



Who Cares



The health & social care Local Involvement Network for North Lincolnshire

Report of the enter and view visit conducted at Scunthorpe General Hospital on 15 June 2010

Who Cares is hosted by Voluntary Action North Lincolnshire. To become a member or to take part in any of our activities please contact us using the details below.

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CONTEXT OF THE VISIT

Who Cares enter and view representatives first conducted a visit to Scunthorpe General Hospital in July 2009 following concerns from members regarding the standards of cleanliness. After gathering evidence and speaking to patients and carers the team gave the wards visited the highest praise. It was decided that a follow up visit should be carried out a year later to see if these standards had been maintained.

The visit took place on Tuesday 15th June 2010 between 2pm-4pm. This report details the findings of the visit.

WHAT ARE LOCAL INVOLVEMENT NETWORKS (LINKs)?

Who Cares is the Local Involvement Network (LINK) for North Lincolnshire. LINKs have been established under the provisions of the Local Government and Public Involvement in Health Act 2007. Each local authority area has its own LINK, and they have a mandate to provide a body through which local people can influence improvements in local health and adult social care services. LINK activity is steered by volunteer members and are supported by independent host organisations who have employed staff. *Who Cares* has over 300 members, as well as associated community groups and organisations. *Who Cares* is hosted by Voluntary Action North Lincolnshire (VANL).

LINKs are free to operate in the manner decided on by their members; *Who Cares'* members have chosen to adopt the following systematic model to influence positive change in health and adult social care services:



In order to function effectively LINKs have several legal rights including the right to request information, and a right to receive responses from service providers to the reports they make. Authorised LINK members have the right to enter premises where care is being delivered to observe the standard and suitability of that care.

ENTER AND VIEW

Enter and view is an essential tool that enables LINKs to review the quality of care services and the suitability of the premises used for the delivery of care.

To conduct enter and view visits LINKs members must be authorised and trained. There is no national framework for the authorisation process and the training, the only legal requirement is for enter and view representatives to have satisfactorily undergone a Criminal Records Bureau (CRB) check.

Who Cares has implemented a rigorous selection process for the appointment of enter and view members. All members who wish to carry out enter and view duties must complete an application form and attend an interview with three members of the executive group. This interview panel will decide if the candidate has sufficient understanding of the role of *Who Cares* and of the functions of enter and view to be appointed. Approved candidates must complete a

two day training course which covers the legislation and the code of conduct behind enter and view, personal conduct and communication skills, evidence gathering and reporting, diversity awareness and safeguarding responsibilities. At the conclusion of this training and after obtaining a satisfactory CRB certificate the candidate becomes an authorised enter and view representative.

Enter and view representatives can enter any premises in connection with health and adult social care service delivery where that care is wholly or partially funded through public money. There are exceptions which exclude a right of entry to people's homes and to make visits where the visit may compromise privacy, dignity and the standard of care. The code of conduct governing enter and view powers can be accessed at the following: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285

METHODOLOGY

Six enter and view representatives were to take part in this visit, these were Tony Scrase Walters (Lead), Les Barrett, Sandra Lingard, Susan Pridmore, Roni Wilson and Susan Marrison. Representatives were provided with a checklist observation record, adapted from the hospital's schedule of cleaning responsibilities, to enable them to make written records of their observations during the visit.

The Patient Experience Manager, Ian McDonald, was notified of the intention to visit the hospital via letter.

This letter stated that the visit would be made between the 14th and 18th of June and listed the areas to be visited, it asked for the necessary arrangements to be made so that staff would be able to facilitate the visit.

The enter and view team alone set the date for the visit, they determined to make this on the 15th June at 2pm. They chose to notify Ian McDonald 30 minutes before the visit commenced.

FINDINGS

Enter and view representatives were met by members of staff at the outpatients entrance and were guided to the relevant hospital locations.

Enter and View representatives were paired together and visited two wards each. The pairings and the wards they visited can be seen on the next page.

Ward Name	Visited By
Ward 16	Tony Scrase-Walters & Susan Pridmore (Team 1)
Ward 17	Tony Scrase-Walters & Susan Pridmore (Team 1)
Ward 23	Susan Marrison & Roni Wilson (Team 2)
Ward 24	Susan Marrison & Roni Wilson (Team 2)
Ward 27	Les Barrett & Sandra Lingard (Team 3)
Discharge Lounge	Les Barrett & Sandra Lingard (Team 3)

Whilst on the wards enter and view representatives were able to talk to patients and observe the cleanliness of the wards, making notes on the observation records as they progressed. They recorded the following:

General

- The enter and view team found no areas that they considered to be in an unclean or unhygienic state.
- It was felt that some of the hand gel dispensers positioned throughout the wards could be at a lower level for wheelchair users and children
- The staff on the wards were described by the enter and view team as being very friendly and approachable. Staff members were keen to talk and assist the team.

Wards 16 & 17

- Both wards were clean and tidy, with positive reactions from patients and their families
- One family member told enter and view representatives that they were 'happy with the progress the hospital had made with the battle against hospital based infections,' and thought Scunthorpe General Hospital was 'better than most other hospitals.'
- Team 1 felt the nurses stations on both wards were 'tidy.'
- Staff assisted a wheelchair bound enter and view representative with using hand gel. The positioning of the gel dispenser was too high to reach easily from the confines of a wheelchair
- One team member commented that the toilet areas, and particularly the floors, were exceptionally clean

Wards 23 & 24

- Wards 23 and 24 were commented on as being 'very good,'
- One patient commented on how clean the floors were on Ward 23

- Another stated that they were 'very satisfied.'
- Staff were happy to help reach the hand gel for one of the wheelchair bound enter and view representatives as it was too high to reach.
- One member of Team 2 felt that the nurses station on Ward 23 gave a cluttered impression
- The team witnessed a lady being taken to the toilet in a wheelchair which wasn't wiped after the lady was taken back to her bed. This surprised the team members
- An observation was made that hand gel dispensers could be positioned at a lower level for wheelchair users and children

Ward 27

- All the patients spoken to on Ward 27 were pleased with the service received
- One patient who had previously stayed in hospital during October 2009 remarked that there was 'better service and support for her today.'
- Staff commented that the new chairs scheduled for Ward 27 would be a welcome addition

Discharge Lounge

- Wall mounted hand gel dispensers are not very visible. Team members reported that if doors were left open the dispensers may be difficult to spot
- Hand gel dispensers were plentiful on tables and other surfaces around the lounge
- A bed area which had been introduced in the last three weeks was not ideal. Whilst it does give privacy to patients needing urgent care, the unit had not been purpose built and further improvements were required. Despite the need for improvements, enter and view representatives felt that the space available had been utilised to its best
- Enter and view members were very encouraged to witness a staff member being very thorough and caring towards a patient with breathing difficulties
- All staff members were keen to talk to the team,



and were very approachable. Special mention should go to one staff member who took the time to show the team around and give a very in depth insight into the day to day running of the Discharge Lounge

Other Findings

- Having heard concerns from *Who Cares* members about the choice of hospital food available to them, enter and view members asked patients about this. One patient stated that 'better communication is needed between hospital catering staff and people with diverse dietary requirements.' All communication needs to be two way, and the team wish to encourage patients and families to notify staff of their dietary requirements.
- Enter and View members noted that all of the wards visited were single sex wards. They saw no evidence of sexes having to share toilet facilities.

CONCLUSION

The enter and view representatives, through observations and discussions with patients, found no evidence of unhygienic or unclean conditions in Scunthorpe General Hospital. In making this statement they acknowledge the following:

1. That their investigations are limited to wards 16, 17, 23, 24, 27 and the Discharge Lounge.
2. That the hospital staff were aware of that the visit would be conducted within a one week window

The enter and view team rate the six locations that they visited as being exceptionally clean.

RECOMMENDATIONS

- *Who Cares* recommends that a review is undertaken regarding the positioning of hand gel dispensers around Scunthorpe General Hospital to make sure that they are positioned suitably for wheelchair users and children.
- This review should include work on signage around hand gel dispensers. They are not as visibly striking as they could be, and more needs to be done to ensure that all members of the public use the gel to help reduce hospital based infections. Whilst *Who Cares* recognises that this is a national issue, Northern Lincolnshire and Goole Hospitals NHS Foundation Trust have outlined a reduction in hospital based infections as one of the priorities in their 2009-2010 Quality Accounts report. One suggestion would be to implement brightly coloured surrounds around the dispensers to draw attention to them. Hand washing could be encouraged by engaging with local schools and youth groups to come up with a slogan or advertising campaign along the lines of the successful 'Clunk, Click' seatbelt campaign. This would serve a dual purpose of early education plus allowing young people to take ownership of the campaign
- There should be further work regarding issues around the menu choices for those with dietary requirements. Early communication needs to be built up between patients and staff so that specialist needs can be met.

THANKS by Tony Scrase-Walters Enter and View Lead

As lead of the enter and view team I am pleased to say that I and my colleagues found our visit to be very informative and helpful. Patients, their families and friends were all full of praise for the hospital and the staff.

We all found the staff to be very welcoming and helpful. They all seemed genuinely interested in the efficient running of the hospital and delivering high standards of patient care.

On behalf of *Who Cares* I would like to say thank you to all those involved with the visit, particularly the patients and staff members who provided support and full cooperation.

WHO CARES MEMBERSHIP

Who Cares membership is open to any resident of North Lincolnshire or to any person who is registered for receipt of primary care services in the county. In addition to the enter and view role and to the secondary, tertiary/acute health provision and patient transport subgroup *Who Cares* has subgroups investigating issues in primary care, mental health and adult social care. For all enquiries about membership and activities please contact *Who Cares* staff on **01724 845155** or via email who.cares@vanl.org.uk

RESPONSE FROM NORTHERN LINCOLNSHIRE & GOOLE HOSPITALS NHS FOUNDATION TRUST

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust welcomes the report of the enter and view visit conducted by Who Cares at Scunthorpe General Hospital on 15th June 2010 and notes the many positive comments with pleasure. There are no issues regarding factual accuracy in the

report which the trust wishes to raise. The recommendations contained in the report relate to hand hygiene and communication with patients about dietary requirements and a more detailed response to these, along with some general observations on the visit itself, are below.

HAND HYGIENE

The trust has recently reviewed its use of alcohol foam dispensers in the light of a patient safety alert regarding possible ingestion, particularly by children. As a result of this review it was decided to refocus hand hygiene activities to the point of care in line with the advice of the National Patient Safety Agency. In the case of ward areas the “point of care” is, of course, the patient’s bedside, and alcohol foam is provided in this location and at a suitable height for wheelchair users. Although visitors are free to use the bedside foam, there are large, colourful posters which particularly direct them to the sinks for normal hand washing (which is the most effective method of hand hygiene where actual soiling is present).

All of this has meant that, to some extent, the hand hygiene stations at the entrance to wards are now redundant. It has been decided to retain them, however, for two practical reasons: firstly, to remove them might have given the impression that the trust was no longer concerned about hand hygiene; and secondly, their removal would have left unsightly holes and marks on the fabric of the buildings. As they are no longer regarded as being the most effective method of facilitating hand hygiene, however, the trust has actively decided not to promote their use.

The trust collaborated recently with local colleges to produce the prominent “talking hands” display. There are no plans at present to involve schools in hand hygiene issues as the national “Clean Your Hands” and “It’s OK to Ask” campaigns provide sufficient publicity resources. The trust agrees with *Who Cares*, however, that involving schools is a valuable activity and will be running an initiative on an infection control issue related to hand hygiene, namely the transmission of Norovirus, in the very near future.

For all of the reasons stated above the trust will not be implementing the recommendations on hand hygiene contained in the report. This should not be taken to mean, however, that the concerns of the enter and view team are not appreciated or that it is an issue which is taken lightly. The trust would like to point to the “Bare Below the Elbows” initiative and the zero tolerance policy on hand hygiene for staff as evidence of its continuing commitment on this issue. Additional information on hand hygiene advice from the National Patient Safety Agency, posters in use locally and the zero tolerance policy for staff will be supplied to *Who Cares*.

MENU CHOICES

The trust accepts that more could be done to improve the dialogue between staff and patients with special dietary requirements. The issue of reinforcing the need for communication with patients and their family for any special dietary requirement has been raised with both nursing and catering teams.

GENERAL

The trust would like to thank the members of the enter and view team for the professional manner in which the visit was conducted. Staff facilitating the visit have reported that the team members were well prepared, knew which areas they wished to observe and took pains not to disrupt the operation of the departments visited. Most importantly, the wishes and privacy of patients were respected at all times.

Wendy Booth

Head of Governance and Trust Secretary - Northern Lincolnshire and Goole Hospitals NHS Foundation Trust



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Advancing Local Voluntary Action

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