Engaging Communities Solutions

healthwatch Telford and Wrekin

Enter and View

Princess Royal Hospital Ward 11 Announced visit

25th April 2025

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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's 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. Revisits will also take place.

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, optometrists 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's 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: *Ward 11 Princess Royal Hospital (PRH)*
The Princess Royal Hospital, Apley Castle, Apley, Telford, TF1 6TF
Manager: Danni Hughes – Ward Manager
Service type: Hospital - Renal and general
Date and Time: *15/04/2025 2pm*

2. Acknowledgments

Healthwatch Telford and Wrekin would like to thank the manager and all the staff, residents, relatives 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 *15th April 2025*. 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 - Lead Engagement Officer

Tracy Cresswell - Corporate, Partnership and Volunteering Manager

5. Who we share the report with

This report and its findings will be shared with the Shrewsbury and Telford Hospital Trust, 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 patience's 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

The visit was announced and was Part of the Healthwatch work plan.

9. What we did

On entering the ward, we observed in the corridor there was a "Welcome to our Ward", this displayed the number of falls that have occurred daily, list of the uniforms of the staff. We noticed the date had not been updated on the SAFE poster, as it read "March 25", however the days had been ticked off. This was flagged to the manager during the visit.

The manager was expecting us, we introduced ourselves and had a conversation around the changes that had taken place on the use of the ward. It was now known as the Renal and General ward; it was a ward that should hold 28 patients however due to the pressures within the hospital it had 31 patients on the ward at the time of our visit. The additional 3 patients were being boarded in the bays meaning that there were no privacy screens available for these patients.

During the day there are 4 Health Care Assistants (HCA) and 5 Registered General Nurses (RGN) on the ward. On the night shift there is are 4 RGN's and 3 HCAs. The hospital was only using agency staff until end of March, then they will be using bank staff which means often the ward manager has to become clinical, the night shifts are usually covered. The ward manager explained that they had 2 staff currently on maternity leave.

10. Findings:

a) Environment

i) External

On arrival at the Princess Royal Hospital (PRH), we drove around the site, but all the 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.

ii) Internal

Signage to the ward was clear from the main entrance in the hospital, however when walking down the main corridor to the Ward we observed several beds left in the corridor.

b) Essential Services

The ward manager explained that the ward was split into 2 specialities: 1-Renal: the consultant on the ward changes every few weeks, no continuity for the patients or the staff, they handover between the consultants, they change the

care plans of the patients, and the ward rounds are longer. 2-General medicine: they have the same locum on every day which gives the patients continuity of care, the staff have the continuity of how the consultants work etc.

During our visit there were several patients that were medically fit for discharge, however they were waiting for care packages to be set up. The ARs were informed that the Telford social workers were good at getting care packages set up for the patients, however this could not be said for the other areas social workers.

c) Access

Handover takes place in the separate bays; staff try to keep the volume down. These handovers can include consultants, therapy staff, nurses.

The ward manager expressed that patients are included in their discharge planning, however several of the patients and relatives that we engaged with expressed that their discharge plans had not been discussed with them, however a few patients were aware of where they were being discharged to but did not know when.

The matron on the ward explained that they cover several wards including Paul Brown centre which had been transferred into the discharge lounge. They explained that they had to support the staff as the communication around the changes of use of the centre to the discharge lounge has mainly been with the therapy team and the nursing team did not feel valued.

There were patient journey facilitators on each ward, and they formed part of the flow team at the hospital.

d) Safe, dignified and quality services

The ARs were informed that staff members are always situated in the bays, this was observed during our visit. However one patient in the ward was trying to get out of bed as they needed the bathroom (the AR's observed that they had a yellow band on, which indicated they were at risk of falls), so the AR's rang the bell and advised them not to get out of bed until the staff arrived, the AR's went to find assistance but the staff were dealing with another patient in the bay.

The ARs had conflicting information when feeding this issue back to the manager, as they explained that the patient was able to walk with a frame, however the ARs observed that the walking frame was not by the side of the patient, it was on the opposite side and the patient did not have their slip socks on (the AR's heard the nurse saying this to the patient).

The ARs observed the patient's dignity being maintained in one of the bays. The ARs asked how the patients who were being bedded by the window have their

dignity maintained, the ward manager explained they have privacy screens they use.

If they have to have a difficult conversation with a relative, they do this in another room and not in the bay. During visiting times, patients are wheeled to the bathroom instead of them using a commode.

For patients who are at end of life, living with dementia or are just not very well, relatives are allowed to come onto the ward earlier, they can support with feeding their loved ones, and can stay during the night.

e) Information

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

The AR's asked both the staff and patients around discharge, the staff informed us that discharge is discussed with patients and their relatives, however several of the patients that we engaged with during the visit had not had any discussion around discharge, one patient was waiting to be discharged to another hospital, but they did not know when.

f) Choice

Patients choose the meals from a menu; this includes all dietary requirements. One patient expressed that the food "was not nice".

g) Being Listened to

A family member expressed that their relative had been on different wards within a short period of time, and medication that their relative required had not been delivered to this ward.

h) Being involved

The ward manager expressed that the main concerns they received are around medical concerns.

11. Recommendations

	Recommendations made from findings for Ward 11
1	Ensure that all patient support aids such as walking frames, wheelchairs as examples, always remain with the patient and within their easy reach, especially when they have been deemed to at risk of falls and wearing yellow wristbands.

2	Update the display board to include information on all staff uniforms, not just clinical staff, to help patients and visitors identify all staff roles.
3	Ensure the corridor display board is regularly updated to provide accurate and current information.
4	Consider introducing a 'You Said, We Did' board to show visitors and residents that the Ward listens to feedback and takes action on suggestions.
5	Action to be taken to ensure that all patients, and their relatives, are fully involved in their discharge planning from point of admission with regular informed updates up to the point of discharge.
6	Ward senior management and Trust senior management need to address the seeming lack of clarity between the multiple teams working within the ward so there is a shared sense of understanding of the aims and goals for patients and staff alike.
7	Both specialities need consistent support from dedicated consultants so the patients and staff benefit from the continuity this can bring to overall outcomes for patients and moral for the staff.

12.Provider feedback

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
Mobility aids	Concerns re: walking aids being accessible. The ward did have several aids within the bays, however at the time that the patient needed the toilet, the frame had been relocated to another patient (in the same bay) to use. Staff were in the bay, but they were with another patient behind curtains. WM DH aware that some patients are not the same height so asked therapy if different sized frames could be allocated to each bay, so patients have access to the right height. 2 x Zimmer frames applied to all bays, with medium and large height Zimmer frames in male bays and small and medium heights in female bays. Other sized frames are accessible from our storage area. Although we do appreciate that it is in the interest of our patients to have their aids with them, we cannot have aids by every bed space, due to this being a falls/trip hazard. Particularly this would be	DH Ward manager and Therapy team on WD11. WM and B6's to ensure risk assessments are completed from next patient space.	5/8/25 To continue daily.	Bays have small/medium and large height zimmer frames for patient's access. Further aids are accessible from storage area. Risk assessments continue to be complete for next patient spaces, along side a raised Datix.

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
	an issue in Bay A, and also because we have next patient spaces, with patients in more often than not.			
Welcome board consistent updates and acute information	Feedback given re: Welcome board not having the correct month at the top. It said March instead of April. This was a complete oversight and as soon as they mentioned this to the WM – this was changed and rectified immediately. The board was all reflected correctly, bar the date which I apologised about.	DH Ward Manager/Band 6's and Coordinators.	Completed	The board is being updated daily. Board as of today is reflected correctly. Band 6's aware as well as Coordinators that board should be updated daily. Email sent to all.
Welcome board – uniforms	Feedback given re: uniforms of nurses/HCA being visible on welcome board. Suggestion: other staff such as clerical/housekeepers/doctors should also be considered to be reflected. All staff have name badges with their position reflected on their badge. Housekeeper/Ward Clerk ordering name badges for new starters/replacement of broken badges in a timely fashion. This would need to be a discussion collectively – perhaps at somewhere such as Metrics with my seniors and Judith Barnes.	DH Ward Manager	To be discussed at next Metrics meeting August or on other forum – happy for suggestions.	

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
You said, we did feedback board	Feedback given it would be a good idea to have a feedback board for residents, patient's relatives. This is a good idea and something we could plan to do – which would locate on the Ward corridor. Feedback we receive – could be taken from the FFT response.	Overseen by DH Ward manager / Sr Liz Bennett	To be discussed at staff meeting 29/8, and with Sr Liz Bennett.	To be discussed with Sr Liz Bennett. To action this within 3 months.
Updates to be given to families and patients.	The ward has now obtained the support of a Patient Journey Facilitator. Although the PJF's are not based on the Ward, they are coming to support – and we have noticed a difference. There has also been a nursing gap for some time. By September/October 2025, the ward will obtain 4 newly qualified nurses which will help with continuity, and communication. To work in collaboration with the Discharge Lounge. This is ongoing.	Ward Team. To be overseen by DH Ward Manager.	To monitor over the next 6 months to see if this concern improves.	To monitor feedback, audit results, FFT's, complaint themes.
Ward Senior management and Trust senior management to work in collaboration.	Feedback given: Ward senior management and Trust senior management need to address the seeming lack of clarity between the multiple teams working within the ward	DH Ward Manager, coordinators/Band 6's.	Ongoing and continues.	Ongoing

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
	Ward Coordinator attends board rounds in the morning with Therapy team, PJF (if available), medics, consultants. Ward Manager attends at least 3 board rounds weekly, to support and guide difficult and complex discharges/patients conditions. Ward to liaise with different specialities to obtain the outcome required for our patients. Ward Manager to continue to liaise with Kerry Brotherton Clinical manager for medicine flow, Ops, Ward Matron Claire Saphier, CSM re: difficult discharges, transfers over to other hospitals such as RSH, delayed treatment and scans etc. Ward to continue to do 3pm huddles to ascertain discharges for the following day, early morning bloods etc. This consists of Ward coordinator, medics.			
Ward specialities and support	'Both specialities need consistent support from dedicated consultants, so the patients and staff benefit from the continuity'. Ward Manager attends Renal and Medicine Governance to highlight any issues that arise and need to be fed back to both teams.	DH Ward Manager - re: to continue to attend governance.		DH Ward Manager to continue to attend Renal and Medicine Governance. To continue to work in collaboration with

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
	Renal Consultants do rotate every 2 weeks, however, the same consultants do 2 week cover on Ward 11, so the Ward are familiar with the Consultants and vice versa. Although in essence, having the same consultant each week would be of benefit to the Ward, they do also have to attend outpatient clinics/Dialysis unit. This rotation is similar to other wards and specialities and is not unique to Ward 11 unfortunately.			Ops/ Matron Claire Saphier. Any concerns to be raised via medicine division, going directly to Matron Claire Saphier in the first instance.

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