

Nottinghamshire County LINK

Dignity and Respect on Emergency Assessment Wards B3 and D57 at Queens Medical Centre Campus (QMC) and the Specialist Receiving Unit (SRU) at the City Hospital Campus

September 2011

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Executive Summary

Introduction

At one of the Nottinghamshire LINK geographical workshops in early 2011, concerns were raised about patients not being treated with respect and dignity on emergency assessments wards at Nottingham University Hospital (NUH). The Issues Panel initiated a Task & Finish Group to investigate current practice and produce a report including recommendations for improvement where indicated.

Information was gathered via the following activities;

- a) Statutory 20 day written requests for details of current practice at NUH
- b) Informal visits to the Emergency Assessment Units at the Queens Medical Centre and the City Hospital Campus, by LINK volunteers.
- c) Patient experiences of respect and dignity during their stay on the above via a Survey Monkey questionnaire sent to LINK members

Results & conclusions

The responses to the Statutory 20 day letters indicated a high level of policies and staff training in place to promote respect and dignity across the Trust. The informal visits did not find any cause for concerns and in fact found several examples of good practice, e.g. single sex bays and bathrooms, quiet rooms for confidential talks and private rooms for end of life patients.

The responses received via the Survey Monkey questionnaire indicated many negative patient experiences, however suggestions were also received on how improvements could be made

Recommendations

Some examples of LINK recommendations are;

- 1) To allow patients to include comments within patient satisfaction surveys to expand on their answers and indicate where improvements could be made, e.g. by using electronic survey devices.
- 2) The use of open gowns only where appropriate and necessary.
- 3) The use of volunteers on ward D57 to give staff support during protected mealtimes and to ensure patients receive assistance where needed.

Acknowledgements

The task and finish group would like to thank the following organisations for their support in completing this report;

- Nottingham University Hospitals Trust
- Sherwood Forest NHS Foundation Trust
- Care Quality Commission (CQC)

Task and Finish Group Origin

Nottinghamshire County LINK held a series of six geographical workshops at the beginning of 2011. The purpose of the workshops was to enable LINK participants to raise issues about health and social care services in the local area. At one of these workshops concerns were raised about patients not being treated with respect and dignity on emergency assessments wards at Nottingham University Hospital

Following these workshops, the LINK Issues Panel collated the issues put forward at the workshops and prioritised them into the Nottinghamshire County LINK Work Plan for 2011 - 2012.

Nottinghamshire County LINK held two conferences in 2011, one on the 23rd March 2011 in the north of the county and one on the 29th March 2011 in the south of the county, to launch the new LINK Work Plan and publicise the work completed in 2010 – 2011. The conference was also used to recruit participants to the new Task and Finish Groups.

Focusing the Issue

The group began by researching into definitions of respect and dignity, for example, reviewing the Essence of Care Benchmark, a National initiative which all NHS providers should be following. From this document elements were taken to help focus on the following aspects of respect and dignity:

- Same-sex accommodation and facilities.
- The need to be somewhere quiet away from busy corridors for confidential discussions between staff and patient/carers.

- Open gowns.
- Communication; patients not being told about what's happening to them, information not being in an accessible format and no place to discuss treatment.
- Curtains not being used properly.
- Patients on trolleys being left in corridors.
- Cultural beliefs not being respected.
- Personal care.

Respect is regard for the feelings and rights of others.

Dignity is quality of being worthy of respect.

Essence of Care, 2010, Benchmarks for Respect and Dignity

What is an Emergency Assessment Ward (including SRU)?

An emergency assessment ward is where patients with non-specialised conditions are taken to be assessed prior to the allocation of a ward. They are then treated, re-allocated to a specialist ward or discharged.

The Specialist Receiving Unit (SRU) is a ward where patients with specialist medical conditions are taken to be assessed prior to being allocated a ward and treated or discharged.

Participants and partners involved in the group

The following table includes LINK participants, representatives from Nottinghamshire University Hospital and other partners who registered an interest in this Task and Finish Group.

Participant Name	Role/Organisation (If applicable)
Emma Pryor	Leader of the Task and Finish Group

Participant Name	Role/Organisation (If applicable)
Julie Bryant	Deputy of the Task and Finish Group
Jane Stubbings	Chair of the Nottinghamshire County LINK
Shirley Inskip	Vice Chair of the Nottinghamshire County LINK
John Kerry	LINK Executive Board Member
Tom Turner	LINK Executive Board Member
Glen Swanwick	LINK Executive Board Member
Barbara Venes	LINK Executive Board Member
Pat Crowe	LINK Executive Board Member
Jay Hemmings	LINK Geographic Representative for Rushcliffe
Eric Adjaidoo	LINK Member
Adrian Hartley	LINK Member
Richard Smith	LINK Member
Lesley Coote	LINK Member
Maureen Zadvinskis	LINK Member
Vicky Hardy	LINK Member
Susan Overend	LINK Member
Fiona Simpson	Chief Executive NAVO
Penny Spice	Commissioning Manager, Nottinghamshire County Council
Warren Baldock	Service Co-Ordinator, British Red Cross, CICSS Service
Dr P Homa	Chief Executive at NUH
Katie Moore	Head of Patient and Public Involvement at NUH
John Gray	Matron for Specialist Receiving Unit
Mark Hill	Matron for Respiratory Medicine
Sally Dore	Director of Customer Experience and Engagement, Sherwood Forest Hospitals NHS Foundation Trust
Julie Walton	Compliance Manager CQC
Laura Thomas	Senior Community Engagement Worker - LINK
Helen Clark	Senior Administrator

Activities

The Task and Finish Group members decided on the following focus for the work: **To investigate facilities on emergency assessment wards B3 and D57 at Queens Medical Centre and the Specialist Receiving Unit at the City Campus to ensure that patients are being treated with dignity and respect. And to ascertain that the appropriate policies and procedures are in place and being adhered to.**

The focus was chosen taking into account the original issues raised to the LINK.

In order to gather further information and to ascertain the policies and procedures being followed the LINK wrote a Statutory 20 day letter to Dr P Homa, Chief Executive at Nottingham University Hospitals. In the table below are the questions and responses received:

We would like to request documentation detailing the intake of each Holding Ward, how they work, what they do, where they get their referrals from and their turnover.

The Emergency Assessment Wards at the Queen's Medical Centre Campus are divided into two areas. Ward B3 is the General Practitioner Assessment Area and Short Stay Assessment Area and has a total of 42 beds. Ward B3 accepts short stay patients for assessment from two sources, general practitioners and the Emergency Department at the Queen's Medical Centre. Our aim is that average length of stay is less than 12 hours, as managed by our consultant acute physicians.

Ward D57 is the long stay / Speciality Assessment Area with 43 beds. Ward D57 accepts long stay patients who need assessment from the Emergency Department. These patients may necessitate specialist care. The ward is managed by a consultant on the acute medicine consultant rota. In April 2011 we had 1631 patients referred from the Emergency Department to B3 or D57. 873 general practitioners referred 875 of their patients to the GP assessment area on B3. This gave us a total of 2506 patients that went through the emergency pathway.

We would like to know if the holding wards have to comply with the same sex legislation or are they exempt?

I can report that both B3 and D57 are compliant with the current legislation around single sex wards.

Are there any guidelines for best practice on the Holding Wards? If so please may we view a copy?

Practice on both wards is, of course, in line with the trust's policies, procedures and clinical guidelines. We have an extensive number of these but if there is a particular aspect of best practice that you would like to explore further, I would be pleased to provide it.

Have patient satisfaction surveys been conducted on the holding wards and do you have any results you are able to share with us?

Patient satisfaction surveys have been undertaken on the holding wards; please see Appendix 1 for survey results.

Have complaints been received regarding patient experience on the holding wards? If so, what are the complaints regarding, who processes them and have they been resolved?

In the financial year April 2010 to March 2011 there were 37,610 patient unique attendances to the admission areas of EAU, B3 and D57 with a total of 73 complaints, regarding patient experience received in the same time period. The main themes highlighted in these concerns fall with the categories of "standard of care (medical) and "standard of care (nursing/communication}." We have addressed and are completing ongoing work around the themes as follows:

Standards of Care (Medical)

The increasing number of patients who attend the trust on the emergency pathway can lead to additional waiting time to see a doctor. We have a current triage system in place to ensure that patients are seen in clinical priority (not by time of arrival) and are further trialling a new streaming process to ensure patients are treated in the right place first time. We are also trialling the roll out of 'one stop' consultant ward rounds where consultants lead a ward round by using a computer on wheels to ensure that all relevant notes, reviewing of test and investigations and booking of tests and investigations are completed at the patient bedside. This improves communication with the patient and strengthens patient's involvement with their plan of care.

Standards of Nursing Care/Communication

The experience of patients on occasions falls below the standard of care we expect to provide at this trust. The main theme in relation to nursing care is the inconsistency of communication with patients and relatives which can cause confusion and increase anxiety and distress for patients and relatives. We have reviewed the handover process between the multidisciplinary teams to ensure we maintain effective communication with the team. Ward managers have undertaken daily spot checks to ensure we monitor the standards of care provided to our patients. We are currently developing the trust wide nursing dashboard which provides an independent assessment of the essentials of nursing care provided on B3 and D57, and examines the evidence of care provided in relation to falls, infection prevention and control, medication safety, nutrition, pain, patient observations, pressure ulcers and respect and dignity. We also undertake Essence of Care independent benchmarking scores based on the essentials of nursing care. This relates to evidence and feedback from patients, where we receive a score rating and devise an action plan to develop practice.

Investigation of complaints

Complaints are fully investigated in line with the Management of Complaints, Concerns, Comments and Compliments Policy. Staff will be directly involved as part of an investigation of a complaint and will be required to provide a statement relating to their involvement. Appropriate action will be taken by the senior nursing team in line with trust policy. Themes of complaints are shared monthly at the ward meetings and at the monthly directorate governance forum to ensure we share, learn and develop as part of the feedback we receive from our patients and relatives.

Are you able to provide evidence of cultural awareness on holding wards?

All wards have multi-faith guides which staff are informed about upon induction (Appendix 2). All new staff review an overview of Equality and Diversity issues, at corporate induction and managers' induction programmes.

Is there an impact on staff?

Staff are given the knowledge and information about how to meet the cultural needs of patients.

We would like to request documentation detailing your Equality, Diversity and Dignity policy and how it's implemented.

All staff are required to comply with the trust's policies. All policies are audited to ensure compliance in line with the national standards.

Appendix 1 – Patient Satisfaction Survey

Appendix 2 – Multi-Faith A to Z

Appendix 3 – Single Equality Scheme

Appendix 3a – Equal Opportunities Policy

Appendix 3b – Dignity at Work Policy

On receipt of this information informal tours of wards B3, D57 and SRU took place. The informal tours were used to gain a comprehensive picture of how the units operate on a day to day basis and how patient's clinical needs are met. This information provided the basis by which respect and dignity could be observed during the tours.

On the 11th July 2011 group members Julie Bryant and Tom Turner carried out an informal tour of emergency assessment wards B3 and D57 at Queens Medical Centre,

accompanied by Mark Hill, Matron for Respiratory Medicine. The following are the findings from the tour:

Ward B3

Ward B3 is a short stay unit with a mixture of GP referral beds and Emergency Department beds, with 12 hours being the average length of stay. GP patients are assessed on average within 2 hours and streamlined in a separate clinical area where investigations are initiated e.g. blood tests. Emergency Department patients are assessed on average within 3 hours.

The ward operates a one stop ward round system which involves a computer on wheels. This enables staff to access/view investigation results at the patients' bedsides, rather than relying on the ward computer. The ward also has an electronic white board which contains all the relevant information for individual patients.

Most patients are discharged within 12 hours and discharges peak up and down during the day. The ward works well with the Discharge Lounge so that patients can wait away from the ward for their transport. Patient transport is arranged where necessary. The discharge lounge closes at 8pm. If a patient is not expected to be discharged until after 8pm, a safety judgement is made, i.e. the Patient Transport Service (PTS) is asked for an estimated time of arrival and the discharge processed is timed to meet that time if safe to do so.

Sometimes the Gibson transport system is used if PTS is not available. Occasionally patients may be kept on the ward until transport is available. They try to predict when patients might be ready for transport. The Nurse Co-ordinators check the localities of where patients who will need transport to.

The ward is in week 2 of a new electronic discharge summary system which has a direct link to Pharmacy. This is expected to speed up the processing of take home medication. It is explained to patients and families where blood tests or medications need to be processed before the actual discharge.

In terms of dignity and respect for patients who need a bed, there are clearly defined separate bays for males and females, with bathroom facilities. All bays have wipe boards above the beds so that staff can write down what patients preferred to be called. All beds are fully curtained and these are closed during clinical treatment. If a clinical room patient needs to be on a trolley, there are separate curtained/confidential areas at the end of one of the female bays.

There are side rooms for patients requiring end of life care and for patients with an infection. There is also a separate ward access door which is used for the patients who have an infection, to reduce the risk of cross contamination and a quiet room for patients/families for privacy when talking to staff.

The ward is busy at all times and during peak times the ward "juggles" as effectively as they can to process patients safely. We were told that patients would not be kept in the unit on a trolley as they would have a designated bed. The only time that patients may be kept on a trolley is whilst their bed is being prepared for occupancy.

In terms of communication, there is a small sitting area on the ward which contains information for patients and visitors. All are encouraged to share any concerns. It was also noted that at the point of discharge patients were clearly communicated with about their discharge time and process.

Ward D57.

This is a long stay unit situated in south block and is used for high need patients. The average stay is 24-48 hours before being transferred to another specialist ward. Following a full assessment patients are moved to an appropriate place.

D57 is involved in the Electronic Discharge scheme. The transport issues are the same for B3 however the discharge ratio is lower as most patients are transferred as above.

With a combined patient turnaround of approximately 2,500–3,000 per month both wards are exceptionally busy at all times and the work falls into categories of balancing admissions, providing essential care and transferring patients.

Most patients need a red tray and meals are ordered on the day. Staff ensure that help with feeding is available, but this can be difficult at times due to workload. There are protected meal times. As with ward B3 no patients will have to wait on a trolley for a bed.

As with ward B3 there are side rooms, quiet rooms, patient wipe board and electronic white boards and patients with infections access the ward through separate doors to reduce the risk of cross contamination. There are separate single sex bays with monitoring equipment in place for patients who require it.

On the 20th July 2011 group members John Kerry and Glen Swanwick carried out an informal tour of the Specialist Receiving Unit at the City Hospital Campus, accompanied by John Gray, Matron of the SRU. Below are the findings from this tour:

This is a 16 bed facility at the City Hospital Campus. The LINK representatives were informed of how the project developed new methods of working which benefited both patients and medical staff.

A pilot project was carried out for three months in early 2011, to enable staff and patients to familiarise themselves with new procedures. The full project is now up and running and is experiencing successes.

The project is made up of the following elements;

- Admission is mainly by GP referral
- The ward is time managed – there are two doctors permanently on the ward who will give an initial assessment of the patient's medical needs and pathway within the first 30 minutes of admission. Following this, 18 hours is allowed for the patient to be assessed by the specialist consultant and streamed to the appropriate ward or service.
- Bed management is an integral part of this project. The bed capacity across the hospital is checked three times over a 24 hour period.
- A section of the ward is a designated emergency holding area.

This project allows greater flexibility and through patient pathway streaming, patients receive the care they need more efficiently.

Up to the date of the visit no complaints had been received regarding patient dignity and respect whilst on the ward.

The way this ward is managed lends itself to an improved way of delivering and maintaining dignity in care. While dignity in care is difficult to define, it was felt that this project went a long way to delivering the necessary strategies embedded in the trusts dignity and care policies.

This project at the time of visit was delivered in temporary accommodation which will be moving to a purpose built unit. However with this said, it was felt that the principles of the project could be used as an example of best practice elsewhere, and possibly applied to an Accident and Emergency holding ward.

The LINK representatives felt the purpose of the project delivered good outcomes from a new way of looking at emergency admissions, and maintained standards in dignity in care.

Overall, based on the observational evidence gained, the LINK did not find any real areas for concern regarding patients being treated with respect and dignity on emergency assessment wards B3 and D57 at Queens Medical Centre or the Specialist Receiving Unit at the City Hospital Campus.

Further Research and Additional Information

As part of our research we were interested to find out the experiences of patients who have been admitted on to these wards.

CQC

On the 12th July 2011 the LINK sent a letter to the CQC asking whether they had any concerns regarding the holding wards (emergency assessment wards) at Nottingham University Hospitals NHS Trust. The CQC responded on the 26th July 2011 to say that they had none.

Nottingham University Hospitals NHS Trust

On the 13th July 2011 the LINK contacted Nottingham University Hospitals NHS Trust for the second time to get further clarity on how respect and dignity are embedded into staff training. The most prevalent answers are detailed below:

1. Can you please tell us who (if anyone) at NUH is responsible for overseeing dignity and respect?

At NUH we take all aspects of patient dignity and respect extremely seriously, it is a core component of everything we do. Jenny Leggott, Director of Nursing and Midwifery and Deputy Chief Executive, is responsible for overseeing dignity and respect, working closely with the clinical lead nurses for each directorate, the matrons and ward sister/charge nurses.

We have several initiatives underway to continually improve dignity and respect and these are supported by our Dignity at Work Policy (copy attached).

Dignity and respect is a central component to all of the mandatory training. The induction given to all starters as well as the ongoing training through the trust's 'We Are Here For You' and Values and Behaviours training for staff of all levels.

The trust was both commended for its work to improve dignity and respect for patients in the Care Quality Commission's (CQC) Annual Health Check and successfully passed all the assessments related to this topic.

These include having systems in place to ensure dignity, correct use of patient information, information about how to feedback, appropriately acting on concerns and providing suitable information on care and treatment.

'We Are Here For You' behavioural standards have been developed with our staff and patients to help us support each other to deliver the consistently high quality service our communities deserve. The standards apply to all of us, and are a part of everybody's job and this is monitored through individual performance review of all staff.

The LINK recognise and appreciate that the responsibility for respect and dignity is overseen at a high level. Several initiatives are in place to continually improve respect and dignity e.g. the dignity at work policy, mandatory staff training, frequent performance reviews and the development of the 'We are here for you' behavioural standards.

2. Who trains staff and to what standard are they trained?

Staff working on an admission wards are a combination of qualified registered nurses and unqualified nursing auxiliary staff who provide direct patient care to the patients admitted through the emergency pathway.

All staff new to the trust undertake our induction and all staff undertake a mandatory training programme with both yearly and bi-annual training.

The induction is followed by a period of supervised practice with an allocated team leader who supervises and supports the qualified and unqualified nursing staff. The ward areas also operate 'in house' training in subjects specific to the skills required to nurse patients coming through the emergency pathway. Staff training is monitored through staff's individual performance reviews and the yearly training needs analysis. I am very happy to provide you with further, more specific information about training on request.

The LINK feels confident that staff are constantly being trained and monitored in dignity and respect procedures to ensure that good practice is being carried out at all times.

3. Has any public and patient involvement taken place on the emergency assessment wards at the QMC?

Patient representatives were involved, last year, in two large stakeholder events in SRU last year when we were looking at current and future emergency pathways. We also interviewed patients in the assessment areas to gain a more focused understanding of their concerns.

Patient and public involvement is utilised on the ward, our main source of feedback at present being through concerns, complaints and compliments which enable us to help our teams to develop and sustain changes in practice to improve the experience of our patients. We are also in the process of implementing a trust wide programme of hand held devices to enable patients on every ward to provide feedback.

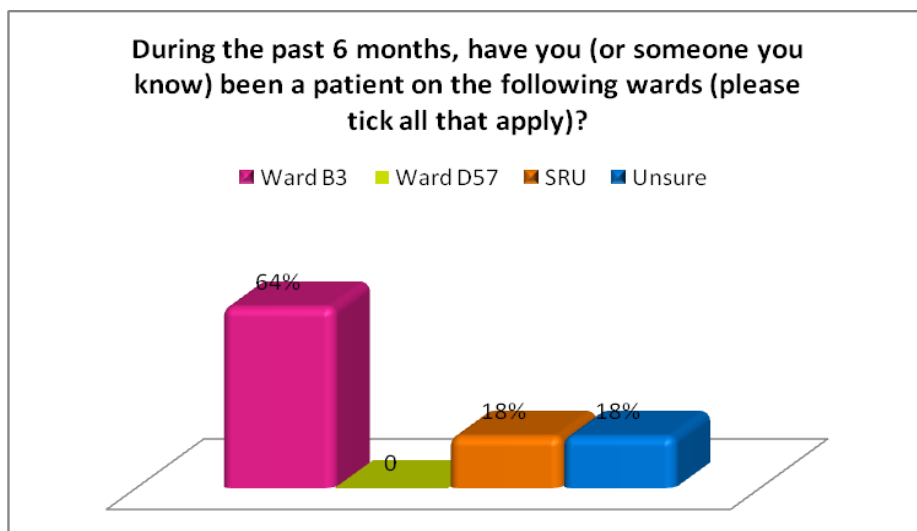
Jim Murray, Clinical Lead for Acute Medicine is currently establishing a patient and public involvement steering group for that service can be contacted through his secretary, Michelle Major on 0115 9249924 extension 63029.

It has been noted that there are several systems in place to capture and measure patient experience and we appreciate that positive responses are high. However the survey results provided do not include patient’s comments, feedback and suggestions for improvement, particularly in relation to negative responses.

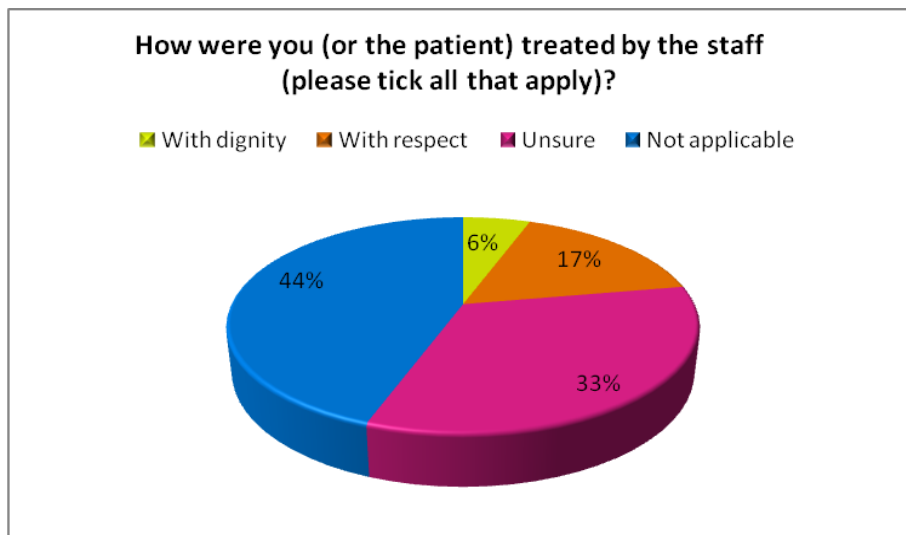
Survey Monkey/Patient Experience

We were eager to capture the “real” experiences of patients (or their carers) who have been admitted to these wards, in order to identify what was positive or negative about their experiences and to support our recommendations. We designed a Survey Monkey questionnaire and sent it to all of the LINK members on our database.

27 members participated in the survey but only 11 responses were appropriate to this research.



The positive responses to having been treated with dignity or respect were low, with the majority of respondents stating that they were unsure whether they were treated with dignity and/or respect or that this question was not applicable to them, as reflected in the pie chart below.



However the qualitative comments captured by this survey revealed some negative experiences. Please see examples below, for a full list of comments please refer to Appendix 1.

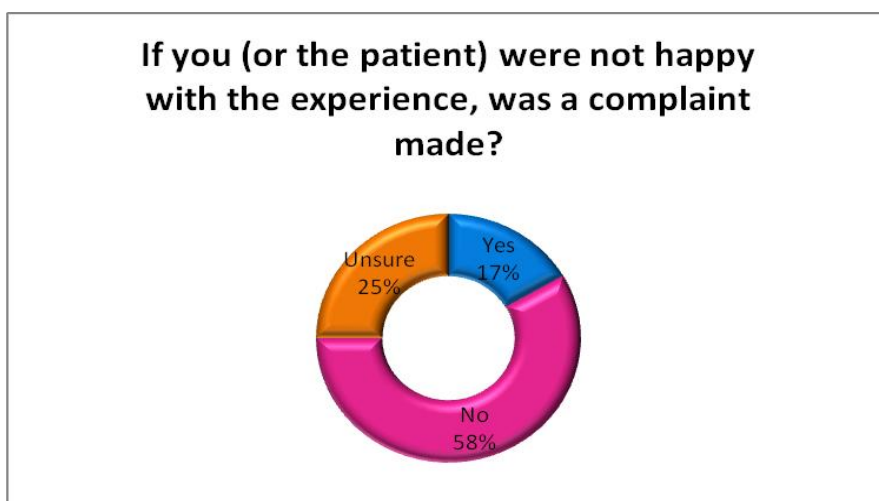
“Left curtains ajar whilst washing/dressing me so feel my dignity was not respected”.

“One nurse was brilliant. The other was rubbish”.

"My husband was not treated with dignity or respect and the care he received was dreadful. The staffs' attitude was beyond belief and very uncaring!!"

"Having been an inpatient back in 2004 and again in 2006 in D57, I myself could see the difference between the two inpatient stays. Back in 2004, it was more like a field hospital seen in war torn areas of the world rather than a city based NHS hospital. By the time of my second visit, it was clean, modern and staff were very good."

It does appear that very few of these respondents complained about the lack of dignity and respect received as detailed on the graph below, with only one participant saying that they are "waiting for a response to a complaint made with ICAS".



Many of the respondents provided suggestions for improvement, some of which have been cross referenced with the *Essence of Care, 2010, Benchmarks for Respect and Dignity* using the Factors listed below (the full document can be found at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119969):

Factor 1: Attitudes and behaviours

Factor 3: Personal boundaries and space

Factor 4: Communication

Factor 6: Privacy, dignity and modesty

Factor 7: Privacy – private area

Examples of the suggestions for improvement are:

“Velcro stick curtain together and more staff training on dignity” relates to Factor 3 and Factor 6

“Some of the nurses attitudes need changing” relates to Factor 1

“The admitting doctor did not phone me for a collateral history although the nurses told them that I had requested this and my phone number was written clearly in the notes” relates to Factor 4.

For a full list of suggestions please refer to Appendix 1.

Requests for information

Date	Recipient of request	Purpose of request
26.05.11	Dr P Homa, NUH	Information Gathering
6.07.11	Katie Moore, NUH	Information Gathering
12.07.11	Julie Walton, CQC	Information Gathering

Good practice and achievements

- Availability of private rooms for terminally ill patients, patients with infectious diseases and personal chats with patients are available and utilised.
- Staff are constantly being trained and monitored in dignity and respect procedures to ensure that good practice is being carried out at all times.
- The responsibility for respect and dignity is overseen at a high level.
- The use of a white board to identify how a patient prefers to be addressed.
- The availability of clearly defined single sex bays and bathroom facilities.

Concerns and recommendations for action

Recommendation	Expected Outcomes	To whom
1. To allow patients to include comments within patient satisfaction surveys, to expand on their answers and indicate where improvements could be made. This could possibly be facilitated through	To improve patient satisfaction. To better understand patients experiences. To take on board patients comments for improvement.	Nottingham University Hospitals NHS Trust

the Survey Monkey tool or using existing electronic survey devices		
2. The use of open gowns only where appropriate and necessary.	To improve dignity and respect on Emergency Assessment Wards.	Nottingham University Hospitals NHS Trust
3. Ensure curtains have Velcro on them to enable them to be securely stuck together.	To improve dignity, respect and privacy on Emergency Assessment Wards.	Nottingham University Hospitals NHS Trust
4. We recommend the use of volunteers on ward D57 to give staff support during protected mealtimes and to ensure patients receive assistance where needed.	To improve dignity and respect on Emergency Assessment Wards.	Nottingham University Hospitals NHS Trust
5. Ensure that learning and good practice from new initiatives is shared between City Campus and QMC.	To improve patient satisfaction. To improve patient experience.	Nottingham University Hospitals NHS Trust
6. Annual review of staff training on dignity and respect.	To improve patient satisfaction. To improve patient experience. To improve dignity and respect on Emergency Assessment Wards.	Nottingham University Hospitals NHS Trust
7. Ensure procedures are adhered to and communicated to	To improve patient satisfaction. To improve patient	Nottingham University Hospitals NHS Trust

the patient effectively.	experience. To improve dignity and respect on Emergency Assessment Wards.	
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Conclusions

Although the responses via Survey Monkey appear to be mainly negative they did highlight some suggested areas for improvement. Despite this, the informal visits highlighted no areas for concern and the LINK members who undertook these visits were welcomed by the staff and were provided with up to date and relevant information.

Monitoring

Nottinghamshire County LINK has carried out this piece of work to highlight community concerns and existing good practice around patients being treated with respect and dignity during hospital stays on wards B3, D57 and SRU. We are keen to receive feedback from the organisations we have made recommendations to; we will monitor the outcomes from this work during March 2012. Following the results from the monitoring we may then conduct additional visits/Enter and View to the wards. The results from this monitoring will be included in the LINK Newsletter and the Annual Report and fed back to the community and relevant organisations.

If you would like this document in easy-read format, please go to www.strongerlocalvoice.com or contact the LINK Team by the contact details on the back of this document.

Appendix 1: Full Survey Monkey Results

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

Ward B3 (acute medicine unit) Queen's Medical Centre Campus

2. How were you (or the patient) treated by the staff? (please tick all that apply)

Not Applicable

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

The ward doctor said to me "What are you doing here again?", then said I was able to go home in a taxi even though I was very unsteady on my feet. I asked the nurse how I could get back into my house and she said the taxi driver would help me. As it happens, I fell trying to get into the taxi and sprained my ribs.

4. If you (or the patient) were not happy with the experience, was a complaint made?

Yes

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

I am waiting for a response to a complaint made with ICAS

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

There should be more co-ordination between A&E and these wards as A&E recommend you stay overnight, and the ward doctors feel you are wasting their resources.

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

No Response

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

No Response

4. If you (or the patient) were not happy with the experience, was a complaint made?

No Response

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

No Response

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

Not Applicable

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

No Response

4. If you (or the patient) were not happy with the experience, was a complaint made?

No (please go to question 6)

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

No Response

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

No Response

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

No Response

4. If you (or the patient) were not happy with the experience, was a complaint made?

No Response

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

No Response

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

Not Applicable

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

No Response

4. If you (or the patient) were not happy with the experience, was a complaint made?

No Response

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

No Response

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

Specialist Receiving Unit (SRU) City Hospital Campus

2. How were you (or the patient) treated by the staff? (please tick all that apply)

Unsure

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

As far as I understood, the patient was kept in this area for 2/3 days awaiting treatment, but don't know if there was a valid reason for this delay.

4. If you (or the patient) were not happy with the experience, was a complaint made?

Unsure

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

It is unacceptable for someone to be kept in a state of "limbo" as pointed out above. A review of current procedures should take place, and an action plan to avoid such instances formulated.

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

No Response

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

No Response

4. If you (or the patient) were not happy with the experience, was a complaint made?

No Response

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

No Response

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None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

No Response

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

No Response

4. If you (or the patient) were not happy with the experience, was a complaint made?

No Response

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

Very concerned re treatment in A&E

1. During the past 6 months, have you (or someone you know) been a patient on the following wards? (please tick all that apply)

Ward B3 (acute medicine unit)Queen's Medical Centre Campus

Unsure

2. How were you (or the patient) treated by the staff? (please tick all that apply)

With respect

Unsure

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

My mother was admitted on a friday night. She arrived after visiting time was over. She had a terminal illness and had acutely deteriorated that day. Her partner travelled with her in ambulance and I arrived shortly after with her belongings/medications. The receptionist was beyond assertive- I would describe it as aggressive though I was polite and calm- in saying I was not allowed past the reception desk to see my mother as only 1 relative was allowed. I was told she would fetch my mother's partner to collect her things. I found this distressing to the point of crying but she continued to be rude. I am a doctor who works in busy admitting wards and I know there are rules and too many relatives can get in the way but her

approach was completely unnecessary and added to my distress at what was a most terrible time. When I got to see my Mum the nurses were very kind and did not mind 2 people sitting with Mum (it was an hr before she had a bed and 8 hrs til she was seen by a Dr) in fact we were able to help Mum to eat and go to the toilet thus easing pressure on staff. I would be grateful if the reception staff could learn to show the same compassion that the nurses did.

4. If you (or the patient) were not happy with the experience, was a complaint made?

No (please go to question 6)

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

Better staffing levels would allow better care. The staff were clearly overstretched. My mother waited over an hour on an ambulance trolley for a bed. I had to assist her to toilet (on a wheelchair) as staff were too busy. She was not seen by a consultant until 5pm the next day which I considered unacceptable as she then required an urgent CT head (thankfully arranged within an hour). The admitting doctor did not phone me for a collateral history (presumably as they didn't have time) although the nurses told them that I had requested this and my phone number was written clearly in the notes. This meant that the consultant did not have a clear background and made a very inappropriate judgement call which was thankfully overruled by my mother's oncologist when she was finally transferred to City hospital.

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None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

No Response

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

No Response

4. If you (or the patient) were not happy with the experience, was a complaint made?

No Response

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No Response

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Unsure

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Unsure

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No Response

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Specialist Receiving Unit (SRU) City Hospital Campus

2. How were you (or the patient) treated by the staff? (please tick all that apply)

With respect

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

left curtains ajar whilst washing dressing me so feel my dignity was not respected

4. If you (or the patient) were not happy with the experience, was a complaint made?

No (please go to question 6)

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.

velcro stick curtain together & more staff training on dignity

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None of the above (thank you for taking part in this questionnaire)

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No Response

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No Response

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No Response

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No Response

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2. How were you (or the patient) treated by the staff? (please tick all that apply)

Unsure

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

One nurse was brilliant The other was rubbish

4. If you (or the patient) were not happy with the experience, was a complaint made?

No (please go to question 6)

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

No Response

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Some of the nurses attitudes need changing. The one that was bad seemed to think that the patients were nuisances that stopped her fidling at the station.

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None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)

Not Applicable

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No Response

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Unsure

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?

Unsure

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Having been an inpatient back in 2004 and again in 2006 in D57, I myself could see the difference between the two inpatient stays. Back in 2004, it was more like a field hospital seen in wartorn areas of the world rather than a city based NHS hospital. By the time of my second visit, it was clean, modern and staff were very good. Having not need inpatient care since then, I cannot comment. I do however still visit the new NHS Treatment Centre and find the staff very good and happy with my care.

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None of the above (thank you for taking part in this questionnaire)

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No Response

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2. How were you (or the patient) treated by the staff? (please tick all that apply)

With dignity

With respect

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No Response

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No Response

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Yes

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Unsure

3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.

My husband was not treated with dignity or respect and the care he received was dreadful. The staffs attitude was beyond belief and very uncaring!!

4. If you (or the patient) were not happy with the experience, was a complaint made?

No (please go to question 6)

5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?**No Response****6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.**

The Ward was manic and the staff were totally uninterested in patients. My husband was kept sitting in a chair with a suspected DVT from 6.30 pm until 9.00 pm. The staff on the desk would not book him in until after 7.30 pm because they said they were busy. He was taken to a bed at 9.00 pm and a Dr. came and saw him at 9.30 pm and could not apologise enough as he had been downstairs in the Thrombosis Clinic from 2.30 and transferred up at 6.00 pm to B3. He was put on heparin injections and we were told he had to be on them for a few weeks and the pharmacy at the QMC could not dispense them until 3.00 am, and when we said this was unacceptable they B3 said we could go back the next day to B3 and pick them up which we did, thankfully we have a car, as we live in a rural village 12 miles by car with poor transport links on a Sunday, be all day on public transport. Think the staff need to treat patients with dignity and respect better than what we experienced, and the staff manning the reception desk need to not ignore patients. The end result was when the Dr. came to see my husband at 9.30 pm the reception nurses had lost his records and GP letter which I handed to them personally!! so the Dr. who was treating him had to go on what my husband told them!! not satisfactory at all.

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None of the above (thank you for taking part in this questionnaire)

2. How were you (or the patient) treated by the staff? (please tick all that apply)**No Response****3. If you were not treated with respect and dignity, please describe your (or the patient's) experiences below.****No Response****4. If you (or the patient) were not happy with the experience, was a complaint made?****No Response****5. If a complaint was made, do you (or the patient) feel you received a satisfactory response?****No Response****6. Please suggest any areas for improvement in relation to respect and dignity for the above wards.**

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Not Applicable

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No Response

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No Response

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No Response