healthwatch
North Lincolnshire

enter and view

Dignity and Respect at **Scunthorpe General Hospital**

Follow Up - April 2016

Contents

Executive Summary

Who? Healthwatch North Lincolnshire (HWNL) as an independent representative of local people's views on health and social care recently undertook Enter and View visits to nine wards at Scunthorpe General Hospital, which is run by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG).

Why? In October 2014, HWNL gathered local people's views on matters of dignity and respect at Scunthorpe General Hospital via survey, engagement events and Enter and View visits to various wards. Service user feedback was analysed and a report was written detailing areas of good practice and areas for potential improvement. In response to our visit, the Trust created an action plan, detailing ways that HWNL recommendations for improvement would be implemented on the wards. As a way to monitor the Trust's progress on this, HWNL decided to undertake follow up Enter and View visits to the same wards during March and April 2016.

How? HWNL undertook unannounced Enter and View visits to all nine wards using our team of Authorised Enter and View Representatives to help us. The visits took place in two phases over two months, during which we gathered the experiences of 82 service users and visitors across the wards.

Introduction

What is Healthwatch North Lincolnshire?

HWNL is an independent consumer champion created to gather and represent the views of the public on health and social care in the North Lincolnshire area. HWNL plays a role at both a national and local level, making sure the views of the public and service users are taken into account by providers when reviewing services.

What is Enter and View?

Part of HWNL's strategic work plan is to carry out Enter and View visits. HWNL Authorised Enter and View Representatives carry out visits to health and social care services to meet service users, staff and visitors and hear their views and make recommendations where there are areas which may require improvement.

The Health and Social Care Act allows Representatives of local Healthwatch organisations to Enter and View premises and carry out observations for the purpose of local Healthwatch activity. Visits can include hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can take place where people tell us there is a problem with a service, but they can also happen when services have a good reputation – so we can learn about and share examples of what they do well.

Healthwatch Enter and View visits 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 will inform the lead officer who will inform the service manager, ending the visit. Similarly, where issues arise during a visit, any concerns are raised with the manager on site so that urgent matters can be addressed. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

Disclaimer: This report relates only to the services viewed on the dates of the visits and is representative of the views of the service users, visitors and staff who contributed to the report on those dates. Healthwatch does not verify feedback for accuracy.

Introduction

Acknowledgments

HWNL would like to thank the staff, service users and visitors at Scunthorpe General Hospital for their contribution to the Enter & View programme.

Visit Details

Service Information

Address	Scunthorpe General Hospital, Cliff Gardens, Scunthorpe, North Lincolnshire, DN15 7BH
CEO	Karen Jackson
Provider	Northern Lincolnshire and Goole NHS Foundation Trust (NLaG)

Visit Timetable

Date	Ward	Number spoken to
21.03.2016	Ward 16 – General Medicine	11
21.03.2016	Ward 18 – Oncology and Haematology	7
22.03.2016	Ward 27 – Day Case Surgery	8
22.03.2016	Ward 28 – General Surgery (Female)	9
23.03.2016	Clinical Decisions Unit	4
18.04.2016	Ward 22 – Medicine (Respiratory)	12
18.04.2016	Ward 25 – General Surgery (Male)	14
19.04.2016	Ward 26 – Maternity (Antenatal and Postnatal)	7
19.04.2016	Ward 23 – Medicine (Gastroenterology)	10

Authorised Representatives:

- Amie Carlyle
- Annabel Tindale
- David Wall
- Denise Fowler
- Helen Kirk
- Kirsten Spark
- Linda Shaw
- Mike Pinnock
- Susan Marrison

Introduction

Purpose of the Visits

- To observe the environment and routine of the wards.
- Speak to as many service users as possible about their experiences on the wards, focusing specifically on personal interactions with staff and others providing their care and treatment.
- Speak to family members visiting patients about their perspective on the care provided.
- Give hospital staff the opportunity to share their opinions on the general care provided.
- To use our Enter and View powers in order to monitor the progress of improvements at Northern Lincolnshire and Goole NHS Foundation Trust.

Methodology

This report summarises themes and highlights any good practice identified from the Enter and View visits across the wards visited.

HWNL identified the nine wards for the visits as concerns/issues had been raised by patients and visitors during our previous visits in 2014. Following the 2014 visits, HWNL wrote a report titled 'Dignity and Respect at Scunthorpe General Hospital', which detailed the findings on the wards, included recognition of good practice and any recommendations for improvements. The recommendations for the improvement of the wards from the visit in 2014 were as follows:

1. The Trust to take steps to ensure all staff introduce themselves at the initial point of contact with the patient and explain the role they have regarding their care. The Trust should reinforce with staff their policy of asking each patient how they wish to be addressed and ensure adherence to this process is monitored.
2. The Trust to ensure training for staff members at all levels including awareness of appropriate and sensitive ways to communicate with all patients, including those experiencing barriers to communication such as language or hearing difficulties.
3. The Trust to provide comprehensive and realistic information about the discharge process, both on the wards and through links with the discharge lounge. Patients should be made aware of their next steps in the discharge process, realistic time scales and the support arrangements available to them after discharge.

4. The Trust to consider carrying out a survey with ward staff to obtain constructive feedback from frontline staff on how they feel pressures could be alleviated at busy times, and how alternative staffing options may be most effectively deployed. Particular attention should be given to how more timely responses to calls for assistance can be enabled, thus allowing greater preservation of patient dignity.

The service had 20 working days from receipt of the report to respond. The Trust were very welcoming of the service user feedback HWNL had collected and collated and overall found the report useful in highlighting successes and identifying areas in need of improvement. Some changes were made immediately by the Trust and other long term changes were detailed in an action plan with timescales attached. The Trust were informed that in order to monitor the progress and actions, HWNL may choose to repeat the Enter and View visits to the wards to determine whether these improvements had been achieved.

HWNL chose to carry out the 2016 revisits unannounced, meaning the Trust had no prior warning of when we intended to conduct Enter and View visits to the wards. The visits took place at varying times of day, over both mealtimes and visiting hours. The results of the ward revisits are detailed in the themed sections of this report.

For all of the follow up visits to Scunthorpe General Hospital, Authorised Enter and View Representatives used guided questionnaires which were developed specifically to measure the progress of the Trust against the action plan that was produced. This report was presented to NLaG Trust with adequate time for a response to be provided. As the original visits to the nine wards were conducted 17 to 18 months before the revisit programme began, it would seem reasonable to expect that most of the improvements suggested would have been implemented by the time of our 2016 visits.

Findings on the Wards

This section of the report details the findings on the nine wards from the HWNL Enter and View visits of 2014 and the consequent actions that the Trust said they would take to ensure improvements were made. This section also details the findings at the 2016 follow up visits to the same wards, where patients were asked a series of questions about their current care in order for HWNL to find out if the improvements had been successfully implemented. In total, HWNL spoke to 82 people across the nine wards about their experiences during the revisits.

Theme: Patient Understanding

What we found in 2014:

Patients were not always being introduced to staff caring for them, so it was not always clear to patients who was responsible for their care or what roles different staff members had in their care.

2016 Review:

Patients across all of the nine wards were asked if staff providing their care introduced themselves at the point of initial contact and if staff wore name badges, to make them more easily identifiable. Patients were also asked if staff explained what role they had in patients' care and if patients were informed who was responsible for their care each day.

The vast majority of patients spoken to on the wards told HWNL Representatives that staff members, both clinical and non-clinical, introduced themselves at the first point of contact. Given this feedback, HWNL therefore considers that the Trust's re-launch of the 'Hello my name is campaign' has been successful. A large majority of patients also confirmed that frontline staff at all levels were seen to wear name badges which also means the Trust's action from 2014 to ensure that the yellow name badges are fully rolled out has been achieved. HWNL Representatives also witnessed during their visits that all staff were seen to be wearing name badges.

When asked whether staff members explained their role to patients, the responses from patients were more varied. 53 out of the 81 patients who answered this question said they believed that staff did explain their role.

'A lady explained to me that she was here to look after the ward'.

'There's a lady who washes me, a blood test lady and a medication lady'.

'They all seem very on the ball with this - especially the junior doctors. My mind is at ease'.

However, 17 patients said they did not think that staff explained their role to them and a further 11 said that this only happened sometimes, depending on the staff member concerned:

'This varies between staff - I felt confused by all the different personnel'.

'Two did - the anaesthetist and the midwife. Other staff did not'.

'This is not explained - I see a lot of different faces'.

'Not all staff explain their roles - I learned [what staff do] by experience'.

'They seem to assume that you know what is what'.

HWNL asked patients if they were informed of who was responsible for their care each day. Again, patient responses were mixed, though the majority (45 out of 71 respondents) knew who was responsible for their care, 23 patients said they didn't think they had been informed and a further three said they were only informed some of the time.

After the 2014 visit, the Trust said that they would have nurse/clinician boards installed above every patient bed space by January 2015. The aim was to ensure that patients were aware at all times who was responsible for their care. However, during our 2016 revisit, few wards had boards located above patient beds. On the wards that did have boards, Healthwatch Representatives did not observe the nurse/clinician name to be displayed on any of them. Instead, wards that did have boards tended to display patient names for the benefit of staff members' knowledge, rather than for patients to understand who was responsible for their care.

Trust Progress Against 2014 Action Plan

1. **Ensure that yellow name badges were fully rolled out to front-line staff where not yet worn. Deadline: March 2015.** Action Complete
2. **Refresh and re-launch the 'Hello my name is' campaign. Deadline: February 2015.** Action Complete
3. **Named nurse/clinician board to be installed above every bed space. Deadline: January 2015.** Action Incomplete

What we found in 2014:

Sometimes there was a lack of privacy for sensitive conversations to take place between staff and patients and treatment was not always carried out in privacy.

2016 Review:

Patients across all nine of the wards were asked a series of questions to assess the overall issue of privacy for sensitive conversations and patient treatment. HWNL asked patients, when staff discussed conditions/treatment with them, whether or not this could be overheard by other people. Similarly, patients were asked if they had ever overheard information about another patient and if so, what kind of information was heard and how this made them feel. HWNL also wanted to find out if patients were offered a private room to talk in if needed, and if all their care was carried out in private.

Of the 78 service users who answered the question, 37 said that they felt they could be overheard by other people on the ward when speaking to staff about their condition or treatment. 38 patients said that they could not be overheard and a further three said that they were unsure if they could be overheard by others or not. In most cases, patients thought that conversations were overheard because they took place in bays separated by curtains only, though many patients felt that this was unavoidable given the limitations of the space on the wards.

Patients across the nine wards were asked if they had overheard information about another patient. The majority of patients (54 out of 79) said that they had not overheard any information and when needed, they were able to 'switch off' and not listen to things going on in their surroundings. However, 25 patients said that they had overheard information about other patients. When asked what kind of

information this was, most patients said they overheard details of other people's conditions or treatment. However, some patients reported overhearing more sensitive information.

- On **Ward 28**, one service user told HWNL that they had overheard the patient in the next bay being diagnosed as terminally ill by the doctor. The patient who overheard this information told HWNL that she cried because she had made friends with the patient next to her and she felt this information was very personal and upsetting.
- On **Ward 16**, a patient told HWNL that a doctor had discussed their Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) records in front of their young family members. The patient said that this was distressing for their young family members to hear and felt that this was inappropriate. HWNL cannot verify whether or not permission had been given for this conversation to take place with the involvement of family members. HWNL can only relay the patient's feelings about what took place.

Other patients described how they felt when overhearing sensitive information about other patients:

'This makes me upset as I feel like I am eavesdropping'.

'The nice things are okay but the nasty things I would rather not hear'.

'Overhearing makes me concerned that I may be treated in the same way'.

'This makes me feel uncomfortable'.

Following the 2014 visit to the wards, HWNL suggested that staff consider moving patients to a private room when available and appropriate, to allow sensitive conversations to happen in private. The Trust said that they would review opportunities to create additional private spaces where these were currently unavailable. The Trust has since ensured that every area has been allocated access to a private facility for such conversations to take place and this action can therefore be considered complete.

During the 2016 ward visits, HWNL Representatives asked patients if they were offered a private room to talk in if needed. 22 patients told HWNL that they had been offered a private room for this purpose and a further two said that they were unsure if a private room was available to them. However, the majority of patients told HWNL that they had not been offered this facility (48 out of 72 respondents).

It was unclear whether all staff members are aware of the availability of the private rooms or whether those rooms are not being offered to patients. HWNL recognises that moving patients to a private room is dependent upon the clinical need of the individual and that this is not always possible. However, patient feedback does suggest that when conversations take place on the wards, these are not always handled in a way that ensures privacy for the patients. Patient feedback also suggests that few patients are being offered use of the available private facilities.

During HWNL's 2014 visit to the wards, HWNL found that not all treatment was being carried out in private. During the 2016 revisits, the vast majority of patients told HWNL that steps were always taken by staff to ensure that necessary treatment was carried out in privacy. Patients said that staff took care to always shut the curtains and maintain the dignity of patients:

'Staff here are very conscious of the need for privacy'.

'They always close the curtains and cover you up to maintain your dignity'.

Two patients expressed concern that their treatment was not as private as they would have liked:

- On **Ward 27, Day Surgery Unit,** a patient explained how there were more chairs than there were curtains, so for some patients treatment or checking of dressings etc. may have to be carried out without individual privacy. A staff member on this ward also expressed concern that, what was once a six bed ward now had ten chairs instead, meaning that curtain areas had to be shared between patients. This had arisen following a change in use from a traditional bedded ward to a day surgery unit. The staff member told HWNL that patients on this ward do not always have privacy when dressings are being checked.
- One patient was concerned that the closing of curtains for privacy reasons did not necessarily lessen noise when treatment is carried out. The patient expressed to HWNL that they would much rather their treatment was carried out in a separate room, however it is recognised that this is not always practical.

Trust Progress Against 2014 Action Plan

1. **To remind staff that when a patient is fit to take to an alternative area for discussions e.g. a private room, then this should be undertaken. Deadline: February 2015. Action Incomplete**
2. **Reinforce communication issues during the handover process between shifts. Deadline: February 2015. Action Complete**
3. **Review opportunities to create additional private space. Action Complete**

Theme: Meeting Patient Needs

What we found in 2014:

Generally, patients across the nine wards felt that they had been given the opportunity to say how they would like their practical and personal needs to be met whilst they were in hospital.

2016 Review:

Patients across all nine of the wards were asked if they felt they were involved in decisions about their care. Patients were also asked if their family and friends were listened to by staff about their care.

The majority of patients (53 out of 75) told HWNL that they felt they were adequately involved in decisions about their care where possible:

'They ask me questions - I feel involved'.

'I'm very involved. I'm particularly pleased that I got the opportunity to talk to the consultant after tests and treatment'.

'I'm involved every step of the way'.

One patient commented that they were much more involved than they had expected to be. The patient fed back that this changed their negative opinion about hospitals.

However, eight patients said that they only felt involved in decisions about their care sometimes and a further 14 said they felt they were not involved at all:

'Once you get in the system you've just got to go with the flow'.

'There's no involvement – I'm just informed'.

'Staff talk over you, across you, but not directly to you'.

Despite this, many of the patients who did not feel involved accepted that sometimes the clinical situation was out of their hands and were happy to trust major decisions to the relevant medical team. Overall, the 2016 revisits highlight that staff across the Trust have made efforts to ensure that on the whole, patients were involved in decisions about their care when possible.

The majority of patients (34 out of 41) also felt that their friends and family members were involved in their care where appropriate.

'Staff have updated my husband all the way through my 13 weeks here'.

'My wife is involved in my care – if I am happy with it, she is happy too'.

One patient on **Ward 22** was particularly impressed that nurses kept their family members up to date via text (SMS) messages.

Five people felt that their family and friends were not involved in their care at all and two patients felt that they were only involved some of the time.

Overall, the majority of patients were happy with how staff made efforts to involve their families and friends in their care.

What we found in 2014:

Some staff members were referring to patients using terms of endearment such as 'Sweetheart' or 'Darling'. It was not clear to HWNL Representatives at the time whether patients had been asked beforehand how they would prefer to be addressed.

2016 Review:

HWNL asked patients across the nine wards if staff had asked them what they would like to be called. The majority of patients (50 out of 81) said that staff members did ask them how they would like to be addressed. A patient on **Ward 22** told HWNL how all staff were very respectful and took care to ask everyone what they wished to be called, especially the elderly patients who may not like being called by their first names.

However, 25 patients said that they didn't think that staff asked their preference on this and a further six said they were unsure if they had been asked this question.

One patient on **Ward 28** thought that staff may not have asked her how she wished to be addressed because she was a regular patient on the ward.

A patient on **Ward 16** told HWNL that she had no recollection of having been asked what she would like to be called, however during her interview with a HWNL Authorised Representative, a staff member addressed the patient as 'Me lovely'.

Overall, although the majority of patients had been asked by staff members what they wished to be called on admission, patient feedback from the 2016 revisits suggests that this policy may not consistently embedded across all wards.

Trust Progress Against 2014 Action Plan:

1. **To reinforce the message that staff need to ask patients how they would prefer to be addressed. Deadline: February 2015.** Action Incomplete

What we found in 2014:

Some patients reported concerns with the discharge planning process. Due to the lack of information available about the discharge process, patients and carers were left worried or frustrated about the delays between being told they could go home and actually being allowed to leave hospital. It was widely felt that patients should be kept informed and regularly updated throughout the process.

Patients on the nine wards were asked if they had been told when they could expect to go home and if they had been provided with information explaining the discharge process such as a the Trust's discharge booklet.

The patients spoken to across the nine wards were at different stages of their time in hospital and so patient responses regarding discharge were varied. 32 of out the 78 respondents had already been told when they could expect to go home, however the majority (46 out of 78 patients) had not yet been informed about their discharge. Some patients experienced delays in their discharge and perceived this to be for various reasons including general communication issues:

A patient on **Ward 26** was very unhappy with their discharge experience. The patient reported having to wait ten hours after being told they were ready to go home. The patient believed staff attributed the delay to the hospital pharmacy.

A patient on **CDU** said that they had been told they could go home in the afternoon, but said they experienced a long wait for staff to remove their Venflon (cannula) from their hand before this could happen.

A patient on **Ward 16** was frustrated that staff members were not in a position to state a day when the patient could go home. The patient commented that they would feel much better if staff were upfront about the issue.

A patient on **Ward 16** was irritated at constantly having to ask staff when they could go home. The patient told HWNL that they 'felt like a fraud' as they believed they were taking up a bed that could be used by someone else.

Two patients reported having to wait a long time for test results which they perceived to be delaying them from being able to go home. Both patients felt that staff were slower in turning tests around during the weekend and felt this could be because of staffing issues.

One patient on **Ward 28** felt that they had been discharged from hospital too soon whilst still in pain. This meant the patient had come back to hospital and had been readmitted to the ward. The patient told HWNL that a consultant said 'You just can't stay away can you?. The patient was not amused by this comment and told HWNL that it particularly upset them because they were feeling so unwell anyway. The patient explained how the last place they wanted to be was in hospital and how they felt that the comment by the consultant was inappropriate.

Following the 2014 ward visits, the Trust committed to the production of a discharge information booklet, with the purpose to help patients understand how the process works and what to reasonably expect. HWNL Representatives asked patients across the nine wards if they had received a discharge information booklet, but neither staff nor patients were aware of any available discharge information. Staff explained that discharge information would be in the form of a discharge letter provided upon discharge. HWNL Representatives did not observe any discharge information available on wards during the Enter and View visits and sought clarification from the Trust regarding the discharge information booklet. It was confirmed that this is available for staff to download and print from the Trust's intranet system to give to patients.

Trust Progress Against 2014 Action Plan:

1. Issues around discharge process to be reviewed by the Discharge & Transfer group for further action. Deadline: March 2015. Action Complete

2. Develop a discharge information booklet. Deadline: March 2015. Action Complete (however book does not appear to be widely used)

Theme: Raising Concerns

What we found in 2014:

At times, the responsiveness of nursing staff to the use of patient call bells was not as timely as required and on occasions had resulted in patient dignity being compromised, causing upset for individuals concerned. Patients felt the ward was busy at times and believed that staffing levels directly affected the levels of care they received, especially in terms of response to call bells. Staff members themselves were concerned by staffing levels which they felt created pressure and did not allow them to spend as much time with patients as they would have liked.

2016 Review:

HWNL asked patients across the nine wards how quickly staff members responded to use of call bells. 23 of the 81 respondents had not needed to use their call bell during their stay. 34 of the 81 patients were very satisfied with staff response to call bells:

'Staff respond very quickly - there's always someone to hand.'

'Staff attend more or less right away!'

15 patients felt that staff response to call bells was varied. Some patients perceived that the response time depended on the staff member in question:

A patient on **Ward 22** told HWNL that some staff responded quickly and others did not. The patient said that the day before the HWNL visit, a nurse had shut the door which they believed was so that they could not hear the call bells being used. The patient felt that this was bad mannered.

Nine patients interviewed by HWNL felt that staff did not answer call bells in a timely manner:

'Staff do not respond quickly and no explanation is given for the delay.'

'We call the staff using bells on behalf of each other but they are a long while in coming.'

'Sometimes it takes a while and you think they're not coming!'

'It takes a long time but I understand some people might be in greater need than me.'

Some patients across the nine wards who did not perceive staff members responses to call bells to be quick enough, thought that this could be down to low staffing levels on busy wards:

'I understand the pressure on staff and believe they are doing their best. There is some lack of empathy from some patients'.

'I avoid using the call bell because staff members seem far too busy.'

'Staff told me there was going to be a delay in me receiving their full attention because of how busy they are'.

There were some incidences where patients did not have easy access to their bells for various reasons:

On **Ward 16,** a patient could not find their call bell and this had not been noticed by staff members. A HWNL Representative found the call bell on the floor and rectified the issue.

On **Ward 28**, a patient was unaware that they had access to a call bell. The patient told HWNL they didn't think this had not been explained by staff.

A patient on **Ward 23** was sitting too far away from the call bell and was unable to reach it. A HWNL Representative moved the call bell within reach of the patient before the interview was complete.

Overall, the majority of patients were satisfied with staff responses to call bells. The majority of patients who felt that responses to call bells were not very timely recognised the pressure that staff members were under on busy wards. The few

instances where patients were unable to use their call bells could be monitored and rectified during the hourly care rounds on the wards.

Before the 2014 visit, the Trust had introduced 'care rounds' where ward-based staff visited patients every hour to review patients' needs e.g. did they need a drink, would they like assistance to the bathroom, do they need support to change their position, do they have their glasses, hearing aid etc. to hand. The Trust said that this had led to a reduction in the use of call bells on the wards. During the 2016 visit, HWNL wanted to find out if care rounds were still working to reduce the need for patients to call for assistance using call bells.

Patients across the nine wards were asked if staff carried out hourly care rounds to ask about their needs. The majority of patients (53 out of 81) said that staff did carry out these care rounds and often this happened more frequently than once every hour. It was clear that most patients interviewed by HWNL felt that staff made efforts to ensure their needs were monitored and met regularly. However, nine patients told HWNL that staff did come round and check on them, but they didn't feel as though it was as frequent as once every hour:

'It's not a set time every hour. It's a bit less frequent than that but as required'.

'Sometimes when they pass me they ask but I'm not demanding'.

'I doubt if this is done every hour - it's more likely done at shift change'.

17 patients on the nine wards said that staff did not do care rounds and a further two said they were not sure whether or not this practice took place.

'I have to waylay a member of staff as they pass the door. I get various delaying responses such as "I've only got one pair of hands".

'I have to ask. One nurse told me they were not a cleaner when I asked for help'.

'Care rounds don't happen. They only come round the ward to hand out medication'.

Some patients told HWNL that they thought staff members were too busy to do care rounds:

'I'm not aware of this routine - staff have too much to do.'

'No, care rounds do not happen - staff are too busy'.

'These are first class people operating under a system whereby it is impossible to deliver'.

Overall, most patients told HWNL that staff did complete hourly care rounds on the wards which meant that most patients' needs were being monitored regularly. The Trust felt that the care rounds had resulted in a reduction of the need for patients to use call bells and evidence to show the improvements in timely staff responses to call bells was found during the latest HWNL visit to wards.

HWNL sought clarification from the Trust to find out if staff continued to be offered engagement opportunities to feedback on anything that could ease the pressure on the wards. It was confirmed that there are many direct methods for staff to raise issues to senior personnel including the Chief Executive. There were also various surveys that gave staff the opportunity to feedback anonymously.

Trust Progress Against 2014 Action Plan:

1. Audit the use of care rounds and take further actions as required. Deadline: March 2015. Action Complete
2. Continue staff engagement methods including Director visits, CEO meetings, Dragon's Den: Ongoing. Action Complete
3. Increase staff engagement activities: Ongoing Action Complete

What we found in 2014:

HWNL became aware of issues with two members of staff on **Ward 23**, where patients felt the staff members had a poor attitude towards patients.

2016 Revisit:

Patients across the nine wards were asked what the staff providing their care were like and if they had a caring attitude. The vast majority of patients (62 out of 82 respondents) felt that staff were extremely caring and were more than satisfied with attitudes towards them:

'Staff are very friendly and cheerful - I feel cared for'.

'Staff are lovely - especially if you are having a down day'.

'Staff on all levels are very caring, including the domestic staff'.

'They are very attentive. They're at my beck and call'.

'Everyone is very helpful. They explain everything and are very accommodating. I really cannot fault them'.

Only two patients felt that staff did not have a caring attitude and a further seven thought their attitudes were satisfactory. 11 patients felt that the attitude of staff towards patients varied between the individual staff members:

'Some staff members are very caring and concerned whereas to others, it is just a job'.

'Some staff members are friendly and informative but others are a bit snooty'.

'Some nurses are nice and they chit-chat but it really depends which nurse you get. Certain staff members really aren't so good'.

'They are fine mostly but I had to ask one of the staff members if I had offended her. She didn't treat me the same as the others and she never breaks a smile. This treatment can be upsetting when you are already low.'

'Although staff are very busy, most are very friendly. Others need people skills training. Some of the nurses are still 'old school' - brusque and authoritarian'.

On the whole, patients felt staff members at all levels were friendly and caring, other than a few individuals.

Theme: Meeting Nutritional Needs

What we found in 2014:

HWNL found that in most cases patients' nutritional needs were being adequately met. However, HWNL found that some patients were not being asked by staff about any nutritional requirements they had. Some patients commented that they would have liked a wider variety of meal options to be available on the menu and that plates were not offered as standard with sandwiches.

2016 Revisit:

During the 2016 Enter and View visit to the nine wards, patients were asked if they felt that the hospital offered enough food choices to suit their needs. The vast majority of patients asked (60 out of 82) said that they felt meal choices were good at the hospital and HWNL heard much praise about the food on offer:

'There's plenty to pick from – a good choice.'

'The food is very good considering the amount they have to make'.

'Excellent! The food here has changed beyond all recognition!'

'Terrific – have they got a celebrity chef down there?'

'The food here is a lot better than I expected it to be. I was a chef in the Forces so I have experience when it comes to catering for numbers. I can't get over how flexible it is – that takes a lot of doing in a place this size'.

Patients also told HWNL that alternatives were available if there was nothing on the menu that a patient liked:

'The kitchen responds to requests if the menu on offer is not suitable'.

One patient and their visitor on **Ward 18** informed HWNL that the chef had visited them twice on the ward and compiled a shopping list. The catering manager had also spoken to them personally whilst doing the rounds to collect feedback on the food. The patient and their spouse were both strict vegetarians and they explained to HWNL that they were moved by the efforts catering staff went to in order to get it right for them. HWNL considers this to be a good example of patient centred care.

Only eight patients said that there were not enough meal choices available and 14 had no experience of the food provided by the hospital during their stay for various reasons. Some patients had issues with the quality of some of the food options offered:

'All the meals have the same taste so I haven't eaten in ten days. I prefer to have the protein drinks and I won't have anything other than that.'

'The quality of the meals themselves can vary. For example, the Shepherd's Pie sometimes has lots of fluffy mash on top but other times there is hardly any.'

'I complain about the powdered soup. The food is old-fashioned.'

'I'm not impressed - the soup is like dishwater.'

HWNL received particularly negative comments regarding the sandwiches provided:

'Sandwiches are dry and bland'.

'The sandwiches are dreadful - this is even worse news when the restaurant is closed'.

'The fact that the restaurant closes over the weekend means I have to live off of the poor quality sandwiches.'

'I've had the sandwiches and didn't like them. They are dull and lack in filling.'

'The ham sandwiches are dry and boring.'

'The sandwiches are very poor. They made it look like they had a lot of filling, but when you opened it up there was nothing in it'.

Some patients who were unsatisfied with the food on offer told HWNL what they would like to have instead:

'Better quality food in general.'

'As someone who has cooked from scratch all my life, I would like to see more fresh vegetables.'

'More choice of vegetarian and vegan food is needed. Not everyone wants meat.'

'Why not have more jacket potatoes?'

Overall, because the majority of patients interviewed were pleased with the quality of the food on offer, HWNL considers the Trust's review of the menu to have been successful. However, HWNL recommends that the Trust address the issue with the quality of sandwiches on offer to patients during their stay.

During the 2014 visit, patients said that plates were not offered as standard with sandwiches and in response to this, the Trust planned to review the way that sandwiches are served. During the 2016 visit, HWNL Representatives asked patients if a plate was provided with sandwiches. 21 of the patients interviewed said that they were offered a plate, whilst 22 said they were not. 30 patients had not ordered a sandwich during their stay. This seems to suggest that the serving of sandwiches with plates has not been consistently rolled out across all areas of the hospital.

During the 2016 visit, HWNL asked patients if staff had discussed any dietary requirements with them, as this had not been done consistently according to patients during the previous visit in 2014. The majority of patients (44 out of 82) told HWNL that staff had asked them the relevant questions about their nutritional needs. Only 14 patients said that staff had not discussed dietary requirements with them and this issue was not applicable to a further 24 patients who did not require hospital food during their stay for various reasons.

Trust Progress Against 2014 Action Plan:

1. Review of patient menu to be undertaken. Deadline: April 2015. Action Complete
2. Review the presentation/serving of sandwiches. Action Incomplete
3. Add details of personal dietary requirements to the Nutrition pathway. Action Complete

Theme: Environment

What we found in 2014:

HWNL Representatives made some observations about the ward environment and activity taking place. Some wards struggled with the storage of large equipment, though it was recognised that staff made every effort to ensure corridors were as free from obstruction as possible. Some patients raised concerns that the layout of wards were in need of review to ensure their privacy. The layout of the facilities in **Ward 22** presented a particular issue, as the male bathroom/shower facilities were located in the female area of the ward, meaning males had to go past the female bays in order to access these facilities. However, HWNL does recognise the limitations of the buildings at Scunthorpe General Hospital.

2016 Review:

On the whole HWNL Representatives found most wards to be less cluttered. Some equipment was still stored in corridors but HWNL understands the limitations of the hospital building and none of the equipment seemed to be a hazard. A HWNL Representative witnessed chairs stacked up in front of a fire exit on **CDU.** This was escalated at the time of visit and the Trust has since rectified the issue. The Trust also advised HWNL that the issue with the layout of the male wash facilities on **Ward 22** has been since been rectified.

Trust Progress Against 2014 Action Plan:

1. Issues to be discussed at PLACE environment meeting and action to be taken as required. Action Complete

Theme: Ward 28

Following the Enter and View visits to the wards, an analysis of patient feedback pertaining to **Ward 28** highlighted some concerning issues. HWNL has separated these from the main body of the report to emphasise the fact that based on patient feedback from all nine wards, these issues are specific to Ward 28 as they were not picked up in other areas. The issues found relate to staff attitude and response to call bells.

Patients on **Ward 28** reported a particularly poor response by staff to call bells, which in one case led to a patient's dignity being compromised.

One patient told HWNL that staff could take more than ten minutes and sometimes did not respond at all. The patient was frustrated that they could then see staff sat around the nurse's desk chatting. The patient's bed was next to the window which looked onto the nurse's station.

Another patient on **Ward 28** told HWNL that some patients used their call bells too much and the patient perceived that staff were aware of this so they did not respond.

HWNL was particularly distressed to hear that one patient on **Ward 28** had waited a long time for a staff response to a call bell and that they defecated in the bed. The patient explained their embarrassment and distress following this incident.

This patient feedback suggests to HWNL that on **Ward 28**, there may be underlying issues which result in staff not responding to the use of call bells in good time. HWNL considers that this issue is in need of more detailed investigation by the Trust, to identify the reasons behind these delays which have compromised patient dignity.

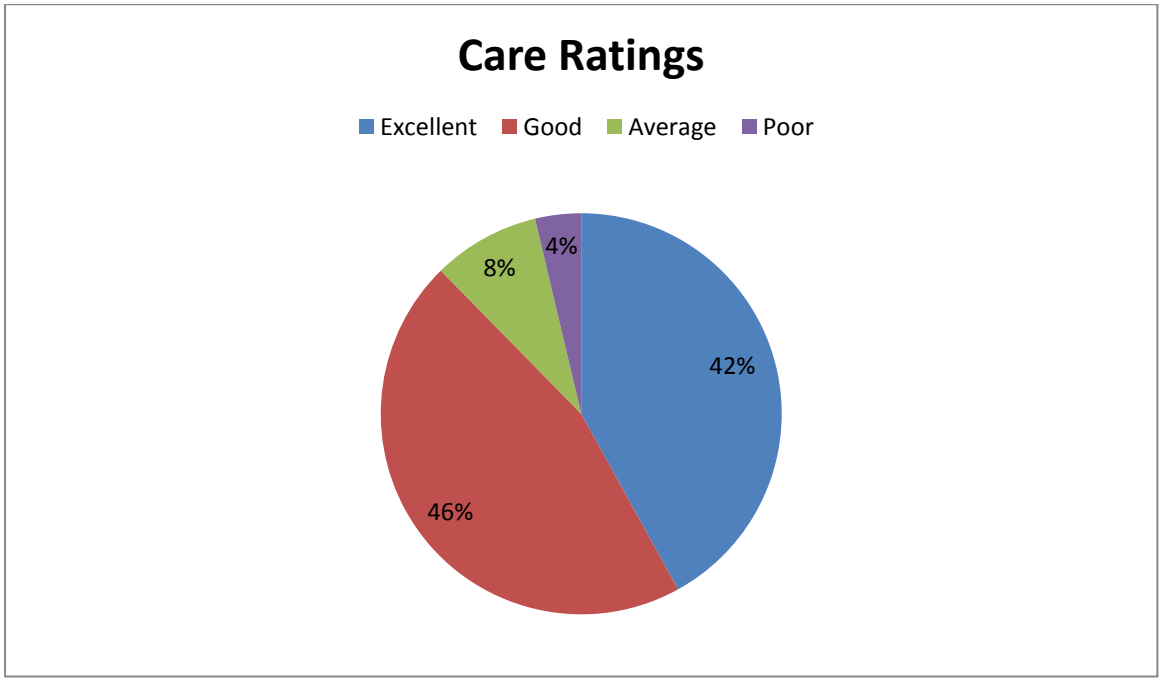
During the Enter and View visit to **Ward 28**, a HWNL Representative overheard a member of staff using expletives at the nursing station in loud tones. This was considered to be inappropriate and unprofessional behaviour from the staff member and may have given patients and visitors within range a negative impression. HWNL recommends that the issue of inappropriate language being used by the staff member on **Ward 28** be addressed by the Trust, possibly through training to prevent reoccurrence.

One patient suggested to HWNL that they did not feel comfortable around the staff on **Ward 28.** When asked about the availability of private space the patient said, 'I don't want to go in a room with them. They treat me differently to other patients here.'

Theme: Overall Satisfaction

HWNL Representatives in the 2016 re-visit asked patients across all nine wards how they would rate the care they had received so far during their hospital stay in order to get an overview on patient satisfaction levels. Patient feedback was as follows:

How would you rate the care you received?	Number of Responses
Excellent	34
Good	37
Average	7
Poor	3
Total Responses	81



In terms of rating the care they received, the vast majority of patients rated their care as either excellent or very good, with only seven patients rating their care as average and three as poor. HWNL were pleased to hear that patients found the care delivered by the Trust across the nine wards positive overall.

Theme: General Comments

HWNL Representatives in the 2016 re-visit asked patients across the nine wards if there was anything else they would like to say about their experience whilst staying at Scunthorpe General Hospital.

Some patients reported problems with delays in receiving medication:

'There was no doctor available over the weekend. I asked for extra pain killers but there was only one doctor covering a number of wards. I experienced a 2.5 hour wait for painkillers from the pharmacy'.

Another patient was frustrated at the delays that were perceived to be caused by the pharmacy. The patient said they were left waiting for three hours in the day room whilst they sorted the prescription.

Other patients felt that there were sometimes issues with the provision of night care:

'It would be nice if night staff were of the same calibre as the day staff - there's a reduction in enthusiasm. There should be the same standard of care 24 hours a day.'

'There's some improvement in night care needed. The number of patients often overflows numbers of staff.'

There were also some comments about parking at Scunthorpe General Hospital:

A visitor complained about the cost of parking and the limited availability of spaces.

Another visitor complained about the lack of parking spaces. The visitor had parked in a nearby supermarket and walked to the hospital. This visitor also felt like the stops on the park and ride service to the hospital were too limited.

Findings at the Emergency Centre

During 2014, HWNL Representatives also carried out Enter and View visits at the Emergency Centre at Scunthorpe General Hospital. The findings during these visits are detailed in a HWNL report called 'Understanding Why Patients Choose to Attend the Emergency Centre'. In this report, HWNL identified areas of good practice and areas for improvement, and the recommendations for the Trust were as follows:

1. The Trust to address longer waiting times after triage, for example when waiting for tests, results, admission or discharge. Furthermore, the Trust should ensure patients are kept informed during longer waits and provide more information about what will happen next and how long they might wait until the next stage in their treatment takes place. The Trust should also ensure that information on the electronic board in the waiting area is consistently up to date and consider providing other health messages on this media such as hospital pharmacy opening times.
2. The Trust to clarify responsibility for nutrition and hydration of patients waiting in the Emergency Centre and explore the possibility of volunteers ensuring cups are replaced following the weekend or restocked at other times. The Trust to ensure vending machines are in good working order or signpost patients and visitors to suitable alternative refreshments.
3. The Trust to consider the need for availability of a private room at all times and improving signage to signify that services available in the Emergency Centre include not just Accident and Emergency but also a GP Out of Hours service and when that service is available.
4. The Trust to improve information displayed within the Emergency Centre about pharmacy opening hours and location of late opening pharmacies. Consideration should be given to using the electronic media in the waiting area to display useful signposting information.
5. The Trust to clarify responsibility for the observation of patients in the waiting area and ensure the need for observation of vulnerable and very poorly patients is considered.

During 2016, HWNL decided to revisit the Emergency Centre as part of the Enter and View programme to Scunthorpe General Hospital which was designed to monitor the actions that the Trust said they would take in response to HWNL recommendations. The visit to the Emergency Centre took place on the 21st of April 2016 and HWNL Representatives talked to 11 service users.

Theme: Privacy

HWNL Representatives asked questions to find out what stage in the process patients were at e.g. booking in or triage and to find out about privacy and dignity.

Patients were asked if they felt that they had enough privacy when booking in at the Emergency Centre reception. Most patients (seven of 11) said that they felt there was enough privacy when booking in at reception, however, four patients had concerns that there was not enough privacy:

'It was private but that was only because there was nobody else there other than the receptionist. There is no real privacy. If someone was there then they would be able to overhear'.

'This time it was not a private issue that I would be worried about disclosing via the counter but if it was then there is no real privacy'.

'The reception area is in the waiting room. They are busy so there is limited privacy.'

'There is no privacy really. I imagine that it could be embarrassing.'

Patients were asked if they had been seen for their initial assessment yet. Nine of 11 patients had already been in for their initial assessment and two had not. Some patients that had already been seen said that their initial assessment had occurred soon after their arrival:

'I went in straight away after just a few minutes of being here'.

'Yes, initial assessment happened quickly'.

One patient was concerned about the wait they were experiencing before being seen for initial assessment:

'I waited 25 minutes after arriving. I'm concerned about that waiting time as I have a one year old with a head injury.'

One patient who had not been seen yet was also concerned about their wait:

'My baby had a head bump and I want to get it checked out as soon as possible.'

Theme: Keeping Patients Updated

What we found in 2014:

Patients felt they were provided with information about their condition or treatment in a timely manner, however after triage or between consultations they would have liked to know what would happen next and how long it might take.

2016 Review:

Patients that had already been in for initial assessment were asked if staff had explained what would happen next and what to expect. Six of nine patients said this had not been explained to them:

'No - I was just told to sit down again'.

'It wasn't explained to me, I just got told to go back to A&E'.

'No they just said you'll be called. There was no explanation of what would happen next'.

'I was just told to take a seat. It's been over an hour since my first assessment. There's no information provided on what they are doing'.

Three patients had been informed of what would happen next:

'I'm waiting for a doctor to see me'.

'I'm waiting for a doctor to look at my test results'.

'I'm waiting for results from an x-ray and ct scan'.

Finally, patients were asked if staff kept them up to date on the next stages in their treatment between consultations. Four patients said that next steps had

been explained to them. Five patients said that staff did not keep them up to date:

'Nobody has told me anything yet so I don't know what is happening'.

'Staff don't keep me up to date at all'.

Trust Progress:

Following our last visit, the Trust allocated a Level 3 Healthcare Assistant in Minors whose role included keeping patients up to date with information about their journey, ensuring the escalation of any issues raised by patients. The Trust clarified that the shift leads in Majors were responsible overall for keeping patients fully informed about what is happening and what they can expect to happen next in their journey. However, patient feedback from 2016 suggests that some patients are still feeling confused about what is going on at each stage of their journey and that this appears to be due to a lack of information and communication from staff members.

What we found in 2014:

Patients were not always kept informed during longer waits in the Emergency Centre.

2016 Review:

Patients were asked if staff members had informed them of expected wait times and explanations behind these. All of the 11 patients said that staff did not explain wait times to them:

'No staff do not do this. If they explained why we are waiting then we would feel better about it. We don't need to know confidential information, but a simple explanation like 'an emergency has come up' would be more helpful than nothing'.

'No, they may expect you to know that young children are the priority. It would be good if the priorities were explained. There needs to be information to explain why someone who came in after us is seen before us. Everyone who came in after us has been seen and everyone who came in before us have gone! We've been here

for ages and it's disgusting. I'm here in pain after a fall and I've been offered no medication as I wait.'

'Wait times are not explained. I went to the desk to ask the staff how long it would be. My baby hasn't eaten or drank for nine hours or more. I was just told 'there's three more before you in your category'. What does that mean? This process needs explaining. The pharmacist told me to come here within one hour and yet I'm still waiting here.'

Some patients had read the expected wait time displayed on the electronic board:

'I've seen the board but after each stage, I have to wait again and the clock starts all over again'.

'I've been looking at the electronic board which gives me a vague idea of wait times'.

Trust Progress:

Since our last visit, the Trust increased staffing levels within the Emergency Centre, including the addition of a Level 3 Healthcare Assistant in Minors whose role includes ensuring that any delays are communicated to patients. The Trust clarified that in Majors, shift leads hold the overall responsibility of keeping patients fully informed. However, it is clear from 2016 patient feedback that patients are not always informed about expected waiting times and that reasons for delays are not always explained by staff. Many patients spoken to by HWNL said that more explanation was needed around waiting times, particularly about the process that decides which patients are given priority.

Theme: Signage

What we found in 2014:

The signage upon entering the Emergency Centre did not adequately reflect the presence of a GP Out of Hours service and patients seeking GP treatment may have felt they were in the wrong place.

2016 Review:

Patients were asked if they thought the signage made clear that both the Emergency Centre and the GP Out of Hours services are located in the same place. All of the 11 patients asked said that the signage was not clear in informing patients about both services:

'It's not clear. The signage is only for A&E. If you came for GP services you'd think you were in the wrong place'.

'There is no signage about the GP service. We are only aware because it is local knowledge'.

'I only know because NHS 111 told me about the GP service one time and also because I live locally. It's not clear otherwise.'

'I only saw the sign for A&E. It's not clear at all'.

Two of the patients were from out of the area and seemed to find the signage particularly confusing without the help of local knowledge:

'I've never been here before and I could see where to go for A&E but not for Out of Hours'.

'A&E is clear yes, but I wouldn't know about Out of Hours or where to go'.

One patient from out of the area and was confused about the signage for the Emergency Centre:

'No it's not clear. I walked past as I'm used to two doors: one for those who come in an ambulance and one for people walking in. It's a bit confusing because it only says 'emergency' when you're looking for the word 'accident'. I don't live locally so I'm not familiar with it.'

HWNL Representatives did not observe display boards showing details of the GP Out of Hours service and its location.

Trust Progress:

Following our last visit, the Trust said that signage had been put in place to direct patients to the GP Out of Hours rooms. The Trust said they had ordered some display boards to be put in place which would outline the GP Out of Hours location, opening times and how patients could access the service. However, HWNL Representatives did not observe display boards showing details of the GP Out of Hours service and its location. It is clear from patient feedback that there remains some confusion around the GP Out of Hours service and that the signage for this service is still not adequate. This is particularly problematic for those wishing to use the service from out of area who do not have the local knowledge to know where to go.

Theme: Visual Information

What we found in 2014:

Some patients felt that the information on the electronic board in the waiting area was not up to date. Others felt that the provision of additional information such as pharmacy opening times and other health messages would be helpful.

2016 Review:

Patients were asked if they found the information on the electronic board and other display boards helpful. Six of the 11 patients spoken to found the information provided useful, commenting especially on the electronic board which displayed the live waiting time:

'Yes, it's helpful to give an indication of time. If I was here for a while I would look at the other information too'.

'The waiting time is helpful but there is only one board displaying it'.

'The information is as useful as it can be'.

Four of the patients spoken to questioned the accuracy of the waiting time displayed:

'The waiting time has said the same things for the last hour and a half. There's no change in time and no other information provided.'

'I guess the waiting time is helpful but it doesn't really mean anything'.

'It has said the same thing since I came in. It's not changed and it just says one hour and 30 minutes.'

'I could be waiting one hour and 30 minutes, it could be less or it could be longer. You don't know if the wait time is true'.

One patient had trouble viewing the electronic information boards:

'I can't see sat here! The metal bars and posters are covering the electronic board.'

Patients were then asked if there was any information that was not already displayed which they would find useful. Four patients were satisfied with the information provided. Two patients felt that it was best to keep information to a minimum:

'The less the better, otherwise it gets annoying'.

'Keep things simple else there could be too much information'.

Three patients had suggestions for additional information:

'The waiting time is all people are bothered about really. There are no solicitor cards for people to complain or claim which there should be. There used to be lots in here'.

'Accurate waiting times would be useful'.

'There are no GP numbers - that'd be useful information'.

HWNL Representatives observed that a new electronic board to display information such as pharmacy opening times had not yet been installed.

Trust Progress:

Following our last visit, the Trust clarified that the responsibility of ensuring that the reception staff keep the waiting time message on the electronic board up to date was with the Emergency Nurse Practitioner. The Trust had been awaiting

costs for a new electronic board to be installed by June 2015, with the purpose of displaying other healthcare messages, however such boards were not yet installed at the time of our visit.

Theme: Meeting Patient Needs

What we found in 2014:

Observation of patients in the waiting area was found to be minimal. Some patients were clearly unwell and uncomfortable and could become distressed if their condition worsened. It was not clear who had responsibility or overview of how patients were doing whilst waiting.

Trust Actions:

Following our visit, the Trust clarified that the responsibility for the observation of patients in the waiting area was with the Level 3 Healthcare Assistant and triage nurse in minors, supported by the Emergency Nurse Practitioners. Reception staff were also to continually observe patients within the waiting area and escalate any concerns.

HWNL 2016 Visit:

Ten of the 11 patients spoken to said that they had not witnessed staff members checking to see if waiting patients were okay:

'I've never seen that happen and I've been here a lot - once for a full ten hours!'

'No - I've not seen that once'.

'I've never seen that and I've been here a few times. I've never seen any staff come around here'.

One patient said that staff did check on patients:

'Staff have been to patients to update them so yes they do check'.

What we found in 2014:

There was concern about the availability of refreshments and meals for patients waiting in the Emergency centre. Sometimes the vending machine was out of order and sometimes there were no cups available for use with the drinking fountain. Enter and View Representatives had been asked by unaccompanied patients to help them get something to eat. It was not clear whose responsibility it was to ensure adequate nutrition and hydration of patients.

Trust Actions:

Following our last visit, the Trust ensured that reception staff would report any faults with the vending machines immediately to arrange necessary repairs and in the meantime, signs were to be put in place to signpost patients to the nearest suitable alternative. The Trust clarified that Healthcare Assistants in minors are allocated the responsibility of ensuring that all patients' nutritional and hydration needs are met. The responsibility of restocking cups was clarified to be with the Ward Support Worker and in their absence, the Healthcare Assistant.

HWNL 2016 Visit:

Patients were asked whether staff checked on patients experiencing long waits to see if they had had anything to eat or drink. All of the ten patients who responded to this question said that they had not seen staff checking on patients in terms of nutrition:

'No, like I've said, I've spent hours here so I know'.

'No. My mum asked if there are even any doctors around here! People seem to disappear through doors but there are no staff in sight around here'.

'Nothing - It's like I said, my baby is hungry and irritable. I wouldn't have known not to eat if I had to rely on the information given here. You should be told what's expected on entering. I had to go to the desk myself and ask what would be appropriate to do at this point as there is no information given. '

Patients were asked if they felt that they had enough access to food and drink whilst they waited, for example cups for the water fountain, vending machines or access to the dining room. Eight of 11 of the patients felt that they had adequate access to refreshments:

'The water is always available with cups which is good as you might not bring money. You can't prepare to be here!'

'We have access to water and vendors'.

Three patients felt that they did not have enough access to refreshments:

'It says no food or drink before you see the doctor so I don't think we do have access because of the signs.'

'We can't drink yet. We've been waiting ages since first assessment.'

HWNL Representatives observed signs on the vending machines instructing patients not to eat or drink before they had been in for initial assessment, though it is clear from the feedback that not all patients had noticed these and there was some confusion about what the process surrounding this was. This signage had not been present during HWNL's previous visit.

Theme: Patient Feedback

What we found in 2014:

The Friends and Family Test (FFT) questionnaire was not seen to be widely promoted. Staff were observed handing out the FFT to patients seated in the waiting area during one of the visits, however it was felt that distribution to all patients as they booked in with reception would be more efficient. Explanation of what the FFT is for and at what stage it should be completed would be beneficial for patients.

HWNL 2016 Visit:

Patients were asked if they were aware of the FFT. Five of the 11 patients asked said that they were aware of the FFT:

'I know because of a previous visit but I have not been encouraged to fill one in'.

'I saw the poster about it but I don't know what it is'.

'Yes but the stand is empty! I doubt they want our feedback, that's why'.

'I didn't know about it until I read the sign - I was not encouraged to do one'.

Six of the 11 patients asked were not aware of the FFT.

HWNL Representatives also observed that the stand in the waiting area displaying FFT information was empty and some patients had even left their comments written on the stand itself. It was not clear to those in the waiting area what the process was in terms of encouraging patients to fill out the FFT and at which stage patients would be informed of the FFT. During this visit, HWNL Representatives did not observe staff handing out the FFT on admission or whilst patients were waiting for treatment.

General

HWNL asked the 11 patients how they would rate the care they had received at the Emergency Centre so far.

Rating	Number of Respondents
Excellent	5
Good	1
Average	4
Poor	1
Total	11

Summary of Trust Progress Against 2014 Action Plan

2014 Trust Action	2016 Trust Action Progress
1. Ensure yellow name badges fully rolled out to frontline staff where not yet worn.	Action Complete
2. Refresh and relaunch Hello my name is campaign.	Action Complete
3. Named nurse/ clinician board to be installed above every bed.	Action Incomplete.
4. Remind staff that when a patient is fit to take to an alternative area for discussions e.g. a private room, then this should be undertaken.	Action Incomplete
5. Reinforce communication issues during the handover process between shifts.	Action Complete
6. Review opportunities to create additional private spaces.	Action Complete
7. Reinforce the message that staff need to ask patients how they would prefer to be addressed.	Action Incomplete
8. Concerns around discharge planning and information to be reviewed by the Discharge and Transfer group for further action.	Trust Clarification
9. Develop a discharge information booklet.	Action Complete
10. Audit the use of care rounds and take further action as necessary.	Action Complete
11. Continue staff engagement methods including Director visits, CEO meetings, Dragon's Den.	Action Complete
12. Increase staff engagement activities.	Action Complete
13. Review of patient menu to be undertaken.	Action Complete
14. Review the presentation/ serving of sandwiches.	Action Incomplete

15. Add details of personal dietary requirements to the Nutrition pathway.	Action Complete
16. Environment issues to be discussed at PLACE meeting and action to be taken as required.	Action Complete
17. Address longer wait times after triage through increased staffing, signage and escalation of delays.	Action Complete
18. HCA with role of keeping patients up to date on information about their progress, ensuring delays are communicated and escalated as appropriate. Majors to have named nurse.	Action Complete
19. Provide electronic display with pharmacy and other health care messages.	Action Incomplete
20. Task staff with re-stocking of cups and ensuring nutrition and hydration.	Action Complete
21. Ensure vending machines in working order or signpost to alternatives.	Action Complete
22. Install signage to direct GP out of hours patients.	Action Incomplete

Recommendations

The following are the recommendations for improvement that HWNL has identified as a result of the 2016 visit. These are based on monitoring the progress made against actions identified in the 2014 Enter and View visits:

1. The Trust to install named nurse/clinician boards above every bed.
2. The Trust to reinforce the message that staff need to ask patients how they would prefer to be addressed and embed across all areas consistently.
3. The Trust to ensure plates are offered as standard with sandwiches across all areas.
4. The Trust to investigate the reasons why many patients are not being offered access to the allocated private rooms for sensitive conversations to take place when appropriate.
5. To incorporate clearer signage for GP Out of Hours and the display of information relating to available pharmacies and GP surgeries into plans for the development of the Emergency Centre.
6. To reinforce with Emergency Centre staff and others treating emergency patients (such as x-ray and diagnostics) the need to inform patients and carers as to what will happen next in the process.

The following recommendations are based on identification of other issues identified during the 2016 follow up Enter and View visits to wards:

1. Trust to do more work to ensure that patients are made aware of who is responsible for their care each day and that staff roles are explained to patients.
2. Trust to remind staff at all levels of the importance of maintaining the privacy and dignity of patients when sensitive conversations must take place on the wards.
3. Trust should make efforts to rectify the privacy issue highlighted on **Ward 27**. Where possible, the Trust may also consider reinforcing with staff the need to offer patients a private room for their treatment to be carried out in where available.
4. Trust to undertake more work to ensure that patients are aware of how the discharge process works and are kept updated throughout. Patients should be informed of delays and provided with an explanation about why delays may be

happening. Staff to ensure patients have been given the adequate and appropriate pain relief before they are discharged and know how to seek help should they need to after leaving hospital.

5. HWNL recommends that the Trust ensures staff are made aware of the availability of the discharge booklet via the intranet so that this useful information can be shared with patients.
6. The Trust to improve the quality of sandwiches on offer to patients.
7. Trust to address issue on **Ward 28** where it was highlighted that responses to call bells do not always occur in a timely manner. A more detailed investigation should be undertaken by the Trust, to identify the reasons behind these delays which may compromise patient dignity. Sufficient actions should be undertaken and embedded to prevent reoccurrence in the future.
8. Trust to address the issue of inappropriate language being used by a staff member on **Ward 28,** and reinforce the use of appropriate language with all staff.
9. Trust to clarify for patients the purpose of the Friends and Family Test in the Emergency Centre, to ensure those treated are aware of where and when they will get a card to complete. Patients should be aware of the reason as to why FFT cards in the Emergency Centre are not available next to the FFT box and that the card should be completed once they have left the department .

Trust Response

Northern Lincolnshire and Goole NHS Foundation Trust welcome this report and appreciate the recognition of progress made since the previous visit in 2014.

We value the collaborative approach used by Healthwatch North Lincolnshire in reviewing people's views of the care delivered at Scunthorpe General Hospital and identifying areas of good practice as well as highlighting areas where we can improve.

The Trust is committed to improving patient experience and appreciate the support and engagement with Healthwatch North Lincolnshire which we will continue to advance in order to facilitate improvements.

In response to the recommendations of the report the Trust would like to make the following comments:

1. The Trust to install named nurse/clinician boards above every bed.

The boards are currently in place however their format is not standardised across the organisation. We will be working towards a single template which meets the needs of our patients.

2. The Trust to reinforce the message that staff need to ask patients how they would prefer to be addressed and embed across all areas consistently.

We acknowledge this is a fundamental of individualised patient care and will reinforce this message via a communications led plan. .

3. The Trust to ensure plates are offered as standard with sandwiches across all areas.

This will be actioned via the Trust Patient Experience Group (PEG) as this is the how the Trust expects sandwich meals to be served. Through the PEG we will ensure all staff understand this and why it is important to our patients and the Trust.

4. The Trust to investigate the reasons why many patients are not being offered access to the allocated private rooms for sensitive conversations to take place when appropriate.

Trust Response

The Trust would wish to clarify that wherever possible sensitive and difficult conversations are undertaken in private rooms. However due to clinical need it is not always suitable or clinically safe to move highly dependent patients when they are clinically unstable to have discussions in private rooms which may be out of the immediate ward area.

5. To incorporate clearer signage for GP Out of Hours and the display of information relating to available pharmacies and GP surgeries into plans for the development of the Emergency Centre.

Acknowledged and this feedback will be escalated to the Facilities team for action.

6. To reinforce with Emergency Centre staff and others treating emergency patients (such as x-ray and diagnostics) the need to inform patients and carers as to what will happen next in the process.

This will be escalated to the departments and will be monitored via the Quality and Operational Matrons.

The following recommendations are based on identification of other issues identified during the 2016 follow up Enter and View visits to wards:

1. Trust to do more work to ensure that patients are made aware of who is responsible for their care each day and that staff roles are explained to patients.

The Trust will incorporate this into the formatting of the ward named clinician boards. We will also review the focus on this fundamental communication requirement at induction, the use of the "Hello my name is" campaign and will monitor via the PEG.

2. Trust to remind staff at all levels of the importance of maintaining the privacy and dignity of patients when sensitive conversations must take place on the wards.

The Trust will review and refresh education of staff in the maintenance of privacy and dignity. The use of scenario based or simulation training at induction and on-going programmes will be considered.

3. Trust should make efforts to rectify the privacy issue highlighted on **Ward 27**. Where possible, the Trust may also consider reinforcing with staff the need to

offer patients a private room for their treatment to be carried out in where available.

A review of Ward 27 and how it operates will be undertaken to identify possible solutions.

4. Trust to undertake more work to ensure that patients are aware of how the discharge process works and are kept updated throughout. Patients should be informed of delays and provided with an explanation about why delays may be happening. Staff to ensure patients have been given the adequate and appropriate pain relief before they are discharged and know how to seek help should they need to after leaving hospital.

To be an agenda item on the Transfer and Discharge Working Group for discussion. The use of patient/staff stories to reinforce the requirements of effective discharge will be undertaken.

5. HWNL recommends that the Trust ensures staff are made aware of the availability of the discharge booklet via the intranet so that this useful information can be shared with patients.

The discharge booklet is being revised with staff and patient involvement. Once completed, printed copies will be available in all in-patient areas and a staff awareness programme will be delivered. The importance of discharge planning will be stressed during mandatory training and care camp.

6. The Trust to improve the quality of sandwiches on offer to patients.

The patient food menu has recently been revised and the serving of sandwich meals has been addressed in the earlier section, point 3.

7. Trust to address issue on **Ward 28** where it was highlighted that responses to call bells do not always occur in a timely manner. A more detailed investigation should be undertaken by the Trust, to identify the reasons behind these delays which may compromise patient dignity. Sufficient actions should be undertaken and embedded to prevent reoccurrence in the future.

This was escalated to the Operational Matron and Interim Associate Chief Nurse following verbal feedback from Healthwatch staff. The Trust will continue to monitor via patient satisfaction questions during completion of the ward quality dashboard.

Trust Response

8. Trust to address the issue of inappropriate language being used by a staff member on **Ward 28,** and reinforce the use of appropriate language with all staff.

This issue was dealt with directly with the Ward, Operational Matron and Interim Associate Chief Nurse following the feedback from Healthwatch.

9. Trust to clarify for patients the purpose of the Friends and Family Test in the Emergency Centre, to ensure those treated are aware of where and when they will get a card to complete. Patients should be aware of the reason as to why FFT cards in the Emergency Centre are not available next to the FFT box and that the card should be completed once they have left the department

FFT cards are placed in all cubicles and various access points in the Emergency Centre. The Patient Experience Team have committed to ensure that the FFT card holders are frequently replenished with cards. Emergency Centre staff will be reminded to offer the FFT cards to attendees of the department as part of the ongoing work to increase staff engagement with FFT.

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