

Enter & View Report

Privacy and Dignity

Bedford Hospital

January 2017



Enter and View (E&V) report – Privacy and Dignity targeted visits

Name and address of service location	Bedford Hospital, Amphill Road, Bedford.
Description of care /service provided	Outpatient departments, Folwell Ward, Richard Wells Ward.
Names of Authorised Representatives	Steve Clark, Linda Hiscott, Simran Khinder, Sue Wilson and Shanice Dadhria.
Date of visits	June to September 2016.

Background

Following a CQC inspection in December 2015 at Bedford Hospital Healthwatch Bedford Borough were asked by the hospital to undertake a targeted piece of work, looking at privacy and dignity in a number of areas across both outpatients and inpatient areas.

The work was based on the 10 key principles that form the Ten Dignity Do's. This was launched in November 2006 as part of the Dignity in Care Campaign. Bedford Hospital is signed up to this.

The challenge describes values and actions that high quality services that respect people's dignity should work to:

1. Have a zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Methodology

The 10 Dignity Do's were considered and incorporated into a questionnaire. The questionnaire was used to gain the views of patient, carers, family and friends who use hospital services.

Staff working in the areas visited were also spoken with and encouraged to give their views on how dignity and privacy is safeguarded within the hospital.

Team members spent time observing and listening in the outpatient department during clinic times as well as speaking with those who were attending appointments. A summary of the questions and responses are recorded below.

There were some comments and views that were broader than the questionnaire and some issues that the enter and view authorised representatives noted during visits. These have been included in the Findings section and have influenced the recommendations.

Visits

The team visited a number of areas in outpatients, both in the main outpatient area and in Beeden House; this included a visit to the breast clinic specifically as there had been some issues raised about this area at the time of the CQC visit. The team also visited two inpatient areas, Folwell Ward and Richard Wells Ward.

During the visit enter and view representatives spoke with people attending the hospital or their family and carers and observed what was going on. At the end of the visits the general outcomes were fed back to the staff and a senior member of the nursing team.

Quantitative Data

A total of 47 questionnaires were completed.

The information is broken down by gender and by clinic speciality at Appendix 1.

Findings.

1. *Did you feel you had received enough information about your outpatient appointment before your visit to the hospital.*

- Most people felt the information was sufficient. However, a number of people had not received information that was pertinent to the clinic they were attending.
- In one case, Dermatology, the patient had been asked to attend the clinic following 2 years of community care. He did not know why and was expecting to receive “light treatment” but this is not available at a clinic.
- Several felt they should be given some idea of how long they may be, particularly those using the car park.
- In all cases the standard appointment letter uses the phrase “the consultant or one of his team”. This is disconcerting for patients particularly those attending their first clinic and those who have specific issues to raise with the Consultant. One patient said “I’d like to see the person I saw last time to save me having to explain all over again”.

- In one specific case (Audiology) the letter asks patients to attend at a particular time. It then adds, further down in the text, “if you require a hearing test please attend 20 minutes earlier”. Most people miss this vital piece of information.
- In some cases, patients received a reminder text or telephone call, in other cases this did not happen.
- Information about which reception to attend is not always clear or accurate. This tends to result in a queue at the first reception when you enter the main outpatients’ department. The location of this does not easily allow for people to speak with the receptionist in private. There is a sign indicating that they can ask to do this if they wish, but it is not very visible.

2. *What information did you receive?*

- People stated that they had received a standard appointment letter and general information about attending the hospital, this was only at the initial appointment, some people felt it would be helpful to have some of this information throughout the treatment period.
- A number of people said they had not read the information.

3. *Was there anything else that would have been helpful to have known at this stage?*

- Generally, people did not want further information, but information about parking was mentioned on more than one occasion, people worried about if they had put sufficient money in the parking meters, especially when a clinic was running late.
- Times for the park and ride would have been helpful and a clear indication that people living outside the Borough cannot use their bus pass until after 9.30am would have helped.
- Several people said they would like to know if they are seeing the consultant or a nurse.

4. *If you need support was it clear how to organise this prior to your appointment?*

- Most people knew how to ask for support, although some people were not aware that they could ask for extra support. In many cases the patient was accompanied by a family member or friend, particularly if English was not their first language.
- In one instance they were not aware they could ask for an interpreter.
- Some people were not clear what was meant by ‘support’.
- People commented on how helpful staff were throughout their time at the hospital.

5. *Whilst in the outpatient department did you feel the way the clinic is operated has allowed you enough privacy during your consultation, both in terms of speaking with staff without being overheard and in terms of any treatment or examination that may have required you to change or move some clothing?*

Could you be heard or seen by other people waiting whilst you were going through your consultation?

- People felt happy that the clinics were run in a way that promoted privacy and dignity. Attempts had been made since the CQC visit to improve the soundproofing of rooms and to limit the number of people who need to come into and out of treatment rooms. Nursing staff spoken to were very aware of the need to consider privacy, dignity and respect throughout an outpatient visit.
- One patient in Folwell Ward, a room being used as an extension to A&E for ambulatory patients, was waiting for someone from the crisis team. She was not screened off in any way, but was aware she could be seen in a private room if she wished.

6. Did you feel supported in making decisions about your treatment and or future care?

- Those who were at this stage of treatment felt supported and that they had been given sufficient information. However, there were concerns about a web address being given to patients, to access further information, who may not feel confident about using a computer or have easy access to one or indeed a printer.

7. Were you treated with courtesy and kindness by all staff today?

- 100% of people spoken to felt they were treated with courtesy and kindness by all staff.

8 What really went well about your visit to outpatients today?

- The way people were looked after and treated was reported as the most important thing.
- People were kept informed if a clinic was running late.

9. Was there anything that could have been done better today which would have improved your visit to outpatients?

- More information about parking and specifically Park and Ride times.
- Having a rough idea of how long to expect to be at the hospital.
- Not having text messages sent to landlines. This caused confusion to those who had received them as to what they should be doing.
- Not having to wait so long for an ambulance once an appointment was complete. One patient had been waiting in excess of 4 hours.

10 If you felt the need to would you be aware of how to raise a concern or complaint about the service, you received today?

- The vast majority of people did not know how to complain and were unaware of the role of PALS in helping to resolve issues.

- Some people said they would speak to the nurse in charge.

In-patient areas (Richard Wells and Folwell ward)

The team observed staff practice in relation to protecting patient`s privacy and dignity when visiting the In-Patient areas. At no time during the visit the team observe any issues of concern. The patients spoken to felt that as far as possible in a ward environment staff were doing their best to promote privacy and dignity. There is a room available where staff can speak with patients and relatives when it is felt a bedside consultation would not offer sufficient privacy.

It was pleasing to learn that people are asked if they are happy for their names to be displayed in full on the white board at the entrance to the ward. Staff were aware of how to deal with it if people did not wish for their name to be displayed.

Issues of discharge and clear communication. People reported that at times they were given different information by different professionals, they found this difficult and it did not help them with planning and arranging discharge.

Whilst Folwell Ward was not conducive to privacy and dignity staff were trying to ensure that people were seen in ways that did protect privacy and dignity, examinations were done behind curtains. People were seated in areas where they were apart from the others thus allowing conversations to occur that could not be easily overheard.

One patient raised concern about the food and size of portions, but the issue was that she did not feel people always listened to her.

Other issues raised whilst speaking with patients.

A number of people raised their concerns about the future of the hospital and were very worried about where they would have to travel to if the hospital stopped providing some services.

The people spoken to in the breast clinic felt that the process and environment was one where they were given sufficient privacy and treated with respect and dignity at all times.

People did comment that on occasions the wait is quite long, but almost all reiterated that due to the nature of the clinic, people who might be receiving bad news would need longer time.

A number of patients and staff raised the issue of up to date literature for people to read while they waited and the access to the television screens for patients who were waiting for appointments.

One patient had had an issue with her medical notes, she had initially attended A&E and at that stage her name was spelt wrongly, this had appeared to result in people not being able to find the relevant notes to progress her treatment.

Summary

In general people we spoke with felt that they had been treated with dignity and respect at all times, that staff had been kind and courteous.

People did feel that the information provided was sufficient. However in some cases, people thought that specific information about the clinic they were attending and what might happen at the appointment, would have proved useful. Specifically one patient was having a procedure and was unaware if she should eat before attending the hospital.

People would like to know how long appointments were likely to last to allow them to pay for the car park without worrying if the clinic was running late.

Some people felt that more clinical information would have been helpful particularly in the ENT clinic, where people were having procedures on the day of the appointment.

A number of people expressed some issues about the appointment system, it's accuracy and the information included with the appointment letter.

People did not always find the text alert system helpful, especially when the message was delivered to landline. When people tried to find out about the message they were told it was the hospital, but that there was no need to phone back.

People were not generally aware of how to complain, and particularly not sure of what the role of PALS was. The posters in the department were of A4 size and difficult to pick out on the notice boards.

Information is displayed in the outpatient areas asking if you wish to speak with someone privately - this is above or behind the reception desks, so is often only seen after people have asked questions in a public area.

One Doctor was observed talking to patients outside the treatment room, but generally people being seen by staff could not be overheard in the waiting room. Staff report that some work has been done and this is now greatly improved. There was one treatment room that was still waiting to be sound proofed.

When the team raised issues with staff during visits it was very pleasing to note that attempts were made to address the issues with immediate effect.

One patient had been waiting to go home and had not had any lunch and had not brought any money with her (she had come by ambulance overnight from a care home). When the staff were alerted to this the patient was offered food.

The following recommendations are made:

- The appointment system including letters and reminders needs to be improved and developed so that it can be tailored to individual clinic needs.
- The use of text messages needs to be looked into. Sending these to landlines, is on occasion causing confusion to patients, particularly when the patient has given their landline as the preferred method of contact. This situation is exacerbated where they did not have an answerphone. The content of the text message is important, some people did not understand what to do about their appointment following the receipt of the text.
- The size of the posters alerting people to how to raise a complaint needs to be increased and displayed in an area on its own, not on a busy notice board.
- The opportunity to speak with someone privately needs to be displayed clearly in the reception areas.
- People need to understand the role of PALS and how to contact them. The PALS Office would benefit from being in a more prominent position and with longer opening times.
- People need to understand how to make a complaint and to be reassured that this will not affect their treatment.
- The final treatment room in the outpatient area needs to be sound proofed. NB Since the visit was undertaken this matter has been attended to.
- In some areas, for specific information, patients were referred to a particular website. There are patients who cannot access the internet and therefore as an alternative, appropriate and up to date literature needs to be made available in the waiting areas.

Appendix 1

Breakdown of questionnaires by Clinic and gender.

23rd June 2016 Visit to Dermatology and Surgical Outpatient Clinic.

Dermatology 1 male 1 female.

Surgical 5 male 3 female.

4th July 2106 Visit to Rheumatology, Neurology , Urology and Breast Cancer Outpatient Clinic

Rhuematology 3 female 2 male.

Neurology 1 female 2 male.

Breast 1 female.

Urology 1 female 1 male

22nd July 2016 Visit to Breast clinic.

8 female.

4th August 2016 Visit to E.N.T. and Audiology Outpatient Clinic.

2 female 2 male

22nd September 2016 Inpatient Wards –

Richard Wells 3 female 3 male (37 beds separated into single sex bays. Elective and Trauma Surgery.)

Folwell Ambulatory extension of A&E (Temporarily) 3 male

The sample included a range of people from different age groups (21 to 81). The majority of people we spoke with had English as a first language. We spoke with a number of people who had additional support needs.

Appendix 2

Questionnaire.

HBB questionnaire for targeted Enter and View visits to Bedford Hospital

Focus: Dignity and Respect.

Date of visit:

Department patient visiting:

Age: Male / Female

Who completed the questionnaire: Patient / Carer / Family member/ Other

First language:

Additional support needs:

Did you feel you had received enough information about your outpatient appointment before your visit to the hospital?

What information did you receive?

Was there anything else that would have been helpful to have known at this stage?

If you needed support today was it clear how to organise this prior to your appointment?

Whilst in outpatient department did you feel the way the clinic is operated has allowed you enough privacy during your consultation, both in terms of speaking with staff without being overheard and in terms of any treatment or examination that may have required you to change or remove some clothing?

(could you be heard or seen by other people waiting whilst you were going through your consultation)

Did you feel supported in making decisions about your treatment and or future care?

Were you treated with courtesy and kindness by all staff today?

What went really well about your visit to outpatients today?

Was there anything that could have done better today which would have improved your visit to outpatient?

If you felt the need to, would you be aware of how to raise any concerns or complaints you had about the service you received today?

About Healthwatch Bedford Borough (HBB)

HBB is the independent consumer champion for the local community, influencing all local health and social care services.

HBB seeks to ensure that the views of the public and people who use health and social care services are taken into account.

Our vision is that

Healthwatch Bedford Borough will be:

- *a critical friend in challenging service providers to ensure that their services are person-centred and responsive to local community needs.*
- *seeking to empower all patients with confidence to make an informed choice about their health and social care needs.*

Our Mission is that

Healthwatch Bedford Borough will consult, engage and empower the wider community in a fair, transparent and realistic way. It will:

- *provide positive influence and encourage improvements in local health and social care services, acting as a critical friend to service providers and establishing valid outcomes against which changes can be measured.*
- *act as the voice of the public, providing a bridge between the commissioners and providers of Statutory Health and Social Care.*

HBB is for everyone in the community - adults, young people and children. It is vital that HBB actively seeks the views from all sections of the community, particularly those who seldom have their voices heard to ensure that information gathered is representative of the local community that it serves.

HBB Board

This is the body responsible for overseeing the work of the organisation. Board members are as follows:

- Anne Bustin (Chair).
- John Weetman (Finance Director).
- Steve Clark .

There is also one non-executive Director - Sue Wilson.

The Board meets on a regular monthly basis.

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Important Note.

HBB is a Community Interest Company (CIC). It is registered with Companies House as Company No 8385413.

The three Directors (Board) have an important position of trust and general company law imposes on them a range of duties and in ensuring that the CIC meets its statutory and other obligations.

The HBB strapline is as follows:

“A strong voice for local people”