



Enter and View Programme for County Durham and Darlington Foundation Trust

Executive Summary

December 2018

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Part of the local Healthwatch remit is to carry out Enter and View visits to health and social care services. 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 meaning we can learn about and share examples of what they do well.

Healthwatch County Durham (HWCD) was 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 criteria, agreed by the QIB in October 2017. The HWCD Board suggested, Patient Experience was the most appropriate area to support. 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 other wards who wish to improve. The QIB could also roll out the considerations throughout the trust. HWCD Board also met with Healthwatch Darlington (HWD) Board who agreed to take part in the work and to carry out visits in Darlington Memorial Hospital.

This work ensured that the experiences, views and opinions of patients, friends and family were heard in the quality improvement work of CDDFT. By feeding into the QIB patients are 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 this to inform their decision making

HWCD met with CDDFT Patient Experience team 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. It was 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. This executive summary pulls together the findings from the Enter and View activity of both Healthwatch teams.

What we did

A joint training session for HWCD and HWD Authorised Representatives took place before the visits to ensure consistency. The questions used were carefully compiled to reflect the 'positive approach' to be taken.

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

Copies of the survey and comment cards were left in the wards prior to the visit. During the visit representatives observed activity and spoke to people, to collect their own independent impressions of the ward and its services, which they recorded during and after the visit. They were planned for four hours, but it generally took less time than anticipated, the comment box was left for those who still wished to complete surveys but weren't available on the day.

Individual reports were then written for each of the wards based on what we were told and observed on our visit. In total there were 81 individual conversations with patients across the 6 wards. Visits on the wards took between 2 to 3 hours.

Overall the feedback we received from patients was very positive and there was praise for the staff who cared for them, below are some of the key themes of the experiences we gathered from patients.

Things that worked well for patients

Staff - Patients praised the nursing staff, including the healthcare assistants, saying they worked hard. We were told by most patients how busy the staff were, but they were still helpful, friendly and approachable. Patients said they felt well informed and listened to. Staff spoke to patients using appropriate language too and ensured they understood what was happening. Patients really valued when the nurses could make time just to check they were ok. In the children's ward the posters were child friendly: bright and colourful. *"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"*

Mental Health awareness - On some wards patients told us the staff were particularly vigilant about asking about their mental health and wellbeing, this was valued by patients and should be encouraged. *"Mental Health Support is fantastic here - sister always makes a point of reminding me to chat with her or grab her to discuss how I'm feeling, (it) makes such a huge difference to me"*

Meals - Most patients told us the meals were good. One patient at UHND said there had been a marked improvement in the quality and choice from the last time they had been an inpatient. Both patients and staff mentioned a new system using an iPad to select meal choices, which allowed for short notice changes. The majority of patients enjoyed the food with a few patients at DMH saying they did not like the food with one stating it did not meet their dietary requirements. *"The choices for food now - plainer food is better for me which they now have; better range"*

Physical environment - Patients told us the wards were clean and the beds were comfortable. *"The ward is kept clean and tidy"*

The most common issue we were told about was noise, which was especially problematic during the night. Wards can be noisy places and when there are patients who are challenging or have complex needs this can be difficult. Efforts are made by staff to alleviate these situation. Patients can request earplugs but we weren't sure if everyone knew this. *"Noise makes it very difficult to rest although you can get earplugs"*

One ward had limited access to televisions and whilst this is not important to everyone, for several patients it was a problem, and they would have welcomed more access to a television.

"The staff genuinely care and it shines through in their treatment of both patients and the visitors."

Observations by authorised representatives

Environment

In most wards there was plenty of space to move around but sometime the space around beds in the corner of wards was a bit tight.

Some wards could be a bit cluttered because of the medical equipment.

The rooms were all clean and tidy with everyone feeling comfortable and well looked after.

Leaflet displays on some ward corridors were a bit untidy.

Positive social interaction and communication

Doctors, nurses, healthcare 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 whilst 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.

Considerations for improvement

- Try to reduce the noise level on the ward wherever possible, especially during the night and early morning. Make sure patients know they can request ear plugs
- To consider if televisions can be made available for patients, especially if they are inpatients for a while
- Try to ensure that wherever possible equipment not in use it is stored away
- Make sure any leaflet displays are tidy and up to date. It sometime helpful to have a responsible person to make sure this happens

Feedback from ward staff and actions already taken to address any of the issues raised.

The reports were shared with each ward and Healthwatch was delighted with the positive response to the observations and recommendations.

Staff showed enthusiasm and consideration for each other as well as the patients under their care.

On one ward at DMH they told us they are looking for ways to better support dementia patients and to inform other patients about dementia

Where there had been negative comments about the meals staff told us they would make sure this was shared with the catering team.

In relation to noise levels one ward told us they do take time to try to place patients with the same cognitive needs in one area, as much as possible, thus limiting the amount of disturbance of others.

Thank You

We would like to thank:

- all the patients in wards at UHND and DMH who shared their experience with us
- the staff in the wards who helped us gather patient experiences
- the Healthwatch volunteers who helped us gather the experiences of patients on the ward