



## Healthwatch Northamptonshire

A Summary of Patient Experience at Kettering  
General Hospital NHS Foundation Trust, 2013-2014  
November 2014



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# Summary

In August 2014, Healthwatch Northamptonshire submitted a report to inform the Care Quality Commission (CQC) inspection of Kettering General NHS Foundation Trust (KGH) that took place in September 2014. We have summarised our report in this document.

Our report brings together all the information and insight we have in relation to patient and relatives' experiences of the hospital that we have either observed or patients and the public have shared with us since Healthwatch Northamptonshire was established. This includes our visits to the hospital since April 2013, patient surveys we have conducted, complaints we have received about the hospital and further experiences we heard about in response to a request for feedback in July and August 2014.

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 - especially caring and efficient 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. Themes emerging from this feedback include issues to do with care and dignity of patients, communication issues, poor environments, lengthy discharge waits and staffing level concerns. Some of the people contacting us were clearly distressed about their experiences.

Our aim in the report is to reflect, in an accurate and fair way, the information we have received.

The full report is available on our website.



## 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.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- 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 find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. 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 have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.



## Sources of information

We have obtained information through a number of different sources:

### 1. Visits to departments and wards at Kettering General Hospital

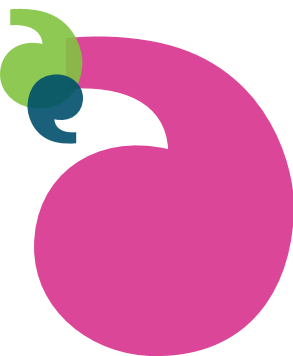
Between April 2013 and August 2014 Healthwatch Northamptonshire (HWN) volunteers made 106 visits to 34 of the wards, units, clinics and departments at KGH. Our trained volunteers observed the care on the wards and spoke to patients about their experiences. A full list of areas visited and details of the methods used are in our full report.

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<sup>1</sup> once, at least 52 patients were spoken to. The Discharge Lounge was visited 20 times and at least 45 patients were spoken to.

### 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 heard from 16 people and received details of 18 experiences (one person told us about three occasions of care). 5 experiences were positive, 10 were negative and 3 were mixed experiences.

<sup>1</sup> The hospital opened its Ambulatory Care Unit in June 2013 to help ease pressure on A&E. It consists of emergency, consultant-led clinics that A&E, wards, and GPs can refer patient to for same-day treatment but without admission to a hospital bed. It has its own consultant, advanced clinical nurse practitioner and 15 staff and is open seven days per week.



### 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.

### 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.

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.

### 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.





# What we heard



4% of people who  
completed our county-  
wide Make Your Voice  
Count survey  
mentioned poor  
experiences at KGH



8 people contacted us to  
tell us about experiences  
of poor care and being  
treated with a lack of  
compassion and dignity



We visited A&E  
13 times between  
June 2013 and  
August 2014...

... Most patients  
were satisfied or  
very happy with  
their treatment



20 visits to the  
discharge lounge  
at KGH have shown  
that patients are  
commonly  
experiencing  
unacceptable  
waiting times to go  
home



18 people responded  
to our media call to  
tell us about their  
experiences of KGH

10 of these were  
negative

## What we heard

A full description of what we heard from patients and members of the public is included in our report for the CQC (available on our website).

### Care and dignity

From our ward and department visits and from our request for further feedback, we have heard from many patients and relatives who were very positive about the care and treatment they received. We have also heard of poor experiences that have had quite an impact on patients and relatives and we have seen for ourselves some of the areas that require improvement. For example, during our ward visits there have been occasional incidences of patients not being treated with sufficient dignity. We observed one patient left in an exposed state.

8 people contacted us to tell us about experiences of poor care and being treated with a lack of compassion and dignity. Themes include:

- Concerns and complaints about the care of elderly patients, including incidences of patients not being assisted or supervised enough to adequately toilet, sit up, prevent falling and eat meals, and patients being distressed
- Complaints about lack of dignity, including staff not providing enough assistance to preserve dignity, staff not being discrete and inadequate hospital gowns. One person described feeling “humiliated and stripped of their dignity”
- Experiences of poor and degrading care from staff, including an example of alleged forceful positioning of a patient’s head, poor explanation of treatment and inappropriate comments
- Perceptions of unhelpful, unsympathetic and uncaring staff, including a member of ward staff who patients were allegedly “too frightened” of to challenge or ask for help

We were also told about very positive examples of care. Most of these mentioned the quality of care received from staff, such as taking time to explain treatment and the promptness of treatment (see treatment section below). Comments include, “the doctor took great pains to explain things to us and put us both at ease” and “helpful, pleasant staff who dedicated time to discuss in private any issues”.

“I felt humiliated and stripped of my dignity”

Assessment Unit patient

“The doctor took great pains to explain things to us and put us both at ease”

Skylark ward parent

## Treatment

Comments about treatment have been mixed. We received three specific experiences mentioning poor treatment and two comments about poor treatment from our ‘Make Your Voice Count’ survey. Themes include:

- Discomfort caused by poor treatment, such as a drip reportedly being left in too long, a wrist being wrongly set during plastering and sepsis caused from an infection during routine treatment
- Alleged misdiagnosis resulting in delayed treatment and/or worsening of conditions
- One person mentioned “poor maternity services at Kettering General”

We also received three specific examples of good treatment and 7 positive comments about treatment from our ‘Make Your Voice Count’ survey. Half of these people were impressed at receiving appointments or treatment promptly, including quick diagnosis and short waits for follow-up investigation and treatment. Comments include, “excellent diagnosis of hidden condition and prompt follow up appointments” and “referred to Kettering Hospital, received appointment swiftly, operation booked within 8 weeks of seeing GP.” Other examples mention helpful, professional and caring staff.



## Communication

Poor communication contributed to a number of the negative experiences we heard about. The most concerning are three cases where patient or relatives have felt that ward staff had not listened to them, which was upsetting, and/or there has been poor communication between staff. Issues include:

- Relatives not being listened to or acknowledged when trying to explain patients' needs or medical condition, possibly causing complications with treatment or inappropriate care
- Staff allegedly not recording and passing on information from relatives
- Poor communication of test results of treatment to patients and relatives and relatives being told they "had no right to complain"

Other examples of poor communication relate to appointments and other administrative issues, such as appointments being cancelled at short notice without explanation or being difficult to book, administrative staff giving poor advice, a delay in receiving insurance paperwork, and not communicating test results to another hospital.



“Excellent diagnosis of hidden condition and prompt follow up”

*Make Your Voice Count survey*

“Very depressing - noisy, large and very crowded”

*Twywell ward relative*

## Environment

During HWN visits to wards and departments our volunteers pay close attention to the ward environment. The visits have highlighted the need to improve the clarity of information for patients in a number of wards, including improved notice boards. Other recommendations made to improve the quality of the ward environments are:

- 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 and urine bottles on patient bedside tables)
- refurbishing several areas

The quality of the environment has improved greatly over the past year and the cleanliness of the hospital is of a high standard. However, two patient experiences we were told about mentioned the poor state of the environment and decoration, particularly on Twywell Ward. Several people mentioned insufficient and expensive parking.



## Staffing

Most of the good examples of care we received mentioned helpful and caring staff. Some of the poor examples of care described above were also related to staff attitudes and communication or attentiveness. Many patients or relatives linked their poor experiences of care to low or insufficient staffing levels. For example, the relative of one patient felt that more staff “would have let the staff develop a better relationship with patients, which would have improved the quality of care”.

Staffing levels have been highlighted by HWN volunteers following their ward visits, particularly ward managers not being visible and have been discussed with the hospital. The hospital’s response is that establishments, skills mix and nurse to patient ratios are good, but that 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 to no ward manager being visible on one or two HWN visits.



## Food

Patients spoken to during HWN ward visits were asked about the food they received. There was a variable quality of food - some patients were very positive and we are aware that KGH has been awarded a certificate for the quality of the food. A small number of people said they found 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.

We also heard from two relatives of food being left out of reach of patients or being of the wrong consistency for a patient to eat.

## Complaints procedure

Five of the people who told us about poor experiences had issues with the complaints procedure at KGH. Three were unsatisfied about the speed of response from the hospital (one waited for a meeting with the hospital for 10 months), and two were unsatisfied with the response - one felt that there was a “cover up”.



## Discharge

20 HWN 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.

Another four people who contacted us told us about being discharged without any aftercare being arranged or without being given much advice.

## A&E

During HWN visits to A&E, volunteers observed the running of the department as well as speaking to patients. 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 and thought the staff were caring and helpful. Positive comments include 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”. Two others told us about receiving excellent care and service despite having to wait.

Negative patient feedback from our visits, survey and request for experiences mentioned:

- long waits without information or refreshments
- expensive and insufficient parking
- poor recording of patient health information
- feeling that KGH A&E was “concentrated on trying to discharge patients at the end of four hours irrespective of health conditions”

## Musculoskeletal Services

The survey of patients using MSK services at KGH highlighted long waiting times for appointments as the biggest issues, with some appointments taking months. There was a lot of praise for staff but some clinics ran up to 2 hours late.

## Learning disabilities

As part of our 'Make Your Voice Count' campaign 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. Most positive comments were about the liaison team and nurses, and the pathway for and awareness of people with learning disabilities, as well as good experiences in general. The employment of a young man with learning disabilities to work with patients with learning disabilities and staff to improve communication was particularly appreciated.

The group also highlighted a less positive point - that patient's care workers can be expected to stay and support the patient while they're in KGH. Other negative experiences mentioned a lack of consistency in the treatment of people with a learning disability and long waiting times.



## 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, even distressed, about their quality of 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) 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 (thought to be too expensive by many).

## 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. This 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.

## Thanks and acknowledgements

Healthwatch Northamptonshire would like to thank Kettering General Hospital NHS Foundation Trust (KGH) for facilitating our access to wards and departments, the Healthwatch Northamptonshire volunteers who conducted hospital visits and surveys and all the members of the public and staff who spoke to us.





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