

Enter and View Report

Princess Royal Hospital

Ward 10

Announced Visit

04th March 2024



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What is Enter and View

Part of Healthwatch Telford and Wrekin's remit is to carry out Enter and View visits. Healthwatch Telford and Wrekin Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or highlight good practice.

The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families, and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrist and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation so that we can learn about and share examples of what they do well from the perspective of people who experience the service first-hand.

Healthwatch Telford and Wrekin Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Telford and Wrekin's Safeguarding Policy, the service manager will be informed, and the visit will end. The local authority Safeguarding Team will also be informed.

1. Provider details

Name and Address of Service: *Discharge Lounge, Princess Royal Hospital (PRH) Apley Castle, Telford TF1 6TF*

Manager: Ruth Smith Lead for Patient Experience

Service type: *Frailty and complex*

2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank all the staff/patients for their co-operation during our visit.

3. Disclaimer

Please note that this report is related to findings and observations made during our visit made on *04th March 2024*. The report does not claim to represent the views of all service users, only those who contributed during the visit.

4. Authorised Representatives

Jan Suckling

Tracy Cresswell

Sherrel Fikeis (observing)

5. Who we share the report with

This report and its findings will be shared with the service provider, Local Authority Quality Team (depending on the visit), Shropshire Telford and Wrekin ICB, Care Quality Commission (CQC) and Healthwatch England. The report will also be published on the Healthwatch Telford and Wrekin website.

6. Healthwatch Telford and Wrekin details

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7. Healthwatch principles

Healthwatch Telford and Wrekin Enter and View programme is linked to the eight principles of Healthwatch, and questions are asked around each one.

1. **A healthy environment:** Right to live in an environment that promotes positive health and wellbeing
2. **Essential Services:** Right to a set of preventative, treatment and care services provided to a high standard to prevent patients' reaching crisis
3. **Access:** Right to access services on an equal basis with others without fear of discrimination or harassment, when I need them in a way that works for me and my family
4. **A safe, dignified and quality services:** Right to high quality, safe, confidential services that treat me with dignity, compassion and respect
5. **Information and education:** Right to clear and accurate information that I can use to make decisions about health and care treatment. I want the right to education about how to take care of myself and about what I am entitled to in the health and social care system
6. **Choice:** Right to choose from a range of high-quality services, products and providers within health and social care
7. **Being listened to:** Right to have my concerns and views listened to and acted upon. I want the right to be supported in taking action if I am not satisfied with the service I have received
8. **Being involved:** To be treated as an equal partner in determining my own health and wellbeing. I want the right to be involved in decisions that affect my life and those affecting services in my local community.

8. Purpose of the visit

This visit was announced and was part of Healthwatch Priority Project.



Princess Royal Hospital Telford

9. What we did

On Arrival

On arrival we were met by the Patient Experience Lead, we introduced ourselves and explained the purpose of the visit and what we would be looking at during the visit. The Patient Experience Lead supported us finding the Ward and introduced us to the ward manager.

Whilst waiting to enter the ward, we observed in the corridor there was a “Welcome to our Ward”, this displayed number of falls daily, list of the uniforms of the staff, information around “John’s campaign”.

We introduced ourselves to the Ward manager, explained what we would be doing throughout the visit.

The ARs gave an overview of Healthwatch to the manager.

The manager explained that it was a ward for frailty and patients living with dementia.

On a daily basis there is 1 Band 6 in charge, 4 Health Care Assistants (HCA), 4 Registered General Nurses (RGN) and 1 Nursing Assistant (NA). On the night shift there is 3 RGN’s and 3 HCA’s. Shifts are covered by using agency / bank staff.

10. Findings:

Environment

External

On arrival at PRH, we drove around the site, but all car parks were full, resulting in cars being parked on the paths, yellow lines, verges and any spare piece of land. Driving around the site was difficult due to the cars parked blocking views and the many cars looking for spaces.

PRH has an outside parking company that takes care of the parking around the site.

Internal

At the main entrance, signage to the toilets was clear from the main corridor, however the signage was poor when leaving the corridor, the ladies’ toilet was round a corner with a very small sign of a toilet on the door, it was not clear and for anyone with visual impairment, they would not know it was a toilet.

When walking down the main corridor to the Ward we observed several broken beds and equipment, crash mats, pallets full of boxes and other things left in the corridor. We observed a few fire signs on the walls saying that beds left in corridors are a fire hazard, one of which was directly in front of a bed. In some parts of the corridor, this caused restricted access for trolleys and wheelchairs. We also observed items in front of doors that had signs saying ‘do not restrict access’.

The corridor to the ward had a yellow container limiting space if you had to get beds in and out in the case of an emergency evacuation.

Essential Services

The ward manager explained that they work with the patients and their relatives whilst they are on the ward and support them through the discharge process when required. They work on a baseline to identify what their needs are, they engage with other health professionals such as therapy, nursing etc. The AR asked if they follow the “John’s campaign” which is advertised on the trust’s website, the ward manager explained that they allow family members to stay with patients, but did not realise it was called “John’s campaign”.

One patient we engaged with could not recall being engaged with around their discharge plans.

Access

Handover takes place in the bays at 7am and 7pm, staff try to keep the noise down to a level. They have a silent night charter, they try to place all the patients that are having difficulty sleeping through the night into one area, to reduce disturbing the other patients sleep.

The ward manager expressed that discharging patients to care placements is an issue, especially if the patient has challenging behaviours. They explained that there are issues with funding of care homes, palliative care and this effects the length of stay that some patients have to stay in hospital.

Safe, dignified and quality services.

The ARs were informed that staff members are situated in the bays at all times, this was observed during our visit, we observed that one patient’s bed was very low, and this was due to the patient being a risk of falling.

All handovers take place in the bays, the ward manager expressed that they cannot always ensure that patient confidentiality is upheld. When doing care however they do whatever they can to ensure patients dignity. They pull the curtains around, but it is sometimes difficult to keep their voice at a level that cannot be heard.

The ward manager explained that they talk to the patients explaining everything that they are going to do and they pitch it to the level that the patients are able to understand.

If patients are on the SWAN pathway, they are moved into a side room if available.

We did not observe any bells being called during our visit, however we asked the ward manager how quickly they are responded to, they explained that on average within 2-3 minutes, however that would depend on the time of day whether it was during meals time or drugs round.

Information

There was a board outside of the ward that displayed the staff uniforms, the number of nurses on shift etc.

The ARs observed a staff member in a green uniform that was not on the board and the staff member had no name badge on, this was relayed back to the ward manager, and we were informed that they were domestic staff.

The ARs observed that staff name badges were yellow with “my name is”.

In Bay C, the date had not been changed on the board that is displayed in the ward.

Any patients that require interpreters, these are sourced from the trusts interpreting services, this includes patients who require British Sign Language (BSL), however the ward manager expressed that whilst they have been on the ward they have not had any patients requiring BSL.

The ward manager explained that they are not always aware of the patient’s past history.

Choice

Patients choose their meals from a menu; this includes all dietary requirements. However, the ward manager explained that families can bring food in as long as it does not require re-heating as this is not allowed. One patient expressed that the food “was really nice”, they expressed that the beef was cooked properly.

Being listened to

The ward manager explained they try and deal with any concerns raised on the ward, however for those that they are unable to deal with go through to PALS and follow the trusts complaints process. They gave an example of a HCA carrying out a procedure on a patient, however the family informed the ward manager that the HCA had not asked the patients permission, the manager spoke to the HCA and explained that they have to ask permission every time. This was relayed back to the family who were happy with the outcome.

The staff that we engaged with expressed that they were very well supported by the manager, they found the manager easy to approach.

Being involved

The ward manager expressed they involve the patients / relatives as far as they are able to in their care and discharge plans. Patients who are under the dementia team and have a passport, this is not always completed or kept up to date.

If families have different opinions about how their family member should be treated, a family meeting is pulled together.

Current challenges for the ward

The ward manager expressed that they currently have several nurses on maternity leave, however some of them should be returning back over the next few months.

They explained that they currently have a cohort of international nurses, some of them have passed all their examinations, however they explained that a few nurses were struggling with their hand placement and how deep they needed to go down when giving CPR, they had failed twice on this and if they failed again they would no longer be able to stay in the UK. The ward manager expressed this to the international training team asking if they could give them some more practice, they were informed they had received all the training they were going to be given, the ward manager supported the nurses by ensuring they had been given some further training to allow them to pass their CPR.

11. Recommendations.

1. Ensure all staff on the wards always wear their name badges.
2. Consider updating the display board with all the staff uniforms on not just the clinical staff.
3. Ensure that the corridor leading to the ward is kept clear at all times.

12. Provider response

Please see the Shrewsbury and Telford Hospital Trust response in the form of an action plan on the following pages.

Response to recommendations from Healthwatch Telford and Wrekin 'Enter and View' visit

Ward 10 (PRH) 4th March 2024

The Shrewsbury and Telford Hospital NHS Trust thanks Healthwatch Shropshire for undertaking an Enter and View visit to Ward 10 at the Princess Royal Hospital on the 4th March 2024. This has provided the Trust with objective feedback on the views of people using the service, identifying good practice and presenting an opportunity to improve the services we offer.

Following the Enter and View visit, Ward 10 has relocated to Ward 9 at the Princess Royal Hospital, actions identified are being enacted within the new ward environment.

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
Challenges around car parking and cars being parked on paths, yellow lines and verges.	The Trust are aware of how difficult the car parking situation is for patients, visitors and colleagues and we are committed to working with Healthwatch to improve car parking for everyone. Facilities manage the car parking contract on behalf of the Trust via an external contractor called Nexus.	Head of Facilities	31-12-2024	
	Facilities are planning an upgrade of the Automatic Number Plate Recognition (ANPR) system and pay machines in September 2024 with remapping of who uses which car park, replacing and increasing the signage. Introduce a Park and Ride service for staff and		07-04-2024	Completed

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
	volunteers, encouraging people who are able to use the facility to release pressure on site.			
The toilets in the main entrance are not clearly signed.	Improve signage to identify the public toilets in response to the feedback.	Estates Site Manager	14-09-2024	Signage has been ordered.
Ensure that corridors are kept clear of obstructions.	Chargehand Porters complete a daily Gemba to identify items in corridors that can be removed. A new process is being introduced through collaboration with Clinical Managers introducing daily updates to Ward Managers, flagging any items that can not be removed due to action being required. Weekly updates will be sent to the Deputy Divisional Directors of Nursing	Logistics Manager	31-08-2024	
Yellow waste container in the ward corridor limiting space.	The Trust clinical waste contractor has been approached, and they will be providing smaller 'wheelie bin' size bins for the use of infected waste which will be able to be stored within the dirty utility on wards. This will remove the need for large waste bins on the corridors, and both the large and small waste bins will be stored in the dirty utility for the respective waste stream.	Waste & Energy Manager	14-09-2024	
Raise awareness amongst staff	The ward support carers visiting outside of the set visiting times when this is in	Ward Manager - Ward 9	31/08/2024	

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
<p>of the John's Campaign and supporting carers in visiting outside of the standard visiting times.</p>	<p>the patient's best interest. Protected mealtimes are maintained, however, if the visitor is assisting or encouraging the patient with their meal then they are welcome to stay. Whilst the ethos of the ward patients accessing the people important to them, the Ward Manager was not aware of the John's Campaign initiative. This will be discussed with wider members of the Ward Team during team briefs over the next two weeks to raise awareness amongst staff.</p> <p>John's Campaign messaging will be refreshed and relaunched across the Trust to increase awareness amongst all staff.</p> <p>Bespoke training on the Abbey Pain Score, John's Campaign and All About Me Passports has been arranged for Ward 9 staff.</p> <p>The Dementia Nurse Specialist will work on Ward 9 each fortnight to role model and teach staff within their clinical environment.</p>	<p>Dementia Care Clinical Specialist</p> <p>Dementia Care Clinical Specialist</p> <p>Dementia Care Clinical Specialist</p>	<p>30/09/2024</p> <p>31/10/2024</p> <p>31/10/2024</p>	
<p>Not all staff were observed to be wearing a yellow name badge.</p>	<p>The Ward Manager will highlight the importance of staff wearing a visible name badge and monitor compliance. All staff have yellow name badges provided when commencing</p>	<p>Ward Manager - Ward 9</p>	<p>31/08/2024</p>	

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
	<p>in role, if any staff require a replacement name badge then an order will be placed.</p> <p>The Facilities Team have been made aware that all staff are to wear their identification badges and yellow name badge across all areas.</p>	Head of Facilities	13/08/2024	Completed
Patient passports are not always completed or kept up to date.	<p>Raise awareness amongst members of the Ward Team during team briefs over the next two weeks.</p> <p>Bespoke training on the Abbey Pain Score, John's Campaign and All About Me Passports has been arranged for Ward 9 staff.</p> <p>The Dementia Nurse Specialist will work on Ward 9 each fortnight to role model and teach staff within their clinical environment.</p> <p>A new specialist Dementia Care Plan is to be trialled on Ward 9 during October 2024 and January 2025.</p>	<p>Ward Manager - Ward 9</p> <p>Dementia Care Clinical Specialist</p> <p>Dementia Care Clinical Specialist</p> <p>Dementia Care Clinical Specialist</p>	<p>14/09/2024</p> <p>30/09/2024</p> <p>31/10/2024</p> <p>31/01/2025</p>	
Consider updating the quality boards to incorporate all staff uniforms.	The information on the quality boards reflects staffing levels in the ward or department, displaying the number of registered staff and support workers that should be on duty for each shift that day, in comparison to the actual number of people on duty. This provides transparency of staffing levels within the area.	Project Lead	Project timescales presently unknown	

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
	<p>Information outlining wider Trust staff uniforms is available on the Trust website, however, there is a national programme to standardise uniforms across the NHS. If the Trust changes uniforms in line with national guidance, then information will be developed to ensure people visiting the Trust are aware of the changes.</p>			

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The contract to provide the Healthwatch Telford and Wrekin service is held by Engaging Communities Solutions C.I.C.

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