



2019 Schedule: Luton and Dunstable Hospital: Review of Ward 15  
**Review of Enter and View 2018**

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# 1. Introduction

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**This report is a review of an Enter and View Healthwatch Luton conducted last year. This report only looks at the recommendations within that initial report.**

In January 2018 Healthwatch Luton carried out a series of Enter and View visits at Luton and Dunstable Hospital. The report concluded there were certain areas that could have improvements made to ensure patients and staff have a positive experience on the wards.

The visit had a focus on the areas of these recommendations:

- Décor
- Staffing
- Baywatch (Cohort bays)
- Activities
- Refreshments
- Discharge
- Literature

Ward 15 was one of the wards in the initial Enter and View, and as such was chosen for the review.

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 focussed on were staffing, quality of care, safety, refreshments, activities and discharge. We also informally asked the patients about their experiences of the wards and 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

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how the wards actually worked and how the patients engaged with staff and facilities.

At the time of the visit, (28<sup>th</sup> January 2019), we spoke with in total 10 individuals: six patients and four staff.

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

- Observations (general by Enter and View Reps)
- Basic
- Staffing levels
- Activities
- Refreshments
- Discharge
- Literature
- Any 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.

Overall the Healthwatch Luton's Authorised Representatives for this Enter and View found the observations to be mostly positive, with improvement based on the recommendations from the visit last year.

Our report below identifies the recommendations and responses from the initial visit in January 2018 and the current situation (January 2019).

## 2. Review Findings

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### Executive Summary

Overall, the ward was clean, friendly and well managed. The staff seemed to feel as part of a team within the ward and happy to support one another. Staff felt the ward worked well together, supporting one another to provide the best level of care to the patients within it. Staff morale was high and positive relationships and interactions were observed.

At any one time, there is around ten patients who are bed bound on the ward. There seems to be a lot of consideration taken for end of life care, of the patients and their families and friends.

Of the thirty-two patients on the ward, seventeen were at risk of falls, with the twelve most at risk within the Baywatch bays. It was mentioned that whilst Baywatch doesn't always prevent the falls, any falls of patients deemed at risk of falls, are 'witnessed falls' and therefore assessment and treatment is carried out quicker.

Healthwatch Luton were pleased to have the opportunity to review the previous Enter and View visits. It was positive to see the changes in the ward based on the recommendations given in January 2018. The ward seemed brighter and the stimulation for the patients witnessed was also encouraging. The Baywatch (cohort bays) initiative seemed to be working much better with the patients engaged with the staff. Patients within the bays were out of bed and interacting together at a communal table in the bay. They were able to share in activities together, if able to. The staff in these bays seemed happy to be there and interacting with them.

It is a shame that some patients are still mentioning mental boredom and a lack of mental stimulation whilst on the wards.

The meetings for reviewing the discharge obstacles with the senior members of the Trust seem to have a positive impact on patients.

The Authorised Representatives were met positively by all patients and staff, and found the nursing team welcoming and happy to engage.

Overall, the review of the Enter and View was successful and highlighted many adaptations accepted by our recommendations. The visit was worthwhile and pleasing and overall, a good review.

## Décor

### *We said:*

**In 2018 Healthwatch Luton suggested the wards could be improved with some paint and pictures as the walls looked tired and worn and lacked stimulation.**

### *They changed:*

Luton and Dunstable Hospital said they would add Ward 15 into the redecoration schedule.

The wards were observed in a fresher condition in some areas. There were a couple of new rooms that had been refurbished. There were new pictures on some of the walls within the corridors and there is plans for further decoration improvements. The notice boards were colourful and looked fresh. It was noted the staff board which displays who is on the ward was not up to date. This is due to lack of pictures of the relevant staff. It was felt this is something that should be updated to assist visitors and patients on the ward.

Old memorabilia has been put up on some walls to engage and stimulate the patients with items from their eras.

## Staffing

### *We said:*

**It was noted at the visit in 2018 that there was a noticeable staff shortage within the ward, which was felt by both staff and patients. Healthwatch Luton suggested the staffing levels were addressed by the hospital.**

### *They changed:*

Luton and Dunstable Hospital said they would ensure a proactive recruitment campaign and focussed support to the existing staff to safeguard retention.

Unfortunately, this visit showed staffing levels were still not sufficient enough. It was noted that the staffing levels fluctuate and there is a need to use bank staff to maintain the level of care needed.

It should be noted that whilst the staffing levels were low at times, no patients mentioned this and therefore can be assumed their care needs are met.

Staff mentioned the levels of staff are not always safe to work at, which is escalated to the Chief Nurse and wards do assist one another when and where possible.

Currently one patient has one-to-one support.

There is a new member of staff who will be part therapist and part HCA which will assist with meeting the needs of the patients.

The cohort (Baywatch) bays effect this level also.

It was confirmed there will be further staffing for the ward from April which has been agreed by senior teams.

## **Baywatch (Cohort bays)**

### *We said:*

**In 2018 Healthwatch Luton reported, that whilst in its infancy, the Baywatch initiative did not seem to be working well.**

### *They changed:*

The hospital were going to review the process and continue to educate staff to ensure they understood the purpose and their responsibilities.

During this visit, staff understood the benefit to the cohort bays. It was noted there had been a notable reduction in falls, and whilst it may not prevent all falls, witnessed falls meant that assessment and care could begin quicker.

Generally, it is still a HCA who covers the bays, with nurses covering when they can or are needed to. Staff who have covered the bay, felt that they need to be active and engaging with the patients who are in the bays. It can be difficult however, when additional help is needed, for example for a commode, and the staff are not able to leave the bay to get the assistance.

It was noted one patient had a history of falling and had not been out of the ward due to this, was not within a cohort bay.

## **Activities**

### *We said:*

**The report in 2018 noted there was not enough stimulation for patients and that a lot felt that whilst they were in hospital for a physical ailment, they were suffering 'mental boredom'.**

### *They changed:*

The Trust were going to consider involving a third-party organisation for this and also had introduced a PAT dog, as well as introducing a dementia apprenticeship scheme.

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On the recent visit, there was no mention of any of these from any of the patients or staff. There is no activity timetable or schedule within the ward.

Staff spoken with use the activity trolley to engage with the patients. Staff use the 'This is me' document to know what the patients may be interested in. The staff seemed happy to adapt to suit the patient's needs. Some staff felt there could be more stimulation for the patients.

However, some patients who were spoken to, felt they were unable to join in with activities due to mobility issues or sight issues. It would seem that those who were in need of extra support for the activities were not able to get this.

Those in the sides rooms due to 'barrier' (infection) needs, did not have access to the trolley due to the risk of contamination.

One patient said they felt 'frustrated just sitting around' and another that they were 'sitting like a zombie'. (It should be noted these patients were not in the same bay).

There has been a television supplied to the ward (Rita) which is used to play old films, play games and play music. There is only one of these on the ward, so it is passed around, although it is mainly kept within a cohort bay.

There are 'fiddle mits' supplied to the ward for patients to use. These are single use and patients are able to take them home at the end of their stay. There are lap blankets also.

## Refreshments

### *We said:*

**When Healthwatch Luton visited in 2018, it was noted that patients wanted to be able to access more refreshments throughout the day.**

### *They changed:*

Luton and Dunstable hospital said they would raise awareness of the access to refreshments throughout the day to the patients.

All patients knew what times to expect their three meals. Most knew they could ask for drinks at any point during the day. Snacks were also available if requested.

There is a kitchen available but this is only accessed by staff due to the patients within the ward. It is deemed unsafe for there to be hot urns about on the wards.

All patients have access to water within their personal space. One patient mentioned they would have preferred to have alternative soft drinks to just water.



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Some patients mentioned the food portions were too big for them.

## Discharge

*We said:*

**The report in 2018 recommended the hospital try to improve their communications with the patients surrounding discharge and to review the discharge planning.**

*They changed:*

The hospital were going to attempt to improve communications with the patients and families and review how they communicated the information with the patients.

During the recent visit, most patients were aware of their expected discharge date if it was that day, but were told by varying people. The ward staff stated there is a Discharge Officer who makes the plans with the family, patient and professionals.

Some staff stated patients are told regularly their expected discharge dates and this is constantly reviewed, however, those patients who were not expected to be leaving that day, had no idea of their discharge date.

There is a SitRep meeting three times a week, during which the Sister in Charge is able to inform senior staff (Chief Nurse) of any issues preventing discharge of a well patient. Some things that were holding up discharge included social care and pharmacy.

Staff seemed very clear on the process for discharge for a patient.

## Literature

*We said:*

**Healthwatch Luton recommended that literature be more centrally available within the last report.**

*They changed:*

The hospital were going to review the accessibility and location of the information within the ward.

The recent visit noted the information leaflets at the entrance to the ward. There were lots of notice boards with information, but this was mostly down one end of the ward. There was a comments box available, which was alongside the friends and family test forms, however there was not any pens near to this. There was an 'easy read' version of the form for those who required it.

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There were not many leaflets in additional languages. On discussion staff explained that if they are required in another language they can be supplied.

It was suggested to offer a poster outlining the availability in other languages if needed be put by the main leaflet stand.

## 3. Appendix

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### What is Enter and View?

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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.

A review visit can be any time (within two years) after the initial Enter and View visit, and is used to re-evaluate the recommendations previously suggested with the provider.

#### 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

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### Details of visit

Details of visit:	
Service Address:	Luton and Dunstable Hospital
Service Provider:	Luton and Dunstable Hospital
Date and Time:	28 <sup>th</sup> January 2019, 10am-12pm
Authorised representatives:	Lisa Herrick, Sudha Auro, Carrie Page, Carol Carter, Linda Harrison and Den Fensome
Contact Details:	Yvonne Wimbleton
CQC Rating:	Good
Healthwatch Luton Rating:	Good

### 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.



iii)

Initial Report can be found at:

<https://tinyurl.com/EnterandViewLDH2018>

Hard copies can be requested from:

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