



LINK Report

**Patient experience at
North Tyneside General Hospital**

**Sharing the findings from Enter and View
visits and community consultation**



March 2011

Contents

Item	Page
Background	3
Introduction	4
What are Enter and View volunteers?	4
How we carried out our Enter and View visits	5
Community consultations: Why and how we collected further experiences	6
Results: Enter and View visits	7
• Ward 4 - acute surgical	7
• Ward 18 - elderly	8
• Ward 14 - respiratory	10
• Ward 23 - re-ablement	12
Community consultation	14
Summary of findings	
Themes:	
• Communication and information	16
• Communicating with carers	17
• Number of staff	17
• Basic care	18
• Quality of food and eating	18
• Cleanliness and environment	19
• Teeth and foot care	20
Next steps	21
Conclusion	21
Recommendations	22
Acknowledgments	23
Appendix A	24

Background

Northumbria Healthcare NHS Foundation Trust is rated 'excellent' for the quality of its services and the way it manages its resources, placing the Trust in the top 10% of healthcare providers in the country.

The National Inpatient Survey said that Northumbria Healthcare NHS Foundation Trust is one of the best performing Trusts in the country. In addition the results of a year long pilot of the largest and most comprehensive survey of patients in England have shown that 90% would choose to return to Northumbria Healthcare.

Northumbria Healthcare Website

"Compassion, kindness and respect are the very essence of dignified care. We must make sure these principles are at the heart of everything that we do."

Minister of State for Care Services, Paul Burstow MP

A wide range of experience has been shared with LINK regarding patient and carer experience at North Tyneside General Hospital:

"The staff answered all my questions, explained all the procedures and there was little wasted time – a good experience."

Patient email correspondence, Breast Care Clinic, from community consultation for North Tyneside LINK's patient experience report, 2011

"A nurse signed behind a male patient's back to me that this patient was 'crazy' and things would 'go in one ear and out the other'."

Carer Interviewee, Ward 2, from community consultation for North Tyneside LINK's patient experience report, 2011

Introduction

Following a number of concerns raised by LINK members and Age UK during early 2010, regarding patients' experience at North Tyneside General Hospital, North Tyneside LINK Board decided to follow up these issues.

A plan to collect recent patient experience using Enter and View volunteers to visit the identified wards to speak to patients, carers and staff was agreed by the LINK Board in March 2010. The LINK team approached Rosemary Stephenson, Executive Director of Nursing at Northumbria Healthcare to discuss our plans and agreed a partnership approach in April 2010.

During the initial collection of members' concerns certain wards were identified, which we planned to ask Enter and View volunteers to visit. Rosemary also identified further wards which her team felt would benefit from an Enter and View visit.

Enter and View volunteers were recruited, trained and received clearance from the Criminal Records Bureau over the summer of 2010 and began their ward visits in November 2010.

In preparation for this work North Tyneside LINK also asked North of Tyne PALS for any information they had received on the identified wards over the previous six months. This information showed that most issues raised with PALS had been about care and communication. Northumbria Trust also supplied us with their complaints data over the last six months for the wards being visited. This also showed that most complaints were about care and communication.

What are Enter and View volunteers?

Enter and View volunteers are LINK members who, after having been selected and trained by LINK and cleared by the Criminal Records Bureau, are able to enter and view premises providing health and adult social care services within North Tyneside for the purpose of observing and reporting on services and service delivery.

Enter and View volunteers are able to observe and assess the nature and quality of services, obtain the views of people using those services, validate evidence already collected and gather information from staff, service users and carers. LINK has the power to enter and view care services provided by:

- NHS Trusts
- NHS Foundation Trusts
- Primary care trusts (PCTs)
- Local authorities
- Primary medical services, such as GPs
- Primary dental services
- Primary ophthalmic services
- Pharmaceutical services
- Bodies or institutions which are contracted by local authorities or NHS trusts, primary care trusts (PCTs) or Strategic Health Authorities to provide care services.

How we carried out Enter and View visits

Enter and View volunteers worked in teams of two on a specific ward. They planned their visits to the designated wards over a number of days and at different times. Enter and View volunteers used the pro-forma (Appendix A) but afforded patients the opportunity to discuss in greater detail the issues that mattered to them. This allowed them to get a broad and balanced view of patients' experiences on the wards. All visits were announced and carried out with full co-operation and support of ward staff.

Carers were also approached on the wards for their view of their relatives' care.

Enter and View visits were conducted from November 2010 to January 2011 on the following wards:

- Ward 4, acute surgical – Eighteen patients spoken to over four visits
- Ward 18, respiratory – Eleven patients spoken to over two visits
- Ward 14, elderly – Six patients and three carers spoken to over two visits
- Ward 23, re-ablement – Fourteen patients spoken to over two visits

Community consultations

Why and how we collected further experiences

In September 2010 the LINK Board agreed that carers and patients who had experienced care at North Tyneside General Hospital in the previous six months would also be consulted. They felt that this would complement the information Enter and View volunteers were collecting and help develop a more informed view.

LINK advertised for people willing to share their recent hospital experiences as a patient or carer in Stronger Voice (North Tyneside LINK newsletter), using posters in the community at targeted venues and by approaching member organisations. LINK held group meetings and conducted one-to-one interviews with those who came forward. Communication was also received by email and letter.

A group meeting was held for carers of people with dementia, of which three people attended.

Five one-to-one interviews were also undertaken and written summaries were transcribed and agreed by the interviewee. Three were with carers and two with former patients. We were unable to organise one-to-one interviews for three other people, two carers and one patient, who completed the written survey used by Enter and View volunteers.

LINK also received six pieces of written correspondence by letter and email, two from carers and four from patients. In total seventeen individuals were involved, ten carers and seven patients.

Results

Enter and View visits

A short report, accompanying the collected survey responses, was received from each Enter and View volunteer team. They have formed their view based on their own observations and the survey responses they collected from patients. We have summarised the information gathered, followed by the accompanying report for each ward, shown below. In total our volunteers spoke with forty-eight patients and five carers.

Ward 4 Summary of results

Eighteen patients took part in the survey over four visits.

Everyone interviewed was full of praise for the staff and felt comfortable and content. The majority of patients were satisfied with their care on the ward.

The issues raised when patients were not entirely satisfied were:

- Involvement in care (2 out of 18 people were not satisfied)
- Nurses having time for the patient (2 out of 18 people were not satisfied)
- Confidence and trust in nurses (3 out of 18 people were not satisfied)
- Dignity and care and lack of privacy; however privacy was viewed as the best that could be achieved in the circumstances. (2 out of 18 people were not satisfied)

Enter and View report - Ward 4 North Tyneside General Hospital

The aim of the visits was to discuss, with a cross section of patients, matters concerning the care they were receiving and whether they considered they were being treated with dignity and respect.

After being introduced to the senior member of staff we visited separate bays and asked patients if they would answer a few questions. We also explained who we are and why we are there.

One lady refused during the first visit. A few visitors were present during each visit.

Only one visitor thought care was not satisfactory. In this case there had been a problem with the first consultant seen.

In all eighteen patients, nine male and nine female were questioned. During each visit we were able to observe nurses going about their tasks, giving medication, taking temperatures, washing beds.

Conclusions

Everyone was full of praise for the doctors and nurses and felt comfortable and content. There were some complaints about toilets and the never ending complaint about food.

Patients on the ward were constantly changing, either being discharged or moving to another ward. On each visit there was a lot of nursing activity and everything seemed to be running smoothly.

Ward 18 Summary of results

Eleven patients took part over two visits.

All patients felt that they were treated with dignity and respect and all had confidence and trust in the staff. They felt staff were courteous and sensitive.

The issues raised when patients were not entirely satisfied were:

- Delay in receiving help from nursing staff; this was perceived as a lack of staff on the ward (6 out of 11 people)
- Although saying they felt they had privacy, many patients qualified their remark saying the only means of privacy on the ward was provided by curtains (6 out of 11 people)

Enter and View report - Ward 18 North Tyneside General Hospital

Overall patients on Ward 18 were very positive about how staff communicated with them. All felt that they were treated with dignity and respect and had confidence and trust in the staff caring for them.

Apart from one patient, all others said that their condition and treatment was explained with care. The one patient felt that nothing was being done until a relative intervened and demanded some answers.

Another had concerns over 'routine medication' without 'routine' being explained to her.

Patients felt that they had been involved in their care and taken seriously when they had asked for clarification over medication and treatment, apart for one who felt that "nobody tells you anything", "no real communication", "treatment is done to you not with you"

Information was given to patients in a sensitive and courteous manner.

One patient felt that a plan was in place for her eventual discharge from her admission from A & E.

A couple of patients felt that staff did not always engage with them when discussing their treatment at the "bottom of the bed". Overall, however, most patients felt that this did not happen and that they had a say, as far as they could, in decisions about their treatment.

Relatives and friends were made to feel welcome but one patient had concerns over the limited access for her small child.

Though most patients felt that when they needed help from nursing staff they got that help, a few indicated that it could take time due to what they perceived as staff shortages.

Privacy was an issue even though staff made the effort to draw curtains and to talk quietly to patients. Indeed many patients commented that they knew all about the others in their bay.

Ward 14 Summary of results

Six patients and three carers were involved over two visits.

All patients were satisfied with the level of care and most felt they had been involved in their care.

The issue raised when patients and carers were not entirely satisfied was:

- For patients with cognitive difficulties, visitors reported that they found it hard to find out up-to-date, accurate information about their relatives' condition. (2 out of 3 carers)

Enter and View report - Ward 14 North Tyneside General Hospital

Staff were welcoming and helpful, they pointed out the patients who they felt had less cognitive impairment, enabling them to fully take part in the survey.

December 2010

Ms A did not like being in hospital, had found the quality of care varied with the different members of staff. The doctors had always involved her in her care and treatment however not all the nurses had. She did feel she had been listened to and treated with dignity most of the time. She felt privacy was limited due to the curtains only being drawn around her but the best it could be under these circumstances.

Mr B and Mr C had both been very satisfied with the care they received and were very positive with all questions asked from the survey. However they did not always grasp what was being said. They also suggested that their own memory failings could be part of the problem.

January 2011

Mrs D had found her experience in hospital a very positive one she had nothing but praise for all members of the medical team. Her concerns were around discharge and if she would manage at

home. Social workers had made contact to assess her current needs that would enable care plan to be reinstated on discharge.

Mr E had had a positive experience. However, he felt the staff were stretched over Christmas due to illness.

Mr F and daughter also said the experience on the ward was positive. Daughter felt that she had been kept involved by requesting to speak to the relevant people and eliciting information.

Two visitors

Both were satisfied with the level of care given to their relatives. They found it very difficult however to get information about the patient's illness and how they were progressing. They had difficulties getting the ward staff to give them the information and if they tried ringing in they felt palmed off (e.g. key worker not available). So they did not feel informed or kept up to date. One patient and his visitor had been on this ward a year ago, he stated that the only thing that had changed was visiting times.

Privacy

While on the ward undertaking the survey a young female doctor came to talk to a patient and her visitor. She failed to close the curtains and her voice was so loud it must have carried into the next bay. I talked to this patient; she did not have hearing difficulties.

I also could see and hear a patient calling out for attention which was ignored, although staff were only a few feet away from her bed.

Conclusion

Patients surveyed were satisfied with basic level of care. Most felt they had been involved in the due process of their care. These were the patients who did not have cognitive difficulties and were well enough to take part.

However, the visitors who assisted with the survey were visiting people who did have memory problems and said they had difficulties finding out information about their relatives health, diagnoses and progress.

Case notes and files were in a central place not on the ends of the beds. Relatives were not able to look at these to gather information.

Note: Enter and View volunteers did not supply completed pro-forma surveys for the visits but spoke directly to patients.

Ward 23 Summary of results

Thirteen patients and two carers were involved over two visits.

All interviewees felt they had been treated courteously and sensitively by staff and with respect and dignity. Patients and carers also felt that visitors were made to feel welcomed on the ward.

The issue raised when patients and carers were not entirely satisfied was:

- A delay in receiving help from nursing staff; this was perceived as a shortage of nurses as they were always very busy (7 out of 13 patients)

Enter and View report - Ward 23 North Tyneside General Hospital

Aims of visit

To talk with patients on Ward 23, regarding their experiences, and use the LINK Patient Survey questionnaire Sept 2010 to record their responses.

How we carried out our work

Myself and colleague made two visits to Ward 23 in November 2010. We were warmly received by staff and especially by the ward manager, who seemed very positive about our visits. He identified patients who were being barrier nursed and we all felt it was inadvisable to approach them.

This ward consists of three bedded, two bedded and many single rooms. During our first visit we worked independently, interviewing

patients in the two bedded and three bedded rooms and on our next visit we interviewed the patients in the single rooms together.

We introduced ourselves to the patients, explained who we were, the reason for the visit and invited their co-operation.

Volunteer 1

I talked to each of the three patients in the room, who all responded. Next was a single room where the occupant declined to speak to me – very politely. Next was a single room where there were two visitors present. I went through the questions with the occupant and her visitors also had some input. Finally, a two-bedded room where each lady was happy to take part.

On 22 November we re-visited and after checking-in at the desk we went together into four single rooms, sharing the roles of questioner and support – doing two each.

Volunteer 2

I talked to the gentlemen in one room and none of them wanted to talk to me, one was watching a cowboy film and was quite grumpy that I had disturbed him; the other two just didn't want to know.

I then interviewed five more patients and one carer who were very happy to be involved.

Two of these patients appeared to have symptoms of dementia but they were very happy and well cared for.

General observations

Ward 23, which is quite new, was clean and bright, and although the staff were obviously busy, the atmosphere was quiet and peaceful. The nurses were pleasant and helpful to us and appeared caring and cheerful to the patients. All of the patients appeared clean and tidy and seemed quite content. The staff, both nursing and medical, spoke to them gently and with patience. I noticed that they all had drinks near to hand and the atmosphere on the ward was very pleasant

It is primarily a Rehabilitation Ward so most of the patients were dressed, clean and tidy with hair nicely combed, fingernails were clean. The men were well shaven.

As the survey progressed it became obvious that some patients may have a degree of confusion which would impact on the reliability of their responses. As a matter of interest, in reply to Question 12, more than 1 patient pointed out that we had to realise that there were a lot of other patients there who needed attention and they understood if there were delays responding to them.

Community consultation

Context

It is important to acknowledge that when we appeal for people to share their experiences of care, that most often, those who come forward will have had a negative experience that they feel they need to give voice to. Therefore, we must see the experiences shared with the LINK team in this context.

A small proportion of the total number of patients treated at North Tyneside General Hospital have come forward to share their experiences with LINK. This report does not seek to quantify the level of satisfaction of all patients, many of whom may have had a positive experience.

However, this should not undermine the fact that when someone has had a negative experience, even if it is one in a thousand, proper attention should be paid to the cause and what could have been done to avoid this situation so it can be rectified for patients in the future.

Response from the Trust: 239,797 patients were treated in North Tyneside General Hospital in 2010. Since June 2010 the Trust has successfully captured the views of over 12,500 patients – this invaluable feedback allows us to be confident about what we're doing right, and understand more about what we need to do to change things for the better. Patients and their families are the experts in their experience of our care.

Really listening to what they have to tell us, allows us to design the type of services that they need and will use. The results below are gathered from surveys that mirror the national survey questions and are sent to outpatients and inpatients once they have returned home. They are independently evaluated by a nationally approved

contractor “Patient Perspective” – a company based in Oxford. Trust wide results are tracked monthly against our own key performance questions and fed back to teams.

This has confirmed 90 % of North Tyneside inpatients would recommend the service to their family and friends. 95% rated the care in 2010 as excellent, very good or good.

Outpatients of North Tyneside are highly likely to recommend the outpatient service to family and friends - the overall quality of care produced a recommendation score of 93%, with as many as 98 % of outpatients judging the service as excellent, very good or good.

Collecting our information

When collecting people’s experiences we used a variety of methods. It was discovered that a pro-forma (Appendix A) was not the best method to collect qualitative data as former patients and carers preferred to ‘tell their story’ but were kept on track through careful ‘nudging’ to areas to be addressed.

From this work we have summarised a number of common themes. These themes are supported by quotes from patients and carers who have shared their perceptions of the service they, or the person they care for, received at North Tyneside General Hospital. We asked people to come forward and share experiences of care at North Tyneside Hospital in the previous six months, however one of the respondents did refer to their experience of two years ago and this should be borne in mind.

Each quote shows the ward where the person’s experience took place and each quote is also referred to by interview number which helps to identify if quotes are attributed to one or many individuals.

Summary of findings

Themes

Communication and information

Some interviewees were pleased with the communication with staff and felt reassured. However, others felt that there was a lack of communication between staff and patients and carers (6 out of 17). Some had to approach staff and wait for discussions around care, rather than feeling a part of the process and having information communicated to them directly (4 out of 17).

- The nurse helped with explanations after the doctor left (Ward 5/Interviewee 2)
- The staff answered all questions, explained all the procedures (breast care clinic/1)
- The charge nurse came round and advised me which of my many medications I should or should not take until after the procedure was complete. This I agreed and found very helpful (w5/1)
- I made sure my husband was present at all discussions around his care (w14/2)
- No communication from staff at all (w14/1)
- The midwife did not explain anything to me (mat/1)
- Staff did not offer an explanation how he got a cut on his head – the man in the next bed told us (w5/2)
- It was difficult to get information from a doctor, no attempt was made to speak to us. We had to ask the questions; other carers felt this too (w2/2)
- I would like to hope that the doctors and nurses listened but it was the hardest job getting in touch with the doctors doing the rounds and the hospital staff due to shift changes. No information was volunteered I had to stick my neck out and keep asking until eventually I got a reply (w14/2)
- I was not asked if I wanted any pain relief and felt the midwives on duty were not engaging with me. At no time did they reassure me. They used jargon (mat/1)

Communicating with carers

Some interviewees were asked if they would like to be involved in the care of their relative – such as washing and feeding (2 out of 10 carers). Although one felt this was a positive experience another felt a burden of expectation. Some felt they could have been more involved and kept better informed of their relative's condition. (6 out of 10 carers)

- The doctors asked to speak to us to discuss his care (Ward 2/interviewee 1)
- I spoke to the sister and she asked if I would like to help wash my mother-in-law. I washed her hair and helped an auxiliary shower her (w2/2)
- His elderly wife was particularly distressed as the doctor kept asking about his history and she became confused (w5/2)
- We were expected to do some of his care such as washing his mouth (w5/2)
- My brother attended the meeting with me for support as I was not made to feel welcome (w8/1)
- Eventually we had to request a meeting with the ward doctor when his condition deteriorated noticeably (w12/2)
- Mother was sent to the RVI (Royal Victoria Infirmary) but we were not told. We only found out my mother had shingles because she had overheard staff talking (w14/1)
- My mother, who was my birthing partner, was told to wait in the waiting area until the midwife had spoken to me (mat/1)

Number of staff

Many people who gave us feedback about their hospital experience felt that there were not enough nursing staff on the wards and this was having a detrimental effect on the care patients received. (5 out of 17) Interviewees were on the whole very appreciative, sympathetic and supportive towards nursing staff.

- Sometimes there would be lots of nurses and at others none. Most days he was left lying due to his artificial leg – they said they needed two members of staff to move him. (Ward 14/interviewee 2)

- There were five nurses for 36 patients. I felt there were too many poorly, elderly patients for the staff to cope (w2/2)
- When his condition deteriorated the nursing staff could not get him into intensive care as a doctor was not available (w5/2)
- The staff were either rushing around or not available (w12/2)

Basic care

Some of those who shared their experiences felt that basic personal care was lacking on the wards (6 out of 17).

- More attention needs to be paid to basic needs like ensuring patients have help with drinking, feeding and personal hygiene (Ward 12/interviewee 2)
- She waited 30 to 60 minutes for a bedpan so she wet herself (w2/2)
- When asked for help to walk it was refused (w15/1)
- Little personal contact with staff; the named nurse only comes round at set times (w4/1)
- Nurses just concentrated on the medical aspects of care (w5/2)
- They would not let him shave or dress himself so he lost these skills (w12/1)
- He had one bath in 17 days. His clothes never matched. T-shirts supplied for night wear were worn during the day, distressing and confusing husband. (w 14/2)

Quality of food and eating

Many interviewees commented about the food, some said that the food was poor (2 out of 7 patients); others expressed concern that there was not more support on the ward to help those who could not manage to eat by themselves (3 out of 17).

- During the night my blood sugars started to plummet but the night staff were extremely helpful and kept an eye on me throughout the night (w5/diabetic patient)
- As my wife was in a wheelchair I could take her to the hospital café and make sure she was eating properly (w19/1)

- Food was better than 2008 'eatable' but not great. Staff never checked if the food had been eaten or enjoyed. The 'red tray' system was in place but did not appear to be working (w4/1)*
- His food was removed when he could not eat it because no one had helped him put his dentures in (w14/2)
- My husband's dentures got broken and he could not manage the hospital food. I had to help him (w12/1)
- More attention needs to be paid to basic needs like ensuring patients have help with drinking and feeding (w12/2)
- The food was terrible. I lost 4 stone in 6 weeks. The doctor said my stomach had grown unaccustomed to solid food. After asking 3 nurses it was arranged for me to have bread and milk and I could eventually manage solid food (w15/1)

* For those who need extra help with feeding their food is placed on a red tray, which should allow for ease of recognition for ward staff.

Cleanliness and environment

Some interviewees felt that the hospital was not clean enough, (4 out of 17), there was a lack of toiletry facilities (2 out of 17) and others commented on the general environment.

- This hospital could still improve on its cleaning (Out Patient Gynae/1)
- Ward 8 was dirty and smelly – one bay had to be closed due to C-Diff (w8/1)
- He contracted the 'hospital bug' (w12/1)
- The actual ward is dull, dingy, depressing and underground (w2/2)
- I was told they did not have the facilities for an electric shaver (w12/1)
- There are no shaving points, mirrors or shelves in the toilets (w4/1)
- The doors to the bays were permanently open. Everything was geared toward staff and not patient comfort (w4/1)
- Patients in bays were not always seen by staff (w14/2)
- He was placed on a side ward with no TV; it was the cleaner who put on the radio for him (w12/1)

- There are single sex toilets and showers but I was told to use the one nearest to me which was clearly marked Female (w4/1)
- The ward was mixed and men wandered about at night so privacy was compromised (w2/1)

Response from the Trust: latest 2010 national survey data confirms that the Trust is performing significantly better than other participating Trusts with respect to cleanliness of the ward environment. Only 2 % of patients in 2010 report a problem in this area.

A web-link to this information will be available after March 2011 when it will be released by the Care Quality Commission.

Teeth and foot care

A specific focus group was run for three carers of people with dementia; concern was expressed about how staff supported people with dentures (3 out of 3) and nail cutting (2 out of 3).

- My wife's crowns fell out and there were no facilities to deal with dentistry but the nurses were helpful. (w15/1)
- No one helped him to put his dentures in (w14/2)
- The nurses removed his dentures at night but he had always kept them in. His actions were perceived as aggression and his dentures got broken. (w12/1)
- I asked them if they would cut his nails and when I asked about a chiropodist I was told by staff 'they had more important things to do' (w12/1)
- I had to cut my own wife's nails (w15/1)

Response from the Trust: The Trust is making improvements to the care it provides to patients with dementia and delirium. It has put a progressive and comprehensive programme involving people with dementia and their carers in design and delivery to ensure that patients are at the centre of care.

These include:

- Training and development
- Implementing the 'This is Me' tool produced by The Alzheimer's Society and originally devised by Morpeth Branch
- Coloured crockery
- Modifications to the environment

Next steps

North Tyneside LINK's initial findings were shared with Rosemary Stephenson, Executive Director of Nursing at Northumbria Healthcare in a meeting in early January 2011. The LINK team have worked with representatives of the Trust since then to discuss the report's findings before publication.

The report was also submitted for comment to North Tyneside LINK's Board at their January 2011 meeting and final approval in March 2011.

Following LINK Board approval the report will be sent to Northumbria Healthcare NHS Foundation Trust requesting an official response to the recommendations. This response will be reviewed by the LINK Board who decide if any further action is necessary.

The team we have worked with at the Trust have expressed a desire to work collaboratively with LINK, and our Enter and View volunteers, to allow open and transparent review of their care.

Conclusions

From the information gathered by our Enter and View volunteers it would seem that the majority of patients at North Tyneside General Hospital have had a positive experience of care. This would support the information shared with us by the Trust referred to on page 14 and 15 of this report.

This information our volunteers gathered suggests that local people are extremely appreciative of the hard work and dedication of the staff at their local hospital and are happy with the services provided there.

The information gathered through our community consultation work relies on the people who came forward to share their individual experiences with us, following our appeal. Although we fully acknowledge that these experiences only account for a very small minority of patients using the services of North Tyneside General Hospital, their experiences have not been good and we hope lessons can be learnt from them.

By sharing their experiences and having our local hospital acknowledge them, we hope to be able to use this report to continue to build on the good work North Tyneside General Hospital has already achieved so that all patients receive excellent care.

Recommendations

- Prioritise improved communication with vulnerable patients and their families and carers to ensure they are kept informed and involved.
- Consider further investment in the Psychiatric Liaison team to increase resources from one full time nurse.
- Provide information for patients and families and carers on accessing dental and chiropody services whilst in hospital.
- Consider ways of increasing the number of nursing staff to patients.

Acknowledgements

North Tyneside LINK would like to thank all patients, former patients and carers for talking to them and sharing their experiences. Special thanks go to North Tyneside LINK Enter and View volunteers for undertaking this piece of work.

North Tyneside LINK would also like to thank all staff at Northumbria Health Care NHS Foundation Trust, especially Rosemary Stephenson, Anne-Marie Laverty, Michele McKidd, Sue Sutton, Elaine Henderson, Julie Gilson, Gillian Messenger, Tracy Young and David Shell.

Appendix A

Patient survey supporting LINK project September 2010

Question	Response
1. How do you feel about your time in hospital?	
2. During your time in hospital have you had confidence and trust in the nurses caring for you?	
3. Have you had conflicting information or advice from the doctors or nurses during your stay?	
4. Do you feel that the doctors or nurses have explained your condition and treatment to you?	
5. During your hospital stay have you felt involved in your care? (For example has there been anything you have not been told or asked about?)	
6. Have the nurses and doctors listened carefully to what you have had to say?	
7. Whilst in hospital has information been given to you in a sensitive manner?	
8. Do you feel the staff been courteous to you?	

<p>9. Have you ever felt that doctors or nurses have been discussing you as if you were not there?</p>	
<p>10. Have you felt that you have been able to have your say in decisions about your medical treatment?</p>	
<p>11. Have you felt that your friends and relatives have been made welcome?</p>	
<p>12. If you have needed to ask the nurses for help, have you felt that they have time for you?</p>	
<p>13. During your time in hospital do you feel that you have had enough privacy whilst discussing your condition or treatment with your doctor or nurse?</p>	
<p>14. Do you feel you have been treated with respect and dignity whilst you have been in hospital?</p>	



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