healthwatch Stockton-on-Tees

Enter & View report on the implementation of John's Campaign, and support for patients living with dementia, at University Hospital of North Tees

October 2017

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Introduction

Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

• Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.

• Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees (HWS) works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

HWS is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. HWS are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.

A statutory seat on the Health and Wellbeing Board.

What is Enter & View?

Enter & View visits are conducted by a small team of trained volunteers, mainly accompanied by trained staff. The 'Authorised Representatives' conduct visits to any identified publicly-funded health or social care premises, to see and hear how people experience the service, and to observe the quality the service being provided. These visits enable Healthwatch to develop an understanding about the service and make recommendations for improvement. The visit also provides the opportunity to identify ways in which "best" practice can be shared.

An Enter & View is an opportunity for any Local Healthwatch to:

- Enter publicly-funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.

- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers, relatives and staff.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Clinical Commissioners, Healthwatch England and other relevant partners.

Enter & View is not an inspection, it offers an independent perspective.

Enter & View visits are normally carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider. However, if circumstances dictate, an 'unannounced' visit can take place.

Enter & View visits are carried out if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation; therefore allowing us to learn about and share examples of what they do well, from the perspective of people who experience the services first hand.

Rationale

HWS are part of the North of Tees Dementia Collaborative network, and work closely with the Live Well Dementia Hub and Dementia Voices Stockton. As a result of this close partnership working, feedback suggested that improvements could be made to improve the experience of patients living with dementia when in a hospital setting. John's Campaign was founded in November 2014, with the aim of encouraging Trusts, to make a commitment to enable family and carers of patients living with dementia, to remain with them in the hospital setting, outside of visiting hours; also to support with care needs. To date, 1143 establishments have signed up to the campaign, with most Trusts across England making the commitment. The founder of John's Campaign spoke to HWS and informed them that the University Hospital of North Tees remains one of only 15 that have not. Its successful roll-out in James Cook University Hospital has been acknowledged by many.
HWS contacted the Trust to find out if they planned to support the campaign and were informed a pilot scheme had been designed to roll out a similar scheme; with a three-phased approach. The first phase of the scheme was implemented in January 2017. The Trust confirmed HWS could be involved in part of the evaluation.

In addition to this, HWS were informed that the 'All About Me' (AAM) document was not consistently being transferred from care homes to the hospital, with the individual living with dementia. Some time ago, the Trust implemented a 'carer's pack', to be given to family or carers if the patient has a dementia diagnosis. The AAM document is included in this pack.

The AAM document details information that may make the hospital stay more comfortable for those patients living with dementia. Information such as 'preferred name, likes, dislikes' and background information that could assist staff in communicating with the patient, in the familiar manner they are accustomed to, at home[1].

HWS planned an Enter & View visit to capture feedback on how the University Hospital of North Tees has implemented the pilot scheme (PS), and to gather feedback from staff, patients, family members and carers on how it has impacted on them.

Objectives

- To gain an understanding of the Trust's procedures for caring for those living with dementia.
- To gather feedback on the impact of the roll-out of the PS to patients, family, carers and staff.
- To research, observe and gain an understanding of the experiences of patients, carers and families of those living with dementia, within the hospital setting.

Methodology

1. HWS met with the Adult Safeguarding Team (AST), to gain an understanding of the processes for those living with dementia, who are admitted to University Hospital of North Tees.
2. HWS visited the University Hospital of North Tees to make observations on the wards where the roll-out of the campaign is being piloted.
3. HWS talked to staff, family members and patients on the wards with a higher volume of patients with a dementia diagnosis, to gather feedback on their experiences.

Information from the Lead Staff Member of the pilot at University Hospital of North Tees **Text in pink are direct quotes*

HWS were informed in January 2017 of the wards that were running the PS.
The plan was based on the likelihood of looking after patients with hip fractures and older patients requiring other types of surgery. The chosen wards being wards 28, 30, 31, 32 & 33.
During the planning of this work, the Trust felt it would be sensible to run a PS initially, so that the Carer Contact Discussion Document and other elements of the process, could be tested and potentially amended in advance of wider roll-out.

[1] See appendix 1

The planned PS included 20 participants who would be given surveys to complete. This would be followed by an evaluation. HWS were informed however, that uptake was slow at the time of this feedback, in January 2017.

"It is hoped that the surveys will start to come in soon and our Clinical Effectiveness Team will be supporting with analysis"

The Trust's Lead was hopeful that some of those completing a survey would be keen to participate in focus groups, but would await the responses to the survey. It was suggested that HWS may be ideally placed to participate in the focus group element of the PS, and the Trust would be happy to explore the possibilities as the work progresses.

"It's difficult to say when the pilot evaluation will be ready, but I am aware that the Senior Clinical Matrons for the area are fully engaged and will be updating me less formally as the number of participant's increases"

Information gathered from meeting with the Adult Safeguarding Team and Specialist Dementia Nurse

HWS met with the Adult Safeguarding Team (AST) and the Specialist Dementia Nurse (SDN) in May 2017, and again on the first morning of the Enter & View visit in October 2017. This was to establish how the PS and AAM document was incorporated into practices for supporting patients living with dementia, their family and carers.

Meeting May 2017

The SDN informed HWS that the AAM document had been rolled out in the hospital about two years ago and that more residents were being admitted with the document. However, it was brought to HWS attention that many care homes have their own version. HWS evidenced this at visits to care homes in the locality, and although all had a form of the document, some had devised their own version. Not all were using, or had sight of, the official AAM yellow document.

The responsibility for identifying patients with a dementia diagnosis lies with two Trust employees, who scrutinise admissions on a daily basis. This is done by cross referencing with the PARIS computer system which confirms a diagnosis of dementia. It was agreed HWS would visit the wards with a high volume of patients with a dementia diagnosis, in addition to the selected wards for the PS, on the day of the Enter & View.
The PARIS system is used by some of the largest health care providers in the UK and delivers a comprehensive electronic patients records (EPR) and case management functionality for community health, child health, mental health, and adult and children's social care.

The AST at University Hospital of North Tees access the PARIS system to cross reference patients living with dementia who are admitted, to establish if patients have a dementia diagnosis. Once this has been confirmed, a yellow and black alert/identification symbol is put on to the hospital's Trakcare computer system. The symbol is one of many symbols that can be added to the Trakcare system to highlight a patient's additional needs. This raises awareness with staff and allows them to make reasonable adjustments for patients. The alert can be accessed to give more details of the patient's particular type of dementia and this symbol will stay on the system. If a patient is readmitted to hospital, the alert will automatically be attached to their hospital records.

A pack is then made up by the SDN and contains the following information:

1. Herbert Protocol
2. 'All About Me' document
3. Dementia Voices Stockton leaflet
4. LiveWell Dementia Hub leaflet

The pack is given to the patient, family members, or carer of those with a dementia diagnosis by the SDN. The yellow sticker to highlight a patient is diagnosed with dementia is included in this pack and is to be stuck above the patient's bed. Staff and visitors can easily identify the patient has additional needs; this also has a prompt to support the utilisation of the AAM document.

HWS were informed that the West Wing of the hospital have the stickers embedded now after a roll out over the last two months. The Chemotherapy Unit, Discharge Lounge, Haematology Day Unit, Medical Rehabilitation Unit/Wards, Rheumatology, Short Stay Ward and Stroke Unit are located in the West Wing. This area of the hospital houses wards 36, 37, 39, 40, 41 and 42.

The AAM document, also in the pack, can be filled out by the patient or family member in the hospital, or they can take it away to fill in and return. It stays with the patient in their bedside table or in their notes.

HWS were informed that the document is particularly useful if a patient requires enhanced care (this is when a member of staff must remain with the patient at all times)
The ward would identify if a patient needs to have enhanced care. An example of this is if a patient may be prone to falls or aggressive behaviour.

The team felt that the AAM document could be updated to benefit all, however, it is not done with the majority of patients. The document has a section on the back for a discharge summary. One staff member commented: "it rarely gets done"

Documents including the AAM document can be faxed to the hospital from the care home. Power of Attorney (POA) and 'Do Not Resuscitate' (DNR) documents must be originals and cannot be faxed. The SDN may phone the care home to gather more information about the patient and HWS were informed this is currently done for approximately half of the admissions.

The HWS team were informed that open visiting is in operation on some wards. Wards 32, 40 and 42 tend to have a higher volume of patients living with dementia, with 4 dementia champions on ward 32. The SDN confirms that he adopts John's Campaign principles and the PS initiative, but it is a separate thing with "fuzzy boundaries"
There can be up to 60-80 patients in the hospital with dementia; 59 patients living with dementia were in hospital on the day of the meeting, the system was shown to the HWS Lead.

An example was given to HWS of how support had been delivered using the PS principles:
A patient's son, who was frequently at the bedside, was approached by a SDN who intervened to discuss the support he wanted to give and establish guidelines. The outcome of the discussion was documented, to clarify for staff the family's expectations. It was agreed the relative or carer could obtain food and refreshments from the trolley and deliver some of the care needs.

Volunteer support has increased throughout the hospital since the appointment of a Volunteer Coordinator. The AST felt this was a resource which could be utilised. However, were not sure if volunteer roles extended to supporting patients with dementia.

The team informed HWS that the hospital previously had a Band 1 team of around 20 staff, working one-to-one, to support patients who need enhanced care. This team had additional training in mental health, dementia and delirium.
HWS were informed that the Trust staff felt it was 'value for money' and 'very effective'. The team was implemented with an initial 6 month contract. It was extended to 12 months, then discontinued approximately 2 years ago. "Each area

of the hospital was allocated a team of around 3 and they would rotate. Activities were done and improved quality of care"
"Ward 42 were supported well by this team"

The AST felt that, currently, the Trust were looking in to re-implementing this. The benefits are highlighted below:

1. Consistency for patients – with a reduction in the use of agency staff
2. Appropriate skills and experience
3. Cost effective
4. Reduce falls, incidents and improved quality of care
5. Core ward staff utilised more effectively
6. Changes in a patient can be identified easily and highlighted quickly.

HWS were informed that, during this time the AAM document was completed consistently, with verbal and written communication more effective and efficient.
"One of the main advantages was plans would be tried and tested"
"Improved communications to support all, the patient and the family/carer"

Staff feel an "invest to save" approach is needed.

At the time of the meeting, HWS were informed that a separate area for patients with dementia was being looked into, in the Accident & Emergency Department (A&E). Since the Enter & View, the Trust invited HWS to view the new area in A&E which supports those living with dementia.

Dementia awareness and training

HWS were informed that around 20 staff, working at all levels, undertake 'Health Education England Tier 2 Dementia Trust Champions Training: It is a 2 day course and is an advanced dementia awareness course which is delivered bi-monthly. There is also a Tier 1 face-to-face course for students and modern apprentices. This is run on an 'as and when' basis.
The PS is being promoted within the dementia training.

Meeting in October 2017

The HWS team met with the SDN on the day of the Enter & View visit, to establish which wards the highest number of patients with a dementia diagnosis were situated. The HWS team planned to visit these wards, along with the wards highlighted, where the roll-out of the pilot had been initiated.

The AST procedure for identifying patients with a dementia diagnosis remains the same as the process in May 2017. However, the pack containing information for support now only goes to those patients with a Deprivation of Liberty Safeguards (DoLS) in place. This has changed from the initial meeting HWS had with the team, and HWS were informed that this is due to lack of resource. The SDN is the only one in the Trust responsible for this aspect of the procedure, and it is not possible due to time constraints for the SDN to see all patients with a dementia diagnosis. As a result, the pack is not currently being distributed as it was intended.

The wards are responsible for delivering information to family and carers; this does not, however, include the distribution of the pack.
HWS were informed that flexible visiting is actioned on some wards. The computer system is checked on a Monday morning for the dementia diagnosis symbol on the TrakCare system.
The team also informed HWS that the Lead for the PS roll-out had been appointed to a new post, and the carer’s agreement was not in place. The team also felt that there were trends on certain wards, in terms of communication, and that ward 32 were good for cognitive review of patients.
There had been 2 incidents recently where Health Care Assistants (HCA)had not been aware of flexible visiting arrangements. Although drop-in clinics are available on wards for family where issues can be addressed and information gained, staff felt a relaunch of the PS would be beneficial due to inconsistencies in the care and support for those living with dementia.

Observations

HWS visited the wards in October 2017 where the PS had been implemented, in January. Phase 1 of the pilot was implemented on wards 28,30,31,32 and 33. Patients identified as having a dementia diagnosis by the SND, by AST, informed the HWS team that wards 40 and 42 had a higher number of patients with a dementia diagnosis. The AST were supportive of HWS accessing these wards to support the investigation.
The HWS team visited wards 28, 30, 32, 33, 40 and 42. Ward 30 and 31 had no patients with a dementia diagnosis on the day of the Enter & View visit.
There were 44 patients living with dementia that had been identified as having a diagnosis by the AST. 17 of those patients were being cared for on the wards HWS accessed.

Summary of ward observations

Wards visited by Healthwatch	Number of patients identified by the AST as having a dementia diagnosis on admittance	Patients with a dementia diagnosis who have the yellow alert sticker by their bedside	Patients with the AAM document visible near their bedside	Other visible information to support the patient's needs near the bedside or on the whiteboard
28	2	0	0	0
30	0	0	0	0
32	3	1	0	0
33	1	0	0	0
40	4	0	0	0
42	7	0	0	0

HWS noted that all wards had the 'Friends and Family' box displayed, with questionnaires for feedback. Drop-ins are available at set times on some wards for relatives, friends or carers to speak to ward staff. Ward 42 is the only ward that advertises this service.
All wards HWS visited displayed a carer's poster which advertises the hospitals commitment to supporting carers. Wards 30, 32 and 42 have support literature displayed or freely available for patients, family or carers.

Ward 28 – 2 patients with a dementia diagnosis:

When HWS visited ward 28, there were 2 patients with a formal dementia diagnosis. 1 additional patient had vascular dementia and Enhanced Care had been put in place. Ward staff informed HWS that nurses who delivered enhanced care had since left and consequently, there were now only 4 members of staff to deliver this specialist care, across the hospital.

It was brought to HWS attention that senior staff felt the PS had been halted due to a number of "grey areas" regarding 'who was responsible for what', in terms of patient care, with the member of staff stating "staff have overall responsibility". HWS were informed the project had not instigated a carer's agreement, although the HWS team noted there was a carers agreement poster on the whiteboard near the ward entrance.

Ward 28 has a seated area near the entrance and a separate room with a seated area and coffee table. The room is used for drop-in's for family, friends and carers, to chat to staff about any issues or concerns, and to gather information about the patient in a more private setting.
HWS noted that these areas did not have relevant literature or leaflets available, nor did it have the 'Friend and Family' box or questionnaires displayed.
The notice board on Ward 28 displayed information about Dementia Awareness Week, although somewhat out of date; Dementia Awareness Week was in May 2017. Accurate and up-to-date information was displayed on dementia support services.

An additional notice board displayed lots of thank you cards; praising staff and the quality of care.

Ward 28 has a room at the end of the corridor with comfortable furniture. The room is used for drop-ins which are advertised on the ward for family to speak with staff in quiet and more private setting.
HWS observed a family member locating a member of staff to discuss an issue, the room was utilised for this.

Ward 30:

There were no patients on Ward 30 with a dementia diagnosis at the time of HWS visit.
HWS spoke to a Staff Nurse who confirmed she was unaware of what the PS was and the process which involved yellow alert stickers.
During conversation with the HWS team, 1 staff member commented she thought there was a dementia file, another commented they thought there was "a symbol of some sort" on the Trakcare system. HWS encouraged the staff member to have a look and she confirmed she had seen this before and the alert symbol was yellow.
Staff also informed the HWS team that they were not aware of which staff on the ward had completed the Dementia Champion training.

Ward 32 – 3 patients with a dementia diagnosis:

HWS observed interaction between a staff member and patient who had a doll and twiddlemuff on the bed. There was no signage above the patient's bed to identify if the patient was living with dementia. The patient was being asked to sign a consent form in an abrupt manner "if you don't sign this, you're going nowhere"

The staff member's demeanour and attitude to the patient changed, when the HWS team identified themselves. The patient was then addressed as "sweetheart"

HWS team then observed the nurse asking questions in order to ascertain how "aware" the patient was, in order to prepare a DST. The DST is a 'Decision Support Tool'; an evidence-based diagnostic test, which assesses the severity of any cognitive impairment.
When the patient gave incorrect answers e.g. "what year is it?" "1962", the nurse told HWS staff "she's just making it up, just ignore her" whilst still in front of, and within earshot, of the patient.
This nurse informed HWS she was a Dementia Champion and all the staff had been trained. The staff member informed HWS the team actively encourage relatives to attend at mealtimes, in order to assist with feeding and other basic care needs.

HWS team observed the floor appeared unclean and one staff member commented "Oh, my feet are sticking to the floor!"

HWS attended the bedside of a patient identified on the AST database as having a diagnosis of dementia, however there was no signage or yellow alert sticker above the bed. The patient spoke to a member of the HWS team and fed back that the food was good and had experienced no issues regarding visiting. A patient in one room was not on the AST database, but had signage above her bed stating "needs additional assistance" It was unclear what this related to.

The HWS team observed there was little literature or leaflets advertising support services in the waiting room however, there was a 'carer's welcome' sign. The sign mentioned a carers information leaflet, however there were none available. HWS noted 1 Herbert Protocol document which had been discarded and was crumpled, and one Public Health leaflet.

Ward 33 – 1 patient with a dementia diagnosis:

1 member of staff informed HWS that they had "overheard something" in conversation about the PS and the Staff Nurse was not aware of any PS being rolled out. The Staff Nurse also informed HWS there were no trained Dementia Champions on the ward.

Ward 33 did not have literature or information about support services for those living with dementia, or other support services in the locality.

Staff on the ward commented that they supported the red door frames in ward 32, and that the floor on ward 33 was not ideal for patients living with dementia as it is shiny. Staff on ward 33 also commented that the ward sister that left ward 32 was brilliant in terms of being proactive in her role as a Dementia Champion.

Ward 40 – 4 patients with a dementia diagnosis:

There were 30 patients on the ward on the day of the Enter & View visit, staff felt that approximately 50% were living with dementia. The Matron on Ward 40 informed HWS she was aware of the PS being implemented in the hospital, but that it was not being rolled-out on ward 40 at the time. The Matron also commented "There is sometimes an informal agreement with family members about carrying out basic care needs for the patient"

HWS observed that all 4 patients identified by the AST living with dementia, and with a diagnosis, on ward 40, did not have a yellow sticker.
The ward Matron confirmed she had not seen the yellow sticker and HWS explained what it looked like.
The whiteboard above the bed of one of these patients had a blank space under 'any special requirements' and 'Nurse today'.

Another patient living with dementia had Enhanced Care however, there was no signage to identify this. HWS were informed that there are only 4 Enhanced Care practitioners working across the whole hospital; a reduced number to previous years.

HWS asked how staff at the start of their shift would be informed which patients where living with dementia? Then were informed that they rely on the handover at the start of staff shifts, to pass information on.

HWS were leaving the ward when a bedbound patient, with an identified dementia diagnosis, pressed the buzzer to alert a staff member. Buzzers activate sound and a flashing light outside of the 6-bedded unit. Five members of staff walked past the entrance to the unit ignoring the buzzer. A member of the HWS team went to speak to the lady who informed HWS that she needed the toilet. The buzzer stopped, shortly after a doctor visited her bedside regarding hearing aids, the patient told the doctor "I've been asking for some help but didn't get any"

Drop-ins are advertised for family and carers, these are held twice per week for an hour and a half.

Ward 42 – 7 patients with a dementia diagnosis:

On the day HWS visited 34 patients were on the ward, 17 of which had a Deprivation of Liberty Safeguards (DoLS) in place. 7 of these had a dementia diagnosis, highlighted to the HWS team by the SDN.
On this ward, a notice was clearly visible informing of the number of staff required against the number of staff working that day. This also informed of the number of complaints the ward had received last month, which was 24.
The staffing was at recommended capacity on the day HWS visited as below:

4 Registered Nurses
3 Unregistered nurses
1 Ward Clerk
2 Therapy staff
2 Doctors
2 Domestics
1 Ward Hostess

HWS observed that the environment was open and airy and it was highlighted to the team that the unit is designed in a horseshoe shape, to aid visibility of patients. "Patients with high need are in more visible areas where it's open and there's lots of staff around" Bed 1 and bed 2 had patients with a dementia diagnosis, this area was at the end of a corridor and out of the range of visibility of staff members.

HWS also observed that the ward was tidy and appeared to be very clean, with newly painted walls in yellow. The ward Matron informed HWS that she meets with all family and has conversations with them when their family member is admitted; this is done in a break-out area/rest room where daily drop-ins are also available for relatives.

HWS observed there was a 'Welcome to Ward 42' pamphlet available on a shelving unit easily accessible to all. The pamphlet contains information on ward support and facilities, and details a visual image of the different bands of nursing staff in uniform. The illustration details this well, with some wards having a large poster displayed.

The pamphlet also highlights ward visiting times, protected meal times and that relatives may be able to support with mealtimes. However it contains nothing about flexible open visiting times.

How can the Ward be contacted?

If your relative is in bed number:

- 1 – 17, the telephone number is 01642 624680.
- 18 – 36, the telephone number is 01642 382742.

If you or your relatives have any concerns regarding your care please speak to a member of the nursing staff who will arrange a meeting with the ward matron.

When are the mealtimes?

On Ward 42 we have protected mealtimes to allow patients time to eat their meals without disruption and to free up staff to help patients who are unable to eat by themselves.

Meal times are approximately:

Breakfast: 8.30 am – 9.00 am
Lunch: 12.30 pm
Tea: 5.00 pm

The ward hostess serves hot drinks and snacks mid-morning and mid-afternoon. The hostess will also help you complete a menu for your meals if you need help.

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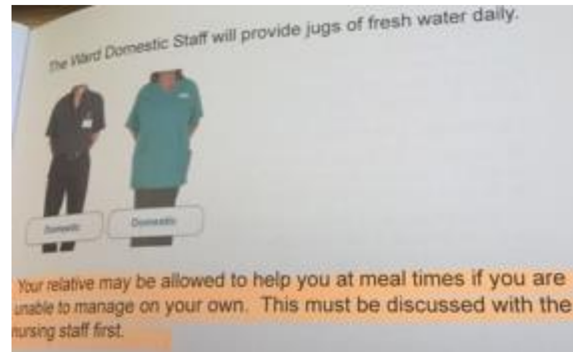
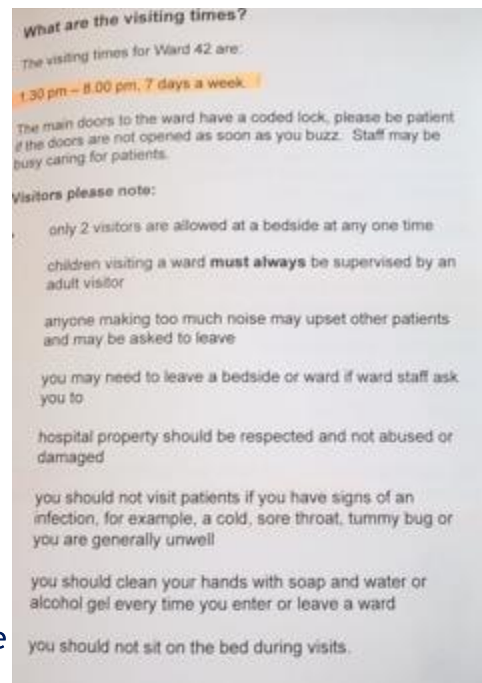


The Ward Domestic Staff will provide jugs of fresh water daily.

Your relative may be allowed to help you at meal times if you are unable to manage on your own. This must be discussed with the nursing staff first.

HWS observed a hostess delivering the meal sheets for the following day, to a patient identified as living with dementia, but did not support with filling this in. She appeared to be in hurry. The patient called out to her and said “I’m going home tomorrow” to which she replied “you won’t need that then”

The shelving unit, which contained the ‘Welcome to Ward 42’ pamphlets, did not display any other literature or information on dementia, or support leaflets for signposting. The ‘Friends and Family’ box was displayed with questionnaire leaflets and copies of an A4 document about preventing falls.
A protected meal time sign was displayed at the ward entrance.



What are the visiting times?

The visiting times for Ward 42 are:

1.30 pm – 8.00 pm, 7 days a week.

The main doors to the ward have a coded lock, please be patient if the doors are not opened as soon as you buzz. Staff may be busy caring for patients.

Visitors please note:

- only 2 visitors are allowed at a bedside at any one time
- children visiting a ward **must always** be supervised by an adult visitor
- anyone making too much noise may upset other patients and may be asked to leave
- you may need to leave a bedside or ward if ward staff ask you to
- hospital property should be respected and not abused or damaged
- you should not visit patients if you have signs of an infection, for example, a cold, sore throat, tummy bug or you are generally unwell
- you should clean your hands with soap and water or alcohol gel every time you enter or leave a ward
- you should not sit on the bed during visits.

HWS discussed the PS with the ward Matron who commented:
“good care need not be formalised”
Informed conversations take place with relatives, with open visiting offered. Relatives are encouraged to fill in the food and fluid charts. HWS attended the bedside of the 7 patients with a dementia diagnosis, to investigate if the patients had any identifying symbols or alerts for additional care requirements.

None of the patients had a yellow sticker to symbolise they were living with dementia, nor did any have an AAM document.
1 patient had 'Known as Ellen' written on the whiteboard above her bed however, there was no other information or yellow sticker attached.
Another patient with a dementia diagnosis didn't have a yellow sticker however, there was 'Likes Cath' and 'Gluten free' written on the board above her bed.

Feedback from patients, relatives and carers.

Healthwatch spoke to a relative of a patient who commented:

"Staff are lovely – go out of their way to accommodate however, consultants are rude and dismissive to relatives"

"The white board is in the wrong place – the length of time between lunch and dinner is too long (6 hours) for a diabetic can be dangerous."

The relative told HWS that she hadn't been made aware that there were facilities where she could go and make herself a cup of tea, she was spending a lot of money a day having to buy drinks from Costa.

The relative also said that she did all the toilet runs for her mother, as when she presses the button, it takes too long for the nurses to respond and is was much easier to do it herself.

"A fully trained phlebotomist damaged mum's hand when taking blood, and showed a lack of consideration for the patient."

Relatives visiting a patient on end of life care said "staff are very attentive and she's getting everything she needs" They also informed the HWS team that staff kept them fully informed and were very good.

Bed 7 – "seems more set up, very good"

One relative informed the HWS team that they could visit at a time to suit them, she had found this out over the telephone and that visiting was extended from 1pm – 10pm.

Additional comments from patients included;

"Looked after me wonderfully"

"Night staff are wonderful, and it's just the same in other wards, the care has been wonderful"

"You can see the effort that goes in to it"

"Maureen is doing a good job cleaning"

"My meal comes altogether, not hot tea"

Conclusion

It is evident that a commitment to patients, families and carers to support vulnerable patients in the University Hospital of North Tees is ongoing. Although, inconsistent in terms of support to carers, distribution of information, and staff knowledge of the phased programme. The roll-out of original plans to formalise a process to support carers, in line with the PS principles, has not been implemented with the development of the programme's three-phased approach being disbanded, due to the Programme Lead changing post.

Although HWS evidenced a move towards supporting patients with dementia and their carers, with posters on all wards visited and literature on some wards, it is disappointing that University Hospital of North Tees has not committed to signing up to the campaign and implementing it, as other trusts have done, since 2015. Hospitals across England have quickly and effectively implemented the PS programme, with a consistency on wards and in communal areas; displaying posters, literature, and as James Cook University Hospital have done, producing a small handy handbag-sized information booklet, to inform carers and families of the extra support they can contribute to the care of their loved one.

The booklet also informs carers of the hospital facilities available, includes a map of the hospital, and valuable information relating to how they can be supported when caring for their vulnerable family member.

University Hospital of North Tees has some work to do to ensure consistency throughout the wards in terms of employee education, improved and more available support literature for carers, and to work towards the 'joined up' approach frequently talked about in line with current NHS and local initiatives. This focuses on the patient's needs and puts them at the centre of their care.[2]

It is evident that University Hospital of North Tees is working towards developing some processes to support the care of those living with dementia, such as all staff being dementia champion trained.

[2] https://hee.nhs.uk/our-work/person-centred-care

This training is being rolled-out across the hospital, but evidence suggests this training has not reached the majority of staff on the wards visited by HWS. The information packs are distributed inconsistently, it appears, due to lack of resources for those with a dementia diagnosis.

The AAM document, and, yellow stickers contained in the packs, were not evidenced at the bedside of any patients with a dementia diagnosis. This is another example of how a process to improve the care of a vulnerable patient, does not fulfil its intended purpose.

However, HWS were pleased to note that the majority of staff observed during the visit showed compassion to their patients, and were passionate about improving patient care and support for carers. All staff engaged with were open and honest when sharing information with the HWS team.

Recommendations

- HWS recommend the University Hospital of North Tees sign up to John's Campaign. The campaign founders have spoken to HWS and although the aim is for the principles to be adopted with specific policies and procedures in place across the whole of the hospital, some Trusts have signed up single wards and HWS recommend this is considered for the elderly care wards. The campaign supports Trusts with resources and has volunteers throughout the country who can meet to discuss the implementation of Johns Campaign.

- Ensure the AAM document is available on all elderly care wards.

- A designated 'Dementia Volunteer' role(s) to be created to support patients and families of those with a diagnosis of dementia.

- Flexible visiting hours to be available on all wards, wherever possible.

- Drop-in clinics for relatives to be available on all wards, for those patients who are vulnerable or have a diagnosis of dementia.

- More support for patients with dementia at mealtimes – assistance with feeding and filling in meal order forms.

- A designated 'Dementia Champion' on each ward with a regular admittance of patients with dementia diagnoses; supporting patients and family members, and taking responsibility for the availability of dementia support service

literature. Support literature to be visible and available on all elderly care wards. The packs made by the AST, which are currently only available to those patients with a DoLS, to be made available to **all** patients/family members where a dementia diagnosis has been identified. HWS recommend these packs are available on each elderly care ward with Dementia Champions taking the responsibility of ensuring they are distributed.

- A 'Staff Board' in each ward to ensure consistency throughout the hospital, with a picture of each staff member and what colour uniform they wear, to enable patients and family members to identify each different role.

- Flexible visiting arrangements to be included in staff training to ensure all staff are aware of the scheme.

Recommendations	Responsible owner
• HWS recommend the University Hospital of North Tees sign up to John's Campaign. The campaign founders have spoken to HWS and although the aim is for the principles to be adopted with specific policies and procedures in place across the whole of the hospital, some Trusts have signed up single wards and HWS recommend this is considered for the elderly care wards. The campaign supports Trusts with resources and has volunteers throughout the country who can meet to discuss the implementation of Johns Campaign.	North Tees and Hartlepool Foundation Trust (NTHFT)
• Ensure the AAM document is available on all elderly care wards.	NTHFT
• A designated 'Dementia Volunteer' role(s) to be created to support patients and families of those with a diagnosis of dementia.	
• Flexible visiting hours to be available on all wards, wherever possible.	
• Drop-in clinics for relatives to be available on all wards, for those	

patients who are vulnerable or have a diagnosis of dementia.	
• More support for patients with dementia at mealtimes – assistance with feeding and filling in meal order forms.	
• A designated 'Dementia Champion' on each ward with a regular admittance of patients with dementia diagnoses; supporting patients and family members, and taking responsibility for the availability of dementia support service literature. Support literature to be visible and available on all elderly care wards. The packs made by the AST, which are currently only available to those patients with a DoLS, to be made available to all patients/family members where a dementia diagnosis has been identified. HWS recommend these packs are available on each elderly care ward with Dementia Champions taking the responsibility of ensuring they are handed out.	
• A 'Staff Board' in each ward to ensure consistency throughout the hospital with a picture of each staff member and what colour uniform they wear, to enable patients and family members to identify each different role.	
• Flexible visiting arrangements to be embedded in training of staff to ensure all staff are aware of the scheme.	

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Acknowledgements

Healthwatch Stockton-on-Tees would like to extend thanks to all the staff at the University Hospital of North Tees who offered their advice and support with this work. Healthwatch would like to acknowledge special thanks to the Adult Safeguarding Team, particularly the Specialist Dementia Nurse whose cooperation and support enabled the team to conduct their visit effectively.
Healthwatch Stockton-on-Tees also thank the patients, families, friends and carers who offered their support and feedback during the investigation.

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Appendices

Appendix one:

NTDC-12a-Mar 13

All about me

(Using a *This Is Me* Approach)

My full name: ________________________

I like to be called: _____________________

This document is important to me. It needs to stay with me at all times. This document helps keep me safe and enhances my life.

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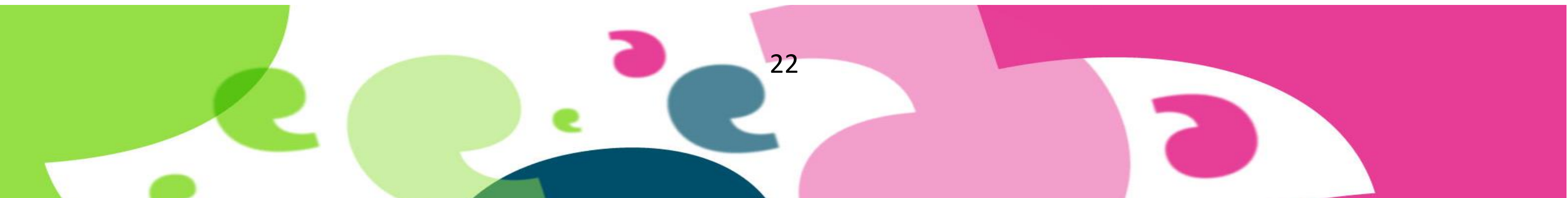
My Care needs

1. How I take my medication ____
   ____
   ____
   ____

   Am I scared of needles? YES/NO

2. My hearing and eyesight ____
   ____
   ____
   ____
3. How I can communicate
   ____
   ____
   ____
   ____
4. My mobility
   ____
   ____
   ____
5. My sleep (routine, pressure pads) ___________________________________
   ____
   ____
   ____
6. My personal care needs (washing and dressing) _______________________
   ____
   ____
   ____
7. My toileting needs (bowels, urination) ______________________________
   ____
   ____
   ____
8. My eating and drinking (likes, dislikes, allergies) _________________
   ____
   ____
   ____
9. How I eat ____
   ____
   ____
   ____
   ____



NTDC-12a-Mar 13

Please place a photograph of yourself in the space provided.	Language____ Religion____ Next of kin____ Emergency contact number____________________________ Patient's GP____ Surgery____ Surgery Contact Number______________________________

____

Where I live

____

The person who knows me best is ________________________________

Contact Number____

I would like you to know (about my personality)_________________________

____

____

____

My life so far (family,home,etc.)

____

____

____

____

Current and past interests, jobs and places I have lived_______________________

____

____

The following things I like to do (hobbies) _____________________________

____

____

The following routines are important to me _____________________________

____

____

____

Things that may worry or upset me _____________________________________

____

____

____

What makes me feel better when I am anxious or upset

____

____

How do I like to relax? ____

____

____

____

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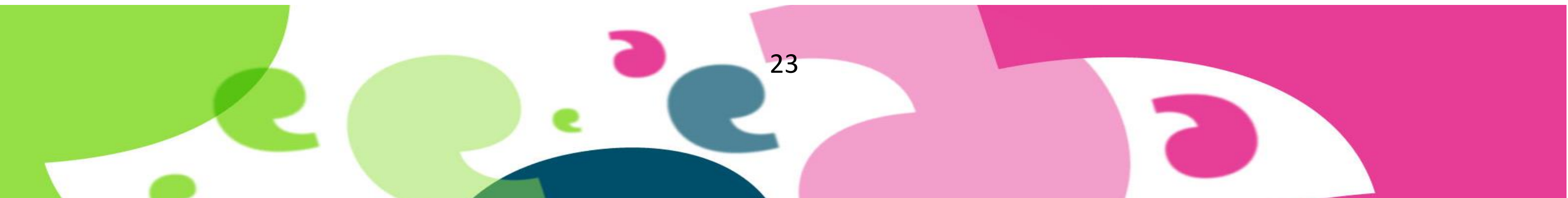

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10. How I manage my home ____
____
____
____
____
____

11. My healthcare needs (including allergies, reddened broken skin etc.)
____
____
____
____

12. Other notes about me ____
____
____
____
____
____

Date completed: **Completed by:**

Review due: