

Enter & View Visit Report

Ward 29 Acute Orthopaedic

Trauma Unit, Royal Shrewsbury

Hospital

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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.

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', 'unannounced' or 'semi-announced'. 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

Three authorised representatives visited Ward 29 Acute Orthopaedic Trauma Unit (AOTU), Royal Shrewsbury Hospital, on Thursday 12 January 2023 at midday. The visit was semi-announced meaning that the Ward knew that we would visit within a two-week period.

The purpose of our visit was to speak to the Ward Manager and staff to see how the service was being delivered and to engage with patients and their visitors about their experiences of communication, nutrition and hydration whilst on Ward 29 AOTU.

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 patients and staff, only an account of what was observed and contributed at the time.

What we did

Our authorised representatives took Lateral Flow Tests (LFT) for COVID in the morning prior to our visit. We wore masks throughout our visit. Upon arrival at Ward 29 AOTU we approached the Nurses' station and introduced ourselves. We were directed to the Ward Manager's office. She greeted us and gave us a brief tour of the Ward where we spoke to patients, visitors and staff. At the end of our visit we spoke to the Ward Manager.

We left self-sealing postcards and a postbox on the Ward to allow anybody who didn't want to speak to us or who we hadn't been able to speak to during the visit to leave feedback if they wished. We left the postbox on the Ward for one week following our visit. There were no comments received.

What people told us

The patients

We spoke to 7 patients and asked them for their views on the care and treatment on Ward 29 AOTU, the staff and the food and drinks available on the Ward.



“Food is really bland, just grey but the salad is quite nice.”



Food

We asked patients whether they were given a choice of meals, what they thought about the portion sizes, if they were given help when needed and if they enjoy the food.

We were told:

‘The food is very good. The fish pie was nice.’

‘The Bolognese last night wasn’t very nice so I grabbed a banana from the breakfast trolley this morning just in case.’

Most of the time food is “pretty good”. Portion sizes are fine – missed fresh food though. The veg is “annihilated” but the rest of food is “surprisingly not bad and plenty of drinks”.

“A bit dry and only just warm.”

“Brought a tiny omelette and I had to ask for more.”

Two patients told us they wished for more *fresh* food: more textures, crunch, salads and fruit; ‘food stodgy at times’.

Some visitors raised concern about overwhelming food portions: patient preferred smaller portions: this was communicated to staff and the portion sizes changed.

Drinks

We asked if patients were offered regular drinks and if they were helped with drinks if needed. We were told:

“Cup of tea when you wake and at night time, I can ring my bell for a drink”

‘Regularly offered drinks – upon wake-up, then 10am, then with lunch, in afternoon, and with dinner’

Patient was initially unable to reach water, but visitors raised this and a bedside table was introduced.

Communication

We asked patients if they felt listened to and understood by staff and if they felt staff communicated with them well; providing enough information on their care and treatment.

We were told:

“They do explain things clearly and you feel listened to and understood”.

“Staff do introduce themselves and communicate well.”

Patient was impressed by how well staff knew them and their family.

The Doctors are good; only have to ask if patient wished to know more.

“One young girl was tired and short tempered and ‘snotty’ with me. When you are unwell, tired and on strong painkillers, you don’t want it”.

“They don’t give you any information and I have been here nearly 3 week and first time physio came was today – she was lovely.”

“There was a lot of frustration to begin with and you had to ask. A lot of people don’t know about PALS”. A sign would be helpful or poster to say where to go if you have



concerns about your care, for example it could say "if you have concerns ask the matron or PALS etc". This patient has to wait for communication from RJAH and has found a good method of writing questions in a list to be sent to doctors at RJAH. After raising concerns "they are absolutely on it."

Communication with visitors

We spoke to 5 visitors on the Ward and asked them what communication has been like for them if trying to phone the ward or get information on their loved one's condition.

We were told:

"Any interaction with staff has been very helpful and friendly."

"Have to ask, no-one willingly gives information – this could be improved."

"Had to get a consultant to talk to us," staff are always changing and "you don't know who is looking after who" and "never sure who to go to."

One patient and their visitor told us that they had found it effective to write a list of questions which the Doctor could respond to all at once rather than ask questions here and there.

"Got through to ward sister and she gave me a good update."

"The phone rings out and says unavailable but you would prefer they were busy looking after the patients anyway."

"Never phoned the ward – just use mobile phone" The family always ensure that phone is charged.

Visitors told us that they would like information signposting them to services such as PALS (Patient Advice and Liaison Service). The Ward Manager told us that there used to be posters for this but there were none up in the Ward currently.

Ward staff

We asked patients if they felt staff had the time to get to know them or to talk about anything other than their care and treatment. We were told:

Staff take time to talk: "the lads are the best"

"Yes they know me and our daughter and they involved her in in my care (by getting her to help with obs)"

Sleeping at night

We asked patients if they were able to sleep well on the Ward at night. We were told:

"Dementia patients and patients with LD are noisy and there is noise all night on the ward".

"I find it difficult to sleep, there are various lights on. I live in the hills so I am used to dark and quiet."

"Too much noise from other patients. Too close to nurses' station. I am awake until it gets light".

One patient told us they had bought a noise cancelling headset.

General

We asked about whether there was anything that would make patients' time on the Ward more comfortable. We were told:

"I have been impressed with this ward. They are really good at putting me at ease".

"Very good treatment."

"Can't fault the care."



The staff

We spoke to four staff members on our visit; two Health Care Assistants (HCA), the Matron and the Ward Manager. The Matron was standing in for the usual Matron who was on long term sick.

The Matron told us that they 'talk to patients and families and they are usually very happy with the standard of care'. There have been recent issues regarding heating in side rooms and there had been a few complaints but the staff immediately provided more blankets and have requested additional electric heaters from Estates although this has yet to be actioned.

We asked the HCAs if they felt informed about patients needs in their role and if there were enough HCAs on the Ward.

'There are sometimes enough HCAs on the Ward but sometimes not due to sickness or vacancies.'

'It depends on the number of patients needing enhanced supervision, there should be more HCAs if there are more patients needing 1:1s.'

We asked what training they had receiving, including any specialist training. We were told:

'I have received lots of training including glucose training, bariatric bed training, Mental Capacity Act/Deprivation of Liberty Safeguards and hoist training. Next month I have a Learning Disability focussed online training session.'

'I've been here for 20 years – had lots of training including online training. I've had advanced manual handling, End of Life care training and Diabetes.'

When we asked the HCAs if they felt listened to by other staff on the Ward they told us:

'They do listen to you on this Ward – there will always be someone to listen.'

'Yes, if I have something to bring up they do listen.'

We asked HCAs if they felt they had enough time to get to know patients and discuss anything other than care and treatment with them. We were told:

'Yes we do have time to talk, it's nice in the afternoon. There are 7 patients to 1 nurse and 1 HCA. When it was Ward 22 there were 12 so this is much more manageable.'



'Half the time it is really busy on the Ward but when it is quieter you can have some good conversations.'

The Ward Manager

We spoke to the Ward Manager and asked about staffing levels, training including any specialist training, monitoring of fluid intake for patients and call bell response times.



"We do have staff move on; it's usually to other roles in the Trust, I think it's important people progress and we develop the future workforce."



The Manager told us that the Ward had previously been known as Ward 22 T&O and had been in a different location. There were problems with visibility of patients on that Ward and at one time out of 32 beds they had 20 patients under DOLS¹. At this time it had been a difficult work environment and there were staffing challenges. The Ward moved to its current location in October 2022 and it provides a much better environment as the layout provides better visibility of patients so there are less issues with long waits for call bells to be answered. There are now 20 beds on the Ward.

The Ward will be moving again temporarily in the next month to allow a full refurbishment of its current location.

We were told there were no vacancies on the Ward currently but there is high sickness of over 7%. Seven staff are currently on maternity leave. On night shifts there are 3 Nurses and 3 HCAs. The Ward has had a new Ward Clerk start last week – they haven't had one for a while.

Staff who have left the Ward recently have moved on to other things such as setting up the Fragility Fractures service.

The Ward has recently had a push on fluid balance sheets – they assess who should be on fluid charts and this includes all patients for 24 or 48 hours post-surgery. Any patients who have Dementia will have a food and fluid diary recording what has been eaten and drank. This helps visitors stay informed.

¹ Deprivation of Liberty Safeguards [Deprivation of Liberty Safeguards \(DoLS\) at a glance | SCIE](#)

What we saw

The Ward is a large space with two connected bays, one smaller bay and several side rooms. The side rooms are not ensuite but have access to a bathroom out on the Ward. Each bay has its own bathroom. Bathrooms were clean, well signposted and easily accessible.

The staff on the ward appeared to be busy with lunch service and medication rounds but the ward itself was calm and fairly quiet. The Ward was a comfortable temperature. A window was open on the female bay but there was building work going on right outside which was causing a lot of noise. One patient said, 'it's like a builder's yard'.

Staff came to check a patient's blood pressure while we were talking to her visitors. The staff greeted the patient pleasantly by name and asked for her consent for the test.

Large face clocks showing the date and time were visible in bays.

Most patients on the Ward were in bed. We heard one call bell go off during our time on the Ward – it was answered immediately.

The male bay had no windows so had an oppressive feeling with one patient telling us 'I have not seen daylight for 10 weeks and can't hear the dickie birds in the morning'. The female bays were much brighter.

There was a large information board on the Ward giving information and key pointers on tissue viability. There was also a motivational message for staff on this board.

Behind each bed was a board with patient information including communication needs.

Key findings

- Ward 29 AOTU is a large Ward where staff were busy during our visit but the Ward felt calm.
- Patients told us that staff have time to talk and get to know them.
- Patients told us about the 'very good' care on the Ward, said they were 'impressed' and that they 'couldn't fault the treatment.'
- Some visitors told us that information on the Patient Advice and Liaison Service (PALS) would be helpful as they hadn't known about this service.
- The male bay has no windows so it has an oppressive feel which patients commented on.
- Patients' opinions on the food were split with some enjoying it and some not happy with it. Two patients told us they would like more fresh foods such as salad.
- We were told that patients were offered enough drinks throughout the day.
- Patients told us it was difficult to sleep on the ward mainly due to the noise from other patients.
- Four patients and visitors said communication was good. One visitor said that staff were always changing so they didn't know who to go to and two commented that they always have to ask as information isn't given willingly.
- HCAs told us that they had access to lots of training courses, felt listened to within their roles and usually had the time to chat with patients.

Recommendations

Following our visit we recommend that the Trust:

1. Ensure that once Ward 29 AOTU is refurbished there are information posters about PALS on display.
2. Consider what can be done to improve the environment on the bay with no windows.
3. Consider how information could be passed on to patients and visitors more proactively.
4. Look at the availability of fresh fruit and vegetables on the Ward.

Provider Response

Thank you for the feedback shared following your visit to Ward 29 AOTU at the Royal Shrewsbury Hospital. The purpose of the visit was to speak to staff within the area and review the experiences of patients, and the people important to them. The AOTU Team value any feedback to support service improvement, particularly from our external partners. As a team we are always striving to enhance the experience of care of our patients and your comments and recommendations are appreciated. The following actions have been identified in response to the feedback and recommendations which have been made:

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
Ensure that once Ward 29 AOTU is refurbished there are information posters about PALS on display.	Ward 29 AOTU has posters promoting the PALS Service on display and these were displayed in the area at the time of the visit. It is recognised that a range of approaches to support patients and reinforce messaging is required, to	Quality Team	30 th April 2023	Work has started on ward 29 AOTU and is expected to take between 6-14 weeks

	<p>support this the following steps will be taken:</p> <p>The Trust is reviewing information displayed at Ward entrances, this will include who to speak to on the Ward to seek support or highlight a concern. A prototype will be introduced onto Ward 29 AOTU in advance of wider Trust roll out.</p> <p>The PALS Team will introduce a process to be more visible within clinical areas to support patients in resolving concerns at an early stage to support resolution where needed.</p>	PALS Team	31 st March 2023	
Consider what can be done to improve the environment on the bay with no windows.	Arrangements are being explored to identify funding for the Bay to have sky light ceiling murals introduced, giving the appearance of sky scenes to improve the environment for patients in the Bay.	Matron and Operational Manager		
Consider how information could be passed on to patients and visitors more proactively.	The ortho-geriatrician and trauma nurse are available Monday to Friday to speak to relatives and patients, to ensure that they are updated on care. Staff are in the bays and available to talk with visitors as	Ward Manager	28 th February 2023	

	<p>required. The importance of good communication has been reinforced with the Ward Team.</p> <p>The Ward has recruited an additional Ward Clerk. On commencement, this will make it easier for people to contact the Wards.</p>	Ward Manager	31 st March 2023	The successful applicant is presently going through the Trust recruitment checks.
Look at the availability of fresh fruit and vegetables on the Ward.	<p>A recent change has been to add an option for wards to order for patients a salad if they do not want a hot meal. There are four choices available to choose from including Ham, Egg, Tuna and Cheese.</p> <p>Fruit is sent daily to the wards including bananas, apples, and easy peeler oranges</p> <p>The Catering team are presenting at a Housekeeper training day and will reiterate that staff can contact Catering if patients' requirements are not being met and if need be Catering can meet patients to discuss how their requirements can be met.</p>	Senior Catering Manager	30 th April 2023	The Ward works closely with catering colleagues. Alternatives are offered and catering are asked to come to speak to patients when they are struggling with options available.

Pass on to all staff the very positive feedback from patients.	The finding of the report will be shared with staff to recognise areas where improvements can be made and to acknowledge the positive feedback received from the Healthwatch Team.	Ward Manager	28 th February 2023	All feedback has been shared with staff at ward huddles and through written team briefs
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Acknowledgements

Healthwatch Shropshire would like to thank the provider, patients, visitors and staff for their time and their contribution to this Enter and View visit and report.



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

www.healthwatchshropshire.co.uk
t: 01743 237884
e: enquiries@healthwatchshropshire.co.uk
🐦 @HWshropshire
📘 [Facebook.com/HealthwatchShropshire](https://www.facebook.com/HealthwatchShropshire)