

## **Enter and View Report**

Place visited: Out-patients (Zones 1-4) at Diana Princess of Wales Hospital, Grimsby

### Registration Details:

Diana, Princess of Wales Hospital (DPOW) provides medical, surgical, critical care, maternity, children's and young people's services for people across North East Lincolnshire. The hospital also provides accident and emergency (A&E) and outpatients' services.

Date: 19 October July 2015

Visited by: Freda Smith, Carol Watkinson, Enda Wicks and Paul Glazebrook

### Acknowledgement:

Healthwatch North East Lincolnshire would like to thank the out-patients and staff for their contribution to the Enter and View programme.

### Disclaimer:

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed during the visits.

### What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

### Purpose of the visit

This visit is provided in support of an agreed approach with Northern Lincolnshire and Goole Foundation Trust to explore how the individual's dignity is respected in this care setting and to identify good practice.

### Strategic drivers

This visit upholds the strategic aim of Healthwatch North East Lincolnshire to:

- listen to the voice of local people.
- ensure that such views influence the improvement and quality of local health and social care provision.

### Methodology

The four Enter and View representatives worked in pairs as they visited this outpatients. The appended questionnaire was used in interviewing patients and in making observations.

Before speaking to patients, a check was made to ensure that any patient who may have struggled to answer questions accurately was not interviewed. An explanation of the aims and purpose of our visit was made both to the senior ward member of staff on duty and to patients prior to interview. Enter and view cards and leaflets about Healthwatch including advocacy support for complaints were made available to patients on request. The visit was facilitated on the day by Karl Roberts, Clinical Quality and Patient Experience Lead.

Prior to interviewing out-patients we spoke to Linda Wigg, senior nurse in charge. She indicated that they were one or two staff down because of sickness and that she was not aware of anybody that we should not interview. We acknowledged that our visit followed straight on from the CQC inspection of the previous week and that the hospital already uses the Friends and Family test, but we hoped that our findings would still help improve the quality of patient experience.

## **Summary of findings**

We interviewed a total of 31 out-patients across the four out-patient zones (Ophthalmology, ENT, Oncology and Gastro-enterology) . The main issues regarding patient experiences were around:

1. Inconsistency in clinicians introducing themselves to patients.
2. Length of wait to be seen especially in Zone 1.
3. Appointment cancellations creating delays in being seen.
4. Information updates on anticipated length of wait.
5. Availability of magazines or other media while waiting.

## **Results of Visit:**

### **General observations**

The décor and hygiene/cleanliness in all out-patient areas appeared good with sanitizer dispensers available for use. The layout of these areas was generally good but in Zone 4 issues were raised about space and about those having to wait in the long corridor (see below). No trip hazards were evident. Staff appeared smart and all wore ID badges. Privacy is maintained in all zones through the use of individual consulting rooms.

### **Safeguarding**

No safeguarding issues emerged on this visit.

### **Additional findings**

We noted that there was limited availability of magazines across these areas and no other media e.g. TV information screens. We would ask for clarification on availability of toys in these areas (there appeared to be some in an alcove in Zone 2) as at least two were present (one waiting to be seen) and where one parent spoke of the problems of stopping her child getting bored.

## **Patient Interviews**

A total of 31 patients were interviewed in this setting (seven in Zone 1, five in Zone 2, six in Zone 3 and 13 in Zone 4).

### **Patient Understanding**

All 31 patients felt that staff had explained why they were visiting the hospital and about their treatment and all 30 responding felt able to ask further questions about treatment if needed.

There were mixed findings about nurses and doctors introducing themselves with 15 saying they all do, three saying they do not, 11 saying some do and two feeling

unable to comment. Of the 'some do' group, two said that 'doctors do but nurses don't' (Zone 4).

Most patients felt that discussions on their treatment were made in a way which protected their confidentiality through the use of individual consulting rooms with just one saying not always and with two unable to say (yet to be seen). Most had not overheard discussions about other patient's treatment but two said they had.

### Raising concerns

No major concerns were raised by out-patients about their health on that day and they felt that they could talk to someone if they had to. Of those responding, 19 felt their family/friends could comment to staff on their care and that they would be listened to. At least five came to out-patients alone.

Our question about whether care in out-patients is given in a respectful, timely way evoked a wide range of responses. Comments were made about respectful care e.g. acknowledging the needs of someone who is hard of hearing with poor mobility (Zone 1). Other positives included patient saying that they always know when their next appointment will be and these are always acceptable and that staff explain if consultant is running late. Another commented on a previous wait of 1.5 hours but noted that the doctors had worked through their lunch hour to catch up.

Some people felt that wait times were good or reasonable:

- Waits only 10-30 minutes.
- Waits 20m – 1 hr are OK.
- By and large good and have not waited long.
- No problems (over waits).

However, a range of less favourable comments were made:

- Long waiting time at all clinics and problem when working (here with my young child).
- Had to wait over 4 hours (in the past)) before being seen (Zone 1).
- Had to wait half an hour longer because reception did not put my notes through (Zone 1).
- Twice had appointments delayed because of emergencies and other clinics much quicker (Zone 1).
- They are not very good at telling you that waits may be a few hours (Zone 1).
- Sometimes wait for ages in clinic and also to get an appointment in the first place (Zone 1)
- Delay in appointment because notes mislaid (staff apologised)(Zone 2).
- Long waits are the norm (50 min wait today x two patients) (Zone 2).
- Once sat for 1.5 hours as notes had not been passed on (Zone 2).
- Waits are difficult for young child as they get bored (Zone 2).

- 45 min wait today (Zone 3).
- Sometimes a 2-3 hour wait (Zone 3).
- Waited over an hour today x two patients (Zone 4).
- Over five years, I have probably had to wait for three hours on average – I appreciate that staff are busy and I am not really complaining (Zone 4).
- Although there is a board that is kept updated, no one explains reasons for delay and the board cannot be seen from the corridor (Zone 4).
- Two patients commented on how delays impact upon `expensive' car parking charges (£2 extra charge cited by one)(Zone 4).

We recognise that there have been delays in patients receiving an appointment in ophthalmology and that a new contract is now in place to try and address this but a high proportion of patients spoke about actual length of wait on the day (and previously) in Zone 1. We also noted that the information board in Zone 1 was not being maintained on the day of our visit.

We took the opportunity to look at the information kept in Zone 4 about wait times for the three doctors on duty that day and spoke to the one of the nurses who indicated that she updated this about every half hour approx. This white board was only approximately 1 foot square. She proceeded to reduce the wait of one doctor from 55 minutes to 30 minutes while the other two stayed at 5 and 15 minutes respectively. However on leaving we spoke again to a patient interviewed earlier who confirmed that she had now been waiting an hour. It seemed therefore that the board information was not necessarily matching the patient experience.

In addition, a number of patients commented on cancelled appointments leading to delays in being seen:

- GP referred for an appointment and I rang a month later to chase up but not offered appointment until today (four months later) (Zone 3)
- One appointment was cancelled three times (Zone 3).
- Had four cancelled out-patients and nearly a year before seen again (patient did formally complain) (Zone 4).
- Appointment cancelled in July and not seen until today – tried to discuss this but could not get through and no-one responded to message left (Zone 4).

### Satisfaction

Overall 13 rated their care as excellent, 11 as good, one as satisfactory and one as poor with one not able to say. The person who rated their care as poor was unhappy because she was not seeing her surgeon on the day as she had hoped.

Positive comments included:

- I have nothing but praise for out-patients.
- Cannot fault clinic and have been coming for a long time.

- Very satisfactory (apart from waiting times)

However other comments included

- Patients cannot always hear their names being called (Zones 2 & 3) (we did note a level of ambient background noise (central heating?) in this setting).
- No answer to the intercom for disabled parking today.
- ENT and CDT provide excellent treatment but speech and language service poor (been involved for 8 years).
- Had to wait two months for scan and results (but matter not urgent)(Zone 4).
- Had to ask for bloods to be taken (felt this should have been offered) and that they had never seen the same doctor (Zone 4).
- Reception not always helpful (Zone 4).
- Waiting area in Zone 4 becomes 'claustrophobic' especially when full. Others spoke about times when there is standing room only here.

On this final point, we did note that the space between seats in Zone 4 is not great and that this can become squashed at busiest times. In comparison the waiting area outside Amethyst was much quieter. It was also difficult to see where wheelchairs could safely be included in the main waiting area without other seats being removed.

### **Recommendations**

We were generally happy with the standards of care across out-patients and the levels of positive patient satisfaction. We would want particularly to congratulate staff on the high standards of décor and cleanliness, levels of safety and universal wearing of ID badges.

However, we would make the following recommendations that:

1. Unless the practitioner is confident that they have met the patient before, doctors and nurses should introduce themselves especially in the consulting room setting.
2. Reasons for length of waits on the day and timings of appointments especially in Zone 1 (ophthalmology) are examined to see if these could be reduced.
3. Acoustics in Zones 2 and 3 are checked for background noise and staff reminded to try and raise their voices when calling patients.
4. Notice boards on wait times are maintained and kept up to date in all out-patient areas and that accessibility of this information to patients waiting in the long corridor in Zone 4 be addressed.
5. That availability of magazines in waiting areas is reviewed and that, where it is known that young children are likely to be present, toy provision is made in all areas.

6. While we recognise the conflict between adequate seating space and standing room only, the waiting areas in Zone 4 be reviewed so that, if possible, the main wait area feels less claustrophobic for patients.

**Service Provider response**

North Lincolnshire and Goole NHS Foundation Trust is grateful for the support of North East Lincolnshire Healthwatch in providing the Trust with an independent review of Outpatients (Zone's 1 – 4) at Diana Princess of Wales Hospital, Grimsby.

The Trust values the work of Healthwatch and is committed to working with Healthwatch in improving the experience of care throughout the Trust.

We are pleased that the Enter and View team were generally happy with the standards of care across outpatients and the levels of positive patient satisfaction.

We will ensure that we congratulate staff on the high standards of décor and cleanliness, levels of safety and universal wearing of ID badges.

Following your recommendations, an action plan has created and implemented (see attached) and will reviewed as part of the Clinical Support Services monthly Governance meeting.

## Action Plan

### Outpatients Department DPoW

*Following visit from Health Watch North East Lincolnshire on 19 October 2015*

Action Number	Recommendation	Action to be Taken (how the changes will be made)	Lead (for ensuring each action happens)	Timescale for Completion / Date Completed	Update/ Date Completed
1.	Doctors and nurses to introduce themselves to patients.	<p>To remind all Outpatients staff about the 'Hello my name is...' campaign that the Trust have committed to supporting to ensure all staff introduce themselves to patients.</p> <p>A re-audit to take place around patient identification within Outpatients. A standard within that audit is to check if the clinician/nurse has introduced themselves to the patient.</p>	<p>Linda Wigg, Outpatients Manager DPoW</p> <p>Linda Wigg, Outpatients Manager DPoW supported by Risk &amp; Governance Facilitator, Clinical Support Services</p>	February 2016	
2.	Reduce the length of waits on the day and timings of appointments for patients.	The Group's to review all booking rules to ensure patients have sufficient times for their appointment.	All Group's & Louise Hobson, Planned Care Manager	December 2016	
3.	Acoustics in Zone 2 and Zone 3 are checked for background noise.	Departmental manager to undertake a risk assessment. A PALS and Complaints report to be run to understand if there have been any acoustic issues raised in the last 12 months.	<p>Lina Wigg, Outpatients Manager DPoW</p> <p>Risk &amp; Governance Facilitator, Clinical Support</p>	End of November 2016	

			Services		
4.	Staff members to raise voices when calling for patients.	Staff to be team briefed for a reminder for them to raise their voices when calling for patients to a room.	Linda Wigg, Outpatients Manager, DPoW	End of November 2016	
5.	Up to date information e.g. waiting times is provided for patients on noticeboards and for staff to verbally update patients.	Staff to be team briefed that all notices boards within the zones should be accurate and up to date and all patients should be verbally updated where noticeboards are not visible. If staff are too busy to update patients to then ask the reception staff to update when patients check-in at the reception.	Linda Wigg, Outpatients Manager, DPoW	End of November 2016	
6.	Magazines or televisions to be introduced in all areas. If young children present in area then toy facilities to be made.	To review purchasing televisions in all zones and to ensure magazines and toy facilities are available in all zones.	Linda Wigg, Outpatients Manager DPoW	End of December 2015	
7.	Zone 4 waiting area to be reviewed so it is less claustrophobic for patients.	Bleep system in place to give patients the opportunity to have a refreshment.	Linda Wigg, Outpatients Manager DPoW	<b>COMPLETE.</b>	

**Action Plan to be monitored at the Group's Clinical Governance meeting until actions are complete.**



**Enter & View- Diana Princess of Wales Hospital - Dignity & Respect**

Name of Out-patients

Name of person completing form

Purpose of Visit	To explore how the individuals dignity is respected in this care setting and to identify good practice
Aim of Visit	
<p>Our aims were:</p> <ul style="list-style-type: none"> <li>a) To observe the environment and routine of out-patient units with a particular focus on how well they support the dignity of out-patients</li> <li>b) To speak to as many out-patients as possible about their experiences, focusing specifically on personal interactions with staff and others providing their care and treatment</li> <li>c) To speak to any family members accompanying the out-patient about their perspective on the care provided</li> <li>d) To speak to members of staff about running of out-patients</li> </ul>	

Running of the out-patients unit:

Matron/Senior Nurse spoken to:

Normal nursing complement:

Patient group(s) treated:

Any points to be aware of including out-patients not to interview:

## Observations Checklist

**What do you see?** please remember to comment on the following:-

- Décor of out-patients (welcoming?) and layout of waiting areas
  
- Do you see any trip hazards or other areas where safety might be at risk?
  
- Appearance of staff.
  
- Do staff take people to somewhere private when providing personal care?
  
- Do staff wear ID badges?
  
- Hygiene/Cleanliness of the area

### **Safeguarding**

Were there any safeguarding concerns identified during the enter and view visit?

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

### Enter & Review Representative Patient Interview

I am an Enter & View representative for Healthwatch North Lincolnshire which is an independent watchdog that keeps an eye on health and social care services. We take views from local people to find out what works well and what doesn't and we use this to improve services.

We are visiting today to find out if our local hospital respects and maintains the privacy and dignity of its out-patients. Once the interviews are completed we will compile a report that will be published. All the comments we receive will be kept anonymous, but we would look to include them in the report. We don't use people's names in our reports or when we discuss the findings. This will not affect your care in any way. Can we ask a few questions? If you want to stop the discussion at any point, just let me know.

## Respecting and involving People who use the service

<b>Patient Understanding</b>	
1(a)	Did staff explain why you are visiting hospital and your treatment to you clearly? Yes                      No
1(b)	Did you feel able to ask further questions about your treatment? Yes                      No
2	Do the nurses and doctors introduce themselves to you? Yes                      No
3(a)	Do you feel, when your treatment is being discussed with you, it is conducted in a way which maintains your confidentiality  Yes                      No
3(b)	If no, what alternative would you like to see being offered?
4(a)	Have you overheard information about another patient? Yes                      No
4(b)	If answer is Yes, what type of information? Briefly explain:
<b>Raising Concerns</b>	
5	Have you had any health concerns today? If so were you able to talk to someone about them? (explore, if appropriate, sensitively)
6	Do you feel that family/friends are able to comment to staff on your care and that they will be listened to?  Yes                      No
7	Is your care in out-patients given in a respectful, timely way e.g. help with personal care, waiting a long time for things, does it happen often?

**Satisfaction**

8(a) How would you rate the care you have received in out-patients today?

Excellent      Good      Satisfactory      Poor      Very poor

8(b) Please give a reason for your answer:

9 Is there anything else you would like to tell us about your (current) visit(s) to this hospital?

10 Is there anything you would like to tell us about any previous visits/stay(s) in this hospital in the last two years?

11. Any other Comments including from staff members/relatives (please identify who provided these comments i.e. staff /family member/friend)