

**make**  
your   
**voice**  
 **count**

**A report on patient experience at  
Northampton General Hospital NHS  
Trust  
between February 2012 - March 2014**

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# 1. About Healthwatch Northamptonshire

Healthwatch is the new independent consumer champion for health and social care from April 2013. There are 152 local Healthwatch across the country and a national body called Healthwatch England. Healthwatch Northamptonshire covers the county of Northamptonshire. Our funding comes from Northamptonshire County Council and we have established ourselves as a Community Interest Company (form of social enterprise) to ensure that we operate as an independent organisation and secure a firm financial basis. The Community Interest Company is a partnership between the University of Northampton and Northampton Volunteering Centre.

Our rights and responsibilities include:

- We have the power to monitor (known as “enter and view”) health and social care services (with one or two exceptions).
- We will be a strong and powerful voice for local people to influence how services are planned, organised and delivered.
- We will be an effective voice rooted in the community. To be that voice, we will find out what local people think about health and social care. We will research patient, user and carer opinion using lots of different ways to find out views and experiences so that the community is effectively represented.
- We will report our findings of local views and experiences to local health and social care decision makers and make the case for improved services.
- We will provide information and advice about health and social care services.
- Where we don’t feel our voices are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and the Care Quality Commission (the independent regulator of health and social care).

## 2. Executive summary

In December 2013, Healthwatch Northamptonshire (HWN) was asked to provide the Care Quality Commission (CQC) with any information and intelligence we held about the experiences and views of people who have received care at Northampton General Hospital (NGH). The information was required to inform the CQC's inspection of NGH in January 2014.

This report summarises the information HWN sent to the CQC. The report combines information on the patient experience, which we have gathered from speaking to patients during our visits to NGH, and also information we have been sent by members of the public about NGH, which we have summarised in an anonymised format. Where written consent was obtained from the member of public, we sent the information in full to the CQC and/or NGH. We are very grateful to all the members of the public who contributed their views and experiences.

The information received indicates a mix real of views and experiences. Many people talked to us about positive experiences of care - quality clinical care; clear information; and compassionate staff. Areas of concern include Accident & Emergency; treatment and clinical care; dignity and general care on wards; food; discharge/after care; communication and administration.

We hope that this submission contributes to the improvement in the quality of patient care at NGH. We have talked with NGH about working in partnership to enhance the care of people in Northamptonshire and welcome the chance to participate in their plans to assess the quality of patient care.

### **3. Sources of information**

We have obtained information through a number of different sources:

#### **3.1 Visits to departments and wards at Northampton General Hospital**

Between February 2012 and July 2013 Healthwatch Northamptonshire volunteers<sup>1</sup> visited 20 of the 28 wards at NGH. Our trained volunteers observed the care on the wards and conducted a short survey to assess the experience of patients. 147 patients took part. Patients were from the following wards:

Abington; Althorpe; Allebone; Becket; Brampton; Cedar; Collingtree; Creaton; Dryden; Emergency Assessment Unit; Finedon; Hawthorne; Holcot; Head and Neck; Rowan; Spencer; Talbot; Victoria; Robert Watson; Willow.

In October 2013, at the request of NGH, Healthwatch Northamptonshire used a short questionnaire to assess patient experience in the Eye Casualty Department. 79 patients were interviewed.

On completion of the ward audits HWN volunteers met with the Deputy Director of Nursing for Northampton General Hospital to share findings and discuss plans to address issues that had been raised. Work plans were developed to address issues on each ward. The key findings are summarised along with actions taken by NGH in section 4 and the full report is in Appendix 1.

#### **3.2 Make Your Voice Count campaign and survey**

During September and October 2013, Healthwatch Northamptonshire ran a public engagement campaign called “Make Your Voice Count”. The aim of the campaign was to:

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<sup>1</sup> Healthwatch was formed in April 2013, prior to this volunteers were part of Northamptonshire Local Involvement Network (LINK).

- let local people know about Healthwatch Northamptonshire and what we do;
- find out what people's views and experiences are of health and social care and suggestions for improving the quality of care;
- grow our Healthwatch Northamptonshire community of volunteers to build both our numbers and also ensure that we better reflect the diversity of our local communities.

We delivered the campaign through a series of roadshows, a media campaign, attending events and meetings already planned and a survey asking people to rate their care. We talked to over 1,100 people; our website had over 1,000 visitors; 214 people completed a survey; over 100 people want to volunteer for us and our media reach in local newspapers gave us coverage of 126,000 opportunities to be seen.

Our 'Make Your Voice Count' survey asked respondents to let us know what health and social care services they were using, how they rated them, whether they had good or bad experiences and what people wanted Healthwatch Northamptonshire to focus on.

When asked about the hospitals in the county (both Northampton General Hospital and Kettering General Hospital):

- 52% of the 214 respondents had used hospitals in the last 12 months
- 18% of these respondents rated hospitals as extremely good
- 44% rated hospitals as good
- 25% rated hospitals as satisfactory
- 11% rated hospitals as poor
- 2% marked the not applicable box.

27 of the 214 respondents to this survey gave us specific comments about their experiences at NGH, 13 of these mentioned poor experiences and 14 mentioned good experiences.

### **3.3 Request for experiences**

In December 2013, we asked the public of Northamptonshire to let us know their experience of care at NGH to add to what we had found from earlier engagement events.

We issued a press release on 18<sup>th</sup> December (to local radio and TV stations and local newspapers) and advertised our request for feedback and the CQC inspection and listening event on our website and social media. We received nine responses, four broadly negative and five positive.

### **3.4 Issues and complaints**

Since June 2013, Healthwatch Northamptonshire has been keeping a log of unsolicited complaints, issues and comments about all health and care in Northamptonshire, given to us from members of the public. One third (27 out of 83) of the negative issues logged are about patient experience at NGH.

## **4. A summary of key findings and actions taken from visits to departments and wards**

The voice of patients was clear in the appreciation of efforts of staff. However there were a number of areas for improvement.

### **4.1 Findings**

#### **4.1.1 Being kept informed of treatment**

Overall 81% of patients had been kept informed about their treatment although this varied significantly between wards. 14% had not been kept updated. Concerns included consultants not introducing themselves.



#### **4.1.2 Advice about hospital discharge**

49% of patients had not received advice about discharge. There were not many comments in response to this question.

#### **4.1.3 Availability of general help on the wards when needed**

68% of patients surveyed thought that they needed physical help in bed and around the ward. 18% of the 68% didn't think they got help when they needed it. Issues such as food being out of reach could easily be avoided and the possibility of adaptations, such as aides for patients to help themselves out of bed, would help. Buzzers weren't always answered within a reasonable amount of time and patients had to wait to be escorted back to wards after personal care.

#### **4.1.4 Satisfaction with food**

51% of patients liked the food, 24% did not and 25% were indifferent. Patients were appreciative of choice and preferred hot meals. There were issues with cold and dry food. Some patients needed special arrangements including very low fat diets and meals at a different time, but weren't catered for.

#### **4.1.5 Noise levels at night**

Noise at night was a significant issue for 48% of patients asked, with factors such as bin lid closing, staff stations and excessive light at night stopping people getting a good night's sleep.

#### **4.1.6 Television services**

Only 20% of patients were satisfied with the TV system, 36% were not and 44% were indifferent or did not use it. Many patients commented that it was too expensive and three people commented that the TV facility made the experience of being in hospital better. (NB. The first audits were carried out before the new media system had been installed in the hospital.)

#### **4.1.7 Recommendation to friends and family**

88% of patients surveyed would recommend the ward to friends and family. This question received a very high positive response rate even where people were not happy with services and experiences.

#### **4.1.8 Patient experience of Eye Casualty**

All patients (100%) stated they had been treated with respect and dignity.

- 96% of patients stated they had received acceptable responses when asking questions about their examination.
- All patients (100%) stated that the Department, including the waiting areas and toilets, were clean.
- The amount of time patients had to wait to be seen varied with 34% being seen promptly within an hour. The majority (58%) were seen between 1 and 2 hours, whilst 8% had to wait over 3 hours (target time 4 hours).
- 89% of patients said that the staff had been wearing some form of identification and introduced themselves.

#### **4.2 Recommendations and actions arising from our visits**

Findings and concerns were discussed with relevant ward staff and senior managers. Examples of the recommendations and actions are demonstrated below:

- There was no notice for toilets in Eye Casualty which meant staff were constantly being asked where the nearest toilet was. This has now been rectified.
- One of the causes of excess noise highlighted, especially at night, was the slamming of bin tops - replacements with soft closing tops was carried out as old bins were taken out of service.
- Whilst carrying out the audit on Collingtree Ward, it was noticed that the floor was uneven and a potential hazard. This was reported as a concern. When it was investigated it was discovered that the floor was rotten and could have caused major consequences. This has now been replaced.

- HWN Volunteers have since reported improvements to issues associated with meals (menus, choice and cultural diversity) and protected mealtimes has become a priority, with all staff (including doctors) being made aware of its importance.

## 5. A summary of patient stories at Northampton General Hospital

### 5.1 Accident and Emergency (A&E)

Nearly half of the negative comments about NGH from the ‘Make Your Voice Count’ survey related to A&E (six of the thirteen negative comments relating to NGH). All six of these mentioned long waiting times with little information being given. We heard about:

- A parent who waited over six hours in A&E with their child who is on the autistic spectrum. The parent felt they could not take their child outside or to the canteen in case they missed being seen.
- A patient being “shunted” (in their words) between departments before being referred back to their GP.
- Poor treatment of an elderly lady who had a fall and was left propped up against a pillar in A&E for over an hour.
- A patient complained about being refused treatment by a doctor at the Minor Injury Department. The patient had an on-going issue that was not resolved despite going back and forth to the GP and the hospital, being misdiagnosed and being told by a GP that they are *“making it up and it's all in their head”*.

There were also many examples of good care and treatment in A&E. Five people mentioned being treated well, two adding that the care was *“professional”* and one mentioning the care being *“quick”*. Another mentioned being treated with respect and appreciated the constant apologies for being left in a corridor until a cubicle became free.

## 5.2 Treatment and care

A number of the issues, complaints and feedback about unsatisfactory experiences we received relate to specific examples of poor treatment and/or care. These ten experiences are described in brief below:

1. A terminally ill patient with a chronic condition was admitted to NGH and was given the wrong minor procedure.
2. A young carer told us that their parent had suffered very bad side effects from being given unnecessary medication.
3. The relative of a patient with dementia was not happy with the care the patient received or the way the patient was dealt with. They thought the care was not appropriate.
4. A patient was confused by their treatment at the Orthopaedic Clinic. They told us of being treated in a hurried manner by a clinician Registrar, being given the wrong form by a member of staff, and the summary letter sent to their GP not being a true reflection of the appointment. The patient has now lost confidence in the clinic.
5. A patient claimed to have been dealt with too severely by security after a misunderstanding on a ward and felt victimised due to their mental health issues.
6. After major surgery one patient spent eight hours in the theatre recovery suite while waiting for a bed in the High Dependency Unit (HDU) to become available. The same patient was then told there was 'no pain relief service available' on HDU and was again not given suitable pain relief on another ward after their epidural line leaked and was removed (despite the patient being told they would immediately be given morphine). Their relative thought that this experience was very unsatisfactory.
7. A detailed description of very unsatisfactory post-natal care. The patient was not happy about being left alone when she needed help at various stages before and after birth, not helped by the

restricted visiting hours for her husband, and generally thought she did not received enough care throughout her four day stay. She felt that 'form filling' was more important than patient welfare. She specifically mentioned: not being able to get out of a bath as it went cold and having to wait a long time to get help (and the first person answering her call went to find the midwife rather than help her out); her husband being told to leave two hours after the birth; being woken during the night to get washed and moved to a room on her own with her baby where she was not able to care for the baby herself post-surgery; being advised to shower at the same time as being advised not to leave her baby unattended; being on her own for twelve hours at a time due to visiting hour restrictions; rarely seeing a nurse; noise of other babies at night; not having her cannula removed for three days; not receiving much attention until she was to be discharged, when she was suddenly told her baby might be jaundiced; and getting an infection once she was discharged, which she didn't think would have happened if she'd had more care.

The experience of birth and the labour room were more positive for this patient - staff were *"helpful, informative and honest"*.

8. We were given a copy of complaint letters sent to the Eye Clinic by the relative of a patient detailing dissatisfaction about their relative's medical treatment, mainly poor communication from a doctor and lack of reassurance which caused anxiety and a poor patient experience. They mentioned that treatment from the consultant was more satisfactory after the letters. They also mentioned poor communication and confusion about appointments and the lack of requests for patient feedback for clinics and outpatient/day procedures and want to improve the experience for others.
9. We were also given a copy of a complaint letter that has been treated as a Serious Incident by NGH (a Serious Incident is defined as an incident that has resulted in unexpected or avoidable death, serious harm, inability to continue to deliver healthcare services,

allegations of abuse, adverse media coverage, or a ‘Never Event’ - a serious, largely preventable patient safety incidents that should not occur, such as wrong site surgery.) The family had not received a report within 45 days as promised by the hospital and the incident was escalated to a complaint for this reason. They later heard from the hospital and were promised a report within 15 days.

10. One member of the public told us how their relative developed a pressure ulcer on their heel whilst in NGH after some major bowel surgery. They told us that they had received a letter from the hospital regarding an investigation into how their relative developed the ulcer. NGH took responsibility but there has been no mention of any compensation. They feel a small amount of compensation is due to cover the extra journeys that have to make to have the foot dressed and the increased fuel bills due to being housebound and immobile.

We also heard of good experiences about specific wards and departments, through our Make Your Voice Count survey and request for additional public feedback:

- A *“good experience at NGH chest clinic”*.
- A very good experience of the Head and Neck ward as an in-patient, Ophthalmology, and the eye clinic, including the time they had to wait for an operation.
- An experience of *“first class treatment and care in Abington Ward”* and another on *“excellent care”* during an overnight stay.
- An experience of being *“very well treated”* at the Breast Clinic.
- An experience of *“very good but very busy”* Maternity services.
- A person was pleased with how quickly their new hearing aids were supplied.
- A good experience of Orthopaedic surgery and being *“attended to very well”* after the operation and *“great assistance from the Physiotherapy Department”*. This person could not fault their

experience of care at NGH and thought it had been “*extremely good*”.

### 5.3 Staff and general care

We were told of experiences of unsatisfactory general care and care from nurses and other staff.

- A patient was not happy about how an Occupational Therapist insisted that they get out of bed when the patient felt they weren't capable. This patient also talked about being left in a bathroom without help by a nurse. The patient had a sense that staff morale was low.
- A relative reported that in their opinion, a significant number of nursing staff with whom they had contact, were not demonstrating the quality of care and compassion required. This relative did highlight a couple of very positive examples of professionalism they thought some of the nurses demonstrated.
- Someone told us about a who relative was not allowed to help their spouse, receiving treatment for cancer, eat at mealtimes that were outside of 'visiting time' until a senior clinician intervened.
- Someone told us that toilets and bathrooms are always dirty.

We also received examples of good care:

- One member of the public told us that staff at NGH are “*always caring and compassionate, including the porters who chatted cheerfully to me as they took me to theatre*”.
- A parent was pleased that a Consultant at NGH listened to them and “*gave them confidence to flag new symptoms*” when their child was struck down with a rare condition.
- For one person, the surgical staff and Physiotherapists on Abington Ward “*could not be faulted*”.

- Praise for the clinical and surgical care at Heart Centre was received, mentioning excellent care and communication from a doctor before and after surgery and “*attentive, methodical, friendly and kind*” nurses.
- Excellent care of a person’s neighbour on Talbot Butler Ward. The staff were described as “*courteous, quick and efficient*”.
- The nursing and support staff were on Hawthorn Ward were described by one person as “*very good and responsive to any care that was needed*”. They also mentioned a friendly atmosphere on the ward and time pressures not affecting patient care.
- The mother of child with Type 1 diabetes had been “*bowled over*” by the very good care her child had received over the last three years. All the staff had been excellent and achieved a good balance between allowing the family independence and supporting them in decision making. The 24 hour advice phone number was also very reassuring. They were particularly impressed when they called the ward out of hours and received a call back from the consultant within 15 minutes and the consultant gave them her mobile number to contact her over the weekend. The Diabetic nurses were also said to be “*very good*”.
- One patient was impressed by the staff in a number of departments and wards:
  - a radiographer in X-ray who staying beyond the end of their shift to clear the backlog for a colleague;
  - staff in the operations suite of Manfield Theatre “*made a scary experience much easier*” and the patient was also impressed with the safety checks carried out;
  - all staff on Cedar Ward (Ward Sister, Staff Nurses, meal staff, Health Care Assistants and cleaners) were all thought to be “*exceptional*”;



- the physiotherapy staff and porter and the kindnesses of the staff in the gym;
- the busy fracture clinic staff took time to talk and explain the treatment;
- the Plastics Out Patients Department staff were hard working and apologetic when there were delays;
- the Area D day surgery unit and theatre staff were professional and caring (particularly a Health Care Assistant).

Two lots of feedback referred to general good experiences at NGH:

- One person valued their regular follow-on appointments with a consultant.
- One person mentioned a generally good experience after suffering a stroke.

## 5.4 Food

We have received feedback about the quality of food.

- A patient on Rowan Ward complained about the quality of the food and the way it was presented.
- We were told of meals being given without cutlery and cutlery without food.
- Another patient thought the food on Abington Ward was “*lovely*”.
- One person was very pleased with the meals provided during their stay on Hawthorn ward. They thought that the menus were varied and the food was hot when it reached the patient.

## 5.5 Discharge/aftercare

Issues with discharge speed, lack of advice and aftercare came up in all sources of information listed in section 4.

- We heard from another patient who was moved from an Orthopaedic ward to a care home within a few hours of an operation and who told us that the care at the home was poor and degrading.
- A patient told us they waited 6.5 hours for their medication during discharge.
- We have also heard of problems getting prescription changes/discharge letters to GPs quickly enough to provide changed medications, etc. when needed. We heard of an example of this taking 3-4 weeks after a visit to Ophthalmology.

One person commented that they had an excellent experience of care on Hawthorn ward and would have liked to have been able to pass these comments on when they were discharged.

## 5.6 Communication

Various areas relating to communication between staff and patients and staff and other staff/departments were mentioned in all three surveys.

- We heard from someone who said that *“the clinicians do not read patient notes, they just expect you to re-tell the same story over and over again”*.
- A member of the public told us how they were not phoned by a recovery ward when their relative’s operation had finished, despite being told they would be and after repeated phone calls to the hospital, they still did not receive a reply.
- A patient receiving long-term treatment at the Orthotics Department was told that there had been a change and that they would not be seen there anymore, with no warning or explanation, and told to go back to their GP to start the process again.

## 5.7 Administration

- We heard from someone who talked about a lack of communication between GPs, consultants and Occupational Therapists and a “long time between core assessment and care plan”.
- One person told us that the administration on Hawthorn Ward was very good and the handing over procedures at the end/start of each shift was very effective.

Problems with the appointments system were also mentioned:

- One couple were not given a date for their 12 week antenatal scan and “*had no choice but to refer to Milton Keynes hospital instead who produced an appointment for us within 24 hours*”.
- We heard from someone who expressed dismay at the high workload, backlog and poor appointment systems at the Eye Clinic. They experienced poor communication and confusion about appointments, which they thought was the system rather than the administrative staff. They commented that the system would be difficult to navigate for more vulnerable people and with less capability.
- A patient sent us a detailed account of perceived administrative and communication failings during three months’ of care under the orthopaedic department and plastic surgery department (whilst noting the care itself was exemplary). The administrative failings mainly relate to poor or incorrect scheduling of appointments. The patient was given the wrong date for a post-discharge follow-up appointment, the wrong time for a day surgery appointment, and an appointment detailed on the discharge sheet was not booked. These errors resulted in a wasted journey, longer wait and added stress. They also pointed out that the fracture clinic suggest patients come in 30 minutes early for pre-appointment x-rays but that the appointment paperwork does not mention this. Furthermore, the patient was surprised that Cedar ward did not cancel an ultrasound

appointment arranged by the fracture clinic once it was clear it wasn't needed.

There were also three positive references to appointments:

- One person said that appointments always run to time.
- Another was pleased with only having to wait two weeks for scans.
- The third told us how their GP referral about a potential heart defect and prostate cancer was handled very efficiently.

## Contact us

To comment on this report, share your views and experiences and find out more about Healthwatch Northamptonshire, please:

- Email [enquiries@healthwatchnorthamptonshire.co.uk](mailto:enquiries@healthwatchnorthamptonshire.co.uk)
- Write to us at Sunley Conference Centre, Boughton Green Road, Northampton, NN2 7AL
- Phone us on 01604 893636 - talk to us!

## Appendix 1

### **Summary of Healthwatch Northamptonshire audits of 20 wards and Eye Casualty at NGH during 2013 and 2014 (to view the full version please visit our website or contact us - details at end of report)**

Northampton General Hospital (NGH) is one of two acute hospitals within Northamptonshire and covers the south of the county specialising in a number of areas such as stroke services. NGH employs more than 4,000 members of staff and has over 600 beds. There are 28 wards, including children's facilities and Accident and Emergency (A&E), of which 20 were visited during 2012-13 by the Healthwatch Northamptonshire (and previously Northamptonshire LINK) South working group. A monitoring work programme was agreed and shared with relevant managers at NGH. Our volunteers received "Enter and View" training. A short questionnaire was used to assess the quality of patient experience. Healthwatch Northamptonshire would like to thank all those who took part, particularly the Healthwatch volunteers who participated in the visits, the patients, their carers and relatives who took the time to assist us with the questionnaires. We would like to thank the hospital staff for their time and co-operation. This report summarises the impact of the monitoring conducted over the past two years.

#### **Method:**

20 Adult wards were visited. All wards apart from Singleton, which is Ophthalmic, Accident and Emergency and the High Dependency Unit, were visited. 147 patients took part in the questionnaire.

Areas assessed included:

- Being kept informed of treatment
- Being given information about discharge
- Availability of general help on the ward when needed
- Satisfaction with food

- Noise levels at night
- TV entertainment service, for which there was a charge
- Whether the patient would recommend the ward to friends and family.

Hospital Ward Questionnaire	
1	Have you been kept informed of your treatment?
2	Has anyone talked to you about what will happen when you are discharged?
3	Do you need help in bed and around the ward; if so do you get help when you need it?
4	How is the food?
5	Is the ward noisy at night?
6	How do you like the TV?
7	Would you recommend this ward to family and friends?

At the request of the hospital, Healthwatch volunteers visited the Eye Casualty Department in October 2013. 79 patients were interviewed using a questionnaire to assess patient experience.

- Areas assessed included:
- Respect and dignity
- Receiving information
- Cleanliness
- Waiting times
- Staff participation

Eye Casualty Questionnaire	
1	Were you treated with respect and dignity while you were in the Department?
2	If you had any queries regarding your examination did you receive an acceptable response?
3	Was the Department, including the waiting areas and toilets, clean?
4	How long have you had to wait to be seen?
5	Did the staff introduce themselves or wear some form of identification?

### Findings:

147 patients took part in the ward questionnaire. The results are as follows:

1	81% had been kept informed of their treatment
2	49% of patients had not been given any information about what would happen when they were discharged
3	56% of patients were given help when required.
4	51% of patients said they were happy with the food, 29% said indifferent
5	48% of patients stated noise was a problem, especially at night
6	80% of patients said the TV was too expensive or didn't use it
7	86% of patients said they would recommend the services to friends and family,

79 patients were interviewed in the Eye Casualty Department. The results are as follows:

Eye Casualty Department Questionnaire		YES%	NO%
1	Were you treated with respect and dignity while you were in the Department?	100	-
2	If you had any queries regarding your examination did you receive an acceptable response?	96	4
3	Was the Department, including the waiting areas and toilets, clean?	100	-
4	How long have you had to wait to be seen?		
	<i>Less than an hour:</i>	<i>34%</i>	
	<i>Between 1 and 2 hours:</i>	<i>58%</i>	
	<i>Over 3 hours:</i>	<i>8%</i>	
5	Did the staff introduce themselves or wear some form of identification?	89	11

**Overview of findings:** The impact of the monitoring has been highlighted in red to show the difference Healthwatch and LINK have made to the quality of patient experience.

- 81% of patients said they had been kept informed of their treatment.
- 49% of patients said they had not been given any information about what would happen when they were discharged. 48% said they had been given the relevant information.

- The amount of help available on wards was inconsistent with patients reporting food being placed out of reach, having to wait to be escorted back to bed after treatment and waiting (for up to 2 hours) for buzzers to be answered.
- 51% of patients said they were happy with the food, 24% were not happy with the food they were served and 29% were indifferent. **Healthwatch volunteers have since reported improvements in the quality of food.**
- 48% of patients stated noise was a significant issue, 48% said they were not disturbed and 4% were indifferent. Disturbances included bin lids closing, phones, buzzers, doors banging and lights being left on. **Following the Healthwatch audits, bins are now being replaced with soft closing topped equipment.**
- Only 20% of patients were satisfied with the TV system, 36% were not and 44% were indifferent or did not use it. Many patients commented that it was too expensive. **Note: The first audits were carried out before the new media system had been installed in the hospital.**
- 87% of patients said they would recommend the services to friends and family, 8% said they would not and 5% were not sure. Most comments regarding staff were positive. Patients appreciated the care and support they were receiving and understood that most staff were simply trying to do their job.

#### **Patient experience of Eye Casualty:**

- All patients (100%) stated they had been treated with respect and dignity.
- 96% of patients stated they had received acceptable responses when asking questions about their examination.
- All patients (100%) stated that the Department, including the waiting areas and toilets, were clean.
- The amount of time patients had to wait to be seen varied with 34% being seen promptly within an hour. The majority (58%) were seen between 1 and 2 hours, whilst 8% had to wait over 3 hours.
- 89% of patients said that the staff had been wearing some form of identification and introduced themselves.



## Recommendations and impact of Healthwatch monitoring:

Findings and concerns are discussed with relevant ward staff and senior managers. This report covers the time period February 2012 - end October 2013. Examples of the impact of Healthwatch Northamptonshire and LINK monitoring include:

- *There was no notice for toilets in Eye Department which meant staff were constantly being asked where the nearest toilet was. This has now been rectified.*
- *One of the causes of noise pollution, especially at night, which was highlighted in the audits was the slamming of bin tops - replacements with soft closing tops is being carried out as old bins are taken out of service.*
- *Whilst carrying out the audit on Collingtree Ward, it was noticed that the floor was uneven and a potential hazard. This was reported as a concern. When it was investigated it was discovered that the floor was rotten and could have caused major consequences. This has now been replaced.*
- *Protected mealtimes - this has become a priority and all staff (including doctors) are now aware of its importance.*

After the Eye Casualty Department (ECD) audit, the group has recommended that the signage to and around the department is reviewed and action taken to reduce waiting times.

Waiting times: Only a third of patients are seen within an hour of arriving at the department, the majority being seen between one and two hours, but 8% have had to wait over three hours for their appointment.

Signage: Signs directing patients to the department and also within the department should be reviewed to make sure the department is clearly signposted.