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**Enter and View Report  
Ward 33  
Darlington Memorial Hospital  
Hollyhurst Road, Darlington, DL3 6HX**

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**27<sup>th</sup> September 2018**



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## Acknowledgements, disclaimer and context

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Healthwatch County Durham and Healthwatch Darlington would like to thank the service provider, service users, visitors and staff for their contribution to the Enter and View programme.

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and View are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about, they need to inform their lead who will inform the service manager, ending the visit.

## Purpose of the visit

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Healthwatch County Durham (HWCD) were asked, as a stakeholder in the County Durham and Darlington Foundation Trust (CDDFT) Quality Improvement Board (QIB) to suggest how they could support quality improvement within CDDFT, linked to the Measures of Success as agreed by the QIB in October 2017.

The HWCD Board reviewed the Measure of Success at a Board meeting in January 2018 and suggested Patient Experience was the most appropriate area to support given the remit and services of HWCD. They proposed Enter and View visits in wards or departments that had done very well or less well in their most recent Friends and Family Test (FFT), to learn from those that had done well and share that learning with others who wish to improve as well as with the QIB for roll out throughout the CDDFT.

This will ensure that the experiences, views and opinions of patients, friends and family are heard in the quality improvement work of CDDFT. By feeding into the QIB patients will be able to influence meaningful change and improvements to services that affect them. Key stakeholders in quality improvement will be informed of the views and experiences of patients and can use what they are told to inform their decision making

The proposal was agreed by the QIB in March 2018 and HWCD met with CDDFT Patient Experience team in April 2018 to plan the visits. They identified three wards at University Hospital of North Durham (UHND) and three at Darlington Memorial Hospital (DMH) with different FFT results. These included; low return rate, high return rate with low satisfaction and high return rate with high satisfaction to give a broad spectrum for comparison. We agreed that Healthwatch would not know which wards fell into each category and that the same 'appreciative questions' would be used to identify trends and areas of good practice, as well as areas for improvement.

HWCD Board met with Healthwatch Darlington (HWD) board in July 2018 and they agreed to take part in the work and to carry out the three visits in DMH.

## Planning and preparation

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A joint training session for HWCD and HWD Authorised Representatives took place before the visits to ensure consistency. The questions used were carefully put together (appendix A) beforehand to reflect the 'positive approach' to be taken. This was agreed with staff and Authorised Representatives.

We met with each ward manager individually to plan the visits, agree to process and make sure it would work for patients and staff.

We realised that there might be people who would like to make a comment about the ward who were not going to be around on the day of the visit so the surveys were left one week before the visit in the waiting area, on a Healthwatch display table, with a box for completed surveys to be left in. HWD also left some comment cards which would enable people just to make a comment about the service.

We advertised the visit in advance (appendix B) and Greta Jones, Ward Manager briefed the staff, before the day.

We carried out a preparation visit one week before the Enter and View to do a risk assessment and consider areas such as layout, introductions, venue space and safety procedures, the process for taking photographs and we agreed use of a private space for conversations if needed.

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## Information and data

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Using two of the Authorised Representatives we carried out 18 individual conversations with patients and staff, using a set of appreciative questions to give people the opportunity to describe good practice they had experienced or seen.

6 surveys were completed prior to the visit and 6 comment cards.

Representatives observed activity and spoke to people during our three hour visit, to collect their own independent impressions of the ward and its services, which they recorded during and after the visit. The visit was planned for four hours, but it took less time than anticipated, the comment box was left for those who still wished to complete surveys as per our advertisement. No more were received when the box was collected.

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## What people told us

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People shared their experience and opinions of the ward, all are noted in Appendix C. Some are unique to individuals but there were several trends that we heard numerous times, which include:

### Professionalism and empathy of the staff

‘Staff very helpful, always cheerful’

‘Very good, nurses give assistance when needed, help and assistance, all very friendly’

‘The attitude of the staff. They genuinely care and it shines through in their treatment of both patients and the visitors. Explanations of what is happening is always volunteered’

‘Staff morale, keeps the patients spirits high’

### The environment and physical layout

‘Been in a few times always found it wonderful’

‘It is clean’

‘Beds comfy, the one I’m in anyway’

‘The supportive/caring culture’

### Service and positive interaction

‘Nurses never stop should get paid more’

‘They were right there when I pressed buzzer’

‘The staff, from the ward sister all the way down. They are supportive, caring and friendly’

‘Level of staff. Food very good’

## Satisfaction

‘More staff very happy with treatment so far’

‘Mixture of patients don’t work sometimes’

‘Wouldn’t change a thing’

‘Staff are very willing to help and work very hard to suit all needs and work as a team’

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## What we observed

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The patients we observed on Ward 33

Observations considered the physical space and how it was managed, as well as communication with staff, patients and visitors

### Key areas of observation were:

#### Effectiveness of the physical space and layout

Lovely warm welcome from the ward manager Greta, she took us to her office where we were able to leave coats and bags. She gave us a quick introduction to the ward and advised that we would need to roll sleeves up and remove watches etc. We were invited to the team huddle under confidentiality rules where staff received updates on patients. There was also information sharing about targets achieved and how improvements could be made along with compliments from patients. Healthwatch Darlington were asked to feedback on the visit before we left.

Our posters and comment box were well placed and visible for all to see. The ward was very busy and seemed very well organised with equipment and beds being moved about as well as patients being transferred to other areas.

The rooms were all clean and tidy with everyone looking comfortable and well looked after, the layout was rooms of 6 beds with men and ladies in separate rooms. Board with preferred names were displayed above the beds. Information racks in the corridors looked organised and tidy.

### **Positive social interaction and communication**

Doctors, nurses, care assistants and cleaning staff all talking and communicating with each other as well as with patients which seemed to generate a very friendly atmosphere amongst staff and patients while also being very professional.

During the huddle staff were encouraged to speak freely about any concerns or niggles they may have. Staff were also encouraged to take breaks.

### **Dealing with issues that arose**

Buzzers were answered quickly, staff chatting and picking up a blanket that had fallen and placing back over the persons legs but asking permission to do so.

Staff explaining to patients what was happening when porters came to move the patient, the person being concerned about not having their own dressing gown. Nurse explaining that it was OK and giving the person another hospital robe to put on to ensure dignity when moving from the ward.

Nature of the ward meant that there was a vast mixture of patients some other patients found this disturbing but understood. Staff try to accommodate such situations and on our visit there was a bed turned in a different direction to look at alleviating the situation.

### **Comment Cards**

6 comment cards were also left 4 of these spoke very highly of the treatment and care received on ward 33, commending the staff for high standards and clinical care along with how nice the atmosphere was on the ward.

1 card just gave details of an email address and the other commented about saving A&E and now closing the hospital from inside with the reduction in the children's ward.



## Recommendations

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We have listed the recommendations below for ward 33 and CDDFT based on what we were told and what we saw and heard, during the visit.

### Recommendation 1

Very friendly warm atmosphere while remaining very professional in the day to day activities of the ward. To continue with this positive approach to the working environment.

### Recommendation 2

Positive leadership and encouragement from senior members of staff, helping junior members. Continue with the good team work that is already evident.

### Recommendation 3

Wide mixture of patients including people with dementia and other complex needs which can disturb other patients. Efforts made by staff to alleviate the disturbance to others but not always able to. CDDFT look at alternative ways to help with these situations.

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## Service provider response

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“Not only will I share this at our huddles but I will ensure that it is shared at both our sisters meetings, which cover both sites and at our Clinical Governance meetings. I will also ensure that Matron is then able to share this and cascade it to other non- surgical areas.

It was lovely to have it reinforced that we have a good team spirit, as I only see it from one side, the opinions of others supporting this has been lovely.

We are a team that was thrown together through circumstance, but have invested in each other to ensure that we all have the support that we need, access to the senior team and that our opinions matter. We have invested in our Student Learning programme and get excellent feedback from the University. This is shared with the ward teams and helps to motivate, encourage and make them proud (I hope).

We are looking at ways to support our dementia patients and try and engage them in simple activities. With this in mind I am interviewing some volunteers and am hoping that they will act and support simple therapy for our most vulnerable patients. Unfortunately, we do have to nurse some patients with cognition issues within a shared ward but try to keep disruption to a minimum. Sadly, patients with Dementia can be scary to those who have never witnessed it. Education for the general public may well be the way forward.

As a team we had no concerns about your visit. We discussed it prior to you coming, and to be honest it was really reassuring to get an independent view point about what is working well and what still needs to be improved.

I would most definitely encourage other areas to embrace you and welcome you. Your team was polite, interested in the patients but equally interested in the staff. I would have no hesitation in inviting you back at any time, as a fresh pair of eyes should always be welcomed.”

**Greta Jones (Ward Manager)**

“This report reads very positively with a high degree of engagement from staff and patients, shown in the survey and comment responses. It is encouraging to note the level of input from the ward sister and level of involvement shown to the Enter and View Team. This is highlighted in the positive outcome of this report.

This report has reiterated the positive comments we receive from patient feedback through friends and family feedback as well as post discharge survey feedback. The variety of patient needs is challenging.

Leadership and management - positive attitude impacts on staff morale and teamwork.

We are developing an Invest in Rest Charter to aid sleep at night for patients which may hopefully improve the issues mentioned.

I have experience of Enter and View visits across CDDFT over the previous 5 years or so, their independence gives us credibility and confidence. They have always been constructive and supportive of the needs of patients allowing us to make improvements where needed as well as share good practice. The process lends itself to supporting all services across CDDFT.”

**Jill Salkeld (Patient Experience Manager)**

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## (Appendices)

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### Appendix A

Enter and View Questions for Hospital Wards in Darlington

Thank you for your time today. Healthwatch are here to speak to patients and family members about the hospital ward and to hear the stories behind your views. We will share any examples of good practice with the hospital and make recommendations about any improvements patients would like to see.

In your view, what works well on this ward for patients? Is there a good experience you'd be happy to share with us? (Prompt questions if needed: What made it a good experience? Who was involved? How did you feel?)

What is the best thing about this particular hospital ward? (Prompts: What makes it stand out for you? Why have you chosen this?)

If you could make sure this ward kept one thing, what would it be? Why is that? (Prompt if needed: one thing could be a service, facility, process, behavior or person)

What one thing or aspect could this ward improve, to make things better for patients? (Prompt if needed: why have you chosen? How could it be improved?)

Appendix B



**healthwatch**  
County Durham

**healthwatch**  
Darlington

Thursday 27<sup>th</sup> September

9:30am to 1:30pm

Visit to WARD 33

*Healthwatch gathers your views about health and social care services and shares them with those who have the power to make changes.*

We would like to hear what you think about the ward. If you're available on the day, please come and speak to us.

**Have  
your  
say**

If you can't attend during our visit you can complete a survey and leave it in the box so you can still share your views.

**Talk  
to us...**

**Thank  
You**

## Appendix C

### DMH Ward 33

#### Full Notes

**In your view, what works well on this ward for patients?**

- No complaint
- Well looked after, no complaints at all
- Staff is really helpful and attentive
- Not sure what is happening x 2
- Staff very helpful, always cheerful
- Looked after - alright. Staff alright
- Have to wait for staff to deal with things
- Staff here all the time
- Not been in hospital before, excellent experience. Whole experience has been good. Staff obliging and kind
- Has been moved about, which wasn't explained fully. Geared up to help you recover
- Staff morale, keeps the patients spirits high
- Comfortable stay, staff great
- Very good. Nurses give assistance when needed. Help and assistance, all very friendly
- Up to now, staff very helpful, get things when need them
- Doing what they can. Had a bit of attention, more than I thought I would. Staff ok
- Very friendly. Do take care of regular checks that you're not in pain, watching you. Waiting about in A&E was slow. Once got going and all ward very good, staff lovely
- Nurses over worked. Do their best, try to smile. Too much food. People, company. Excellent
- The attitude of the staff. They genuinely care and it shines through in their treatment of both the patients and the visitors. Explanations of what is happening are always volunteered
- The teamwork under higher and higher demand is exceptional
- Staff always working to their best ability even under a lot of pressure
- The multi disciplinary team all different staff in wrong place
- Staff working as a team, staff morale high, friendly environment for patients

**What is the best thing about this particular hospital ward?**

- The staff are always attentive and very reassuring
- The way you are treated by everyone
- Overall treatment, put you at ease

- Nothing to compare, can't find fault
- 1st time in hospital. Have difficulty with hospitals, almost a phobia
- Just been in overnight
- Staff
- Staff take good care, getting washed - other wards, get left
- Always trying to help the patients and relatives to make the experience less stressful
- Own room, very comfy
- They were right there when pressed buzzer
- Everyone friendly, get to know people
- Not seen much, only been in one day
- All doing their best. Staff
- The staff, from the ward sister all the way down. They are supportive, caring and friendly
- The team of staff on Ward 33 is exceptional in general
- Staff are very willing to help and work very hard to suit all needs and work as a team
- It is clean
- Health carers work well as a team

**If you could make sure this ward kept one thing, what would it be?**

- The staff attitude. Everyone play their part
- The ward is as good as any other and the hospital is equally good
- Keep things as they are
- Way staff treat patients
- Beds, good. Staff respond well to buzzer
- Hospital same as others, been in a few
- Can't be improved
- Level of staff. Food very good
- Most of the team to stay together
- All staff and beds
- Nurses never stop. Should get paid more
- Beds are comfy, the one I'm in anyway
- Been in a few times always found it wonderful
- Staff
- The supportive/caring culture
- Ward 33 at DMH needs to ensure a high retention of staff as this is what drives standards higher. This can only be a positive for all involved (patients and staff)
- The good rapport between the healthcareers/nurses
- Most of the team we have the minute. It's good for staff morale which makes better environment for patients and makes them feel at ease, so keep them together

## What one thing or aspect could this ward improve, to make things better for patients?

- Nothing should be changed
- Wouldn't change a thing
- Mixture of patients don't work sometimes
- Don't like the food
- Can't think of anything, food alright
- Drs not helping nurses. Consultants not speaking to patients (using Dictaphones). Not happy with treatment. Has broken hip, broken 2x and feels treatment wrong. Mix of people, person with dementia
- Difficult patient experience due to a patient with dementia, though understanding of situation. Can't improve - considering the state of the NHS. Staff under pressure
- More staff, less hours. Food ok
- Personal information not shared on a weekend (drs). Satisfied with everything else
- Protected meal times and visiting hours adhered to
- More communication
- More staff, very happy with treatment so far
- Nothing really. Long wait in A&E before got to ward - 5 hours
- Doing best
- Keep you awake (nothing)
- Waiting time getting to ward from A&E. Backward and forward to x-ray
- Another couple of nurses/staff. They are brilliant but not enough
- Nothing springs to mind. Staff are always just a press of the button away
- Higher staffing levels are essential to deliver the high standard of care we all aspire to
- More staff to keep high standards of care being implemented
- The way they gossip and treat some students
- More help throughout the day of other staff i.e. Staff nurses. Protected mealtimes adhered to more

## Observations

### Effectiveness of the physical space and layout

Layout was alright

Good

The Healthwatch poster was well placed and visible

Patient concerned about not having dressing gown. Nurse put extra gown on so to protect dignity

Clean. Cleaner talking to patients

Healthwatch boxes in reception and on nurse's desk

Invited to team huddle. Discussed patient needs. Very busy on arrival. Dr doing rounds  
Impressed with greeting, sister went out of her way. Many preparations done.  
Asked to let her know if Healthwatch had any issues. Stressed confidentiality

### **Positive social interaction and service**

Nurses and doctor all communicating about patients. Told patients about shutting doors  
Nurse talking to patient explaining what was happening. Advising to take time, offered blanket  
A very good briefing from the staff nurse to prepare us  
Very good  
Staff was praised  
Staff nurse said for staff to feel free to speak

### **Dealing with issues that arose**

Always dealt with care and as quickly as possible  
Try to resolve things very quickly  
Extremely busy ward. Seem very organized because patients have to be dispatched to various wards after assessment  
Putting blanket over patient that had fallen to floor. Staff encouraged to take breaks  
Encouragement to reach targets  
Patient passing on thanks letters to all staff

### **Card comments**

It is increasingly obvious since A&E dept. was 'saved' that it is now the plan to close the hospital from behind the front door. The reduction in children's ward in-patient beds is the first step  
High standard clinical care delivered in a sympathetic manner. This is exactly what I have received from arriving at A&E by ambulance to discharge the following day  
A nicer working environment, with more facilities  
Staff to continue to be happy in their role, to continue to work well as a team and keep the light hearted feel to the ward  
Lovely place to work, friendly atmosphere