

## Enter and View Report Recommendations and Provider Responses

All published Enter and View reports can be found on [www.healthwatchnorthyorkshire.co.uk](http://www.healthwatchnorthyorkshire.co.uk)

Service Visited	Report Recommendations	Service Provider Response
Airedale Hospital, Keighley.	<ol style="list-style-type: none"> <li>1. Ensure Bradford Hospital informs Airedale Hospital when a consultant cannot attend a clinic at Airedale in order to avoid wasted outpatient attendances.</li> <li>2. Regularly audit discharge times to identify any causes of delayed discharge</li> <li>3. Investigate the quantity and frequency of physiotherapy and speech therapy sessions on ward 5 (stroke)</li> <li>4. Regular communication with patients about their treatment/diagnosis could be improved</li> <li>5. 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.</li> <li>6. Consider introducing a patient diary system that summarises (in simplest terms) the clinical interactions or interventions that the patient has with staff, as a way of keeping relatives or carers abreast of the care of their loved ones. This would particularly be useful for patients who are unable to communicate effectively, like those suffering from a stroke.</li> </ol>	<p>***Airedale NHS Foundation Trust have recently requested more time to consider submitting a revised response to this report, following feedback from their Governing Body. As a result, the following response may change in the near future:</p> <ul style="list-style-type: none"> <li>• Physiotherapy staffing is as it should be for the number of beds and speciality. However on that morning three of the staff were attending a Bobath course which is essential to support their skill development. We have standards of practice and clinical guidelines which state that people should have daily physiotherapy but nothing that says this should be more frequent.</li> <li>• Speech and language therapy are currently recruiting following a successful business case, this will enhance service provision. It is anticipated that within the next three months there will be a further speech and language therapist on the ward.</li> <li>• We are currently working in partnership with Bradford Teaching Hospitals to determine what the future pathway will be for stroke and will be reviewing the therapy staffing to support the new service model.</li> <li>• There is reference to a question about patients with dependent children within the nursing documentation booklet used on all adult inpatients.</li> </ul> <p><b>Bullet 1:</b> "Regular communication with patients about their treatment/diagnosis could be improved and also keeping</p>
Harrogate Hospital	<ol style="list-style-type: none"> <li>1. Regular communication with patients about their treatment/diagnosis could be improved and also keeping rela-</li> </ol>	<p>tment/diagnosis could be improved and also keeping</p>

	<p>tives or carers informed when they visit.</p> <ol style="list-style-type: none"> <li>2. 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.</li> <li>3. The benefits that your nutrition assistants bring to the care of patients is invaluable, and hence it is worth considering increasing coverage beyond 3pm on weekdays by creating a potential job share post, to match out of hours and weekend hospital admissions.</li> <li>4. A possible re-introduction of the end of life care facilitator would greatly provide the much needed expert support for nursing staff, and ensure that patients nearing the end of their lives have the very best care possible tailored to their needs.</li> <li>5. A dedicated discharge lounge would greatly aid the patient flow (freeing up bed space) through the hospital and out into the community. It would also greatly improve patient experience as they prepare to return back to their homes and communities now that they are deemed medically fit.</li> <li>6. Improved communication between wards and the discharge lounge in order to improve patient experience of discharge and enable a smooth patient flow. It is worth hearing the views of the duty nurse in the discharge lounge about how this can be improved.</li> <li>7. Explore the suggestion of using the 'back door' of the hospital for discharging elderly patients to care homes to avoid blocking the ambulance bays, which are always busy. And to avoid elderly patients being confused and distressed, as much as possible, only transfer patients to</li> </ol>	<p>relatives or carers informed when they visit.”</p> <p>The Trust is exploring the opportunity of how communication can be improved with patients and their families.</p> <p><b>Bullet 2:</b> “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.”</p> <p>There is an opportunity within the admission documentation to ask this question.</p> <p><b>Bullet 3:</b> “The benefits that your nutrition assistants bring to the care of patients is invaluable, and hence it is worth considering increasing coverage beyond 3pm on weekdays by creating a potential job share post, to match out of hours and weekend hospital admissions.”</p> <p>Care Support Workers cover the duties of the Nutritional Assistants out of hours and at weekends and we have 45 mealtime volunteers who predominately work at teatime and more are being recruited.</p> <p>Finally, the care of dementia patients including the use of the Butterfly scheme is being reviewed.</p>
--	---	--

	<p>care homes during daylight hours.</p> <p>8. Your innovative use of volunteers to support meal times is very highly commended, but should be proactively increased as the demand for this service far exceeds the number of volunteers available to help. Harrogate and Rural Community and Voluntary Services will be best placed to assist you with recruiting the right volunteers.</p>	
<p>Scarborough Hospital</p>	<p>1. 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.</p> <p>2. 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.</p> <p>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.</p> <p>4. 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.</p> <p>5. As much as possible, reduce the reliance on agency staffing, which should hopefully save costs. Focus instead on improving staff benefits and morale.</p> <p>6. There is a great need for a forum to be created for regu-</p>	<p>There are a number of recommendations where work is already underway and significant progress has been made.</p> <p><b>Recommendation 1:</b> <i>There is an urgent need to update the signage and environment to be more accessible and user friendly</i></p> <p>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.</p> <p><b>Recommendation 2:</b> <i>Standardise all procedures across wards, including dementia signs and compliment/complaints forms</i></p> <p>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</p>

	<p>lar 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.</p> <p>7. 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.</p>	<p>training. The programme of Dementia Awareness continues to be rolled out.</p> <p>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.</p> <p>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.</p> <p>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'.</p> <p><b>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</b></p> <p>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</p>
--	--	---

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

	<p>October 2013 and again in March and September 2014, in both Scarborough and York, and recruited 47 nurses into permanent posts.</p> <p>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.</p> <p><b>Recommendation 6:</b> <i>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.</i></p> <p>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.</p> <p>For example, the Chief Executive and the Chief Nurse hold</p>
--	--

	<p>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.</p> <p>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.</p> <p>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.</p> <p><b>Recommendation 7:</b> <i>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</i></p> <p>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</p>
--	---

	<p>1. The paperwork for each process should be looked at with a view to streamlining, with more effective use of technology platforms like the iPads.</p> <p>2. Dementia policy to be seen to be applied across all service areas, and staff training brought up to speed.</p> <p>3. Discharge policy to be refined with a view to speeding up the discharge process.</p> <p>4. More volunteers to be recruited, as well as family and friends encouraged to assist staff at mealtimes.</p> <p>5. Consider introducing a Mental Health Specialist on site as a reference point to advice and support nursing staff with challenging dementia patients.</p> <p>6. Stroke Rehabilitation equipment to be reviewed.</p> <p>7. Yorkshire Ambulance Service to be requested to provide an exception report to cover any patient delivered to the Friarage who should not be there according to the current policy.</p> <p>8. Paediatric &amp; Maternity services to continue to be monitored.</p> <p>9. Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify</p>	<p>meet the needs of carers.</p> <p><b>Bullet 1:</b> "The paperwork for each process should be looked at with a view to streamlining, with more effective use of technology platforms like the iPads".</p> <p>A rapid process improvement workshop was held in November to review the paperwork used on admission, and is currently being implemented and reviewed. The review looked to standardise and streamline the paperwork used across the organisation. The trust has implemented the electronic recording of physiological observations across the James Cook University Hospital and Friarage Hospital sites. In addition to this the trust is currently exploring the option of introducing clinical noting.</p> <p><b>Bullet 2:</b> "Dementia policy to be seen to be applied across all service areas, and staff training brought up to speed".</p> <p>Please see previous comments in terms of the dementia strategy and click on the embedded link to see our Dementia action plan.  <a href="http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/friarage_hospital_ae_dementia_action_plan_0.pdf">http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/friarage_hospital_ae_dementia_action_plan_0.pdf</a></p> <p><b>Bullet 3:</b> "Discharge policy to be refined with a view to speeding up the discharge process".</p> <p>The discharge policy is currently under review by the Clinical Lead for the Case Management Team.</p>
--	--	---

appropriate support within the community for the cared for person.

**Bullet 4:** “More volunteers to be recruited, as well as family and friends encouraged to assist staff at mealtimes”.

Bay nursing has helped to alleviate some problems associated with feeding patients however the Friarage manager has contacted Head of Fundraising and Volunteering to explore if additional support can be provided at meal times.

**Bullet 5:** “Consider introducing a Mental Health Specialist on site as a reference point to advice and support nursing staff with challenging dementia patients”.

In relation to employing Registered Mental Health Nurses on the wards at the Friarage Hospital, this has been considered, although it is felt that it would be difficult to attract staff and difficult to recruit. However, the ward staff are able to access the Hospital Mental Health Liaison Team from 8am – 8pm seven days per week, who offer support and advice to staff when nursing patients with an existing diagnosis of dementia or a newly diagnosed dementia. A referral system is used, however should emergency situations arise ward staff are able to bleep members of the team to attend the ward environment immediately. As alluded to above, the Trust is committed to continue educating all staff and increase their knowledge about dementia to ensure our patients receive high standards of safe care.

**Bullet 6:** “Stroke Rehabilitation equipment to be reviewed”.

Please see previous comments on page 1.

**Bullet 7:** “Yorkshire Ambulance Service to be requested to provide an exception report to cover any patient delivered to the Friarage who should not be there according to the current policy”

It is expected practice for the A&E staff to complete an incident form for any patient who is transported by ambulance to the Friargae A&E department who should be taken elsewhere according to the current policy. This will be investigated and the outcome shared by the A&E manager with the YAS and CCG colleagues at the monthly SDIP meeting.

**Bullet 8:** “Paediatric & Maternity services to continue to be monitored”

The changes to the paediatric and maternity services were monitored by the Friarage A&E department, the maternity unit, the paediatric unit and the Yorkshire ambulance service. If any issues did occur these were investigated and the outcomes discussed at a weekly teleconference. Key personnel representing these areas participated in a weekly teleconference where if any specific issues did occur these were investigated, discussed and necessary actions taken to prevent any reoccurrences. There were very few issues raised therefore the teleconference was dissolved and these services are monitored and discussed monthly with the CCG.

**Bullet 9:** “Consider asking all patients on admission and

		<p>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”.</p> <p>All nursing staff are encouraged to establish if the patient is a carer on admission and if this is identified the appropriate services would be contacted.</p>
--	--	---