2018 Schedule: Luton and Dunstable Hospital: Wards 15 and 18
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1. Introduction

1.1 Details of visit

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<td>Service Address:</td>
<td>Luton and Dunstable Hospital</td>
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<td>Service Provider:</td>
<td>Luton and Dunstable Hospital</td>
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<td>Date and Time:</td>
<td>16th &amp; 23rd January 2018, 10am-12pm</td>
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<tr>
<td>Authorised representatives:</td>
<td>Lucy Nicholson, Lisa Herrick, Angela Andrews and Steph Power (Authorised Reps)</td>
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<td>Contact Details:</td>
<td>Yvonne Wimbleton</td>
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<td>CQC Rating:</td>
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1.2 Acknowledgements

Healthwatch Luton would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View Programme at the Luton and Dunstable Hospital.

1.3 Disclaimer

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 local 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 Views 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. In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of visit

- To engage with patients of the hospital and understand how dignity is being respected in the hospital environment
- Identify examples of good working practice
- Observe patients and relatives engaging with the staff and their surroundings
- Capture the experience of patients and relatives and any ideas they may have for change

2.2 Strategic drivers

- CQC dignity and wellbeing strategy
- The Luton and Dunstable Hospital is Healthwatch Luton’s priority for 2018, and a general local Healthwatch network priority

2.3 Methodology

This was an announced Enter and View visit.
The visit announcement letter was followed up by a phone call to the hospital prior to the visit, during which Healthwatch Luton were informed of the Ward Matron details. On arrival, representatives were met by Yvonne Wimbleton, the Associate Director of Nursing (Patient Experience and Quality) who gave a verbal introduction to the hospital; it’s current situation, the number of beds and patients, staff etc and gave advice on whether any patients should not be approached due to their inability to give informed consent, or due to safety or medical reasons.

Authorised representatives conducted short interviews with members of staff, relatives and patients, at which they explained who they were, the reason for the visit and took notes.

Topics such as quality of care, safety, dignity, respecting and acknowledging the patient’s and families wishes and staff training were explored. We also informally asked the patients about their experiences of the wards and hospital, and where we could, about accessing other health services from the hospital.

A large proportion of the visit was observational, involving the authorised representatives walking around the communal and public areas and throughout the ward, including the bays, observing the surroundings to gain an understanding of how the wards actually worked and how the patients engaged with staff and facilities.

2.4 Summary of findings

At the time of the two visits, over two days (16th & 23rd January), we spoke with in total 23 people over the two wards (13 patients, 9 staff and 1 relative).

The questionnaire, in line with Healthwatch network questioning was laid out as follows:

- Observations (general by Enter and View Reps)
- Access
- Environment
- Dining
- Discharge
- Staff Views
- Other comments

The Luton and Dunstable University Hospital is an NHS Foundation Trust situated in Luton off Lewsey Road. The estate comprises of many buildings housing nearly 40 services on site. For these two separate visits, Healthwatch Luton visited Ward 15 (Complex Medicine) and Ward 18 (Infection Treatment Ward) based on our current feedback from patients in 2017.
This Enter and View schedule was meant to commence in December 2017 but was moved to January 2018.

Overall the Healthwatch Luton’s Authorised Representatives for this Enter and View found the observations to be mostly positive, with highlighted trends across both wards and then individual findings relevant to the ward.

Our report below shows an overall finding, with specifics in some areas. To maintain patient and staff confidentiality, where possible we have pulled the two wards feedbacks together.

**Overall Findings: Summary**

Overall, the two wards were clean, comfortable and well managed. The staff overall felt that staffing levels across both wards was relatively low on the day of our Enter and View, but overall staff still felt able to deal with their work load. Overwhelmingly, the staff felt part of a team on the ward and mainly part of a team hospital-wide.

On the days we were there, the staff felt well supported, despite low staffing levels, and most recorded feeling like they were sufficiently trained and able to report concerns to their ward management.

Overall, the patients who we spoke with seemed happy with the care they were receiving and complimented the staff across both wards as being ‘busy but friendly’, ‘caring’ and ‘lovely’.

The E&V Team found the décor of the two wards to be dated, with the potential to be updated, with suggestions of brightening the wards and adding more colour. Due to the two wards essentially dealing mainly with the elderly, recommendations of more pictures and lightening up the wards is suggested.

Activities for all patients, across both wards, was registered as being not available - and nearly all patients asked for some more mental stimulation whilst at the hospital. Whilst many patients had dementia, the 13 we spoke with all requested further stimulation whilst in the hospital care.

Most of the patients we spoke with were unsure of their discharge arrangements, and many felt they had not had a discussion about their care plan, or their discharge. The E&V Team were aware many patients care had been discussed with family members, or the patients had forgotten.

Most of the patients felt their needs were always met, but some made comments around lack of staff, and having to wait for support. Whilst speaking to staff, there was a disconnect between staff and capacity, and patients asking for support for things they could do themselves. It would be a recommendation of the report to
ensure the patient is continuously reminded of what the staff are there to do and provide for the patient. Along with this, staff also reported issues around being able to offer support due to lack of staffing which is addressed later on in the report.

Communication to the patients seemed adhoc depending on which patients the E&V team spoke with. The E&V team struggled to find literature on anything, which was eventually located on both wards at the front of the ward. A further recommendation of bringing literature up to the ward desk, in the centre of the ward, so family and patients can access the literature will be made. However, all patients felt they could hear and understand the majority of what was being discussed with them by the professionals.

There seemed to the E&V Team a contrast in behaviours of staff on the two wards. One ward was friendly, busy but professional, caring and willing to talk to the Healthwatch team. The other ward felt more stressed, more pressured, and sometimes unfriendly - particularly to the Healthwatch team. It was assessed that ward management had changed recently on this ward, and that things were improving for staff morale and staffing levels. Overall, staff on both wards were incredibly kind and forward and honest.
3. Results of visit

Observations

Overall, the two wards were observed as being busy, but professional and caring. The patients, staff and relative we spoke with were able to provide honest and open information on the wards, and Ward 15 particularly stood out as a caring and kind ward, projected by the Sister on duty that day.

Both wards would benefit from an update in décor, as both wards had marking on walls across the bays which made the rooms look tired and worn. Old sellotape marks and poster outlines could be seen on most walls and there were few stimulating pictures for patients to look at.

Literature could be located on both wards at the front of the ward, which none of the patients felt they could access or were aware of. Literature was generally relevant to the ward it was situated on, however there was no PPPG information, PALS or Complaints information. Complaints on one Ward was located (15) but not on the other (18).

Both the wards had many elderly patients, but there was limited stimulation which was commented on by the patients. TV’s were available but few patients, for the length of stay in the hospital, felt they could afford to access them. A radio was being played on one bay on one ward (18), but the patient felt they had no control over sound levels or radio station.

Both wards had staff boards on entry to the wards. Ward 15 was up to date but Ward 18 was not.

The patients we spoke with were between 79 and 90 years of age, most with disabilities or impairments, and had generally been on the ward between one week and 2 months.

The staff we spoke with had worked on their wards between two months and 10 years, and most had come from another setting (other than the hospital and a different ward)

Patients were asked what they thought of the Ward they were on, and all seemed positive in their responses. Words like ‘clean’ and ‘comfortable’ were shared across both, but some felt the ward was ‘boring’ or ‘understaffed’.

Most of the patients could not remember whether their care plan had been discussed with them, and most were unsure when they would be leaving the ward. The Team took into account capacity of the patients understanding discussions about their care, and whether they could remember if this process had been done.
Healthwatch Luton Enter and View Report 2018: Luton and Dunstable Hospital

Access

Nearly all of the patients we spoke with had been asked about whether they had any impairments when arriving on the ward, with a few exceptions (around 3 people felt they had not been asked).

When asked if they could hear the staff talking to them, nearly all said they could, and when asked if they understood what staff were saying, they all replied positively. There was one comment of a gentleman who felt that a nurse had spoken to him about changing his medication, and when he tried to clarify why it was changing, he struggled to understand the answer.

Quite a few of the patients were accessing other facilities within the hospital, such as physio (particularly on Ward 15) and all seemed happy with their care from these other teams.

Environment

Overall patients were happy with the wards they were on. They found the staff helpful, happy and kind and the care they were receiving was ‘good’ or ‘excellent’.

When asked if the ward felt the same as usual on the day of the visit, most patients reported on Ward 18 that there was the usual number of staff, but on Ward 15 there was a distinct highlight on feeling ‘less than usual’.

None of the patients across both wards had been informed about or recommended to visit the dining room in the hospital, to leave the ward, or to view outside. This is a particular point for the E&V Team, as most of the people we spoke with during our visit were either physically or mentally incapable of being offered these areas to visit, and most patients acknowledged this.

Across both wards, nearly all the patients spoken with mentioned how there were no activities available, and limited mental stimulation on the wards. One patient, who had been on the ward for over a month, had said he felt he was ‘mentally dumbing down’ as there was ‘nothing to look at and nothing to do’. It was recognised by one patient that his wife had brought in an Ipad and books to read, but ‘if I didn’t have my wife doing that I would have gone crazy by now’.

Dining

Overall, across both wards, the patients felt the food and refreshments were ‘ok’ or ‘fairly good’. Some, who had been on the wards for over a month said the food was ‘bland’ or ‘unpalatable’ but those acknowledged they had been on the ward for a long time, and felt the menus were repetitive after that length of stay. One man who had been on his ward previously (3 months earlier) said he felt the food had ‘improved’.
Nearly all those asked said they would like more refreshments throughout the day, and that usually they were offered a warm drink with breakfast (which for one man tended to arrive around 9am) and then again at lunch. Nearly all asked for a further refreshment break mid-morning.

One man commented on the catering staff, adding that ‘how one man can do all the food and drinks for the whole ward’ was difficult, and probably ‘explains why I don't get my breakfast until gone 9am’.

Most of those we talked too across both wards ate their meals either in their beds or by their beds, and most did not need support when eating. For those who thought they did need support, felt they were catered for.

Discharge

Most of the people we spoke with were unsure about their discharge plans, with many thinking the day of the Enter and View was the day they would be discharged. However, for those who thought this was the case, none had actually had discussions about discharge.

Most people were heading home, where support was available, but a few were going back to care homes (x2 Moorlands) for rehabilitation. All were happy with where they were being discharged too - but four of those we discussed discharge with felt the hold up was with social care, and ensuring the relevant steps were being put in place to support them on discharge.

Staff Views:

All staff we spoke with on one ward were aware of and attended monthly staff meetings, however nearly all the staff (7 staff members) mentioned staff shortages as a real concern affecting their role.

Comments were made by staff that shortages affected their own breaks and their own ability to provide the best care for the patients.

Nearly all the staff (6) felt they were confident in supporting patients with additional needs and all were able to suggest places to refer too (e.g. Learning Disability resources, Dementia named person etc)

All the staff across both wards felt they could support a patient with a need to complain or had an issue, and every staff member mentioned the Friends and Family Test. Only 2 staff mentioned PALS within the Hospital, but it was apparent from the staff views on one ward, that the complaints process had affected morale within the ward recently.
All staff felt confident about the training they were receiving and felt it was adequate for them to do their job. There were a few suggestions of training they would like to see such as:

- Dementia training
- CPR
- Falls
- Nutrition
- Cannulation skills

On one ward (18) the staff seemed aware of E-Learning support tools, whereas the other (15) offered this as a suggestion for staff to use. Every staff member felt they could ask for additional training and this seemed a real positive overall from talking to the staff.

Most staff on Ward 15 felt they could take regular breaks, whereas on Ward 18, due to staff shortages they felt they could not.

Across the two wards the staff felt as though ‘they were a part of a team’ on the ward, but this was highlighted more on Ward 15. Some staff (x2) felt that they did not feel part of a team across the hospital but mostly they did.

Morale seemed generally high on Ward 15, and despite the acknowledgment of staff shortages, the E&V Team got a real sense of all staff pulling together and working hard at ensuring care and support was provided. This was echoed by the staff themselves.

Staff on Ward 18 however acknowledged that due to recent complaints, and due to changes in staff management, morale felt low, and staff were struggling. However, there was a real sense that the new management on the ward was ‘slowly turning things around’ and ensuring the staff ‘felt supported and morale was improving’.

All the staff understood the processes and policies around safeguarding.

**Other comments:**

Many of the patients discussed ‘staff shortages’ as a real problem across both wards, and some patients described how they would press their buzzer for help, and would wait between 5 minutes and 30 minutes for a response.

Nearly every patient we talked with stated how ‘caring’ and ‘good’ the staff and care they received at the hospital was.
3.1 Additional Findings

The process for litigating against falls in the Hospital is a new system called ‘Baywatch’ introduced in 2017. Some of the staff reported how in theory this process was brilliant, but in reality, was hard to implement. Having all falls risks in one bay with a staff member overseeing that bay at all times, meant that staff felt they either a) had to leave the bay when many buzzers for other patients were going off, and staff shortages meant they had to support the other patients or b) felt they had to ignore the buzzers of other patients whilst remaining in the Baywatch Bay.

Some staff mentioned that they felt Ward 18 was not really an ‘Infection Control’ ward, and more an Elderly Care ward, and that ‘this isn’t really what I came here for’.
Healthwatch Luton observed the patients and staff at the hospital and felt overall the wards were well managed and well run.

From the discussions had, this report highlighted good practice that was observed and reflects the appreciation that patients felt about the care and support provided. The following recommendations are made:

- **Activities**
  It is recommended that the hospital, as a whole, look at providing, potentially with third party voluntary organisation or otherwise, activities to stimulate patients whilst in care. With many elderly patients staying in the hospital for long periods of time, and with many feeling like they are in the hospital for ‘physical’ illnesses and leave with ‘mental boredom’, the report recommends the hospital could cheaply and easily install some form of activities for their patients. In the paediatric unit there are many stimulation activities and products, and this should be looked at for the elderly also.

- **Décor**
  Both the wards décor could be improved with some paint and some pictures. Again, for those staying in the wards for a long period of time, looking at white, marked walls day in day out could be improved by cleaner walls or with more stimulating images. It would be a recommendation to improve the décor of the wards of the hospital.

- **Refreshments**
  Nearly all of the patients asked for further refreshments to be available throughout the day, including more warm drinks mid-morning. It would a recommendation for the hospital to address with their catering contract additional refreshments where possible.

- **Staffing levels**
  Whilst part of a wider NHS and Hospital issue, the staff shortages were noticeable and acknowledged by both the staff and patients. Whilst the patients stated that the care they were receiving was ‘brilliant’, the staff held concerns that they were unable to do their roles fully whilst covering or cohorting with other roles /bays. The patients also felt they sometimes had to ‘wait quite a long time’ for care. It would be recommended for the hospital to address staff shortages.

- **Literature**
  There was ample literature on a range of relevant topics held at the front of each ward. It would be recommended to move the literature to a more central location on the ward, nearer to the central desk area for families
and patients to access. Some patients even asked to have literature within the bays ‘for something to read’ and many patients felt they could not have accessed the literature based at the front of the ward as most were bed-bound.

- **Baywatch**
  Whilst this is a new process for the hospital, it would be a recommendation for the hospital to review this process, particularly taking on board staff views who are actually doing the role. There was mention that this process in theory works, but practically with the staff shortages, was not working well at the time of our visit.

- **Discharge**
  Many of the patients felt they their discharge plan had not been discussed with them, and many felt they were leaving today or tomorrow (from the day of the visit). Whilst capacity is an issue, for nearly all patients who had capacity to speak with us to feel they did not know when they were going home, it would be a recommendation for the hospital to review the discharge planning and improve the communications with the patients.
5. Provider Response

Awaiting provider response. Sent to Provider 08.02.18

This report was agreed by the provider on 08.05.18.

Changes or outcomes agreed with the provider are as follows:

Luton and Dunstable University Hospital NHS Trust has welcomed the Enter and View visit to Wards 15 and 18 by the Healthwatch Luton team. Luton and Dunstable University Hospital NHS Trust provides high quality health care for the people of Luton, Bedfordshire and North Hertfordshire. More than 350,000 people rely on our hospital for a range of services and we are renowned locally for providing high quality, safe care for our patients, we put our patients at the heart of everything we do.

This report has provided the Trust with the opportunity for real time feedback from our patients and their views and opinions on our current services and systems provided. The report has acknowledged the areas that work well and identifies any areas for us to improve upon.

We recognise that the visits took place over the winter period when the demands on our service was high, this may have meant that our staff were not able to spend as much time as they would of liked to speak with the visitors, nevertheless we shall take this opportunity to strengthen our leadership skills at all levels in ward areas, review our current practice and identify areas upon which we can improve. We want our patients to have a positive experience and to feel better informed about their plan of care and about any changes to their plans.

Sheran Oke
Director of Nursing and Midwifery (Interim)

Response and actions to go forward

Activities

*Activity boxes are available on both wards visited, especially for patients with dementia. It is unfortunate that the review team were not shown these during their visit. We will remind all our staff about the value and importance of using these more often with the patients.*

Whilst we want our nursing teams to focus on the important aspects of delivering clinical care, we will consider the involvement a third party voluntary organisations within the Trust to help with distraction activities. We have just introduced a PAT dog to our volunteer team who visits weekly. We are also proposing to introduce a dementia apprenticeship scheme into the Trust who will support patients with dementia whilst enhancing their care.

Refreshments

*It appears that the reviewers we not made aware of the midmorning drinks round which is in place across all wards. All ward patients have 7 scheduled hot drinks rounds a day, provided by the*
housekeeping or nursing staff. Warm drinks are provided mid-morning and snack boxes are also available. If patients ask for a hot drink in between the rounds, these can be provided by ward staff.

We will improve the awareness of these rounds through improving the notification of drinks and mealtimes within each area and the availability of drinks outside of this.

Décor

St Mary’s wing, where both wards 18 and 15 are located is a PFI building and the redecoration programme is built into the contract. We have recently commissioned a local arts college to develop artwork for the corridors in another part of the hospital and have been impressed with their work.

We are now commissioning artwork for other areas of the Trust which will include wards 15 and 18

Staffing Levels

Every effort is being made to address staffing shortfalls, staffing and safety meetings occur three times a day led by the Director of Nursing or her deputy to ensure that the delivery of patient care is safe. In addition proactive recruitment campaigns are in place both in the UK and overseas to attract nurses to the Trust. Over the past year both the vacancy and turnover rate has reduced

We will continue with our proactive recruitment to reduce our vacancy whilst undertaking a focused piece of work to improve our retention of staff

We are also developing new roles such as the Integrated Support Worker and Trainee Nursing Assistants

We will continue to strengthen our leadership within wards; we have a Leadership and Development Nurse within the Trust who works alongside Ward Sisters on a specific project:
For example, a Ward Sister who is new to the role or one who has a number of newly qualified nurses as part of the establishment. This bespoke role has shown to be beneficial in enhancing the skills of the nursing teams and improve the experiences of patients

Literature

Information leaflets and posters are displayed in the two wards and are reviewed and refreshed regularly.

We will review the accessibility and location of information within the wards and will consider different modes of communication such as accessibility of literature at the bedside via electronic devices

Baywatch

Baywatch, when in operation is for ‘high risk’ patients (high risk of falls), this is a new initiative and is taking time to ‘bed in’, we will continue to support roll out as we have seen the benefit it makes. The Baywatch initiative has been noted by the CQC and CCG colleagues to be an area of good practice.

We will continue to support the use of Baywatch, educating staff and ensuring that they are aware of their responsibilities – we will evaluate the initiative through our Falls Steering Group and will share our experiences with a wider audience
**Discharge Planning**

*The Trust continues to lead and engage in a programme of work to make discharge planning timely and more effective. All patients have an Expected Date of Discharge (EDD)*

We will ensure that our patients and their families are aware of their EDD and are involved as much as they possibly can in discharge planning. This includes reviewing our systems and how we can help our patients remember the details more effectively. We are actively working on the ‘Red to Green’ programme and a Trust initiative entitled ‘Needs Based Care’ which seeks to ensure that patients are allocated a bed in an appropriate speciality area to their need, thereby ensuring that they are cared for by the appropriate speciality team, reducing the risk of delays in the discharge process.