



Service Name and Address	Acute Medical Unit (AMU) - Ward 29		
	Royal Shrewsbury Hospital (RSH)		
Service Provider	Shrewsbury and Telford Hospital NHS Trust (SaTH)		
Date and Time	Monday 11 th July 2016, 2pm		
Visit Team (Enter & View			
Authorised Representatives	2 Healthwatch Shropshire Authorised		
from Healthwatch	Representatives		
Shropshire)			

Purpose of the Visit

To find out if patients feel comfortable and are kept well-informed about their care and treatment on this very busy ward.

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 experience of all service users and staff, only an account of what was observed and contributed at the time.



Context of Visit

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided. These visits are called Enter and View and always have a Purpose. Enter & View visits are done by a team of specially trained volunteers called Authorised Representatives (ARs). These volunteers are not experts in healthcare and report only on what they see and hear during the visit.

Enter and View visits can be announced, semi-announced or unannounced. The visit to Ward 29/AMU was unannounced.

What we were looking at

During the visit it was planned that one Authorised Representative (AR)would speak to as many patients/visitors as possible and to ask them to complete a short questionnaire. The questionnaire was designed to record patients' views about the care and support they were receiving on the ward. They were asked whether they felt:

- comfortable
- able to relax
- confident in staff ability
- supported
- listened to and understood
- · communicated with well

At the same time, the second member of the Healthwatch team planned to observe the quality of the interactions between medical and nursing staff with patients and their visitors, as well as general activities in the ward.



What we did

When we arrived on the AMU the ward sister told us which patients we should not disturb because of their medical condition. We could not speak to all patients because some of them were in a confused state, some were receiving treatment, some had just arrived on the ward and some were about to be moved to another part of the hospital.

One AR completed questionnaires and spoke to:

- 7 patients
- 1 visitor

The other AR observed what was happening in the bays and corridor from different parts of the ward. The observation lasted about 30 minutes.

What we found out

Ward 29 receives most of the acute medical patients who arrive at the hospital and need an assessment. These patients come either from the Emergency Department or are referred by GPs. It is expected that patients will stay on the ward for a maximum of 24 hours before they are either transferred to other wards for longer term treatment, or they are assessed as well enough to return home.

Patients and their relatives were happy to respond to the questionnaire.

The results of the brief questionnaire are summarised below:

During your stay, have you felt?	Not at	Not	Quite	Very	Don't
	all	very			know
Comfortable			2	6	
Able to relax			2	5	1
Confident in staff ability			2	6	
Supported				8	
Listened to and understood			2	6	
That staff communicated with you well			2	6	

Despite it being a very busy ward, most patients said they were 'very' comfortable (75%) and 'very' able to relax (63%). All the patients who responded to the questionnaire said they felt 'very' supported (100%).



Everyone who completed the questionnaire said that communication by staff was at least quite good, with 75% rating it as very good. Communication with patients and their families about their condition and treatment is particularly important when most patients are on the ward for only a few hours.

While completing the questionnaire, one patient complained of a dry mouth to the AR. The AR told a Health Care Assistant (HCA) who immediately went to the patient and gave them a drink.

Observation Summary

Observation ratings

One of the two ARs spent the time observing the activities in the bays and corridor of the ward.

The AR rated each observation as

- Positive, showing a high level of compassionate care; or
- Passive, showing good care but little empathy or positive engagement with the patients or their visitors; or
- Poor, showing a lack of care and compassion.

The AR also observed the staff's attention to the ward environment, covering issues such as ward cleanliness and tidiness, noise levels, and the steps taken to maintain high standards.

Observation findings

During the 30 minute period of observation, two patients were transferred out of the ward on their beds. Within five minutes staff cleaned and prepared the bed spaces and three new patients arrived on the ward. All of these patients were welcomed on the ward by a senior member of staff and attended to by the nursing team within a very short time.



1) General Care

A total of seven separate observations were made. All were rated positive.

- Patient-centredness: Five observations were made of staff being actively focussed on the wellbeing of a patient.
- Supporting the small extras a patient may need: Two observations were made of staff going out of their way to ensure a patient's comfort.

Some examples of compassionate care:

- A confused patient called out to a student nurse as they were helping to wheel a patient in a bed out of the bay. The student nurse said 'I'll be back in a minute' and did return, to talk very kindly to the distressed patient.
- A HCA noticed that a patient looked uncomfortable. The patient asked for the bed controls so they could make their own adjustments. The HCA made sure the patient understood the controls and was more comfortable before leaving the bedside.

2) Patient/Visitor Engagement

A total of nine separate observations were made. All were positive.

- Demonstrating dignity and respect: All observations made showed that staff treated patients with respect.
- *Communication*: Three instances were observed where staff introduced themselves and explained what they were about to do.
- Anticipating care needs: Two instances were observed of staff recognising what a patient needed and supplying it promptly.
- Participation in care: One particular instance of this was observed.



Some examples of positive engagement:

- A doctor approached a bedside and introduced themselves to the patient.
 They explained what they were about to do, and why. A HCA working in a
 different part of the bay noticed and came to the other side of the bed to
 support the patient. At the end of the procedure the doctor thanked both
 the patient and the HCA.
- A nurse attended a patient to change the intravenous infusion. They
 explained what they were doing and told the patient what was going to
 happen next.
- Ambulance staff brought a new patient to the ward. They connected the
 oxygen to the ward supply and made sure the patient was comfortable
 before taking the portable cylinder away with them. A HCA came to greet
 the new patient within one minute.

3) Attention to Patients' Safety

The AR observed that all staff washed their hands after touching a patient or bedclothes.

Some examples of staff working to support patient safety:

- An intravenous infusion alarm was sounding. A HCA completed proper handwashing before attending to it.
- All medical and auxiliary staff complied with the bare-below-the-elbow protocol.
- During the observation period two patients were transferred out of the ward on their beds. HCAs immediately cleaned the bed spaces for new patients.

Additional Findings

We observed a busy ward that was well-organised with a calm atmosphere. There were several senior nursing staff on duty



Summary of Findings

- All patients reported that they felt staff communicated with them well, and that they were listened to and understood.
- All observations showed staff treating patients with respect and maintaining patients' dignity when carrying out care tasks.
- Anxious and / or confused patients were treated with patience and consideration.
- Ward staff and others took time to speak with patients, listening carefully and responding clearly.
- We observed staff following patient safety and infection prevention protocols e.g. bare-below-the-elbow.

Recommendations

We have no recommendations. All of those who were interviewed spoke highly of the service they had received.

Service Provider Response

Healthwatch Shropshire have received the following response to the Enter & View report from the Ward Manager:

Thank you for taking the time to come to AMU. I have read your report and am very pleased with your observations. Such positive feedback is always very reassuring to all of the staff who work so hard on the unit. Naturally it goes without saying that we are also extremely happy that our patients feel comfortable and happy in our care.

The Associate Director of Quality and Patient Experience at SaTH has said:

Thank you for the Ward 29 AMU Enter and View report. I am pleased to note that the HWS representatives were able to observe the AMU team delivering kind, compassionate and responsive care to their patients. I will ensure that the ward team have the chance to read the positive comments in the report.



Acknowledgements

Healthwatch Shropshire would like to thank the service provider, service users, visitors and staff for their contribution to this Enter & View.

Who are Healthwatch Shropshire?

Healthwatch Shropshire is the voice for people in Shropshire about the health and social care services delivered in their area. We are an independent body providing a way for people to share their experiences to help people get the best out of their health and social care services. As one of a network of Local Healthwatch across England we are supported by the national body Healthwatch England, and our data is fed to the Care Quality Commission (CQC).

What is Enter & View?

Healthwatch Shropshire gather information on peoples experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being delivered: these visits are called 'Enter & View', they are not inspections.

Teams of specially trained volunteers carry out 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 Healthwatch authorised representatives to observe service delivery and talk to services users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Get in Touch!

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