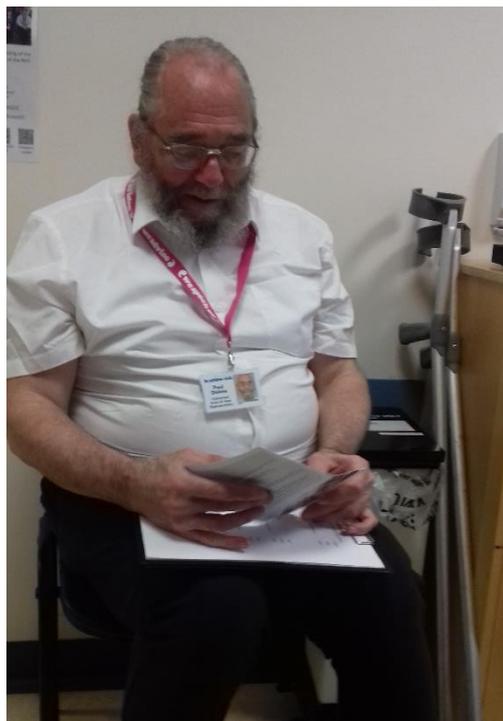


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**Enter and View Report  
Ward 14 ('Gastro')  
University Hospital of North Durham  
North Road, Durham, DH1 5TW**

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



Authorised Representatives: Paul Stokes and Norman Meyer

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## Contents:

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|  |    |
|--|----|
| Acknowledgements, disclaimer and context ..... | 3  |
| Purpose of the visit .....                     | 4  |
| Planning and preparation.....                  | 5  |
| Information and data .....                     | 5  |
| What people told us .....                      | 6  |
| What we observed .....                         | 7  |
| Recommendations .....                          | 8  |
| Service provider response .....                | 9  |
| Appendix A .....                               | 11 |
| Appendix B .....                               | 12 |
| Appendix C .....                               | 13 |

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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.

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## 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.

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## 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.

We advertised the visit in advance (appendix B) and Sarah Peel, Ward Manager briefed the staff, before the day. The ward moved from ward 5 (as at the pre visit) to ward 14 (for the actual Enter and View visit).

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 2 of the Authorised Representatives we carried out 10 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.

0 surveys were completed prior to the visit.

A representative observed activity and spoke to people during our 3 hour visit, to collect their own independent impressions of the ward and its services, which they recorded during and after the visit.

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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:

### What works well?

“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, make such a huge difference to me”

“Staff are really good - whatever I’ve asked for they go out of their way to get”

### Best thing about the Ward

“The staff being very understanding”

“The choices for food now - plainer food is better for me which they now have; better range”

### Make sure the ward kept one thing

“How staff try to accommodate everyone-Healthcare assistants try to do things and relate more to different ages - the staff team spends a lot of time explaining things to people”

“Their ability to listen to me - (they) do their best for you - If I am in pain I will get told off for not letting them know”

### What could make things better?

“Noise makes it very difficult to rest although you can get earplugs”

“Ability to manage patient behaviour must be very difficult but disturbs my rest otherwise”

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## What we observed

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The patients we observed on Ward 14 (Gastro)

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

We observed good facilities and rooms that were clean and bright, with good natural light

Equipment and furniture seemed adequate and well managed although an odd time a little cluttered. Couple of minor issues such as remote controls and clocks being set were noted

Hygiene and sterile conditions were well managed, as well as safety and access onto the ward.

#### Positive social interaction and communication

People we spoke to and observed all were very happy with communication and interaction between doctors, nurses and other staff, on the ward.

All staff seemed constantly busy and engaged in their work and the ward seemed to run efficiently, satisfying the needs of both patients and visitors.

#### Dealing with issues that arose

We observed a patient leaving a room who seemed a little confused but was later supported to go for a walk and then taken back to his bed.

Some staff mentioned concerns about parking when further works start at the hospital, generally.

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## Recommendations

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We have listed the recommendations below for ward 14 (Gastro) and CDDFT based on what we were told and what we saw and heard, during the visit.

### Recommendation 1

One of the most conveyed messages from the patients/families on the day, was how happy they were with the food/refreshments available. In fact out of 10 conversations with patients, and/or family members, 6 people referenced this issue, as having been good.

Comments relating to amount, regularity, palatability according to medical need, including a family member and choice were all noted.

It is relevant to mention that some patients we spoke to were regularly in and out of hospital for ongoing care, therefore had seen an improvement in Food, on the ward.

Clearly important to patients because of the high response.

### Recommendation 2

Many people suggested that there was “really good flexibility and understanding staff” on this ward.

People talked about the importance of being listened to especially around pain management and staff trying to accommodate individual need and preferences of patients. As there are different age ranges and both male and female on this ward, patients felt that staff related to this aspect very well indeed.

Both patients, visitors and ourselves noted that although staff were busy at all times and very engaged in their work, they still managed to socially interact in a positive way with patients.

Staff behaviours and culture is clearly to be celebrated and retained here.

### Recommendation 3

There were comments about assistance with getting rest on the ward, for example the wearing of earplugs, taking sleeping tablets or the possibility of more night staff but it seems that patients still struggle to rest, especially during the night-time on the ward.

Whilst Patients clearly had an understanding of how difficult it must be to manage the ward, where any improvement for this issue could be made, this would be welcomed.

## Recommendation 4

We were told that there is good, mental health awareness and therefore, support on the ward. One particular patient referenced that a staff member makes a point of regularly reminding that she is available to chat, in order to discuss how the patient is, at any time. This resulted in the patient feeling secure in the ward, “makes a huge difference to me”.

Clearly patients will feel more at ease where they understand that they can talk in confidence and that they are able to ‘off load’ sometimes to someone at short notice, if need be. In a busy medical ward this is such a valuable way of working especially as it is apparent that sometimes medical attention is as a result of poor mental health, initially. This should be promoted.

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## Service provider response

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“It has been useful to have Healthwatch County Durham ‘Enter and View’ team on the ward, to give an independent view of how the ward is providing care for patients. The team have found the comments very helpful.

Interesting comments with regard to the improvement of food and refreshments. One of the factors that has helped us to improve this part of the service is patients being able to make orders daily on an iPad (rather than a paper menu selection-the day before). This enables ‘up to date’ choices and allows patients to request an alternative if their health/mood or recovery changes, for example. We are also sensitive to family members/carers waiting and will try to include them, where possible/appropriate.

We have a really good team spirit on ward 14 and it was encouraging that other people could also see it. We have a balance of long standing and new staff who all are flexible and adjust their work, according to need. The balance of ‘valued experience’ and ‘listening to new ideas’ is encouraged, within the team. Staff will also sometimes ‘cross work’ i.e. Band 6 sister working with HCA’s, is not unusual (demonstrating a non-hierarchical type of teamwork).

The issue of patients getting rest on the ward can sometimes be difficult as individual patients respond very differently to the interventions necessary, throughout the day and night. However we 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.

This is a ward that works closely with the Mental Health team as we are regularly taking care of individuals with mental Health issues. Therefore we have an ongoing relationship with the mental Health team and often make referrals. We always allow time in the morning to attend a ‘Huddle’ where qualified nurses, dieticians, physio’s, doctors, Mental Health team reps and consultants all have a chance to catch up and meet to communicate up to date issues and concerns, each day. We are also considering adding an additional huddle on a Friday afternoon (Dr’s and qualified nurses), which would assist with the late/weekend discharge procedure. It is also encouraging that patients mentioned this as a valuable support need, which is being met”.

**Sarah Peel (Ward Sister)**

“This report reads very positively with a high degree of engagement from staff and Patients. The patient centered approach and effective communication between staff and patients is to be applauded and shared across the Trust as an area of good practice.

The high number of positive comments regarding the food quality and variety is most welcome and will be shared with facilities staff who work hard to ensure all queries about food are addressed and actioned. The communication and awareness of patient need is also very encouraging supporting patients who are anxious and in need of support.

With regard to the comments about what is working well-we attribute this to 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. There is also a sleep pack available to patients which we need to raise awareness of across the Trust

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.

We would recommend an Enter and View visit to other services - 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 County Durham

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 your 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) |
|   |

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|--|
| 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

**Tuesday 11<sup>th</sup> Sept.**

**2pm to 5pm**

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

**Visit to UHND  
Ward 5**

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

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

**Have  
your  
say**

**Thank You**

**Talk  
to us...**

**NB:** Gastro moved from Ward 5 to Ward 14 from the pre-visit to the actual Enter & View visit on the day.

## Appendix C

### UHND Ward 14

#### Full Notes

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

- “Staff really friendly-really helpful-try to get to me-they are caring and patient with other bed bound people, makes it more relaxed” /
- “Staff been really good-whatever I’ve asked for, extra items have been found-they go out of their way to get it” /
- “Dinners are good” /
- “Staff been friendly-no worries at all” /
- “Staff are quick when you call for them-friendly enough” /
- “Plenty of cups of tea” /
- “Mental health support is fantastic here-Sister always makes a point of reminding me to chat with her or to grab her to discuss how I’m feeling, makes a huge difference to me” /
- “Attention of the staff is very good” /
- “Great staff interaction” //
- “Very clean ward” /

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

- “Staff being understanding” /
- “Meals are very good, palatable for my disease (Crohn’s)” /
- “They made my mother a meal too which made her feel included and welcome” /
- “More choices for food now-plainer food is better for me which they have-better range” /
- “Nurses are very good” /
- “They respond very quick to when buzzer activated” /
- “The ward is bright and airy-I like that” /

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

- “Flexibility-i.e. having a bath rather than shower helps very much with my pain-I can have one whenever I ask/want” /
- “They listen to me-do their best for you-If I am in pain I will get told off for not letting them know” /
- “Food not too bad!” /
- “Keep everything clean , tidy and comfortable” /
- “I even get bubbles in my bath” /

- “How staff try to accommodate everyone-Healthcare assistants try to do things and relate more to different ages-the staff teams spend a lot of time explaining things to people” /
- “The staff” ///
- “Keeping it light, airy and good views” /
- “Having my own comfortable chair as I cannot get into bed-comfort” /

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

- “I tried a sleeping tablet to sleep but didn’t help, didn’t work” /
- “Ability to manage patient behaviour must be difficult but disturbs rest otherwise” /
- “On one occasion they didn’t listen to me about needs-wanted a bidet but wasn’t provided with one so very embarrassing ” /
- “Could be a little more organised with meds” /
- “More available toilets” /
- “Little bit slow responding sometimes” /
- “More Staff” /
- “Complicated to get around this hospital” /
- “No remote controls for the TV’s’ /
- “Noise makes it difficult to rest although you can get earplugs!” /
- “Visiting times are difficult if family members work” /
- “Number of night staff could be increased” /

## Observations

### Environment/Physical Space/Layout/Comfort/dementia Friendly

Rooms were bright and looked very clean

Clocks displayed throughout showing correct time but not showing correct day/month

Health and Safety issues, fire extinguishers all seemed to be well managed and in order

Some areas appeared cluttered - we observed that the corridors sometimes had beds or equipment - not leaving a lot of room on one side

Toilet bars were the same colour - which does not lend itself well to being ‘Dementia Friendly’

TV’s did not seem to have remote controls to use

Plenty of chairs to use making it easier to host visitors

Sanitation management very good

Good natural light

### **Social interaction, Communication and service**

Everyone we spoke to were very happy with communication and interaction between doctors, nurses and other staff on the ward.

Staff were happily interacting with the patients, tea and refreshments seemed to be regularly served (even offering choice of biscuits)

Staff knew patients by first name without looking at name plaque at bed head and came across as very friendly and willing to help

All staff seemed constantly busy and engaged in their work

Seemed adequately staffed

The ward seems to run efficiently, satisfying needs of patients and visitors

### **Dealing with issues that arose/other observations**

We observed a patient leaving a room who seemed disorientated but was later supported to go for a walk then taken back to bed

Some staff mentioned concerns about parking when further works start at the hospital

We observed this as a mixed sex, mixed age ward.