



Details of visit

Service address:

The Princess Royal Hospital - Ward 6, Apley Castle, Apley, Telford Shropshire, TF1 6TF
SATH - Princess Royal Hospital, Ward 6 (Cardiac)

Service Provider:

Date and Time:

5th December, 2016 14:00pm

Contact details:

Healthwatch Telford and Wrekin, Meeting Point House, Southwater Square, TELFORD, TF3 4HS

Publication Date:

Acknowledgements

Healthwatch Telford and Wrekin would like to thank the service provider - SATH Ward 6 in Princess Royal Hospital, patients, relatives/visitors and carers, and staff for their contribution to the Enter and View Programme.

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 service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run, share good practices observed, and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch 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 we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. In addition, if any member of

staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the Visit

- To engage with Patients as service users of The Shrewsbury and Telford Hospital NHS Trust - Princess Royal Hospital (Ward 6) to hear about their experiences of care, and understand how patient dignity is being respected in the Hospital environment.
- To capture patient experiences and those of relatives/visitors, and any ideas they may have for change.
- Observe the Patients and relatives/visitors engaging with the staff and their surroundings.
- Identify examples of good working and care practice.

Strategic drivers

- The visit is part of a Healthwatch Telford and Wrekin programme of work on Dignity and Respect in health and care settings.
- The visit is also in response to evaluations of feedback received by Healthwatch Telford and Wrekin from service provider, community engagements, and local council / CQC liaisons and requests.
- Hospital Wards, Clinics/Units and other departments and NHS services providers, and Care & Nursing Homes, are a strategic focus of local healthwatch, regional / national programmes of the CQC, PHE / NHS, local Councils, and the local Healthwatch organisations.



Methodology

This was an announced Enter and View visit.

Two authorised representatives were assigned to the visit. Representatives met with a member of management before speaking to anyone on Ward 6, and took their advice on whether any patients should not be approached due to their inability to give informed consent, or due to safety or other medical reasons.

The representatives explained to people they spoke to why we were there. We spoke with 14x patients, some with relatives/visitors/carers present at the time, to ask them about their views and experiences of the hospital Ward 6 services.

We spoke with 3x members of staff, management and other professionals present to hear about their contributions to the service provided - quality of care, safety, dignity and respect, and acknowledging patient and families' wishes. During the visit we would also observe the delivery of the service. Observations were gathered while walking around the Ward (public/communal

areas) to gain an understanding of how the Hospital/Ward works and how the patients engage with staff members and the hospital facilities. A guidance-list of dignity and respect topics was used to support the observational activities.

Summary of findings

- We observed, and were told by patients, that on most occasions, they were treated with respect and their dignity was upheld by the staff on the ward.
- Patients told us staff were very hard working, kind, cheerful and friendly in their treatment, care and support of the patients. Despite being busy staff took time to talk with patients. This was evident in the staff interactions we observed, though an exception was reported in care support of a patient with dementia.
- Staff explained to patients what they were doing when giving treatments, doing tests or providing personal care support, and provided patients (and their relatives as appropriate) with information about their treatment plan.
- Staff responded promptly when assistance was requested by a patient.
- Most Patients were either satisfied or very pleased with the meals provided, and the food choices available. Staff provided patients with something to eat and a hot drink when they missed a meal due to travelling elsewhere for tests/treatments.
- Patients were not aware they could ask for available aids for sleeping during busy nights in the ward - ear plugs, eye bands.
- The corridor leading to Ward 6 was sometimes cluttered with temporary storage of trolleys and chairs/beds.



Results of Visit

The Ward bays were warm, bright and clean, with mobility walking frames available when needed, and padded floor-matts for those vulnerable patients who may fall when out of bed. We observed metal trolleys and a spare chair in the corridor leading to the Ward, which restricted the corridor width for visitors with a motorised chair. This area seemed to be used for temporary storage.

Visiting times on the Ward were 2.30 till 3.30pm and 5.45 till 6.45pm.



We spoke with 14 patients, 1 healthcare assistant, and 1 other staff member, as well as the ward manager. The Consultant 'round with patients' was in progress (we were told the consultant had come from Stoke hospital), so we talked with patients, relatives and staff in bays not being visited by the consultant at that time. We observed that staff closed the Bay entrance door while the Consultant was doing the rounds there, excluding visitors for this period, but also heling to respect patient dignity.

Patient Feedback

Representatives spoke with patients many of whom had arrived at the ward from the Emergency Department/A&E, with most transferred from there to AMU before arrival on the Ward; some spent time in AMU where tests were completed before they came to the ward.

A small number of patients described that they had had a difficult time before arriving on the ward. One had spent 9.5 hours in ED/A&E and then a couple of days on AMU before a bed was available for them on Ward 6. This patient described their experience saying "the Doctors don't help themselves; they didn't explain my condition to myself or family, and no explanation of the next step with my treatment. I have no information on what is going to happen to next. Staff rush about - they are very busy, and in A & E staff are rushed off their feet".

Most of the other patients commented that the process on admittance was good, and their treatment was explained to them, and as appropriate, their family. They felt listened-to by staff and doctors, who gave patients information, were helpful, and 'explained everything'. A patient commented that "the staff are incredibly friendly", consultants spoke to them about their care, and they felt included in their treatment plan. Many patients had been in the ward for several weeks. Patients said "the staff worked very hard, and they were always very kind and cheerful - they were marvellous, wonderful, friendly and efficient - I couldn't fault them". Staff were described as "polite and cheerful", who seem to go out of their way to help the patients. We were told by a Relative that they were made welcome and they felt included in information about the care of their relative patient.

Patients said that nursing staff, care assistants, therapists, and the doctors/consultants pulled the curtains around the bed when discussing their treatment, when helping with personal care, and they talked with the patient and told them what was being done when giving treatments or doing tests. We also observed interactions between several staff and patients that supported this view. However, one patient commented that "the doctors' voice could be overheard quite easily as he talked with other patients during his 'round' in the ward".

A patient in one bay commented that she had observed that there was a care assistant who worked on the ward who was very 'brusque' when dealing with one of the other patients in the bay who she thought had dementia. The patient confirmed she knew how to raise issues and complaints, and who to talk with, but she was reluctant to do this.

We asked patients if they were aware that staff would provide ear plugs or night eye-bands on request, if sleep was being interrupted by other patients, or busy 'comings and goings' on the ward during the night. Patients indicated they had not been made aware of this.

One patient "felt safe" and said "the other patients on the Ward are sociable". "Staff are excellent on the Ward much better than on a previous stay in another hospital. Staff are marvellous - they are caring, they come quickly when the call bell is pressed, staff are friendly and cheerful and you can have a joke with them". We heard from several patients that 'call bells' by their bed are answered promptly, though some said that at night there may sometimes be a delay if staff were busy with another patient. Many said they were mobile (with or without a walking aid) and so did not need to call staff to help them visit the bathroom, or during the night, but said the staff would readily help if asked to.

One patient observed that "parking at the hospital is bad - there is not enough patient parking space. Staff gave us the information for concession parking it - this can be used for more than 1 car; other family members can use the concession, but only 1x car at a time. This means that some relatives can visit during the afternoon and then others at the evening visiting session. It has made it easier for the family to visit", The patient was very pleased that this helped have visitors, and she looking forward to be going home soon.

Another patient had paid for TV which she enjoyed as she had been on the ward for several weeks, but thought the price was too high.

In one bay, several patients said they felt apprehensive and reserved about talking with our Healthwatch Representative due to a recent previous audit visit by a SATH volunteer (not Healthwatch) where patients believed their confidences and anonymity had not been respected. This concern was raised with the Ward Manager who explained that after our visit she would later speak with patients to reassure them and calm their anxieties, and would also escalate the issues of this failure to the hospital support services.

Food

We asked patients about their experiences of the food and choices for the meals. Some patients responded that food was "ok", and most indicated the meals were hot (as appropriate) and they could choose from an option on the menu. One patient said "food is first class - we have a choice of menu, and only once was my choice not available". Another said "The food is excellent, I always have a choice", while another confirmed "the meals were 'ok' for hospital food" and were "appropriately hot" but if the patient did not like the options some food was brought in by their relatives. Another patient confirmed that her "meals were always hot, and she liked the jelly and ice cream". She commented that staff brought hot drinks round (a tea trolley) which was popular with many patients and visitors, and staff would "make a hot drink in the evening" if she asked.

Another patient said she could have "two hot meals each day if she chose." She particularly liked the ice cream for pudding. Meals were hot and she had not had any that arrived cold - she described that they were brought in trolleys that heated the meals. The patient had to go to other hospitals sometimes for tests,

and was asked if she was offered food if she had missed a meal time on the ward. The patient said that the staff made sure a meal was provided when she returned, and would make a hot drink any time on request. When asked if she was provided with anything during the evening - had she asked for toast for example, if she was feeling 'peckish'? The patient was not aware she could ask for something like this; a staff member nearby agreed they would and could provide something if a patient asked - and explained they also had yogurt and other things too.

Observations

The Ward was busy; there seemed to be patients coming and going for treatments or tests - some in PRH, while others had been transported to another hospital for tests. The Consultant from Stoke hospital was undertaking his rounds of the ward while our visit was taking place.

Staff (nurses, care, & therapists) were observed interacting with patients during our visit - they were cheerful, friendly, and encouraging with the patients, addressing the patients by name and seemed to know each well.

One patient said "I have been a bit batty for the last few days but I am getting better now. Staff are wonderful - they look after me and talk with me". The patient had dementia, and had been confused for the past few days, but she was now getting better. We observed 'falls pads' placed at the foot of the bed which we were told were placed around the bed at night or other times of risk - to reduce injury if the patient fell when she got out of bed unaided.

We observed staff engaging with several patients by name while we were there, and in a comfortable friendly style, which was evidently appreciated by the patients with smiles in response.

The ward operated the Butterfly scheme (this was introduced to visitors on the Notice Board in the corridor leading to the Ward), and a symbol is used on the patient information board above their bed to indicate a patient with dementia. A yellow wrist band is worn by those patients who have a risk of falling, helping staff identify these patients to support them when they were out of bed in the ward.

Staff Feedback

Representatives spoke with a Healthcare Assistant who said that they felt supported in their job. If they needed information they could go to their colleagues, and for assistance if the need arose. The staff member felt that if the Ward had another healthcare assistant on duty for the shift this would help with patient care. They went on to say comment that they did not think there were enough staff on the night shift and suggested another nurse and healthcare assistant was needed.

Staff duty shifts: early shift - 5 nurses 2 care staff, late shift - 5 nurses 2 care staff, and night shift - 4 nurses 1 care staff.

We were told there is a 6-month probationary period on the ward, and induction training is included. New staff work 2 weeks with a mentor. Training is guided by a competency programme booklet based on nurse banding, to which is added the

cardiac-related competencies; competencies-training must be signed-off. The ward and associated sections have specialist cardiac-trained nurses. Time is short so training is focused to ensure that staff receive training which is essential for working on the ward. A planned Cardiac Day is also arranged to deliver training and refresh to staff - with all ward nursing staff attending (they will come in for this), and doctors and Consultants (who attend in the afternoon).

Staff training is focused on the specific needs for the cardiac unit; there were several new staff and their training had to be fitted around the shifts. There is a Dementia Champion on the ward who had received training; the Link-nurse goes to the training 1x in the year, and then feeds back to other staff on the ward.

Staff indicated that if PRH cardio department had more investment, then the patient experience would be improved as most tests could then be done at PRH, rather than transporting them from the Ward to another hospital (*Stoke or New Cross*) for tests and then are returned to PRH for care and treatment. Staff commented that the present system can lengthen the patient stay in hospital, and increases risks of infection.

We were told that as well as management and clinical duties, the ward manager spends time talking with patients and relatives on the 4x units (including the Coronary Care Unit section and day-case unit) associated with Cardiac Ward 6. There are five dedicated CCU beds, and a Cardiology Ward of 20 beds. The Ward Manager described the ward as “busy, sometimes hectic, and at times crazy-busy - there was never a dull moment”. The Ward manager had clinical duties as well as staff and ward management responsibilities, and was responsible for 4 cardiac-related sections including Ward 6. Recently executive management-required reductions in shifts had added further to the work-load of all staff, and there were concerns about the impact of this on staff health and wellbeing. The manager was required to make difficult decisions, but assuring patient safety was a high priority. Many, including the manager, worked longer hours including after their shift ended. The manager indicated they needed more staff, and a better skill mix of the experienced staff.

Recommendations

- Consider including the availability on request of ear plugs and night eye-bands in patient information made available on admission.
- Investigate other hospital facilities for temporary storage of metal/wire trolleys, when not needed for transporting supplies.
- Periodically remind staff about expected approaches to care support for those patients with dementia.

Service Provider response

Thank you very much for the feedback following your recent E&V visit to Ward 6 at PRH. We have taken on board your feedback and are now working hard to make the improvements happen. The action plan outlining the improvements planned is provided in the table below.

Recommendation	Action	Who oversee + Target Completion Date	Progress
Consider including the availability on request of ear plugs and night eye bands in patient information made available on admission.	<p>Once packs have been issued to the ward, brief staff on Team brief on the location of the packs.</p> <p>Ward to develop a poster, information for display on the ward and patient areas.</p> <p>In the future, the ward is to develop an admission information leaflet that displays this information.</p>	<p>Ward Manager & Housekeeper</p> <p>April 2017</p>	<p>Packs available on the ward and information supplied to patients on how to obtain. March 2017</p> <p>To be developed by Sept 2017</p>
Investigate other hospital facilities for temporary storage of metal/ wire trolleys, when not needed for transporting supplies.	<p>Trolleys are stored only on delivery days of stock. They are brought to the ward by the stores team and the housekeeper empties these into the store cupboards. The trolleys are then collect late afternoon by the stores team.</p> <p>There will be a new delivery system within the trust shortly, and stock will be ordered and put away by the stores team. This will minimise the number of cages on the corridor on delivery days.</p>	<p>Stores team & House keeper</p> <p>April 2017</p>	<p>New stores delivery system commencing April 2017, with a rollout programme to all wards.</p>
Periodically remind staff about expected approaches to care support for those patients with dementia.	<p>Staff to receive update on daily team brief for one week, this to be repeated throughout the year every quarter.</p> <p>Staff to have an update on the principles of the butterfly scheme and REACH principles during their yearly cardiology training day.</p>	<p>Ward manager</p> <p>March 2017</p> <p>Ward manager + SATH Lead Dementia nurse October 2017</p>	<p>Completed in March 17</p>