

# Enter and View Report

UHNM Renal Satellite Unit at The County Hospital, Stafford

10<sup>th</sup> April 2024



**Healthwatch Staffordshire**

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# Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 10th April 2024

## Service Visited:

The Renal Satellite Unit at UHNM NHS Trust, Stafford County Hospital is open 6 days per week.

County Hospital, Weston Road, Stafford, ST16 3SA (Ground Floor)

Direct Tel: 01785 230273

## Context of Visit:

Healthwatch Staffordshire reached out to the Renal unit to carry out a regular statutory Enter and View visit. Healthwatch has received feedback from patients regarding issues with the non-emergency transport service. As a result, we aimed to investigate how these issues were affecting the patients and departments that rely on this service. Our objective was to work with the Patient/Hospital team to identify areas that were functioning well, as well as any improvements or measures that needed to be considered.

## Review Method:

Healthwatch Staffordshire conducted an independent Enter and View visit to gain a comprehensive view of the service at the County Hospital and the UHNM Royal Stoke Renal unit.

The visit to the UHNM Stafford County Hospital was conducted by Healthwatch Staffordshire's C Sherwood Engagement officer and a volunteer colleague. Other colleagues from Healthwatch Staffordshire are also conducting a separate Enter and View at the UHNM Royal Stoke Renal unit.

Before the visit, the Head of Patient Experience contacted the Matron of the service on both sites to set up a date and time. Healthwatch provided a poster of the Enter and View for each site to be displayed for 7 days, which made patients aware and offered a QR code, web link, and contact details. This enabled people to give feedback confidentially about the services, which will be analysed as a separate report to the Enter and View and shared with the public at a later stage.

The visit took place from 10 am until 4:00 pm, where the Healthwatch team received an overview of the service from the Deputy manager on shift. The team then split up and talked to various patients, a family member, and members of staff. At the end of the visit, the Healthwatch Engagement Officer met with the Head of Patient Experience for final clarification and feedback.

Both Healthwatch Teams are producing their reports individually, and this report is an independent view from Healthwatch regarding the County Hospital on the day of the visit.

## **The Review Team:**

The visiting team consisted of:

- **Christine Sherwood – Engagement Officer for Social Care, Healthwatch Staffordshire**
- **Val Emery – Healthwatch Volunteer**

## **Service Outline:**

The Renal Satellite unit provides 12 beds for kidney patients from Stafford and surrounding areas. It was established many years ago, and since then, the service has evolved to accommodate the needs of its patients. It now offers three dialysis shifts per day on Mondays, Wednesdays, and Fridays from 6:30 am until 10 pm. This twilight shift started in January of 2024 to enable the trust to manage the high demand of patients requiring dialysis. It also has two dialysis shifts per day on Tuesdays, Thursdays, and Saturdays from 6:30 am until 6:30 pm. The unit currently sees 50 patients per week on the unit.

Patients can get referred to the service in various ways, including through a GP referral to a consultant or via emergency treatment following hospital admission. Most patients are long-term renal patients who decide alongside the consultant to have dialysis as a treatment option.

This one service covers the whole of Staffordshire and other units under UHNM cover Stoke on Trent and its wider population. The teams are managed by a unit manager/senior sister.

The team provides immediate onsite care for the condition, and each patient has a slot time in the unit. Typically, treatment lasts for 3 to 4

hours, and patients may require treatment for anywhere from 3 to 5 days a week. Each patient's treatment plan depends on their condition. Monthly blood tests are taken to determine what dialysis is needed. When the patient enters the unit, they are weighed, and observations are completed. They are then connected individually to the machine for treatment. Once the treatment is complete, the patient will be weighed again and allowed to go home as long as they are feeling okay. After that, the machine goes through a 45-minute cleaning process before the next patient can use it.

Dialysis patients have a strict diet to control including, liquid intake, and exercise. Some patients still work, and after the treatment, patients can experience fatigue, brain fog, and bleeding from the site area, to name a few.

Staff get to know the patient well as it is an ongoing treatment plan. They can signpost patients to some services, offer information, advice, and guidance, and help with treatment planning.

Additionally, the unit has a portable translator service called Tina or Trevor, which allows the team to access an electronic translator that patients can use. Patients can also access literature in different languages and if needed the trust can outsource British sign language if it is needed.

## **Staffing:**

### **The staff working within the Renal Satellite unit at County service includes:**

- Unit Manager/Senior Sister
- Deputy Unit Manager
- Quality Nurse
- Senior Clinical Nurses x 4
- Staff Nurses x 4
- Dialysis Support Worker x 3
- Health Care Assistance x 2
- Ward Clerk x 1 currently bank staff with a view to a permanent role

It appears that the team is well-supported, as support and well-being are high priorities for the managers and colleagues. The staff work a

variety of shifts, and there seems to be a great atmosphere among the team that we observed during our visit. On the unit, staff will promote World Kidney Day.

The trust also provides additional training for staff, conducts yearly appraisals, administers staff surveys, implements the "staff Voice and Freedom to Speak Up" initiative, and offers benefit plans that include access to resources such as occupational health, well-being groups, counselling, an accessible matron, and Team Champions. The Wider Scheme's awards and Trust value Badges showcase the work of the trust and its staff, and compliments are shared with the staff to promote the good work that they do.

Staff retention is good overall, but significant factors can impact this.

There have been significant challenges over the last 18 months with staffing, a new twilight shift added and implementing new operational changes.

We were informed that currently the team is fully staffed except for one sick and 1 in the process of finishing recruitment. However not all of the staff are Full time.

## **Patient Experience and Feedback:**

On the day of our visit, we conducted a survey with the patients <https://www.smartsurvey.co.uk/s/QR2FUQ/> here are the results:

### ***Q4 – How many times per week do you attend treatment?***

We spoke with 9 patients and 7 told Healthwatch they received treatment 3 times per week.

### ***Q5 – What transport do you use to travel to the hospital?***

All of the patients interviewed have used the Non-Emergency transport. A couple of the patients sometimes drive themselves or get family and friends to collect them.

### ***Q6 – Why do you use this method of transport?***

All 9 patients had used the Non- Emergency transport for the following reasons: health after treatment, inability to drive or get to the appointment any other way. Three patients chose to drive due to the delays with the transport and 1 preferred their own vehicle.



**Q7 – If you use your own vehicle, do you have accessible parking at the hospital? For example, parking issues at the hospital etc**

Only 4 out of the 9 patients answered the question; 2 patients responded yes and 2 responded no.

**Q8 – On average, how long do you wait for treatment to begin once you arrive at your appointment? / If you use Non-Emergency Patient Transport, how many minutes early are you dropped off prior to your entry time/appointment time?**

8 out of the 9 patients answered the question. 7 said, up to 30 minutes & 1 answered 1-2 hours.

**Q9 – If you arrive late for your appointment, how does this impact your treatment?**

4 patients said that it puts their treatment behind, so they get off the machines later.

2 patients said that getting off the machine late has an impact on the transport going home due to pick-up times.

2 patients answered that they had never been late and 1 patient said the question was not applicable.

**Q10 – Do you feel well informed about your treatment plan, for example, the number of weeks of the treatment, the outcome of the treatment, and how the treatment will affect you?**

6 patients responded 'yes'.

1 patient responded that their condition was hereditary.

2 patients responded that their consultant did not explain well.

**Q11 – Do you feel that as a patient you are listened to and respected by all staff involved in your care, for example, consultants, healthcare assistants, nurses, and transport staff? Are you treated in a friendly and caring manner and feel that your privacy and dignity are respected?**

All 9 patients interviewed said yes, however, 1 patient commented on how shocking the organisation of the transport is.

*Q12 – Do you feel your needs are accommodated whilst undergoing treatment?*

All 9 patients interviewed answered 'yes'.

*Q13 – Do you feel that as a patient you are engaged and communicated with throughout your visit to the hospital and involved in all stages of your care/transport needs?*

8 patients interviewed agreed with the question and 1 patient disagreed.

*Q14 – If you are having treatment do you feel that your nutritional/hydration/cultural needs are adhered to, and are you able to communicate them to the staff if there are any issues?*

All 9 patients said 'yes'.

*Q15 – Do you feel safe while undergoing treatment/using non-emergency transport?*

All 9 patients said they felt safe. Except for 1 comment regarding the transport not having its handbrake on and moving with no driver on board, another patient had to apply the handbrake.

*Q16 – Is there space to speak to staff confidentially?*

All 8 patients who responded to the question said 'yes'.

*Q17 – If applicable, on average, how long do you wait for non-emergency transport to and from the hospital*

Out of the 7 patients that left comments, 3 stated up to 30 minutes, 2 stated 30 minutes – 1 hour and 2 stated 1-2 hours.

*Q18 – If applicable, generally on average, how many hours are you away from home?*

**Treatment time:**

- Four patients have commented that the best treatment time was 15 minutes or less.

- Three patients have commented that the worst treatment time was 30 minutes.
- One patient commented that the treatment time was 4.5 to 5.5 hours, but this included their treatment time.
- Another patient said that the treatment time was 3 to 3.5 hours, but this only included their treatment time and not travel time.

### **Travel and waiting for transport:**

Five patients commented that the best waiting time was half an hour, while another patient found two hours to be the best waiting time.

On the other hand, two patients reported that the worst waiting time for them was one and a half hours. Another patient stated that the worst waiting time was two or more hours, and one patient claimed to have waited for 5 and a half hours. Additionally, one patient reported waiting for 7 hours, and another for 8 hours.

Three patients reported a maximum treatment and transport time of six hours, while two reported a range of six to eight hours.

### ***Q19 - If applicable, are your care needs accommodated after finishing treatment and while waiting for transport home?***

Out of the 8 patients that responded 7 said yes & 1 said no.

### ***Q20 - If applicable, how does a delay in leaving the hospital impact your care/support needs/home life? for example personal care, medication, childcare, other family members Please specify.***

Out of the 9 responses, 4 had no comments. Other comments were:

"daughter had to collect me as I was forgotten"

"Stops me attending my club"

"Causes problems with my care package"



"I am a carer, so causes problems for my spouse"

"Only caused an issue following an operation"

**Q21 - If you have other health conditions, and attend other hospital departments or your GP, do you feel suitably supported by the health professional you see?**

6 patients responded 'Yes' and 2 responded 'No' regarding GP.

We only had 4 responses from patients regarding the Hospital Department.

3 answered 'Yes' and 1 responded 'No'.

**Q22 - Are you or your relative aware of how to raise a complaint/concern, for example, hospital or transport?**

Out of the 8 patients that responded, 4 said 'Yes' and 4 said 'No'.

**Q23 - Additional comments.**

Everyone interviewed was grateful to the staff on the unit and the non-emergency transport drivers. 1 relative did mention that there had been issues some time ago with the staffing on the ward, but this had been rectified. Another patient mentioned they would like to see a doctor on the ward during their treatment.

8 patients gave some lovely compliments, which we have included in quotes below:

**"Staff never stop working on the unit and wait with me and care. Pleasant staff and make time to explain the processes and ask permission, the best department I have been in."**

**"Fantastic care on ward 124 and Stafford Renal unit"**

The main issue that was brought to our attention was the organisation of the non-emergency transport. At times, patients had to wait long periods to get to and from their location, which impacted not only their well-being but also their home life, delaying care, and meals, among other things. It also affected the staff on duty, as sometimes they had to stay behind after their shift with a patient until the non-emergency ambulance arrived. If the ambulance was delayed it would impact the patient's time getting on the machine,

which would impact the patient's time getting off, this would then have a knock-on effect on the next patient.

**“All the staff are wonderful and brilliant. Transport is debateable.”**

**“Fantastic - Just transport we have a problem with. Sometimes brilliant, sometimes rubbish. Years ago renal patients took priority, not sure if they do now.”**

We will be passing this feedback along to the hospital and non-emergency transport service.

We have been made aware that the trust uses a system called Datax that the staff can access to log any issues with Non-Emergency transport and over the last 4-5 weeks this has recorded a decrease in issues.

## Summary

Upon entering the unit, we were greeted by a clean and modern environment. The reception area in the Renal unit had ample seating, including high-back chairs with arms. The notice board provided plenty of information and leaflets, while the ward clerk was friendly and welcoming.

We noticed a ballot box on the counter for the North Staffs and South Cheshire Kidney Patient rep **NSSCKPA** to gather feedback.

The cleanliness of the unit continued into the treatment area, where patients were offered drinks and snacks. Patients who preferred to bring their own food were accommodated.

Each patient bay had its own TV/radio to help pass the time, with curtains for privacy and a few rooms available for treatment if needed. The ladies' toilets were also clean, with handwashing facilities.

While the unit is a distance away from the main entrance, there are volunteers on site who can escort patients to the facility if needed. Patients who arrived in their own vehicles notified Healthwatch that allocated parking bays were located directly behind the unit, and they had no issues with parking. However, Healthwatch did not see the designated bays and were unable to comment on whether they were suitable for disabled parking. Nevertheless, there were some bays allocated for this purpose on-site.

Patients who arrived via non-emergency transport were brought directly to the unit by the crew. The majority of negative feedback we

received was about the organisation of non-emergency transport, with some patients expressing that renal patients used to receive priority.

During Healthwatch's visit to the Dialysis Unit at County Hospital, the Healthwatch team had a primarily positive experience. The staff, patients, and managers demonstrated significant progress in the service. The staff team showed a great understanding of what was necessary to support patients and work together effectively.

### **Strengths:**

- All Staff were wearing name badges and identifiable uniforms.
- Staff treated people in a friendly and caring manner.
- Staff seemed motivated and enjoyed their roles.
- Patients told Healthwatch that staff go above and beyond their role and have stayed over their shifts to make sure the patients are safe and cared for.
- Most patients felt that the treatment plan was explained in the correct manner and tone.
- Patients did feel they could speak with staff confidentially if any concerns.
- Compliments from service users of positive experiences.
- The Trust has a 'Champion' who voices staff opinions and gather feedback to drive improvements.

### **Recommendations:**

- Patients and Staff would like to see improvements in the non-emergency transport. To help reduce the impact it has.
- Patients are grateful for the staffing improvement.
- Patients and Staff would like to be able to cut down on having to chase the non-emergency ambulance calls. They have to make follow-up calls on the booking or have to rebook.

- Staff members felt they were cut off from the rest of the hospital due to the distance of the facility from the wards and this can be eerie at night or when you only have a small number of staff on duty.
- Promote the Hospital compliments and complaints service.
- Promote the non-emergency ambulance compliments and complaints service.

## Next Steps

Additionally following some feedback, Healthwatch will be leaving a ballot box with our survey on the unit for a further 7 days. This is to allow patients whom we did not get a chance to see to have their say. Once we have analysed the feedback, we will be completing a separate report to this Enter & View with the findings.

Healthwatch has gathered some further information regarding Non-Emergency Patient Transport, we are currently trying to find out what is fact/fiction and felt it unfair to add this to the Enter and View. We have logged it as a Myth Busting paper. We have also mentioned in our recent Annual Report 2023-2024 feedback regarding the Non-Emergency Patient Transport (NEPT)

[Annual Reports - Healthwatch Staffordshire](#)

## Feed Back from the Trust

“As Matron, I would like to thank Healthwatch for their visit to County and for the positive feedback. As a unit we strive to work in collaboration with our patients to deliver the highest standard of care and provide an excellent patient experience., however, feedback is essential so we can make improvements when required” comments from **Matron Dani Burn Renal-Royal Stoke/County/Leighton**.

**From Head of Patient Experience.** “The report is quite mixed- a lot of positive but some recommendations which are always good for our learning and improvement.”

“It is frustrating to read the on-going issues with the transport- both in the report and on the myth busting sheet”

“It is disappointing to know that such a high proportion of patients didn't know how to raise a concern however that is something we will definitely work on as a team”

Action taken: Immediately following the Enter and View one of the team from PALS attended the department and confirmed in the reception there was a PALS poster and PALS leaflets in the leaflet rack. Staff members visit regularly to ensure these are stocked and to raise awareness.

### Additional Feedback from the Trust Team

- The transport contract is between the provider and ICB (not UHNM)
- There are a number of forums in place between UHNM, ICB and the provider, with representation from the Renal Department
- Because of the issues with transport there is a Patient Transport Liaison at County and Stoke
- Also, Clinical Nurse Specialist recently attended a System wide Non-Elective Patient Transport Service Action Plan event on behalf of the Renal team with various outputs/actions (some quick wins) and a follow-up meeting to be arranged

The report will now be published on our website for the public to view and copies will be forwarded to relevant services.

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