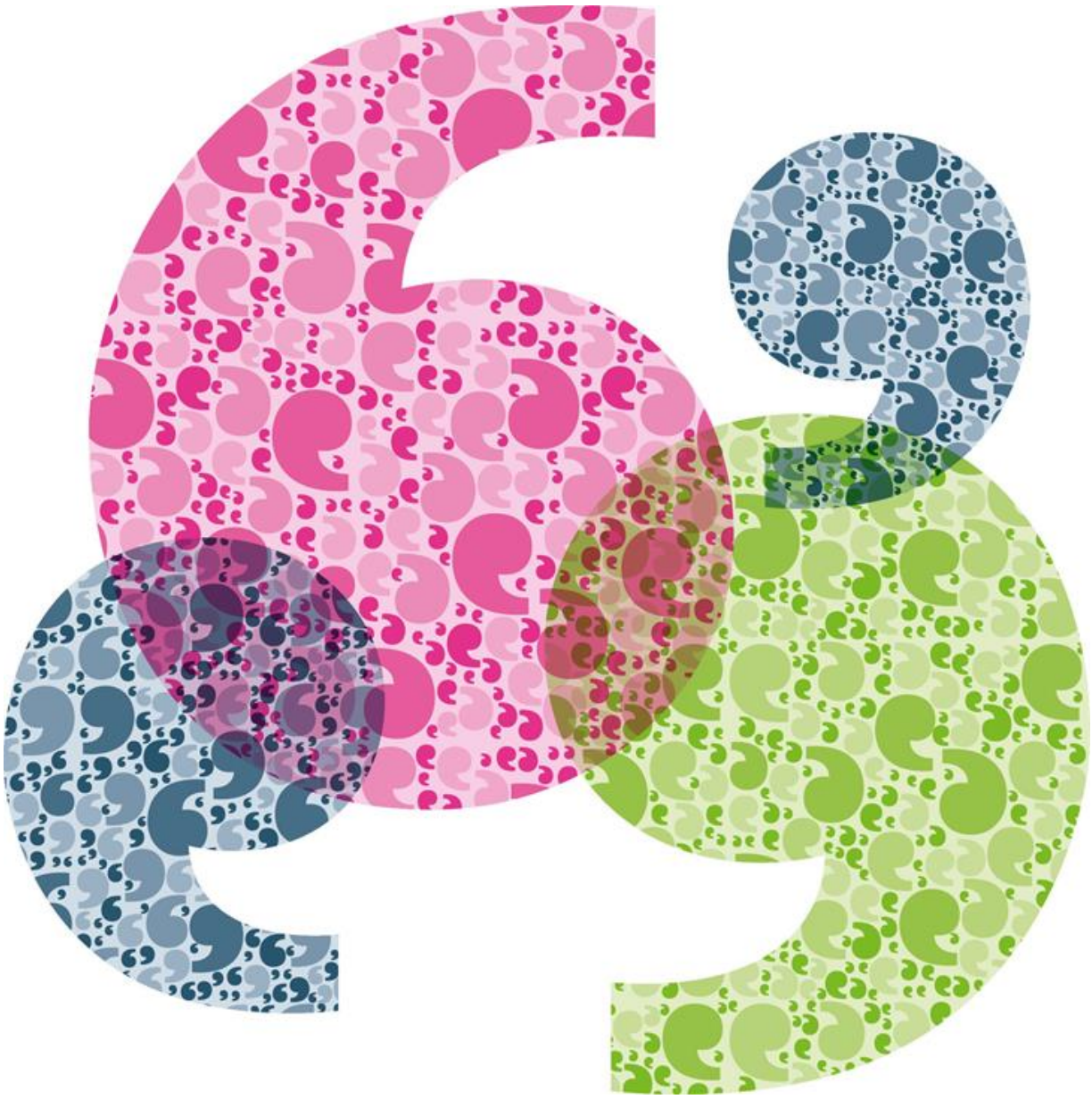
healthwatch Shropshire



Enter and View Visit Report

Royal Shrewsbury Hospital

Ward 22 – Trauma & Orthopaedics

Visit date: 25th October 2017

Publication date: 21st December 2017

Contents

About Healthwatch Shropshire

Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

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 being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. For 'semi-announced' visits the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to Healthwatch in the **Health and Social Care Act 2012.**

Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.

Details of the Visit

Service	Royal Shrewsbury Hospital – Ward 22 Trauma & Orthopaedics
Provider	The Shrewsbury & Telford Hospital NHS Trust (SaTH)
Date / time of visit	Wednesday 25th October 2017, 12.30pm
Visit team	Three Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of the Visit

To find out if patients are treated with dignity and respect, have privacy and that staff respond appropriately to meet care needs, including preparation for discharge.

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.

The Context of the Visit

Healthwatch Shropshire has been conducting Enter & View visits to wards at The Royal Shrewsbury Hospital (RSH) and The Princess Royal Hospital in Telford since 2014. During this time we have visited the majority of wards at RSH and it was agreed by the Enter & View Committee that we should aim to visit all of the wards by 2018.

The ward manager and matron on Ward 22O were told the date we would visit.

What we were looking at

The visit team:

- Spoke to patients about their experiences on the ward, how safe they felt and whether they felt supported
- Spoke to staff about their experiences of working and supporting patients on the ward, including preparing patients for discharge
- Spoke to visitors and relatives of patients and asked their views and opinions of the service
- Looked at the ward and how it is arranged
- Looked at how staff interacted with patients and whether they treated them with dignity and respect

What we did

Three Healthwatch Shropshire Authorised Representatives (ARs) visited Ward 22O Orthopaedics at Royal Shrewsbury Hospital on a Wednesday lunchtime and afternoon.

Two ARs met the ward manager who gave us an overview of the ward. They explained the layout of the ward and briefly showed all 3 ARs around. We then spoke to:

- 13 patients
- 2 relatives/visitors
- 4 staff members

One AR observed the interactions of the staff with patients and their visitors and noted the condition of the ward environment.

What we found out

The ward

There is a long corridor that runs the length of the ward. There are 24 beds in 5 bays, and 5 side rooms. The bays were designed for 4 beds but bays 2-5 now have 5 beds. Bay 1 is slightly smaller. The ward space is cramped and cluttered and some patients commented on how difficult it is, with their impaired mobility, to move easily around the ward. This feeling of 'clutter' extends to the corridor where there is little space to move.

Each bay is closed off from the corridor by a door which can be slightly widened to allow beds to be wheeled in and out. We observed a pair of porters struggling to move a bed into bay 2. On one side of the door within each bay is a bathroom. There is also an observation window in the wall separating each bay from the corridor. In most of the bays the extra bed means there is no gap between the bed space and the window. Thus, when the privacy curtain of the bed nearest to the window is drawn, nothing can be seen through the window.

The bathroom projects into the bay and hides some of the beds when looking through the door, making it more difficult for staff to make observations of the patients without entering the bay. The ward manager told us that there are restrictions due to the layout of the bays and that the ward operates a bay safe procedure where a nurse is stationed within a bay. The ward manager explained that staff are encouraged to do their paperwork while on the bay. A small table and seats are provided for this in each bay. We observed several occasions when a member of the nursing staff updated their paperwork seated at one of these tables. We did not see patients engaging with the nurses while they were occupied with their paperwork. We noted that there was not always a nurse in every bay during our visit.

A member of staff told us that the Orthopaedic ward used to be in Ward 28, where there was plenty of room for orthopaedic equipment and space for patients to move around freely. Ward 22 was previously used for infectious diseases when the enclosed nature of the bays on the ward was more appropriate.

Ward 22 is a crowded space with a lot going on. When we arrived for our visit the last few lunches were being handed out to patients. During our visit we saw several patients being wheeled in their beds onto and out of the ward, sometimes with difficulty.

A tea trolley was in the ward for much of our visit. There were a lot of people including nursing staff, moving around the ward, even before visitors began to arrive. We saw one patient out of their bay, practising to walk with crutches. The cramped conditions in the bays made it difficult for someone with limited mobility.

Despite all that was going on the noise level was tolerable, and there was an atmosphere of purposefulness and order.

Having toilet facilities in each bay adds to the convenience and privacy of patients. However the toilets have no external ventilation and the ARs noted unpleasant smells at times until the extractor fans cleared the air. In general, the ward was free of odours.

The temperature in most bays was appropriate though on one bay a patient complained of being too hot. This patient was wearing shorts and tee shirt and had opened the window by their bed to cool down. The AR observed that this created a draught which the AR felt made the room too cool. We were told that this bay is situated over the boiler room.

A member of staff told us that it was difficult to keep the temperature suitable for everyone. We were told that there is air conditioning, but some older patients did not like it to be used as they preferred warmer temperatures.

Staff told us that they do try to arrange patients into bays according to their needs. For example, patients with dementia are placed closer to the nurses' station and those who are medically more stable are placed further away. However it is difficult to reach the ideal arrangement keeping men and women separate at all times.

There are large windows in each bay opposite the doors giving plenty of natural light. The bays look out over hospital utilities, and there is nothing green in view, but one patient commented, "I can see the sky. It has been lovely today."

A TV is on the wall in each bay. It is difficult to view from all beds, and the volume was low. A member of staff told us that there are no remote controls, making it difficult to use the TVs. We were told by staff that there are no

radios or headphones but patients are told they can bring in their own radio and/or TV set. We were told that it was relatively quick to get a PAT test completed. We did not see anyone using their own equipment.

There is no area for patients away from their bays, nor is there a room where they could hold private conversations. The ward is on the ground floor and there is a League of Friends café nearby. A member of staff told us that more mobile patients are encouraged to visit the café if it is safe and appropriate for them to do so. Some patients are only allowed to go if they are accompanied by relatives or friends. Staff told us that one patient had been on the ward since June or July and had not been able to leave the ward in that time.

There is a lobby area at the entrance to the ward and a staff member told us that patients waiting for discharge sit there. Screens are used for privacy if necessary. The lobby does not have arm chairs and people are constantly passing through. It would not be comfortable to sit there for any length of time.

The ward environment is functional. Notice boards throughout the ward give information to patients and visitors and remind staff of important principles. Examples of notices included:

- Information for patients and carers about the Butterfly Scheme
- A Duty Staff notice stating the ideal and actual staffing levels
- A board showing the teams (Physiotherapy, Occupational Therapy etc.) which work on the ward
- A poster describing how the colour of staff uniforms identifies their roles
- Feedback leaflets for patients and visitors to fill in
- A poster reminding staff of the importance of clear speech
- A leaflet showing how hearing aids can be cleaned and adjusted
- Information about the Mental Capacity Act

The patients

We saw staff engaging with patients and there was a friendly atmosphere. We were told that there was no restriction on visiting times.

The ward manager told us that about 90% of patients are on the ward following a fall. Many patients are over the age of 65 with more complicated medical issues. This results in referrals to other services. The ward can discharge patients to community hospitals, or to receive care at home. There is a new

'SaTH to home care package' which means the hospital can put temporary home care in place to bridge the gap until longer term care providers are in place. This has yet to be used by the ward.

The ward manager told us that the number of patients falling on the ward is relatively low and that there is a 'falls prevention programme' on the ward. If a patient falls, they get a 'falls bundle package'. Staff review a 'falls checklist'. There is a falls link nurse and a safeguarding nurse who can be referred to as required.

The ward manager told us that a risk assessment is carried out on every patient.

The 'Butterfly Scheme' is used to identify dementia patients. The ward encourages carers to fill in a 'This is me' form and creates a 'Carers Passport' as required. This means that carers can help with patients on the ward, for example at meal times. Some choose to take a break from their responsibilities while their relative is in hospital.

The ward manager told us that patients were encouraged to get dressed although this could be difficult for some patients. A member of staff has responsibility for encouraging patients to get dressed. Another member of staff told us that younger patients often choose to wear shorts, particularly if they have leg casts.

We observed that most patients were wearing hospital gowns whether in bed or sitting in a chair. A staff member told us that this might have been because they had been admitted from a residential home or from their own home without any belongings. They also told us that hospital gowns are often used at first after surgery to avoid staining personal clothing.

Three patients in one bay told us they had no sleep due to the noise caused by another patient. On a different bay, two residents said they had no problems sleeping. The ward manager told us that staff move patients who are having difficulty sleeping to a side room if there is one available or, very occasionally, give medication. We asked if the ward had sleep packs, and were told they did but found that not many patients liked these. We asked four patients if they knew what 'Comfort packs' (including eye masks and ear plugs) were and they said they did not. One patient asked the AR if they could have one.

Information for patients

There is a leaflet stand area in the ward and the ward manager told us that patients are given discharge advice leaflets early on in their stay. The ward clerk hands discharge leaflets to patients and the nurse asks if the patient has gone through this.

We asked the ward manager if staff went through written information with patients and we were told that the cast plastering staff discussed written information with patients.

We asked the ward manager if there was any information about the ward available for the patient and were told there was not. There used to be bedside books, but these became out of date quickly. We asked if there was a board showing the staff on the ward but were told no and they were unsure where this would go, due to the ward layout. The ward did operate a 'my name is' policy which requires staff to introduce themselves to patients and there was always a staff handover at the patient's bed to let them know who is responsible for their care. We asked three patients if they knew who was responsible for their care on the day of our visit and none of them were aware of who was looking after them for the shift. Only one of these patients remembered a handover taking place but did not know the staff member's name.

We asked two staff if car parking concession information was given to relatives/visitors/patients. We were told this was not given out unless a person specifically asked for it. The staff were unsure of the policy and thought it was for long term patients.

We asked the ward manager if they knew of the NHS Accessible Information Standard. They were not aware of this.

Comments and complaints

We saw a patients'/visitors' feedback and suggestion box located at reception in the ward.

We asked the ward manager how patients could make complaints and we were told patients could speak to the nurse who was looking after them.

Staffing levels and training

There was a board which displayed the staffing levels required on the ward, and the staff actually on duty. When we visited the two numbers were the same. The ward manager told us that they do not often use agency staff, but sometimes they send some of their permanent staff to other wards to cover. Currently there are vacancies for 1.7 staff members.

The ward manager told us that four nurses and four health care assistants (HCAs) and a sister were on duty during the day, three nurses and three HCAs during the night. A staff member also told us that during the day there are four teams, each with a nurse and HCA. Two of the teams cover a bay and a half each.

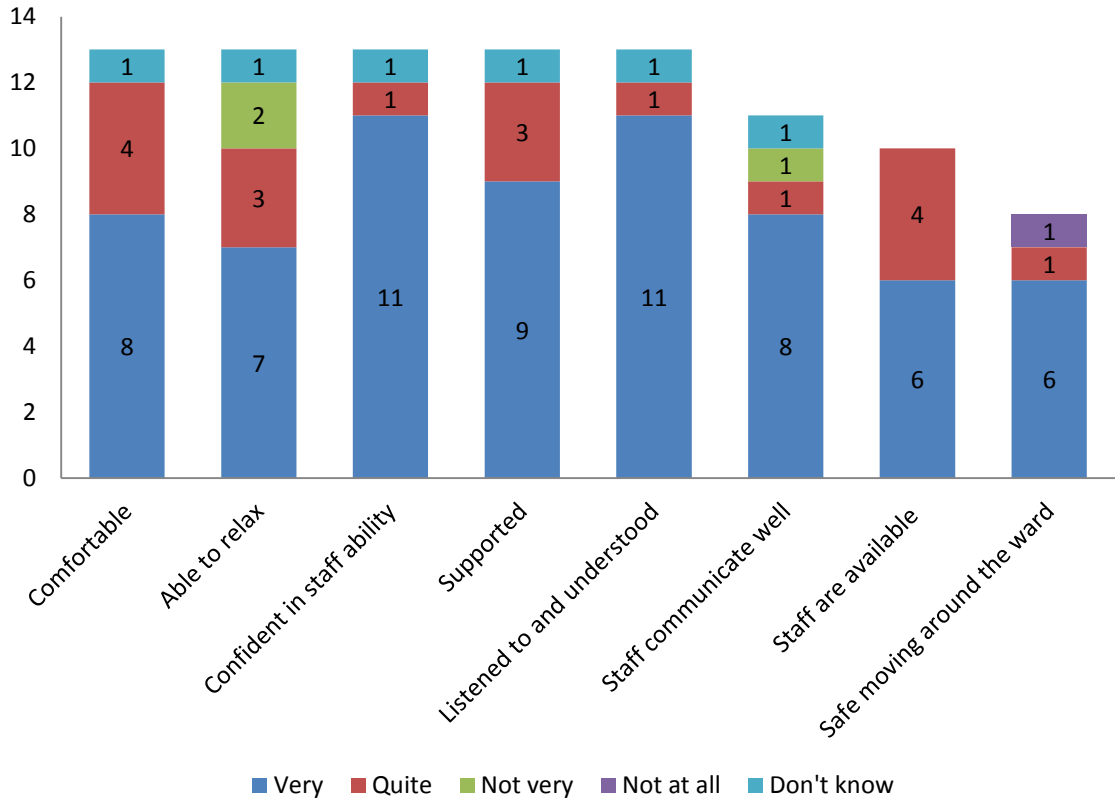
Staff rotate onto night shifts to make sure all staff know both day and night shift practices.

The ward manager told us that some mandatory training timescales had recently changed, for example staff training in Manual Handling techniques is now reviewed annually. She explained that there are also ward link staff available who pass on training updates and information to their colleagues.

What the patients we spoke to said about their experience on the ward

Thirteen patients were asked to complete a short questionnaire.

We asked the patients if they felt:



Of the people we spoke to:

- 92% said they were very/quite comfortable on the ward
- 77% said they were very/quite able to relax
- 88% said they felt very/quite safe moving around the ward. Four people told us they did not move around the ward because they were physically unable to.

When asked about the staff:

- 92% said they felt very confident in staff ability and very listened to and understood
- 69% felt very supported
- 73% of those who answered felt staff communicated very well
- All 10 people who answered the question said staff were very or quite available

Other comments:

- One person added that they were "100%" confident in staff ability to care for them
- One person said they had not been on the ward long enough to comment on the availability of staff when they needed them.
- One person said staff were "very helpful".
- Four people told us they did not move around the ward because they were physically unable to.
- One patient said they felt there was "not a lot of space" around the bed area.
- Another patient said that they felt "a bit claustrophobic" in their 5-bed bay.
- Staff told us that lights were dimmed after the last drugs round which is usually around 10–11pm. Several patients told us that this was too late for them.
- One patient had to wait three days for a specific knee support as there were none available and two towels had been used until a support was located.
- A relative of a young patient said there had been no restriction on visiting times for them.
- One patient had a bad experience that morning. Due to their condition and the space available they had had a very painful time when staff were moving them.

Patient comments about staff:

- "Staff can be very negative".
- One patient said staff sometimes sit in the bay to write notes and don't talk to the patients.
- Staff care is "good" they are "very experienced".
- The ward is "very good, they are fantastic".
- One patient told us the one thing that would make their stay on the ward easier was "a better bedside manner of some, not all, of the doctors".
- One patient's call button did not work for a day but was then fixed. Many patients we spoke to said that responses to call bells were not as quick as they would like, one saying staff have "only so many pairs of hands".

- Four patients were asked if a nurse handover had been carried out at their bed and if they knew the name of the nurse caring for them on that shift. Three did not know the name, and one said that they had been introduced but they couldn't remember the name. One patient commented there may have been staff talking earlier at their bed but they couldn't remember what was said.

Patient comments about information for patients, including care planning:

- One patient said there was a "lack of information" given to them about their care
- Another patient we spoke to said they had been "given a leaflet" about their condition
- Another patient said that they had been "kept well informed" about their discharge arrangements and, when their discharge was delayed, they were "clearly told why".
- One patient we spoke to had been given a Healthwatch Enter and View leaflet to read before our visit and they welcomed the opportunity to complete the questionnaire
- A patient said car parking was "expensive". When asked if they knew about car parking concessions they did not and had "not been given any information".
- One patient said they were being discharged and they had had "everything explained to them" during their stay.
- One patient told us that they were "fully involved" in their care planning.
- The relatives visiting another patient said that they were "kept well informed" about their relative's progress
- One patient, who had only just arrived on the ward, already knew "exactly what to expect" on the ward and how long they could expect to be there.

Food

- Most patients we spoke to liked the food. The menus are supplied the day before for people to choose what they want.
- One patient we spoke to required a low-fat diet and told us their relative had been able to work with the staff to make sure that their diet was accommodated.
- Another patient, who lived with their relative, said that they had help from their relative at meal times to make sure that they ate enough. The patient said that their relative would like the staff to give more support.
- One patient said that they "lacked appetite" but that it was "not the fault of the food".
- One patient commented that the food and choice were "excellent".
- Another said that they would prefer more choices and that the food was "bland".

Sleeping

- One patient told us that the lights were not switched off until about 11.30 which was too late for them to feel comfortable. They told us that they did not sleep well due to the noise. They said that they had asked a relative to bring in sun glasses for them to shade their eyes. When asked if they had been offered a 'sleep pack' they said "no", but that they "would like to use an eye mask". When asked what one thing would improve their stay in hospital, they said "fewer lights".
- Another patient told us that they had been offered a 'sleep pack' but had refused it.
- Another patient said that they had sleeping tablets and so slept well. They said that lights went out about 10.30-11.00pm.

Comfort

- One patient said that it was "a bit noisy" on the ward. Staff told us that admissions and patient transfers can take place at any time so it is difficult to avoid noise at night.
- Another patient said that a previous patient in the bay had talked a lot and that it "drove me mad". Otherwise they had "no complaints".

Observation

One AR completed an observation of the ward, including staff interactions with patients and their visitors.

Observation ratings

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

Observation findings

1) General Care
Nineteen specific interactions were observed under this heading. Eighteen were Positive, one was Passive.

2) Engagement (communication, respect, empowerment)
Eleven specific interactions were observed under this heading. Ten were Positive, one was Poor.

3) Safety
Six specific interactions were noted under this heading. All were Positive. Hand hygiene was good and all staff followed the 'Bare Below the Elbows' (BBE) rule. The ward appeared clean, and a member of the domestic staff was working throughout our visit. Bed rails were in place for some patients.

The ARs noted that, although the ward was largely free of unnecessary clutter, due to the restrictions of space there were, unavoidably, potential trip hazards and other obstacles to safe movement for patients with impaired mobility.

The physical features of the ward make adequate observation of patients and timely interventions more difficult for the ward staff. This was acknowledged by a member of the ward team.

Some examples of Compassionate Care

- A nurse gently roused a patient with dementia who was not eating their lunch. The nurse checked the heat of the food, then sat down to feed the patient, encouraging them to take each mouthful, and drawing their attention back when it wandered.
- The same nurse noticed that the patient was not enjoying the dessert. With careful questioning the nurse found out what the patient would prefer, fetched it, and checked that the patient was now happy with the choice.
- A member of the ward staff who was clearing up after lunch noticed that a patient had not eaten very much. The patient was asked if they would prefer something different to eat.
- A healthcare assistant sat for a long time feeding a patient who was unable to sit up for their lunch.
- Porters taking a patient for their operation spoke kindly and reassuringly as they wheeled the bed down the ward. One of them held the patient's hand.
- A patient who needed the toilet was helped to get there in a timely, courteous and helpful manner by a member of the ward staff. The member of staff returned in good time to help the patient back to bed.
- A healthcare assistant realised that a patient, possibly new on the ward, had no lunch so asked them what they would like to eat and fetched them a sandwich. They then asked whether the patient wanted a hot or a cold drink and arranged that.
- A nurse listened to a patient who was in distress, then explained carefully what was happening and why the patient had to have the treatment causing the distress. The nurse touched the patient's hand, conveying empathy.
- A patient with dementia had been very restless. A nurse asked her some questions, listened to the answers, then used touch and tone of voice to reassure and relax the patient.
- A physiotherapist working with a patient on their mobility was engaged, friendly, encouraging and supportive.
- A member of the ward staff laughed and joked with a patient about their comment on the quality of the dessert.

Example of Passive care

- A patient in considerable discomfort after returning from an operation was left with their head unsupported while the nurse went to do something. The nurse was business-like when she returned and did not appear to notice the patient's distress.

Example of Poor care

- A healthcare assistant told a restless patient with dementia, in an impatient tone of voice and without looking at them, that they would have to wait for a nurse to decide what could be done about their problem.

Observation summary

On the day of our visit the ward seemed clean and well-ordered but cramped which meant it did not feel like a very relaxing environment. The lack of space appears to be due to the number of patients but also the design and layout of the ward. We saw most staff treating patients with kindness, patience and sensitivity.

Additional Findings

There was Wi-Fi available on the ward for patients to use. One patient said it was initially slow to connect to but then it was fine.

One patient, who had only recently arrived on the ward, was very impressed with the speed of their progress through A&E and onto the ward, which took about four hours. They had been fully involved in their care decisions throughout and found staff to be honest and clear. They felt that it might have been better to have had fewer staff involved with their care but, despite the large number of staff involved in A&E they felt very well looked after and that everyone knew what to do and was preparing them well for their stay in hospital.

One patient had a very long wait in A&E of over eight hours before being admitted to the ward. Another patient had a long delay in A&E, and due to A&E staff not contacting the operating Consultant (as requested), the patient then missed their operation slot resulting in an overnight stay on the ward.

The ward manager told us there was a MDT (multi-disciplinary meeting) to discuss patients on the ward every day.

Winter pressures

We asked how the ward coped with winter pressures and were told the ward was coming up to a busy period and the hospital would use community hospitals and packages for home care to help with this. The ward can also ask for 'enhanced additional support' if required; we understood this to include extra staff. We asked if the hospital had a 'pop up ward' and we were told that there is one, for those awaiting discharge, but this does not really suit patients from this ward, especially elderly patients. There are not sufficient staff on the discharge ward with the appropriate training, so they do not use it.

Summary of Findings

- Most patients we spoke to were very complimentary about the care they received, and about the food.
- We observed many instances of staff giving excellent care to patients.
- Most patients felt they were well-informed about their condition and their discharge plans.
- Patients were not given information about the ward itself.
- There were no remote controls for the TVs and some patients found it difficult to see them. There were no radios or headphones on the ward.
- The layout of the ward makes it difficult for staff to observe patients.
- The ward operates a bay safe procedure with staff being encouraged to do their paperwork whilst sitting at a table within a bay. Some patients who saw this felt that the staff were 'prioritising paperwork'. We noted that there was not always a nurse in every bay during our visit.
- The cramped conditions on the ward make it difficult for less mobile patients to move around, both within their bay and on the ward corridor.
- Several patients' comments related to the cramped conditions on the ward, one saying that they felt 'claustrophobic'.
- There is no room / area on the ward where people can have private conversations.

- There is a lobby area in the entrance to the ward where patients can wait to be discharged, this did not seem to be a comfortable place to sit for any length of time.
- Most patients spend the day in hospital gowns or pyjamas.
- Some patients found that the lights were dimmed at night too late for comfort. 'Comfort packs' are available, but had not been offered to the patients we spoke to.
- Patients and their visitors are not routinely given information about parking concessions.
- Some patients did not know the name of their nurse.
- The staff did not appear to be aware of the NHS Accessible Information Standard.

Recommendations

We recommend that the ward staff:

- Ensure patients know their named nurse each shift.
- Consider ways of making sure there is a regular staff presence on every bay, preferably able to interact with the patients.
- Review the printed information given to patients and their visitors and make sure it meets the NHS Accessible Information Standard.
- Ensure patients are aware that they can bring in their own devices to watch TV or listen to music and that these can be PAT tested on the ward.
- Ensure that patients are being encouraged to wear their own daytime clothing whenever possible.
- Review the time lights are switched off at night and make those patients who are finding it difficult to sleep at night aware of the 'Comfort packs' available.

The Trust:

- Consider whether it is possible to provide a space where patients can speak privately with their visitors/staff.
- Consider how the comfort of patients could be improved in this cramped ward and how to ensure safety for patients as they move around the bays.

Service Provider Response

Healthwatch Shropshire received the following response to our recommendations from the ward manager and matron of Ward 22:

We recommend that the ward staff:

Ensure patients know their named nurse each shift.

Nursing team to introduce themselves to each patient during handover.

The ward manager will monitor compliance through handover.

Update: In December spot checks completed and staff were compliant with this action.

Consider ways of making sure there is a regular staff presence on every bay, preferably able to interact with the patients.

Staff allocated bay at start of shift. Staff to complete documentation in their bay and not at the nurses' station. This will be discussed at team brief.

Comfort charts completed to record staff interaction with patients.

This will be overseen by the ward manager who will complete spot checks and monthly rate audit.

Update: Implemented December 2017

Review the printed information given to patients and their visitors and make sure it meets the NHS Accessible Information Standard.

Staff were not aware trust information booklets were in place at patient bedside – discussed at team brief. Staff to be made aware at induction to ward, terminal clean of bed space to ensure booklet is available to new patient and to be added to cleaning rota for housekeeper to ensure presence.

This will be monitored by the ward manager and completed January 2018.

Update: Completed December 2017

Ensure patients are aware that they can bring in their own devices to watch TV or listen to music and that these can be PAT tested on the ward.

Staff to ensure patients and relatives aware on admission when signing disclaimer they can bring in own audio-visual equipment – discuss at team brief.

Ward manager to monitor.

Update: Completed December 2017

Ensure that patients are being encouraged to wear their own daytime clothing whenever possible.

Identify a champion for PJ Paralysis. Add target to production board for ward to include patients up and sat out before 12 midday and patients dressed.

This will be overseen by the ward manager and matron and be in place by March 2018. On-going.

Review the time lights are switched off at night and make those patients who are finding it difficult to sleep at night aware of the 'Comfort packs' available.

Comfort packs to be kept on drug trolley so as staff do evening drug round they will offer comfort pack to patients- discuss at team brief.

Staff identified to monitor noise on nights and feedback to team meeting to ward manager and team to agree night routine.

This will be overseen by the ward manager and be in place by February 2018. On-going.

The Trust:

Consider whether it is possible to provide a space where patients can speak privately with their visitors/staff.

Doctor's office and ward manager's office available for private conversation.

Ward manager and matron to continue to look for appropriate rooms for difficult conversations.

This will be overseen by the ward manager. On-going.

Consider how the comfort of patients could be improved in this cramped ward and how to ensure safety for patients as they move around the bays.

Daily checks on bays and daily bed space tidy.

Encourage patients to send home un-needed/unused items.

Ward manager to discuss with team innovative ideas.

This will be overseen by the ward manager. On-going.

Acknowledgements

Healthwatch Shropshire would like to thank the Trust, patients, visitors and staff for their contribution to this Enter & View.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.

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