

**PATIENT AND PUBLIC INVOLVEMENT FORUM
FOR THE UNIVERSITY HOSPITALS OF LEICESTER**

**THE HEALTHCARE COMMISSION ANNUAL HEALTHCHECK 2007 – 2008
DECLARATION OF COMPLIANCE WITH THE CORE STANDARDS**

Forum Commentary

This Commentary has been approved by the Annual Healthcheck Working Group under the authority given to it by the Forum at its meeting in public on 12th February 2008.

1. Introduction

The Forum again welcomes the opportunity to comment on the Trust's Declaration of Compliance by providing a patient and public view of the Trust's performance in relation to the Healthcare Commission Core and Development Standards.

The senior staff of the University Hospitals of Leicester continue to afford full access to the Forum and there has been regular interaction between the Trust and Forum members on a wide range of issues affecting patients. This has included regular informal meetings and contacts with the Chairman, Chief Executive and the Patient and Public Involvement Lead. Through its non-voting seat at the Trust Board meetings and membership of the following Committees and Groups the Forum has been able to present its ideas and influence policy and practice:- the Clinical Governance Committee, the Patient and Public Involvement Advisory Group, the Foundation Trust Steering Group, the Caring at its Best (Essence of Care) Board, Infection Control Committee, the Pathway Clinical Reference Group, Healthcare Standards Steering Group, the Older Persons Steering Group, a Car Parking Committee and a PALS Redesign Group.

Although in its final year of existence, (prior to the establishment of Local Involvement Networks, LINKs, in April, 2008), the number of members of the Forum has remained high, (19 in March, 2008), and they have been very active. The Forum also benefits from having within its membership four of the twelve Patient Advisors appointed by the Trust.

The Forum has undertaken independently or jointly with the PCTs and Leicestershire Partnership Forums in Leicestershire and Rutland a number of projects that have informed its views. They include:-

- A continuing programme of hygiene and infection control inspections.
- Participation in PEAT reviews.
- Participation in the Patient Advisory Liaison Service, (PALS), Redesign Group.
- Circulation of a questionnaire to the public about health services in the area; (see appendix A).
- Publication of a return slip in the local newspaper seeking views on health services in the area; (see appendix B).

As a result of the latter two initiatives described above approximately 460 responses were received from a cross section of the people of Leicestershire and Rutland, who had used the health services in 2007/08. The results were analysed by Forum members, and whilst some related to PCT and/or EMAS services, about 320 were of direct relevance to the University Hospitals of Leicester.

2. Background.

In writing this commentary the Forum is acutely aware of three significant events that occurred during 2007/08 that have impacted upon the Trust and its staff, namely:-

- (a) The termination of the long-term project called Pathway that would have revolutionised the 3 hospitals in Leicester.
- (b) The sudden departure of the Chief Executive, Dr Peter Reading, shortly after the termination of Pathway.
- (c) Budgetary restraints imposed during the year which impacted on staffing levels.

The Forum considers that these three issues had an impact on staff morale which is still being felt. The decision to terminate the Pathway project, (in the light of the financial ramifications), was supported by the Forum but urgent consideration needs to be given to improving the current facilities at the hospitals as part of a long-term plan.

The departure of Dr Reading, and the subsequent appointment of an Acting Chief Executive on a high level of remuneration, provoked considerable media and public concern and the Forum, using its statutory powers, , has written to the Audit Commission seeking an investigation into these matters. The Commission referred it to KPMG, external auditors to the UHL, and the Director of KPMG has recently responded. The Forum has referred the issue to the Joint Leicester, Leicestershire & Rutland Overview & Scrutiny Committee.

Having said this the Forum wishes to place on record its appreciation and understanding of the good work of the University Hospitals of Leicester NHS Trust and its staff, not only over the past year but also over the last 4 years during the Forum's existence.

Overall comments on the Trust's Performance.

As a result of the public's response to the questionnaire, other responses and more knowledge and experience within the Forum, there is far more evidence this year than in 2006/07. This evidence gives an overall impression of a Trust giving a good standard of care and treatment and making significant efforts to improve in key areas such as hygiene and infection control and patient feedback. This has been achieved against a backdrop of change and uncertainty and in the knowledge that the building infrastructure needs modernising and updating. Nevertheless the Forum has a number of concerns. The documentation held by the Trust demonstrates that policies, plans and procedures are in place. The Forum sees, with the eyes of the patient and the public, how far they are implemented in practice.

Core Standard 1

b) During the year the Forum is aware, (through its involvement on a Working Group to develop an integrated system of reporting complaints, incidents risks etc), that the Trust Executive and Board have improved systems for monitoring, and acting upon, trends affecting patient safety.

Core Standard 4

a) A considerable amount of time and effort has been expended by not only UHL Forum members, but also members from all Leicestershire and Rutland Forums, in infection control inspections of wards and departments. This reflects the public concern in this area.

Each inspection is undertaken by two or three members, accompanied by a senior staff member of the relevant ward or department. Following the visit a report is prepared , including recommendations, and sent to the Director of Nursing with an action plan. The report is then presented to the Forum in public and released to the media. UHL updated the action plan after 3 months. The inspection group carries out follow-up visits to monitor implementation of the recommendations and action plans.

In 2007/08 inspections were carried out at the following wards/hospitals:-

- *11th April 2007 - Ward 6 Neurology Unit at the Leicester General Hospital.*
- *11th April, 2007 - Ward 23 Surgical Admissions Unit at the Leicester General Hospital.*
- *23rd April, 2007 - Ward 8 Stroke Unit at the Leicester General Hospital.*
- *17th May, 2007 - Medical Directorate at the Leicester General Hospital.*
- *21st May, 2007 - Ward 16A Cardio Respiratory Directorate at the Glenfield Hospital.*
- *5th June, 2007 - Ward 31 Metabolic Medicine at the Leicester Royal Infirmary.*
- *6th June, 2007 - Surgical Directorate at the Leicester Royal Infirmary.*
- *22nd June, 2007 - Surgical Short Stay Ward at the Leicester Royal Infirmary.*
- *25th June, 2007 - Oncology and Haematology Day Case wards at the Leicester Royal Infirmary.*
- *13th August, 2007 - Delivery Suite in the Women's and Perinatal Directorate at the Leicester Royal Infirmary.*
- *20th August, 2007 - Ward 5 Stroke Unit at the Leicester General Hospital.*
- *20th August, 2007 - Brain Injury Unit at the Leicester General Hospital.*
- *6th September, 2007 - Cardio-Respiratory Directorate at Glenfield Hospital.*
- *5th October, 2007 - Ward 29 Gastro Entrology at the Leicester Royal Infirmary.*
- *22nd October, 2007 - Women's and Perinatal Directorate at the Leicester General Hospital.*
- *29th October, 2007 - Paediatric Oncology Unit at the Leicester Royal Infirmary.*
- *26th November, 2007 - Ward 15 Cardio Respiratory Directorate at Glenfield Hospital.*
- *10th December, 2007 - Ward 3 Endocrinology (Diabetes) Unit at the Leicester General Hospital.*

- *11th December, 2007 - Medicine/A&E Directorate at the Leicester Royal Infirmary.*
- *16th January, 2008 - Ward 36 Surgery Directorate at the Leicester Royal Infirmary.*
- *25th January, 2008 - Ward 17 Musculo Skeletal at the Leicester Royal Infirmary.*

An analysis of the above 21 visits revealed the following common problems:-

- *The continuing use of sticky tape throughout the Trust.*
- *More cleaning is required to the in-flow pipes of toilets.*
- *The cleaning of the nurses' stations are being neglected in the rotas on some wards,*
- *The cleaning of computer keyboards is often neglected.*
- *The "elephant" foot stools are often ingrained with dirt.*
- *Ward furniture, particularly the bed-tables and lockers, are worn or damaged in some areas.*
- *The walls and woodwork are constantly being damaged by the movement of beds and equipment. Many of the movements are not as a result of an emergency and staff need to take more care.*
- *The oxygen bottles and cradles are often old, dusty and rusty. Staff need to take more ownership of them.*
- *The 6 month rota of cleaning the windows means many are dirty for long periods.*
- *Equipment is often stored in corridors to wards or dayrooms, leading to them being cluttered.*

The visits also revealed the following improvements:-

- *The steam cleaning activity within UHL, which incorporates supplementary decontamination with hydrogen peroxide, appears to be more advanced than in most other Trusts.*
- *More wash hand basins and sinks are being installed on a phased basis.*
- *Further signs relating to hand washing have been introduced.*
- *More containers of hand gel are visible.*
- *The laminated surfaces in the kitchens and toilets make them amenable to wipe clean facilities, which is an improvement.*
- *Wipe clean note covers are being introduced and consideration is being given to the notes themselves being wipe clean.*
- *Wipe clean light and emergency pull cords have been introduced in most areas.*
- *Quiet and non-rusting waste bins are being introduced.*
- *Attention is being given to the storage problem, highlighted above, with bathrooms being renovated to storerooms.*
- *Glass fronted notice boards are being installed.*
- *Further attention is being given to the limescale on the taps and the sealant around the sanitary ware.*

An analysis of the questionnaires from the public and patients shows about 40 adverse comments on the cleanliness of the 3 hospitals with many of the criticisms focused on the

Leicester Royal Infirmary. Also about 45 responses indicated that they had witnessed members of the public not using the gel facilities on wards remarking that no member of staff had reminded these people of the need to do this. A few people had commented that they had seen staff not washing their hands regularly. Overall, whilst considerable progress have been made to improve hospital cleanliness and infection control, it is the Forum view that it still need to be given high priority and monitored closely. The evidence that the Forum has collected does not say with confidence that the patients and public find that the standard is being implemented consistently.

Developmental Standard D1

The Forum has seen improvements in this area, particularly in the emphasis given to infection control. Account has been taken of problems and recommendations in hospitals elsewhere in the country and high priority is now given to monitoring and actioning infection control issues. The Director of Nursing, who has specific responsibility for infection control and is also the Director of Infection Prevention & Control, has liaised closely with the Forum and addressed matters raised in the inspections.

The PEAT reviews have also noted improvements.

The Older Persons Champions Forum has developed further and addresses issues of concern affecting their stay at the hospitals whether as an in-patient or out-patient and in moving to PCT establishments.

Core Standard 6

The public responses indicated that there are still some problems in delays in discharge, caused by insufficient planning and lack of co-ordination.

Core Standard 7

a) A Forum member is represented on the Clinical Governance Committee and states the UHL does meet this standard.

c) From its personal observations the Forum considers that this standard is being met.

e) The Forum is aware that it gives a high priority to service equality, by having a designated member of staff in this role and by having an active and well-represented Service Equality Panel.

Core Standard 11

It is relevant to mention here that the Forum views the departure of Dr Peter Reading, Chief Executive, in July 2007, (a person held in high regard, both locally and nationally), as a significant loss to the UHL. He is a committed and motivated leader who brought high standards to the organisation. The manner of his departure, and the subsequent temporary appointment of his successor should have been handled better and did mean that the reputation of the UHL suffered and staff morale was lowered. This is not a reflection on the abilities of his successor, or the appointment of a permanent Chief Executive from May 2008, but a comment on the way the matter was handled.

Budgetary restraints also meant that, on occasions, nursing vacancies have been held

placing an increased burden on staff.

Core Standard 13

a) The responses from the questionnaires indicated that there are still concerns over mixed sex bays, although it is acknowledged that the Trust is taking steps to eliminate them.

Many people, seemingly mostly the elderly, commented on being moved from one ward to another and to another bed, often late at night, which caused inconvenience and distress. There were numerous adverse comments about patients being kept waiting for out-patients appointments, but also not being told of the reason for the delay. Many indicated they did not like to ask about the situation as they could see "it was busy".

Core Standard 14

a) Numerous responses from the questionnaires indicated that patients are not forthcoming in raising concerns about their care in case it jeopardises their subsequent treatment and/or they can see the nurses are extremely busy. This is not an easy situation to address but further consideration needs to be given to it.

The Forum has welcomed two key initiatives introduced this year: Caring at its Best and Patient Polling. Caring at its Best is a return to ensuring that basic nursing standards are maintained and Patient Polling has meant that on a quarterly basis patients views are sought to assess their overall satisfaction with the services provided. Both initiatives have provided additional evidence about standards and the Forum has been involved in seeing the results. In part it answers previous criticisms that patients' concerns are not always listened to. The point about patients being reluctant to raise issues in case it jeopardises their treatment and care is still relevant though.

The redesign of the PALS service, whereby one person provides the service to all 3 hospitals, has now been underway for 6 months and an evaluation is imminent. Early indications are that many fairly minor issues are now appropriately referred to wards and departments rather than being dealt with by PALS.

Core Standard 15

The responses to the questionnaire indicate there are numerous views on the quality of the food, ranging from being extremely critical to being most complimentary. It is, therefore, difficult to give a consensus as to the precise standards. In relation to the responses there were a few who specifically commented on the poor quality at the Leicester Royal Infirmary. What can be said is that it provokes the most emotive comments!

One issue that emerged during the year was the quality and quantity of the food on the Children's Oncology Ward, when a parent raised critical comments with the media. The outcome was a review by UHL, which changed the menu and type of food being offered.

Core Standard 16

The responses indicate that there are still some concerns that both patients and their carers do not always receive adequate information about their treatment options and plans.

Core Standard 17

The views of patients and the public are sought on treatment and care issues as illustrated by the Patient Polling initiative and the no smoking policy, where Trust members gave their opinions.

The Forum maintains an independent voice and is consulted on issues on several internal UHL bodies as follows:-

- *Healthcare Standards Steering Group.*
- *Clinical Governance Committee.*
- *Infection Control Committee.*
- *Pathway Clinical Reference Group, (now disbanded).*
- *Foundation Trust Steering Group*
- *Patient and Public Involvement Advisory Group.*
- *Listening and Responding Forum.*
- *PALS Redesign Group.*
- *Patient Food Group.*
- *Essence of Care Board.*
- *Hydrotherapy Group.*
- *Patient Safety Group*
- *Outpatients Review.*

The Trust is represented at the Forum by the Director of Nursing, who has a key responsibility for patient and public involvement within the Trust and infection control.

Core Standard 19

The Forum is aware that the procedures, cleanliness and waiting times have all improved in the Accident and Emergency Department.

Core Standard 21

The demise of the Pathway project has meant that there is an urgent need to review the functionality and facilities in some of the buildings, which are looking jaded and in need of repair/renovation. The Forum is aware that the Trust is tackling this issue.

The introduction of car park charging at all three sites was introduced smoothly and in consultation with the Forum. However, the responses to the questionnaire indicate that parking at the Leicester Royal Infirmary is still a problem, particularly for people attending out-patient appointments & there are queues for the Havelock Street parking area.