Enter and View Report | Single Provider

healthwatch North Yorkshire
Improving Health & Social Care Together

Details of visit:

Service address:	Woodlands Drive, Scarborough, North Yorkshire YO12 6QL
Service Provider:	York Teaching Hospitals NHS Foundation Trust – Scarborough Hospital
Date / Time:	12th November 2014 / 10am – 4pm
Authorised Representatives:	Gill Stone (Visit Lead), Chris Gosling, Sue Staincliffe, Adrienne Calvert, Julie Janes, David Ita (Supervisor).
Contact details:	Healthwatch North Yorkshire, Blake House, 2A St Martins Lane, York. YO1 6LN

Acknowledgements

Healthwatch North Yorkshire would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

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

What is Enter and View?

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

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

- To gather the views of patients, relatives and carers in relation to their experiences of the services being provided.
- Identify examples of good working practice.
- Make observations as care is being provided to patients, and their interactions with staff and the surroundings.

Strategic drivers

- Contribute to our wider programme of work gathering evidence on our three Health and Social Care priorities for 2014/15, which is; Hospital Discharge and post Hospital support arrangements, GP Out of Hours services, and Support for unpaid Carers.
- Looking at the quality of care being provided, and the variation (if any), within the main hospitals serving the citizens and communities of North Yorkshire County.

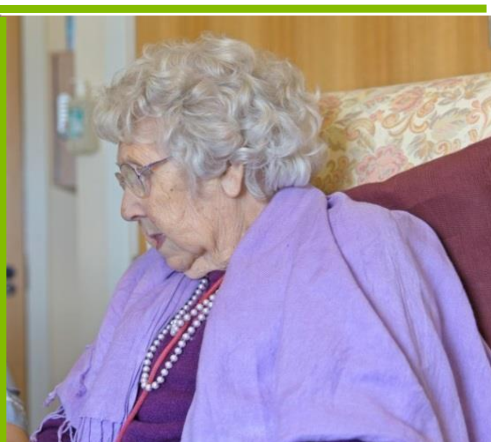
Methodology

This was an announced Enter and View visit.

Following the formal notification of the visit sent to both the service provider and the clinical commissioning group responsible for commissioning this service, the visit lead arranged a telephone conference with the service providers' nominated person(s) in order to; complete a pre-visit questionnaire, explain the visit process, and answer any questions that the service provider may have about the visit. The visit lead also shared the visit plans with the service provider, including the areas of the service that the visit team planned on visiting, so that relevant staff would be notified in advance, thereby minimising or avoiding disruption to the normal day to day running of the service.

The visit team of six authorised representatives (including the visit lead) split into pre-arranged pairs and visited Wards - Cherry and Chestnut (Medical Admissions), Ann Wright, Oak (Care of Elderly), Stroke ward and Beech (medical). Also visited were Willow and Ash wards (Day unit surgery and Day care), Accident and Emergency, Graham ward (escalation) and Pharmacy. In total over 40 patients and relatives/carers, were spoken to, in addition to the nursing and ancillary staff who provided information and details about 'life on each ward'.

After time limited deliberations at the end of the visit, we communicated the key (headline) findings of our visit to the service providers' nominated person(s) namely; Kay Gamble – Trust Lead for Patient Experience, Emma Day – Assistant Director of Nursing (Scarborough Hospital) and Joanne Southwell - Assistant Director of Operations (Scarborough Hospital).

We explained the protocol of "what happens next" following our visit, including timings and expectations. This allowed the service provider to respond immediately to some of our findings, as well as ask the visit team any questions.

Ethical consideration

On entry to Wards we always introduced ourselves to the senior member of staff present and informed them of the reason for our visit. In most of the wards visited we were expected, however there were 2 sections of the hospital that we were not expected - A&E and Stroke ward. We ascertained from staff which patients we should not approach due to their medical condition, cognitive ability or our possible breach of infection control. This protocol was strictly adhered to by the visit team.

Prior to any conversation being held with a patient we introduced ourselves by name and showed our HW authorisation badge, gave them an explanatory leaflet on Healthwatch "Enter and View" purpose and procedure and then obtained their permission to continue with the conversation. It was also made clear to each patient that whatever they divulged to us in respect of their experience as a patient in the hospital would be anonymised for the purpose of this report.

In addition to our discussion with patients, we spoke to many staff and ancillary workers and family members who were visiting. We walked around the ward observing equipment, bay areas, bathrooms, signage, ward literature and general cleanliness and safety of the ward.
All authorised representatives were briefed prior to ward visits to be alert and attentive to the care, wellbeing, dignity, privacy and safety of patients.

Summary of Findings

At the time of our visit, our overall observations show that the hospital was operating to a good standard of care, however there were several areas of concerns that we observed.

- Patients were generally complimentary of nursing staff, and the passion and commitment of nursing and other care staff are unquestionable.
- Nursing Staff to patient ratio inconsistent across wards with low staff morale.
- Signage and access within and without the hospital is confusing and misleading
- Patient Care (wellbeing, dignity, respect and safety) not consistent across all wards.
- Patient movement within and out of the hospital unexplained and confusing.
- Dementia awareness and dementia friendly wards not consistent.
- Complaints and compliments procedure inconsistent or not evident across all wards.
- Patient waiting times at A&E were well within the prescribed limits.

Results of Visit

Scarborough Hospital is York Teaching Hospitals NHS Foundation Trust's second largest hospital, which was acquired in July 2012. It has an Accident and Emergency department and provides acute medical and surgical services, including trauma and intensive care services to the local population of Scarborough, Ryedale, Whitby and Bridlington, in addition to the influx of visitors to the North East

Yorkshire coast.

Environment (including Premises)

We found that the warning signage into the hospital was inadequate, with reports of "several near misses of collision" according to a frequent driver to the premises. Main Entrance to premises benefits from a volunteer to "meet and greet", which is very helpful especially as site map and actual ward directions are not compatible. The wide very long corridor (tunnel) between wings was intimidating and unwelcoming with no rest areas, minimal signage and no colour coded line to follow to destination.

The Discharge Lounge (Howarth ward) is an area sectioned off from a ward treating day patients. The area is not conducive to comfort or wellbeing with items of equipment scattered around, poor quality furniture and furnishings. It also potentially creates safety issues as it is unsupervised and near an external access door. Staff informed us that confused and wandering patients would not be accepted into the Discharge Lounge.

The corridor outside Willow Ward is used as a store for trolleys and broken beds, and overall, with the exception of the main entrance, the premises are stark, unwelcoming and confusing to navigate.

Wards

On the wards visited there appeared to be inconsistency in procedure and practice. Some wards have coloured coded bed areas (Ann Wright and Beech), others do not (Cherry and Chestnut). Some wards use "Forget me Not" to identify dementia patients (Chestnut), others do not (Ann Wright and Cherry).

ALL wards visited do however use "red socks" to identify patients with stability issues.
Ward designations, like Elderly Medical, appear to be arbitrarily changed. For example, Willow ward was the Surgery Day Unit, but on Monday 10th November 2014 it was changed to Medical - open 24/7 but not equipped for 24/7 use. Staff instructed by management that, "as long as the 7 Patients have a bed, chair and suction, then it is deemed functional". There was no stationery or drugs and all 7 patients were acute medical, plus this is meant to be a 6 bed ward.

Ash Ward (surgery day care) currently has 16 beds, 4 of which are occupied by medical patients. Advertised ward opening hours are 7am - 8pm (Monday – Friday), 7am-12pm (Saturday). However the ward is actually open 24/7.

On every ward visited every bed is a number –not a patient name. There is no reference to the patient occupying the bed. On enquiring from a Health Care Worker about Mr X's actual condition the reply was "what bed number?"

The procedure and comment forms for compliments and complaints on patients' hospital experience were not visible across all wards.

Patient Care (Wellbeing, Dignity, Respect and Safety)

In the main patients and carers were complimentary about the care they received from the nursing staff in the hospital; however some areas for concern were observed. On Stroke Ward, the wife of a patient was anxious and afraid to speak to Healthwatch because Consultant in bay and may hear what she is saying and then ban her from the unlimited access she currently had to her husband. On the Sub-Acute Stroke bay, the monitor bell rang for 5 minutes before a passing Physiotherapist responded. There was no Nurse in the bay where patients require 24/7 monitoring.

On Willow Ward, a patient and bed had been put in a treatment room with no window or ventilation. Staff cannot see through the door and visibility is not available from the nurse's station. Also Willow ward admits challenging patients, which could be a potential safety issue as this unit is next to an external exit through which confused patients could wander.

On Chestnut and Beech wards we were informed by patients that there was a lot of noise with patient and staff activity at night disrupting sleep. Several patients commented that they had been moved around several wards, including a patient on the Stroke ward. A female patient waited in A&E 14 hours to be admitted to Cherry ward, then Haldane ward, then Beech ward - 3 ward moves in 2 days.

On Beech Ward, a trauma patient sitting in his chair exposing his genitalia, ignored by passing staff until a Healthwatch representative advised a Physiotherapist of the situation, who subsequently provided the patient with hospital pyjamas.

On Oak Ward, an elderly female patient, wearing "red socks", was in the bathroom alone with her walking frame, trying to wash her face in a bowlful of hot water without soap or flannel. Healthwatch representative called for a Healthcare Worker to assist the patient back to bed.

We were however pleased to find 3 volunteers on Ann Wright ward assisting patients who had difficulty eating, identified by the "red tray". Staff were also assisting patients who had eating difficulties.

Nursing and Ancillary Staff

Overwhelmingly patients thought that the nursing staff were excellent in the care they provided - indicative of how well staff contain their difficulties and frustrations amongst themselves and do not let their frustrations affect their dedication to work.

We observed variable, to NHS guidelines, staffing levels across the wards visited both for day and night staff. Heard staff discontent, frustration and animosity on such issues as the new sickness policy recently introduced, self-financing their career development, which has to be carried out in "own time" at home with no cost implications to the Trust.

On one ward nursing staff informed us that there is a lack of continuity, where "bank and agency" staff are used on all shifts, primarily because the unit is not staffed to be a ward open 24/7. There was evidence of skilled surgical nurses having to deal with medical patients, which means staff morale is very low. This recently resulted in high staff turnover with another experienced nurse (10 years' service), recently leaving.

On another ward, staff have to go to Recovery to discharge day patients leaving the ward because Theatre staff do not discharge patients.

Additional Findings

In our initial proposal for an Enter and View visit to Scarborough hospital, it was stated that Hospital discharge was a major area of observation for Healthwatch across North Yorkshire for 2014/15. Our observations of the Pharmacy department confirmed that the process of drug dispensing at discharge has been streamlined to allow speedier discharge for patients across the wards.

- A Medication Passport for discharge patients details the medication being prescribed.
- The process includes Pharmacy discharge trolleys on wards with Pharmacists facilitating the signing of prescriptions and reconciling a patients drugs as well as an explanation to the patient who may have queries.
- The A&E department at the time of Healthwatch observations was well organised, well-staffed, clean and hygienic. Patients waiting times were well within the prescribed limits, and something the hospital should be commended for.
- At A&E, staff felt management were not responsive to a request for 'scrubs' that they had been requesting for some time now. And also the increased reliance on agency staff were causing a real issue for permanent staff, as their overtime incentives were reportedly taken away, and agency staff are paid much more, not necessarily better qualified, and are not subject to the same rigorous checks and balances as other staff.
- Although not unique to Scarborough Hospital, there is currently no process for identifying patients who are also unpaid carers, either on admissions or at discharge. This process could help alleviate the anxiety of unpaid carers about the person they are caring for, who may have been left at home without support.

Recommendations

This report highlights the good practice that we observed and reflects the appreciation that patients felt about the care and support provided. However as a result of our observations, there are a few recommendations we would like to make:

- There is an urgent need to update the signage and environment to be more accessible and user friendly, as this would limit any distress to vulnerable patients, and inevitably lead to a better patient experience.
- Standardise all procedures across wards, including dementia signs and compliment/complaints forms, as this allows for improved outcomes for patients and supports staff that may need to move between wards.

- Personalise bed areas using patient names and not just numbers, as this forms part of your commitment to person-centred care, and reduces the perception that each patient is just a statistic.
- Decide which wards are for what conditions and adhere to the plan as much as possible, as the frequent changes to ward functionality is potentially a real risk to patient/staff safety and improved patient outcomes.
- As much as possible, reduce the reliance on agency staffing, which should hopefully save costs. Focus instead on improving staff benefits and morale.
- There is a great need for a forum to be created for regular senior management and staff liaison, where staff can be empowered to be involved in some of the decisions that will inevitably affect their day to day work.
- Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify appropriate support within the community for the cared for person.

Service Provider response

The Trust has reviewed the observations made in this report and has considered the recommendations. We welcome the opportunity to provide a response. Whilst much of the report is positive, in particular comments relating to the dedication of our staff and the quality of care they provide, it is nonetheless disappointing to read some of the comments as we do not feel they are representative of the organisation as a whole, and do not reflect the feedback we receive through other channels.

We want to work together with each of our Healthwatch groups to improve patient experience, and we are committed to doing so. The Trust has, over the years, built strong and positive relationships with organisations such as Healthwatch and we welcome external scrutiny and the chance to learn from feedback.

Response to specific recommendations:

There are a number of recommendations where work is already underway and significant progress has been made.

Recommendation 1: *There is an urgent need to update the signage and environment to be more accessible and user friendly*

We are aware of the limitations of the hospital site and are investing significant funds in making improvements to the hospital and its facilities. In relation to comments about rest stops on the main corridor, we will explore the possibility of introducing benches, and we will consider how we might improve signage and way finding on the site.

Recommendation 2: *Standardise all procedures across wards, including dementia signs and compliment/complaints forms*

The Trust has recently agreed, following consultation with community groups, to standardise the Forget Me Not symbol across all wards in-line with national guidance and this will ensure that wards are consistent. A programme of Dementia Awareness has been rolled out across the whole Trust with a large number of staff having attended this training. The programme of Dementia Awareness continues to be rolled out.

All wards provide information leaflets on how to provide feedback, raise a concern or make a complaint. The Trust has recently produced a draft 'Your Experiences Matter' leaflet in collaboration with key stakeholders including Healthwatch York. The focus for the Trust is to seek, listen and respond to all feedback whether that is a concern, complaint or a compliment.

Additionally, all wards now ask patients to provide feedback through the national Friends and Family Test. The inpatient wards at Scarborough Hospital consistently achieve a monthly response rate of above 40%, with positive feedback on the whole.

In January 2015 wards began to display feedback from patients on 'Knowing How We Are Doing' boards and will feed back to patients and their family what has been done as a result of their feedback through 'You Said, We Did'.

Recommendation 3: *Personalise bed areas using patient names and not just numbers, as this forms part of your commitment to person-centred care and reduces the perception that each patient is just a statistic*

As a Trust we must strike a balance between confidentiality, privacy and dignity, and safety in terms of patient identification. This issue has previously been considered in some detail and the decision was taken not to display patient names above beds. This is consistent across the organisation.

Whilst bed numbers are used to identify patients by those caring and treating them, we do not refer to the patient as a number when providing care and treatment, and would not address patients in this way.

The view that there is a "perception that each patient is just a statistic" is in no way supported by feedback from patients or relatives, and is not something that we recognise.

Recommendation 4: *Decide which wards are for what conditions and adhere to the plan as much as possible*

The Trust has dedicated wards for particular specialties, as do all hospitals. Healthcare has changed and become increasingly specialised, and over time we have seen an increase in the number of patients we admit who are elderly and/or with complex medical conditions. At the same time, advances in surgical techniques mean shorter stays for many patients, and more day cases. This means that the current configuration of wards, which has been largely unchanged for some years, does not always meet the pattern of admissions.

The impact of this is that when we are busy (and this happens regularly throughout the year, not just in winter) we have more elderly/medical patients than we have beds on dedicated wards. This results in patients being admitted to other areas, usually surgical, where there are beds available. This is not ideal for patients, or indeed staff.

We are looking at our bed base to see what changes might be made to improve this, and we are also taking a number of steps to improve patient flow and reduce the pressure on beds.

Recommendation 5: *As much as possible, reduce the reliance on agency staffing, which should hopefully save costs.*

This is already a key priority for the Trust and work is well underway to address this.

We have to ensure that we have safe staffing levels, both for nursing and medical staff, and using temporary and agency staff is one way of doing this. Our increase in spending on temporary staffing is due to difficulties in recruiting nursing staff and doctors within certain specialties. This is an ongoing issue, and it is not just our Trust that is seeing this trend, as Trusts are all attempting to recruit from the same pool of people and in some specialties this is increasingly difficult.

This has been compounded by recommendations in the Francis Report that staffing levels should be increased nationally, and universities are responding by increasing the number of nurse training places, however, the benefit of this increase will not be realised for two to three years.

We ran a number of 'one stop' recruitment events in October 2013 and again in March and September 2014, in both Scarborough and York, and recruited 47 nurses into permanent posts.

In December 2014 the Board of Directors approved the recruitment of a cohort of nurses from Spain using an experienced agency. The training is of a high standard and there are high numbers of nurses who are looking for posts. Several other Trusts have successfully recruited nurses in this way. The first round will take place in early March followed by a second round in April, with the aim of recruiting up to 40 nurses. It is anticipated that these nurses will be in post late spring and early summer.

Recommendation 6: *There is a great need for a forum to be created for regular senior management and staff liaison, where staff can be empowered to be involved in some of the decisions that will inevitably affect their day to day work.*

As an NHS organisation, indeed in line with most of the public sector, we have well-established forums for staff and senior management to meet to discuss issues. Where these issues have the potential to affect staff and their day-to-day work, there are formal communication and consultation processes that are followed. There exists a wide range of other mechanisms for involving and engaging staff, and we have recently made several changes to our internal communications processes in response to staff feedback. This new approach was launched in September 2014.

For example, the Chief Executive and the Chief Nurse hold regular drop-in sessions across the Trust. These began in November 2014. 'Blue Thursday' was introduced in September 2014. This is a new initiative whereby members of the senior nursing team work on the wards.

The Staff Friends and Family Test was rolled out across the Trust during July 2014, which ask if staff would recommend the Trust to family and friends if they needed treatment and whether they would recommend the Trust as a place to work. The feedback received has been largely positive, and we are keen to increase the response rate so that we can gather further detailed feedback from staff.

A confidential helpline has also been launched which allows any member of staff with a concern to leave a confidential message which will be escalated to the appropriate senior manager.

Recommendation 7: *Consider asking all patients on admission and discharge whether they currently look after anyone and use this information to identify appropriate support within the community for the cared for person*

Patients are, as a matter of routine, asked for information about their social circumstances when they are admitted, however this is an area that we would like to explore in more depth and we will take it to our Patient Experience Steering Group for discussion. Dependent on the outcome of that discussion, there is the potential to work in partnership with Healthwatch North Yorkshire on how we might better meet the needs of carers.

Response to other points raised in the report:

Regarding driving conditions on the site, we have not received feedback or complaints of this nature, and feedback suggests that driving conditions on the site have improved since the opening of the new visitor car park.

A new discharge lounge is opening in the former West entrance to the hospital, which will be staffed and will provide comfortable accommodation for patients to wait for their transport home once they have been discharged from hospital.

We are required to publish our nurse staffing ratios, and these are generally at expected levels across the organisation.

In terms of staff development, we do not recognise the comments from a staff member regarding funding their own development. The Trust has an expansive training and development programme for staff, and they are well supported in accessing these opportunities. It may be the case that individuals fund courses that are not core to their professional development, however the Trust funds a large number of training and development opportunities and makes time available for staff to attend these where appropriate.

In relation to staff requests for scrubs a review of nursing uniforms has been undertaken across the Trust and we are currently looking at the procurement of uniforms.