff had explained things well, but considered that earlier on they would have benefitted from more information about kidney disease and its treatment.

Advice on managing the condition at home

Almost all people were satisfied with advice about managing their condition at home. One patient spoke about advice received on fluid management at home, another had received advice from a doctor and a dietitian. Patients were generally confident that they knew who to contact if they experienced any problems at home: they had been provided with contact numbers for the hospital dialysis service, and some said they would contact their GP in surgery hours. One person had experienced considerable difficulty, after services moved, with phoning a social worker whose mailbox was frequently full. This had now been resolved.

One less-satisfied person who had not been happy with the advice to contact their GP had found their GP was not well equipped to deal with the problems connected with their kidney condition. Once they said this to staff, they had been advised to go to A&E if problems arose. This patient thought that doctors at St George's were mainly interested in in-patients, and as out-patients they had difficulty getting the help they required.

Opportunities for feedback

Three of the eight out-patients recalled being invited to give feedback on the service: one via a questionnaire and two by being asked by a doctor.

Staff caring and responsiveness

Responses to our questions about staff-patient interactions were extremely positive, both on the ward and in the SDU. Patients were generally satisfied that they knew which nurse was looking after them for the session, and felt they knew all the staff well. There was also praise for the receptionist and the person who brought them drinks in the SDU. An out-patient on the Champneys Ward unit said that, even on occasions when nurses seemed too busy to introduce themselves, it didn't matter as they were all familiar. In the SDU it was easy to summon help if needed because staff were always close at hand: "they come immediately… no problem is too small". In both settings, nurses would respond rapidly to an alarm but on the ward unit there could be longer delays for other matters. Patients with disabilities were satisfied with the help they were given, and special diets were catered for. People had the strong impression that staff worked well as a team - one comment was that "they help each other amazingly well" - and that patients' information was shared appropriately.

Opinions about facilities at the new locations of treatment

The opinions given by people who had formerly received outpatient treatment at the Knightsbridge facilities did not suggest any great dissatisfaction with the care they were now receiving on the SDU, apart from individual preferences concerned with matters such as temperature control in the different locations. We picked up a few comments in relation to the lack of a visitors' room (this applies to both Champneys and the SDU); the many people mentioned the lack of a television service in the SDU (this had been available on Buckland Ward); and lack of facilities for those relatives of SDU patients who stayed throughout the session. One patient commented that it was noisy in the trailer, perhaps because of the low ceiling.

The dialysis patient on the Champneys Ward unit, while being very satisfied overall with care, said that things seemed rather more pressurised than had been the case on Buckland Ward: "they seem keener to move you out…the nurses are sometimes too busy to come and introduce themselves." Even so, he thought that "it's like a big happy family".

Dialysis schedules

We were aware that the recent reorganisation has had implications for the availability and timing of out-patient dialysis sessions at St George's. Three people reported that their days and times had stayed the same; five patients reported that the time of their sessions had been changed, usually without their being given any choice. Out of the five, two were not unduly disadvantaged by the change, while two would strongly prefer to revert to their previous times (and two had requested this, but had been told it was not possible). One person had been booked to transfer to Colliers Wood but objected and was then offered the SDU and "had to fight for it". An in-patient on Champneys told us that they had formerly been receiving dialysis in the afternoon session on Buckland Ward, but following the service changes had been moved to the evening session in the SDU. While this allowed them to continue under the care of St George's hospital, as desired, it had resulted in losing a place to study at college. One person wanted to remain on a morning session and, because their living arrangements, offered to pay for a taxi to facilitate this (instead of using the ambulance) but was apparently told by the Trust that this was not possible.

It became clear during the interviews that problems with ambulance transport - such as long delays in arriving back home in the evening – were increasing the inconvenience caused by changes in session times.

Although there are three distinct dialysis sessions a day, the session cannot begin and end at the same time for every patient as time is required to put people on and take them off the dialysis machines. In the SDU, patients sign in on a white board when they arrive (in spaces numbered 1 to 6), and are put onto the machine in this order. Ambulance patients for the morning session tend to arrive at the trailer very early – about 6.10am. As already noted, people are connected to the machines in the order they arrive in the Unit. One unintended consequence of this system is to disadvantage one person who arrived by public transport but could not get there before 6.30am, so always ending up at the back of the queue for starting treatment. As there were only two nurses doing this, this was making them late for work. (However, this person had "strongly resisted' being transferred to the Colliers Wood unit, and was otherwise "happy' with the service at St George's). As we observed in another instance, the whole system of scheduling is inevitably vulnerable to disorganised or inconsiderate behaviour by individual patients. If a patient is late starting their session this causes delay for the next patient due to use the machine.

Transport to hospital

The subject of transport to the hospital was one on which almost all patients had strong (and negative) views. The Trust provides transport for those who are not able to arrange to get to the hospital themselves. It does not provide the transport service directly but has a contract with G4S. We understand that the transport coordinator has regular meetings with G4S and liaises with patients about their concerns.

Journey lengths varied for our interviewees: three people lived quite nearby in Tooting; one in Sutton, one in Merton, and one in Kingston. Further afield, one person lived in Surrey (they had chosen to be treated at St George's hospital rather than more locally) and another in Croydon who had for work reasons requested dialysis at the SDU.

Five people relied on ambulance transport, provided by G4S, to take them to and from dialysis sessions. One was taken and collected in a relative's car; one used local bus services; and a third person was driven by their partner, who waited during the session. We were told that finding a parking space on the hospital site was a problem, but they had been helped by staff to obtain a Blue Badge, entitling them to free parking anywhere on the site.

A consistent complaint about the ambulance service was its unreliability, particularly when people had finished their session. Patients reported long waits to be taken home – four hours was the

longest time reported. This person's family had made a formal complaint, which resulted in some improvement "for a week", but then reverted to the previous pattern.

A Champneys inpatient from New Malden had just started on a course of outpatient dialysis at the North Wandsworth Dialysis Centre. Initially there had been a taxi service provided but then this was changed to ambulance transport. They were finding the ambulance journeys to and from Battersea and the long waits for transport particularly trying, reporting getting home after midnight.

The most vociferous complainant made it very clear that it was the ambulance dispatch service which was at fault for its very poor planning and not the ambulance personnel who were extremely helpful. The dispatch service failed to check with patients whether they were coming each day, resulting sometimes in visits to people who had been admitted to hospital. They failed to warn people ahead of an approximate time of collection and expected patients to be ready very early and wait, sometimes for hours. Their route planning was deemed to be poor in that they reportedly dispatched more than one ambulance to addresses in similar locations.

Good experiences

The overall impression given by all the out-patients we interviewed was that their experiences of care were positive. Nurses and other staff were praised for their helpful attitude. A regular dialysis patient on Champneys Ward who had a range of other severe health problems said that they found it easier to talk to nurses "'brilliant") than doctors, who were "not so approachable". Overall, they felt well cared for both physically and emotionally: "it's like a big family".

Speaking of treatment and care on the SDU, one person was particularly enthusiastic: "It might be strange thing to say, but [I] really enjoy being in the trailer unit." It was "really relaxing…I look forward to it… people all know each other, it's quite jovial". A person who had been moved from Champneys unit to the SDU actively preferred it, because the nurses seemed to respond more quickly to requests for help.

4.6 Our conclusions and recommendations

As with the in-patient service, there was a very high level of satisfaction amongst patients with staff caring and responsiveness and with most aspects of the service provision apart from transport. Patients had had to accept changes in their schedules. Some, but by no means all, had been able to negotiate something which they found acceptable. Others remained dissatisfied. Despite the changes, most patients reported feeling that they were consistently seeing the same staff who cared about them and that they were with familiar people on their three days of treatment

Despite the cramped environment, the SDU seemed to be providing an acceptable standard of service and patients commented positively on cleanliness. The system of putting patients onto machines in the order in which they arrived caused a serious problem for one person.

Although the transport system is not directly provided by St George's, it is evident that the contract monitoring is not achieving a system which works for most patients. Erratic collection times and long waits on the unit after dialysis seem to be the norm. These are difficult for all patients and make the situation worse for many patients who have been forced to accept changes to their session times.

5. 0 Renal services at St George's Hospital: overall conclusions and recommendations

The overall impression we formed about patients' experience of their care was that they were extremely confident in the teams treating them, felt cared for by skilled and caring staff and generally listened to and supported. This is a credit to the service at a time of great change and challenge.

We could not avoid enquiring about the impact of the recent changes to the inpatient and out-patient services, indeed this was part of why we were visiting at this time. We formed the impression that staff were under considerable pressure maintaining services without compromising the quality of care experienced by patients, while at the same time planning and implementing the recent relocations and alterations to services. Our interviews with patients suggested that staff are succeeding well in maintaining standards of care. Although our main focus was on the patients' experience, we became aware that staff are still experiencing a measure of uncertainty and anxiety about the future shape of renal services. There was a feeling that, apart from senior managers, the staff were not being kept well-informed about developments. The Trust Board was regarded as being very remote from staff, and apparently unappreciative of their efforts.

5.1 Recommendations in relation to inpatient services

The recommendations that we can make on the basis of these visits are:

- Ensure that all bed curtains are large enough to ensure privacy and dignity at all times.
- Improve information provided for patients coming from out of London.
- Continue to monitor the temperature control on the ward.
- Address the lack of overnight accommodation for visitors, especially as the service has a wide catchment as far as the South Coast. In particular, investigate whether overnight accommodation attached to other wards could be "borrowed" or whether the hospital could have a contract with a local B&B or hotel.
- Investigate whether there are ways to improve communication with the wider team (e.g. Physiotherapists and OTs).
- Re-evaluate whether toast can be provided on the ward.
- Make every effort to avoid delays to surgery occurring because of mis-communication (e.g. leading to a breach of nil by mouth).
- Acquire and use the episode of BBC film "Hospital" which featured a transplant with living donor to help prepare transplant patients and their families. We appreciate that this programme had only just been shown at the time of our visit but it was a very positive suggestion.

5.2 Recommendations in relation to the dialysis service

The recommendations that we can make on the basis of these visits are:

- Review transport arrangements urgently and set appropriate standards for notification to patients about collection for treatment, maximum waiting times at the end of treatment, journey times.
- Review the "first come first served" system for putting people onto dialysis machines. We saw a system of appointment times at Colliers Wood which appears to be working well for most people.
- Consider whether three nurses are required at the beginning of the morning session in order to keep sessions on time.
- Improve signage to the SDU.
- Ensure that emergency access to the SDU is not blocked.

5.3 General recommendation

Finally, we appreciate that it has been a very busy time but it would be helpful for patients and visitors if the Trust website reflected the current configuration of services.

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