

Enter and View: Acute Medical Unit (AMU)

The Rotherham Foundation Trust



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About us

Healthwatch Rotherham:

We are the independent champion for people who use health and social care services in Rotherham. We are here to make sure that those running services put people at the heart of care.

Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We focus on ensuring that peoples' worries and concerns about current services are addressed and work to get services right for the future.

Details of visit:

Address	Moorgate Road Rotherham S60 2UD
Service Provider	The Rotherham NHS Foundation Trust (Acute Medical Unit)
Date and time of visit	Friday 4th July 2025
Representatives	Alison North Tony Swindells Kym Gleeson Andrea McCann
Visit status	Announced

Acute Medical Unit (AMU) at The Rotherham NHS Foundation Trust:

Rotherham Hospital is located on Moorgate Road, Rotherham, S60 2UD. The Acute medical unit is a specialised area for the assessment, investigation, and treatment of patients with acute medical conditions. It serves as the initial point of entry for patients requiring urgent medical care who are referred by their GP, the Emergency

Department, or outpatient clinics. The AMU aims to provide rapid assessment and treatment in a dedicated area where specialist medical, nursing, and equipment resources are concentrated.

Rotherham General Hospital's Urgent and Emergency Services, which includes the Acute Medical Unit (AMU), was rated as "requires improvement" by the Care Quality Commission (CQC). The overall rating for the trust, The Rotherham NHS Foundation Trust, also "requires improvement". The most recent CQC report, published in 2021, highlighted areas where further improvement was needed, particularly in relation to safety, effectiveness, responsiveness, and well-led practices.

[Information taken from the latest CQC inspection report published 10/06/22]

Disclaimer:

Please note that this report is related to findings observed on the date listed above. Our report relates to this specific visit to this service and is not representative of the experiences of all service users and staff, only an account of what was observed and contributed at the time. This report is written by Healthwatch Rotherham using the information gathered by the Enter and View Authorised Representatives named above who carried out the visit on behalf of Healthwatch Rotherham.

What is Enter and View?

The Health and Social Care Act 2012 legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded, such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. We visit:

- To gather the views of health and social care service users, families and carers.
- To report what we see and hear to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners to improve the quality of health and social care services.
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

Purpose of the visit:

- To collect the views from patients, families, volunteers and staff on services.
- To observe how the facility operates and provides its services.
- To identify 'Best Practice' and highlight any areas of concern.

Methodology:

We follow Healthwatch England guidelines for Enter and View visits. The steps below summarise the process:

- **Plan:**
 - Appoint an Enter and View lead for the visit.
- **Communicate:**
 - Inform the provider of the visit, and relevant details including the purpose, date, time, estimation of how long it will take, how many people will be carrying out the visit, and the name of the lead person.
 - Include information about how members of the public can contact Healthwatch Rotherham if they are not able to when the visit is taking place.
- **Prepare:**
 - Prepare resources such as surveys and questionnaires.
 - Identify any requirements for special support necessary to facilitate the visit such as access or security. This must be done before the visit, as you may be refused entry.
- **Report:**
 - On completion of the visit a draft report is shared with the service provider requesting comments on factual accuracy and responses to any recommendations within 20 working days.
- **Follow up:**
 - The final report is published on Healthwatch Rotherham website and shared with the Care Quality Commission (CQC), Healthwatch England and the service provider.

The visit to the Acute Medical Unit took place from 10am to 1pm on Friday 4th July 2025. Four trained Enter and View representatives were there on the day, 2 staff members and 2 volunteers.

Enter and View observations:

Entrance:

The entrance to the Acute Medical Unit (AMU) is on B level, junction 1. A lift can be taken as an alternative to the stairs.



The entrance to the department is on a wide corridor and the double doors open out well to allow for wheelchairs and beds to be moved easily. The entrance is secured by a pin pad allowing staff only to enter in and out of the area.

AMU Entrance corridor and waiting area:

From the hospital's main corridor, we entered a smaller corridor leading to the AMU department. This area included staff offices, break spaces, and a small, comfortable waiting area displaying a range of health information on posters and flyers. Staff noted that the waiting area was rarely used.

There was a notice board in the entrance to AMU with staff photographs on, welcoming people to the ward and a general welcome board outside the bays.

The atmosphere was calm and quiet. Walls painted in a pale colour were in good condition, and the absence of ringing phones or other noise contributed to a relaxed environment for patients, staff, and visitors.



Communal areas of the ward:

The ward generally was very clean and tidy. The weather was hot on the day of our visit, so the main lights were turned off to keep the ward cool. The temperature felt comfortable. There was information on walls and doors providing lots of information on different topics for both staff, and patients and visitors, for example, hydration posters and banners, infection control boards, Mental Capacity Act (DoLS) information board, how to treat pressure sores and Martha's rule amongst others.

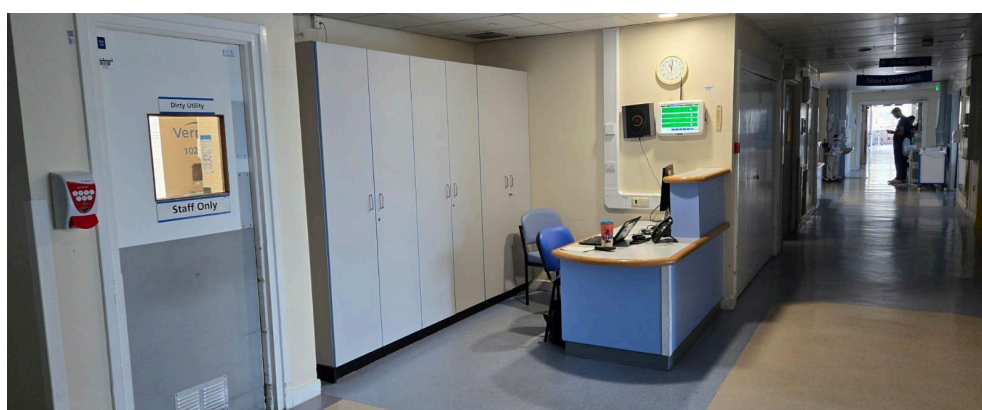


The walls were painted in pale colours and were generally well maintained, with occasional scuffs likely caused by trolleys, beds, or other equipment moved around the ward. Some door architraves in the main corridor appeared slightly worn. Handrails were present along the corridors; however, their colour closely matched the walls, and painting them in a brighter colour could provide additional support for patients with dementia. Dementia-friendly blue signs were in place on toilet doors. Patient toilets were tidy, clean, and well equipped with blue raised seats and a handrail to aid

mobility. The ward had five toilet cubicles, which could be designated male or female using a sliding sign.



Some staff worked at the stations along the main corridor and were provided with the necessary IT equipment. We heard conversations about patients but nothing that identified anyone. The main corridor also contained pieces of equipment such as observation stands, walking frames, fans and various clinical trolleys and it appeared that storage space on the ward was limited.



Staff:

Staff that work in AMU include Ward Managers, Nurses, Junior doctors, Healthcare Support workers and Domestic services staff, including catering staff who arrange and manage the food delivery to the patients on the ward.

The ward manager was able to show us around the ward and answer questions we had. She showed us the staff break areas which provided comfortable seating with appliances such as fridges, sinks, microwaves and facilities to make drinks. The staff areas provide information on training opportunities, services available for them to use and one of the rooms provided a "Retention and Career wall" which highlighted new staff, promotions and students on placements. The ward manager stated that 11 staff that had trained in the department were looking for permanent roles within AMU, highlighting a positive placement to have had training.

The staff clinical area was organised with well equipped work stations for doctors and contained a SEPIA portal on the wall (Supplementary Electronic Patient Index Aggregator) which is accessed through Google Chrome. Medical staff can see information from different IT systems including TPP's SystmOne and Meditech on their mobiles, tablets and desktops. In addition, the portal has some special features that means you can see how many patients are celebrating their birthday in Rotherham's care, which means no special days are forgotten.

This area also has a communication station/toolkit which is for staff to be able to support a patient who may have specific communication needs. For example, it contains hospital passports, learning disability tools and resources, information about supporting and communicating with veterans, information on how staff can book interpreters, how staff can support migrants and other information for migrants, a falls booklet that can be given to patients, information for cancer patients, mental health support services, accessibility guides and information for carers. Staff can also offer their patients receiving palliative care, a little purple butterfly box which contains some little tokens of kindness.

Staff are invited to a "huddle" at different points in the day; the first at 7am, then at 11am, 7pm and midnight. This is an opportunity for staff to check in with each other, provide necessary information on patients and the nurse in charge is able to check on staff wellbeing ensuring that everyone on duty is hydrated and has had the required breaks. A staff water fountain supplies fresh cold water, and a wellbeing board displays information such as the 'Going Home Checklist.' The ward manager, a trained Health and Wellbeing Champion, supports the promotion of staff wellbeing. Staff also receive a weekly email containing patient feedback, details of the 'Colleague of the Month,' and

information on planned ward improvements. Staff on the day appeared happy and confident in their work and we observed some friendly staff-patient conversations.

The bays:

AMU houses 27 beds within their single sex bays. Most patients arrive at the ward from the Urgent and Emergency Care Centre and the department aims to have patients discharged within a few hours or moved onto a more appropriate ward, such as the Short Stay Unit which is at the opposite end of the ward. (See photo above)

Each bay has a nurses station where the nurse on duty can work from and keep an eye on patients. Staff on duty have their names displayed on entrance to the bay.

Each bed had an area for 2 visitors to sit comfortably, although not with arms, which would help support those with physical disabilities. The patient chairs were also quite low, although block cushions could be provided if necessary and some of the seats were ripped. The patient's name was displayed above the bed with any special information about them and their needs. For example if they were a 'falls' patient, if they had a learning disability or had special dietary needs. Each bed also had a patient information stand attached to the wall which contained a booklet with a variety of information; information for those with a Learning Disability, carers information, chaplain information and a menu showing available options for each meal time including special dietary requirements. There was also information about "leaving hospital" which stated questions that could be asked when speaking with the staff in the Community Ready (Discharge) Department. The beds all had disposable curtains which could be pulled around the bed providing privacy. These were all marked with a date for when the curtain needed replacing - these are changed every 4 weeks.

Each bay had a television visible from each bed, with patients able to request specific channels from ward staff. The channels offered were in English only and subtitles could be displayed. A locked medication cabinet was located on the wall near the nurses' station, containing patients' medication, which was accessed only by authorised staff when required. . The bays also offered a clock in both analogue and digital time. A book trolley is brought to the ward 3 times a week for any patients wanting to read. The windows were open on the bays creating lots of light and providing fresh air, and the lighting on the bays was bright fluorescent lighting as part of the ceiling tiles. Some loose plug sockets were noted in certain bays.. We had looked for information about the availability of a chaperone service, but couldn't see that this information was provided anywhere.

Meals and Catering services:

The hospital has recently changed their meals provider and the new processes are still in their infancy.

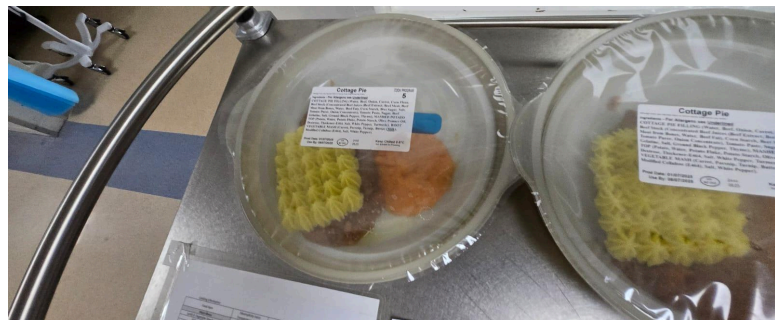
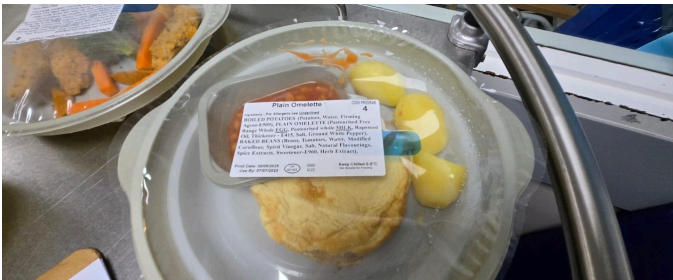
Healthcare assistants take orders electronically in the mornings via an iPad and this is then submitted to the catering staff, so they can ensure that the correct meals are provided for each ward within the hospital. Staff commented on the order process being time-limited which could be difficult at times, especially if patients take their time in ordering and haven't had a prior look at the menu and meal options available to them.

We observed the process of meal preparation and staff appeared to understand the system for preparing the meals using the meal trolleys which also had a heating element in them. Meals are colour coded which indicates where the meal should be placed in the heating trolley before it is served to the patient. The heating process can take 30 to 40 minutes before it can be served to the patient at the appropriate temperature, following their health and safety guidelines. Staff did comment that the trolleys weren't large enough to be able to heat up all the meals together, so this had to be done in phases. The trolley's did appear quite large and required electricity to run, which meant they needed plugging in somewhere. We did notice that this meant during meal times there were trailing wires if the trolley wasn't placed carefully, avoiding trip-hazards. (See photo below)



Meals for patients requiring assistance with eating were provided on red trays, so that Healthcare assistance knew who would need help during their meal.

Religious, cultural and vegan options were available on the menu and the menu had a QR code on the back so that patients could offer feedback about meal choices and the quality of the food.



Hydration was a visible priority across the ward and hospital, with posters and banners encouraging adequate fluid intake. As mentioned earlier in the report, there are posters and banners around the ward encouraging patients to stay hydrated by drinking enough water. A system is in place to help healthcare staff monitor patients' water intake. In the morning, water jugs have a red lid, which is changed to amber at 1 pm and to green by 7 pm.

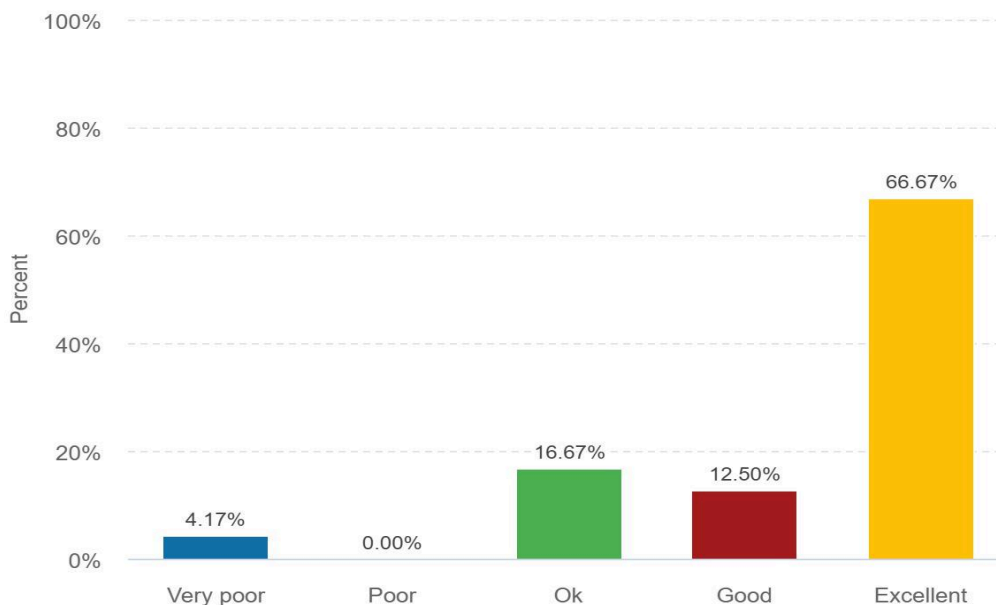
Survey Responses:

Prior to the visit, surveys and QR codes linking to online questionnaires were left with the service to enable patients, relatives, and staff to provide feedback. We did this to get true and honest feedback from patients and those who work in the ward. We use this data combined with our own observations to form a summary and any recommendations.

Patients feedback:

We asked:

1. How do you rate the care you've received in AMU?



"From admission to ward – professional care and friendly. Explained everything carefully so I understood everything"

"The staff have given me all the help and more, I could not be more thankful"

"Staff are very caring & nothing is too much trouble for them"

"Care okay, overall, I'm happy"

"Long wait at A&E But necessary, staff nice & approachable and explained everything"

"I haven't had much updates on my care"

"Kind, helpful & patient"

"It takes a medal to look after to me and they deserve a medal"

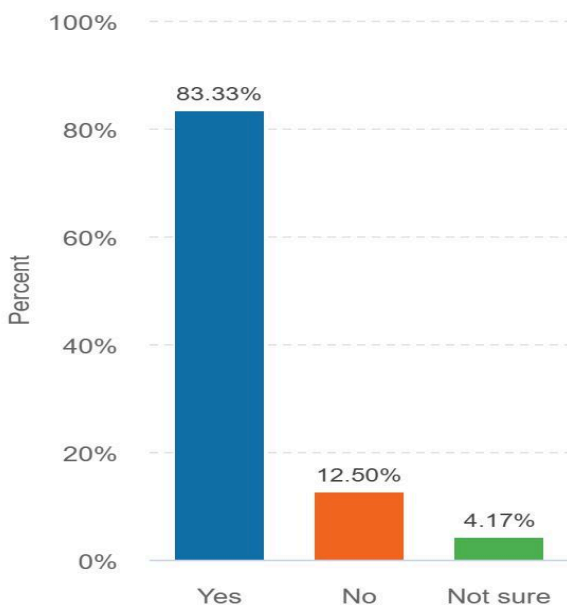
"Feedback acted on straight away"

"All personnel contacted at Rotherham Hospital were exceptionally brilliant in each of their individual jobs . I have nothing but praise for them"

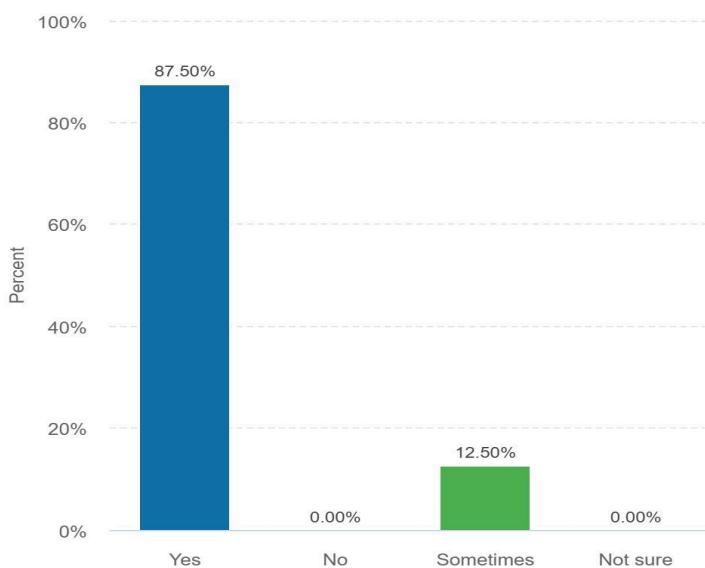
"Not given any medication for 20 hours from admission to A&E"

“Excellent nurses, checked regularly, everyone was lovely. Very happy with the care I’ve received here”

2. Have you been informed about the details of your condition/treatment?



3. Have you been communicated to in an appropriate way that meets your needs?

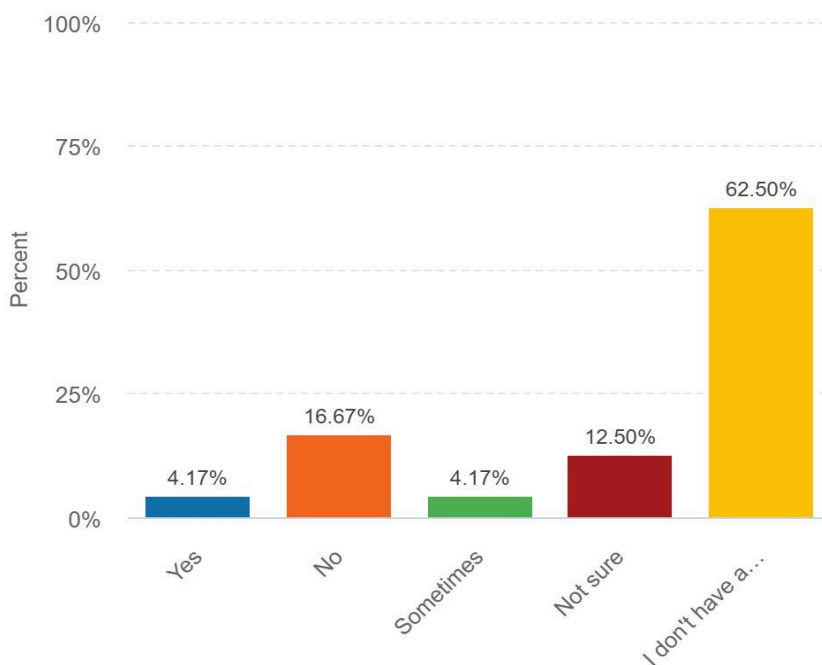


"I can understand everything"

"Yes I have been given information about tests they are doing"

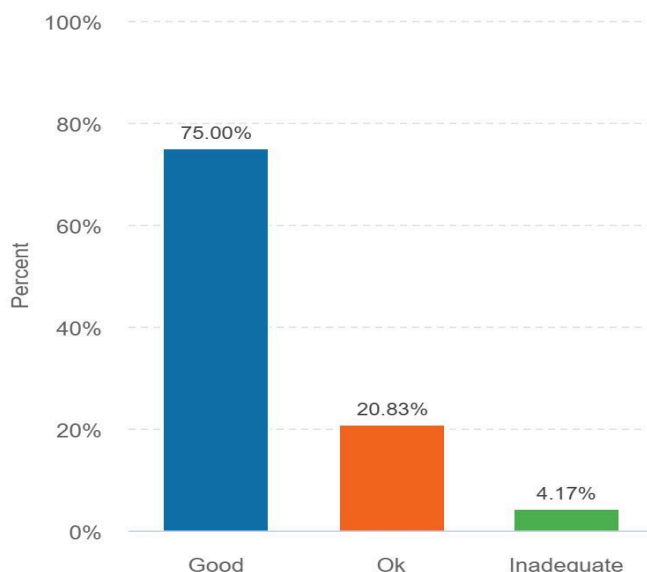
"Excellent"

4. If you have a hospital/health passport, are staff using this?



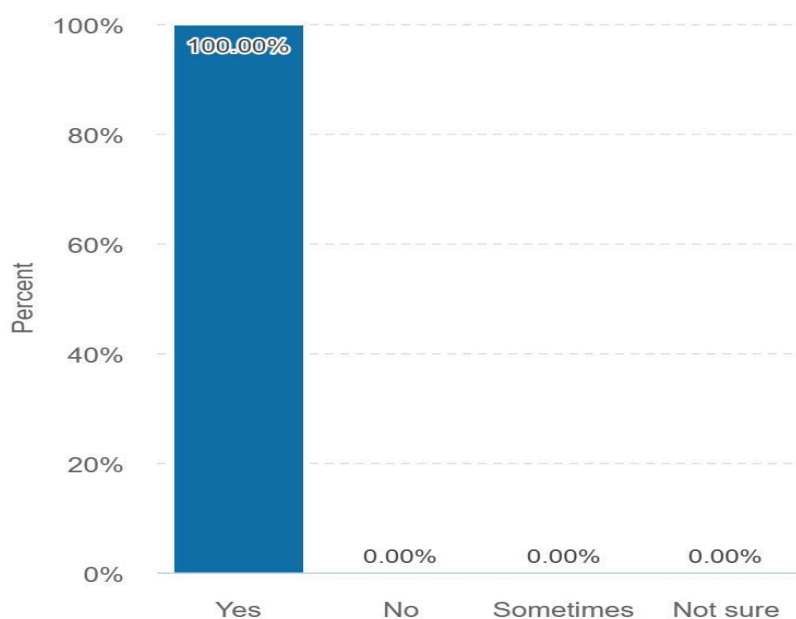
Although some patients held a hospital passport, it appears that some patients didn't believe this had been read and wasn't being used. The hospital passports are an essential resource to ensure that a patient is communicated with in a way that suits their needs. Without this document, a patient may be confused or misunderstand information relating to their health.

5. How do you feel staffing is on the ward?



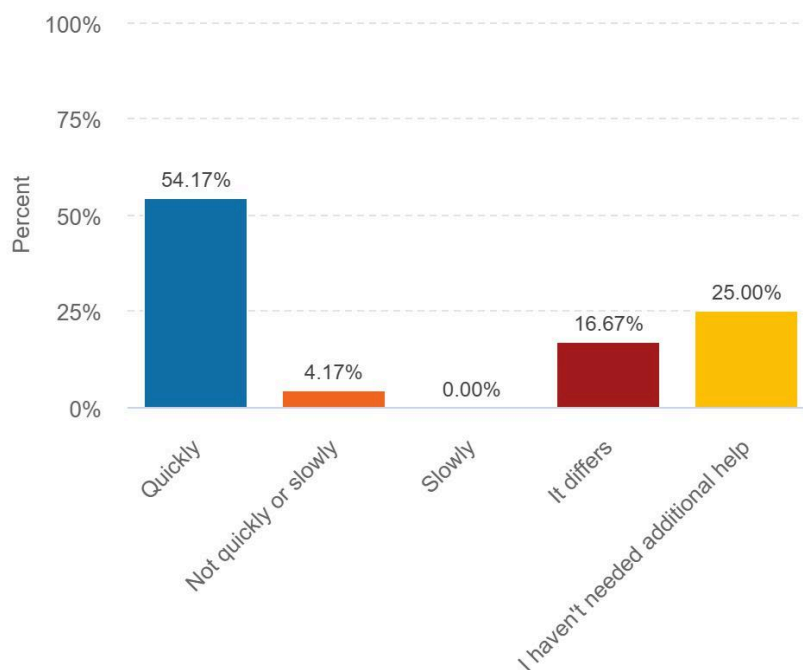
Feedback indicated that patients were generally satisfied with the number of staff on duty to provide care, although some expressed concerns that staffing levels were inadequate

6. Do you feel safe on the ward?



The responses from patients regarding their safety was reassuring and 100% of patients felt safe on the AMU ward.

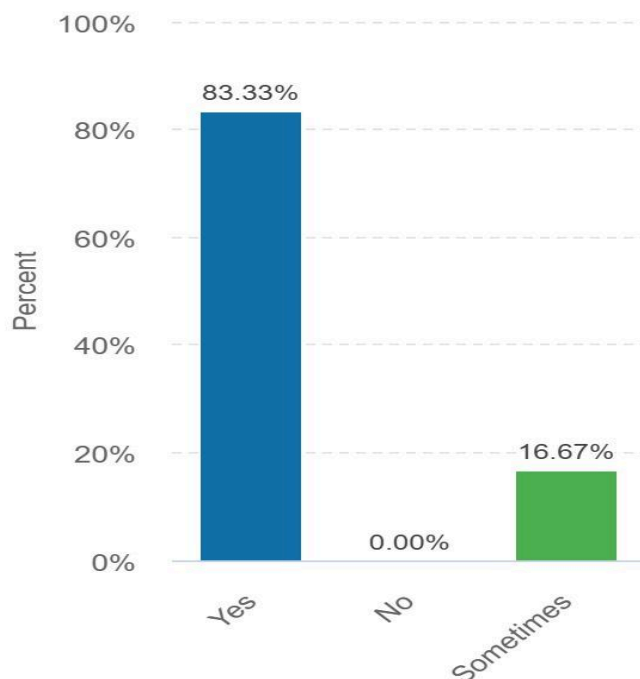
7. If additional help is needed (such as help with pain management or help with using toilet facilities) how quickly do staff attend to you?



8. Do you think the treatment you have received has been affected by your race, religion, disability, sex, age, sexual orientation or any other reason?

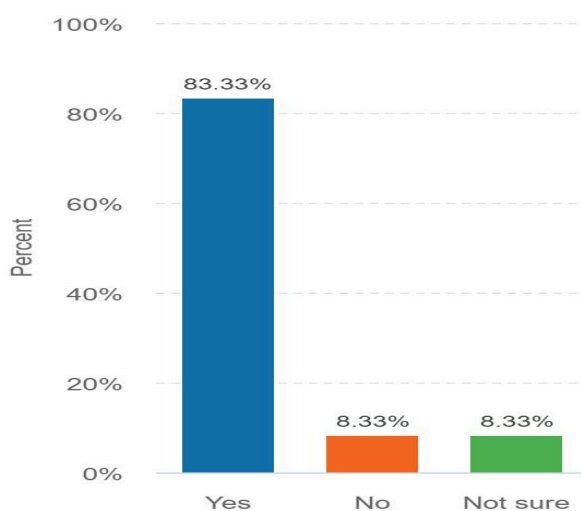
Patients chose not to expand any further on the above question, so it is difficult to fully understand the reasons for their answers.

9. Are there enough options on the menu to meet your dietary/cultural/religious needs?

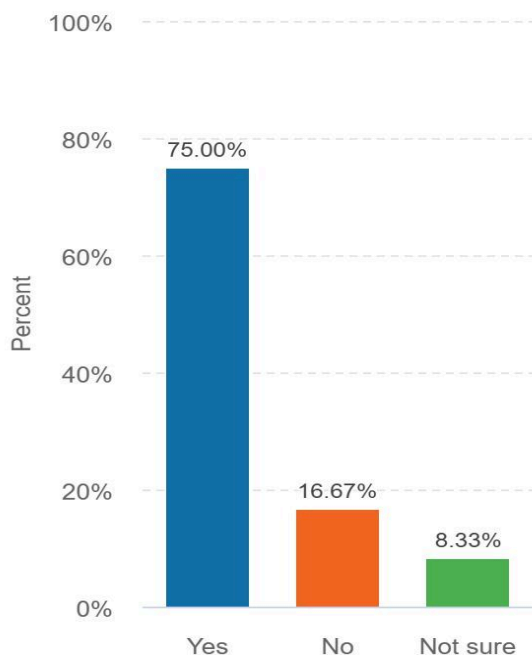


Despite a new provider for the catering services at the hospital, the majority of patients felt their dietary requirements were being met.

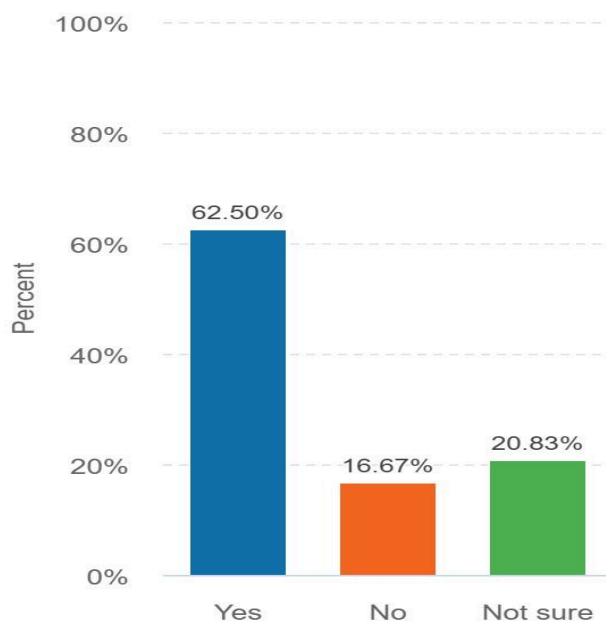
10. Do you know how to raise an issue if you have any concerns?



11. Do you know how to leave feedback about your hospital experience?



12. Have you been involved in the plans for your care/discharge?



13. If there was one word to describe your experience in AMU, what would it be:

"Excellent"

"Outstanding"

"Caring"

"Good"

"Scary"

"Reassuring"

"Busy"

"Satisfied"

"Ok"

"Noisy"

"Brilliant"

"Adequate"

"Very good"

14: Is there anything else you'd like to tell us?

"I've had to wait at times for painkillers"

"I had to wait a long time for my medication that I was told not to stop taking without explanation"

"I had a scan but wasn't given information about why and was just told it was clear and I can go home. No details about my condition which brought me here"

"Poor sleep at night due to noise"

"I Don't feel judged about why I've come into the hospital as I'm on a peg feeding system"

"Keep up the good work"

"When I asked if I should bring my own medication was told no, as it would be provided, but it took too long to receive my medication and I suffered from adverse effects because of it"

"I feel much better for getting treatment in here"

Staff feedback:

20 members of staff completed our survey. Those who completed the survey worked in a variety of positions, both clinical and non clinical support functions. All answers were anonymous.

1. How would you describe your working environment?

Considering that AMU is quite a demanding ward, the staff overall were happy. Many commented on the support from colleagues and managers which clearly makes a difference in how they feel about where they work.

Sometimes it can be stressful and a highly pressured environment

Good work relationships which are supported by our manager, Also a fair rota

We now have 27 beds and staff are much more positive and able to look after patients the way they want to.

Depends on staff morale and the workload

Staff are always willing to support each other on shift - depending who is working. The improved staff/patient ratio has improved the environment to be more positive and to be able to manage patients much better.

To a greater extent, materials needed to enable better working conditions are made available. This has helped with better patient care.

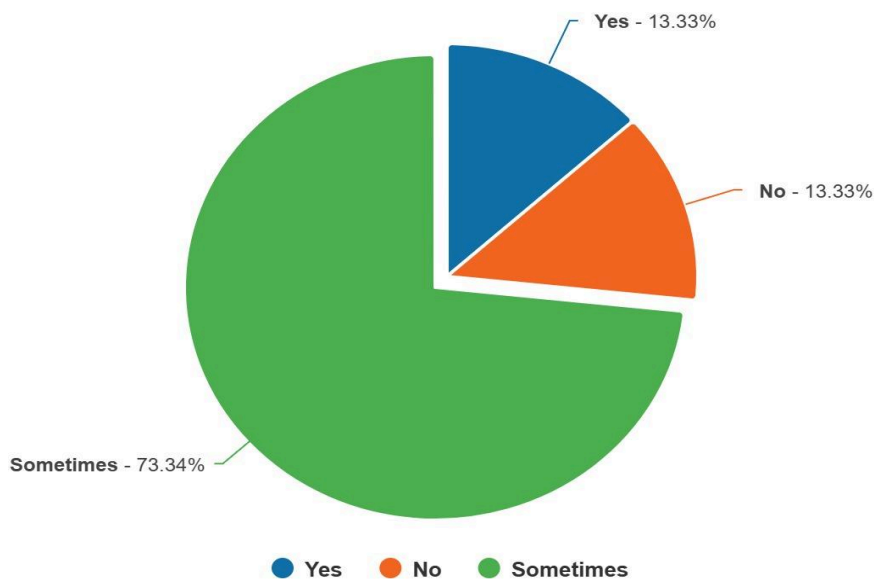
Lovely people to work with even in a stressful environment at times.

I'm happy when I'm at work, I get on well with my team and we all work well together. My job is rewarding and I can carry out good quality patient care the majority of the time.

Lovely people!

2. Do you have enough time to deliver quality patient care?

Despite staff generally feeling positive about their jobs and trying hard to deliver quality care, some of the challenges highlighted by staff relate to the demands of a very busy ward and ill patients, which isn't helped by lower staffing levels than some feel is required.



"Due to the busyness of the ward, I sometimes feel like I don't have the time to get everything done"

"If you have too many poorly people it is difficult to stop and really concentrate on one patient at a time"

"Can be difficult when understaffed"

"Yes, when we are fully staffed"

"AMU is very fast paced"

"Staffing always factors in, and the complexity of the patients"

"Some days can be difficult, but I feel that support can be seeked from others, depending on who is on shift"

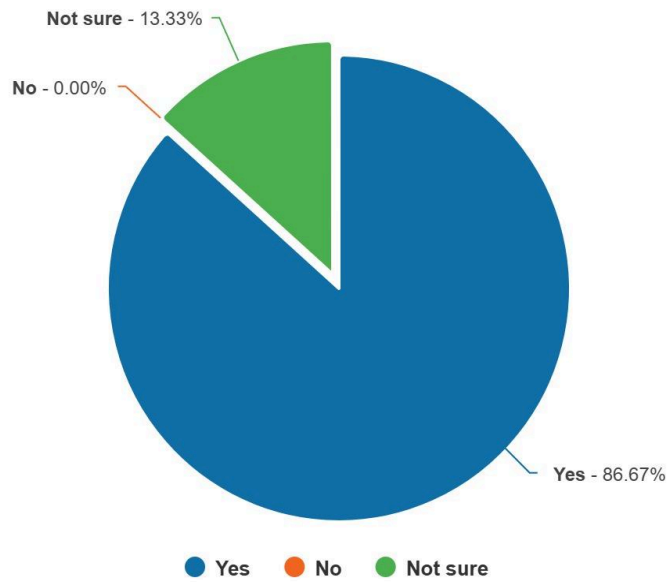
"For the 2 years I have worked with the trust, every shift is always short staffed. This puts pressure on the staff nurse, since the staff nurse oversees the care in the ward"

"Depends on staffing levels and patients level of support"

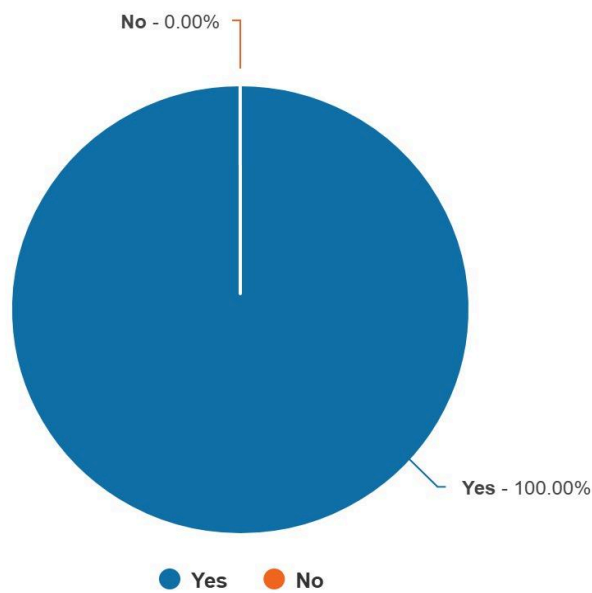
"Staffing levels"

"Sometimes the rush of admitting patients can be a little bit too much"

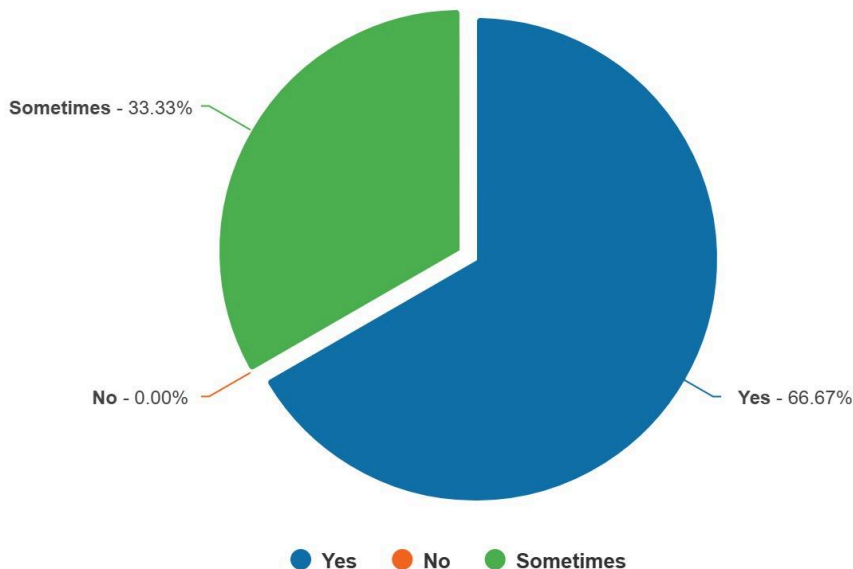
3. Do you feel you have the right equipment to support you in your role?



4. Are you able to attend relevant training to keep you up to date with your role?



5. Do you take your required breaks?



Although all staff acknowledged they were entitled to breaks and reminded at the staff huddles by the ward manager or nurse in charge, some took this with no problem, but we heard from some who felt unable to take this on occasions due to workload or in order to keep patients settled and looked after.

"Sometimes I do not feel like it and carry on with work, especially if we have really poorly people in"

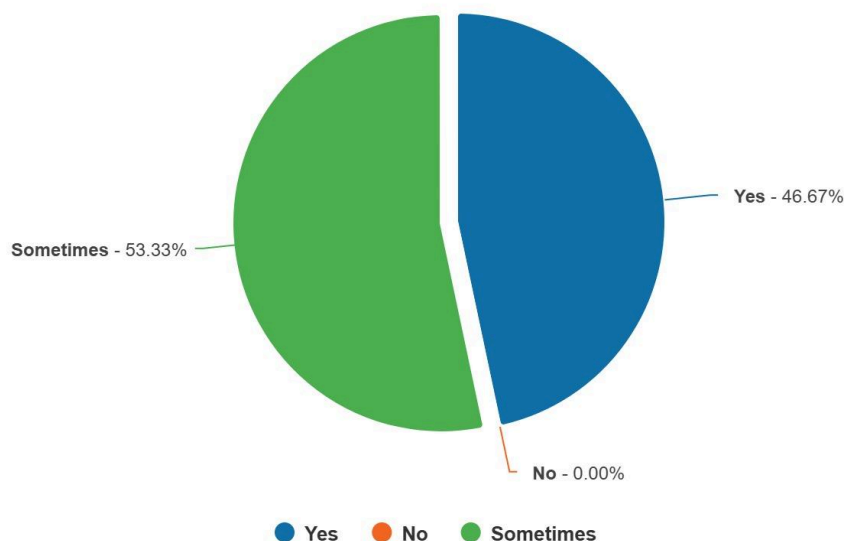
"Most of the time"

"Sometimes workload is too high and pressures from UECC flow affect this opportunity also"

"Sometimes ward pressures can impact this"

"I force myself to take a break most times. This is because the workload is heavy to the point that every minute has got something very important to do"

6. Do you feel you are sufficiently staffed in AMU?



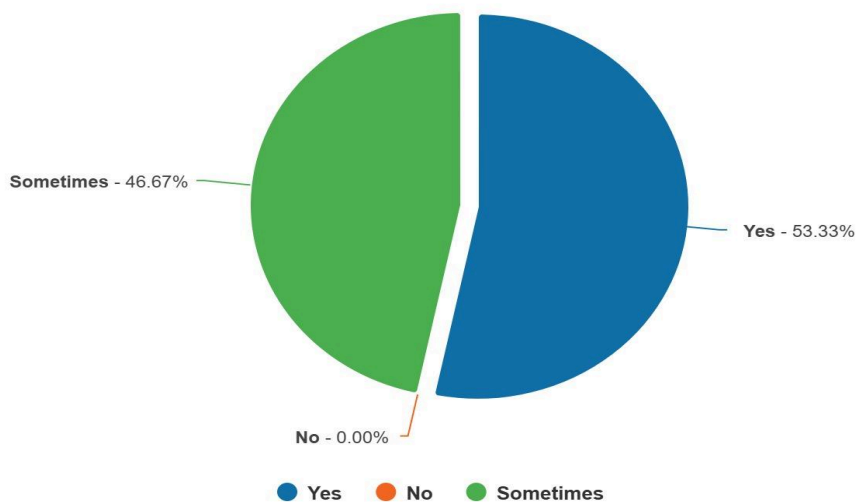
"Yes when we have 5 nurses on duty"

"Sometimes staffing is depleted"

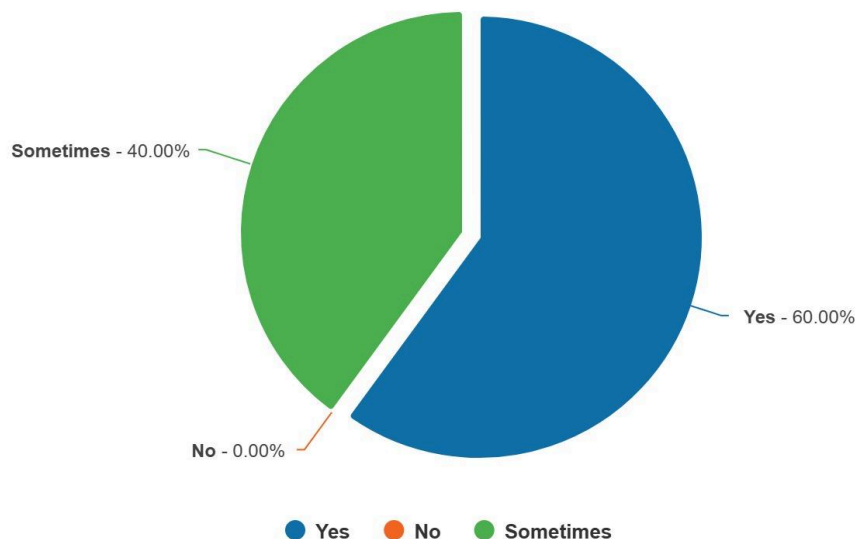
"It has very much improved since we have 5-7 patients but can sometimes be challenging depending on the acuity of the ward and support"

"Last year it wasn't well staffed but it feels better this year"

7. Do you get sufficient time for patient handovers? E.g when transferring patients from ward to ward or at shift changes.



8. When patients press the call button, do you have enough time to respond?



"Sometimes if I have many AX2 patients I find it difficult to juggle myself between patients"

"Unless busy with other patients"

"This has improved since a better staff:patient ratio"

"From my own experience, there was a shift when all patients in the bay were needy and wanting things at the same time. Myself and the support worker tried our best to meet up with the buzz calls"

"If there are loads of admissions/people moving, it can take a while to get to the patient"

"If you are already with a patient, it can take time to get to the patient call"

10. How are agency staff supported to deliver quality care?

"They get help with things they may not know from our staff"

"Substantive staff will help agency when needed"

"Full induction, we have regular agency staff (NHSP)"

"They are given inductions"

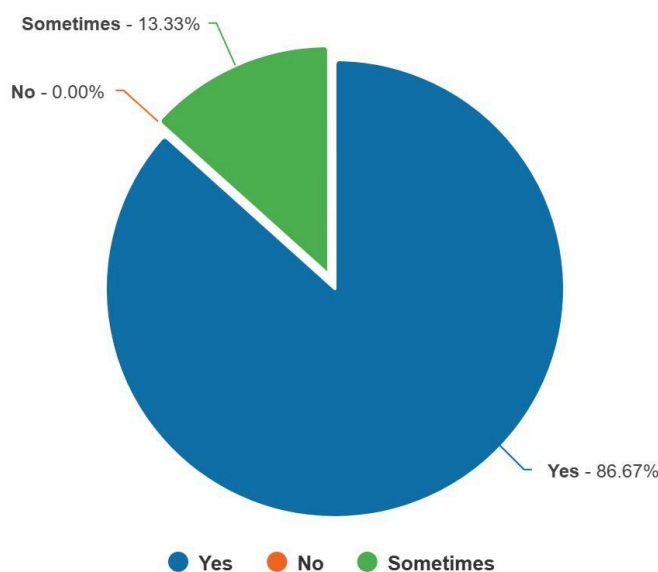
"Full induction to the ward is given. Always Nurse in charge (NIC) available to ask questions"

"Ward staff try to educate and support staff visiting AMU"

"They get shown around the ward and given a handover"

"They are supported well"

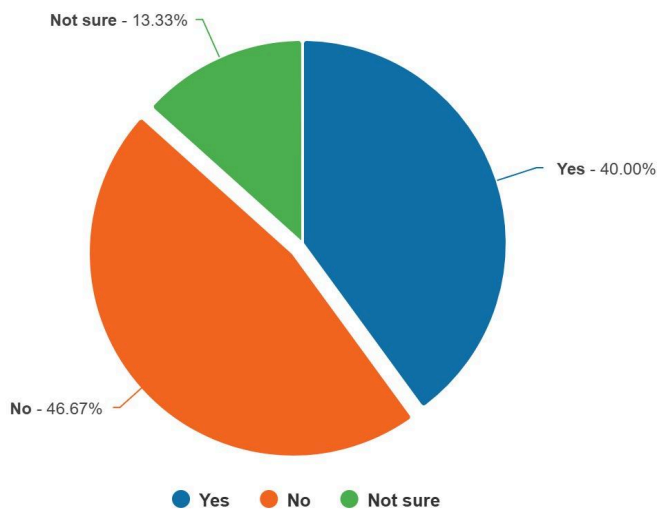
11. Are staff safety concerns taken into account?



"I feel we are supported well when it comes to safety"

"I feel some safety concerns can take a long time to be dealt with"

12. Have you experienced any prejudiced behaviour based on any protected characteristics you may hold? ie race, sex, age, sexual orientation

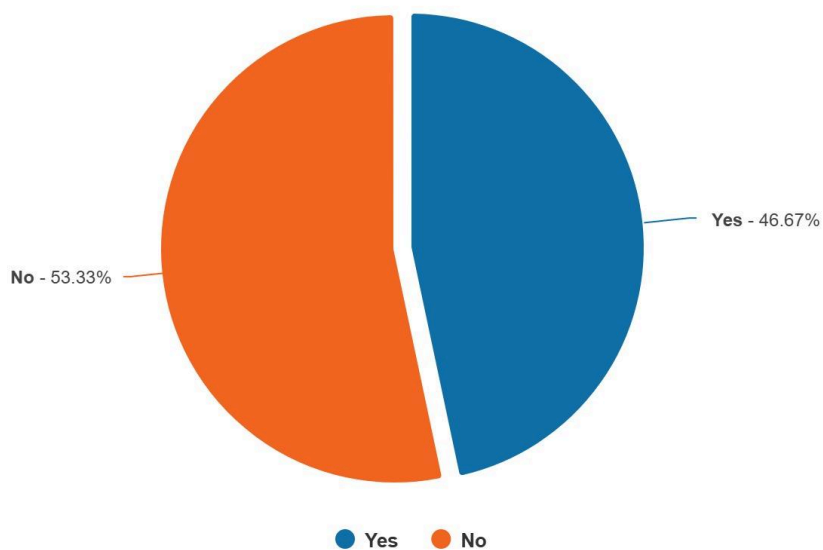


"Patients are often abusive to our staff"

"Unfortunately it's an everyday matter with patients swearing, sexist comments and sometimes race related"

"Everyday race is mentioned"

13. Have you experienced violence in your department?



"I have experienced violence many times. Sometimes I'm supported, sometimes I'm not"

"From patients and relatives. We get supported by the ward manager"

"Sometimes aggressive patients but normally they lack capacity"

"Yes, security have had to be contacted and sometimes a Dr has to prescribe a sedative"

"Nurse in charge/site security and other staff have helped at times"

14. Are you supported with:

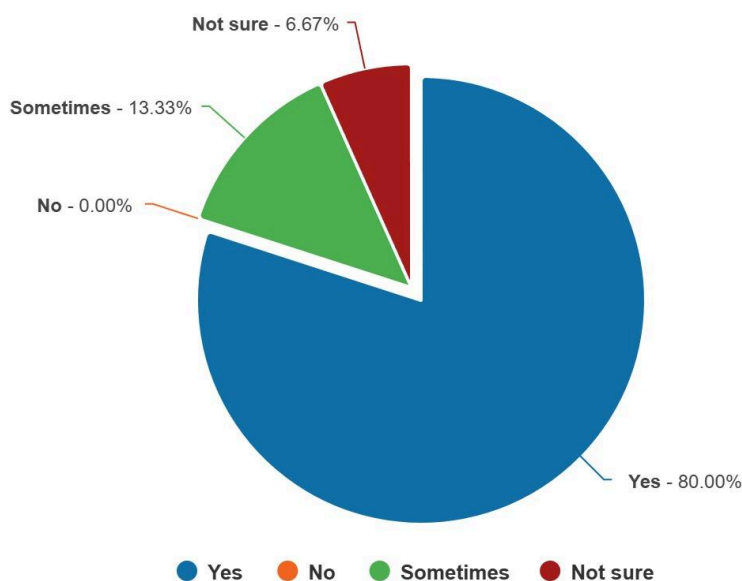
- **Stress Management**
- **Mental health**
- **Physical health**

Stress Management - 93.33% of staff said they were supported with stress management, with 6.67% stating that they weren't.

Mental Health - The figures were the same regarding individuals' support for mental health issues.

Physical Health - 100% of staff said that they were fully supported with any physical health issues.

15. Do you feel you can raise an issue if you have any concerns?



"Yes - sisters on the ward and the ward manager"

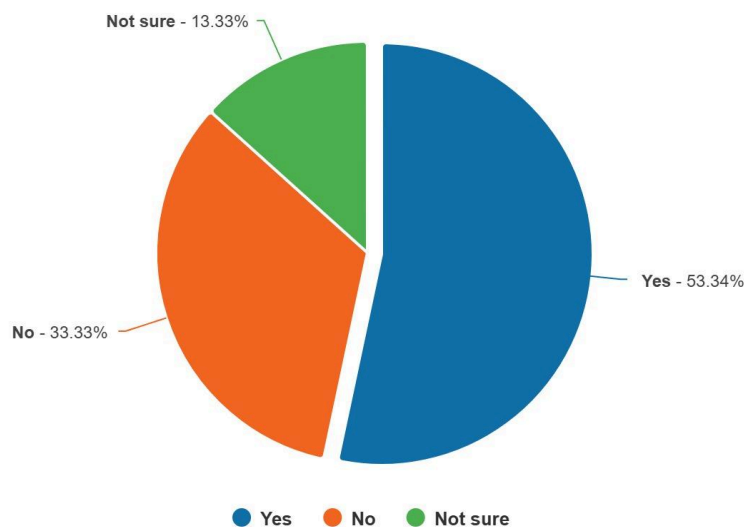
"Ward Manager"

"Ward Manager/Matron"

"Other staff members where appropriate, nurse in charge, ward manager and the Multi-Disciplinary Team (MDT) where appropriate"

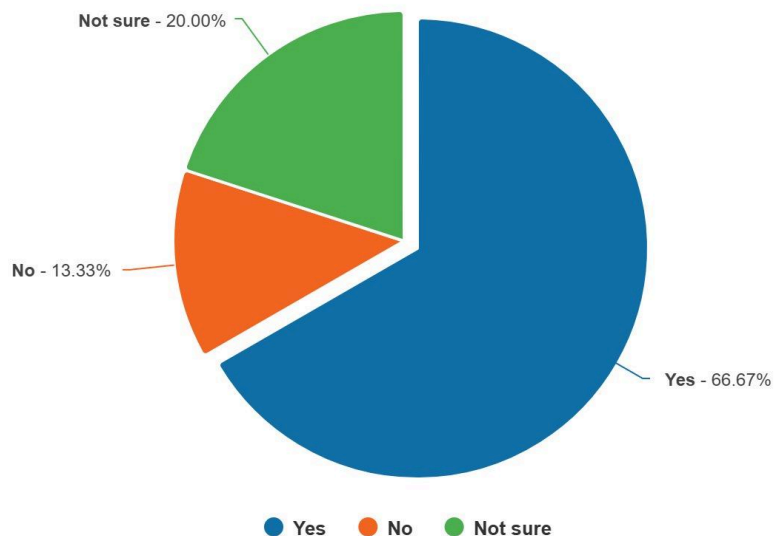
"Ward Manager and Nurse in charge (NIC)"

16. Are you aware of the Accessible Information Standards (AIS)?



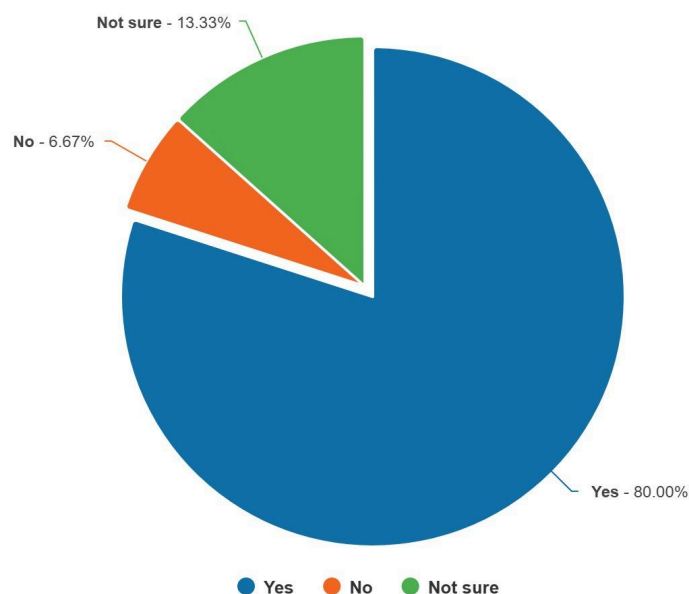
There was quite a discrepancy in relation to the Accessible Information Standards which can significantly affect the care a patient receives. [AIS](#)

17. Are you familiar with the Communication Station on your ward? If so, do you know where it is?



The majority of staff knew that there were resources available to be able to communicate effectively with patients who required a specific way of being able to have a conversation with a member of staff. Most were also able to state where the resources are kept; in the control room.

18. Do you know how to use a health/hospital passport?



Most staff had an understanding and some experience of using a health/hospital passport. [TRFT Hospital Passport](#)

Some of the comments are below:

"Patients who are from care homes etc - it provides good information to help us understand patients wants and needs"

"Often used to find out more about Dementia patients and patients with a learning disability"

"I always read the hospital passports, often patients from a nursing home or patients with a disability"

"Always look at patients' history, nursing home details and disabilities"

19. How do you ensure patients receive clear, consistent information throughout their stay?

"Communicate with them about what and when things are happening"

"Get involved in ward rounds, ensure patients know who is looking after them, and gain consent"

"Clear, concise communication"

"Support through the care we provide. Give updates to patients, friends, and family. Explain and reassure when providing care. Tend to all needs where possible"

"Verbal communication, always talking to patients"

"Regularly give updates when doctors have given orders and ask if they are in need of anything. e.g pain meds etc"

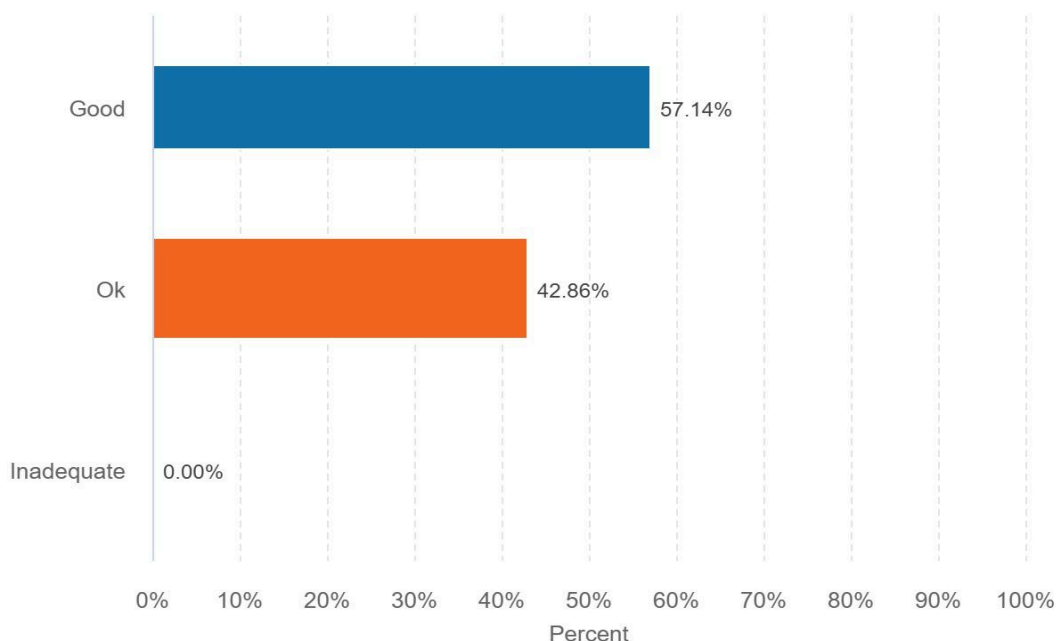
"I ensure to maintain communication with my patients at regular intervals"

Friends/relatives feedback:

1. How do you feel about the care your relative is receiving?

100% commented that they were **happy** with how their friend/family member was being cared for.

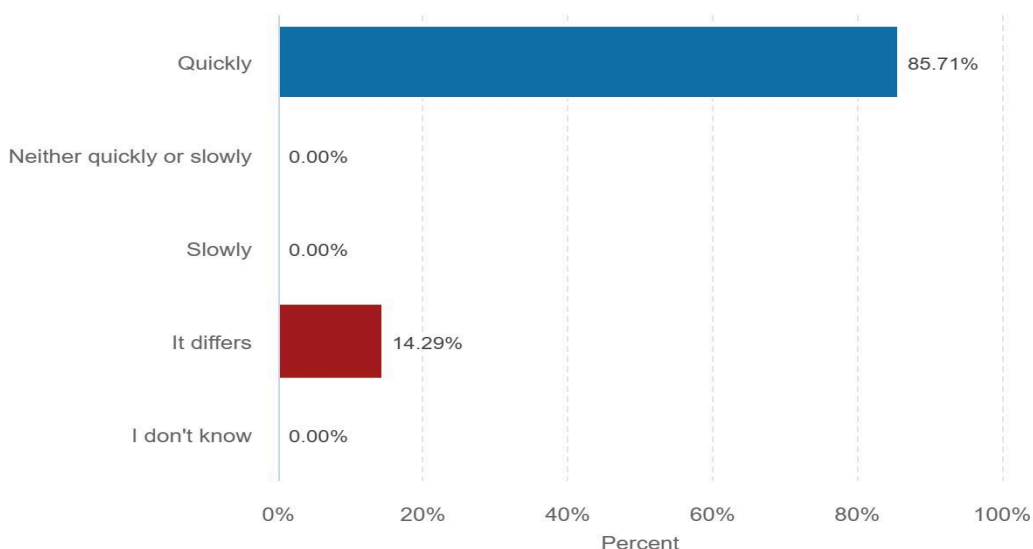
2. How do you feel that staffing is on the ward?



“Difficult to accurately assess, so based on observations during visiting, no lack of staffing regards to relatives care observed”

“Staffing looks ok and they have been responsive from a patient/family view but may not be the case behind the scenes”

3. How quickly do staff respond to your relatives' needs? ie if they need help accessing the toilet or pain medication?



The information gathered above, suggests that staff response times varied, potentially influenced by staffing levels, the severity and complexity of patients' conditions, ward occupancy, and patient flow into and out of AMU.

4. Is your relative communicated to in a way that suits their needs?

100% of friends/relatives were **happy** with communication methods between their friend/family member and the healthcare professionals on the ward.

5. If your friend/relative has a health/hospital passport, is this being used by staff?

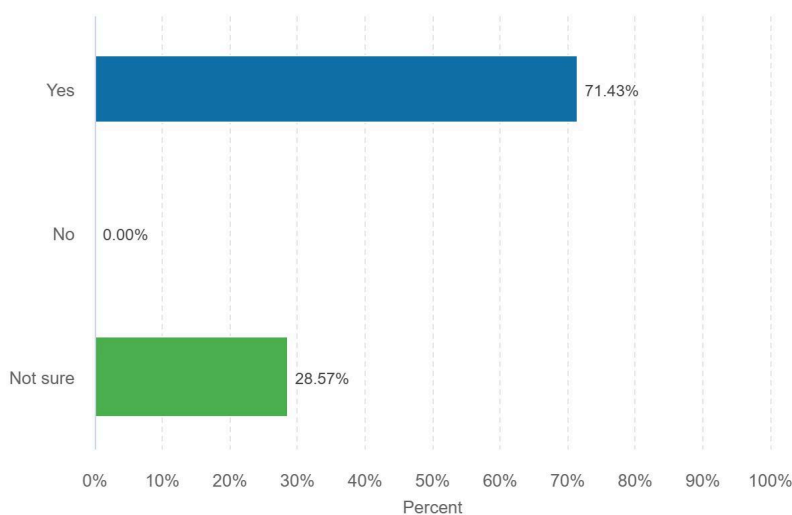
There weren't any inpatients at the time who required or used a health or hospital passport.

6. Do you feel that your relative is safe on the ward?

Despite occasional violent incidents affecting staff, the relatives we spoke with reported feeling very safe about their loved one's stay in AMU.

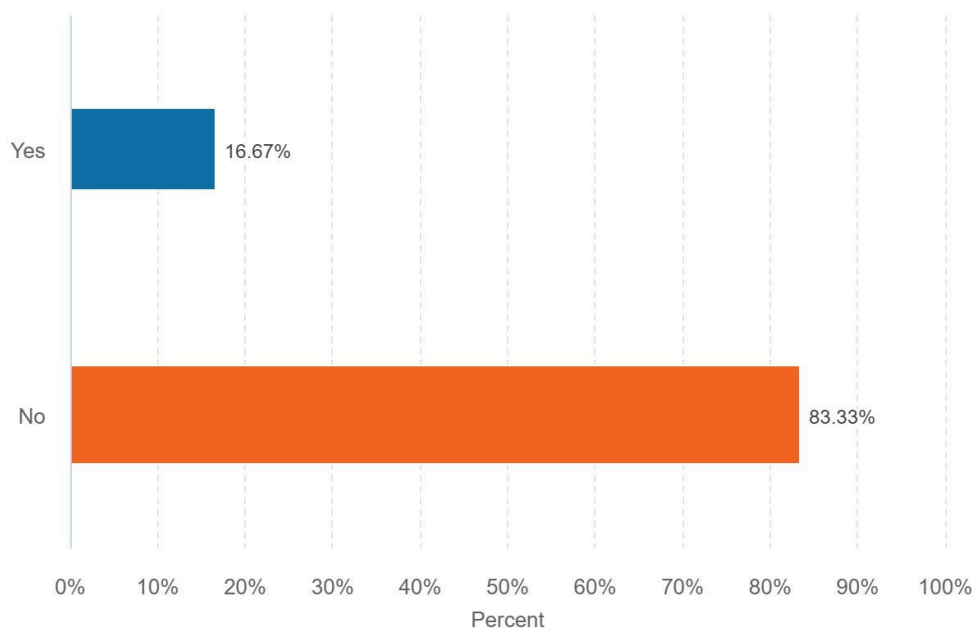
100% of people said they felt that their friend/relative was very **safe** on the ward.

7. Do you know who to go to if you have any concerns about your relatives' care?



While most friends and relatives knew who to contact about care, some were uncertain about the appropriate person to approach.

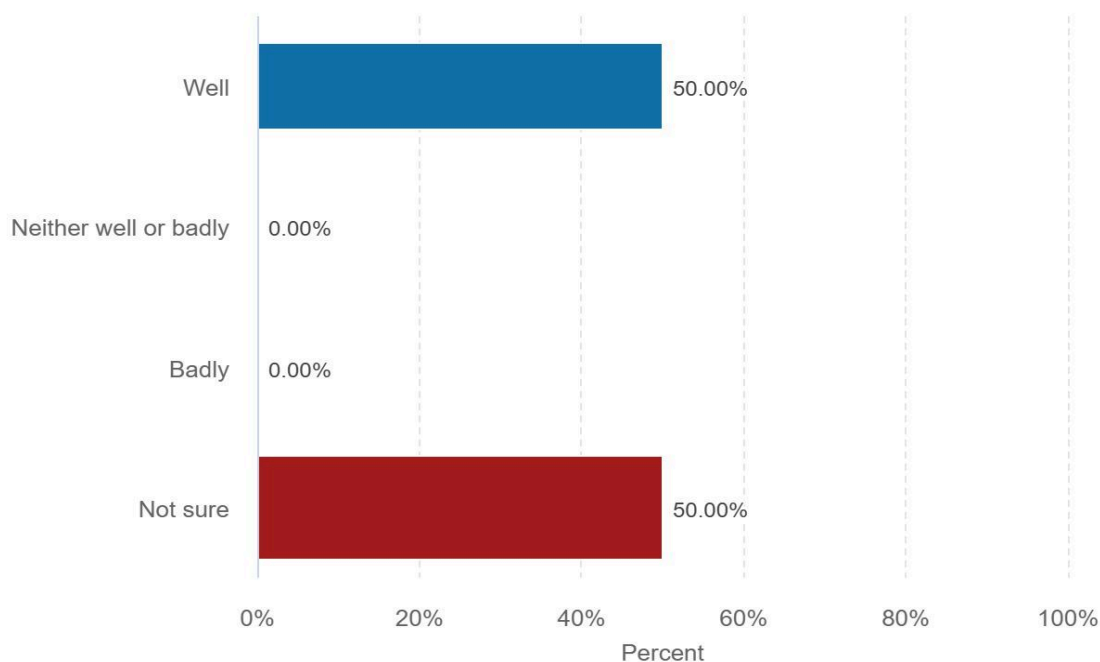
8. Have you heard of Call 4 Concern?



Call 4 Concern at Rotherham Hospital, also known as Martha's Rule, is a patient safety initiative where patients, families, or carers can call a dedicated number, 01709 428420, to request immediate help and advice if they are worried that the health care team has not recognized a patient's deterioration. Calls are answered 24/7 by the hospital's Acute Response Team, who will assess the patient on the ward if needed, and the service provides a safety net to ensure concerns about a patient's condition are heard and acted upon.

As can be seen above, not many relatives/visitors have heard about this service.

9. If you have left feedback or made a complaint, how do you feel it was dealt with?



While feedback may have been acted on, the figures suggest it may not have been communicated back to those who submitted complaints or improvement suggestions. Similarly, acknowledging positive feedback can reinforce good practices, inform service development, and promote wider adoption across the trust.

Summary and Recommendations:

The environment on the day of our visit was welcoming, with friendly staff and the ward manager personally guiding us around the AMU. The atmosphere was calm, patients appeared well cared for and rested, and noise levels remained low despite the department's busyness. The temperature was comfortable even though it was a hot day.

Information provided on the ward, through displays and posters was helpful for anyone visiting the ward, patients and also staff.

It was evident that the waiting area of AMU wasn't being utilised and so considerations could be made about how best to make use of this space.

AMU at Rotherham Hospital (TRFT) is a place where patients feel safe and the majority of people receiving their care there, understand their illness and/or treatment through positive levels of communication from the staff that work on the ward.

Patients and relatives reported feeling safe on the ward, and staff communicated clearly about diagnoses and treatment plans. We also heard that staff sometimes experience abuse or violence; these incidents are managed by the nurse in charge or ward manager, and staff confirmed that this support is valuable.

It was clearly felt that the staffing levels at times can be an issue and can put some pressure on the nursing staff, although this is well supported by a positive staff ethos and through the management team who clearly play a vital role and are evidently committed in ensuring their staff are safe, happy and their well-being matters.

The ward caters for patients with differing methods of communicating and most of the staff were aware of the health/hospital passports that some of their patients require. The document clearly states lots of information about the patient personally but also about how they best communicate and things that are important to them. It appears that quite a few of the dementia patients have a hospital passport so that the staff can understand their needs clearly in case the patient is unable to communicate their needs verbally.

It was interesting hearing that staff were aware of the hospital passports, however not many had heard about the Accessible Information Standards which links quite closely with resources such as the passport and ensures that patients' needs are met through reasonable adjustments. [The Accessible Information Standards \(AIS\)](#)

Since switching to a new catering provider, healthcare assistants are adapting to the electronic ordering system and flagging teething issues to the catering team. QR codes on menus enable patients to give real-time feedback on meal quality and options, supporting ongoing service improvements.

Our recommendations:

We were able to de-brief with the ward manager before our departure and discussed our findings and made some recommendations:

- Some electrical wires were exposed on the bays by some of the beds. There were also a couple of plug sockets which were loose on the walls.
- Catering staff to be mindful of trip hazards as the catering trolleys have to be plugged in at the entrance to the bays.
- There wasn't obvious signage about where the toilets were located on leaving each bay.

- The handrails could be painted in a dementia-friendly colour in order to be a contrast from the main wall colour.
- The catering assistants explained that there is a time limit on entering patients' meal orders. Could this be looked at by the IT team or the catering company itself to allow staff to have the time for orders to be placed. Also to speed up this process - could patients be signposted directly to the menu on entry to the bay and their bed (where appropriate and dependent on patient needs.)
- Consider how the waiting area could be utilised. Could there be a vending machine or a carers corner, providing information and/or respite?
- Replace the seating on the ripped patient and visitor seats.
- Consider seating with arms to aid anyone with a physical disability.

Further recommendations based on survey responses and general observations:

Accessible Information and Communication

- Mandate Accessible Information Standards (AIS) training for all staff to ensure reasonable adjustments and clear communication for patients with diverse needs.
- Provide and prominently display information about the Call 4 Concern (Martha's Rule) service in communal areas, admission packs, and bedside materials.
- Install visible signage or leaflets outlining the chaperone service near bays, in waiting areas, and at the nurses' station.
- Ensure that patient and relative feedback options are visible.

Staff Wellbeing and Break Management

- Introduce a system (e.g. digital reminders or break champions) to monitor and enforce scheduled breaks based on shift length.
- Carry out regular audits of break compliance to identify barriers and ensure every team member takes their entitled rest periods.

Handover and Shift Communication

- Develop a structured handover protocol with standardised checklists to guarantee that all relevant patient information is passed on consistently between shifts.
- Facilitate brief “handover huddles” at shift changeovers to confirm responsibilities, flag high-need patients, and address immediate concerns.

Resource Availability and Awareness

- Brief all staff—including agency and temporary personnel—on the location and use of communication tools such as hospital passports, AIS materials, and language boards.
- Clearly label storage areas for these resources and include a quick-reference guide in staff handbooks or on the digital intranet.

Response:

Response from AMU at Rotherham Hospital (TRFT):

The Rotherham Foundation Trust would like to thank Healthwatch for compiling this report. The report has been shared widely amongst our teams. Whilst the report has picked up some areas of concern which we are addressing, there are also many things for us and our teams to be proud of. We will continue to work to improve our offer to all our patients.

Acknowledgments

Thank you to everyone at AMU, particularly the Ward Manager and the staff we met on the day for being friendly, welcoming and allowing us to look around the department despite being very busy.

Thank you also to everyone who took the time to complete our surveys and provide such a rounded view of the service.

References:

CQC inspection summary:

[Rotherham General Hospital - Care Quality Commission](#)



**Committed
to quality**

We are committed to the quality of our information. Every three years we perform an in depth audit so that we can be certain of this.