Trust Board Paper N

To:	**Trust Board**
From:	Rachel Overfield, Chief Nurse
Date:	**20th December 2013**
CQC regulation:	Outcome 1,2,4,11,14,17

Title:	**Relative's Story – Experience of Care within the Emergency Department.**

Author/Responsible Director:
Rachel Overfield, Chief Nurse
Heather Leatham, Head of Nursing

Purpose of the Report:
To provide the Trust Board with a relative's story highlighting areas requiring improvement in the Emergency Department.

The Report is provided to the Board for:

Decision		Discussion	**x**
Assurance		Endorsement	

Summary / Key Points:
A letter was received from a patient's relative highlighting experiences and observations during a visit to Minor Injuries in the Emergency Department in May 2013. The relative's father-in-law received treatment in Minor Injuries and was subsequently admitted to ward 15 at the Leicester Royal Infirmary.

The letter outlined a number of concerns relating to a range of issues, which have all been investigated. Over the last 6 months the staff have been working to improve care in response to this poor feedback.

This relative also met with the Patient Experience Team on a couple of occasions and has summarised some of the key areas of concern in a short DVD.

This DVD has been used as an education tool and to inform staff about this experience of care and many initiatives and improvements has taken place in response.

Areas of concern highlighted in this story:

1. Patient was vomiting and not provided with any support in the removal of used vomit bowls. Also no tissues/hand towels available so patient using back of hand to wipe mouth, which was not very dignified for the patient.
2. When relative asked for help in the removal/disposal of vomit bowls, staff pointed to where relative should go to dispose of bowls rather than supporting the patient by removing bowls themselves.
3. Patient and relatives felt invisible to the staff once the decision was made to admit them. Staff did not smile or engage further with patient or family member for a number of hours.
4. Patient and relative witnessed two members of staff having an argument and shouting at each other in department which was very disturbing.
5. Waste bin near patient area allowed to fill up with used vomit bowls and the bin was not emptied. Also the bin was within arm's reach of the patient and every time the bin shut the lid banged down which proved very distressing for the patient who was trying to sleep/rest.

6. When the patient was transferred up to the ward the two porters talked over the patient in the lift about how dissatisfied they were with their employer and how poorly they were being treated.
7. Porters did not introduce themselves, explain where patient was going or talk to patient at all.

There have been a large number of developments and improvements in response to these concerns. A number of highlights are identified below:

1. Education in relation to the correct disposal of used vomit bowls and ensuring relatives are not expected to dispose of bowls for the staff. The Deputy Heads of Nursing are to ensure that there are tissues available and accessible for patients to ensure heightened levels of dignity during such distressing period for patients.
2. The team within the Emergency Department have used this feedback as an opportunity to examine how they may be perceived by patients especially when the department is very busy and patients can be in the department for long periods. The team have agreed that the behaviours they all will exhibit, appearing friending, open, ensuring patients receive eye contact and that even though they feel caring and nurturing towards patients they need to ensure this is transparent to patients who are watching their actions and behaviours.
3. A Consultant in the department is currently leading a project called the RSVP scheme, which actively encourages members of staff to communicate in a professional manner promoting respect for each other and how communication can be perceived by onlookers. There has been training in the department conducted by the training and development team and further training is planned in the New Year. This will address the issue of the doctor shouting at a nurse.
4. 'Intentional rounding' has commenced to ensure that every hour all patients are approached and asked if they need assistance or require a drink or something to eat during their time in the department.
5. Interserve are reviewing how often bins are emptied.
6. As part of the PLACE action plan 'soft closing' bins have been identified as a priority for introduction across the Leicester Royal Infirmary. Interserve has been tasked with undertaking a bin survey to identify how many replacement units are needed to ensure all bins are 'soft closing'. The Trust will then have to go through the procurement process.
7. Interserve are delivering customer service training to all staff on an on-going basis to improving the patient experience. The themes from this incident have been cascaded through the senior management team as this behaviour is unacceptable and to ensure that all staff are aware that this behaviour is intolerable whilst on duty and particularly when interacting with patients.

Recommendations:

The Trust Board is asked to:

- Receive and listen to the relative's story
- Support the improvements instigated in response to this relative's feedback.

Previously considered at another corporate UHL Committee? No	
Strategic Risk Register: N/A	**Performance KPIs year to date:** N/A
Resource Implications (eg Financial, HR): There are a number of resource implications associated with the improvements required in response to this relatives experience.	
Assurance Implications: N/A	
Patient and Public Involvement (PPI) Implications: Yes	
Stakeholder Engagement Implications: N/A	
Equality Impact: None	
Information exempt from Disclosure: None	
Requirement for further review? No	

[redacted]

9th May 2013

John Adler,
Chief Executive,
University Hospitals of Leicester Headquarters,
Level 3,
Balmoral Building,
Leicester Royal Infirmary,
Infirmary Square,
Leicester.
LE1 5WW

Dear Mr Adler,

Re - UHL Patient Experience Survey: A&E Adult Minors Department.

Can I say first of all I am a great admirer of the National Health Service. Health and Wellbeing was a major feature of my role, until I recently retired, as [redacted]. Having recently spent nearly 12 hours in A&E Adult Minors Department on Tuesday 7th May '13 as a relative of [redacted] I thought it would be constructive to convey my thoughts backed up by observations and experiences which I'm sure you would want to receive as part of your customer care procedures.

1. **Reception.** When you arrive at the A&E reception feeling very anxious it is somewhat embarrassing when the receptionist is rather loud, especially as the signs convey messages requesting space and confidentiality.
   Action: Show a little more empathy and a smile costs nothing ☺.

2. **Vomit bowls but no paper towels.** My father in law had a throat problem and was vomiting. Plenty of bowls available but, unless I missed them, no paper towels. It was incredibly embarrassing and undignified for an elderly man of 84 to be wiping his mouth with his fingers in a packed waiting area.
   Action: Install paper towel dispensers in waiting areas.

3. **Pointing fingers syndrome.** Picture the scene, standing room only in the reception/waiting area, 84 year old father in law vomiting, into a fresh bowl, me carrying a used vomit bowl, everyone watching as we are the current 'entertainment' and no paper towels. I return to reception to ask for said paper towels and where to dispose of smelly vomit in bowl and pointing begins. Firstly pointing to go through door that I think had 'no admittance' signs, everyone is busy inside, understandably, and ask for paper towels and how to dispose of vomit bowl. Second pointing experience, by two nurses doing paperwork, towards a yellow bin. When you are

stressed because you have left an 84 year old man on his own vomiting for England it's surprising how difficult it is to survey the scene and see what you are looking for.
Action: Install waste disposal bins in waiting area and encourage staff to smile and make eye contact. ☺

4. **Harry Potter/Frodo Baggins invisibility cloak.** Having been assessed by a very amiable doctor of Nigerian origin and my father in law, in slightly better spirits as vomiting has temporarily subsided, trying to persuade him to play rugby (probably a Leicester thing) we are now waiting for a bed. And this is where the invisibility clock comes into action. Apart from a smiling young female doctor and smiling nurse passing the cubicle and inserting a drip, you become invisible. Staff walk by the cubicle but no eye contact, no hello [redacted] no smiles, no communication. At this point I must say the triage nurse was excellent as were the staff who had direct contact with my father in law.
Action: I know people are very busy but a smile costs nothing but can be very reassuring. I smiled at the staff but they didn't see me in my invisibility cloak.

5. **Waste bins in A&E Minors.** With a long wait pending and being 'invisible' it's amazing what you observe. Firstly the yellow waste bins close with a loud crashing noise. Very upsetting for elderly patients who close their eyes for a rest only to be startled by the loud crash of the lid closing. I thought this was the norm, only to discover that some have a spring loaded quiet closing mechanism. Incidentally, in my near 12 hour wait the waste bins were never emptied, especially concerning as our cubicle bin began to overflow with vomit bowls. The same young female doctor mentioned earlier was the only member of staff to take a full bowl away for disposal.
Action: Bins emptied more frequently and the person emptying the waste reports any bins with faulty closure mechanisms.

6. **Doctor shouting at a nurse.** I didn't need to know the circumstances but it was very distasteful when a young male doctor became loud and shouted at a nurse. She calmly said ' Don't shout at me' to which the doctor relied, 'I wasn't shouting at you I was telling you'. Regardless of who is right or wrong, this can't be good for team morale. I would never have allowed my students to talk like that, let alone medical professionals. We have all worked very long days, but common courtesy and respect is a minimum expectation, especially in front of patients. I smiled as the doctor shuffled by, but guess what he didn't see me, as I was invisible.
Action: Encourage courtesy and respect for others as part of training. In these days of financial austerity it costs nothing to smile and be respectful.

7. **Comfy chairs for the elite.** The patient/relative chairs are probably the cost-effective of the robust chairs on the market and I understand why they are selected. But if you have a considerable wait and 10 hours into the waiting time you are feeling pretty tired and uncomfortable, try sitting on one of those chairs with your head resting against the wall. Not pleasant at all, especially when you see in the small consulting cubicle, Number 6 an inviting comfortable padded chair, **infrequently** used by the doctor, going begging. I was tempted to rearrange the furniture.
Action: 1. Carry out some Action Research by the customer to suggest and appropriate chair for relatives/friends. We engaged students to carry out such research and suggest the most appropriate chair for learning. I would have thought your purchasing department could do the same. 2. At one of your next lengthy management meetings substitute your chairs for the ones in A&E

cubicles and observe the response. Could be fun taking people out of their comfort zone.☺

8. **Communication.** A small but vital point in any organisation and believe me I know how difficult it is to achieve quality communication. Keep the patient and relative informed about progress. In my father in laws eyes people go home at 6pm and he didn't understand you work round the clock. Having been told he was going to ENT and only when we asked much later was he told he was off to another ward when a bed became available. A confusing experience but one I was able to interpret for him.
Action: Communicate, communicate and communicate.

9. **Food and drink.** At no stage was my father in law offered a drink or refreshments. I can look after myself but I do wonder if his needs would have been met should I not have been in attendance. It might have been that he was not to eat or drink, but no one explained this point.
Action: Just an observation.

10. **Pay phone in reception/waiting area.** By now it must be about 10pm, ten hours on from arriving, and my mobile phone battery had died. So I tried to use the Solitaire public phone in the reception waiting area. I followed the instructions twice but it would not connect when my wife answered the phone, who is with a worried 85 year old mother in law. So 80p down and not a violent man, I would have gladly smashed the receiver but instead calmly phoned the 0800 Service number and a recorded message gave me the option of leaving a message after the bleep. But guess what, correct, no bleep was forthcoming. However on the third attempt, a bleep and I leave a message about lost money and insist they phone me on my home number the following day. Guess what, correct, still waiting for the call.
Action: Review your public phone contract, if only to prevent vandalism from frustrated relatives. ☹

11. **Evening porters.** After about 12 hours a bed was found in Ward 15. Two evening porters arrived to move the patient. I presume they are an externally contracted staff as they wore a top with a company logo. And then the return of the 'invisibility cloak'. Whilst waiting for the paperwork to be completed, which took a further 2 minutes, I had to witness the male porter talking about his pension coupled with criticism of the hospital, "Can't wait to leave this place". This was followed by the female porter criticising the nurse for not having the paperwork ready and wasting her time. The nurse, who had been particularly helpful and caring, completed her work and didn't take the bait. I decided to say nothing and observe even though I felt like chastising them. On the journey to Ward 15 it was as though I didn't exist. Neither porter acknowledged me or explained where we were going. They continued to be very negative towards the hospital and as far as I was concerned totally unprofessional. On arrival at Ward 15 we couldn't have met two nicer staff, one male one female.
Action: All staff need to realise they are part of a massive hospital team. In fact I would go as far as saying porters can be particularly important by smiling, saying were the patient is going and engaging in polite chit chat with relatives/friends. Another training issue relating to the hospital culture of which you might want to remind staff. And once again a ☺ costs nothing.

Most patients, relatives, friends and carers are very anxious when they attend hospital and little things mentioned in my letter can make a massive difference. Many positive

experiences with a range of staff occurred on our visit to the hospital. The friendliness of the young female doctor, the bewilderment of the doctor of Nigerian origin trying to be recruited to play rugby and two very professional and friendly nurses, especially one working the late shift who looked of far eastern origin, sorry didn't get her name. I just thought you might like to hear about my areas of concern.

Final action: You might already have an external person act as a secret patient and relative/critical friend to offer more thoughts on how your service can be improved. From my experience it might be something worth considering.

I do hope you receive this in the spirit of being constructive and hope it helps, quoting your words,

"help us build better services for our patients and their families".

The litmus test of your statement will be to see if you and your colleagues respond to my 'critical friend' observations and of course sign the letter yourself. ☺

I do wish you continued success at the hospital in these very difficult times of political intervention and reductions in funding. Heaven knows we must work together.

Yours faithfully,

University Hospitals of Leicester NHS
NHS Trust

Please ask for **Beverley Cabon - Patient Information Advisor**
Direct Line: **0116 258 8946**
Direct Fax: **0116 258 8661**

Our Ref: JA/mj/C/BC/JR/010/13

13 June 2013

Private

[redacted]

Dear [redacted]

I write further to your letter dated 9th May 2013 in which you highlighted a number of observations and concerns about your experience whilst accompanying [redacted] during his admission to the Emergency Department (ED) at the Leicester Royal Infirmary (LRI) on 7th May 2013. I can confirm that an investigation has been undertaken on my behalf, with the assistance of Mr M Watts – Service Manager for ED and I am now in a position to respond.

At the outset I would like to thank you for contacting the Trust and detailing your concerns and observations. Your account of the events made for interesting reading, and is certainly far from reflective of the standards of care that I would expect to be provided in any ward or department within the Trust. Prior to addressing your specific points, I would like to offer my sincere apologies that this was your experience of care in the ED.

As I am sure you are aware from recent media coverage, the ED is currently facing many difficulties, in terms of increased attendances, inability to recruit to the appropriate establishment of staff and the limitations of the size and capacity of the department to name but a few. The current situation is one that neither the Emergency Department nor the Trust find acceptable. Unfortunately the difficulties faced are indicative of a national problem, not one localised to Leicester.

As a Trust we are doing all we can to enable the relevant departments to cope with the increased attendances. Work is currently ongoing to try and make for a more speedy and efficient transit through the hospital system, which is aimed at streamlining patient journeys. It is anticipated that this will in turn lead to more efficient discharging of patients which will result in increased additional capacity for the assessment units to use, thus meaning patients will not have to wait so long in the ED for admission to the ward areas.

There has also been some capital build work completed within the ED, with a view to creating more space in the short term. This has also facilitated an increase in assessment bays which allows for improved management of the inflow of patients. There is more capital work planned in the very near future aimed at increasing capacity whilst a new purpose built department is planned and completed.

It is not my intention to excuse the shortfalls that you observed, this narrative is offered here to demonstrate that unfortunately the Trust is all too aware of the constraints that currently present and impede the staff within the ED from providing the very high standard of care and

treatment that they aspire to. I hope it reassures you that measures are in place to try and address these difficulties and facilitate an improved service provision.

Following a thorough investigation of the points that you have raised, I have addressed each of these below:

1) It is regrettable that you were addressed by the reception staff, in the manner that you describe in your letter. It is recognised that the reception staff are the first point of contact for many patients, and that the interaction here can impact on the entire journey through the ED. All of our reception team have recently been booked onto a course titled "Delivering Effective Service" to help improve the service they deliver to all people attending to ED. This is a one day course aimed at demonstrating the principles of effective service delivery to the patient and others and takes best practice forward into the workplace. It is also designed to equip individuals with the skills necessary to create and maintain a productive, service user focused climate.

2) It is not normal practice to have hand washing facilities in a waiting area, and we would only normally install paper towel dispensers at a hand washing facility. However, Martin Watts has indicated that he has passed your recommendation onto the Matron for the Minor Injury Unit (MIU) for his consideration. It is regrettable that no-one provided [redacted] with some tissues, I am very sorry that this did not happen.

3) There are 2 general waste bins in operation in the MIU currently. This has been assessed to be the appropriate number for this area. With regard to staff members pointing and directing you in the manner that your describe, I concur that this seems wholly inappropriate. However at times of peak activity, other aspects of care provision will be prioritised. I apologise that this was your experience.

4) You were placed in a busy area of the department whilst [redacted] was awaiting admission. On the day of your attendance there was unfortunately a reduced number of nursing staff on shift due to sickness and unfilled vacancies within our establishment. This meant that the staff were even busier than usual and would have been having to manage many competing demands. However, this does not excuse them from failing to acknowledge you or giving the impression that they were ignoring you. The importance of communication, both verbal and non-verbal is reiterated to all staff working within the ED regularly.

5) The ED does have an allocated team of domestic assistants who keep the department as clean and tidy as possible. It is recognised that unfortunately there are times when they are unable to complete all tasks in a timely manner due to having to complete other non-routine tasks. In these circumstances it is not always possible to empty the bins as regularly as they should be. I apologise for the inconvenience caused. At the time of writing to you, Martin Watts offers his confirmation that all of the bins in MIU today close as they should and do not bang.

6) The staff in the department do generally get on very well and function as a cohesive and effective team the vast majority of the time. The significant number of successes that are evident in the ED on the majority of occasions would not be possible if they did not perform as well as they do. The ED sees, assesses and successfully treats and manages numerous patients, on average well over 400 every day. It is acknowledged that, during very busy times, as you describe in your letter, tempers do occasionally flare and inappropriate behaviours can present. This is regrettable and should not be undertaken in the public domain as it is appreciated that this can undermine the public perception of how the team functions. Please be assured that whilst far from ideal, the positive team ethic in the department means that such disagreements are quickly resolved.

7) The ED Clinical Business Unit has recently purchased some new chairs for visitors to the department to use. It is appreciated that they are not the most comfy chair available, however the importance of infection control considerations means that only certain types of chair are deemed appropriate in a clinical area. The chairs we have purchased are practical and fairly comfortable, although it is acknowledged that they are not designed to be sat on for hours on end. As detailed above there is considerable work in progress aimed at reducing the amount of time patients are waiting for admission in ED. On completion of these projects and changes it is hoped that the chairs recently purchased will be fit for purpose long term.

8) Please be advised that, as mentioned above, staff throughout the Trust are made aware of the importance of effective communication to not only patients and relatives/visitors but also members of the multi disciplinary team. Staff also receive training on the impact of poor communication on patient experience and complaints. I am very sorry that adequate communication was not provided to [redacted] during his admission to the ED. It is recognised that staffing shortages and high activity levels directly impact on the quality of care and communication provided. This is not offered as an excuse, and indeed this is an area we are looking to improve as a department.

9) There are drinks machines available in the department. The housekeepers do offer food to patients at various times of the day, usually around meal times. Please accept my apologies that you and your relative appear to have been missed on the round. For future reference please be advised that the nursing staff will always try to provide a patient with something to eat or drink if asked.

10) It is acknowledged that your experience with the telephone must have contributed to your frustration at a time when you were already experiencing significant distress and irritation. Unfortunately the telephone is managed by the faciities service that covers the Trust as a whole, rather than the department directly. Feedback has been provided to the staff in the ED to ensure that referrals are expedited whenever the telephone is reported as being out of action.

11) The portering service is currently run by an external agency, who have recently been appointed. Martin Watts has indicated that he will be passing your comments to the appropriate management team in order for them to be fully investigated and addressed accordingly.

Once again I would like to thank you for providing me with the insightful comments that you have made. Your letter in its entirety has been made available to the 2 Lead Nurses that currently manage the nursing staff in the ED.

It is anticipated that the content will be fed back to the staff on the 'shop floor' with a view to them having a more comprehensive understanding of how they and their actions and behaviours are perceived by those in their care. It is hoped that your letter will result in extra efforts being made to communicate effectively and behave professionally at all times.

I have also discussed your comments and observations with our Patient Experience Manager, [redacted] Recognising how invaluable such comments/observations are, she has suggested that you may you wish to consider becoming more actively involved in aiding and advising the Trust in matters of patient experience. If this is something you would like to pursue you can contact [redacted] or alternatively via telephone on 0116 258 5608. [redacted] also provided details of Karl.Mayes@uhl-tr.nhs.uk who has input in to this area.

Additionally, there is scope to become a member of University Hospitals NHS Trust as a service user. Should you feel that this would be a useful forum for your input, this can be done via the online public website.

I again apologise for the service you received, it is clear that despite our aspirations to provide excellent care to all patients at all times, that we did not achieve this on this occasion.

I do hope that you feel some level of assurance that your concerns have been afforded the appropriate amount of consideration and have been thoroughly addresses.

If you should require any further information or assistance please do not hesitate to contact me via the Advisor on the direct dial number given on the first page of this letter.

Yours sincerely

John Adler
Chief Executive