

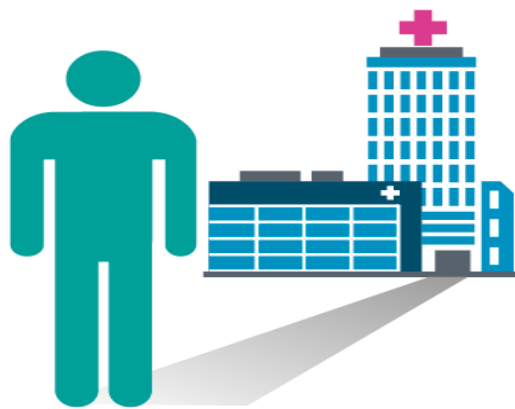
# healthwatch

County Durham

## Bishop Auckland Hospital - Ward 6

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Capturing the views of patients about the care they have received



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# **Bishop Auckland Hospital Ward 6 Report**

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## Healthwatch County Durham

Healthwatch County Durham is the county's consumer champion for health and social care, representing the voices of current and future users to decision makers.



### **We listen**

We listen to patients of health services and users of social care services, along with their family members or carers, to find out what they think of the services they receive.



### **We advise**

We advise people how to get the best health and social care for themselves and their family. We provide help and information about all aspects of health and social care provided in County Durham.



### **We speak up**

We make sure that consumers views are heard by those who provide health and social care. Wherever possible we try to work in partnership with providers to influence how they make improvements.

## Executive Summary

In early October 2018 Healthwatch County Durham (HWCD) was approached by Local MP for Bishop Auckland, Ms Helen Goodman and by 22 members of the public, regarding concerns they had regarding Ward 6 at Bishop Auckland Hospital (BAH). They told HWCD they believed the ward was going to be closed and that in the future County Durham and Darlington NHS Foundation Trust (the Trust) wanted to treat more people at home via the district nursing teams rather than in the existing hospital ward environment.

Ward 6 at BAH is a nurse led step down ward consisting of 24 beds for patients across the county. It supports:

- patients who do not require any further medical intervention or therapy, but some on-going nursing care
- patients waiting for more assessments about their continual healthcare
- patients waiting for specialist equipment

Consultation had taken place with staff on Ward 6, however Healthwatch was concerned that there did not appear to be plans to engage with patients or stakeholders.

After the escalation of the concerns raised by the public there was an exchange of letters between Healthwatch and the Trust, public meetings and representation by the Trust at Overview and Scrutiny Committee (OSC). This resulted in Healthwatch meeting with the Trust and CCGs to offer advice about meaningful engagement. As a result the CCGs and the Trust submitted a work plan request to Healthwatch to undertake some independent patient engagement and produce a report of their findings, regarding experiences of Ward 6.

In March 2019 it was agreed that Healthwatch would work with patients and the public during May/June 2019 to determine what was important to them about the care they had received and if there were other support mechanisms that might have helped them with their recuperation.

## Observations

Letters were sent out to 560 former and current patients of Ward 6 from the last 2 years, giving them the opportunity to complete a questionnaire and listening events were also held at BAH.

In total 180 questionnaires were completed and Healthwatch spoke to 18 patients and public on ward 6 at BAH and to three members of the public in the hospital café.

The majority of patients told us they had received good care and support on the ward which was valued and had helped their recovery. Many had received therapies which had helped in their recuperation and where no therapy had been given, a significant number of patients felt other therapies might have helped them in their recovery.

Speaking to both patients, families and staff on the ward it was apparent that this model of care was an important component in the patient's journey of recovery. Having patients transferred to this ward enabled staff to "assess their needs" to ensure that the plans in place were appropriate for patients when they left hospital, giving time for any adjustments to be made.

In some cases it took a considerable amount of time to get a patient ready for discharge and there may be an opportunity for the Trust to undertake some specific work to understand why this is happening and if there are opportunities to reduce the time spent on this ward.

Staff work holistically with patients, families, therapists, housing providers and social care to make discharge from hospital safe for patients. Staff have skills and knowledge to be able to liaise with many different agencies to be able to facilitate a safe discharge.

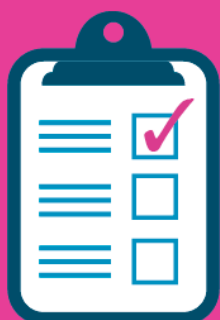
**22 members  
of the public  
raised  
concerns**



**201 people  
shared their  
views**



**Letters were  
sent to 560  
former and  
current  
patients of  
Ward 6**



**80% of patients told  
us their needs were  
fully met on the  
ward with 20%  
saying their needs  
were sometimes  
met**

**2 ward visits  
and 1 public  
drop in were  
arranged**



## Recommendations

Based on what patients told us we have the following recommendations for the Trust to consider

- We recommend the step-down model of care is retained as it enables nursing staff to ensure the assessments of patient needs are appropriate and allows for any adjustments to be made before discharge ensuring patients are safe when they return home or to other residential settings
- That as part of the recuperation process the Trust takes the opportunity to offer all appropriate therapeutic support to patients both as inpatients and within the community

- To continue delivering holistic support - to coordinate support from a number of sources including families, charities and health and social care agencies
- The Trust should look at the extended length of time some patients are staying on the ward to see if there are steps they could take to reduce this, where appropriate
- Using the comments made by patients completing the survey to help shape future services

## Background to this work

In early October 2018 Healthwatch County Durham (HWCD) was approached by 22 members of the public and the Local MP for Bishop Auckland, Ms Helen Goodman, in relation to concerns they had regarding Ward 6 at Bishop Auckland Hospital (BAH). They told Healthwatch they believed the ward was going to be closed and that in the future the County Durham and Darlington NHS Foundation Trust (the Trust) wanted to treat more people at home via the district nursing teams rather than in the existing hospital ward environment.

Consultation with staff on Ward 6 had commenced on 1<sup>st</sup> October 2018 to explore the proposals and was due to finish on 31<sup>st</sup> October 2018. The feedback was to be collated and used to inform the decision making processes. Healthwatch was concerned that there did not appear to be plans to engage with patients or stakeholders.

Ward 6 at BAH is a nurse led step-down ward consisting of 24 beds for patients across the county. It supports patients:

- who do not require any further medical intervention or therapy, but some on-going nursing care or
- patients waiting for more assessments about their continual healthcare or
- patients waiting for specialist equipment

In response to the concerns raised, HWCD wrote to Sue Jacques, Chief Executive Officer of the Trust on 11<sup>th</sup> October 2018, asking for the following information

- the timeline for appropriate consultation with the public and patients for any proposed revision in services
- confirmation of the completion and evaluation of an impact assessment
- details of the Trust's communication and engagement strategy

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Healthwatch also attended a public meeting about the proposals on 18<sup>th</sup> October 2018, it was confirmed at the meeting that due to the concerns raised any proposals for Ward 6 had been paused whilst the Trust considered their position.

In her letter of 29<sup>th</sup> October, to Healthwatch, Sue Jacques, outlined the rationale behind the proposals, stating the number of patients needing to access the care model on Ward 6 had been reducing because the teams were doing some really good work to implement national best practice, which includes shorter stays in hospital and patients being cared for closer to home. The new Community Service Contract commenced on 1<sup>st</sup> October 2019 and there was an expectation that some resources would transfer to the new service, including ensuring the Trust appropriately funded local provision. There was also confirmation the impact assessment would be reviewed once the consultation was complete.

The future of the ward was discussed at length by the Overview and Scrutiny Committee (OSC) at Durham County Council, which HWCD attends, on the 15<sup>th</sup> November. Ms Carole Langrick Deputy CEO of the Trust presented a paper (*see appendix 1*) to OSC outlining the Trust's actions to date in relation to Ward 6. She first of all offered an apology regarding the way in which the information had been received by OSC and how the staff consultation had been conducted. She spoke at length around the Trust's commitment to Bishop Auckland Hospital and to providing 'safe quality care'. There was considerable discussion raised by Elected Members - some very impassioned about the long-term future of Bishop Auckland Hospital but specifically around the care provided to patients by this ward and the staff. She shared that a number of staff had sought employment elsewhere as a consequence of the consultation. It was agreed that the consultation would be extended and that the ward would remain open. She also agreed to public engagement and where appropriate consultation and that the Trust would make further presentations to the OSC in the New Year. Following the November meeting, HWCD offered to meet with CDDFT to offer advice on meaningful engagement with patients. This offer was accepted and meetings took place in December 2018 and January 2019, with the CCGs in attendance.

At the OSC in January 2019, Sue Jacques presented and reported on progress since November 2018. She confirmed that Healthwatch had been approached by the CCGs and Trust and the workplan request was being considered by Board the following week. She stated that engagement would be based on feedback from staff, members of the public, patients and carers. It would include clinical guidance and opinion.

There were a number of questions raised by the committee as they wanted to be assured that the process would be robust. Sue Jacques agreed the Business Case would be brought back to the OSC later in the year. She confirmed the Trust does



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have the option to keep Ward 6 open and the OSC can count on a thorough and comprehensive engagement process.

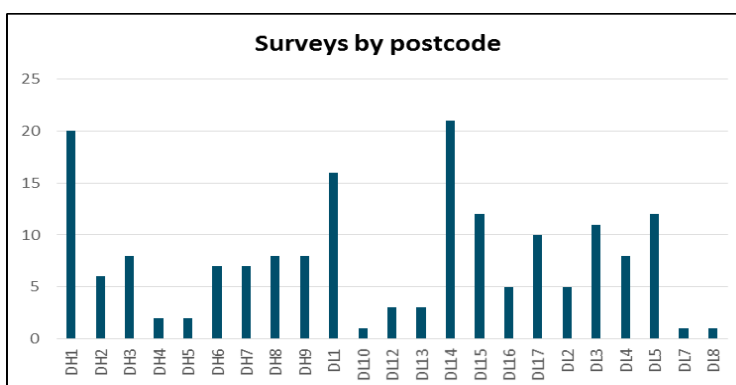
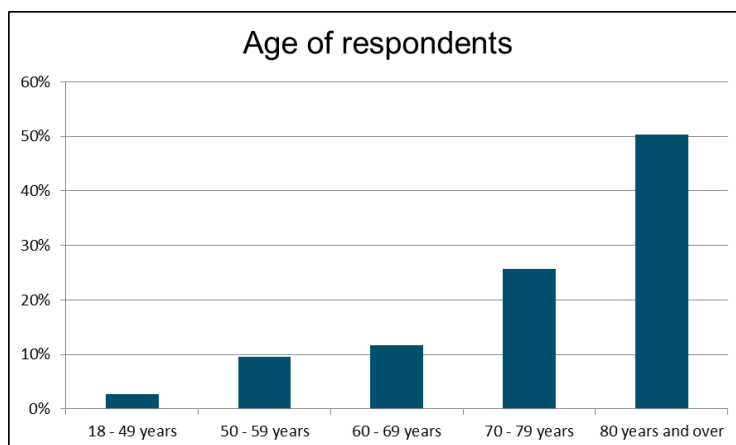
As a result of the ongoing communication by letter and meetings between Healthwatch, the Trust and CCGs over the period from November 2018-March 2019 and also taking into account the views of the public, the local MP and OSC, the CCGs and Trust did submit a workplan request to the Healthwatch board. This outlined the request for independent patient engagement to be undertaken regarding the review of Ward 6.

In March 2019 it was agreed that Healthwatch would work with patients during May/June 2019 to determine what was important to them about the care they had received and if there were other support mechanisms that might have helped them with their recuperation. Healthwatch would produce a report outlining patient views which would be presented to the Board, Trust and stakeholders in July 2019 and this would be used to help shape options for the future model of care which would deliver the best patient experience and outcomes.

## What we did and what we found

Healthwatch worked with the CCGs and Trust to produce a questionnaire (see appendix 2) and 560 patients who were cared for by ward 6 between April 2017 and February 2019 were sent a letter from the Trust inviting them to complete a survey about their care. Healthwatch also publicised the questionnaire on the website and in the e-bulletin. In total 180 responses were received, 53 from male patients and 127 from female patients. Two listening events were arranged on the ward at BAH and also in the café on the ground floor of the hospital. We spoke to a total of 18 patients and 3 members of the public at these events.

The two graphs below show the age range of the patients completing the survey and the geographical spread of responses. A large proportion of patients did not live in the Bishop Auckland area.

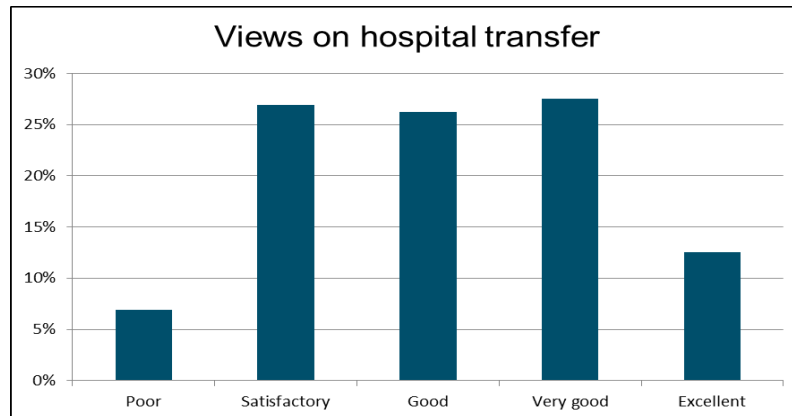


Based on the survey responses and the individual conversations we had at BAH, we have the following observations about what is important to patients about their recovery and where they are cared for.

Patients on Ward 6 generally are transferred there from different hospitals or wards. In our survey 168 patients provided information about their transfer:

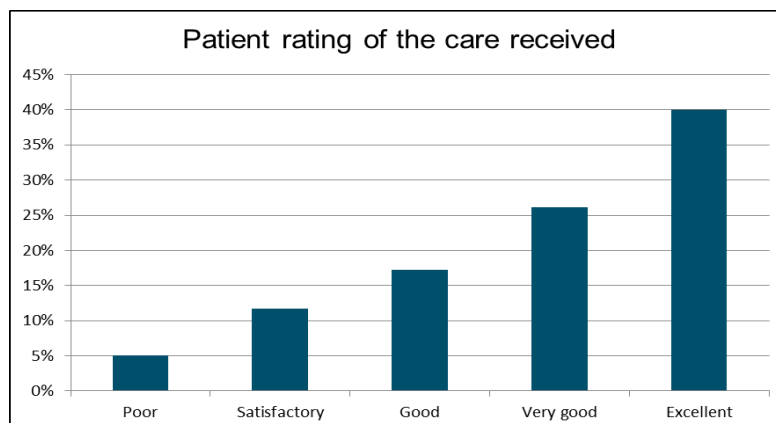
- 49% (82) of patients transferred from University Hospital North Durham
- 45% (75) of patients transferred from Darlington Memorial Hospital
- 6% (11) of patients transferred from another ward at Bishop Auckland Hospital

The graph below shows the experience of patients when they transferred from one hospital to another. The majority of patients found this process good to excellent.



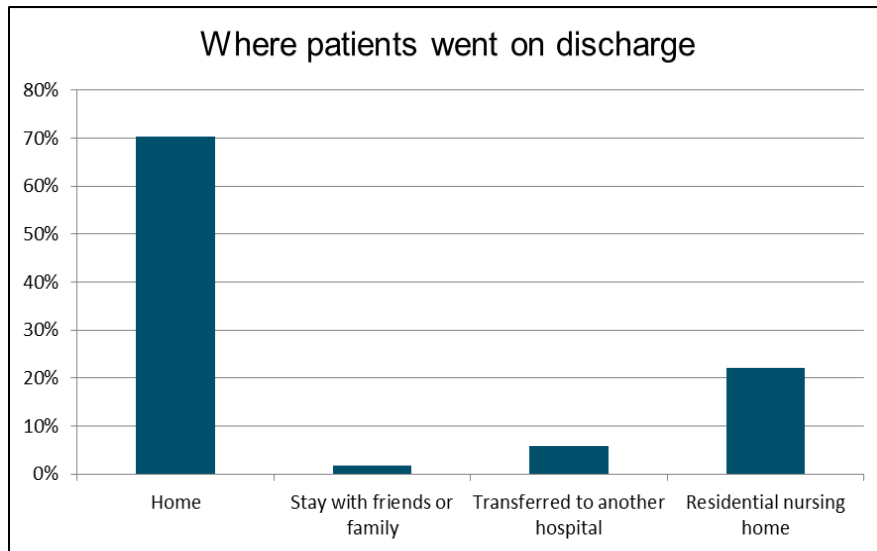
The time patients spend on the ward varies, 27% stayed on the ward up to 1 week, 28% stayed up to 2 weeks and 45% stayed over 2 weeks. The majority of patients (57%) did not receive any therapy services whilst on the ward. Of those that did receive therapy, this rated from 5% poor to 13% excellent. Of those receiving therapy 71% thought that the therapy they received ranged from good to excellent. We asked the patients in our survey if they did not receive therapy, do they think it would have helped them and 34% of those patients said it would.

We asked patients to rate the care they had received and the graph below shows their responses. It was reassuring to see that 83% of patients thought their care had been good to excellent, with only 5% of patients telling us their care had been poor. The majority of patients (80%) told us their needs were fully met while they were on the ward with 20% of patients telling us their needs were met sometimes.

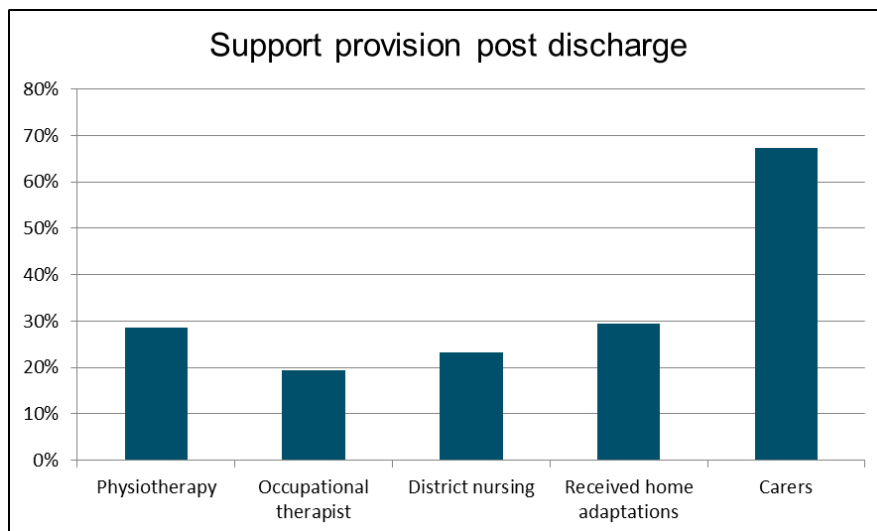


*“All members of staff were excellent, so kind and caring”*

The majority of patients wanted to be involved in the planning for their discharge and the graph below shows where patients went when they were discharged from hospital, with the majority returning home



We asked patients about the support they had or expected to receive to help them settle in at home and 129 people provided information about this, the graph below indicates the range of support received.



***“I felt rushed into making a decision on where I would live as I was not able to return home with a broken arm”***

The majority of patients, 72%, told us they received the care and support they expected when they left hospital, with 19% feeling the support was delivered to some extent and 9% who felt the support was not provided.

We also gave the opportunity for patients completing the survey to tell us anything else about their experiences of the ward that they wanted to share and the table at appendix 3 contains their individual comments.

It's interesting to note how many patients value the care and support they have received on the ward, although not everyone who completed the survey felt they had a positive experience on the ward. We will recommend that the Trust takes time to reflect on the comments made, to determine if there is an opportunity to improve services and patient experience.

We have made a number of recommendations based on what we were told both in the surveys and our listening events and these can be found below.

## Recommendations

Based on what patients told us we have the following recommendations for the Trust to consider

- We recommend the step-down model of care is retained as it enables nursing staff to ensure the assessments of patient needs are appropriate and allows for any adjustments to be made before discharge ensuring patients are safe when they return home or to other residential settings
- That as part of the recuperation process the Trust takes the opportunity to offer all appropriate therapeutic support to patients both as inpatients and within the community
- To continue delivering holistic support - to coordinate support from a number of sources including families, charities and health and social care agencies
- The Trust should look at the extended length of time some patients are staying on the ward to see if there are steps they could take to reduce this, where appropriate
- Using the comments made by patients completing the survey to help shape future services

Healthwatch believes there are important lessons to be learnt from the way in which the Trust initiated its' engagement process and we continue to be committed to work with the CCGs and Trust to ensure that patients and the public in County Durham (and Darlington) are given every opportunity to share their valuable views and experience.

# Thank You

We would like to thank everyone who took the time to complete our survey and talk to us at Bishop Auckland Hospital

## Appendices

1. Copy of the report from the Trust to OSC
2. Copy of survey
3. Table of comments made in the survey

## Appendix 1: NHS briefing paper



County Durham  
and Darlington  
NHS Foundation Trust

**Briefing Paper to Durham County Council Adults Health and Wellbeing  
Overview and Scrutiny Committee  
15th November 2018  
on the  
Ongoing quality improvement work on Ward 6 at Bishop Auckland Hospital  
(BAH)**

### **Introduction**

The objectives of this paper are to inform members and provide the committee with:

- An outline of the Trust's overarching commitment to delivering safe, quality care for patients across County Durham and Darlington,
- details of the service provision at Bishop Auckland Hospital (BAH),
- a description of the services being delivered on ward 6 within the context of nationally recognised best practice,
- information which evidences the changes in demand and utilisation of Ward 6,
- details of the dialogue taking place with staff about the different model of care for the cohort of patients using Ward 6.
- Assurance that we will bring any future proposals back to partners and stakeholders for discussion.

### **Background**

Bishop Auckland Hospital has a vibrant future. It provides a range of planned services which the Trust continues to invest in and develop. These include:

- a new state-of-the-art MRI scanner at the hospital - cutting edge technology delivering the highest quality images for clinicians to diagnose a range of conditions including cancers and an improved experience for our patients
- diagnostic care including a CT scanner and x-ray department – and 8,000 endoscopies were carried out there in 2017/18
- It is the Trust's centre for bowel screening for the whole of County Durham and Darlington

- It is a centre of excellence for orthopaedic surgery – 5,000 operations took place in 2017/18 and there are plans to increase this activity over the winter period
- Over 100,000 outpatient appointments took place at the hospital during the last financial year as well as 10,000 day cases
- There are 5 inpatient wards at BAH providing inpatient care:
  - wards 3 & 4 provide stroke rehabilitation
  - Ward 6
  - Ward 16 providing dedicated orthopaedic, general, and neuro-rehabilitation care
  - Ward 18 orthopaedic surgery

## **Ward 6**

Ward 6 at Bishop Auckland Hospital provides nurse-led step down care from 24 beds which is supported by Advanced Nurse Practitioners. There is no rehabilitation support provided on the ward. The ward currently accepts patients who are:

- orthopaedic non-weight bearing patients, irrespective of post code
- Medically fit and stable or patients that require step-down nursing support, patients that are unable to be discharged home
- patients requiring complex discharge planning and who are then inpatients awaiting a Decision Support Tool
- patients deemed to be homeless who don't require health care

The Trust's Strategy 'Our Patients Matter' sets out our purpose to provide safe, compassionate and joined-up care to the local populations we serve with the aim of achieving our vision – to get care right, first time, every time for all of our patients.

Therefore, we have been looking at the services we are providing for these groups of patients who are transferred to ward 6 to ensure that it is the 'right care' being proved in the 'right place' by the 'right person' and that it is the best possible care that it could be. The evidence that we have drawn upon and considered includes national recommendations and best practice. This evidence shows:

- Longer stays in hospital can lead to worse health outcomes and can increase long-term care needs. Research has identified that 10 days in a hospital bed leads to 10 years' worth of lost muscle mass in people over the age of 80 and reconditioning takes twice as long as this deconditioning (Gerontol.J, 2008).
- One week in bed equates to 10% loss of strength and in an older person that 10% can make the difference between dependence and independence.



- 
- The deconditioning caused by days in bed for patients over 80 means that some people go into hospital never to see their own home again. (Gerontol.J, 2008).
  - When patients are medically optimised – they should be supported to return to their own home / place of residence (National Service Framework for NHS continuing health care and NHS funded nursing care)
  - People should be supported to return to their home for assessment of longer-term care and support needs (NICE guideline, Transition between inpatient hospital settings and community or care home settings for adults with social care needs 2015.)
  - Implementing a 'discharge to assess' or 'home first' model is more than good practice, it is the right thing to do (NHS England Quick Guide To Discharge to Assess / Publications Gateway Reference 05871 2015)
  - 'Home First' results in fewer people going into residential care (NHS England Quick Guide To Discharge to Assess / Publications Gateway Reference 05871 2015)
  - The 'Home first' model aims to stop patients being stranded on hospital ward (NHS England Quick Guide To Discharge to Assess / Publications Gateway Reference 05871 2015)
  - The use of The Homelessness Reduction Act, 2017- Duty to Refer Guidance 2018 supports identifying service users when they are threatened with homelessness, and what the procedures are for referring someone to a local authority to support a more streamlined approach. (Duty to Refer Guidance /Gov.uk/Publications 2018)

In striving to deliver the safest, quality care for our patients, the Trust over the past year has acted upon this national evidence and best practice. We identified that on Ward 6 whilst the nursing care was highly regarded and of a good standard, the model of service was not compliant with the above national evidence. We therefore began to undertake some quality improvements as follows:

- A whole system strategic review of the use and function of community hospitals was carried out in 2017 led by Lesley Jeavons, Director of Integrated Community Services. This review confirmed the current discharge practice of using all community hospitals as an interim, additional step to promote a speedier discharge from the acute settings instead of utilising the 'Home First' philosophy. Subsequently joint working commenced at an operational level to manage admissions and discharges to community hospitals more effectively which allowed for community hospital capacity including BAH to be used more flexibly (Update report submitted to OSC September 2018)

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- In 2017, we identified that ward 6 had a length of stay longer than 35 days. The ward staff, Lead Nurse for Discharge and Matrons commenced Plan Do Study Act (PDSA) cycles to promote a reduction in the average length of stay.
  - Changing the culture and practice around discharges. By implementing SAFER ([NHS Improvement](#), published 2017) a practical tool to help reduce delays for patients in adult inpatient wards. When followed it reduces length of stay and improves patient flow and safety. The SAFER bundle blends five elements of best practice:
    - S – Senior review
    - A – All patients
    - F – Flow
    - E – Early discharge
    - R – Review
  - In 2017, the local health system implemented ‘Discharge to Assess’ by utilising the multi-agency and multi-disciplinary Trusted Assessors in TAPs. This facilitates joint decision making in the patient’s best interest; to avoid delays in returning to their home or normal place of residence rather than being transferred to Ward 6 inappropriately.

The quality improvement work outlined above, further enhanced by the evolving work of the Teams Around Patients through the community contract, has resulted in an increase in the number of patients receiving appropriate care. This can be seen in the qualitative changes to care as detailed below

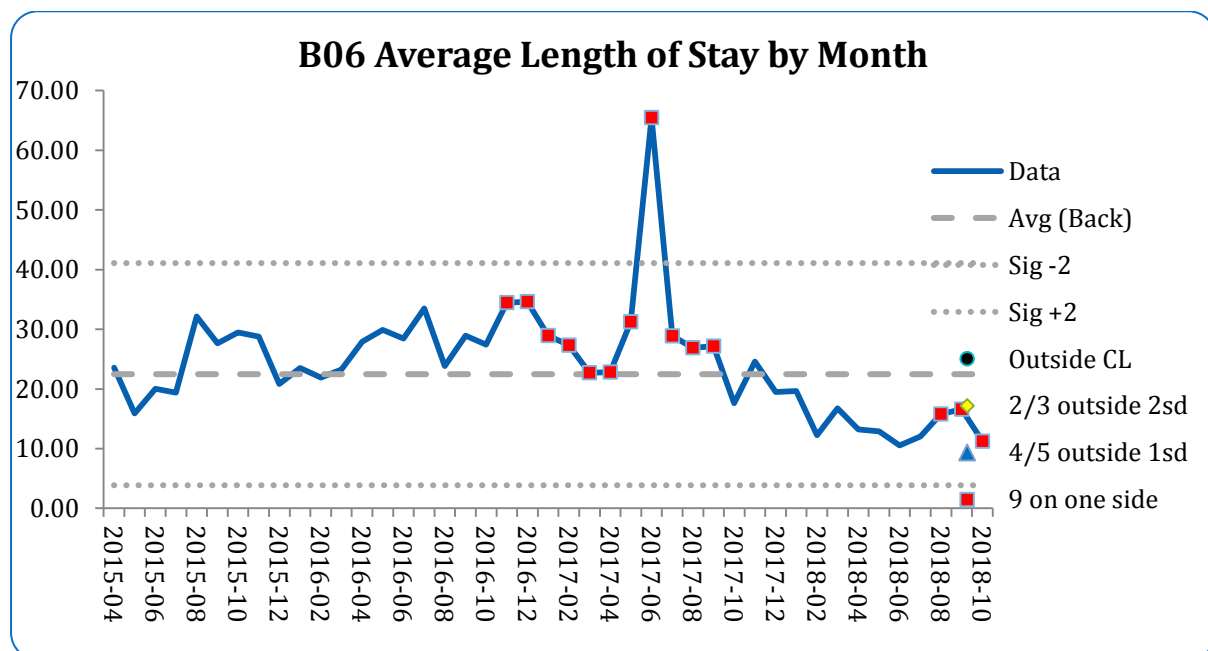
- An increase of Non weight bearing patients being supported at home with temporary home modifications and the utilisation of therapy support which is now coordinated through the Teams Around Patients (TAPs). The patient’s rehabilitation is expedited in their own home. If the patient does require inpatient care then they are supported at a facility close to their home.
- Implementing the SAFER bundle has enabled earlier discharge planning which has reduced the number of medically fit and stable patients being transferred to ward 6. Now they are supported by the local authorities and partner agencies to return to their home by implementing enhanced care packages, where required.
- Using the Discharge to Assess methodology and Home First philosophy more inpatients waiting for a DST are supported with involvement of Trusted Assessors to return home while these discussions take place.

- The Duty to Refer Guidance is helping to ensure that services are working together effectively to prevent homelessness by ensuring that peoples' housing needs are considered when they come into contact with public authorities.

These qualitative changes to care have resulted in demonstrable changes in;

- **Average Length of Stay** The average length of stay on Ward 6 has reduced from:
  - 28.41 days in 16/17 to
  - 25.26 days in 17/18 and to
  - 13.10 days in 18/19 (to end October).

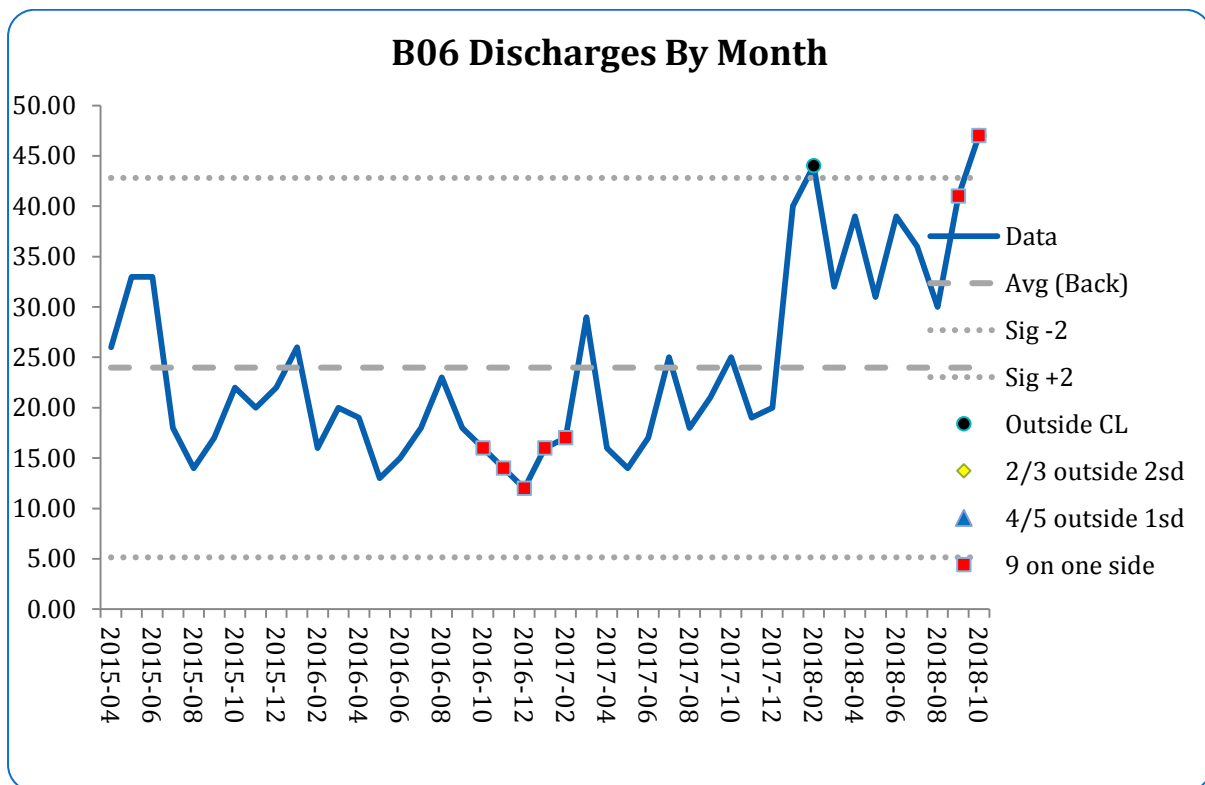
This is a 54% reduction in 2 years.



Outlier month above (Jun 2017) caused by one patient ending a ward stay on ward 6 of 250+ days

- **Discharges** The discharges from Ward 6 have increased from;
  - 210 discharges in 16/17 to
  - 291 discharges in 17/18 to

- 263 discharges in 18/19 to end October only with a forecast 451 at year end from the year to date figures



This quality improvement work, which has led to a fall in demand on ward 6, meant that when the Trust identified an infection risk at University Hospital of North Durham (UHND), ward 6 could be used to support a deep clean exercise. A deep clean programme was established across all of the in-patient wards at UHND. This resulted in ward 6 at BAH becoming a sub-acute medical ward between 29<sup>th</sup> May and 5<sup>th</sup> October 2018 to accommodate elderly care, medical admissions from UHND.

Ward 5 at UHND was then used as the de-cant ward enabling all UHND wards to be deep cleaned. This required additional medical consultant and therapy cover for ward 6 at BAH on a temporary basis. The deep clean programme was completed on 5<sup>th</sup> October 2018.

The ability to be able to use ward 6 in such a way led the Trust to start considering different models of care and therefore, different use of the facilities at Bishop Auckland Hospital.

This prompted the beginning of engagement work with staff on ward 6. We wanted to engage and involve clinical and non-clinical colleagues in a dialogue to gain ideas and

suggestions about what different models of care might look like and how facilities might be used differently.

We undertook this dialogue as a staff consultation so that it was supported by an HR process and as part of this process we prepared a briefing to outline what is also described in this paper. We acknowledge that this process was not managed as well as it could have been and that some of the language used in the briefing to set the context for the staff dialogue caused concern. We have taken this into consideration and have learnt from it.

At the time of writing this report, the staff consultation process has yet to conclude and the dialogue continues. We are collating all of the ideas and suggestions about how to make best use of the excellent facilities Bishop Auckland Hospital has to offer. Once we have reviewed all of this information we intend to bring it together into a proposal for moving forward, which we will discuss with stakeholders and partners.

### **Recommendation**

Overview and Scrutiny Members are asked to:

- i. receive the report
- ii. note the data, actions taken and progress to date;
- iii. Consider and comment on the actions taken to date in order to meet patient needs and improve patient outcomes, the care closer to home agenda and Home First philosophy.

## Appendix 2: HWCD survey

### Bishop Auckland Hospital Ward 6 Survey

We want to hear about your most recent experience of being a patient on Ward 6 at Bishop Auckland Hospital. Please can you complete this survey by 31 May 2019.

1. Which hospital were you originally admitted to before moving to Ward 6 at Bishop Auckland Hospital?

- University Hospital North Durham
- Darlington Memorial Hospital
- Another ward at Bishop Auckland Hospital
- Other, please specify .....

2. How long have you been/were you on Ward 6 during your most recent stay?

- up to 1 week
- up to 2 weeks
- more than 2 weeks

3. Did you receive therapy in hospital?

- no
- yes

What type of therapy was it?.....

4. How would you rate your therapy?

- poor
- satisfactory
- good
- very good
- excellent

5. If no, do you think it would have helped you?

- yes
- no

6. How would you rate the care that you have received?

- poor
- satisfactory
- good
- very good
- excellent

7. Did you feel/or did you want to be involved in decisions about your discharge from hospital?

- yes definitely     yes to some extent     no
- I did not want to be involved     not applicable at this stage

8. Where did you go or where will you go after leaving hospital?

- home     stay with friends or family
- transferred to another hospital     residential nursing home
- somewhere else, please specify.....

9. What support would be/will be provided when you leave/left hospital to help you settle in at home?

- Physiotherapy     Occupational therapist
- District nursing     Received home adaptations     Carers
- Other support, please specify.....

10. Was the care and support you expected available when you needed it?

- yes     no     to some extent
- I did/do not expect any further care or support after I am discharged

11. Overall, were your needs met on Ward 6?

- yes always     yes, sometimes
- no, please explain why.....

12. If you transferred from one hospital to another, how did you find this?

- poor     satisfactory     good     very good     excellent

It would help us to understand your answers better if we knew a little bit about you. These questions are completely optional, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

13. Are you?

- male     female

14. What is your age?

- 18 - 49 years       50 - 59 years       60 - 69 years  
 70 - 79 years       80 years and over

15. What is the first part of your postcode? ie DH1

16. Any other comments about your experiences that you would like to share?

**Thank you for taking the time to complete this survey.**



## Appendix 3: comments and feedback

One nurse been particularly nice - brought me eggs to eat when menu no good for me (I have coeliac disease so this was important). Menu repeats after 2 weeks so monotonous for me (been in 8 weeks +)
Vegetarian, so have had mushroom soup and veg sandwiches. Need handrails on my bed when I go home, which I don't have. Bedroom needs to be downstairs if I move.
Electric wheelchair at home as I have bottom of legs removed. Fiancé is at home. I can normally drive as I can use my false legs.
Sometimes too much food (amount). Lost my slippers. Woman keeps talking about her mam (disturbs my sleep) so struggling to rest.
This was a very noisy ward at night which meant I did not get sufficient sleep
I was better able to look after myself after a week on ward 6. After breaking first hip a year earlier I came home earlier as was not able to go for rehab due to my dementia. I felt that by going to ward 6 for a week rather than a care home I was given the same opportunity to walk again as the people who don't have dementia (and in an environment where I was encouraged to walk again with the safety of hospital back up).
Thought I had died and gone to heaven when I arrived on ward 6. It was a wrench to leave
I was taken to ward 6 for rehabilitation after fallen and broke my hip. The care was excellent from all staff. Nothing was a bother. I would not be afraid if I ever had to go back.
Excellent ward - so glad it stayed open
BAH - started on ward 18 then got moved to ward 6. Staff were excellent but no physiotherapy which was a let-down. Tried to do my own - physiotherapist did not want to know. When I got the restriction released it took 3-5 days for physio to reassess me. They think they are above everybody. The staff in ward 6 were outstanding.
I went to Weardale because there was no beds on ward 6. After a place became open I came to ward 6 and was very happy for my family because it was near to them for visits.
Could not be more pleased with the help and support I received. The staff were brilliant. Thank you all for all your help.
If this ward had not been available, my dad would have probably ended up in long term care. His stay gave him back some independence and allowed him to recover following a bad fall and surgery. The staff encouraged him to be involved in his own care and helped him to socialise again. If he had gone into long term care he would not have recovered to the level he is now with his continued independence with family support in his own home.
The staff at Bishop Auckland were great and enabled a quick move to a suitable care home.
The staff were excellent. We would have been lost without ward 6. Keep up the good work.

I was greatly supported from the hospital social worker, Lesley Walton, in my request to be allowed a place in West Lodge Care Home. I am a widow (93) and knew that I could no longer live on my own as I was very frightened to be alone at night. I will always be grateful to Lesley and love living at West Lodge.

Very professional, caring and compassionate. They did everything they could to help me.

I had very good care at ward 6. The staff were very kind and caring. I couldn't have asked for better care.

Care and caring received was very good. Always helpful with family when asked questions.

Looked after really well on ward 6. Amazing staff.

I completed this form on behalf of my father as his health prevented him from doing so. We would like to have been given more notice of his discharge from ward 6. We were given 48hrs to find a residential home. My father had previously lived independently at home, so this was a huge move for him and a difficult time for me as his next of kin. While we have always been very supportive of health care staff, we were very disappointed with the social worker who became involved at the hospital. An earlier case conference to discuss my father's needs would have eased this process.

Staff on ward 6 were very caring and friendly, and always on hand to help.

I was in ward 6 for 6 weeks and the care and attention I received was excellent. Everyone was professional, caring and friendly. Although no one wants a spell in hospital, I cannot think of a better ward I would like to be in. It cannot close.

We were very happy with the care my mam was given.

Wife filled in form. Husband can't remember.

My wife was only there for a short stay. Staff were very helpful and friendly both to her and me. Great hospital, very clean and tidy. Would definitely give it a five star rating. (Shame it's bad to get to from Annfield Plain)

Very good food. Excellent staff.

Thankfully ward 6 was still open. I've been going as a patient for years and never a wrong word or anything bad to say about the staff from the nurses to the auxiliaries - even the cleaners are polite and have time for you. It means a lot when you are ill. Very good ward. Thank you for your service ward 6.

On my stay at ward 6 staff were fantastic, couldn't do enough for me and were always asking me if I needed anything. I was there for around 8 weeks and if staff had time they were always there to have a chat with me and help me to do my jigsaws. They did all my personal care with the utmost dignity and respect.

It is just over a year since my wife was admitted to ward 6.

We were given to understand that the purpose of the transfer to Bishop Auckland was for rehabilitation. In practice she was admitted to what could only be described as a dementia unit - God's waiting room!

Whilst on ward 6 her health deteriorated and she was sent to Durham A&E with a serious infection presumably picked up on the ward.

My stay in hospital was excellent. The staff were really good and really looked after me. Kindest regards to all.
Ward 6 is a ward that gives support and preparation for returning home. They did a fabulous job.
Hope I've given you right information as this all happened last year.
I was in Bishop ward 6 for 3 weeks and 4 days, and can honestly say I was treated excellent. The staff were so nice. (...) Daughter visited every day - for most days 8 hours - and found everyone so kind, friendly and professional. I have spoken to many people about the way this ward was run and all praise.
Nursing staff gave 150% - they are wonderful. Could not get better care if I paid thousands of pounds for it.
Some staff were very good towards/with me, however some not.
Whilst the nurses were perfectly pleasant in their day to day duties the senior nurses/therapists were dismissive of our requests for physiotherapy. No attempt was made at upper body conditioning and as a result my mother is ill prepared for life in a wheelchair and her independence has been compromised. When the lack of action to address this was raised directly to them the nurses responses were rude and not at all patient-centred. We were bitterly disappointed with their attitude and absolutely no plans for physiotherapy in the future have been forthcoming.
I can't praise the staff from ward 6 Bishop Auckland Hospital enough. They were all kind, caring and very professional. Should I ever need to stay in hospital again, I hope I will be fortunate to stay in a ward such as ward 6.
My stay in ward 6 was peaceful. Care and attention from all nurses at all times. Doctor Paul and his staff looked after me with care. Many thanks to all.
The care I received in hospital was satisfactory but the fact I received no physiotherapy and was discharged with a broken hip and arm was very unsatisfactory. I felt rushed into making a decision on where I would live as I was not able to return home with a broken arm.
Some staff were very caring, others could not care at all. We had to complain to the ward sister several times about rough and poor treatment, e.g. the nurse that took away my painkiller med because I had to wipe my nose before swallowing it, and said that she would write in my notes that I had refused it.
The care I received on ward 6 over the 10 weeks that I was there was second to none, most of the staff couldn't do enough for you.
This survey was filled in by myself (husband) as my wife has dementia.
Ward 6 were unable to help me further so I was discharged to a care home as I needed 24hr care
Nursing staff ward 6 were very kind and helpful and pleasant.
Compared to the old days, 1960's, the NHS care and information is marvellous. So much information given, too much sometimes with photos! All the nurses are so friendly and caring. It's almost like a private hospital. Thank you very much. The consultant cannot

be faulted, explains fully the whole procedure, actually talks to you instead of about you.
The care I received from all the staff on ward 6 at BGH was excellent. The physio team got me walking again. The only let down was not given my discharge papers on leaving - had to ring back and chase this. Also great help from doctors to fill in my insurance claim for two lost holidays due to falling ill. overall I would thoroughly recommend a stay on ward 6. Thank you.
As a consequence of seven weeks without physio my recovery was affected. I signed myself out as I was expected to stay in bed for a further four weeks and my husband took over the hospital appointments at Darlington Memorial and general care. My body weight went down from 8 stones to 6 stones during the period in ward 6!!
All members of staff were excellent, so kind and caring.
I found the staff and care on ward 6 BAH on the whole good, but there is always room for improvement.
Insufficient time spent on physiotherapy when moved from ward 6 to ward 16 (2 weeks only)
No problems at all. Nurses were excellent
Came for rehab and feels that there was no other ward to put him on. Would have been better in a MH hospital but needed rehab. Tried to take own life and cut his wrist resulting in a number of operations to save his hand. Rehab needed to strengthen his fingers.
Everybody does their best can't always expect to be top of the list
Cannot praise staff enough Food ok. Nothing but praise. Lack of GP's coming round
Well looked after meals are good. Nurses will help when needed
Cannot find enough blankets and the pillows are thin. Great care from nurses that makes it better for family. Nurses are very approachable
Want to go to bed at 9. Nurses are wonderful. Need to discuss where I'm going after hospital talk to my daughter. Neighbours and friends but they are old.
Ward 6 is a very friendly environment. Staff always very caring.
I was cared for very well during my stay, the staff were excellent.
Staff were friendly and caring
Very poor help/advice from social worker.
I'm old, they don't have time for you.
Staff are so lovely and dedicated.
It was very good staying there.
Just like to say, Darlington and Bishop Auckland, could not fault these two hospitals.
Very satisfied with care received on ward 6 at Bishop Auckland. Superb staff.
All round experience excellent.

Always felt safe.
Thank you for excellent care.
Without the care I received from the staff on ward 6 and 16, I would not have been able to walk from a broken ankle
Ward 6 - can't thank them enough for the care and attention given to me on my stay there. Thank you very much.
Lots I can't write (I have severe Parkinson's)
I am fine and still going strong.
When being transferred from Durham Hospital to Bishop, paramedic (after I asked her if brakes were on the chair) said yes. But they were not. Chair tipped and sent me flying on to floor. With having plaster on I could not get up, she just stood there and left my grandson to pick me up. That is why I arrived at 12 o'clock at the other hospital.
Yes I had my hearing aid in, just as I was turning over, a nurse came to my bed at the same time my hearing aid dropped on floor, exact timing. She stood on it leading to terrible stress. Daughter wanted me to sign some forms to help me but she had to shout as I could not hear - terribly embarrassing.
Staff at Darlington Hospital were very good, but the transfer day, mam was ready early morning and did not arrive to Bishop Auckland until late evening. The service mam received at Bishop Auckland Ward 6 was first class. We would have struggled if we had not received this service. Bishop Auckland ward 6 is needed.
The staff were all good.
The staff in ward 6 provided my husband with excellent care. He was admitted to ward 6 on leaving Darlington, recovering from a UTI. If ward 6 were to close it would be detrimental to the patients who cannot go straight home after they have been ill.
If ward 6 wasn't available I don't know what I or my family would have done. I was well enough but not fit enough to go home on my own. I felt this ward helped and supported me to get on my feet quickly.
All treatment very satisfactory.
I found my stay at Bishop most helpful at the time, the staff were extremely helpful in every way and anything I needed was provided by the nursing staff, I found their help to be there when needed and was very grateful for all the help they provided me with. (5 star care)
I was transferred to Bishop Auckland from the D'ton Memorial Hospital after my operation because it was felt that I would get better physiotherapy. After being put on Ward 6, I found it to be very disturbing and noisy because of the 2 ladies with dementia; I was moved to a 4-bedded room where 3 of the ladies had dementia, none of them spoke and they were bedridden. The physiotherapist couldn't think what would be appropriate or any help to me so for the following 6 days there was no change. I was told that I couldn't be discharged because there was no care plan in place. My sister finally sorted it by saying I was ok in my warden-controlled flat. It was a very stressful and upsetting (time?) that I would not wish to repeat.

I would say that the treatment I received whilst in Ward 6 was second to none , the staff were all kind to me and I was treated with respect , my medication was always on time , especially the I.V. antibiotic I had 3 times a day .
Meals: choices poor, not enough variety, diabetic menu poor, and not always clearly indicated on menu
I wouldn't like to go into Bishop again. I hope carers are checked when they take up a position on one of the wards.
I have nothing but praise for the medical nursing staff at both wards 6 and 16 in Bishop Auckland Hospital. Despite working long hours they were always hardworking, cheerful, respectful and sensitive to patients' needs. In my long life this was the first time ever I have had to stay in hospital. It was a new experience but I was never worried or confused by what was done to me. I am so grateful to all of them.
No, it is all on this what you want me to fill in.
I found the care in ward 6 was excellent and the need for this ward should be looked into. I think it is disgraceful that they are talking about closing it.
Satisfactory.
Sat in chair 5 hours, meds not given, controlled drugs not transferred. Never want to go to Bishop Hospital again - very distressing. Spent Christmas in hospital in Darlington because needs weren't met on Ward 6
The communication between both hospitals was poor. I had an injury that was overlooked. Falls on Ward 6.
Mobility was hindered due to knee brace and weight bearing ability in first 4 weeks
Whilst I stayed on ward 6 there was a nurse who was quite awful to me. When I transferred from Darlington Hospital I had a lot of medication to which I was accused of overdosing, even though meds are locked away. I went shopping for bedding as I was being discharged in a couple of days. I was cold and tired. The same nurse said I was slurring my words so she got a pen torch and shone it in my eyes and accused me of taking something whilst I was out. This is untrue. On discharge I found out that the same nurse destroyed some of my prescribed meds, which I had to order more, there was no discharge letter or cardex so district nurses couldn't give my injections.
The four times I have been in hospital over the last two years has been an entertaining and pleasant experience - that is after one recovers from the initial surgery. Most of the staff are incredible - but there's always one who upsets the illusion. One of the best things, apart from the super staff, is the puddings for lunch/dinner (or dinner/tea) as the staff refer to the meals. Thank you so much.
Staff were lovely, very kind and helpful. It is a very busy ward but despite that they were always there, with a smile, to help. I was a long stay patient, non-weight-bearing for up to 8 weeks. The care and attention I got was just fantastic. Thanks to all the staff on ward 6, I am now at home leading an independent life.
I was in Ward 6 after heart attack so there was (no) treatment and I was happy there. Previously had two bad falls and went to D'ton Hosp and then Richardson at Barnard Castle and had therapy, but my sister was placed in Ward 6 after a bad fall and she was very well taken care of by everyone - but she died later. I am very sorry to think you

might change Ward 6 and I do not want you to close it. I am nearly unable to cope so sometime if I had to anywhere I would choose Ward 6.

I was perfectly happy with the care I got while on ward 6

The treatment I received during my stay was excellent

I have completed this on behalf of my sister in law as she is unable to do this herself following a stroke. The discharge experience was appalling. Discharge was discussed by hospital with family and social worker, and care home visited to make assessment; at this point no firm date was set. On 16/01/2019 we were out when hospital phoned to say that discharge was to be that day. We were only out for two hours but by the time we got the message, patient had been discharged and was on her way to care home. We immediately went to the care home who were unaware that she was on her way, they were unprepared for her. No paperwork or care plan was in place. The social worker was also unaware of the situation. The patient arrived by patient transport shortly after us. Her wheelchair and zimmer frame were not sent with her. Family contacted Ward 6 and these were later sent by taxi. The whole experience was a nightmare, more to the family than the patient herself as family & care staff protected her as much as possible as she was and still is very vulnerable following a stroke at the end of October 2018. Follow up support has also been poor and has taken several weeks of phone calls by family to put it in place. Despite us being told by hospital this had been done.

The carer came for six weeks to wash me and she is a great person. Now my husband is my full time carer. The meeting of nurses and carers took place when I was there to close ward 6 someone took that meeting, and those who worked there were crying and really upset. So after that day when patients went home no one else came into the ward. I feel really sorry for who didn't know what was going to happen to them. I hope God has blessed them - then, now, and always.

No complaints at all. Nurses were lovely.