



Enter and View Visit Report

Princess Royal Hospital

Ward 8 Elective Orthopaedic

Visit date: 10th July 2019 at 2pm Publication date: 2nd September 2019



The Princess Royal Hospital, Apley Castle, Apley, Telford TF16TF

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Terminology and Acronyms

SATH Shropshire and Telford Hospitals

HCA Health Care Assistant

HWTW AR's Healthwatch Telford Wrekin Authorised Representative's

T & W Telford and Wrekin

HWE Healthwatch England



About Healthwatch Telford & Wrekin (HWT&W)

Healthwatch Telford & Wrekin is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

What is Enter & View?

Healthwatch Telford & Wrekin gathers people’s experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called ‘Enter and View’, and can be ‘**announced**’, ‘**partially announced**’ or ‘**unannounced**’. ‘Partially announced’ visits mean 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 local Healthwatch in the **Health and Care Social Act 2012**.

Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit. They make observations and collect people’s views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a ‘purpose’.



Details of the Visit

Visit Details:	
Service	Princess Royal Hospital (PRH) - Ward 8 Elective Orthopedic
Provider	Shropshire and Telford Hospital NHS Trust (SATH)
Date and Time of visit	10 th July 2019 at 2pm
Visit Team	HWT&W Enter & View 1 Authorised Representatives (ARs) and 1 Authorised Representatives "In-Training" (T-ARs)
Service contact details	Name: Dawn Shaw Phone: 01952 641222 ex 4008 Address: Princess Royal Hospital, Apley Castle, Apley, Telford TF16TF

Purpose of Visit

To find out if patients are treated with dignity, have privacy respected, and how staff respond appropriately and with compassion to meet healthcare needs. To find out how patients living with dementia are cared for and supported, and the patient experience of preparation for discharge.

We want to hear about patient experiences and those of any relatives and visitors present, and we will observe the patients engaging with the staff and their ward surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all users of the service and staff, only an account of what was observed and contributed at the time.



Context of the Visit

In 2018 concerns were raised about Maternity Services provided by the SATH hospitals (Royal Shrewsbury, and Princess Royal - Telford), including those related to historical concerns. An Independent Inquiry was initiated and is in progress.

Unannounced inspection visits have also been made by the Care Quality Commission (CQC) and care-issues reported, resulting in measures to be taken and NHS-Improvement provision of additional support to resolve problems. Princess Royal Hospital (PRH) is currently rated 'Overall Inadequate' by the Care Quality Commission.

During recent years SATH have experienced problems resourcing Accident and Emergency (A&E) services in both hospitals, and with increased needs experienced particularly during the winter, have had to plan for the possibility of deciding on a temporary over-night closure of the Accident and Emergency department at Princess Royal Hospital. Were the decision to be made, this would have impacts on the Telford & Wrekin patients, ambulance services, and the Accident and Emergency departments in other near-by hospital trusts such as New Cross (Birmingham), Stoke, and Wolverhampton.

As part of their engagement programme Healthwatch Telford & Wrekin has visited several Wards and Departments/Units/Clinics in Princess Royal and Royal Shrewsbury Hospitals since 2014. The Enter & View committee agreed that Healthwatch Telford and Wrekin should aim to visit all wards at Princess Royal Hospital starting in 2019 to find out about the patient experience of healthcare in the hospital setting; compassionate care delivered with patient dignity and privacy being respected. Some visits will also find out about the care experiences of patients attending hospital who are living with dementia and understand how patients are prepared for discharge and their experience of discharge. Individual ward visit reports will be published. From these individual visit reports, over-arching theme reports will be published on patient experience of compassionate care respecting dignity and privacy, the care of patients with dementia, and on the discharge experience.

The visit to Ward 8 would understand the patients experience of hospital care; the visit was **partially announced**, and we told the Ward Manager of the visit but not the date and time.



What we were looking at

The focus of this visit was to find out if patients of Ward 8 are happy with their hospital care. We wanted to learn about:

- The ward environment - observe the layout of the ward, and the staffing arrangements
- Patients experience of being treated with dignity and respect and if they feel comfortable on the ward; observed interactions between staff and patients.
- The experiences of patients living with dementia, and how the staff and ward environment support these patients.
- The assessment processes, and preparations for discharge
- Hear about the patient's experiences in hospital and their understanding of the arrangements for discharge
- Contributing factors that delay a patient's discharge from hospital

What we did

We had a pre-meeting with the Ward Manager and used a series of questions to understand the care processes and other matters the staff on the ward deal with and any other teams associated with patient care.

When we arrived on the ward for the visit, we spoke to the Ward Manager/Sister on duty. We took advice on whether any patients should not be approached due to safety or medical reasons, or any issues regarding ability to give informed consent.

We then went to speak with any patients who were willing to talk to us and any visitors and relatives. We spoke to 7 patients in total, but some were confused and unable to tell us much about their care or discharge arrangements. We also talked to 3 staff.

What we found out

About Ward 8

It's a relatively new ward for patients having (elective) planned orthopaedic surgical procedures, including hip, knee and shoulder replacement surgery.

The layout of the ward and the staffing arrangements

During the visit the authorised representatives looked at the physical ward environment and observed staff arrangements on the ward.



The ward has two four bedded bays and one bay of two beds and two single room. Staffing on the ward was a Ward Manager, a coordinator, Junior Doctor, two State Registered Nurses, Healthcare Assistants, Housekeeper, Physiotherapist and an Occupational Therapist.

There were three separate toilets, two bathrooms and one shower which was extremely big to cater for patients with mobility problems.



Whether patients said they are treated with dignity and respect and feel comfortable on the ward.

Patients told us that staff are excellent, they always ask if they want the curtains drawn round when undertaking personal care or when the physiotherapist comes around. Another patient told us that staff treated them with dignity, that all staff were very friendly, they could have a bit of banter with them. Other patients told us that the theatre staff were very good, talking to them all the time putting them at ease. We were told of a male nurse on nights who was very good, they checked on them throughout the night of their operation to ensure they were not in pain.

We observed a nurse talking softly to a couple of patients who had recently returned from surgery, they asked if they were in pain and if they required any pain relief. One patient was hungry after surgery, she was offered a sandwich of their choice and a hot drink.

A nurse in a bay was attentive to all their patients especially the ones who had recently returned from surgery, they gave patients time to answer some questions that they had. They were not rushed in getting things done and it was all done in a timely manner, so the patient felt listened to.



The experiences of patients living with dementia, and how the staff and ward environment support them

At the time of our visit there was a patient with dementia, however, they were not around when we were available to talk with them. Staff could see the patient from the nursing hub, also the patient was able to see the comings and goings of the ward. We were informed that some patients with dementia do get restless during the evening, but they had resources at hand to distract them, for example twiddlemuffs, doll therapy and interactive electronic devices.



Views of the patients about their experiences in hospital, and their understanding of the discharge arrangement



Three out of the Severn patients spoken with had a discharge date they were working towards. Other patients were not sure about their discharge date. One of the patients told us they were doing their exercises to ensure they could go up some steps before they could be discharged, that was their goal they had set themselves.

The assessment processes, and preparations for discharge

The Ward Manager told us that their discharge rate was improving so patients could be discharged within two to three days, it depended on their recovery following their surgery. We were told of a Joint School where patients could go before their admission and they could take a friend/Carer along to support them. This was a new project for patients having a hip or knee replacement. Patients would be given information on their anaesthetic and what to expect after surgery, also on what they could need going home after the surgery; for example, mobility aids and equipment to enable them to manage at home during their rehabilitation. This ensures that everything is in place before being admitted for surgery which enables them to have a timely discharge. All patients have a risk assessment of falls on admission which is then reviewed following surgery, if a risk of falls becomes evident a yellow risk of falls bracelet is put on the patient's wrist.



We were told that the ward has a Physiotherapist and an Occupational Therapist to assist patients with their exercises and mobility following surgery, they also cover weekends.

Patients spoken to told us they exercised hard to make sure they could be discharged on time, they felt that the staff were excellent. We observed two Physiotherapists interacting with patients, they appeared to have a good rapport with the patients.

“Exercise to ensure so I can be discharged on time.”

“I’ve been given equipment so when I return home everything is in place, as I live on my own.”

“These chairs are uncomfortable to sit on when you have a nightie on, as my bottom sticks to it.”



Contributing factors that delay a patient's discharge from hospital

If a patient had a more complex surgery than anticipated, it could delay the discharge or recovery time after the surgery; as every patient reacts differently, following surgery. Even though patients have a risk of falls bracelet on, falls could still happen if patients get out of bed before assistance comes from nursing staff.

Observations.

During the visit the authorised representatives observed interactions between staff and patients and looked at the physical ward environment.

The environment of the ward

When we visited it was a hot day, so staff had opened windows to give the patients some fresh air. The bays had plenty of space around each bed, which the patients liked, patients told us it was very friendly, and they all got on with each other, which was nice. There was plenty of natural light coming into the ward which made it feel light and airy. Good clear signage to facilities on the ward although not dementia friendly signage. Notice boards were up to date, they weren't cluttered plenty of thank you cards from previous patients on display. A good notice board on Sepsis with plenty of information and one on infection control.



The nursing hub was staffed, and we were greeted by a sister on the ward, it was busy but staff didn't appear to be rushed which was refreshing to see, it felt a calm environment to work in.

All patient bed lockers included a hand gel dispenser, we also noticed hand gel dispensers in the ward. Waste bins were in every bay but found them a bit tricky to open them as they were foot operated. All the curtains were fastened back, unless care was being given to a patient.

Patients' walking aids were put within easy reach for the patients.



Staff interactions with the patients

All staff interactions we observed were polite and respectful to patients. Patients we spoke to said staff were excellent and they could have a laugh with them. One patient told us it's like being on a cruise as everything is done for them. A nurse spoke softly to a patient to ask if they wanted to get back on their bed for a rest, as it was a while since they had lunch. The patient was not comfortable on the chairs as they had a plastic seat with wooden arms, they felt that their bottom stuck to the seat and the arms were too hard to rest their arms on.

We observed a patient having assistance by physios to walk with a frame for the first time, they were reassuring them saying they were doing well and would soon pick up how walk with it.

Additional Findings

We were told of an agency nurse who was on duty on the day we visited, staff told us she was extremely good with patients and they had confidence that she would ensure all the patients in their bay would be looked after well. A patient told us how considerate and kind they were, and they made sure they were comfortable after their surgery, nothing seemed to be too much trouble.

All the patients we spoke with had operations cancelled before coming in for this surgery, the cancellations varied from three to six times. All the patients said they understood that operations could be cancelled but they would have liked an explanation about the reason why.

Observe and Act

One of the authorised Healthwatch volunteers used the Observe and Act Tool as some patients had just returned to the ward after surgery and wouldn't have been able to answer our questions. Observe and Act is a tool used to look at "a person's total experience of a service from the service user/Carer perspective, learn from it, share good practice and where necessary act to make improvements." It is not to judge any Clinical practice and it is not an inspection, it's to look at the supportive issues around a service that may seem small but can be important to the total experience for patients.

A patient was asked to comment on three things they feel are good about being a patient at Princess Royal Hospital:

"Staff are brilliant, staff in the theatre reassured me throughout the surgery as I was awake, they treated me very well."



“It is a pleasant environment, it’s a small ward everyone is friendly we all get along together, it makes the stay in hospital happier.”

“The Consultant was straightforward, they explained the process and mentioned I would be awake but wouldn’t feel any pain just some tugging. They explained in detail about a skin graft, the process was interesting. The Healthcare Assistant was so kind, she explained everything, made sure I was ok. The Anaesthetist explained that I could change my mind at any time during the operation if I wanted to have a general anaesthetic, his manner made me laugh/smile they had a gentle manner.”



The same patient was asked to suggest three things they would like to see improved about the service.

“The wooden chairs are hard, and the seats are plastic and stick to me, which makes it feel uncomfortable.”

“Food at Royal Shrewsbury Hospital is better than at PRH because the pastry at PRH is hard and the vegetables are mushy, especially the broccoli which smells, the mashed potato is dry and flaky, and the roast potatoes have no taste.”

“Cancellations of my surgery have happened on several occasions.”

At the end of the Observe and Act the findings were given to the Ward Manager, the main one was that of cancellations of operations; we were told this was because of the volume of patients and having Escalation Wards. Surgery has been delayed and at the moment they are trying to get through the backlog.

Sharing good practices: staff were welcoming with friendly smiles on their faces, they spoke clearly to patients and gave the patients time to do tasks and listen attentively to patients, giving them time to answer and ask questions. They explained treatments to patients and respected patients’ dignity. They frequently showed compassion to patients. All patients were offered hot and cold drinks.

Requires improvement: food quality, parking, cancellations of patients’ appointments with a reason given to patients. Plastic seats were uncomfortable. We considered that this was outside of the Ward Manager’s role, so we should escalate it to the appropriate departments.



Summary of Findings

- There was a nice atmosphere on the ward, none of the patients we spoke with had anything negative to say, they felt that all the staff were excellent.
- The ward was clean, tidy, bright and there was no clutter.
- Patients told us the care they had received had been outstanding and respectful.
- Patients had experienced several cancelled appointments for their operation.
- New Joint School patients were invited to attend before being admitted, which gave them information about the operation, what to expect after the operation and any equipment needed. It would then be delivered to their home prior to them being discharged.
- This new process was enabling patients to be discharged from hospital in a timely manner two to three days after surgery, as everything was in place which freed up beds for other patients
- Patients felt that the staff were approachable, compassionate, kind, caring and thoughtful.

Recommendations

- Could a reason be given for patients' operations being repeatedly cancelled?
- Share with other wards how a timely discharge plan can work for patients.
- Congratulate the team for establishing a strong team spirit in a short time.

Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the manager of Ward 8.

Thank you for the feedback which you have provided following your visit to Ward 8 at the Princess Royal Hospital, to review the experiences of patients being nursed within the area. We value any feedback, particularly from our external partners. As a team we are always striving for excellence in delivering care to our patients and your comments and recommendations are greatly received.

The manager has also provided the following information in response to our recommendations:

Could a reason be given for patients' operations being repeatedly cancelled?

The creation of ward 8 as a ring-fenced Orthopaedic ward should eliminate the requirement for cancellations, it is the intention of the Trust to reduce this by



working in this way. We have recently recruited an Operational Manager within Scheduled Care who works very closely with the Capacity Team and theatres on a daily basis to ensure, amongst other things, the management of elective patients and the maintenance of their pathway. The process of cancellations has been modified and communication improved in this area, therefore going forward patients will be kept informed as to the circumstances surrounding their cancellations, if any.

Share with other wards how a timely discharge plan can work for patients.

We are developing a criteria led discharge process within ward 8 and this work is also being done in other areas across the Trust. Feedback and sharing will be facilitated during the working group meetings.

Congratulate the team for establishing a strong team spirit in a short time.

The findings of this report will be shared with the staff and they have recently been nominated for a Values in Practice award as the Trust has recognised the hard work that has gone into the ward creation and work they have been doing to improve patient pathways with Enhanced Recovery.



Acknowledgements

Healthwatch Telford & Wrekin would like to thank the patients and staff of (*name of Ward*) for their contribution to the visit and our Enter & View programme.

Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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