



Enter and View Visit Report

Princess Royal Hospital

AMU and Ambulatory Care (Ward 1)



The Princess Royal Hospital, Apley Castle, Apley, Telford TF16TF

Visit dates: 8th & 27th February 2019
Publication date: 21st October 2019

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Terminology and Acronyms

VP Scan - A scan for pulmonary embolism

HWE - Healthwatch England

SATH - Shropshire and Telford Hospital

AR's - Authorised Enter and View Representative's

OT - Occupational Therapist

A&E - Accident and Emergency

PALS - Patient Advice and Liaison Service



About Healthwatch Telford & Wrekin (HWT&W)

Healthwatch Telford and Wrekin is the independent health and social care champion for local people. We work to ensure your voice counts when it comes to shaping, delivering/receiving and improving services. We address inequalities in health and social care to help make sure everyone in Telford and Wrekin (T&W) gets the services they need.

There are local Healthwatch across the country as well as a national body - Healthwatch England (HWE).

What is Enter & View?

Healthwatch Telford & Wrekin gathers people's experiences of health and social care services and there are times when it is appropriate for Healthwatch to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'partially announced' or 'unannounced'.

'Partially announced' visits mean the service provider is told we will visit but not the date or time of the visit.

The responsibility to carry out Enter and View visits was given to local Healthwatch in the **Health and Care Social Act 2012**.

Enter & View visits are carried out by a team of specially trained and DBS-checked staff and/or volunteers called Authorised Representatives. These volunteers are not experts in health or social care and report only on what they see and hear during the visit.

They make observations and collect people's views and opinions anonymously and produce and publish a report.

Enter & View visits are not an inspection, and always have a 'purpose'.



Details of the Visit

Visit Details:	
Service	Princess Royal Hospital (PRH) Acute Care
Provider	Shropshire and Telford Hospital NHS Trust (SATH)
Dates and Times of visit	8 th February 10am - 12noon 27 th February 2 - 3pm
Visit Team	4 HWT&W Enter & View Authorised Representatives (ARs)
Service contact details	Name: Princess Royal Hospital (PRH) Phone: 01952 641222 Address: Apley Castle, Apley, Telford TF1 6TF

Purpose of Visit

To find out if patients are treated with dignity, have privacy respected, and how staff respond appropriately and with compassion to meet healthcare needs. To find out how patients living with dementia are cared for and supported and the patient experience of preparation for discharge).

We want to hear about patient experiences and those of any relatives and visitors present, and we will observe the patients engaging with the staff and their ward surroundings. We want to identify examples of good practices and hear about any ideas the residents or staff may have for change.

There was a delay in sending this report out to the Provider for comments and service changes. These are reflected in in the provider comments and action pan.

Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all users of the service and staff, only an account of what was observed and contributed at the time.



Context of the Visit

The visit to AMU was arranged following various concerns that had been raised with Healthwatch Telford and Wrekin including how dementia patients were treated and cared for with other health conditions e.g. diabetes.

The aim of the visit was to view the department and see what concerns if any were evident and what challenges the department was facing due to the number of patients passing through Accident and Emergency and “Escalation”.

The visit to AMU and Ambulatory Care would understand the patients’ experience of hospital care; the visit was ‘**partially announced**’; we told the Ward Manager of the visit but not the date and time.)

There were two visits to this department on different dates due to concerns we witnessed and raised on the first visit to Ambulatory Care and AMU.

There was a delay in completing this report due to staff changes.

What we were looking at

The focus of this visit was to find out if patients of AMU and Ambulatory Care are happy with their hospital care. We wanted to learn about: The ward environment - observe the layout of the ward, and the staffing arrangements

- Patients’ experience of being treated with dignity and respect and if they feel comfortable on the ward; observed interactions between staff and patients.
- The experiences of patients living with dementia, and how the staff and ward environment support these patients.
- The assessment processes, and preparations for discharge.
- Hear about the patients’ experiences in hospital and their understanding of the arrangements for discharge and treatment plans.
- Contributing factors that delay a patient’s discharge from hospital.



What we did (First Visit)

Upon arrival at the unit, we asked to speak to the Ward Manager, however, she was busy at that time and in a meeting; we spoke to the next person in charge. After speaking to this person, she said that she was not expecting us that day and that there was no record of our pre-arranged visit. She informed us that they were very busy that day, staff were pushed to their limits due to the fast-paced environment. She said that we were unable to approach patients in the side rooms due to flu, the bays were full with patients recently brought over from A & E who were currently being attended to by doctors and nurses so we were not able to speak to patients but we could observe what is going on in the ambulatory area. So, our observations are all based around the ambulatory area.

What we found out

The Acute Medical Ward (AMU) Ward 1 is situated on the ground floor, patients arrive from their home by Ambulance, straight from their doctors or from the Emergency Care Centre. Some patients might only stay for a short time to have treatment and then return home, patients who need more complex treatment may go onto another appropriate ward. Ambulatory Care is found further down the corridor and is Doctor led.

Ambulatory Care

On the first visit Escalation beds were taking up so much space in Ambulatory Care that a table, normally situated in the middle of the room and containing drinks, where patients could help themselves to water; was not present. Consequently, patients were not able to obtain drinks for themselves, which meant staff were under added pressure to ensure patients were hydrated.

We also noticed a large location map displayed on a TV screen, showing the ambulatory areas, side rooms and bays. The waiting area was well appointed; the radio was on in the background, it had comfortable chairs arranged in a circle and two sofa-type chairs. The unit was bright and well-lit with plenty of natural daylight. Along one side of the unit we noticed that there were blue curtained screens, for patients' privacy whilst undressing/dressing. There was a prominently positioned poster entitled 'Tackling Dehydration'. Further notices explained the purpose of the unit, and that their policy was to move patients on within 12 hours (a 12-hour breach) from there to another ward. Further, it stated that this was an Assessment Unit, and once you were assessed you would be either discharged or transferred to another ward; where your care would continue.



On a sideboard there was a 'welcome folder', containing a staff uniform identifier, headings included; visiting arrangements, personal belongings, meals, bedside handover, the going home chat, discharge planning, infection prevention, preventing falls, chaplaincy services, privacy and dignity, PALS, have your say, support for carers, restaurant and shops, volunteers and friends, car parking and who to contact if you have queries or concerns about your care. A Healthwatch poster was displayed. We noticed that there was a standing aid available and others throughout AMU. We observed hand gels dispensers on the unit also on patients' lockers.

There was a patient who had come in from Accident and Emergency (A & E), they had not received any food or fluids during their time at A and E. This concern was raised with AMU senior staff members and the Ward Sister at A & E, who was happy for us to report the issue to higher authorities; as this was felt to be a safeguarding issue for a patient. We raised this with the Safeguarding Team but were advised to speak to the Safeguarding Lead at the hospital.

Two authorised volunteers visited Accident and Emergency, while there they met with the sister in charge and explained our concerns about the lack of food and fluids during patients' extended time in the Accident and Emergency department. The sister agreed that there were concerns over the issues with lack of food and fluids given to patients during their time in A and E. They were content for us to escalate this matter to those in charge and for it to be reported back to Healthwatch and other organisations. We were informed they had 20 patients waiting for beds at 7.30 am and at 11.30 they had 14 waiting for beds in AMU.

Two authorised volunteers meet with the Safeguarding Team at PRH. The member of staff they met was unsure why we had concerns and were raising them as the patient, as far as they were aware, did not have any learning disability or have a Carer present. The authorised volunteers went back to the office and spoke with their manager who raised the issues and concerns to the local authorities.

The Second Visit to Ward 1 Acute Medical Unit

When we arrived on the ward for the visit, we spoke to the Ward Manager/Sister on duty. We took advice on whether any patients should not be approached due to safety or medical reasons, or any issues regarding ability to give informed consent.

We then went to speak with any patients who were willing to talk to us and any visitors and relatives. We spoke to 7 patients in total, but some were confused and unable to tell us much about their care or discharge arrangements. We also talked to 7 staff and did not speak to any visitors/relatives present at the time.

All staff felt fully supported by the other members of their team, which helped them work effectively and efficiently as a unit. Patients spoken to on the wards



came from A & E or directly from their GP. We observed that some patients had a risk of falls bracelet on, patients spoken to said they had been admitted onto the ward and that the admittance was good and timely.

Not many patients spoken to had been on the ward long enough to comment on the food but one patient commented it was ok.

We were told that escalation beds are causing a huge problem to the way Ambulatory Care is run and is having an impact on staff as they are struggling for space to see to patient's needs and requirements.

The Layout of the Ward

The Ward has seventeen (17) beds, five (5) side rooms and one (1) single Swan Room (Palliative Care).

Observations

During the visit the authorised representatives observed interactions between staff and patients and looked at the physical ward environment.

Where patients had visitors, it was limited to a maximum of two visitors at the side of a patient's bed.

Staff were observed working together, passing details onto staff from an adjacent ward to ensure a patient's transfer between wards went smoothly and without unnecessary fuss to minimise any distress to the patient.

Patients felt well supported, some patients were too ill to do things for themselves, but we observed staff helping them to get a drink, and others to get a more comfortable position for a rest.

Patients added that staff were excellent, and one patient said they are "Angels."

Other patient's comments included:
"Brilliant, kind, caring, hardworking, thoughtful and understanding."



Whether patients said they are treated with dignity and respect and feel comfortable on the ward.

Privacy curtains were drawn around a patient when personal care was being given. It was noted that staff spoke to patients in soft tones, but if a patient couldn't hear what was being said they did raise their voice as necessary.



All patients spoken to praise the staff for their care and support, they said staff worked really hard but still made time for them and they didn't feel rushed.

Patients told us that night times are busy with doctors and nurses coming and going as they cared for the needs of patients and they were grateful for their efforts and concern.

Staff really looked after patients with dignity and respect and ensured that patients who required food and fluids were given these. Staff were friendly and dealt with patients in a very professional manner despite the department being under huge pressure.

Ambulatory Care

On our second visit to Ambulatory Care there were fewer Escalation beds and a drinks table was evident in the treatment area with jugs of water with lids on and cups so that patients and relatives, who required a drink of water, could help themselves to one. Hot drinks were also available if required, as a member of hospitality staff did bring a trolley in and if a patient was asleep at the time; they could request drinks once they were awake. This actually happened while we were visiting, and we ensured a patient who had been asleep did get a hot drink.

There is a box on the table with the following message written on it: 'Please fill out an anonymous friends and family card. Patient feedback helps us to carry out improvements to Ambulatory Care.' We spoke to a patient who had come into Ambulatory Care that morning. They had given her food and fluids and patient said that "staff are great." Staff carried out observations and monitored the patient health. The staff were taking all of this into account in offering appropriate care and had a holistic approach.

Another patient had been offered food but refused it until the patient knew what was going on and actions to be taken. A further patient commented; 'Drinks are excellent, staff are brilliant'. A nurse came and checked on a patient, they double checked where she was as she had been moved from her recent care. The 'League of Friends' drinks trolley arrived, and person accompanying it was really friendly and helpful. Then not long after this a gentleman brought around a snack trolley with newspapers, sweets and crisps, this person was also pleasant and helpful.



Another patient was admitted into AMU, they came in at 10pm, left at 4am and came back in at 11am. On the morning they had an X-ray and then a scan, the patient was told that the scan should have been last night. The person had been hanging around all day waiting for care and was worried due to personal reasons. Representatives from Healthwatch Telford and Wrekin recommended they speak to PALS. This person had missed the tea trolley as when it came around. The patient was very grateful that we offered them a drink. Some patients had felt relaxed in the Ambulatory Care Unit, supported by staff.

“Staff work really hard but still made time for them and they didn’t feel rushed.”

“Staff are Angels - they are great.”

Staff are “Brilliant, kind, caring, hardworking, thoughtful and understanding.”

How staff and the ward environment support a person living with dementia.

Patients may come in from a Care Home which supports the ‘Red Bag’ scheme, this is helpful for all staff to recognise the patient as having dementia, it includes medication, personal information, personal belongings, standardised paperwork. This saves time as staff have all the relevant information on the patient on admission and the discharge summary goes home with the patients.

No dementia signs were visible in the shower and toilet areas and no clocks were observed showing the date and time.



We were told by staff that patients did have access to doll/teddy therapy, if patients became disoriented on the ward they could sit by the work station with staff or be taken to a quiet area.

Staff worked with the patients, relatives or carers on the Alzheimer’s “This is Me Passport”. (alzheimers.org.uk/ThisIsMe)

Some residents from Residential Homes did come in with their completed “This is Me.”

We also saw the 'Recognising pain in a dementia patient' poster throughout the unit. Unfortunately, due to beds positioned in the Ambulatory Care Department; they were no longer able to put on afternoon tea for patients/family carers.

Staff who had been Dementia trained, supported the blue butterfly system and some staff wore the blue butterfly badge. Despite the ward being extremely busy, staff maintained a friendly and caring attitude showing genuine compassion to their patients.





The assessment processes, and preparations for discharge

The assessment processes are different for each patient depending on the medical conditions they present with and some have existing health conditions which have to be taken into account, when assessing the best treatment for the patient's requirements/needs. We observed staff working together, passing details onto staff from an adjacent ward to ensure a patient transfer between wards went smoothly and without unnecessary fuss to minimise any distress to the patient

One patient had been to AMU the night before and had returned the morning of our visit to have a scan. On speaking to staff, we discovered there are delays with these scans as "GPs will not insert the dye to enable the scans to be done quicker and therefore patients may have to return to the department to have the scans undertaken." These scans are to detect pulmonary embolisms and any delay is upsetting to the patients we spoke to, as the procedure had not been fully explained to them. However, we are unsure if this would be a procedure the GPs would do.

Contributing factors that delay a patient's discharge from hospital



There appears to be an issue of capacity in the hospital when a larger than normal number of patients are present. The staff in all departments and wards are having to care for and treat patients with many conditions.

Doctors delay telling a patient they would be discharged that day and do not inform them of the process involved. This could concern a number of issues; a doctor writing a letter, which may take a while if the unit was busy, pharmacy drugs required before discharge, booking transport, mobility aids.

Staff interactions with the patients

Patients told us they had every confidence in the staff, as they were prepared to talk with them at their level. They also felt that communication was good between the different ward staff.



Additional Findings

We had a pre-meeting with the Ward Manager and used a series of questions to understand the care processes and other matters the staff on the ward deal with and any other teams associated with patient care. Some patients come from Emergency Care and are treated then return home. Other patients come in from General Practitioners (GPs), or Residential/Nursing Homes.



On entering AMU we noticed 'Top 10 Tips' on reducing the risk of infection in hospital, an educational poster designed to help the patient whilst in hospital. Also, there the 'Red Bag Relay', 'John's Campaign' and 'Carer's Passport' as well as 2 posters on 'Domestic Abuse' on display. Further down the corridor there was a large, prominent poster on 'Sepsis' providing detailed information.

Ambulatory Care is situated at bottom of the Ward down a corridor, it's a large bright area. It mainly has chairs/recliners, plus 2 assessment trolleys. The unit is GP led; patients may have tests/x-rays/scans as part of their diagnosis whilst they are in the unit. If assessments cannot be completed on the day and if patients are well enough, they are asked to return the next day for tests, with appointments given to the patient. Ambulatory patients are given food and refreshments during the day, if hot food is left over from the patients in the bays it will be offered to the patients in Ambulatory Care.

If the need arises doctors in Emergency Care can see patients in AMU.

We were told that 41% of staff have worked for SATH for over 10 years, as a team they work well, everyone respects one another and helps one another throughout their shift. On the AMU unit there are normally 2 Acute Medicine Doctors, a Physio, and an Occupational Therapist.

A concerned patient commented that they understood the hospital was going, we explained in brief that it was going to change but it was still going to be there for patients.

While not related to AMU in specific, in the hospital there is a problem of patients smoking outside the entrance doors. Cigarette ends are very evident at the entrance to the Women's and Children Unit. It was a very windy day and when the automatic doors opened the display banners blew down and had to be moved to allow access for patients and visitors with wheelchairs. Staff came quickly and took the pull-up banners down so that this did not happen to anyone else.



Summary of Findings

- Staff were pleasant during both visits and really looked after patients despite being under immense pressure due to lack of space and number of patients.
- Staff worked well as a team and supported each other with patients needing more than one member of staff.
- Patients felt the staff respected their dignity and were kind and considerate.
- Patients told us that staff ensured they understood what was happening, informing them of any tests they were going to have.
- Even though the unit was busy, staff kept the environment uncluttered and safe for their patients.

Recommendations

- To review the policy of accommodating escalation beds in Ambulatory Care as this is compromising the department and having an adverse impact on patient care, treatment and discharge.
- Dementia friendly signs to be put up throughout the unit and blue toilet seats to allow a patient independence during their stay in hospital. A clock/calendar with the time, date, day and year would help patients.
- Consider offering eye masks and ear plugs to patients who find it noisy to get to sleep, due to the ward been busy during the night.
- Share with other wards the benefits of working well together as a team, despite the challenges of a busy/quick change-over of patients throughout the day.

Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the Manager of Ward 1 AMU.

“Thank you for visiting the AMU, we aim to improve the service we provide and having visits and feedback helps to deliver improvements”.

“We have done lot of work since your visit to improve Ambulatory which is now called SDEC/AMA (Same Day Emergency Care and Acute Medical Assessment) and would welcome you back to see this change and our improved service”.

“When the patient was transferred from A&E without receiving anything to eat this was resolved by the nursing team in AMU straight away”.

“The patient who needed to return the following day for a scan. There is no provision for the scan which was required overnight, the patient was assessed in line with the treatment pathway they were on and then returned the next day for the procedure. This



enables the patient to receive their treatment and avoid an unnecessary overnight stay within the hospital”.

“A recommendation is for AMU to install blue dementia friendly toilet seats however the area does have dark grey contrasting seats in place within each patient toilet to promote independence and safety. I am happy to provide evidence that this meets the dementia friendly criteria if needed”.

Response to recommendations from Healthwatch Telford and Wrekin ‘Enter and View’ visit

AMU, Princess Royal Hospital, Shrewsbury and Telford Hospitals NHS Trust
February 2019

Identified area for improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
<p><i>These appear in the report under recommendations and include suggestions made by the visit team.</i></p>	<p><i>This will be included under Service Provider Response in the final report so we recommend using patient-friendly language to describe what steps you will take. It can be most useful to list all the different smaller actions that will need to be completed so you can assess if anything has been missed when you review your progress in a few months.</i></p> <p><i>If work is already underway that will address the recommendation please let us know what has happened / is planned.</i></p>	<p><i>Give the job title of the person who is responsible for ensuring each action is completed. (We do not use names in the final report).</i></p>	<p><i>State the latest date the action should be completed by.</i></p>	<p><i>When you review the action plan you record whether the individual actions have been completed, are on-going, or record any changes to the actions e.g. the deadline is changed or you have implemented a different action instead.</i></p>



Identified Area for Improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
<p>Provision of food and fluids within A&E</p>	<p>A&E holds a supply of sandwiches and snacks which can be provided to patients who are in the Department for an extended period of time.</p> <p>At periods of escalation a food service is now provided within A&E to ensure that hot meals are made available to patients within the Department awaiting admission.</p>	<p>A&E Manager</p>	<p>Completed</p>	
<p>To review the policy of accommodating escalation beds in Ambulatory Care as this is compromising the department and having an adverse impact on patient care, treatment and discharge.</p>	<p>Ambulatory Care has changed and is now Same Day Emergency Care (SDEC) and Acute Medical Assessment (AMA).</p> <p>This new model has allowed for the areas to be redesigned and the number of patients which can be accommodated within the areas to be increased.</p> <p>The Trust makes every effort to avoid escalating into these areas in order to facilitate patient flow, enabling patients to be seen quicker and improve their experience.</p>	<p>AMU Matron and Ward Manager</p>	<p>Completed</p>	



Identified Area for Improvement	Provider response, including steps to be taken	Who will oversee this?	When will it be completed by?	Progress
Dementia friendly signs to be put up throughout the unit and blue toilet seats to allow a patient independence during their stay in hospital. A clock/calendar with the time, date, day and year would help patients.	Dementia friendly clocks have been placed in each bay to help orientate patients.	Dementia Nurse Specialist	Completed	In progress
	The Trust is in the process of introducing dementia friendly standardised toilet signage.	PLACE Group	31 st March 2020	
	Yellow staff name badges have been introduced to support people living with dementia and / or visual impairment.	Corporate Nursing Team	Completed	
Consider offering eye masks and ear plugs to patients who find it noisy to get to sleep, due to the ward been busy during the night.	Whilst eye masks and ear plugs are not provided to patients within the Trust, this will be explored with the league of friends to identify if this is an item which they could stock within their shop.	AMU Matron	31 st October 2019	
	Noise at night will be discussed with the AMU Team to ensure that any unnecessary noise is minimised to support patients resting.	AMU Ward Manager	Completed	
Share with other wards the benefits of working well together as a team, despite the challenges of a busy/quick change-over of patients throughout the day.	The feedback has been shared with the Lead Nurse for Urgent Care, Ward Manager and AMU staff.	Amu Matron	Completed	



Acknowledgements

Healthwatch Telford & Wrekin would like to thank the patients and staff of AMU and Ambulatory Care for their contribution to the visit and our Enter & View programme.

Get in Touch

Please contact Healthwatch Telford & Wrekin to share your views and experiences of this service or any other health and social care service in Telford & Wrekin or received elsewhere by people living in Telford & Wrekin.

We gather comments anonymously and share them with the public, service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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