



Stockton-On-Tees Local Involvement Network

Stockton-on-Tees LINK Report

Care and Dignity at University Hospital of North Tees

“Dignity consists of many overlapping aspects, involving respect, privacy, autonomy and self worth.”

Social Care Institute for Excellence (Guide 15)

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1. Introduction

Stockton LINK is an independent network bringing together local people, organisations and groups who want to work together to improve local health and social care services. As a statutory body the LINK will investigate issues highlighted by the community and make recommendations to commissioners regarding any necessary service improvements.

2. Background

Stockton LINK began looking at Care and Dignity at University Hospital of North Tees following an article in the Middlesbrough Evening gazette in July 2009. The article highlighted a number of individual cases where patients, carers and family members felt that they had not been treated with Care and Dignity at University Hospital of North Tees. The article prompted other members of the public to contact the Evening Gazette with fresh concerns and these members of the public consented to speak with the LINK.

As this was an issue of concern to people in the local area, Stockton LINK decided to include the topic in their work plan and set up a work group to identify some of the concerns and make recommendations about how to improve Care and Dignity for patients attending University Hospital of North Tees.

This report seeks to highlight some of the initial concerns, issues highlighted during the investigation, good practices identified, progress made and any ongoing recommendations or considerations the LINK feel need to be addressed or developed.

3. Investigation

The Stockton LINK Care and Dignity work group spent time talking to patients and carers featured in the article.

The LINK spent time meeting with representative of the Alzheimer's Society and carers involved with the Tees Esk and Wear Valley Mental Health Carers Forum which gave valuable insights into the experiences of patients and carers affected by dementia.

LINK members asked members of the public and broader participants for their individual experiences during community engagement events including 'Are you being served ...well'? (Aimed at the over 50's) and stands in both University Hospital of North Tees and Stockton town centre.

The Care and Dignity work group met with a BME community development worker from MIND who gave additional cultural perspectives to the LINK investigation.

A representative from the Care and Dignity work group regularly attends the Essence of Care Meetings at University of North Tees Hospital, this has been useful in both establishing what Care and Dignity issues staff within the trust are focusing on and an opportunity to highlight specific issues that have come to the attention of the LINK. For example the Stockton-on-Tees LINK representative highlighted that during a joint visit with Hartlepool LINK to orthopaedics (which at the time had a relatively high number of young men on the ward with sporting injuries); patients were calling for take-away food to be delivered as they were unable to access hot food on an evening. Through the Essence of Care group it was established that hot food was available beyond dinner time and a number of information cascades were immediately delivered so that all ward staff were aware of this availability and how to access.

The LINKs Enter and View visits were an excellent opportunity to observe how improvements had been implemented and speak to patients, carers and staff about what is working well and improvements that can be made. (see appendix 1 and 2)

4. Issues

Issues highlighted initially during conversations with patients and carers in 2009 related to catering, communication between staff and with patients/carers and general care.

However, following Enter and View visits in 2010 and further engagement activity, issues were also highlighted around the boredom and isolation of some longer term patients and considerations towards cultural sensitivity.

4.1 Catering

Some of the earliest concerns highlighted to the LINK arose regarding the availability and provision of food to patients. Some of these concerns included:

- Lack of food or drink after dinner till the following morning
- Lack/difficulty of choice when using the patientline system to order.
- Food being left by the patient and patients with dementia refusing or leaving food as not aware of its presence.
- Lack of consideration to individual patients needs. One example given included providing a sealed carton of butter to spread onto toast for a patient with the use of one arm only.

Stockton-on-Tees LINK are pleased that significant progress has been made since the introduction of the ward hostess trolley system though there needs to be consistent knowledge of what is available across all wards and consideration given to ensuring choice and availability for patients with special dietary needs.

4.2 Communication

The importance of effective and appropriate communication with patients and carers should not be underestimated. The manner in which patients and carers were spoken to, the quality of information given and how patient information is relayed between staff and wards gained some of the strongest responses throughout the LINK investigation.

Patients and carers who spoke to LINK members placed enormous value on feeling included in their care and knowing what was going to happen next with guides on timescales. During Enter and View visits patients gave a mixed response as to how much information they had been given, particularly on the emergency assessment unit. This often seemed to be as a result of the anxious state of some patients when they were admitted and not necessarily a result of information not being given.

The same is true when approaching discharge, particularly for patients who are going into the care of community nursing staff. The fear of the unknown and not knowing what is going to happen next can increase anxiety for some patients. However, some patients during the Enter and View visit to Wards 41 and 42 commended staff on the involvement they had in preparing for discharge particularly in assessing any practical adjustments needed in their home.

Stockton-on-Tees LINK were told that there can sometimes be a significant difference in attitude and communication with nursing staff and although the vast majority are accommodating there are “a couple” who are not as acknowledging of the important role family members and carers can play. One carer highlighted that one particular shift of nursing staff would be very welcoming, allowing carer input and utilising the carers offer of helping at mealtimes etc. However, on certain shifts the carers would not be allowed in at mealtimes and they would then find that their family member would have eaten very little. This change in attitude left the carer feeling very concerned about a lack of consistency in care.

Some patients and carers felt that notes were not always transferred between wards as they should be or in a timely fashion. University Hospital of North Tees advised that it does have a process to ensure that documents are transferred with patients in a timely manner and investigate exceptions locally.

4.3 Culturally specific concerns

Meals

The LINK has been told anecdotally that like many other hospital trusts although halal meals and Asian vegetarian meals are offered there is often less choice and availability of food. Patients rely on family members taking food in that they will enjoy. A report by Community Development Workers (CDW's) for Black and Minority Ethnic Groups across Teesside highlighted good practice at Gateshead Health NHS Foundation Trust where they completed a project in improving ethnic minority mealtimes. A team led by a senior nurse within the privacy and dignity group and with support from their equality and diversity co-ordinator worked directly with BME communities to improve menus.

End of Life

The LINK was told that there is often an assumption that there is a large family or community available to support both the patient and next of kin in BME communities. However, this is not always the case and for those family members who may be second or third generation migrants they may not be aware of all the cultural requirements at the end of life.

Interpreters

During the LINK investigation and Enter and View visits it was identified that some wards staff will rely on family members to meet translation requirements. The reliance on family members is a cause of concern due to confidentiality issues and ensuring full and accurate information is passed to and from the patient. It has also been identified that relying on family members can place an enormous burden and may cause misunderstandings during a patient's care.

Although interpreters are available within the trust patients can be reluctant to ask for them, this is an issue that affects both those who do not speak English as a first language and those who are deaf, particularly amongst the older population.

Personal Care

Although not reported with individual cases, BME Community Development Workers highlighted to the LINK that it will be even more of a concern to some BME groups in having staff of the opposite sex carrying out personal care. This would need to be appreciated and respected by members of the nursing staff and the LINK would hope that this would be included in any dignity or diversity training.

4.4 Dementia

Concerns around patients with dementia elicited some of the strongest responses during the LINK investigation into care and dignity. The LINK was told that:

- Many patients become increasingly disorientated during their stay on hospital wards if they are unaware of the day/time.
- Patients with dementia will often want to move about but are encouraged to stay in one place as there is no day room. This can result in challenging behaviour as the patient becomes more frustrated.
- There can be a tendency for some medical staff to 'talk over' or patronise the dementia patient which can cause additional frustrations, which the carer then has to manage for some time afterwards.
- Lack of engagement with carers and patients will cause further problems for patient, staff and carers.
- A robust knowledge of dementia for all frontline clinical staff will make transfer of information and communication much easier.
- Providing dementia training to more staff will improve staff confidence in coping with patients and liaising with carers.
- The LINK understand that there is a passport to care initiative introduced by the Alzheimer's Society enabling patients with dementia and their carers to highlight specific information to medical staff such as 'need to know or useful to know'. The LINK has been told that this initiative is not being fully utilised or integrated into care plans.

- Carers have given positive feedback that the majority of nurses are checking meals are being eaten but carers need reassurance that the information is being suitably recorded and monitored to ensure patients are adequately nourished.

4.5 Boredom and isolation

It was identified through Enter and View visits and speaking to patients and carers that the boredom and isolation of some patients, particularly on wards with a longer length of stay was of concern. Some of the contributing causes included:

- length of stay on some wards
- financial constraints for some family and friends to visit (car parking etc)
- constraints in using patientline TV, both financially and confidence in using.
- limited day room facilities – although a room is available, it is small with no television and few amenities to indicate its use as a day room.

Carer's organisations highlighted that by encouraging physical and mental activity can improve a patient's sense of wellbeing and reduce the risk of depression during their stay in hospital.

Boredom and isolation factors are further exacerbated for patients with sensory impairments or who do not speak English as their first language.

The LINK understands that the proposed hospital at Wynyard would include day room provision for patients on longer stay wards. However, the uncertainty around this project and the time till it would be complete should it go ahead seems to have caused some uncertainty about how to improve the situation for patients.

5 Good practice identified and progress made

5.1 Catering

During the Enter and View visits, LINK members were able to see for themselves the improvements in the quality of the food, being served hot and fresh to patients. Nursing staff were proactive in their nature, assisting patients in difficulty and encouraging patients to complete their meals.

Patients on the wards visited by the Enter and View team were generally very positive about the quality of the meals and the regular provision of drinks. Simple snack boxes were available and utilised. Patients on the emergency assessment unit who had been admitted after standard mealtimes seemed particularly grateful for this.

5.2 Dementia training

The LINK has been given feedback from patients and carer's organisations that there is a noticeable improvement since selected staff have undergone dementia training. This has been noted particularly with improvements in communication with both patients and carers.

5.3 General care and dignity

Throughout the Enter and View visits, wards observed were clean, bright and tidy.

A number of patients during the Enter and View visits mentioned how helpful nursing staff had been when they needed help to wash.

The low incidence of bed sores during stay was highlighted as an example of good care by attending LINK members during Enter and View visits.

Patients are very appreciative of involvement in their care plan, when they know what is happening next at each stage including on discharge, patients feel respected, cared for and confident.

Although wards 41 and 42 are mixed sexed wards due to building constraints, the hospital is managing this well with distinct separate areas for male and female bays, toilets and showers.

5.4 Boredom and Isolation

Since Stockton-on-Tees LINK carried out Enter and View visits the LINK has been advised that occupational therapists have now commenced group therapist sessions to help alleviate boredom and isolation on wards 41 and 42.

The clinical area on wards 41 and 42 is being reconfigured at the time of writing including the location of clocks to help with orientation for patients.

There is a small quiet room for patients and visitors to use on wards 41 and 42.

5.5 Multi – Faith Chaplaincy

Stockton-on-Tees LINK was advised that patients and family members from non-Christian faiths would value support and guidance from leaders of their own faith, particularly for patients at end of life.

University Hospital of North Tees has implemented a signposting service from the multi-faith chapel to put people in touch with their preferred religious local leader. The chaplaincy team also now carry out an informal spiritual care assessment for patients who are on the end of life care pathway. This has been ongoing for 15 months and involves a member of the Chaplaincy speaking with the patient and family, offering spiritual support and prayers or referral to preferred religious leaders as required by the patient. The LINK sees this as good practice and hopes this develops and continues to be promoted within the hospital and across all communities.

5.6 Patient Involvement

The LINK is encouraged that since matters were initially brought up regarding the care and dignity of patients at University Hospital of North Tees, the LINK have had the opportunity for increased communication with the trust as the statutory body for the patient's voice. This has included participating in Essence of Care meetings, Audit and Clinical Excellence Committee, Quality Standards Steering Group and the Dignity Volunteers pilot.

This representation has enabled the LINK to raise concerns as they happen whether from informal comments or formal LINK reports such as the LINK hearing loop report. These concerns have then been addressed and acted on by the appropriate hospital staff such as ensuring all ward staff are aware of the availability of hot meals on an evening.

Stockton-on-Tees LINK is hopeful that this will form a good grounding for the transition from LINK to local HealthWatch and enable members to highlight patient concerns.

6 Recommendations

Stockton-on-Tees LINK are pleased to see that some notable improvements have been implemented over the past 12 months but feel that in striving to provide excellent care and dignity for all patients at all times there are improvements and considerations that can still be made.

Catering

- Ensuring snack boxes are suitable for people with specific dietary needs.

Communication

- Advertised advocacy support, LINK information to encourage elderly and vulnerable patients and their carers to feel confident enough to highlight concerns independent of the hospital.
- Further enhancing positive patient involvement by including Doctors and Consultants in patient experience focus groups such as Essence of Care.
- Appropriate promotion of interpreting services and that the service will respect patient confidentiality.
- Consistent approaches in attitudes across all shift patterns.
- Consistent inclusion of patients and carers in the patients care plan, explaining what is going to happen next in a way they can understand, repeating and confirming information, particularly once settled on a ward to help reassure patients and carers.
- Reassure patients that when a Doctor/Consultant may appear to be asking repetitive questions this is considered best practice and is not a sign that information hasn't previously been recorded.
- Ensure that where information is regularly not being appropriately transferred that this is raised further than investigations at local level.

Cultural Considerations

- Further promotion and building of the multi-faith signposting service
- All frontline medical staff to be encouraged to complete cultural awareness training.

Dementia

- Further roll out of dementia training as mandatory including Doctors and Consultants.

Boredom and isolation

- Further look to preventing boredom and isolation, including how to provide day room facilities (free television, opportunity for social interaction, papers etc) in addition to the quiet room.
- Consideration given as to how to prevent boredom and isolation for patients with a sensory impairment or who do not speak English as a first language.

General Care and Dignity

- Senior staff to continue to make regular ward visits to ensure that standards do not slip (in terms of fully closing bed curtains and removing urine bottles immediately).

7 **Thanks**

Stockton-on-Tees LINK would like to thank all patients, carers and groups who have expressed their experiences and concerns to Stockton-on-Tees LINK. Stockton-on-Tees LINK would also like to thank the staff University Hospital of North Tees for their co-operation during this study and for the facilitation of the Enter and View visits.

8 **Contact information**

For more information on the LINK or this report please contact the office on:

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Executive Summary

Emergency Assessment Unit – University of North Tees Hospital

11am, Friday 4th February 2010

This executive summary is intended to give an overview of the Stockton LINK, Enter and View visit to the emergency assessment unit at University Hospital of North Tees. Please see the full report for further information.

Purpose of Visit

Following coverage in the Evening Gazette in July 2009 and ongoing consultations with individuals, voluntary groups and organisations Stockton LINK were told that some patients, carers and family members felt that they had not been treated with care and dignity at North Tees Hospital.

Various wards were highlighted on a number of occasions including the Emergency Assessment Unit.

Concerns around care and dignity highlighted the following areas as particular concerns to patients and carers:

- Catering
- Transfer of Information
- Communication with patients
- Staffing levels
- Cleanliness

Stockton LINK visited the emergency assessment unit to look at these specific issues to identify any improvements that have been made and any continuing areas for potential improvement.

Observations

Stockton LINK spent time observing the ward and talking to ward manager, staff, patients and family members, particularly focusing on the areas raised as concerns during consultations.

Catering

LINK members observed the new ward hostess system which looked appetising and generally received good feedback from patients. Though one lady's food went cold as she had to wait for her blood sugar to be checked and insulin given.

Patients gave positive feedback on the provision of the new snack boxes available outside of meal times which was particularly well received for patients admitted later in the day or early evening.

Nurses help patients who may have difficulty in feeding themselves and clear trays away at the end of meal times.

Transfer of Information

A fast discharge procedure was observed with the discharge letter being sent directly to GP's. One patient was concerned that full information had not been transferred from Accident and Emergency.

Information is phoned through to the next ward before a patient is transferred with the notes.

Communication with Patients

Patients are given a 31 page booklet called 'Coming into Hospital' on arrival. Nurses try to include patients during bedside handover.

One patient had asked for a leaflet on his condition but this had not been available and the leaflets did not seem well stocked.

Some patients had been confused during admission and were not sure what was happening next or who was in charge of their care.

Some patients had not been told where showers or toilet facilities were.

Staff members may use family members to translate if they do not speak English.

Staffing Levels

A number of patients commended nurses on the quality of care.

The ward is expecting 4 new Filipino nurses to help fill 6 current vacancies.

Recruitment time can take 3 months.

Visibility of staff seemed low from a patient's perspective and some patient's felt they waited a long time for the buzzer to be answered.

Cleanliness

The ward areas and bathrooms looked clean, bright and well decorated.

There is now an in house team of cleaners working split shifts.

No patients expressed any concerns regarding cleanliness.

Conclusions

Positive

- The overall standard of facilities on the ward was high and seemed very clean
- Patients were generally pleased with the quality of care received
- The catering has improved significantly with the new ward hostess system and provision of snack boxes
- Staff endeavour to communicate with patients during handover times

Areas for consideration

- Using translators instead of family members for patients who do not speak English
- More leaflets regarding common conditions for patients
- Improving visibility of staff on the ward
- Effectiveness of Coming into Hospital leaflet
- More regular updates on progress of care to reassure patients and family who may be confused during admission
- Concern around long recruitment time when carrying vacancies
- Ensuring patients know the location of toilets and showers

Executive Summary

Wards 41 and 42 – University of North Tees Hospital

11am, Friday 12th February 2010

This executive summary is intended to give an overview of the Stockton LINK, Enter and View visit to wards 41 and 42 at University Hospital of North Tees. Please see the full report for further information.

Purpose of Visit

Following coverage in the Evening Gazette in July 2009 and ongoing consultations with individuals, voluntary groups and organisations Stockton LINK were told that some patients, carers and family members felt that they had not been treated with care and dignity at North Tees Hospital.

Various wards were highlighted on a number of occasions including Wards 41 and 42.

Concerns around care and dignity highlighted the following areas as particular concerns to patients and carers:

- Catering
- Communication between staff and with patients/carers
- Staff
- General Care

Stockton LINK visited the wards to look at these specific issues to identify any improvements that have been made and any continuing areas for potential improvement.

Observations

Stockton LINK spent time observing the ward and talking to ward staff, patients and family members, particularly focusing on the areas raised as concerns during consultations.

Catering

LINK members observed the new ward hostess system which looked appetising and generally received good feedback from patients. Some patients stay on these wards for a number of weeks and some found the food options repetitive.

Nurses help patients who may have difficulty in feeding themselves and clear trays away at the end of meal times. Though one patient, who may have benefited from further assistance, stated that he did not want to disturb the nursing staff.

Communication

The ward clerk needs to spend significant time chasing up patient notes from the emergency assessment unit.

Some patients reported that they felt fully involved in their care plan and knew what was happening next though some patients were disorientated and unsure what was going to be happening next and how long they were likely to be staying on the ward.

Accompanying ward staff clarified why Doctors may often seem to be asking repetitive questions that patients have already answered – this is to ensure a full and accurate picture and is encouraged during training.

Staff

Although a busy ward, staff felt that they are able to be flexible in covering sick leave and short term vacancies. A number of vacancies are due to be filled shortly by recently recruited Filipino nurses.

Patients generally commended the quality of care they received from nursing staff though a number stated apart from “a couple” on ward 42.

General Care

A number of incidents were observed on ward 42 that may impact on patient’s privacy and dignity including: a curtain left partially open whilst a patient was attended to by a nurse, a urine bottle left on a bedside table as a nurse was preparing the patients food, a lady exposed when her bed sheets had been knocked off. All of these incidents were quickly rectified by senior ward staff accompanying LINK members.

Additional Observations

It was observed on ward 41 that the aprons used by nurses whilst serving lunch appeared to be of poor quality. A number of nurses found them to rip easily during use and needed replacing.

A number of patients reported being very bored and isolated on both wards which despite having patients for on average 11-12 days (though occasionally longer), does not have any day room and limited other options for patients to pass time as they improve medically.

Conclusions

Positives

- Both wards appeared to be clean and tidy and light and airy.
- The new catering system seems to be effective and improved.
- Despite being a busy ward nurses were seen to interact with patients particularly during meal times.
- Same sex ward provision is being managed well with very distinct separate areas for male and female bays, toilets and showers.
- 2 members of staff have already undergone dementia training with 7 more key staff to follow imminently. Stockton LINK has received positive feedback about the impact of this training from patients and carers.

Areas for Consideration

- Ensuring that patients are not refraining from asking for assistance when needed to avoid imposing on nursing staff.
- Improving communication and consistent quality transfer of information between wards.
- Clocks on ward to help patients with orientation and a sense of time.
- To ensure all staff have skills and training tailored to patients with dementia.
- Improving quality of disposable aprons provided to nursing staff which may reduce wastage.
- The boredom and isolation of patients was a recurring comment from patients and of particular concern to visiting LINK members.

