

Enter & View Report

Premises name

Charles Coward Ward

Premises address

North Middlesex University Hospital

Date of visit

Friday 18th October 2019

Contents

1.	Background and purpose of the visit	2
2.	Methodology	2
3.	Measuring change over time	3
4.	Executive Summary.....	3
5.	Summary of the Recommendations.....	4
6.	Conclusion	5
7.	Appendix 1 – our detailed findings: overall feedback	6
8.	Appendix 2: Themes arising from feedback	6
9.	Theme 1: bed capacity on the ward.....	6
9.4.	Recommendation 1.....	7
10.	Theme 2: Patients getting care and treatment promptly, when needed	7
10.4.	Recommendation 2	9
10.5.	Recommendation 3	9
11.	Theme 3: Information provided to patients	9
11.4.	Recommendation 4	10
11.5.	Recommendation 5	10
12.	Theme 4: Lack of entertainment on the ward	10
12.5.	Recommendation 6	11
12.6.	Recommendation 7	11
13.	Response from the North Middlesex University Hospital Trust	12
14.	What is Healthwatch Enfield?.....	15
15.	What is Enter and View?	15

Acknowledgements

Healthwatch Enfield would like to thank the people we met on Charles Coward Ward, including the patients, relatives and staff, who welcomed us warmly and whose contributions have been invaluable.

Disclaimer

This report reflects the Team's observations and records of what patients, relatives and staff told them about their experiences of Charles Coward ward. We can only comment on what we have actually observed or been told by those we heard from.

1. Background and purpose of the visit

- 1.1. In June 2019, COGS – a social enterprise that holds the contract for Healthwatch Enfield, was approached with a request to gather experiences of those staying on, visiting or working in eight wards at North Middlesex University Hospital NHS Trust.
- 1.2. These visits raised some concerns about patient experience on Charles Coward ward, which were raised directly with the Trust and reported to the Care Quality Commission (CQC) at the time.
- 1.3. Following discussions with senior leadership team at the North Middlesex University Hospital Trust, a number of improvement measures were immediately put in place by the Trust for Charles Coward ward.
- 1.4. It was agreed that Healthwatch Enfield would then conduct an unannounced Enter and View visit to that ward to see if there had been improvements in patient experience as a result of the measures put in place.
- 1.5. Healthwatch Enfield's Enter and View Authorised Representatives have statutory powers to enter publicly funded health and social care premises to observe and assess the nature and quality of services and to obtain the views of the people using those services.

2. Methodology

- 2.1. Healthwatch Enfield's Authorised Representatives who took part in the visit on the 18th October, were Fazilla Amide, Lis Crosthwait, Jas Gosai, Janina Knowles, Janice Nunn and Yvonne Sandzi. .
- 2.2. The methodology for this visit replicated that used during the previous visit to the ward in July 2019 in order to explore if there had been improvements in patient experience. It consisted of three separate surveys, for patients, visitors and staff, to explore their experiences of the ward.
- 2.3. Specifically, patients and relatives were asked about:
 - the quality of information provided to them on admission and during their stay on the wards
 - how involved they felt in their care and treatment, including providing feedback to instigate change
 - the quality of care offered to them during their stay on the wards
 - what would improve their experience of staying on the wards
- 2.4. We spoke to a total of 10 patients on Charles Coward, all of whom had been an emergency admission. The length of stay varied between 1 night and 5 weeks. 9 visitors and 8 staff members also shared their experiences of the ward with us.
- 2.5. This report has been compiled from the observations, records and notes made by team members during the visit, and the conclusions and recommendations agreed amongst the team following this.

3. Measuring change over time

- 3.1. Overall, statistical analysis indicates that there have been improvements in patient experience on Charles Coward ward since July 2019. Taking note of the differing sample size for each visit, care must be taken when interpreting the quantitative data. This data serves to illustrate general trends only.
- 3.2. Due to the voluntary nature of individuals' participation in the conversations, a standard set of data was developed but a complete set was not collected for each individual. Therefore, the sample size varies depending on information provided. Not all data will tally due to rounding.
- 3.3. Our findings suggest that overall, during our visit in October 2019, a higher percentage of patients reported the following, compared to our visit July 2019:
 - Being given information when they were admitted to the ward
 - Knowing who their named doctor is
 - Knowing when they are due to go home
 - Knowing what is going to happen to them today or tomorrow
 - Feeling involved in decisions about their care
 - Knowing how to raise concerns or make a complaint
 - Being encouraged to get dressed and out of bed
 - Receiving help quickly when calling staff
 - Staff being kind and caring
 - Finding the ward to be a clean and calm environment
- 3.4. A lower percentage of patients reported:
 - Knowing if they have any tests planned
 - Knowing that they can choose different types of food
 - Getting a good night's sleep on the ward due to the level of noise
- 3.5. The same percentage of patients reported:
 - Awareness of the Friends and Family test (0%)
 - That they thought the food was 'tasty' (33%)

4. Executive Summary

- 4.1. Healthwatch Enfield conducted a follow up visit to Charles Coward ward at the North Middlesex University Hospital, following a previous visit to the ward in July 2019. The purpose of the visit was to talk to patients, visitors and staff to see if there had been improvements in patient experience on the ward since the previous visit.
- 4.2. Overall, our most recent visit indicated that there have been improvements in patient experience on Charles Coward ward. Quantitative analysis suggests that a higher percentage of patients reported feeling more informed about their care and treatment on the ward, including knowing who their named doctor is and knowing when they are due to be discharged. A higher proportion of patients reported feeling involved in decisions about their care and knowing how to raise a concern or make a complaint if need be. However, our findings also indicate that a lower proportion of patients reported being aware of key information such as knowing if they have any tests planned and/or knowing that they can choose different types of food.

- 4.3. Our conversations with patients, visitors and staff highlighted four main themes relating to their experience on Charles Coward Ward. These relate to
- bed capacity on the ward,
 - patients getting care and treatment promptly, when needed,
 - information provided to patients and
 - lack of entertainment on the ward.
- 4.4. Charles Coward ward is designed to accommodate up to 24 patients, but staff informed us on both our visits that this capacity had been increased to 29 patients due to the pressure created by the demand for beds. Staff told us that the capacity had been reduced from 29 to 24 for a few weeks following our initial visit, but this has been increased back to 29. During our visit, it appeared that staff were doing their best to provide safe, good quality care to their patients, in a ward with more patients than it was designed for. Patients and visitors told us that staff were under too much pressure to provide the best care possible to their patients. This was echoed by staff, who informed us that their working conditions result in them not being able to give the level of care they would like to, and in some cases, prevented them from being able to provide safe care. For example, one relative informed us that their loved one had left the ward without staff noticing and had been found by security in another part of the hospital.
- 4.5. Staff told us that since our last visit, a second manager was introduced to the ward and this has played a large role in helping them feel supported.
- 4.6. Patients and visitors told us about their lack of knowledge of initiatives such as the 'Carer's Passport', in addition to telling us that they often did not know about their treatment plan or their discharge plan. There seemed to be a lack of activity on the ward and this was echoed by both patients and visitors. Patients and visitors told us that they would like to have access to simple entertainment such as TV and Radio to help the time pass during their stay on the ward.
- 4.7. Although our visit did confirm that improvements had been made on Charles Coward since our previous visit, it is clear that there are still further improvements that need to be made. This report outlines the themes in more detail, and includes patients, visitors and staff comments relating to each theme. A total of 7 recommendations are proposed to the North Middlesex University Hospital to improve patient experience on Charles Coward Ward.

5. Summary of the Recommendations

Recommendation 1

Explore options to reduce the bed capacity on Charles Coward ward back to 24 on a permanent basis.

Recommendation 2

Ensure that robust systems are in place to ensure the safety of patients at risk of absconding from the ward.

Recommendation 3

Ensure that adequate and safe staffing is in place.

Recommendation 4

Put processes in place to ensure that all patients and visitors are given a welcome pack, including information about the 'Carer's Passport' scheme.

Recommendation 5

Consult with carers/relatives once patients are admitted, to seek any additional information that the patient may not have been able to provide.

Recommendation 6

Provide basic entertainment for patients on Charles Coward ward, such as access to TVs and Radio

Recommendation 7

Increase the number of volunteers working on Charles Coward ward, to provide interaction and entertainment for patients.

6. Conclusion

- 6.1. We found that there had been improvements on Charles Coward ward since our last visit in July 2019, and patients, visitors and staff seemed relatively happy. Overall, staff were doing their best to provide safe, good quality care to their patients, in a ward with more patients than it was designed for.
- 6.2. However, from listening to patients and their loved ones, they told us they felt the staff were too busy looking after too many patients to provide the best care possible to their patients. This was echoed by staff, who informed us that their working conditions result in them not being able to give the level of care they would like to. They explained how much better it was when the bed capacity on the ward was reduced for a few weeks and felt strongly that this reduction should be put back into place permanently. Not only did staff tell us about not having enough time to attend to patients with the increased number of beds, but they also told us about not having adequate physical space around patients' beds to give them the care they need, particularly whilst using hoists and resuscitation equipment.
- 6.3. There seemed to be a distinct lack of activity on the ward. Patients were sat by their beds, in their pyjamas, unable to experience brief interaction with staff due to the staff being so busy. Patients did not have access to simple entertainment such as TV and Radio, unless they bought in their own, and expressed a desire to have these available to help them pass the time whilst on the ward. The ward has space and resources to provide activity for patients, but these were not utilised. Volunteers had previously been available to interact with patients, but this is no longer the case due to there being one volunteer working on the ward, who only visits once a week.
- 6.4. Although our visit did confirm that improvements have been made on Charles Coward ward since our previous visit, it is clear that there are still remains a need for further improvement.

7. Appendix 1 – our detailed findings: overall feedback

- 7.1. Patients reported that the care they received was 'okay' and felt they were being well looked after by staff. Patients did report variation in the care they received from staff, reporting some staff were 'more friendly and chatty than others'. Despite pressures faced from working on a large ward, staff explained that they were happy working on Charles Coward, that they enjoyed their work and felt well supported by a good team and supportive management. Staff told us that since our last visit, a second manager was introduced to the ward and this has played a large role in helping them feel supported.

Patients and visitors said:	Staff said:
<ul style="list-style-type: none"> ▪ <i>It's been okay so far. I'm well looked after. They gave me information on what support services are available to support me for when I'm discharged which I think is really helpful</i> ▪ <i>It's been okay, the staff have been alright so far</i> ▪ <i>Staff have been ok, they have a hard job</i> ▪ <i>I don't know how they get the energy to look after me because they are really good and helpful</i> ▪ <i>The care I've been given has been okay so far. Some of the staff are more friendly and chatty than others but it's not an issue it's more of a personality thing. They all tend to check whether you're okay or not</i> ▪ <i>Some are very nice, and some are very horrible. Some won't let me get out of bed use my frame they say they don't have enough staff. They can ignore me at times. My mark = 4/10'</i> 	<ul style="list-style-type: none"> ▪ <i>I like it. Care of the elderly speciality is challenging but very satisfying when you are able to get patients better and safely discharged. They really appreciate the care</i> ▪ <i>I enjoy as it is different every day and challenging. I learn a lot from the opportunities. If I can help facilitate the patients' needs with their way of communication, I find very satisfying</i> ▪ <i>We work well as team</i>

8. Appendix 2: Themes arising from feedback

- 8.1. Our conversations with patients, visitors and staff highlighted four main themes relating to their experience of Charles Coward Ward:
1. Bed capacity on the ward
 2. Patients getting care and treatment promptly, when needed
 3. Information provided to patients
 4. Lack of entertainment on the ward

9. Theme 1: bed capacity on the ward

- 9.1. Following our visit last July, the bed capacity on Charles Coward ward was reduced from 29 to 24 (the bed capacity for which the ward was designed). Staff told us that the reduction in beds made a significant difference to the care they were able to give to patients.

- 9.2. However, the bed capacity was only reduced for a few weeks before it was put back to 29. Patients and visitors spoke to us about the ward being very busy and staff working under pressure to ensure they are able to attend to all patients.
- 9.3. Staff told us that they were able to give better quality care when the bed capacity was reduced, in a safer environment with more space. They told us about the difficulties they had whilst looking after 29 patients in a tight physical environment, and the challenges associated with looking after that many patients. We were specifically concerned to hear staff tell us that the confined space in between beds restricted them from being able to use resuscitation equipment appropriately.

Patients and visitors said:	Staff said:
<ul style="list-style-type: none"> ▪ <i>It seems like it's quite a busy ward and it's quite small and not very spacious</i> ▪ <i>More staff needed</i> ▪ <i>If they help you depends on how busy they are</i> ▪ <i>The staff are always different</i> <i>Too many patients to staff</i> 	<ul style="list-style-type: none"> ▪ <i>The beds were increased back to 29 at the end of September 2019 from 24 and it certainly has had an impact on the activities off the ward</i> ▪ <i>Increase from 24 - 29 patients with no extra staff can be a struggle. If we had more staff, we can spend more time with patients. Ratio 1-7 over hospital</i> ▪ <i>When it was 24 it was a real good effect and saw the difference that was being made - can see staff can do activities, talking to patients - we could support and doing more just have more time for patients - they were singing on the bays - if bed bound - then using hoist - no space and bumping into another patient - try to not have two bed bound patients together - so 24 gave us more space and boosted staff morale</i> ▪ <i>They need to reduce beds back to 24. This would reduce infection as at present very crowded due to space. It is difficult to move as beds are very close to the next patient. Even when we accommodate 2 visitors by bedside it is not easy. In an emergency we cannot get equipment around patients' bed. We had cardiac arrest and the space was very small to get the resuscitation equipment around'</i>
<p>9.4. Recommendation 1 Explore options to reduce the bed capacity on Charles Coward ward back to 24 on a permanent basis.</p>	

10. Theme 2: Patients getting care and treatment promptly, when needed

- 10.1. Patients and visitors told us about instances where they were unable to get the care and treatment they needed because staff were too busy to attend to them or assist them. We were told about two incidents that occurred on the ward, which highlighted significant safeguarding concerns – one relating to a patient not being given his Parkinson’s

medication and one relating to a patient absconding from the ward. It was not clear if these incidents were a result of poor handover of information between staff members when these patients were admitted to the ward from another ward.

- 10.2. It was evident during our visit that patients who were able to ask for help were able to get what they needed, but this did not appear to be the case for patients less able to ask for help. During our time on the ward, we did not observe staff asking patients who were very frail and sleeping, if they were ok or needed anything, or offering them drinks or food for a few hours. We observed that call bells and water jugs/cups tended to be out of reach for patients. Our team observed that all patients were in their pyjamas and some family members told us that they personally walk their relative round the ward to ensure they are 'moving around'.
- 10.3. Staff told us that they feel the staff to patient ratio is too high and prevents them from having enough time to provide high quality safe care to all their patients. They told us about staff vacancies, the high use of agency staff and being short staffed on shift.

Patients and visitors said:	Staff said:
<ul style="list-style-type: none"> ▪ <i>Patient wanted to communicate, their mouth was dry and they were lying on left side with a soiled gown, with dried food and drink stains. The jug of water on the table and their beaker were empty</i> ▪ <i>Once my son came in and my husband had soiled himself and the sheets were dirty. He could not get out of bed himself. My son was angry and called and spoke to the nurse and someone came straight away and cleaned him and changed the bed.</i> ▪ <i>This is his first full day so far. We noticed that he hadn't been given his medication for 12.00 and he has Parkinson's Disease. We had to give it to him ourselves in front of the matron after we called her over for an explanation and to understand why. His medication was left on the bedside stand and not locked away. We also noticed that the drips that he was on in the other wards were also not being given. He was on two antibiotic drips and saline and they had not been set up.</i> ▪ <i>The only issue is that he escaped from the ward and was found by security outside. They think he may have followed a visitor out and security had to find him. He was found nearby the hospital.</i> ▪ <i>He is weak and needs reminding to drink and still has the drip and is not so mobile except when nurses have the time to encourage him.</i> ▪ <i>2 of the patients were fairly frail and sleepy. For the hour or so we were in that bay, no nurse approached those patients to offer any assistance, drinks etc - they were just left as they were sleeping - but others had been</i> 	<ul style="list-style-type: none"> ▪ <i>There are nearly always agency staff working on a shift, the ratio is usually about one third of the staff and sometimes two thirds. Permanent staff will be drafted in from other wards to avoid a shift being made up of just agency staff</i> ▪ <i>I have 2 bays to look after i.e. 8 patients and at times 10 patients if allocated side rooms plus help the other staff during breaks if needed</i> ▪ <i>Often short staffed. Often there is the work for 4 people but only 2 or 3 in to do this</i> ▪ <i>Time and general pressures prevent staff from being able to give patients the care and support they would like to</i>

<p><i>asking for juice and got it etc - seems as if, if you can ask for things you get attention - if you can't you just get left</i></p> <ul style="list-style-type: none"> ▪ <i>I noted that patients with Dementia or who were not able to ask for help left last for personal care and greeting generally Patients were helped and supported if they could voice their needs.</i> 	
<p>10.4. Recommendation 2 <i>Ensure that better systems are in place for patients at risk of absconding and that medicines are given on time and then safely locked away.</i></p>	
<p>10.5. Recommendation 3 <i>Ensure that adequate and safe staffing is in place.</i></p>	

11. Theme 3: Information provided to patients

- 11.1. Some patients and visitors told us that they didn't know what was happening with their care and/or when they would be discharged. Our team observed that not all information boards by patients' beds had been completed. Some patients and visitors told us about not having enough information about the running of the ward and not being told about support available to them, such as the 'Carer's Passport'.
- 11.2. We noticed that some welcome packs were visible on the ward, but it was not clear if these were being given to patients. No signs were visible about the welcome packs to inform patients/visitors that they can obtain one, and many patients and visitors we spoke to would have benefited from having this information. Staff told us that giving out the welcome packs can be a bit 'hit and miss', as this is not identified on any admission checklists or paperwork to remind staff.
- 11.3. Visitors told us that sometimes the admission questions are completed when relatives/carers are not present. They raised concerns that staff may not be receiving vital information about the patient, that could be provided by relatives/carers if the patient is unable to provide this information themselves.

Patients and visitors said:	Staff said:
<ul style="list-style-type: none"> ▪ <i>Not sure when he's being discharged</i> ▪ <i>Would be good to know what's happening</i> ▪ <i>I want to get more updates</i> ▪ <i>I want more information about how the ward runs, what to expect</i> ▪ <i>I was not aware of the carer's passport and I also did not know how to contact my father by phone. My father does not have a mobile, but relatives/ grandchildren would like to be able to chat to him.</i> ▪ <i>I want to bring my relative food, but I do not know if this is possible. Father has poor</i> 	<ul style="list-style-type: none"> ▪ <i>The welcome pack for relatives explains about visiting and the carer's passport, and should be left on the patient's bedside table but nursing staff need to make sure relatives receive the information, so it is a bit hit and miss</i> ▪ <i>No welcome packs - we have them but not always being handed out. It would not come normally as top of mind or priority. We focus on admission - not at the front of my mind and not top of priorities</i>

<i>appetite and prefers home cooking and needs encouragement to eat</i>	
11.4. Recommendation 4 <i>Put processes in place to ensure that all patients and visitors are given a welcome pack, including information about the carer's passport.</i>	
11.5. Recommendation 5 <i>Consult with carers/relatives once patients are admitted, to seek any additional information that the patient may not have been able to provide.</i>	

12. Theme 4: Lack of entertainment on the ward

- 12.1. Visitors told us that sometimes the admission questions are completed when relatives/carers are not present. They raised concerns that staff may not be receiving vital information about the patient, that could be provided by relatives/carers if the patient is unable to provide this information themselves.
- 12.2. Staff told us that the ward would benefit from having TV's and radios for patients to provide stimulation, improve their mood and improve the overall 'harmony' of the ward. They reported not knowing why there are not TV's and radios available for patients.
- 12.3. During our visit, we observed a group of patients having lunch in the day room together, but patient and staff comments indicated that this is not a regular occurrence.
- 12.4. Staff also told us that they think the ward would benefit from having some more volunteers to talk to patients and to provide assistance at mealtimes. We were informed that the ward currently has one volunteer, who visits the ward once a week.

Patients and visitors said:	Staff said:
<ul style="list-style-type: none"> ▪ <i>There's no one to talk to because all the other patients sleep or can't talk. I walk to the window and up and down in my bay and the physio helps me and does some exercises with me two days in a week but that's not enough. Having more activity may help with the experience</i> ▪ <i>He could do with a TV as used to watch at home. They had TV in the bays, since 1994 they have been removed. It used to help patients take their minds off</i> ▪ <i>He said he liked to watch TV and listen to the radio, but neither are available on the ward</i> ▪ <i>More to do during the day. Father enjoys current affairs and watching the news channels but not able to do this. Has not used the lounge as prefers own company or being with family.</i> ▪ <i>Have more activities so they are not always</i> 	<ul style="list-style-type: none"> ▪ <i>We need emotional and physical activities to stimulate the patients or to create harmonious atmosphere. This is very important. There is not much going on from this aspect</i> ▪ <i>In the bays we used to have Radios and background music and I observed patients would sing and listen and laugh which created happy atmosphere, why they took them away I do not know</i> ▪ <i>The resources in the patient's lounge are not used very much due to lack of staff time</i> ▪ <i>Used to have more volunteers talking to patients, assisting at mealtimes etc, but has recently tailed off. Felt they made a big difference and were really helpful, especially with chatting to patients as there is not much to do on the ward especially for those who have few or no visitors. Nursing staff don't have the time to do this</i>

<p><i>just sleeping</i></p> <ul style="list-style-type: none"> ▪ <i>There is not much to do during the day especially for his father as he could not get out of bed. No TV to watch or anyone to talk to apart from relatives when they visit</i> ▪ <i>Could do with TV in the bays especially the Elderly wards</i> <p><i>I always eat by my bedside but today I was taken into the day room to eat with people</i></p>	
<p>12.5. Recommendation 6 <i>Provide basic entertainment for patients on Charles Coward ward, such as TVs and Radios</i></p>	
<p>12.6. Recommendation 7 <i>Increase the number of volunteers working on Charles Coward ward, to provide interaction and entertainment for patients.</i></p>	

13. Response from the North Middlesex University Hospital Trust



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Monday 13th January 2020

Fazilla Amide
Acting Chief Executive Officer
Healthwatch Enfield
Room 11
Community House
311 Fore Street
London
N9 0PZ

Dear Fazilla

Re: Charles Coward Ward Enter and View Report

Thank you for sending us on 12th December the draft report from your visit on 18th October and please accept my apologies for the delay in responding. Please find detailed below our initial response to the recommendations from your recent visit.

It was heartening to read the improvements that you were able to see on your visit; however, we fully accept that further improvements are still required. These improvements are now incorporated into a more detailed improvement plan for the ward which is overseen by the senior nursing team for the Division, and is reported on via the divisional governance structures to the Associate Director of Quality and Governance.

Recommendation 1 – explore the options to reduce bed capacity on Charles Coward Ward back to 24 on a permanent basis

All of our care of elderly wards are planned to accommodate 29 patients, with Charles Coward being the only male ward. We acknowledge the atmosphere on the ward does feel different with one less bed per bay, however, our priority is to ensure that patients are cared for in the appropriate clinical setting, and this is very challenging to maintain with a reduced number of beds compared with the other care of the elderly wards. This is all the more difficult during winter months when the hospital is running to near full capacity.

Chair: Cedi Frederick

Chief Executive: Maria Kane OBE

Response from the North Middlesex University Hospital Trust

Each of the 29 bed spaces are set up for an individual patient, including oxygen, suction, bedside lockers and other necessary equipment, and we have undertaken an environmental audit to review the appropriateness of the clinical environment, and are currently awaiting discussion with the ward leads to review the recommendations.

We are also undertaking a focused piece of work around patients' length of stay on the ward, with support from the Matron, to challenge and work with the teams and hopefully reduce length of stay and potentially create the capacity to enable the reduction in beds to be revisited.

Recommendation 2 - Ensure that better systems are in place for patients at risk of absconding and that medicines are given on time and then safely locked away.

Any patients who are at high risk of absconding are receiving enhanced care or close supervision to ensure that their safety is maintained throughout, and "Baywatch" has been initiated recently to ensure that any patients who are requiring close supervision are cohorted into a bay to ensure they are observed at all times. The gentleman referred to in the report was in his own clothes and was able to leave the ward when someone had opened the door (as it is swipe only access).

Any requirements for medications outside of usual medication rounds are now highlighted on the patient information board next to the patient's bed and the times are re-iterated during safety huddles, further to this we have strengthened our medicines management arrangements across the Trust in partnership with the Pharmacy team and carry out ad-hoc checks to ensure that all medicines are safely locked away.

Recommendation 3 – Ensure that adequate and safe staffing is in place

The Matron in charge of the Care of the Elderly wards undertakes a daily review of all nursing staffing across the wards, and any shortfalls identified are discussed directly with the Associate Head of Nursing to ensure that adequate cover and plans are put into place. We have reviewed the requirement and are currently in the process of increasing the number of healthcare support workers on the night shift from 2 to 3.

We acknowledge that the ward is operating with a number of vacancies, and we are actively recruiting to these. We have undertaken an overseas recruitment campaign, and are anticipating the first cohort of nurses to join the Trust in the first half of this year. In August, using a nationally recognised tool to assess acuity and dependency of patients, we completed a Trust wide review of staffing requirements in all in-patient wards. In line with the guidance from NHS Improvement, we are repeating this process and following collation of the results we will review our current staffing establishment figures.

Recommendation 4 - Put processes in place to ensure that all patients and visitors are given a welcome pack, including information about the 'Carer's Passport' scheme

In the middle of 2019 we re-launched our welcome pack which we provide for patients. We are currently reviewing the information we provide to ensure it fully meets the needs of our patients and visitors, and is being used appropriately. Discussions are also taking place about the development of a ward information standard (including details of the welcome pack and Carer's Passport) with a plan to pilot the standard in Charles Coward Ward by March 2020.

Recommendation 5 - Consult with carers/relatives once patients are admitted, to seek any additional information that the patient may not have been able to provide:

Following a crowd fixing event since December 2019, we have extended visiting hours on Charles Coward Ward, and all in-patient wards, to 8am to 8pm. This enables carers, relatives and friends to visit patients throughout the day, and to also participate in the ward rounds and engage in conversations with clinicians.

Response from the North Middlesex University Hospital Trust

We will be undertaking further engagement with carers / relatives in January 2020 to co-design the most meaningful way for the consultation to take place.

Recommendation 6 - Provide basic entertainment for patients on Charles Coward ward, such as access to TVs and Radio

Funding has been secured through the Trust's "Dragons Den" initiative, for dementia-friendly activities which are due to be rolled out by April 2020. Unfortunately, it has not been possible to date to provide bedside TVs in the wards in the Pymmes building due to the lack of cabling access, however we will continue to review this.

By May 2020 we will have a detailed activities plan in place which will be co-designed with patients, their relatives and carers.

Recommendation 7 - Increase the number of volunteers working on Charles Coward ward, to provide interaction and entertainment for patients

We are currently developing placement descriptions for activities coordinators and ward befrienders, an initiative we plan to begin recruiting to in February of this year. These will be volunteer roles, staffed by people from the local community who will support our patients during their stay at Charles Coward ward. The coordinators and befrienders will act as a friendly face for our patients to chat to, they will help patients to participate in activities and will support collection of the Friends and Family Test feedback, to name a few of their responsibilities.

Thank you again for your continued support, and I look forward to working with you and Healthwatch colleagues as we drive forward the improvements required for our patients across North Mid together.

Best wishes,



Maria Kane OBE
Chief Executive

14. What is Healthwatch Enfield?

Healthwatch Enfield is here to:

- Make it easier for you to find and use the health and care services you need. We do this by providing up-to-date information via telephone, on our website, through attendance at events, presentations, pop-ups and via our newly launched Guides
- Make it easier for you to raise your concerns about health and care services you receive. We do this by: providing information on complaints processes and through using your feedback to raise your concerns at decision-making and strategic fora which influence the quality of service provision
- Make it easier for you to get the best quality health and care services. By listening to your experiences, we make it our job to secure improvements that matter to local people

Further information about Healthwatch Enfield can be found on our website:

www.healthwatchenfield.co.uk

15. What is Enter and View?

Healthwatch Enfield has the authority to carry out **Enter and View** visits in health and social care premises to observe the nature and quality of services. This is set out in Section 225 of the Local Government and Public Involvement in Health Act 2007. All our Enter and View reports can be viewed on our website: www.healthwatchenfield.co.uk/our-work/enter-and-view/

This report can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

Healthwatch Enfield

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Healthwatch Enfield is registered as a Community Interest Company no. 08484607 under the name of COGS - Combining Opinions to Generate Solutions CIC.