

Introduction

Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

Rationale for follow-up visit

Healthwatch Stockton-on-Tees carried out an investigation at the University Hospital of North Tees in January 2017.

This investigation was carried out following a number of pieces of work completed by Healthwatch Stockton-on-Tees in the University Hospital of North Tees, (between 2015 and 2016) where patients had reported that communication could be improved.

Communication report:

<http://www.healthwatchstocktonontees.co.uk/sites/default/files/commstemplate-reportfinal.pdf>

North Tees and Hartlepool NHS Foundation Trust Response:

http://www.healthwatchstocktonontees.co.uk/sites/default/files/response_to_healthwatch_communication_17_06_23_1.pdf

The purpose of the follow-up visit was to identify if any changes had been made as a result of Healthwatch Stockton-on-Tees' recommendations and to identify if patient and staff experience has improved.

Methodology

Healthwatch Stockton-on-Tees carried out follow up visits to the University Hospital of North Tees on Wednesday 20th June 2018 and Thursday 21st June 2018.

Healthwatch staff and volunteers visited various Outpatient Departments and the Discharge Lounge to gather patient and staff feedback.

(Please see Appendix 1 & 2 for a copy of the patient and staff questionnaires)

Healthwatch Stockton-on-Tees also requested a number of policies and procedures from the Trust to review as well as information about their Accessibility Standard Steering Group.

Results

Patient Feedback

Healthwatch Stockton-on-Tees visited various Outpatient Departments and the Discharge Lounge and completed questionnaires with a total of 90 patients.

Patients were asked **'Prior to your appointment or during your stay, were you asked if you needed any additional support for your visit to the hospital? E.g. Interpreter, hearing loop, large print etc.'** 83% of patients responded with 'No'.

Healthwatch Stockton-on-Tees spoke to these patients who responded with 'No' and it was identified that many of the patients who attend the Outpatient Department come for regular appointments. Patients explained that any additional needs had previously been discussed and noted by the Trust at their first appointment therefore when they attend for their follow up / regular appointments, this information did not need to be requested.

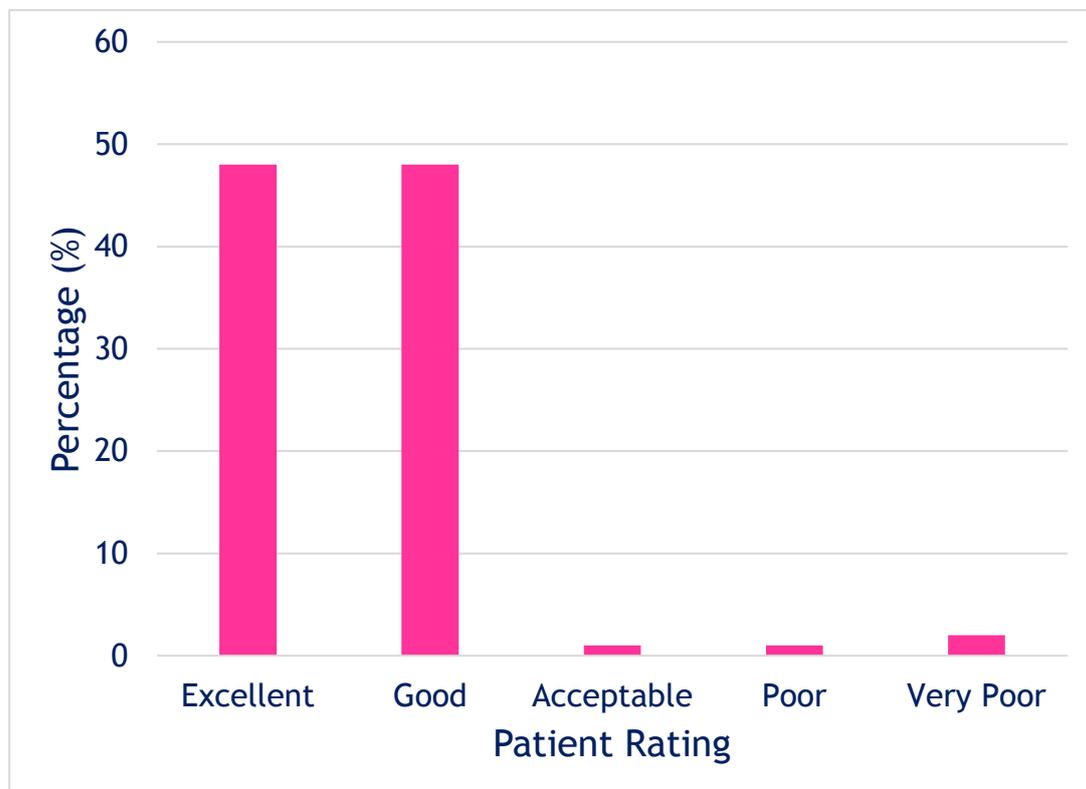
17% of patients who said they had been asked if they required any additional support informed Healthwatch that this was requested using various methods including; in appointment letters, over the phone and during face to face appointments.

Patients were asked ‘How much notice were you given for your appointment today?’ The results can be found in the table below.

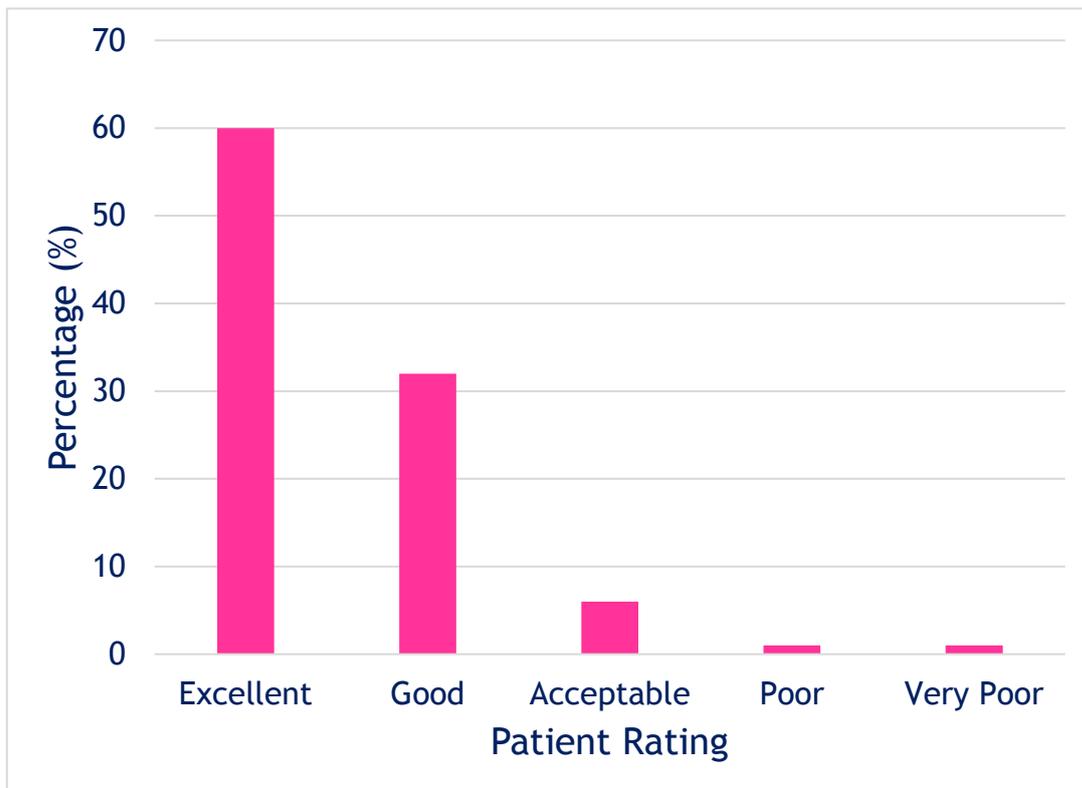
Number of days / weeks	% of Responses
1-2 days	11%
3 - 7 days	6%
1 - 2 weeks	12%
2 - 4 weeks	17%
4 weeks +	44%
N/A	10%

Healthwatch Stockton-on-Tees asked patients ‘When you have received written communication from the hospital, did it have your correct patient details on?’ 100% of patients said ‘Yes’.

Patients were asked ‘How would you rate written communication from the hospital?’ The results can be found in the graph below.



Patients were asked ‘How would you rate verbal communication from the hospital? The results can be found in the graph below.



Healthwatch Stockton-on-Tees asked patients for additional feedback and comments about their experience of communication at the University Hospital of North Tees.

The following comments are direct quotes from the patients:

‘Staff are willing to help and solve issues’

‘They are really good on the phone, made to feel looked after’

‘Always had good communication between myself, hospital and staff’

‘Hospital have been helpful in sending correspondence to new home address as GP have not updated this yet’

‘Staff are very friendly, helpful and polite’

‘I found the staff in the dental department very kind and they explained everything to me’

‘Some doctors are better at communicating than others’

‘Staff has always been lovely, consultant was very patient’

‘Never had any complaints’

‘Always had a lovely experience at the hospital’

‘Staff have always been excellent’

‘Written communication is always received promptly’

‘Everybody very friendly and helpful’

‘Wish they could have given me a bit more information than they did’

Patient Letters

Some patients informed Healthwatch that the communication could be improved with regards to patient letters. One patient arrived at the hospital for an appointment but was told on arrival that her appointment had been cancelled and a letter had been sent to them to inform them about this however she had not received it.

Another patient, who had a sight impairment, explained that although the information about her additional communication needs is logged on the system and all staff are aware of this when they come for their appointments, they continue to receive appointment letters in small print so they are unable to read them.

Staff Feedback

Healthwatch Stockton-on-Tees distributed a staff questionnaire in the Outpatients Departments and Discharge Lounge. 24 members of staff completed the questionnaire.

Accessible Information Standard

Healthwatch asked the staff if they were aware of the Accessible Information Standard, 42% said ‘Yes’ and 58% said ‘No’. Only one member of staff who completed the questionnaire had completed training about the Accessible Information Standard.

For more information about the Accessible Information Standard:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

TrakCare

***TrakCare or TRAK refers to the Trusts Patient Administration and Electronic Patient Records system (EPR) on which patients are registered, maintained, tracked, recorded and electronic patient information maintained and stored.**

Healthwatch asked staff ‘Since TrakCare has been installed, do you feel it is working well?’ 88% of staff responded with ‘Yes’.

‘Easy to track patients’

‘In some instances, it’s great’

Healthwatch received some comments about issues staff experience with the TrakCare system:

‘When TrakCare goes down, doctors find it hard to access new patient letters so this makes the clinics run behind’

‘Occasionally when the system is not working, it causes a lot of problems with clinics’

‘Still have a lot of issues with the system when changing templates and causes a lot of rework for admin staff’

When Healthwatch asked staff if they had received any additional training since TrakCare was installed, 17% said ‘Yes’ and 83% said ‘No’. However when asked if they feel they required any additional training on the TrakCare system, 79% of staff said ‘No’.

Healthwatch asked staff ‘**If you identified you would like any additional training on TrakCare, how would you access this?**’ Staff explained to Healthwatch that they would speak to their Manager or training department.

Identifying patients with additional communication needs

Healthwatch asked staff ‘**How do you identify if a patient has additional communication needs?**’ The majority of staff who completed the questionnaires were aware that this information would be available via the alerts on the TrakCare system.

The following responses were received:

‘There would be an icon indicating this on TrakCare’

‘Note on TrakCare or on the patient notes’

‘It should be in the referral letter, patient’s notes or on the clinical list’

‘It is written on the clinical list’

‘Staff are experienced and intuitively recognise patients who require extra support’

‘Nurses are visible in the corridors and waiting areas, so can identify patients when they arrive.’

‘An alert should be on TrakCare to make me aware of any additional needs, if no alert then I will add one on myself to make others aware’

‘Via ward handover, also verbally with patients and family’

Healthwatch asked staff ‘Once you have identified that a patient has additional communication needs, please state what you would do to accommodate this’.

The following responses were received:

‘Find out if an interpreter is booked if they need one’

‘Make sure it is documented for future visits’

‘Make sure the patient has the services that they require’

‘Ensure any requirements are recorded on alerts on TrakCare’

‘Notify the clinician’

‘Make sure I have the information needed to help the patients’

‘Ensure I had access to various communication services including braille information leaflets, interpreter, advocate or hearing loop’

Observations

During Healthwatch’s visit to the University Hospital of North Tees, the staff and volunteers made the following observations:

Hearing Loop Symbols

Healthwatch observed that there were a number of hearing loop signs on the walls and reception desks of each of the Outpatient Departments and Discharge Lounge. This sign indicates the availability of hearing assistance in the form of a hearing loop.



Signage for Departments

Healthwatch staff found the signage for the Outpatient Departments and Discharge Lounge to be in a clear font size and colour which made it easy for staff and volunteers to navigate around the departments.

Availability of University Hospital of North Tees Staff and Volunteers

When Healthwatch staff and volunteers arrived at the University Hospital of North Tees for the planned visits, there were volunteers at the main entrance of the hospital and at the entrance of the Outpatients Department who were offering support and guidance to patients and visitors.

Members of staff were also visible around the Outpatients Department offering assistance to patients as they arrived. E.g. giving directions to the waiting areas for the different department e.g. ENT / Ophthalmology.

Notice Boards and Signs

In the Outpatient Departments, there were notice boards at the entrance entitled ‘Caring Together’. The information displayed on these notice boards included the names of planned and actual staff e.g. nurses and receptionist. There are also photos of the different uniforms which the staff wear to help patients and visitors to identify the different staff roles e.g. Healthcare Assistant / Matron etc.

In the Outpatients and Orthopaedics Departments there are also signs in the waiting areas explaining that patients will be informed of a delay should their appointment times exceed 30 minutes.

In the Orthopaedic Outpatients waiting area there was also a sign explaining to the patients that there are often up to seven clinics on at any one time therefore it may appear that patients are not being seen in the correct order due to them sharing the same waiting area.



Issue Number	Theme / Issue	What we did	Status
1	Introducing 25 short duration orthopaedic OPD	<ul style="list-style-type: none"> Identified the departments that would be best placed to offer these services Identified the staff who would be best placed to deliver these services Identified the patients who would be best placed to receive these services Identified the resources that would be needed to deliver these services Identified the risks that would be associated with these services Identified the benefits that would be associated with these services Identified the barriers that would be associated with these services Identified the enablers that would be associated with these services Identified the stakeholders that would be associated with these services Identified the communication that would be associated with these services Identified the training that would be associated with these services Identified the equipment that would be associated with these services Identified the facilities that would be associated with these services Identified the policies that would be associated with these services Identified the procedures that would be associated with these services Identified the standards that would be associated with these services Identified the metrics that would be associated with these services Identified the risks that would be associated with these services Identified the benefits that would be associated with these services Identified the barriers that would be associated with these services Identified the enablers that would be associated with these services Identified the stakeholders that would be associated with these services Identified the communication that would be associated with these services Identified the training that would be associated with these services Identified the equipment that would be associated with these services Identified the facilities that would be associated with these services Identified the policies that would be associated with these services Identified the procedures that would be associated with these services Identified the standards that would be associated with these services Identified the metrics that would be associated with these services 	A B C E
2	Introduced Pre-Op and Post-Op without waiting clinics to the OPD	<ul style="list-style-type: none"> Identified the departments that would be best placed to offer these services Identified the staff who would be best placed to deliver these services Identified the patients who would be best placed to receive these services Identified the resources that would be needed to deliver these services Identified the risks that would be associated with these services Identified the benefits that would be associated with these services Identified the barriers that would be associated with these services Identified the enablers that would be associated with these services Identified the stakeholders that would be associated with these services Identified the communication that would be associated with these services Identified the training that would be associated with these services Identified the equipment that would be associated with these services Identified the facilities that would be associated with these services Identified the policies that would be associated with these services Identified the procedures that would be associated with these services Identified the standards that would be associated with these services Identified the metrics that would be associated with these services 	A B C E
3	Introduced bookable trolleys to improve security of healthcare	<ul style="list-style-type: none"> Identified the departments that would be best placed to offer these services Identified the staff who would be best placed to deliver these services Identified the patients who would be best placed to receive these services Identified the resources that would be needed to deliver these services Identified the risks that would be associated with these services Identified the benefits that would be associated with these services Identified the barriers that would be associated with these services Identified the enablers that would be associated with these services Identified the stakeholders that would be associated with these services Identified the communication that would be associated with these services Identified the training that would be associated with these services Identified the equipment that would be associated with these services Identified the facilities that would be associated with these services Identified the policies that would be associated with these services Identified the procedures that would be associated with these services Identified the standards that would be associated with these services Identified the metrics that would be associated with these services 	A B C E
4	Health promotion	<ul style="list-style-type: none"> Identified the departments that would be best placed to offer these services Identified the staff who would be best placed to deliver these services Identified the patients who would be best placed to receive these services Identified the resources that would be needed to deliver these services Identified the risks that would be associated with these services Identified the benefits that would be associated with these services Identified the barriers that would be associated with these services Identified the enablers that would be associated with these services Identified the stakeholders that would be associated with these services Identified the communication that would be associated with these services Identified the training that would be associated with these services Identified the equipment that would be associated with these services Identified the facilities that would be associated with these services Identified the policies that would be associated with these services Identified the procedures that would be associated with these services Identified the standards that would be associated with these services Identified the metrics that would be associated with these services 	A B C E
5	Management of the deteriorating patient standard operating procedure at UHN following the move of acute services to UHN site	<ul style="list-style-type: none"> Identified the departments that would be best placed to offer these services Identified the staff who would be best placed to deliver these services Identified the patients who would be best placed to receive these services Identified the resources that would be needed to deliver these services Identified the risks that would be associated with these services Identified the benefits that would be associated with these services Identified the barriers that would be associated with these services Identified the enablers that would be associated with these services Identified the stakeholders that would be associated with these services Identified the communication that would be associated with these services Identified the training that would be associated with these services Identified the equipment that would be associated with these services Identified the facilities that would be associated with these services Identified the policies that would be associated with these services Identified the procedures that would be associated with these services Identified the standards that would be associated with these services Identified the metrics that would be associated with these services 	A B C E
6	Lack of communication with the medical staff using OPD clinic services.	<ul style="list-style-type: none"> Identified the departments that would be best placed to offer these services Identified the staff who would be best placed to deliver these services Identified the patients who would be best placed to receive these services Identified the resources that would be needed to deliver these services Identified the risks that would be associated with these services Identified the benefits that would be associated with these services Identified the barriers that would be associated with these services Identified the enablers that would be associated with these services Identified the stakeholders that would be associated with these services Identified the communication that would be associated with these services Identified the training that would be associated with these services Identified the equipment that would be associated with these services Identified the facilities that would be associated with these services Identified the policies that would be associated with these services Identified the procedures that would be associated with these services Identified the standards that would be associated with these services Identified the metrics that would be associated with these services 	A B C E

Healthwatch also observed that there were some notice boards in the Outpatient Departments titled ‘Main Outpatients Acting to Improve Your Experience’. The information displayed themes and issues which had been highlighted to the Trust, actions that have been taken to help resolve these issues and reasons why e.g. to improve patient safety / improve patient experience / improve staff experience.

The departments also had white boards in each of the waiting areas informing patients about which clinic was operating on that day, the consultant / nursing staff on duty and delay times.

The Orthopaedic and Outpatient Departments had a number of leaflets in the waiting areas offering information and signposting to patients and visitors. E.g. Healthwatch, Blind Veterans UK, Sunshine Sign, Guide Dogs for the Blind.

There are also information leaflets available for the Patient Experience Team (PET) and NHS Help cards for patients who may require some extra help during their visit.

The notice boards in the Orthopaedic and Outpatient Departments were tidy and informative for patients.

There were also signs on the reception desks at Orthopaedics which said 'Receptionist today' and the staff members name.

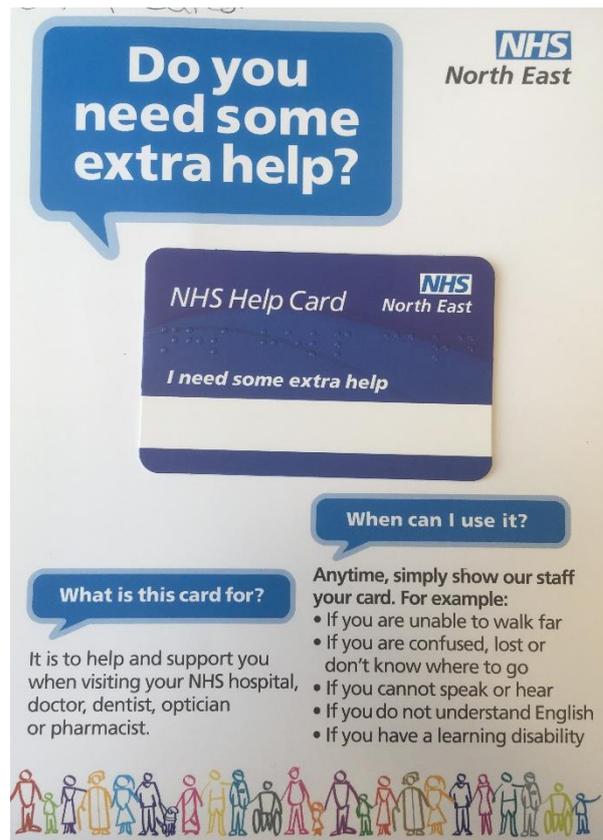
Additional notice board information in the Orthopaedic Outpatients Department included; a safety notice board, information about the roles of the consultants and staff teams, friends and family test and 'Team Ortho' (Information about team building amongst the staff in the department).

The Orthopaedics Department has two electronic self-check-in systems which prevent patients from queuing up at the reception desk. Staff explained that when there are three reception staff on duty, one member of staff usually assists patients to use these self-check-in systems to free up the other two receptionists to answer the phone and deal with any queries.

After speaking to the Orthopaedic reception staff, they feel that they are able to answer the phones a lot more promptly and they have much better staffing arrangements.

Healthwatch Stockton-on-Tees have recently carried out some engagement in the Orthopaedic Department and found that patient and staff feedback was largely positive. The report can be found here:

http://www.healthwatchstocktonontees.co.uk/sites/default/files/outpatients_report_final_0.pdf



Policies and Procedures

Healthwatch analysed the Trust's policies and procedures relating to communication in 2016. For this follow up, Healthwatch requested the same policies and procedures to identify what changes had been implemented following Healthwatch's investigation and recommendations.

Following another review of these policies and procedures relating to communication, it was highlighted that they have been reviewed and updated since Healthwatch's investigation and now include references to the new TrakCare system.

There are two policies (Completion of Patient and People Related Documents & Quality Checking of Patient Information) which still require review however, Healthwatch were informed that this was being addressed.

Accessibility Standard Steering Group

In the Trust's response to Healthwatch's recommendations, we were informed that the Trust has an Accessibility Standard Steering Group which oversees the work of implementing the Standard in the Trust. For the follow up investigation, Healthwatch requested some information about the aims, objectives and work plans for this Steering Group.

A wide range of staff attend this group including Senior Clinical Matrons, Quality Assurance Lead and Head of Information Management.

The group initially met monthly when the Accessible Information Standard was first launched and now meets quarterly on a virtual basis to update actions and respond to new requests. The programme of work ensures compliance and achievement of the elements of the standard that fall within the Trusts sphere of control and it is overseen by the Equality, Diversity and Inclusion Steering Group. Improvement work to continually enhance the experience of patients with a sensory loss remains on-going.

The Trust and Steering Group continues to make improvements to the care provided to patients with sensory loss, these include:

1. Identifying Patients with Sensory loss

Significant changes have been made to Core Admission Documentation to identify more clearly patients who have a sensory loss / impairment. The planning of care has also been improved to include documenting the reasonable adjustments required to support the patient during their hospital stay, with the associated care plans put into place and reviewed as part of daily intentional rounding processes. Work is also progressing to update current electronic systems used in acute and community settings to facilitate the requirements of the Accessibility Standard i.e. identifying, recording, flagging, sharing and meeting the information and

communication support needs of patients', service users, carers and parents where their needs relate to a disability, impairment or sensory loss.

2. Patient Experience

Work has started to develop sensory loss resource packs for all clinical areas to raise awareness of the different ways to communicate in addition to further specialist training sessions for nominated staff champions.

3. Specialist Equipment

An audit of fixed hearing loop provision throughout the Trust was performed. The results highlighted which equipment required maintenance and re-siting of equipment to maximise its use in addition to raising awareness amongst staff of the equipment in their clinical areas.

The audit of portable hearing loops highlighted gaps in staff awareness and accessibility of these systems by staff. The portable hearing loops were then removed from the wards and stored in the medical equipment library so they are available to all when needed on a 24 hour basis. A portable hearing loop is also kept in the resilience offices on both sites for emergency use.

4. Raising Awareness of the Standard

Communication is sent to staff using Trust bulletins to share updates about the Accessibility Standard and its implications for staff, patients, carers and service users.

An eLearning package about raising awareness about communication has been developed and is available to all staff to utilise.

Conclusion

Healthwatch were pleased to receive such positive feedback from the patients during the follow up visits with 96% of patients rating written communication as 'Excellent' or 'Good'. 92% of patients rated verbal communication from the Trust as 'Excellent' or 'Good' and Healthwatch received a large amount of positive comments about the staff at the University Hospital of North Tees.

Staff awareness of the Accessible Information Standard has improved since our initial investigation with 42% of staff surveyed stating that they were aware of what this Standard was. Previously only one member of staff Healthwatch spoke to was aware of this Standard.

Staff experience of the new TrakCare system appears to have improved significantly with 88% of staff surveyed stating that they feel that it is working well. All staff who completed the questionnaire were aware of how to identify patients with additional communication needs using the alerts on the TrakCare system.

Healthwatch identified various methods used by the Trust to ensure patients' communication needs are met during their stay /visit. These include; hearing loop symbols, clear signage for departments, Trust volunteers, notice boards, signs and leaflets.

Healthwatch reviewed the Trust's policies and procedures relating to communication, the majority of which had been reviewed and updated to include references to the new TrakCare system.

The Trust's Accessibility Standard Steering Group has a structured programme of work to ensure compliance and achievement of the elements of the Accessible Information Standard which fall within the Trust's control. Improvement work is ongoing to continually enhance patient experience.

Acknowledgements

Healthwatch Stockton-on-Tees would like to thank the patients, their families, friends and carers who contributed to this work by providing their views and experiences during our follow up visits. Healthwatch would like to acknowledge special thanks to the staff for their full support in the sharing of their experiences and accommodating us during the visits.

Appendix 1 - Patient Questionnaire

**Patient Experience of Communication at University Hospital
of North Tees**

Patient Questionnaire

Healthwatch Stockton-on-Tees are conducting a follow-up visit to gather patient feedback about their experience of communication at the University Hospital of North Tees. An Enter and View visit was carried out in 2016 to gather feedback about communication within the University Hospital of North Tees. Healthwatch Stockton-on-Tees made some recommendations for improvement and our aim of the visit today is to identify if patient experience has improved. We would be very grateful if you could complete this questionnaire.

1. Which ward or department have you visited?

2. Prior to your appointment or during your stay, were you asked if you needed any additional support for your visit to the hospital?
e.g. Interpreter, hearing loop, large print etc.

- Yes
 No

If yes, how was this communicated?

- In a letter
 Over the phone
 Face to face

Additional Comments:

3. If applicable, how much notice were you given for your appointment today?
- 1 - 2 days
 - 3 - 7 days
 - 1 - 2 weeks
 - 2 - 4 weeks
 - 4 weeks +
 - N/A
4. When you have received written communication from the hospital, did it have your correct patient details on?
- Yes
 - No
 - N/A
5. How would you rate written communication from the hospital?
- Excellent
 - Good
 - Acceptable
 - Poor
 - Very Poor
6. How would you rate verbal communication from the hospital?
- Excellent
 - Good
 - Acceptable
 - Poor
 - Very Poor
7. Please provide any additional feedback / comments about your experience of communication at the University Hospital of North Tees?

Appendix 2 - Staff Questionnaire

**Communication Follow-up at University Hospital of North
Tees**

Staff Questionnaire

Healthwatch Stockton-on-Tees are conducting a follow-up visit to gather patient feedback about their experience of communication at the University Hospital of North Tees. An Enter and View visit was carried out in 2016 to gather feedback about communication within the University Hospital of North Tees. Healthwatch Stockton-on-Tees made some recommendations for improvement and our aim of the visit today is to identify if patient and staff experience has improved. We would be very grateful if you could complete this questionnaire.

1. What is your role within the University Hospital of North Tees?

2. Are you aware of the Accessible Information Standard?

- Yes
 No

3. Have you attended or completed any training programmes about the Accessible Information Standard?

- Yes
 No

Comments:

4. Since TrakCare has been installed, do you feel it is working well?

- Yes
 No

Comments:

5. Have you had any additional training since TrakCare was installed?

- Yes
- No

6. Do you feel you require or would like additional training on the TrakCare system?

- Yes
- No

7. If you identified you would like additional training on TrakCare, how would you access this?

8. How do you identify if a patient has additional communication needs?

9. Once you have identified that a patient has additional communication needs, please state what you would do to accommodate this?