



Enter and View Visit Report

Royal Shrewsbury Hospital

Ward 27 - General Medicine and Supported Discharge

Contents

Page

3	About Healthwatch Shropshire
	● What is Enter & View
4	Details of Visit
	● Purpose of Visit
	● Disclaimer
	● Context of the Visit
5	What we were looking at
5	What we did
5-9	What we found out
6	The environment
7-9	What people told us
7	● Do they feel comfortable and able to relax?
7	● Do they have confidence in the ability of staff?
8	● Do they feel supported?
8	● Do they feel listened to and understood by staff?
9	● Do they feel staff communicate with them well?
9	Additional Findings
10	Summary of Findings
11	Recommendations
11-12	Service Provider Response - to visit and report
12	<i>Acknowledgement</i>
12	<i>Get in Touch with Healthwatch Shropshire</i>
13	Appendix - The questionnaire

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 27 General Medicine and Supported Discharge
Provider	The Shrewsbury & Telford Hospital NHS Trust (SaTH)
Date / time of visit	Monday 5 th August 10.30am
Visit team	Three Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

Purpose of the Visit

To understand the quality of care provided in a temporary ward; what the patient experience is, and if there are challenges that are perhaps not found in permanent wards.

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 receives many comments regarding hospital treatment and services from members of the public and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided.

The Shrewsbury & Telford Hospital NHS Trust (SaTH) told Healthwatch Shropshire that Ward 27 at the Royal Shrewsbury Hospital was being used as a 'temporary' ward during busy periods to reduce winter pressures on beds. Due to patient numbers it had not closed after the winter period this year and is now a permanent ward.

The Lead for Patient Experience at SaTH suggested we visit the ward to see what effect, if any, the temporary nature of the ward was having on patient experience.

This visit was announced, meaning that the Ward Manager and Ward Sister had been told in advance when our Authorised Representatives would be visiting.

What we were looking at

We looked at 5 aspects of patients' experience of staying in Ward 27.

1. Do they feel comfortable and able to relax?
2. Do they have confidence in the ability of the staff?
3. Do they feel supported?
4. Do they feel listened to and understood by staff?
5. Do they feel the staff communicate with them well?

What we did

Three Authorised Representatives visited the Ward. On arrival we met and talked with the Ward Manager and Ward Sister. The Sister later gave us an introductory tour of the ward. We were told which patients we should not talk to, for medical reasons.

We then spoke, in addition, to two staff, six patients and three visitors/relatives. We had a written questionnaire available for those respondents who may have been more comfortable writing a response rather than engaging with us in a conversation. Two were completed, one by a patient and one by a visitor.

What we found out

The Ward Manager and Ward Sister told us that the Ward is no longer a 'temporary' ward of 22 beds, and is now a permanent 38 bedded facility. Beds are arranged in five six-bed bays, one four-bed bay, and four single side rooms. Each bay is single sex. Half the beds are general medical beds, and half are supported discharge beds.

On the day of our visit eight patients were due to be discharged. Day time staffing consists of five Registered Nurses and five Health Care Assistants (HCAs); night time is four registered nurses and four HCAs. All doctors working on the Ward are locums. Most HCAs have been appointed



recently to the Ward. The Ward relies on agency and bank staff for Registered Nurses and HCAs. Therapists and pharmacists also visit the Ward.

The Ward Manager and Ward Sister told us they have clearly defined roles, however due to the number of Registered Nurse (RNs) vacancies they are having to do more 'hands on' work across the Ward and overseeing the delivery of patient care. This can have an impact on the staff appraisal process, staff training and report writing. Handover between day and night staff is done as a team.

The environment

Our observations were that the overall environment was conducive to patient comfort.

We saw that:

- There was a calm, busy, orderly and business-like atmosphere.
- The ward was bright, clean and has glass wall bay partitions with a modern feel.
- The ward, including storage areas, was clean and tidy.
- Bright attractive wall displays, developed by HCAs and the Ward Sister addressed issues such as sepsis and personal mobility and added to the general ambience of the Ward.
- There is a discharge board, managed by the ward sister, which tracks every stage of discharge for each patient awaiting discharge on the day.
- The room temperature was comfortable.
- The Ward Clerk was at the entrance to the ward to welcome and direct visitors.
- The "Friends and Family" customer feedback box was clearly positioned at the entrance to the ward.
- Thank you cards (15) were clearly displayed.
- We observed that those patients who were mobile were in their own clothing.
- We observed curtains being drawn to provide patient privacy.

What people told us

We spoke to six patients and three visitors/relatives. In addition two people completed our questionnaire.



1. Do they feel comfortable and able to relax?

One patient said that they had been into hospital four times due to repeated falls and felt this was the most cheerful ward that they had been in so far. The patient felt very comfortable and particularly valued the visiting arrangements that suited their family's needs. Generally they thought it was "marvellous", although they would have liked a television, or radio, to supplement the crossword puzzle book their daughter had brought in. This patient was not confident to use the available Wi-Fi.

One patient told us that they had been very comfortable throughout their stay and that they felt they had been able to relax throughout. Another patient was, however, highly disparaging about the food, saying that they could only eat the ice cream and jelly. On the other hand another patient said the food was fine except there was too much of it.

Two patients were concerned about noise at night from other patients. One felt that a separate dementia ward might be a solution. Another was concerned about noise at night from the nurses at their station.

2. Do they have confidence in the ability of the staff?

Five out of the six patients we spoke to told us that they were confident in the nursing staff. One said they were very confident in the staff and that they always came when asked. Another said "the Consultant doctors are great". They are "clear, direct and honest in their dealings." The patient had great confidence in them. They felt that the junior doctors, however, were not always following the instructions of the Consultants.

Another patient said they hadn't slept well at night as 'agency staff' seem to be unable to give the prescribed medication for sleeping (which the patient takes even when not in hospital), and resented being reminded about dose and

time to be taken. They were not very confident in staff ability saying, “some staff are excellent. Some agency staff are not”.

All visitors/relatives were confident in the staff. One said that her mother’s needs had been well met and she felt that the treatments were sympathetically and appropriately carried out. Another said her husband had been very pleased with his treatment.

3. Do they feel supported?

All patients feel supported. One said: “The staff are incredible, even the housekeeper sat with me when I was frightened”.

Visitor/relatives felt supported. Their comments were:

- “Excellent service. They are wonderful. Nothing is too much trouble”
- “The ward staff had been very helpful, especially the Ward Clerk.”
- “The staff had always shown an interest in me”.

4. Do they feel listened to and understood by staff?

Again five of the six patients we spoke to said they felt listened to and supported by staff. However, one said that it was an issue that different staff attended to them every day and that they were repeating them self. Nevertheless, another valued the existence of the patient feedback form and had completed one prior to going home that day.



Another patient said that some agency staff resented being reminded about medication requirements, even though the patient felt they were only trying to be helpful.

One visitor/relative especially valued being able to discuss their mother’s condition in detail with a doctor.

5. Do they feel the staff communicate with them well?

Patients felt that staff communicated well with them and responded to their needs. However, one patient felt they had received too little feedback on their progress during their stay and another felt that their discharge had been delayed because of coordination issues between doctors/ therapists/nurses.

Furthermore, one visitor/relative felt there were insufficient staff available over the weekend to discuss her husband's progress.

We observed patients being referred to by their chosen names.

Additional Findings

The Ward Manager and band 6 told us that because of the high usage of temporary staff it is difficult to successfully embed practice/processes. As a result relatives look to the Ward Managers for information and support rather than to other staff. Another member of staff also felt that they were "task working" too much of the time and were unable to spend enough time with patients doing "nursing". They felt they were often "running around headless".



The Ward Sister said that she handles all patient discharges, rather than delegating this to agency or temporary staff. These average 10 per day with 17 being the largest number recorded. She told us that this had a knock-on effect on workloads, and role performance, for her and the Ward Manager. This, they both felt, meant that important management roles such as appraisals, staff training and general supervision/support are compromised due to a lack of time.

The Ward Manager has been told that attempts are being made to recruit nurses internationally. She has reported her ongoing concerns over staffing to the Director of Nursing. She has also asked the hospital to move some permanent staff from other wards to Ward 27 to provide her with some continuity.

Despite these challenges the managers say that the provision is improving and gave the following examples:

- Two Therapists are now attached to the ward.
- Estates have been very supportive in meeting equipment requests.
- The ward has 5 “Values and Practice Awards”. These include one for Improvement of the Year, two for Team of the Year and two for Inspirational Leader of the Year.
- Everyday ward supplies deficiencies have been alleviated by close working with Ward 28.
- A “Friends and Families” opinion gathering system provides valuable feedback.
- Individual temporary staff are now returning regularly to work on the ward. This helps address many of the challenges and enables training and development investments to impact on everyday practice.

One visitor/relative told us that based on her own professional knowledge, she was very impressed with the quality of the patient advice boards on sepsis and mobility to support recovery.

Summary of Findings

- The ward is now a permanent provision and has grown from 22 to 38 beds.
- The majority of visitors and patients were very positive about their experiences of Ward 27. They all said staff on the ward were friendly.
- There was a busy and purposeful atmosphere.
- The ward was clean, tidy and light.
- Displays regarding sepsis, PJ Paralysis and falls contributed to the overall ambience.
- Four of the six patients we spoke to said there was nothing to do on the ward and three specifically said they would like television and radio to be available.
- Three patients we spoke to commented that the Ward was noisy at night, two mentioned other patients would disturb them and one mentioned the noise from the nurses’ station at night being an issue

- The Ward Manager and Ward Sister had clear priorities for the further development of the ward.
- Staff and some patients told us that the lack of permanent Registered Nurses, HCAs and Doctors creates issues. It makes it more difficult to develop good communication between staff such as: Consultants and Ward Doctors; Patient discharge teams; Managers and other ward staff. This can delay patient discharges and impact on patient confidence.

Recommendations

We suggest that the following recommendations be considered:

- Congratulate Ward 27 staff on the positive feedback we received from patients and visitors regarding the care they provided.
- Continue to support Ward 27 and work towards providing permanent staff.
- Look at ways to reduce noise on the Ward, particularly at night so that patients are not disturbed.
- Respond to patients' requests for entertainment such as television and radio and advertise the provision of free patient Wi-Fi.

Service Provider Response

The provider's response appears in blue below each recommendation:-

- Congratulate Ward 27 staff on the positive feedback we received from patients and visitors regarding the care they provided.

The draft report has been shared with all members of the ward 27 team. Staff were proud of the report.

- Continue to support Ward 27 and work towards providing permanent staff.

Ward 27 has recently recruited 3 additional band 6 sisters. In total there will be 5 band 6 sisters on ward 27. This will enable the ward to provide senior substantive nurse cover over the 24 hour period.

16 Registered nurses from recent overseas recruitment have been allocated to ward 27.

In addition to this a registered nurse from within the Trust has expressed an interest in being seconded to ward 27.

Interviews have been completed. Awaiting start dates for staff.

- Look at ways to reduce noise on the Ward, particularly at night so that patients are not disturbed.

Soft close bins have been ordered. All staff are reminded regularly to minimise noise levels wherever possible.

When all of the newly appointed band 6 sisters are in post they will be working both day and night shifts, they will therefore be providing leadership and monitoring and addressing where possible noise levels over night.

The quiet night charter will be introduced on ward 27.

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.



01743 237884



enquiries@healthwatchshropshire.co.uk
www.healthwatchshropshire.co.uk



Healthwatch Shropshire
4 The Creative Quarter, Shrewsbury Business Park,
Shrewsbury, Shropshire, SY2 6LG

Appendix - Questionnaire

Healthwatch Shropshire are visiting this ward today. We want to hear about your experience of care and treatment and what it is like being on the ward. Please tell us what has been good and where you think things could be improved.

We would be grateful if you would speak to one of the volunteers here today or complete this form.

What you tell us will also be used in our Enter and View visit report which will be published on our website. You will not be identifiable in the report.

If you do not want to share your views with us today you can also contact Healthwatch Shropshire directly. Please ask the visit team for our contact details.

Please tell us if you are: **the patient** **a relative/visitor**

During your time on the ward, have you felt...?	Not at all	Not very	Quite	Very	Don't know	Comments
Comfortable						
Able to relax						
Confident in staff ability						
Supported						
Listened to and understood						
That staff communicate with you well						

That staff are available when you need them						
Safe when moving around the ward						

Other comments:

Thank you

Ward