healthwatch Northamptonshire

A report on patient experience at Kettering General Hospital NHS Foundation Trust

2013 - 2014

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1. About Healthwatch Northamptonshire

Healthwatch Northamptonshire (HWN) is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

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). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care. Our role should not be confused with the role of the Care Quality Commission (CQC) or Ofsted (Office for Standards in Education, Children's Services and Skills). CQC is the regulator and inspector of health and adult social care and Ofsted is the regulator and inspection of children's social care. Both organisations have a legal requirement to inspect care provision with reference to national standards and guidelines.

- We prepare reports on the Enter and View activity we conduct. We have an Enter and View policy (www.healthwatchnorthamptonshire.co.uk) which sets out our process of delivering Enter and View and the process for developing our reports. Our values include openness and transparency and so all our reports are published. They will only be published on our website once the service providers have had an opportunity to comment on the factual accuracy. We will send final copies of our reports to providers and commissioners asking for their comments on our findings and a response to recommendations, which we will also publish a summary version of on our website. We will send copies of our reports to our national body, Healthwatch England and to CQC. As part of our Enter and View, we explained to the people we spoke to that their comments would be non-attributable but that if we heard about possible harm to individuals then we are obliged to refer those issues to the safeguarding team at Northamptonshire County Council.

- We strive to be a strong and powerful voice for local people to influence how services are planned, organised and delivered.

- We aim to 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 provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we will escalate our concerns and report our evidence to national organisations including Healthwatch England and CQC.

2. Summary

We have prepared this report to inform the Care Quality Commission (CQC) inspection of Kettering General NHS Foundation Trust (KGH). The inspection follows on from a number of inspections in 2013 and further inspection in March 2014. CQC inspections in 2013 resulted in enforcement action being taken with KGH.

Our report brings together all the information and insight we have in relation to patient experiences that we have either observed or patients and the public have shared with us. This includes our visits to the hospital over the last 18 months, patient surveys we have conducted, complaints we have received about the hospital and further experiences we have heard about in the last month in response to a request for feedback.

The information and insight we have received indicates a diverse range of views about the quality of care at KGH. Many people have talked to us about very positive care – caring staff, good clinical care and good patient experience. We have also received views which are more critical of the quality of care and the patient experience. Our aim in the report is to reflect, in an accurate, fair way, the information we have received.

3. Sources of information

We have obtained information through a number of different sources:

3.1 Visits to departments and wards at Kettering General Hospital

Between April 2013 and August 2014 Healthwatch Northamptonshire (HWN) volunteers made 106 visits to 34 of the wards, units, clinics and departments at KGH. Our trained volunteers observed the care on the wards and spoke to patients about their experiences. The 15 Steps Challenge tool was used to help evaluate the ward, unit or department from a patient experience perspective[1]. The tool uses questions to helps observers evaluate four areas: whether the ward is welcoming, safe, caring and involving, and well organised and calm. A copy of the tool is in Appendix 2. The following wards/units/clinics/departments were visited two-four times:

Ward/Department	Specialism	Dates visited
Ashton ward	Elective Orthopaedics	17/09/13, 11/12/13, 21/02/14
Barnwell B ward	Orthopaedics	17/09/13, 10/12/13
Barnwell C ward	Main Trauma ward	26/04/13, 15/10/13, 14/05/14
Clifford ward	Medical Short Stay Unit and Chest Pain Assessment Unit (CPAU)	20/09/13, 03/02/14
Cranford ward	Stroke Rehabilitation Ward. Discharge from Feb 2014	07/02/14, 08/08/14
Deene A ward	General Surgery, Urology. Now Deene Acute Surgical Unit	26/11/13, 25/02/14
Deene B ward	General Surgery, Urology. Deene ward B & C now amalgamated into Deene Ward	22/11/13, 19/06/14
Deene C ward		22/11/13, 19/06/14
Geddington ward	General Surgery, Urology	06/09/13, 14/01/14
Harrowden A ward	Respiratory inpatient	21/06/13, 21/10/13, 22/07/14
Harrowden C ward		21/06/13, 25/10/13, 22/07/14
Lamport ward	Medical, male	22/07/13, 08/11/13,

[1] The 15 Steps Challenge is a simple tool to help staff, patients and others to work together to identify improvements that will enhance the patient experience. The Challenge is a about seeing the care given from a patient's perspective. The name '15 Steps Challenges' originates from a parent of a hospital patient saying "I can tell what kind of care my daughter is going to get within 15 steps of walking on to a ward" - http://www.institute.nhs.uk/productives/15stepschallenge/15stepschallenge.html

		25/01/14, 02/07/14
AM Lee ward - now closed		13/09/13
Lilford ward	Haematology	09/09/13, 18/12/13, 27/02/14
Maple ward	Gynaecology	27/09/13, 22/04/14
Naseby A ward	Care of the Elderly/Dementia, male	24/07/13, 08/07/14
Naseby B ward	Care of the Elderly/Dementia, female	24/07/13, 01/14, 08/07/14
Oakley ward	Coronary Care Unit (CCU)	21/01/13, 22/07/13, 31/01/14
HC Pretty A ward	Care of the Elderly accelerated discharge, male	25/07/13, 27/11/13, 04/07/14
HC Pretty B ward	Care of the Elderly accelerated discharge, female	25/07/13, 27/11/13, 04/07/14
Rowan ward/Ward 6	Maternity	22/04/14, 27/09/13
Skylark ward	Children's	16/09/13, 14/02/14
Spencer ward	Day Surgery for Ophthalmology	08/01/14
Twywell ward	Medical, female	20/07/13, 25/01/14, 02/07/14
Centenary Wing	Cancer Care Unit, Chemotherapy Services Supportive Treatment Unit (CSSTU)	08/01/14, 22/01/14
Day Case Unit	Surgical day cases	06/09/13, 14/01/14
Intensive Care Unit (ICU)		20/01/14
Middleton Assessment Unit (MAU)	Assessment of patients before being admitted to a hospital ward	20/09/13, 03/02/14
Special Care Baby Unit (SCBU)		20/01/14
Outpatient clinics:		
Dermatology outpatient clinic		23/01/14
Ear, Nose, Throat (ENT) outpatient clinic		05/02/14
Maxillo Facial outpatient clinic		11/03/14

Patients waiting in the Discharge Lounge and Accident and Emergency department (A&E) were also spoken to, to find out more about their experiences. A&E was visited 16 times and the Ambulatory Care Unit[2] once, at least 52 patients were

[2] The hospital opened its Ambulatory Care Unit in June 2013 with eight chairs or trolleys and four consultation rooms. It has its own consultant, advanced clinical nurse practitioner and 15 staff. Since January it has been open seven days per week. The A&E department, wards and local GPs can all directly refer into the

spoken to. The Discharge Lounge was visited 20 times and at least 45 patients were spoken to.

All our visit reports and audits are submitted to the hospital. We have not previously had a consistent and regular feedback process on how KGH intends to respond to the recommendations in our reports. Our representatives regularly attend the Nursing & Midwifery Strategy steering group and Matron's forum where items are presented and discussed. More recently, a clear process has been agreed and our representatives are regular members of the Trust's Patient Experience Advisory Group. The finding of each visit will be discussed directly with the ward Matron and then submitted to the Deputy Director of Nursing and Quality and the Associate Director Quality Governance. Action plans will then be developed by the Lead Nurse and Matron for each area, sent to HWN and displayed on the Ward Noticeboards along with the HWN feedback. Findings and actions will also be shared with other wards by the ward staff, discussed at the monthly Matron's Forum, and shared at the KGH Patient Experience Steering Group by HWN.

The key findings are summarised in section 4.1.

3.2 Request for experiences

In July 2014, we asked the public of Northamptonshire to let us know their experience of care at KGH to add to what we had found from earlier engagement events and visits.

We issued a press release on 25 July 2014 (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 heard from 16 people and received details of 18 experiences (one person told us about three). 5 experiences were positive, 10 were negative and 3 were mixed experiences, see section 5. Two of the negative experiences occurred in 2011. One positive experience occurred in 2008 so has been left out of this report (but was passed on to the CQC).

Written permission to include these experiences in our report, in the level of detail given, has been obtained where we have contact details from the members of the public. Any anonymous experiences sent to us have been summarised to preserve the identity of the member of the public.

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unit. http://www.kgh.nhs.uk/about-us/news/award-winning-ambulatory-care-unit-has-seen-more-than-10000-patients-in-its-first-year/

3.3 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.

4 out of 111 negative issues logged between June 2013 and July 2014 were about patient experience at KGH, see section 5. Permission to include experiences in this report was sought and used as described above (section 3.2).

3.4 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 included finding out people's views and experiences of health and social care and suggestions for improving the quality of care. 214 people completed a survey which asked people 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 Kettering General Hospital and Northampton 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.

16 of the 214 respondents to this survey gave us specific comments about their experiences at KGH or mentioned aspects of care at KGH in the 'top three things HWN should take action on'. 9 of these mentioned poor experiences and 7 mentioned good experiences. One person responding to our separate survey for children and young people mentioned long waiting times at KGH A&E.

3.5 Musculoskeletal services (MSK) – survey of patients and staff

165 people using MSK services across Northamptonshire and 35 clinical staff by HWN during April 2014. The Physiotherapy, Podiatry, Rheumatology, Orthopaedic and Fracture, and Pain Management clinics at KGH were visited.

4. A summary of key findings from Healthwatch Northamptonshire visits to wards, departments and units

4.1 Common themes from ward visits

During our ward and department visits, we have heard from many patients and relatives who are very positive about the care and treatment they receive. We have also seen for ourselves the areas that require improvement. Themes include:

- The need for clear information for patients, including improved notice boards.
- Attention to the quality of the ward environment: removing clutter; ensuring flooring is even to avoid risk of falls; making sure that the patient environment is pleasant and respects dignity (e.g. we saw vomit bowls used to hold fruit, etc. and urine bottles on patient bedside tables); several areas require refurbishment. The quality of the environment has improved greatly over the past year and the cleanliness of the hospital is of a high standard.
- Staffing levels have been discussed and shared with our representatives and establishments, skills mix and nurse to patient ratios are good, however recruitment is a constant challenge and at times there are areas that are running below the optimum level of nurses – this has led to a high use of agency staff and on one or two visits there was no ward manager visible.
- Variable quality of food – some patients have been very positive and we are aware that KGH has been awarded a certificate for the quality of the food. A small number of people have said they find the food of poor quality. We also found that the patients on Pretty Ward (many elderly patients) were always last to receive their lunch as they were at the end of the delivery round, which was also often running late. This meant they received lunch quite close to their evening meal. HWN raised this issue with the nutrition nurse and we are pleased that patients on the ward now receive their meals earlier.
- There have been occasional incidents of patients not being treated with sufficient dignity. We observed one patient left in an exposed state and received one complaint about a patient not given enough care to help maintain their comfort and dignity (see section 5.1.1).
- Patient notes are often left unattended and exposed while the doctors were doing their rounds.

Notable findings relating to patient experience from the most recent visits to each ward/area are summarised in Appendix 1.

4.2 Accident and Emergency (A&E)

We visited A&E 13 times between June 2013 and August 2014. From our observations, A&E appeared to be running well on each occasion as patients were largely satisfied, waiting times were not too long and the area seemed clean, tidy and well organised. Most patients we spoke to were satisfied or very happy with their treatment.

Negative feedback included:

- July 2013: a patient had been waiting for 2 hours without any information. Another had not been offered any refreshments after having been their several hours
- February 2014: the daughter of an elderly patient told us how she had heard staff in A&E in a panic that the 4-hour wait time was close. Her mother had waited 4 hours and had not been offered a drink.
- The cost of car parking and the difficulty finding car parking spaces has been raised on several occasions by patients, including 5 of the 40 patients or visitors spoken to in A&E

Findings from the most recent visits (June, July and August 2014) include:

- All the patients we spoke to were satisfied with their experience of A&E
- Waiting times were good (KGH has been one of the highest performing trusts in England since February 2014 and now meets the 4 hours target)
- A frequent visitor said he always found the A&E staff polite, kind and helpful
- One patient was fast-tracked as records showed they were a stroke patient. Within 20 minutes of arriving the patient had been registered, assessed by a nurse, examined by a doctor, and had blood sent for testing.
- One patient was worried about car parking
- A small child had been prioritised
- Patients had been assessed promptly
- Reception staff were helpful

4.3 Discharge Lounge

20 visits to the discharge lounge at KGH have shown that patients are commonly experiencing unacceptable waiting times to go home while they wait for discharge letters and medicines. Some have also experienced a lack of information about their discharge arrangements or medication or have been given short notice of discharge.

Findings from the most recent visits (June, July and August 2014) include:

- It appeared that one patient was being discharged without care arrangements put in place (according to the patient's understanding this was being arranged)
- A patient had been waiting two and a half hours for their discharge letter and medicines
- One patient thought that communication was good but had not been involved in their discharge planning. Another patient was unable to say whether they had been included in plans for their discharge
- Two patients had been included in discussions about their discharge

5. Additional patient experiences at Kettering General Hospital

In July 2014, we put a call out through the local media for people to contact us to tell us about their experiences at KGH. 16 people contacted us to tell us about their 18 experiences (one person told us about three experiences), 10 of these were negative and 5 were positive and 3 mentioned both negative and positive aspects of their care.

We were also contacted by 4 people between June 2013 and July 2014 telling us about negative patient experience at KGH.

All but one of these 18 experiences are summarised below. One positive experience occurred 6 years ago and has been omitted from this report.

5.1 Care and dignity

8 people contacted us to tell us about experiences of poor care and being treated with a lack of compassion and dignity. One of these was an account of an experience prior to 2013 (March 2011). Two people told us about examples of good care and one person told us of both positive and negative aspects to their relative's care.

5.1.1 Negative experiences

1. Barnwell B ward, August 2014

A relative of an elderly patient has concerns about a number of aspects of care on Barnwell B ward, including:

- A shortage of staff and patients being left to urinate in their incontinence pants or on their beds as they wait 10-15 minutes for a nurse to assist them
- Insufficient cutting of toe nails – the relative was told there is a waiting list and only one person in the hospital who cuts toe nails
- Food being left on tables which are too far away from patients, who have been unable to reach their food
- Miscommunication of tests and results, being unable to get a clear answer, and being told they "had no right to complain about their relative's care".

2. Barnwell B ward, April 2013

The spouse of an elderly patient told us about a very unsatisfactory and upsetting experience of care on Barwell B ward, including:

- A shortage of staff resulting in the patients not being sat up/raised up in bed, not being given commodes, and not being sufficiently supervised, resulting in falls and distress (one nurse was commended for caring well and ensuring the patient was sat up at visiting times)

- The patient not being given their glasses or hearing aid

- The patient not being given foods they could eat

- Insufficient or inappropriate exercise and physiotherapy

- The ward staff not listening to the spouse explaining the patient's needs nor informing the family how they could help.

3. Middleton Assessment Unit (MAU), October 2013

MAU is used to assess patients before being admitted to a hospital ward, patients only spend a short period of time there. One patient told us of feeling "humiliated and stripped of their dignity" when staying on MAU in October 2013. The patient discharged themselves because of the poor experience and would not wish to go to KGH if they have to stay on MAU again. Issues raised include:

- Being assisted to a toilet but having the door left open and needing it to be closed by a visitor of the opposite sex;

- A drip being left on for 2 hours longer than it should be, causing discomfort;

- Dignity not being preserved by the hospital gown and offers from the nursing staff to provide a 'pull on nappy' to help not being made discretely but in front of a visitor of the opposite sex;

- Not being treated after a high blood sugar reading (the patient has diabetes);

- Not being helped to change their bed sheets on 3 occasions after becoming soaked through from cold sweats.

One patient told us of three separate experiences (4, 5 and 6) of poor and degrading care from staff that lacked compassion. They said their experiences had been so bad that their GP has agreed to state in their notes that they are not to be taken to KGH except in a life-threatening emergency.

4. Day Case Unit, Treatment Centre, early 2013

The patient mentioned a number of issues:

- When the patient arrived for their pre-booked operation the staff did not know why the patient was there and the patient was put in the wrong bed

- A member of staff reportedly complained that they were bored as there were too many staff
- Another patient reportedly asked for pain relief and was told they could have it whenever they wanted it. This patient was still waiting for it 2 hours later according to what we were told
- The other patient asked for a urine bottle as his tubes and drip stand made it difficult to get to the toilet. The staff member insisted he walked despite the wheels on his drip stand not turning properly

5. Eye Clinic, late 2013-Jan 2014

There were again a number of issues:

- The patient told us they waited 4 months for tests for glaucoma
- At an appointment, the patient told us their heard was manoeuvred in an uncomfortable way. The patient felt their care was unsympathetic and that the member of staff did not make themselves available for questions
- The patient told us they then received conflicting advice from another staff member about the use of eye drops
- Subsequently the patient had a further appointment delayed and then cancelled

6. Outpatient Vascular Clinic run by staff from Northampton General Hospital (assessment for Varicose Veins), August 2013

- The same patient told us that a member of staff made the patient feel uncomfortable with inappropriate comments in front of other staff
- Lack of advance notice for an examination of a sensitive area made the patient feel there was a lack of respect for their dignity
- The patient has written to KGH to complain about their treatment. KGH said they responded promptly and passed the complaint on to Northampton General Hospital, who ran the clinic and employed the staff

7. Unknown ward, 2013

One patient told us about poor treatment by a ‘carer’ after an operation on their bowel. The patient contrasted this with the “excellent” care from nurses. The patient told us about what they felt was an unhelpful and unsympathetic member of ward staff who patients were reportedly “too frightened” of to challenge or ask for help. The staff member changed their attitude once to patient said they

intended to complain about them. The patient could not see a name badge for the staff member so could not identify them.

8. HC Pretty Ward, March 2011 (sent to us August 2014)

The spouse of one patient complained about the 'Care Assistants' who made their spouse's stay at KGH "worse than it need have been". The patient would "cry every day" due to the quality of the care and there was a real lack of care with staff displaying "very uncaring attitudes" and that patients and relatives "felt inhibited in complaining". The doctors had been good at explaining all treatment. A later stay on Lamport Ward was much better as the nurses "really cared" and the relative attributed this to not seeing any 'Care Assistants' on that ward. The relative sent a list of 10 complaints to KGH and "despite several meetings with senior staff, was left feeling there was a 'cover up'".

5.1.2 Positive experiences

1. Day Case Unit, Treatment Centre, June 2013

The patient was very pleased with the speed at which she received treatment for a cancerous lump in June 2013, two weeks after it had been detected. She also found the doctor and team to be very caring. Another two people she knows from her locality have had similarly positive experiences.

She again had a good experience at a follow-up check in 2014. She was twice asked if it was ok for a medical student to observe, by the receptionist and by the doctor, which she thinks was good practice.

2. A&E and Skylark Ward, November 2013

One parent of a child patient told us of a very positive experience of care that they "couldn't fault" and that they "received excellent care from the staff at KGH" (and the ambulance service), despite having to wait an hour to be seen at A&E due to the number of patients. The parent thought that the "nurses were wonderful" and appreciated that the doctor "took great pains to explain things to us and put us both at ease". At each stage they were "reassured, assisted and left in no doubt that people were there to help us - and that they cared".

Their experience of care on Skylark Ward was also positive. "Staff bent over backwards to make sure that we were ok - looking after me as well as my child" and all staff were again "friendly, helpful, professional and efficient". They "were treated throughout as human beings with feelings rather than as just another case". They also appreciated the play team supplying games between tests.

5.1.3 Mixed experience, Twywell Ward, June 2014

The relative of one patient who died on Twywell ward thought that "all the staff were very kind and efficient" but also had concerns. They felt that:

- the ward environment was “very depressing - noisy, large and very crowded”
- there was no privacy for someone who was terminally ill (although the staff did their best and transferred the patient as soon as a single room was available)
- the ward was understaffed compared to other wards in the hospital
- more staff “would have let the staff develop a better relationship with patients, which would have improved the quality of care”.

The relative was also unhappy that the patient was transferred late at night from Clifford Ward (assessment) “despite being very vulnerable after a traumatic experience the previous night at a nursing home”.

5.2 Communication

5.2.1 Negative experiences

1. We received a copy of a series of complaints sent to KGH (and copied to the CQC) in June 2013 and now raised with the Parliamentary and Health Service Ombudsman. The complaint contained several examples of alleged poor communication: between doctors and nurses, between wards and departments, and with the patient and their family, in **A&E, Barnwell B Ward, Naseby Ward, Clifford Ward and Twywell Ward**. Lack of heart monitors and the poor state of the environment and decoration was also mentioned for Twywell Ward.

   The hospital investigated the complaints and responded to the patient’s relative in detail. The relative felt that the complaint process had been drawn out after the original timescale of 6 weeks was extended to 12 weeks.

   We received further details of serious complications with the patient’s care and treatment in September 2013 that could have been prevented if **A&E** doctors and staff had acted upon a recommendation given to them by the patient’s spouse and recorded it in the medical notes. This recommendation had come from a consultant in an outpatient clinic. This information was reportedly not communicated to staff on Twywell Ward, resulting in the patient becoming unwell. An investigation by the hospital confirmed that the information had not been recorded and the spouse is very concerned about the lack of documentation, failure to communicate and failure to listen to patient relatives who have vital information. Any reasons not to follow the advice were not explained to the patient or spouse.

2. We heard from one person who was unhappy about how long her relative had to wait for KGH to sign a critical illness insurance claim form during May-July 2014. The insurance company allowed 4 weeks but KGH reportedly took 9 weeks, causing financial difficulties for the patient. The relative spoke to the

Patient Advice and Liaison Service (PALS) and the staff member's secretary and had to escalate the issue to the Chief Executive Officer (CEO). The relative had to chase the hospital numerous times. When asked, the doctor's secretary said "the form is on their desk, I can't do any more".

During the patient's treatment the family also had to 'battle' for appointments and paperwork, e.g. a nurse at Northampton General Hospital said that KGH would not send the results of a test over, which had be done again. The patient also received little in follow up or advice about recovery and no information on discharge about therapy.

3. A patient seeing a specialist in 2014 told us about aspects of poor communication, which have caused confusion and delayed treatment and could have been avoided. Examples include:

    - it was not always clear how to book appointments
    - a prescription was not issued because a nurse was on annual leave and the secretary advised missing tablets until the nurse returned, which appalled the patient and their GP – the patient did not think the secretary was qualified to give this advice
    - the patient has not been offered any emotional support during their trying treatment and feels that counselling should have been offered or "at the very least for the nurse to ask at each appointment how we are".

4. Another patient mentioned communication issues from 2011, including difficulty in understanding doctors English and being told different things by different doctors (one doctor saying to stay the night and one sending the patient home instead).

5. Both relatives of patients on Barnwell B ward (section 5.1.1) mentioned ward staff not listening to them.

5.3 Treatment

5.3.1 Negative experiences

1. Clinic and Deene B ward, May 2013-May 2014

We heard from the relative of a patient who had to wait a long time for an appointment and was "misdiagnosed and seriously let down" by KGH. The patient suffers from a bowel disease. An issue arose requiring an appointment in May 2013 but three appointments were cancelled before the patient received an appointment in September 2013, by which time they had developed further complications and had to be admitted to KGH for an operation in October 2013.

The patient's care on the Deene B ward was described as "very poor". The patient's wound did not heal and they required nurse visits at home twice a day in December 2013. By May 2014 another diagnosis was suggested and the patient's GP referred the patient to a hospital in London after being "upset" by the way the patient had been treated at KGH. The treatment at the other hospital was "brilliant" and resulted in improved health. The relative is disappointed that the doctors at KGH did not discover why the patient was not healing despite a nurse suggesting the cause in November 2013.

The relative did complain on the patient's behalf but the response was poor and it took from November 2013 to May 2014 to receive a written response. The relative thought the letter was an unsatisfactory response but felt "too exhausted to pursue the issue".

2. Treatment for a fractured wrist in A&E, September 2011

A patient told us that the way their wrist was set and plastered after an accident resulted in it being permanently bent. The patient stayed overnight stay and described all the staff apart from the doctors as "excellent".

5.3.2 Positive experiences

1. Bowel Screening Unit and Centenary Wing oncology, Spring 2013

A patient told us of an "outstanding example of medical professionalism" by KGH and Spinney Brook Medical Centre (GP practice). They were impressed by the speed in which they received follow-up investigation (within 7 days of returning screening card) and treatment (within 6 weeks of investigation) and "cannot speak more highly" of the doctor, their team, and nursing staff. They thought that their care had been "far above their expectations". They also praised the Centenary Wing doctor, nurses and clinical trial specialist nursing team for being "compassionate, caring and understanding in every aspect of my care and treatment" and appreciated the doctor arranging counselling from a cancer support psychologist.

2. Treatment Centre, Ear, Nose, Throat (ENT), March 2014

A patient operated on by an ENT doctor in the Treatment Centre at KGH was "very impressed by all the treatment they received before, during and after their operation". All the staff were "pleasant and helpful" and checked the patient's condition regularly.

5.4 Discharge

1. Lack of aftercare, 2013

We heard from a patient who spent a week on Deene Ward last year. The patient was surprised that they had to arrange their own aftercare and had to seek advice about how best to recover and what they should and should not do from a nurse friend. The patient thought that others might not bother to do this.

The patient also mentioned having to wait in a corridor with paramedics for 1 hour at A&E (holding up the paramedics) and that all the staff worked hard and were caring and attentive. They observed 12 hours shifts, which they thought were too long.

2. Discharged awaiting treatment, November 2013

A relative of a patient treated for cancer, initially at KGH, told us how the patient was referred to Northampton General Hospital (NGH) for surgery in early December 2013 but there were no beds available so the patient was discharged with instructions to contact NGH if they did not hear anything. The patient was admitted late January 2014 but it was too late to operate. Whilst the lack of beds at NGH is not the responsibility of KGH and the review says that the patient was treated in a timely fashion, the patient's family are left wondering if more could have been done by KGH to control the cancer instead of discharging the patient.

5.5 Issues with the complaints procedure

5 of the above experiences had issues with the complaints procedure at KGH, 3 being unsatisfied about the speed of response from the hospital, one feeling that there was a "cover up" and one still waiting for a meeting with the hospital after 10 months.

6. Make Your Voice Count

6.1 Positive comments

7 of the 214 respondents to our survey mentioned positive experiences of KGH.

3 people mentioned receiving appointments or treatment promptly: and there were 4 mentions of good treatment. Comments included:

- “Kettering General first class, excellent diagnosis of hidden condition and prompt follow up appointments.”
- a good experience of breast cancer care, being treated with dignity and compassion by “helpful, pleasant staff who dedicated time to discuss in private any issues”
- a very good experience of efficient and caring diagnosis and treatment in A&E in 2011 and being “treated with the utmost care and efficiency from the moment we arrived to our diagnosis…We cannot speak highly enough of them, all the staff were wonderful.”
- “Great experience, appointments on time, clean and friendly staff.”
- “Referred to Kettering Hospital, received appointment swiftly, operation booked within 8 weeks of seeing GP.”
- “Good Orthopaedic services at KGH.”
- “Lots of attention given to the falls policy - they make sure training is given and if nurses can't attend the training comes to them”

6.2 Negative comments

9 of the 214 respondents to our survey mentioned negative experiences of KGH or areas that required improvement.

3 of these were negative experiences of A&E at KGH:

- “Recent A&E admission at Kettering General Hospital was concentrated on trying to discharge patients at the end of four hours irrespective of health conditions.”
- A patient who had broken their ankle but was not helped to get to X-ray.
- A relative told us how an A&E receptionist put a less urgent note on the system for the patient rather than the more urgent issue the GP letter stated. The relative spoke to a triage nurse who immediately prioritised the patient.

2 people mentioned poor treatment:

- “Went to Kettering General Hospital to have impacted tooth removed, caught infections and ended up with sepsis and had to have two operations.”
- “Misdiagnosed. Spent 5 days in KGH then was told they had overbooked for my procedure even though I was classed as an emergency. I was sent to Leicester General on my own in a taxi with my medical notes.”

One person mentioned “poor maternity services at Kettering General”.

One person said that their hospital appointment had been cancelled twice, once one week beforehand and with no ‘real reason’ given.

One person mentioned parking as something requiring improvement.

7. Learning Disability Partnership Board

As part of our Make Your Voice Count campaign in September 2013, we held a joint event with the Learning Disabilities Partnership Board to find out what people with learning disabilities thought of the services they were receiving in Northamptonshire.

Over 60 people attended the event, the majority being people with learning disabilities who use health and social care services. We heard 9 comments about KGH, 5 positive and 4 negative.

7.1 Positive

4 comments were about the liaison team and nurses, and the pathway for and awareness of people with learning disabilities:

- We heard about a great example of good care at KGH who employ a young man with learning disabilities to work with patients with learning disabilities and staff to improve communication
- "Pathway for people with learning disabilities, was implemented and worked well, needs were met appropriately (reasonable adjustment made)"
- "Good contact with Liaison team at hospitals"
- "Better awareness of learning disabilities service users at A&E in Kettering/Northampton since 2009"

4 comments were about general experiences of wards and treatment:

- "Clifford Ward at KGH - Good experience at Hospital, good nurses"
- "Good experience at KGH and made friends"
- "Teeth out at KGH - First class service"
- "KGH good - fixed hip"

7.2 Negative

1. "KGH not consistent, some days good, some days bad, been better since learning disability dedicated ward"
2. "Waiting time in A&E is long at KGH. Wait for operations is long and lots of cancellations"
3. "After making complaint at KGH - did have a good experience - shouldn't have to make a formal complaint"
4. "Private sector workers expected to stay and support patient in KGH"

8. Musculoskeletal services (MSK)

The survey of patients using MSK services at KGH highlighted long waiting times for appointments as the biggest issues.

8.1 Rheumatology department:

- waiting times for appointments could be improved
- clinics running 1.5 to 2 hours late
- staff praised

8.2 Physiotherapy:

- patients had nothing but praise for the physiotherapy staff
- appointment waiting times could be improved

8.3 Pain Clinic:

- waiting times for appointments can take months.

9. Summary and recommendations

The views and experiences that patients and their relatives have told us have been quite divided. Many of the stories we have heard have been full of praise for KGH, particularly the staff, whilst others have been quite critical, and even distressed, about their care or that of a relative.

Based on the trends and themes summarised above, we would make the following recommendations:

1. **Staffing levels** – We have observed busy wards where some patients would have benefited from a higher ratio of staff to patients and have had feedback from relatives who felt that the care of elderly patients, in particular, would have been better if the wards were better staffed. We would like to see the Trust further develop their action plan on staffing levels and skill mix on wards in line with the guidance on safe staffing levels and best practice, particularly wards caring for elderly patients.

2. **Ward environment** – HWN recommends that all wards maintain clear and up to date patient information noticeboards and leaflets. We have also made a number of recommendations to improve the quality of the ward environment, including refurbishments and repairs to flooring, removal of clutter around beds and increased use of bedside lockers, and the purchase of washable plastic bowls for the storage of patients' possessions at the bedside (rather than using vomit bowls).

3. **Equipment** – We have heard about occasions when wards have to share observation machines while others are being repaired. We recommend that the hospital considers purchasing reserve equipment.

4. **Food** – Whilst most patients are happy with the quality of food, some (mainly elderly patients) were receiving their lunch late and close to their evening meal. We are glad that this has reportedly been rectified and hope that the timing of meals continues to be considered as well as the food quality. We recommend that timings of meals are carefully monitored to ensure patients' needs are met.

5. **Staff training** – HWN recommends that additional or regular training of staff at all levels (i.e. clinical staff, health care assistants and receptionists) is delivered to address the issues in care highlighted in our report. In particular, we recommend that staff are encouraged to listen to patients and relatives and their recommendations and talk to them about how they can help to care for the patient. We are pleased to learn that the Trust plans to deliver customer care and communication training and plan to improve dementia care.

6. **Dignity** – HWN recommends that the Trust considers investing in bedding which

is appropriate to the temperature on the ward (such as thinner blankets in the summer) to help preserve patient dignity.

7. **Complaints handling** – HWN recommends that a timely response to complaints is prioritised and that staff at all levels are aware of the complaints processes and patients' rights. We are pleased to hear that a new approach to 'Making a Complaint' is being developed.

8. **Discharge** – HWN is aware that the Trust has reviewed the discharge process and we are pleased to hear of actions taken through the Discharge Summit. Discharge planning should commence as soon as patients are admitted to hospital, so that the appropriate care packages are in place to facilitate timely discharge. Patients not requiring care packages should also be given advice on their recovery and any follow-up appointments and therapy. HWN also recommends that patients and relatives are informed of discharge arrangements with adequate notice, that specific times are given where relatives need to make arrangements, and long waiting times for discharge letters and medicines are reduced.

9. **Patient experience** - HWN recommends that KGH continues to monitor patient experience across all areas and also seeks to address the apparent variability of quality of care demonstrated in this report by encouraging staff at all levels to prioritise the experience of the patients, their relative and visitors. We also recommend reviewing the parking arrangements, particularly for A&E, and reducing the price of the A&E drinks machines (a number of people mentioned that they were too expensive).

10. **Volunteer and community sector** - HWN recommends that KGH work with the local voluntary and community sector to explore how volunteers and community services (such as Age UK's Hospital Aftercare service) can help support early discharge and aftercare, reduce visits to A&E, and support better management of long term conditions. HWN also recommend increasing the use of Age UK staff working on elderly care wards at KGH, which has increased dignity, reduced social isolation, and improved care of elderly patients and those with dementia, freeing up ward staff the complete other tasks. Age UK staff at Northampton General Hospital assist elderly patients in A&E, improving their wellbeing, dignity, understanding and comfort, and preventing unnecessary admissions. HWN recommends KGH consider providing the same service in A&E.

10. Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank Kettering General Hospital for supporting our access to wards and departments, the HWN volunteers who conducted hospital visits and surveys, and all the members of the public who spoke to us.

Appendix 1 – Summary of recent ward visits

Notable findings relating to patient experience from the most recent visits to each ward/area are summarised in the table below. All other aspects of the 15 Steps Challenge tool were compliant. The findings from older visits are available on request. Action plans have been produced by the hospital in response to most of the recommendations.

Ward/Department and date of visit	Positive findings	Negative findings/recommendations
Ashton ward 11/12/13	• The ward has an 'Education' Board which included Keeping Patients Safe: NEWS scores: Improving patients outcome following a cardiac arrest • Patients we spoke to said that there was a good response to the call bells • We observed staff helping patients to use walking aides which they did with care and concern • We were impressed by the idea of using the Christmas Tree to gather patient comments and there had been a good response • The patient board was clearly set out • All the patients we spoke to thought the food was good but thought there was a long wait between supper at 4.30 p.m. and breakfast	• We could not find the Cleaning Schedules displayed and brought this to the Ward Sister's notice • There was some clutter on the window sills • There was quite a bit of chipped paintwork • Patients thought there was a long wait between supper at 4.30 p.m. and breakfast • The walking aides and other equipment has been stored in an alcove at the end of the ward so does not clutter the environment but we have suggested in the past and reiterated our thoughts that a screen to shield this equipment would add to the tidiness of the ward
Barnwell B ward 10/12/13	• Audit reports were well displayed • Interaction with patients was positive – we questioned voice tone and manner	• The desk was not staffed when we arrived and no sign to indicate it was reception • The corridor area was cluttered with equipment and walking aides. There was nowhere else to put this equipment

		• The bedsides were cluttered. Urine bottles on the bed and bedside tables • No patient information leaflet as far as we could ascertain • After we had made a note of the staff attitudes we noted on one board that this issue had been raised on 3rd December
Barnwell C ward 14/05/14	• Staff attitude was pleasing and there was a happy team spirit • Patients all commented on the "Good care they were receiving" • All patients said they were happy with food	• Clutter in some areas • Not all patient bedside information had names • Information about protected mealtimes not displayed • Not all ward board information is up to date, although ward is changing styles soon • Linen bags need to be fitted to the holder as they were on the floor and could cause a fall as was the case on this occasion • Some areas could do with repainting • Encourage use of lockers for some patient possessions
Clifford ward 03/02/14	• Patients were happy with their care • Patients we spoke to said call bells were answered promptly • We spoke to some relatives who were more than satisfied with the patient's care and support they had received • Patients we spoke to said the food was good	• There is a lack of storage on the ward and no Day Room or Relatives Room – as noted in past reports • A business case is being put forward to convert the shower/storeroom– something we endorse

Cranford ward 08/08/14	• The ward was welcoming and staff were with patients during all of our visit • Matron holds an 'open meeting' for staff every Friday • Patients seemed broadly pleased with their care and the staff	• One patient said he had waited for half an hour for a call bell response • Hand gel not in all areas such as foot of the bed • We noted vomit bowls are still being used for patients' fruit etc. • A patient found the noise from the Nurses Station at the foot of his bed annoying • No dressing gowns or cardigans to keep patients warm • One member of staff could improve bedside manner • Notice board information is well displayed but more boards are needed both downstairs and especially upstairs • Member of staff said an information leaflet relevant to stroke patients needs to be produced and stroke information on the notice boards updated
Deene A ward. Now Deene Acute Surgical Unit 25/02/14	• Well run ward • Other information well displayed, and rest of review positive • Dirty windows (outside) spoils the appearance of an otherwise clean and tidy environment	• Were not displaying information about net promoter and patient/visitor feedback. • Suggestion to add information to notice board • The outside windows are quite dirty and it is queried how often these are cleaned.
Deene B and C wards 19/06/14. Reconfiguration of	• Despite ongoing changes the ward was running smoothly	• There was no information about uniforms on display.

Deene Wards underway. Intend to revisit when division of ward is complete	• Patients in the Deene C Bay said there had been some confusion about visiting times as Deene B & Deene C times differed but were now the same	Aware that this information needs to be finalised Trust-wide and will be displayed when available • Suggested that the names of the nurse and Healthcare Assistant (HCA) on duty should be displayed daily in each bay • Suggest the visiting times are made clear to all new admissions
Geddington ward 14/01/14	• Patients spoken to were happy with the care provided • Patients were happy with the food offered • Friendly greeting from ward sister. Members of staff asked if we needed assistance • Area free from clutter • Evidence of equality and diversity needs being met	• We asked if patients were still being admitted through Day Case and arriving on Geddington post op. The ward sister told us that patients found this unsettling and she was making a case to use areas designated for private patients but to date unused to facilitate areas for waiting on admission and for discharge • No bedside names displayed
Harrowden A ward 22/07/14	• The ward was busy but very well organised and calm. This was an excellent example of a well-run ward. All the patients were happy with their care and food. We saw attentive staff and there was also a good atmosphere as we entered • A patient said they would recommend the hospital	
Harrowden C ward 22/07/14	• Interaction was very good and we were made extremely welcome by all the staff on the ward • There has been a noticeable improvement in this ward and we felt that they should be very proud	• More notice boards and photos of staff uniforms • Staff felt patients would like it if Royal Voluntary Service could come more often

	• Patients were very pleased with the food and drink	
Lamport ward 02/07/14	• Patients were all very happy with their care and the food. They had no complaints	• Staff did not seem too sure of information for all of the ward notice boards • Attitude of a member of staff towards Healthwatch volunteers unacceptable. Reported to matron • The staff were not entirely happy and felt they were short in number • The ward was exceedingly busy and felt chaotic and in one bay there were offensive smells • The ward boards require completion we were informed that there is not space for all the boards to fit in. Suggested create more space
AM Lee ward – this ward is now closed 13/09/13	• Staff were with patients and answered call bells promptly while we were there • One patient complained that bells were not answered very quickly	• Notice boards need improving • Environment issues – showers need to be more accessible for elderly patients • Risks to patients – sharp corners on radiators • Need bowls for fruit • Better furniture for day room • Interim ward clerk needed
Lilford ward 27/02/14	• Positive feedback about staff • Positive feedback about noticeboard on ward	• With extra information that needs to be displayed we suggested an extra board is needed
Maple ward 22/04/14	• Ward Information Leaflet is given to patients at pre-assessment	• Nurses Station is not fit for purpose with staff members and visiting doctors vying for places and computers

	• On the whole uncluttered and clean environment • The notice board is colour coded and relevant information added	• There is also the sluice adjacent to the Nurses Station which can only be accessed by passing in front of the Station with full bed pans. • The sluice itself is not fit for purpose and we have recommended twice in the past that this be addressed • The Royal Voluntary Service trolley visits infrequently • Ward notice board needs improving, need to add other staff members • Nurses work station needs to be improved and located away from sluice • Fresh paint on walls needed and chipped floors need attention
Naseby A ward (post-reorganisation) 08/07/14	• Patients reported having access to matron and senior staff • Patients were very pleased with the food both choices and quality • Patient relative stated very happy with care and would recommend the hospital	• Had to find staff to be greeted, everyone was busy it seemed • There seemed to be too many urinals on bedside tables and lockers • Some of the nursing staff did not appear to know about the role of Healthwatch and their attitude was not welcoming.
Naseby B ward (post-reorganisation) 08/07/14		• Had to find staff to be greeted, everyone was busy it seemed • The staff could have a more friendly approach
Oakley ward 31/01/14	• Patients we spoke to said call bells were answered promptly	

	• We observed appropriate interaction with patients • We spoke to some relatives who were more than satisfied with the patient's care and support they had received • Patients were happy with their care • Patients we spoke to said the food was good	
Rowan ward/Ward 6 22/04/14	• Good patient care observed • Environment clean	• Bedsides cluttered by patients. This an ongoing problem. Information to patients required? • Notice board required – information was stuck on walls. Also suggest notices are laminated in future • Chipped floors • Walls clean but needs paint throughout.
HC Pretty A & B wards (post-reorganisation) 04/07/14	• Considering the ward had only been open for 2 weeks the organisation of patient care was good • The bedside information was complete in most cases	• There was hand gel missing from some parts of the ward • There was no ward information leaflet for patients • Trolley lid was left open and the door unlocked for patient notes • Some patients had no indication of diet requirements. One patient had no name displayed • A lot of work to be done with regards to information required for display on the ward boards and it was clear the Matron knew this. Hard to read colour displays

		• Paintwork and floors improvement needed
Skylark ward 14/02/14	• Good patient feedback. • Felt like a safe, friendly, calm and well-organised ward • Staff were all friendly and very helpful • Good, welcoming and child-friendly reception area • Staff interactions appropriate for children • Everyone was satisfied with food	• Some notice board information not visible
Spencer ward 08/01/14	• Staff are constantly with patients and aware of those needing immediate attention • We spoke to some patients who said the nurses looked after them well • Notes tidily stored and ready for use • Patients were happy with the food and drink supplied	• Although the Matron was available to meet with us her office is quite a distance from the ward and we suggest this could cause complications if she was needed urgently on the ward • Matron's office should be closer to ward
Twywell ward 02/07/14	• Patients were happy with care given • Patients thought food was good	• Some of the call bells were on the floor • Notice boards need to be improved. The orientation board had several pieces missing. Names above beds should be complete
Cancer Care Unit, Chemotherapy Services Supportive Treatment Unit (CSSTU) 08/01/14	• Patients we spoke to were happy with their care and one said it would be difficult to find any faults • Patients we spoke to were happy with the food provided	• Ward cluttered in areas • Notice boards lacked information about ward staff • Notice boards need improving, the information displayed was sparse. Suggest a display board is needed

	• Ward clerk greeted us in a friendly manner and checked our details with the Sister on Lilford Ward	
Centenary Wing 22/01/14	• We observed staff caring for patients and patients told us that the care was second to none • Patients told us they had information given to them. We noted a leaflet about making a compliment or complaint • Staff attitude was caring and compassionate • All nursing staff were very friendly and helpful • We spoke to several patients and their relatives and all had only good things to say about their care. We understand that because of the frequency and regularity of visits there are friendships made and valued	• No deputy ward sister to make decisions • No information about who is who on the ward • Information about staff team not on display
Day Case Unit 14/01/14	• The ward was very well organised and calm and patients were happy with the care given • Friendly greeting and offers of help if needed • Nurses checking patients constantly • Selection of sandwiches and biscuits, hot and cold drinks available. Patients were happy with this	• Some information not displayed on notice boards • No evidence of peer review
Ear, Nose, Throat (ENT) 05/02/14		• There are complications with the new Patient Transport Service. In the past drivers would wait while the patients

		attended clinic and then take them home. Now they leave the patient which sometimes means transfer from ambulance trolley to clinic trolley. The patient is then left with no guarantee of when the transport will arrive to collect them thus causing delays • A staff member said they would like a curtain in the disabled toilet facility to preserve patient dignity when staff take them to the toilet • The toys in the Children's Waiting Room go 'missing'. We suggest a volunteer to work with children in their waiting room would be an asset
Intensive Care Unit (ICU) 20/01/14	• The greeting was friendly and staff helpful • We observed nurses tending their patients with care and consideration • The whole area is bright and calm	• We did not see any information about the staff team and Ward Sister displayed
Maxillo Facial 11/03/14		• Information boards need to comply with 15 steps audits
Middleton Assessment Unit (MAU) 03/02/14	• Use of Dove cards on bedside curtains to signify a deceased patient is a good idea • Greeted warmly and help offered if needed by the Sister in charge • Patients told us call bells were answered promptly • Patients said they were well informed	• We note that the three observation beds are still behind the Reception area and concern has been expressed in the past about the noise and bustle disturbing patients especially at nights

	• We observed nurses with patients and the interaction was caring and appropriate • The ward is not spacious but does not appear cluttered • Patients we spoke to thought the food was fine • Good leadership by the Ward Sister was apparent • The ward very busy but well organised and staff were with patients throughout our visit	
Special Care Baby Unit (SCBU) 20/01/14	• No negative comments. Former patients raise money for unit, it's so well regarded • We were given a friendly greeting from members of staff • Staff we spoke to and observed were very caring • The ward area is small but does not appear cluttered • Space is used for best purpose	

Appendix 2 – 15 Step Challenge Tool form

Kettering General Hospital NHS
NHS Foundation Trust

The Fifteen Steps Challenge
Quality from a patient's perspective
Part of the Productive Care resources

The 15 Steps Challenge – what to look out for….

This section is not a checklist but will help structure your observations.

Key: Green – Fully compliant
Amber – Making good progress
Red – Improvement needed

Welcoming

Questions to ask yourself	Comments		RAG
Using my senses – what can I hear, smell, see, feel, touch?			
How does this ward make me feel?			
What is the atmosphere like?			
What interactions are there between staff/patients/visitors?			
Is there visible information that is useful and re-assuring? What is it?			
What have I noticed that builds my confidence and trust?			
What makes me less confident?			
Things to look out for:	**Y/N**	**Comments**	**RAG**
Welcoming reception area.			
2. Welcome signs *e.g. Reception*			
3. Acknowledgement on arrival – eye contact, smiles, a greeting, staff ascertain identity.			

4. Ward Board is up-to-date and current.			
5. Is there information about what the uniforms mean			
6. Is there evidence that the ward is accessible to those with disabilities? *e.g. corridor clear from clutter.*			
7. Visiting times are evident.			
8. Information and evidence of protected mealtimes on the ward			
9. Information about who the staff team are and who the ward sister is.			
10. Contact information for relatives and visitors is visible. *e.g. ward phone numbers*			

b. Safe

Questions to ask yourself	**Comments**	**RAG**
What do I notice about safety issues?		
Does this ward appear to think that safety is important?		
What information tells me about the quality of care here?		
What tells me that staff are concerned about safety and preventing hard. *e.g. infections, falls?*		
How are medicines managed on the ward?		
What have I noticed that builds my confidence?		
What makes me less confident?		

Things to look out for:	Y/N	Comments	RAG
1. Hand gels are available and used			
2. Rubbish/dirty items and linen are disposed of appropriately and not visible *e.g. linen skip not overflowing*			
3. A clean environment. *e.g. bedsides not over cluttered*			
4. Clear information about infection control. *e.g. patients offered hand-washing*			
5. Patients have access to call bells, drinks, side tables and walking aides they might have			
6. Patients and staff have identification bracelets			
7. Bedside patient information is accurate. *e.g. name spelling, diet*			
8. Can I see information that says the ward is improving in identified areas? Is the information clear and understandable? *e.g. Infection Control figures.*			
9. Evidence of appropriate drug storage. *e.g. cupboard locked*			
10. Equipment and environment appears to be well maintained e.g. observations machines clean and tidy.			

Caring and involving

Questions to ask yourself	Comments	RAG
What behaviours can I see that do or do not inspire confidence?		

How have the staff made me feel?		
What can I understand about patient experience on this ward?		
Are there any indicators that patients and carers are involved in their own care?		
How is dignity and privacy being respected?		
How are staff interacting with patients (are lower voice tones used for private conversations)?		
Can I observe good team working take place?		
Is the routine of the ward evident to patients *(e.g. when ward rounds happen, mealtimes, drinks, when the League of Friends trolley comes round?*		

Things to look out for:	**Y/N**	**Comments**	**RAG**
Staff are with patients e.g. patients report staff readily available, easy to access. *e.g. call bells answered*			
Patient feedback is displayed. *e.g. Net Promoter scores displayed, peer feedback forms.*			
Staff contact is evident *e.g. intentional* rounding, checks			
Patients are dressed to protect their dignity appropriate to time and conditions.			

Information is seen that empowers patients e.g. they can wear their own clothes, choose their meals – patient information leaflet, menu booklet, complaints process.			
Curtains are long enough and close fully. *e.g. patients report staff enter after checking first.*			
Signs that equality and diversity needs are being met. *e.g. LD patient has 'Helping Me In Hospital' book.*			
Visiting times demonstrate consistency and flexibility and visitors have access to chairs and space to visit. Patient carer badges in use.			
Ward routine is clear for patients *e.g. times of ward rounds explained, WRVS trolley.*			
Interaction with patients positive. *e.g. appropriate responses, voice tone observed*			

Well organised and calm

Questions to ask yourself		
Does the ward feel calm or chaotic.		
Is essential information about each patient clearly visible (even where names are anonymised)?		
Is there evidence that equipment is stored in particular places and where it should be.		
Are there doors open to other rooms? *e.g. stock/linen cupboard, staff room or kitchen? Do they look well organised, clean and uncluttered?*		

Things to look out for	Y/N	Comments	RAG
An uncluttered, clean environment, including nurses' station, hallways, bays and visitors area. *e.g. corridor not cluttered, notes not stored on the floor*.			
Clear signage to rooms, WCs etc., reception.			
Well maintained, appropriate e.g. non-slip, and clean condition of walls, floors, windows and ceiling e.g. chipped paintwork, holes in floor sealed.			
Staff have easy access to patient information that is visible and organised. There is a transparent and communal information board. (Patient Status at a Glance board) *e.g. Trustwide notice board. e.g. Trustwide notice board.*			
Patient boards show evidence of co-ordination between different departments.			
Ward pantry clean and tidy e.g. sink not stacked with dirty dishes, sides clear.			
Lighting – is appropriate to time, bedside lights working.			
Equipment stored tidily and managed e.g. staff return equipment after use, stock cupboards are clearly labelled and stock put away			

Notices – are appropriate, relevant, laminated, dated. Removed if not needed.			
Patients notes are stored appropriately e.g. in the trolley, not left at the desk.			

Your local priorities

Questions to ask yourself		
(Agree these with the 15 Steps Challenge team in advance) Remember to ask questions about how this priority made you feel, what your senses can tell you from first impressions, what behaviours and interactions are linked.		

Things to look out for:	**Y/N**	**Comments**	**RAG**
(What would patients, relatives and visitors notice about this priority from their first impressions?)			
Staff dress code – clinical staff e.g. hair, jewellery, doctors bare below the elbows			
Visitors interactions with patients and staff are positive and demonstrate mutual respect			
Ward leadership – the Ward Sister is visible, available and responsive to patients, visitors and staff e.g. patients report this and give examples.			
Nutrition – patients views on food and drink			
Friends and family – would you recommend KGH?			

Kettering General Hospital NHS
NHS Foundation Trust

The Fifteen Steps Challenge
Quality from a patient's perspective
Part of the Productive Care resources

15 Steps Challenge Team – Reviewer Recommendations

Ward Matron : **Lead**
Nurse:
Ward area:
Date of Review:

Section	Comments	Recommendations	RAG

Reviewer Name:

Kettering General Hospital NHS
NHS Foundation Trust

The Fifteen Steps Challenge
Quality from a patient's perspective
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15 Steps Challenge Team – Ward Actions

The Reviewers Names:
Ward Sister: **Matron:**
Ward area:
Date:

Section	Comments	Actions	By Who?	Agreed Date	RAG