



**Enter and View Report
Ward 16
University Hospital of North Durham
North Road, Durham, DH1 5TW**

18th September 2018



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Acknowledgements, disclaimer and context

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

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

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 the 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 Suzanne Taylor (Ward Sister) 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.

Information and data

Using 2 of the Authorised Representatives we carried out 14 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.

What people told us

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?

“Staff are very friendly, have a good sense of humour and good attitude which also keeps me up”

“Don’t have to wait long if I ask for something”

“I feel I have been kept informed right through the whole of my medical journey”

“I feel looked after here”

Best thing about the ward

“It’s comfort - sometimes have to wait for staff-but that’s understandable as they are super busy”

“The nurses - they look after me”

“They are making me better - that’s the best thing being here”

“My aftercare from operation has been excellent”

Make sure the ward kept one thing

“I feel able to ask for clear information about the situation - if I don’t understand I feel confident enough to ask again”

“After my op I needed to eat other food, and there was a good variety of available food for me”

What could make things better?

“Difficult to rest because of noise - doors would help to make us comfortable and more staff”

“Noise problem worse at night-can hear nurses chatting”

“Staff to attend to patients more regularly - staff to be a bit more interactive when they can”

“Having a radio”

What we observed

On Ward 16

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 a busy surgical ward that was generally clean and tidy with good management of hygiene and sterile conditions.

Equipment and furniture seemed adequate and well managed, but an odd time a little cluttered, maybe because of the limited space.

We felt that the layout of the ward may be a little difficult for visitors to negotiate.

We noted that there were no TV's or radios.

Positive social interaction and communication

We saw notices that were dementia friendly through use of colour and placement and there were interesting factual publicity about 'numbers of falls' and 'MRSA', on display.

We noted that staff were very busy and occupied most of the time and therefore had limited time to 'socially' interact with patients, but clearly worked well as a team and were friendly and willing to help. The ward seemed to run efficiently, satisfying the needs of both patients and visitors.

The visitors that we spoke to were generally happy to talk to us about the ward and its services and we noticed that patients were attended to promptly and in a reasonable amount of time.

People we spoke to were all very happy to talk to us.

Dealing with issues that arose

When talking to a patient about the ward, a staff nurse overheard the conversation and came to join in to clarify. She explained the confusion about two different consultant opinions about the patients care and tried to clear up the misunderstanding.

Staff pointed out to us that there needs to be an understanding that patients sometimes have mental health issues. Also a recognition that services on this ward are often dealing with patients that have ongoing addictions, which results in self-inflicted damage to health.

Recommendations

We have listed the recommendations below for Ward 16 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 that they felt looked after and taken care of. They felt that this was the case right through their journey of pre-care, surgical intervention and after care.

They suggested that they were clearly here on this ward for surgery which was needed to improve a health issue, and that their main priority was for their surgery to be done and result in them being well again but as part of this, they pointed out that they felt listened to and consulted about their treatment and surgery.

Clearly important to patients because of the high response about this.

Recommendation 2

Many people suggested that they were happy with the staff on the ward. They spoke of staff having a good, and caring attitude towards them.

Patients indicated that where student nurses were being used, that this worked very well and benefitted the service, made their stay more comfortable.

Patients suggested that there was little time for social interaction between staff and the patients as time was taken up dealing with medical care issues, so indicated how much better it would be if staff could 'check in' with them more frequently, where this was possible.

Opportunities for patients to speak to staff informally- to explore options for this further would be welcomed.

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

Recommendation 3

The ward and its environment was clean, tidy and all areas well stocked. Hygiene and sanitisation was well managed and routinely being carried out.

There were several comments about the lack of television or radios on the ward, which patients clearly thought would improve their stay.

There were concerns about getting rest on the ward, patients talked about difficulty in getting to sleep and also being moved around or being asked to

fill forms in at unusually late, or early times of the day or night. Patients spoke about hearing nurses chatting and they wondered whether having doors installed (where the area was open) might overcome this issue.

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 patients were attended to in good time and were happy with staff response times.

We noticed posters giving information on issues such as ‘number of falls’ and ‘MRSA’, displayed on the ward which was informative.

Patients told us that the food on offer was good and appropriate, especially where people had limitations after surgery, they felt that there was a good choice which met their individual needs.

In a busy surgical ward managing staff time and availability is very important and this ward is doing this well. This should be promoted.

We felt it important to note there was a clear emphasis on the ward being a surgical ward. This ward is clearly dealing with patients having required surgeries and the ward is dealing with lots of surgeries at any one time. There is an acknowledgement, therefore, that much of the available time - for staff as well as patients - is taken up in dealing with surgeons and consultants- which is very relevant/different to other wards.

Service provider response

“I was pleased to have Claire’s team on the ward to give an independent view of how the ward is providing care for the patients on the day. The team have found the comments very helpful.

We have a great team spirit on ward 16 and it was encouraging that other people can also see it.

I have looked at the issue of noise at night i.e. doors / staff talking and movement of patients. As a service we do prioritise patient movement and only move late at night when absolutely needed. The doors do have soft closures fitted and I have asked maintenance to see if anything else can be done to prevent the banging of the doors. The staff are aware of the noise and how it travels on a night, they do try and

keep the noise level to a minimum but as the ward is attached to a 24hr on take surgical area this cannot always be the case.

I appreciate that we have very little in the way of entertainment on the ward but we do try and move the TVs into bays who we know will use them.

A number of the patients we have are unwell or are just back from theatre so TVs are the last thing on their minds”.

Suzanne Taylor (Ward Sister)

“This report reads very positively with an acknowledgement of good behaviours and positive team working. The patient centered approach and caring attitude between staff and patients is to be applauded and shared across the Trust as an area of good practice.

Some reflection may be needed in response to the lack of TV and radio which is currently not available. The communication and awareness of patients 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. This includes the responsibilities for staff, especially at night time, as well as some advice and tips for patients. 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 another similar service-the process lends itself to supporting all services across CDDFT.”

Jill Salkeld (Patient Experience Manager)

(Appendices)

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)

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 & Darlington

Tuesday 18th Sept.

1pm-4pm

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 16**

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...**

Appendix C

UHND Ward 16

Full Notes

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

- “Staff are very friendly and take care of me” // // // //
- “Don’t have to wait long if I ask for something” //
- “Excellent-the staff are lovely, the ward is clean and they come round regularly”
- “I feel I have been kept informed right through the whole of my medical journey” //
- “Food has been good”
- “Staff are wonderful, they have a sense of humour and good attitude which also keeps me up” // //
- “The ward is comfortable”
- “Feel looked after” //
- “Always a member of staff available to help”
- “Close to home for me”
- “Use of student nurses” //
- “Getting my operation done quickly”
- “Visiting times works for patients”

What is the best thing about this particular hospital ward?

- “The beds are comfortable-they look after me”
- “Food and refreshments are ok-good choice and they are flexible around food, very accommodating. I feel looked after here”
- “Smoothness of the service gives you faith”
- “Comfortable-sometimes have to wait for staff-but that’s understandable as they are super busy”
- “They make time to explain to me what’s happening”
- “The nurses” // //
- “I’m getting better-that’s the best thing being here as I have a high risk heart condition”
- ”After care from operation was excellent”
- “Ward is clean-I see it being done” //

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

- “The tea is not as nice as my own-not hot enough for me-when not eating I can only have tea so I like it like mine”
- “Toilets handy-bed is comfy”
- “Pleased I am at UHND rather than Darlington (although that is closer to me) as they are caring and kind which is reassuring, I feel I can ask if I don’t know”

- “I needed to eat other food and there was a good variety”
- “I feel able to ask for clear information about the situation-if I don’t understand I feel confident enough to ask again”
- “Counselling/counsellors”
- “No problems for me on this ward at all”
- “Variation in meals-good”

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

- “The Tea!”
- “Individual TV screens would be better for me”
- “I got mixed messages about diagnosis and whether I needed surgery or not”
- “Difficult because of noise-doors would help to make us comfortable and more staff” ///
- “Noise problem worse at night-can hear nurses chatting”
- “Waiting times- I was 5 hrs. in reception and waited 5 hours to see a doctor, then was asked to start to fill in forms at 6am in the morning when I was shattered”
- “Issues with what I can eat but that is down to my personal medical requirements”
- “I found it a bit hot on the ward”
- “Staff to attend to patients more regularly-staff to be a bit more interactive when they can”
- “Had to wait 10 hrs. in A&E for a bed whilst in pain and feeling sick”
- “A&E dreadful-not enough staff”
- “Moving people during the night is wrong”
- “Asked for an Anti-Emetic drug but seldom see staff, have to use bell”
- “Having a radio” ///
- “I feel people expect too much-nothing needs changing” //
- “Entertainment”
- “Listen carefully to patients and visitors”

Observations

Environment/Physical Space/Layout/Comfort/dementia Friendly

We observed that even though this ward was very busy, it had a calm atmosphere. We observed that the ward was generally clean and tidy. It had plenty of hand sanitising zones. Toilets were clean and well stocked. Lots of disposable gloves and aprons were available. Catering trolley looked clean and well stocked.

There was quite a lot of equipment and trolleys in the corridors.

There were single occupancy rooms available and being used.

We noticed limited notices/signage with regard to relatives/visitors but where there were, they were dementia friendly through use of colour and placement. There was interesting factual notices about 'numbers of falls' and 'MRSA' on display.

We felt that the layout of the ward may be a little difficult for visitors to negotiate.

We understood that there was limited/tight space on the ward for staff/visitors (there was no available space for us to either erect HWCD banner/leaflets/survey box or to meet to talk about findings briefly, on the ward itself). We had to site the Healthwatch County Durham pop up banner, survey and box on main corridor, near entrance to the ward.

We observed that Sanitation management was very good.

We noted that there was no TV's or radio's being used/played/available.

Social interaction, Communication and service

We witnessed Staff clearly working as a team throughout the visit.

We noted that staff were very busy and occupied most of the time and had limited time to socially interact with patients.

The visitors that we spoke to were generally happy to talk to us about the ward and its services.

We noticed that patients were attended to promptly and in reasonable time.

Staff seem to be friendly and willing to help.

Dealing with issues that arose/other observations

When talking to a patient about the ward-a staff nurse overheard conversation and came to join in to clarify. She explained the confusion about two different consultant opinions about the patients care and tried to clear up the misunderstanding.

We observed beds on the corridors-on both sides of the walkway/corridor, we wondered how long and why they were there.

Staff informed us that there needs to be an understanding of the fact that patients sometimes have mental health issues. Also a recognition that they are often dealing with patients on the ward, that have ongoing addictions which results in self-inflicted harm to health.