

Enter & View Visit Report

Acute Medical Floor

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

Four authorised representatives visited the Acute Medical Floor, Royal Shrewsbury Hospital, on Tuesday 29 August 2023 at 10am. The Acute Medical Floor is made up of Acute Medical Assessment (AMA) and the Acute Medical Unit (AMU) as well as Ward 22 Short Stay which we visited previously ([report here](#)). The visit was semi-announced meaning that the Ward knew that we would visit within the month of August.

The purpose of our visit was to speak to the Managers of AMA and AMU and the staff to see how this new service was being delivered and to engage with patients and their visitors about their experiences whilst on the Acute Medical Floor.

AMU has 20 beds made up of 4 bays each with 4 beds and 4 single bedded side rooms. AMA is made up of 5 bays each with 4 beds and a seated assessment area.

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

Upon arrival at the Acute Medical Unit we approached the Nurses' station. This was very busy with a lot of staff around, including some administrative staff. Whilst we tried to catch somebody's eye so we could introduce ourselves nobody greeted us. As we stood there we saw the Manager of the Unit approaching down the corridor and flagged him down to let him know we were there. He took us on a short tour of both AMU and AMA and introduced us to the Manager of AMA.

We then walked around the unit speaking to patients and staff and making observations. Before leaving we spoke to both Ward Managers.

What people told us

The patients

We spoke to 10 patients and asked them to tell us about their experience of the Acute Medical Floor including their experiences prior to admission to AMU or AMA, what their expectations were of the unit and if these were being met, the staff and food and drink available.



"It's brilliant and the staff are brilliant, couldn't be better."



Food

We asked patients about the food on the Acute Medical Floor. We were told:

"They provide a special menu for me as I am diabetic and allergic to fish. I had the cauliflower cheese one day, it was piping hot."

"The food is brilliant."

"I can't fault the food and drink, there is a good choice too."

"There is a choice of food, the food is alright."

A patient who was sitting in a chair on AMA told us:

"I have been offered hot drinks, biscuits and toast."

Drinks

"They are mithering me all the time if I want a drink, tea or coffee. Water is available all the time."

"Plenty of access to drinks, almost too much tea!"

Communication and expectations

We asked patients whether they had been told what to expect next during their time on AMA or AMU. We were told:



“Since being on AMA I have been told of diagnostic steps and I’m waiting for test results.”

“I know the next procedure and waiting for further investigation.”

“Yes I know my plan of care, I’m having a scan next.”

“I’ve been told to expect two lots of radiotherapy and then home on Thursday afternoon.”

“I don’t know what is next, I’m waiting to see a Doctor.”

Ward staff

“Plenty of staff about, coming and going all the time. Very helpful. Ask them to do something, it’s never a problem.”

“The staff here have been brilliant.”

“Sometimes it seems they’re a bit short with a few missing but the staff are excellent, can’t fault them.”

“This bay is staffed 99% of the time.”

“The staff are brilliant, it couldn’t be better.”

“Everything is done really well. My uncomfortable cannula was changed as soon as I asked.”

“Everyone in AMA has been super helpful and lovely.”

“Everybody is good, very helpful.”

General

We spoke to a patient who had been moved to AMA chair assessment area from A&E at midnight, she had been in the chairs for 11 hours and was being treated with fluids, pain medication and steroids. She had been offered refreshments and knew what was happening with her care and treatment.



Another patient on AMA told us that he did not find the environment ideal for the length of stay. There is no radio, no TV and he was unable to access the free Wi-Fi as his phone was too old. There was also no access to showers in this bay. Blacked out windows in the bay also meant that he did not have a view outside and he found this 'demoralising'.

The staff

We spoke to 5 staff whilst on the Acute Medical Floor; a Dementia Nurse, a Health Care Assistant, a Nurse and the two Ward Managers.

The Dementia nurse told us that the unit was fully staffed currently but when there are shortages they pull staff from other areas. She sees the Dementia team each morning and has done training in Mental Capacity Act, Best Interests and falls risks. The bays are constantly monitored on the Acute Medical Floor.



The Health Care Assistant we spoke to told us that she felt well informed of patients' needs and had the time to get to know patients and chat with them. She told us that today she did not feel there were enough Health Care Assistants on the unit. There is good training offered and she has just completed training on bloods, cannulas and use of the evac chair. She told us 'they make sure you do the training.'

The Ward Managers

AMA

The Ward Manager for Acute Medical Assessment explained the patient journey through the Acute Medical Floor to us.

Patients may arrive having been referred by their GP, brought in by ambulance or being admitted from Accident and Emergency (A&E).

Patients initially come to the Acute Medical Assessment seated area. In this area they will be seen by a nurse who will do their observations. They will then have an initial assessment with a junior Doctor either in one of two assessment rooms or in the seated area.

Patients can begin their treatment in the seated area so could be put on fluids or medications whilst waiting. There are 12 reclining chairs in this area however there can occasionally be up to 15.

The Ward clerks complete a tracker of patients in the seated area at 9am each day and how long they have been there. Some people can be in this area for as long as 24 hours due to bed shortages.

Bays 1-3 on the AMA were designed for trolleys so that people who were more unwell and couldn't use the seated area, for example if they had come in by ambulance, would be able to wait in those bays and begin treatment there. Those bays are now a mix of beds and trolley spaces due to bed shortages in the hospital.

Bays 4 and 5 within AMA were designed as Enhanced Care bays although at the time of our visit they had not been used for this although it was planned to begin at the end of September. These Enhanced Care bays will have video and IT based monitoring systems. Training for nurses on providing Enhanced Care is currently ongoing.

In the time since AMA opened it has given A&E more capacity. In December and January there were over 300 referrals to A&E from GPs, in April this was down to 5. This is due to more patients being referred straight to AMA from GPs.

AMA is able to discharge 25% of patients home.

AMU

The Ward Manager told us about current staffing levels on AMU. They have 14 Registered Nurses and 9 Health Care Assistants on the Unit both day and night. Currently there are vacancies for 5 Registered Nurses and 2 or 3 Health Care Assistants. A lot of vacancies have been filled since November and the Ward has been allocated a lot of international nurses who have joined the Trust. Consultant cover for the ward is not arranged by the Ward Manager however there is usually adequate cover.



“We get sent a copy of the rota a week in advance so that lets us know what to expect.”



The Ward has two clinical nurse educators to ensure that staff are given proper training and the Ward Manager says he has never known a better trained group of staff. All staff are having enhanced care training. The last group of nurses allocated to the Ward were extremely good and very experienced.

Pharmacy cover is not adequate and can sometimes cause issues, whilst the staff are very nice and helpful the system is 'stuck in the past'. It can take a long time to get medications up to the Wards and people can be waiting many hours to get prescriptions filled.

The Ward Manager told us that there have been some teething problems since the Acute Medical Floor opened but that these have been managed very well. The unit benefits from being well supported by both the Matron and the Deputy Head of Nursing.

The distinction between AMA and AMU is currently blurred due to shortages of beds. The intention is that AMA is for assessment and AMU is for short stays of between 24 and 48 hours. Patients needing to stay a little longer, between 3 to 4 days would be admitted to Ward 22 Short Stay. Due to issues with flow within the hospital there is a lack of beds which backs up the assessment area and leads to people waiting in the seated area for longer than they should, sometimes over 24 hours. They can begin treatment in this area though and would be more comfortable than waiting to be seen in A&E. The team are 'doing what they can to make it work'.

The Ward Manager told us 'the staff are phenomenal, they work so hard. When all the chairs are full in the assessment area and people have been waiting a long time, it can be hard walking into that and I salute them for doing it.'

What we saw

The Acute Medical Floor is a horseshoe shaped unit comprising AMA, AMU and Ward 22 Short Stay. We entered through AMU which was signposted from the Main Wards entrance. There was no signposting to AMA from this entrance. There was small text on the sign for the seated area saying 'Welcome to AMA seated area'.

Posters on the wall in this area tell people what to expect although the writing on these is quite small so they may not be easily read by all.

AMA has an open area with 12 comfortable, clean, reclining padded chairs in situ. At the time of our visit this area was quiet and we saw 3 of the chairs in use, however, if it were busy then privacy could be an issue. There is a nurse's station within this area where staff were completing paperwork.

When we first entered AMU it felt a busy and stressful environment. There were a lot of staff rushing around and it was noisy. About 30 minutes into our visit these activity levels had calmed down and it became much quieter.

The bays on AMU felt more relaxed and the temperature was more comfortable than on the corridors which were very warm. The bays appeared clean and were airy, bright and spacious although one bay on AMA had no natural light. There were small nursing stations in all bays so that staff could sit and complete paperwork whilst observing patients in the bay.

We observed the interaction between a Nurse and patient which was calm, caring and friendly. We saw a HCA come to help a patient who was struggling in the corridor; he was kind and gentle with the patient and supported him back to the bay. Another HCA was chatting to a patient and was very smiley and warm, there appeared to be a genuine interest in what the patient was telling her.



We heard a staff member speak harshly to a patient who had come in on a stretcher and was behaving in a challenging manner. This interaction stood out to us as the other staff were being kind and patient.

Key findings

- The Acute Medical Floor is a busy area comprising AMA, AMU and Ward 22 Short Stay.
- Patients can be assessed and start their treatment in the chair area. On the day of our visit this area was very quiet but we were told by Ward Managers and other staff that it can often be busy with patients waiting there over 24 hours sometimes due to a lack of beds in the hospital.
- There could be an issue with privacy in the seating area when it is busy and assessments need to be undertaken there.
- Patients told us that they 'couldn't fault' their care and treatment on the Acute Medical Floor and that 'the staff are brilliant'. Feedback from all patients spoken to was positive.
- Staff and Ward Managers told us about the training staff have received including Enhanced Care training.
- A shortage of beds across the hospital can lead to people staying on AMA and AMU longer than it is intended. This can cause issues for patients due to a limited access to showers on AMA and no provision for entertainment on AMA or AMU.

Recommendations

Following our visit we recommend that the Trust:

1. Feedback to all ward staff the high regard that patients feel for their work.
2. Feedback to those responsible for the creation of the AMA/AMU that it has made a very positive improvement for patients.

3. Address the bottleneck in moving patients through the AMU and help prevent blockages in the AMA. Providing improved pharmacy provision should be considered.
4. Address the suitability of aspects of the AMA/AMU provision given its present usage patterns, particularly a lack of entertainment for patients.
5. Consider if the AMA reception seating area layout could be improved to promote greater privacy.
6. Improve reception and signage for those arriving via an external referral.

Provider Response

Thank you for the feedback which you have provided following your visit to the Acute Medical Floor at the Royal Shrewsbury Hospital, to review the experiences of patients being nursed within the area. We value any feedback, particularly from our external partners, the benefit of receiving feedback from external agencies helps support service improvement and the experience which we deliver to patients accessing our services. We are always striving for excellence in delivering care to our patients and your comments and recommendations are greatly received.

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
Consider if the AMA reception seating area layout could be improved to promote greater privacy.	The Acute Medical Assessment seating area has 12 comfortable patient chairs, enabling patients to start their treatment. The area has two assessment rooms, enabling patients to be triaged and assessed in a private area. If a patient requires treatment that would	Matron of Acute Medicine (RSH)	Completed	Completed

	<p>require them to be in a gown, then they would be transferred to a trolley area prior to commencing treatment, to maintain their dignity.</p> <p>A nurse's station is located within the area to enable visibility of patients whilst in this area, ensuring patient safety and dignity are maintained.</p>			
Address the bottleneck in moving patients through the AMU and help prevent blockages in the AMA.	<p>There is a range of work taking place across the Emergency Centre to support improved patient flow, examples of these are:</p> <p>The Clinical Site Managers and AMU/AMA staff are shadowing each other to provide increased understanding of capacity pressures and insight into how these impact within each role.</p> <p>KPMG have been commissioned to undertake an audit on flow throughout the area, providing an independent insight into what is working well and</p>	<p>Matron of Acute Medicine (RSH) and</p> <p>Capacity Matron</p> <p>Emergency Centre Senior Team</p> <p>Emergency Centre Senior Team</p> <p>Emergency Centre Senior Team</p>	<p>31/12/23</p> <p>Date to be confirmed.</p> <p>30/11/2023</p>	<p>In progress</p> <p>In progress</p>

	<p>opportunities for improvement.</p> <p>A Test of Change Week is planned to explore methods of improved patient flow.</p> <p>Exploring the opening of the enhanced care bays to provide focused care whilst realising staff in other areas.</p> <p>Recruit 3 Acute Medical Facilitators to focus on patient flow across the acute floor.</p>	Matron of Acute Medicine (RSH)	30/10/23	Completed
Providing improved pharmacy provision should be considered.	A pharmaceutical vending machine enabling clinical staff to access a range of discharge medicines has been ordered. This will reduce the time taken to access discharge medication.	Pharmacist / Ward Managers / Estates	01/12/23	The estates work has been undertaken in preparation and the Trust is awaiting delivery of the equipment.
Address the suitability of aspects of the AMA/AMU provision given its present usage patterns, particularly a lack of	Ward Manager to explore the feasibility and cost of a television being mounted in the seating area for patients.	Ward manager AMA	01/12/23	Ongoing
		Lead for Patient Experience	30/10/23	Completed
		Ward manager AMA		

entertainment for patients.	Apply to the Trust charitable funds to purchase a radio for the area. Explore further options and ideas with staff at the next ward meeting.		01/12/23	
Improve reception and signage for those arriving via an external referral.	Liaise with the Estates Team to explore how signage to AMA can be improved. Update the hospital site map to incorporate the location of AMA	Matron of Acute Medicine (RSH) and Operational Team	01/12/23	Ongoing
		Communication Team	01/10/23	Completed
Feedback to staff	Share feedback and findings from the Enter & View visit with staff: Acute Medical Assessment Team – Ward Meeting Acute Medical Unit Team – Ward Meeting Catering Manager	AMA Ward Manager	01/12/23	
		AMU Ward Manager	01/12/23	
		Lead for Patient Experience	30/10/23	Completed

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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