2019 Schedule: Luton and Dunstable Hospital: Ward 23
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1. Introduction

1.1 Details of visit

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<tr>
<td>Service Address:</td>
<td>Luton and Dunstable Hospital, Lewsey Road, Luton.</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>11th February 2019</td>
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<td>Authorised representatives:</td>
<td>Sudha Auro, Carol Carter, Susan Clark, David De Butts, Lisa Herrick and Brian Scott</td>
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<td>Contact Details:</td>
<td>Yvonne Wimbleton</td>
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<td>CQC Rating:</td>
<td>Good</td>
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<td>Healthwatch Luton 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. Healthwatch Luton were joined by Healthwatch Central Bedfordshire for this visit.

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.
2. What is Enter and View?

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, Deputy Director of 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 from Healthwatch Luton and Healthwatch Central Bedfordshire 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 visit, over three hours on 11th February, we spoke with in total 13 people: seven patients and six staff. Unfortunately, no relatives were available to speak with Healthwatch at the time of the visit.

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 this visit, Healthwatch Luton were accompanied by Healthwatch Central Bedfordshire. The ward visited was Ward 23 (Trauma and Orthopaedics). This was based on current feedback from 2018 about the ward.
Healthwatch Luton Enter and View Report 2019: Luton and Dunstable Hospital

This Enter and View schedule included a Review of Ward 15 (original Enter and View Report - January 2018) and a visit to Ward 17.

Overall the Healthwatch Authorised Representatives for this Enter and View found the observations to be mostly positive, with highlighted trends across all wards and then individual findings relevant to the ward. There is a report for each ward, and an overall summary report for the schedule.

Our report below shows an overall finding for Ward 23, with specifics in some areas. To maintain patient and staff confidentiality, all feedback is anonymised at the time of collection, identified only as ‘staff’ or ‘patient’.

**Overall Findings: Summary**

Ward 23 is a ward that has a multi-disciplinary team, including physiotherapy, occupational therapy and social care. The ‘Discharge Lounge’ is also managed by the staff on Ward 23, although at the time of the visit, it was not in use.

The ward seems clean and bright. The staff spoken with appeared to have a mixed review of the staffing levels on the ward. Some felt there were more than usual staff on the ward during the visit, some felt there were only ‘qualified staff’ on shift during the visit, and some felt there were the usual number of staff during the visit; although almost all felt an increase in permanent staff would be a benefit.

There was also a mixed review generally about the ward in its entirety by the staff, with some staff feeling more happy than others. Not all staff felt able to share their concerns with the person in charge. All staff were aware of the safeguarding procedure.

Staff were happy to discuss the set up of the ward, with some stating morale to be great, and others the contrary. In terms of a hospital wide team, most staff felt within the surgical block there could be at times, others feeling there was a disconnect at times.

Patients asked what they thought of the ward were positive, with words such as ‘reasonable’, ‘good’, ‘clean’ and ‘helpful’ used. One patient was slightly dismayed at ‘being in this room since 2nd day’ (this was seven days).

On entering the ward, it is not entirely clear where visitors should go on arrival to the ward. There is a ward clerk who is placed near to the door who acts as a receptionist at times.

Care plans had been discussed with some patients, with some knowing more details than others. Patients felt they were kept informed of their care and next steps.
Most staff were happy to speak with the Enter and View team on the day of the visit, as were the patients who were happy to share their experiences of their stay on the ward.

Most patients were happy with their stay on the ward, with one articulating ‘I have no complaints, just praise!’
3. Results of visit

Observations

The ward was in an acceptable condition in terms of decoration, with some areas needing further attention. The side rooms appeared scruffy although the ward on the whole was quite light and bright. The ward was commented on as being ‘quite warm’ or ‘hot’ by staff and patients alike. The ward appeared to look quite modern on arrival. Signage was quite clear for the toilets and bays. The signs for certain facilities and areas were clear and large enough on the yellow backgrounds (dementia friendly) for all to see.

The ‘departure lounge’ was very clean and bright, with furniture in a good condition.

The ward has a clerk based at the entrance to ward. The phone lines into the ward are at the other end to the ward, meaning the member of staff must pack up the documentation they are working on to comply with GDPR whilst leaving their desk to answer the phone or make a phone call.

Where this desk and the nurse’s station are positioned, there does not seem to be much privacy. The nurse’s station is quite close to the bay, and this is open so conversations can be heard.

There was not a payphone obviously available on the ward. It must be requested from the staff.

Although patients were recovering or receiving treatment that meant they were quite confined in their activities, all mentioned the TV was either unavailable or quite costly (£10 per day), and there were not other options.

The staff board was updated with the information for the day, however there were only two staff photos on the board.

There was a small leaflet display on the entrance to the ward. There was a lack of leaflets on display. There were only ones for select few organisations. There did not appear to be any information about the complaints procedure, PALS or the PPPG within this. One of the holders was hanging off the wall and was fixed by the clerk during the visit. Interpreters were available, but must be requested externally. There were not any indication that information was available in other languages.

Although there is a lot of equipment needed for patients, and space was lacking, the ward seemed child friendly.
The staff were seemingly honest with the Enter and View team. There were some positive and some negative comments made about the ward which are further discussed under ‘Staff Views’.

Almost all of the patients were in hospital gowns or pyjamas. When questioned on whether they were encouraged to wear day clothes, most patients said they were not encouraged to wear them, or that they were ‘happy in pyjamas as everyone else is’.

The length of time patients had been admitted to the ward varied between twelve hours and a ‘couple of weeks’ with most only a few days. Disclosure of age was not necessary, although, it was noted the range was quite vast on this ward, with the youngest being 29 years old and the eldest being 88 years old.

Those staff spoken with had worked on the ward from a matter of days up to three years. Some staff had worked within the surgical wards previously and others were newly qualified or training.

Access

Almost half the patients felt they weren’t asked about access needs or impairments on admission to the ward. Some patients could not recall being asked of any additional needs.

One patient mentioned it was hard to understand accents at times. One patient did wear glasses and was not asked about it.

Environment

The ward itself was noted as feeling hot, to both staff and patients. The Enter and View team felt it was quite warm too.

Patients were generally happy with the staff on the ward. They mentioned that they were ‘good staff’ who were ‘very helpful’. One patient stated, ‘staff are enough - all doing various designated tasks - well!’ One comment suggested there are a low level of staff but they ‘work extremely hard’. One patient specifically wanted to praise ‘Filipino nurses - excellent!’

The décor on the ward gave a clear and modern look, however, it was quite scruffy in some areas, and it the boards were disorganised, blank or out of date.

Hand sanitisers were available outside the ward, on all bays, and all patient beds.

Due to the nature of the reason for admission, some patients were unable to leave the ward, however, one patient mentioned they had been encouraged to ‘take a walk’. The Enter and View team acknowledge that whilst there are options to visit outside the hospital ward and the restaurant, the majority of patients on this ward would be incapable due to the nature of their admission.
One patient had been told about the restaurant in the hospital, although no patients had visited it.

There was no mention of ward activities. One patient stated they had been told about activities ‘just before Healthwatch visit today’ although did not expand on what activities they were. A patient had asked for a TV but was told it is not available in a side room. Several other patients mentioned the TVs can be costly to use, and as such did not use theirs. One patient has brought in their own colouring book and pens. These are not available on the ward.

Dining

The opinions given surrounding food on the ward were all positive. Those patients who were unable to eat a lot felt even the ‘small helping’ was large. Terms such as ‘good variety’ and ‘impressed greatly’ were used. There was a sign on the tea trolley aimed at visitors saying ‘Do not touch’. The tea trolley was kept in the main walkway of the ward.

There is no dining room on this ward, so patients must eat at their bedside. One patient stated they eat ‘in their bed’ and another ‘on a tray’, whilst some others ‘eat at the bedside’.

There was no mention of a protected meal times policy on the ward, and no visible signs showing this on the visit.

Discharge

When discussing discharge, most patients knew when they expected to leave the ward. One patient who was unsure of their discharge verbalised they were ‘keen to leave’. Even patients who were not able to be discharged due to further treatment, had some idea of when they may be leaving, confirming patients are constantly spoken with when reviewing discharge plans.

Half the patients were being discharged back to their home environment, where they will be cared for by their partner or family. One patient was awaiting a transfer to an alternative hospital. One patient was hoping to use private health care to enable them to be discharged to an intermediary care home as they lived alone. Another patient was hoping to move into supported living where there would be adaptations made for mobility support, such as hand rails. These last two patients were not entirely happy with their discharge plans, as they are unsure and worried about it. The rest of the patients were happy to be leaving and going home.

Relative Views:
Unfortunately, during this visit relatives were not consulted with. After speaking with some patients, it would seem they were not made aware of the visit prior to Healthwatch attending, which may have been the cause of this.

Staff Views:

On this visit, the Enter and View team were able to speak to a variety of staff who held different roles within the ward. Staff spoken with within included Health Care Assistants, Student Nurses, Senior Nurses and Registered Nurses.

Staff spoken to had differing views on the ward itself. One staff member strongly felt it needed ‘improvement’, whereas some felt it was dependant on staff. It was commented on that it is a heavy workload for the current staff.

Staff were inclusive and try to organise external ward-wide events to encourage team building and comradery.

Staff shortages were mentioned and the ward was commented on as being ‘very challenging’. Some staff felt they worked within a ‘good’ or ‘motivated’ team. Staff mentioned sickness as a problem on the ward and a struggle to get this covered. It was thought by some staff, that there is not enough staff on the ward, and when staff leave, they are not replaced.

Most staff were happy with shift allocation, however, some mentioned preferential treatment is given to some staff. Shifts can be changed without being informed. A comment was made that there is preferential treatment for allocation to cover the cohort (Baywatch) bays also. On this ward, the staff covering the cohort bays should alternate between Health Care Assistants and Nurses, but this is not the case. Sometimes, there is not an allocated person to cover the cohort bays, due to staff levels.

According to staff, regular staff meetings should take place on the ward, although some staff stated this did not happen or had not happened for some time. The daily ‘Safety Briefs’ happen on the ward. It was alluded to that staff appraisals were not happening for all staff, with some not having had one ever, despite working on the ward over three years.

Some staff felt they were good at highlighting individual needs to make reasonable adjustments when a patient was admitted to the ward with additional needs, while other staff mentioned they ‘manage the best way they can’. If a patient is at risk of falls, this is highlighted. Equally if any additional needs are required, this information will be noted above the patients beds in the bay.

Staff mentioned the Friends and Family Test as a way to gather feedback from patients, although it was stated by some staff that time constraints can mean that these tests are not able to be carried out. Staff mentioned that they ensure patients
understand the information within the test although there is not an easy read option available at this time.

When staff were asked about training within their role, majoritively felt they had sufficient training to fulfil their roles. Some did feel that they were held responsible for their own training and it wasn’t very proactive from their managers. One member of staff mentioned some training had lapsed which meant they were asked to use a colleagues BM barcode (sign on) for this. Staff mentioned e-learning and booking themselves onto training courses once approved by the Ward Managers. It was felt that there were inconsistencies with the training allocation. Staff had requested training but been unable to carry it out, yet those who had started afterwards were able to have the training. When asked what training would benefit themselves or others within the team, one member of staff felt that they can ‘always benefit-[no-one] is an expert in anything’. Dementia training, aspiration training and SALT training, as well as refresher training on systems and induction training modules, were mentioned as suggestions for all staff. It was felt everyone should have Life Support training also.

Staff felt the morale on the ward varied dependant on the staff working and the patients in their care. It was felt it could go from the extremes of very good, to very bad, and when the ward environment is stressful, the staff feel this. It was mentioned staff morale has dipped over the last 18 months or so. Agency staff are used on this ward, and it was noted that sometimes agency staff who are not up to the standard of the ward are used again despite this, as they are needed for numbers. Most staff felt as though they are part of a team on the ward, although this was not the opinion of all staff who were spoken to by the Enter and View team. Around half of the staff felt as though they were part of the wider team of the hospital, and they knew who to go to for further support outside of the ward.

Staff breaks are allocated to them, and if they are unable to take them at the designated times, they are adjusted to ensure everyone gets them. Nurses in charge seem to not get their breaks very often.

Not all staff felt able to approach the person in charge with concerns they had within the ward or the team. Those who were uncomfortable with this had a fear they would be reprimanded or even lose their job if they did. Despite this, the staff love the ward and working with those people on it. It was suggested ‘a new manager and adequate staffing’ would improve the situation of not ‘feeling under threat of losing their job if raising a concern’.

Staff on this ward pride themselves in the care they give and ‘try [their] best to provide best care in circumstances and resources’.

All the staff understood the processes and policies around safeguarding.

Other comments:
At the time of the visit, one patient’s safety was a concern and taken to the Sister. The patient was attempting to climb out of the bed, whilst removing their hospital gown. This patient was in an unmanned ‘Baywatch Bay’.

Unfortunately, whilst the staff spoken to understood what the cohort (Baywatch) bays were for and how they should be run, it was not seen as working particularly well during the visit. Several times staff wearing the orange lanyard were observed leaving the bays unmanned, for up to ten minutes or longer. Another time, the Enter and View team saw curtains pulled around those in the cohort bays, with the dedicated lanyard wearing staff behind the curtain for several minutes, leaving the bay unmanned.
Healthwatch Luton observed the patients and staff at the hospital and felt overall the patients were well cared for by a team of hardworking staff.

From the discussions had, this report highlighted good practice that was observed and reflects the dedication that staff have for the care and support of the patients. The following recommendations are made:

- **Cohort Bays (Baywatch)**
  Whilst this ward does have the Baywatch bays in place, it would be the recommendation of this report that staff are re-educated in the purpose of Baywatch bays and their responsibilities to this. Staffing levels to reflect the need to support the Baywatch bays should also be considered.

- **Dignity**
  It was mentioned that as a lot of people are in the pyjamas, some patients are also deciding to do this. Despite having some patients unable to be dressed in day clothes, it would be the recommendation of the report to encourage patients to be dressed, and support them in doing this if they wish to.

- **Activities**
  There are patients on the ward who are unable to undertake physical activities due to the reason for their admissions, however, it was noted there is a lack of activities for patients to take part in. It would be the recommendation of this report that more stimulation and activity be provided to the patients, baring in mind their personal limitations.

- **Patient feedback/involvement**
  It was noted there is not an easy read format for the patients to give feedback about their stay on the ward. There was also no obvious access to compliments/complaints information on the ward. It would be a recommendation that these are highlighted to the patients and accessibility for all patients considered.

- **Dining**
  Most patients eat within their bed or at their bedside. It would be a recommendation for those who are able to, to eat at a communal table within their bays.

- **Staffing levels**
  Whilst there is an NHS wide issue with staffing levels, these appear to be causing strain on some staff within the ward, and equally towards implementation of safety systems such as Baywatch. It would be a recommendation of this report to address staffing levels within this ward.

- **Staff training**
Staff on the ward seem happy to self-manage their training on the whole, however, it would appear some staff feel unable to renew or carry out training. It would be a recommendation of this report to consider the allocation of training and ensure all staff are appraised appropriately and able to carry out allocated training.

- **Staff consultancy**
  Not all staff felt able to raise concerns or give feedback within the ward without fear of reprimand. It would be a recommendation of this report that this be addressed with those in charge on the ward, or an alternative ward, to allow the voice of the staff to be heard in a non-discriminatory manner.

- **Décor**
  Generally, the décor within the ward was acceptable, however some of the side rooms looked neglected and scruffy. There were notice boards along the ward, although some did look tired or out-of-date. It would be a recommendation of this report to address this, and to also update the boards along the corridors.

- **Literature**
  There were some leaflets available and these were available to be translated in other languages, however, there was not any reference to the PPPG or PALs. As staff also did not mention PALs generally, it would a recommendation of this report that both are displayed within the ward.
5. Provider Response

This report was agreed by the provider on 24.06.19

Changes or outcomes agreed with the provider are as follows:

We have advertised for 2 band 6 post, 1 permanent and 1 secondment with the aim of recruiting in to post by end of June. We have also participated in skype interviews and are expecting 2 overseas nurses to start May 2019. We also have expression of interest from newly qualified nurses who completed their final placement on the ward. They are currently complementing their final university assessment and going through the L&D recruitment. We have also recently done HCA recruitment and are expecting 2 HCA to start with us by end of June.

We have changed the leadership on the ward. We have a new band 7 manager. He is keen to improve the staff experience on the ward and morale. He has met with the staff to get feedback from them and ask their opinions on what they think will help the ward develop. He also being supported by the clinical leadership nurse and have planned for ward study days/team building, the first of which is on the 29th June.

The ward clerk has been moved to near the nurse’s station, a strategic position for them to be able to answer phones and direct relative or other staff teams to where they need to go on the ward. Visiting time posters have also been placed on the ward bays and entrance.

The ward has been decluttered and equipment not in use has been removed. The ward clerk has been moved to near the nurse’s station, a strategic position for them to be able to answer phones and direct relative or other staff teams to where they need to go on the ward. Visiting time posters have also been placed on the ward bays and entrance.

Staff are encouraged to encourage patients to wear their own pyjamas, this is reinforced through safety brief and huddle.

The ward environment has been decluttered and unused equipment has been removed. The ward has also ordered new equipment like drip stands that were not available on the ward. The ward environment will be monitored during the matrons rounds and through cleaning inspections.

Protected mealtimes posters have been ordered and posters placed on each bay entrance. We work with our partners to ensure that this information is on display every day and displayed during meal times.