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Re: Healthwatch Peterborough submission to CQC Inspection of Peterborough and Stamford Hospitals NHS Foundation Trust (PSHFT)

Healthwatch Peterborough Overview

Healthwatch Peterborough (HWP) was a transitioning LINK and continued on key projects and commenced new ones based on statistical and analytical data for the area and public feedback. HWP projects include:

- **Pilot Prisoner Engagement**
 - we are currently training prisoner *Wellbeing Reps* in both male and female units at HMP Peterborough (projected presented at Healthwatch England's Annual Report launch)
- **Complaints Handling**
 - Published Complaints Handling Report (key recommendations shared with Commons Health Committee)
 - Live questionnaire with PSHFT
- **Hydrotherapy Provision**
 - Service user group highlighting need for continuation of service
- **SEND reforms**
 - Facilitated three events to engage with parent/carers with children affected by legislation changes from September 2014 and professionals working in this area.
- **Mental Health**
 - Review Mental Health and Learning Disability profiles
 - HWP Dementia Friends Champion
- **Cancer Services**
 - Review under utilisation of Robert Horrell Macmillan Centre (At PCH site)
 - Coproduce solution for delivery of non-clinical services
- **Enter and View**
 - Three carried out at Peterborough City Hospital (PCH)
 - Robert Horrell Macmillan Centre
 - Thorpe Hall (Sue Ryder)
 - Programme of visits to every Care Homes in Peterborough (three to date)

- Patient-Led Assessment of the Care Environment (PLACE)
 - PSHFT
 - Cambridge and Peterborough NHS Foundation Trust (CPFT) Mental Health Trust
- 15-Step Challenge
 - PCH Outpatient Department
 - PCH whole trust
- Training
 - Enter and View (for volunteers and neighbouring Healthwatches)
 - Adult Safeguarding

In addition, we have held monthly public meetings since April 2013.

Our Engagement HWP has received a range of feedback direct from individuals on the service provision delivered by PSHFT. We have also used Enter and View to carry out an exit poll (**PART 1**), ward visits (**PART 2**) and out of hours A&E (ED) visit (**PART 3**). We facilitated an event with young carers (**PART 4**).

We have also highlighted with a range of media and with neighbouring Healthwatches the CQC Listening Event for this trust.

This submission is drawn from the above sources. All data collated (with the exception of identifiable-patient material) is included with this submission.

Overall the majority of feedback from all activity at the hospital was positive. Nurses were highlighted as being high-quality and demonstrating a high level of care. Many commented that *'it could not have been better'* and *'they could not have done any more'*. Feedback regarding Consultants showed confidence in their ability too, *'I knew I was in safe hands, he clearly had listened to me'*. This is encouraging, heartening and reassuring. The level of cleanliness was also repeatedly deemed high.

Further, anecdotal comments, communications and general feedback for the Stamford and Rutland Hospital were consistently excellent.

However, we have had brought to our attention a number of situations where care has not been of the standard patients have a right to expect and some of these are noted under *Pertinent Issues*.

The financial situation remains a long-term concern and there is some scepticism given the overall financial constraints of the Trust, that they are able to keep up-to-date with latest developments, facilities and services.

We have a range of projects and coproduction activities with PSHFT that we hope will continue to provide recommendations and channel communication of feedback to support improvements.

Pertinent Issues

- **Inconsistent information regarding Visiting Policy**
 1. This has been an ongoing issue raised by HWP. There is a lack of communicating the trust's own policy [click here](#) (see 5.4; 5.5 and 5.6) providing additional access outside normal visiting hours for carers/visitors for vulnerable/elderly patients - this varies between the wards with considerable different approaches by staff.
- **Delays in answering buzzers and placement of buzzers out of reach**
 1. Repeatedly noted/observed buzzers replaced at wall (out of patient's reach)
 2. Feedback regarding delays in responding to buzzer- data from trust's monitoring of buzzer response time should be reviewed.
- **Communication**
 1. Conflicting information regarding a range of areas including treatment and medication (concern as to accuracy of patient records -not verified)
 2. Lack of information/updates to carers/family at ambulatory care (ED)
- **Staffing levels**
 1. Comments on how busy staff appeared to be were numerous
Further comments included not wanting to bother them, would wait for considerable time before bothering them etc
- **Issue of triaging of co-morbid patients/rare conditions in A&E**
 1. Range of feedback regarding lack of access to specialist information to treat rare/complex conditions
- **Public & patient involvement**
 1. Feedback suggests failure to engage with community groups, individuals and organisations.
 2. HWP is encouraged (and member of) the *Patient and Community Steering Group* newly formed by Chairman Rob Hughes to address gaps and provide links with the local community
- **Meal times**
 1. Feedback from patients who have observed other (frail) patients not eating meals and these are removed and not documented
 2. Previous findings showed lack of meal records documenting consumption
 3. Meals are too large - smaller portion 'options' have vegetables omitted

PART 1

Enter and View- Exit Poll

1. Outpatient Survey (appendix 1.3)

Overall findings suggest positive experiences of accessing the hospital, areas that received positive feedback in responses include:

- Overall satisfaction
- Ease of talking to staff about medical conditions
- Level of information from staff about treatment/options
- All expected treatments/tests being carried out
- Conflicting information

Areas identifiable as needing improvements include:

- Choice for appointment options
- How quickly needs were dealt with

2. Inpatient Survey (appendix 1.2)

Overall, the results are positive with a significant amount of people answered *extremely satisfied* with the care they received. There was also a positive response to:

- Feeling safe
- Cleanliness of the hospital
- Provision of water
- Visitors being welcome

Areas identifiable as needing improvements include::

- Receiving conflicting information
- Medication being provided on time and correctly
- How quickly buzzers were answered
- Delays to treatment, diagnostics and results

Although these indications were responses from only a small participation group (8) -it remains as an issue needing addressed.

3. Carer/relative Survey (appendix 1.3)

Mainly positive results in the following areas:

- Overall satisfaction
- Feeling welcomed
- Cleanliness
- Feelings of safety (including belongings)
- Patient privacy, dignity and respect

Areas identifiable as needing improvement include:

- Standards of meals
- Staff responsiveness to questions
- Conflicting information
- Ease of talking to staff

Although factors are highlighted as having a positive response, a response of feeling *extremely dissatisfied* highlights an issue with particular ward/s or staff members which will unfortunately highly impact on the individuals overall experience of the hospital.

Provision of a PSHFT Disability Adviser (Toni Tuthill) has been raised as positive and supportive by carers/family members.

We have also summarised the findings with focus on positive and negative aspects of these questions - also avoided duplication by noting feedback only once, when considered relevant to more than one area.

1. Is it safe?
2. Is it effective?
3. Is it caring?
4. Is it responsive to people's needs?
5. Is it well led?

Is it safe?

- Lack of provision of up-to-date information about a patient's condition and treatment leading to frustration and anxiety regarding their stay and experience

Is it effective?

- Rehabilitation unit very supportive, offered suitable appointments but also flexible with them. *Fantastic staff in this unit with a lot of experience and knowledge.*
- Conflicting information leaving patient confused and with more questions than had started with. Issue later resolved by consultant
- Issues of not being kept informed
- Meals being too small and cold
- Blue badge areas of car parks are limited for such a large hospital
- Patient data - confidentiality. Number of incidents recorded of patient notes not being secured to a reasonable standard expected (left unattended/disclosure).

Is it caring?

- Privacy and dignity concern raised when patient waiting for a c-section was left exposed before the surgery, felt vulnerable and embarrassed and that it was unnecessary to wait in this condition.
 - Staff have not listened leaving the patient feeling anxious about having to return. Staff on a return visit being supportive and friendly
 - Compliment given to Angie (*Foxy Lady*) on Oncology Ward *'They saved my life - I have a lot of gratitude to this hospital'*
 - Amazon Ward and A&E highlighted as being very responsive, friendly and effective
 - Patient felt some needs neglected when other issues highlighted, understand that others take priority as more life threatening, but must deal with pain appropriately
 - Consistently good treatment throughout pregnancy, always supportive, informative and gave them the time they needed through an uncertain period.
 - Staff on maternity unit being empathetic, understanding and extremely friendly
 - Not easy to talk to the nurses as a visitor, they were not responsive to questions. Had to “kick up a fuss” to get to talk to someone
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Is it responsive to people's needs?

- Issue raised about letters not explaining what particular health issue the appointment is regarding, problem for people with a complex array of conditions
 - No solution for people who have to bring in children and subsequently discuss personal issues in front of children which could be upsetting or inappropriate for children to hear
 - Issue of car park barriers letting cars in without spaces being available - increased problem during visiting hours
 - Cleanliness sometimes a problem but overall very good
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Is it well led?

- It was felt by a number of participants that staff were rushed off their feet with not enough support or time to provide adequate level of safe care.
- Issues around discharge being unorganised and unnecessarily delays without information/progress updates
- Delays for discharge due to medication distribution
- Delays with doctors not attending when advised; no one giving realistic indication of time scales.

PART 2

Enter and View - Ward Visit (appendix 2.1)

The findings show a majority overall satisfaction with the following factors:

- Cleanliness
- Feeling of safety
- Privacy, dignity and respect
- Provision of water
- Provision of medication timely and correctly

Areas identifiable as needing improvement include:

- Receiving conflicting information
- Speed of buzzer response
- Meals meeting dietary needs
- Understanding of needs by disabled patients (by doctor)

Wards survey conducted in were B14, A10, Maternity and Discharge Lounge.

Due to the nature of the survey and/or patient characteristics, most data is from feedback rather than noted on surveys.

Maternity Unit Ward

Number of hand gel dispensers were empty

Staff good at keeping the patient informed

Conflicting information was avoided

Felt very safe

Visitor flexibility adhered to and welcomed

Privacy and dignity upheld (curtains drawn whenever mother wanted them to be)

Staff noticed using the hand gels and/or wearing gloves

Request for a hand gel by a patient had not been resolved within reasonable time (had asked previous day)

When help was needed staff would be there immediately. Buzzers recorded as being answered quickly and staff overall very attentive

Some reporting delays in seeing a doctor; but midwives were always in and out and made themselves available as much as possible

Patients reporting that they were very involved with decisions about their treatment, always provided with a full explanation of options were and reassured when hesitant

Water was available to all patients, but did not appear to be considerably fresh (bubbles)

Ward B14, Discharge Lounge and A10

Communication issues are concerning; this includes staff speaking to the patient/visitors in a way in which they can have as full an understanding of their condition as possible and any treatment going forward. This can often result in anxiety, uncooperative behaviour and frustration from all involved.

Conflicting information can also result in such concern, and (although relatively small number in our study) may indicate patient records not being accurate and/or up-to-date (although patient records were not reviewed) attention to this detail may mitigate conflicting information being given.

Concern over jar at reception desk with money in with '*donations for equipment*'. This was noted on 29th November 2013 during 15 Step Challenge - not removed/dealt with.

Who to and/or means of giving comment/feedback and/or complaint submissions not identified on wards.

Varying feedback surrounding the issues of staff being caring, responsive and supportive illustrates the varying levels of support that patients and visitors/carers receive throughout different units and areas of the hospital.

Issue with buzzer response and location of buzzer is of concern. On one ward (three patients) all buzzers were replaced on wall out of reach (one vulnerable patient, one dual sensory impaired, no details of third). Patient had pressed buzzer previous evening when another patient fell out of bed, after 5 minute wait had to shout for staff to respond.

Dual sensory impaired patient asked for nurse to help '*explain clearly what was happening as did not understand doctor*'. Doctor continued to speak to patient and did not get nurse to support communication. Patient said nurse communication was excellent.

PART 3

Enter and View - Out of Hours Emergency Department (A&E) (appendix 3.1; 3.2 and 3.3)

Key Findings

the 'walk in' A&E was unusually quiet - with very few attendees in the period present. Maximum of approximately 6-8 patients waiting at any one time.

Issues regarding other local services were being explored in this study - including the newly opened Minor Illness and Injuries Unit (MIU).

Other comments/ observations

Experience of feeling judged by staff and stereotyped

Spills and rubbish left on floor

Very friendly staff and environment, bright and welcoming

Following early feedback from HWP regarding children's access to exit doors and need for barrier - positive action taken and now has a wall between entrance and children's waiting area has been put in place.

Toilets generally tidy but bins full and tissues on the floor

Leaflet displays very messy

No bariatric wheelchairs readily available

Younger patients stated use of online resource for advice, information and conditions and access to services. Older demographic consider A&E first point of contact.

Demographics

Majority of those surveyed were white British, other ethnic origins included:

- Portuguese
- White & Black African
- White & Asian
- Pakistani

The most frequent age group was 30-45, closely followed by the 46-64/65-79 age groups. There was no patients present aged between 16-29

PART 4

Healthwatch Peterborough Young Carers Event (KIDS) (appendix 4.1)

Key areas of concern:

- No acknowledgement of young carers and lack of understanding of their role
- Lack of recognition means failure to inform of condition/medication
- Issues with lack of information on length of stay, discharge process and after discharge follow up/s
- Lack of information i.e. why other patients arriving after may be seen earlier - leads to frustration
- Poor signage for A&E if not parked close enough (historical)
- Nothing for teenagers in waiting areas, only younger children
- Young carers seeing drunk and violent individuals in A&E
- Staff attitudes poor especially when young carer asks a question, very dismissive and or ignored
- Excellent responses from all regarding Play team at PCH
- Cleanliness found to be not to satisfactory standard
- No concerns regarding provision of fluids

Additional comments:

Drs better than nurses at talking to young carer, would be more willing to discuss medication.

Curtains sometimes opened when patient still sleeping, young carer felt this was intrusive and inconsiderate.

Teenager carers were more comfortable and felt staff was more approachable than the youngest carers.

Those visiting same ward regularly felt comfortable as they had built relationships with the nurses and healthcare assistants.

Some concerns about safety when violent/drunk individuals were being abusive (specifically to A&E)

More could be done to protect young carers when they were embarrassed/affected by behaviour of others (intervention by staff sporadic).

No way to identify them as a young carer without being asked - which no one would do. HWP approached organisation KIDS which supports young carers and siblings of those with disabilities for research. HWP currently looking to establish Young Carer Cards currently in discussion with child services and PSHFT.