



Enter and View Visit Report

Princess Royal Hospital

Ward 9

Visit date: 14th November 2018

Publication date:

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

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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) - Ward 9 |
| Provider | Shropshire and Telford Hospital NHS Trust (SATH) |
| Date and Time of visit | 14 th November 2018 2.30pm - 4pm |
| Visit Team | HWT&W Enter & View Authorised Representatives 2 and 1 Authorised Representatives "In-Training" (T-ARs) |
| Service contact details | Name: Sarah Sivill. Phone: 01952 641222 ex 4009 Address: Apley Castle, Apley, Telford, TF16TF |

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 include those with dementia looking at the environment, accessibility compassionate care.

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.

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



Context of the Visit

In 2018 concerns were raised about maternity services provided by the SATH hospitals (Royal Shrewsbury, and Princess Royal - Telford), including those related to historical concerns. An Independent Inquiry was initiated and is in progress.

Unannounced inspection visits have also been made by the Care Quality Commission (CQC) and care-issues reported, resulting in measures to be taken and NHS-Improvement provision of additional support to resolve problems. Princess Royal Hospital (PRH) is currently rated 'overall inadequate' by the Care Quality Commission.

During recent years SATH have experienced problems resourcing Accident and Emergency (A&E) services in both hospitals, and with increased needs experienced particularly during the winter, have had to plan for possibility of deciding on a temporary over-night closure of the Accident and Emergency department at Princess Royal Hospital. Were the decision to be made, this will have impacts on the Telford & Wrekin patients, ambulance services, and the Accident and Emergency departments in other near-by hospital trusts such as New Cross (Birmingham), Stoke, and Wolverhampton.

As part of their engagement programme Healthwatch Telford & Wrekin has visited several Wards and Departments/Units/Clinics in Princess Royal and Royal Shrewsbury Hospitals since 2014. The Enter & View committee agreed that Healthwatch Telford and Wrekin should aim to visit all wards at Princess Royal Hospital by the end of 2019 to find out about the patient experience of healthcare in the hospital setting; compassionate care delivered with patient dignity and privacy being respected. Some visits will also find out about the care experiences of patients attending hospital who are living with dementia, and understand how patients are prepared for discharge, and their experience of discharge. Individual ward visit reports will be published. From these individual visit reports, over-arching theme reports will be published on patient experience of compassionate care respecting dignity and privacy, the care of patients with dementia, and on the discharge experience.

The visit to PRH Ward 9 Respiratory 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.



What we were looking at

The focus of this visit was to find out if patients of Ward 9 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.

What we did

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.

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 9 patients in total, but some were confused and unable to tell us much about their care or discharge arrangements. We also talked to 4 staff and 10 visitors/relatives present at the time.

What we found out

Ward 9 is an acute Respiratory Ward and patients are transferred there mainly from Accident and Emergency, via the Acute Medical Unit, once a bed becomes available. Several had been admitted from Intensive Care or directly from their Medical Practice. Ward 9 is an extremely busy ward with a number of clinicians fully engaged in treating the complex conditions of the numerous patients.

The layout of the Ward and the staffing arrangements

During the visit the authorised representatives looked at the physical ward environment and observed the staff arrangements on the ward. We were informed that they were 5 staff short on the day we visited, they had a Staff Nurse from another ward helping them out as they were so stretched. During the day they were 3 Staff Nurses short and 2 Staff Nurses short on the night shift. We observed a member of staff



carrying a transfer board, another member of staff queried whether she had attended to the patient. She replied that she had not, as she couldn't find another member of staff free and the action required 2 people. All staff were busy, including student nurses and an associate apprentice. The ward had 11 staff vacancies which inevitably puts a strain on permanent staff members and had an impact on patient treatment. Sometimes agency staff block booked shifts, so that they became more familiar with the ward staff and operation of the ward. On occasions, agency staff booked a shift but then didn't turn up.

The ward staff told us they are finding that they miss the Volunteers who would sit with patients on palliative care. They told us they haven't had one for over 12 months. The staff told us that they find the volunteers invaluable to patients and provided relief for relatives when they needed a comfort/nutrition break.

Patients said:

"There is no familiarity with staff as it's different nurses and health care assistants every day."

"I find it difficult to recognise staff members - I do not know what the different uniforms signify and cannot tell the difference between agency and permanent staff".

We were told that one of the student nurses working on the ward would be joining the team in September 2019 when they qualify.

We also learnt from a Nursing Associate Apprentice working on the ward that they found it very enjoyable and benefitted from a lot of support from the Ward Manager and staff on the ward. They found it really enjoyable to learn new skills.

There are 4, 6 bedded bays; 2 female and 2 male and 4 side rooms. 1 of the side rooms is a 'Swan Room'. It provides privacy and dignity at the end of a patient's life. There are 4 toilets and 2 showers for patients, and a Hand Sanitiser on the wall at the entrance to the ward

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

When speaking to patients they spoke highly of the nurses. Patients felt listened to, and the nurses were kind, caring, thoughtful and respected their dignity.



“Staff draw the curtains ensuring my dignity is being respected when I’m having personal care.”

A relative commented:

“Our requests were listened to and acted on by the next day.” “Staff are considerate to our family member”. “Nurses and Health Care assistants are very caring and are doing their job the best that they can, they are stretched between so many patients.”

The experiences of patients living with dementia, and how the staff and ward environment support them.



We noticed that the blue butterfly symbol was being used with patients who had a diagnosis of dementia. We did not consider the ward to be dementia friendly even though patients living with dementia were on the ward. We suggest this as signage wasn’t clear for the toilets and the showers, with respect to the pictures as well as the words. The toilet seat was white, as was the pan, so there was no difference in colour in order to highlight the toilet for a Dementia patient. We saw no evidence of the ‘Alzheimer’s-This is Me-passport’ on patients’ lockers. This has been proven to assist staff in meeting the patients’ needs. We observed one patient in their day clothes supporting ‘Johns’ Campaign’. On several occasions we saw patients holding a soft toy, this seemed to comfort them.

On one occasion a nurse was called by a patient’s relative as the patient was in pain. The nurse came straight way and addressed the concerns of the relative. The nurse also provided very clear advice to the relative on other issues to mitigate those concerns. The relative took onboard what the nurse had said, as they hadn’t been aware of changes in the patient’s condition post admission.

Views of the patients about their experiences in hospital

Patients told us they felt listened to and well cared for. Staff treated them with dignity and respect, staff answered call-bells in a timely manner. Some patients felt the food wasn’t the best.

A few patients commented it was noisy at night and they found it difficult to sleep. They went on to say that disturbances during the night were due to medication being given or checking blood pressure.



A patient and their family spoke highly of a student nurse who spent time with a patient after they had become confused and loud. They calmed the patient by staying with them and talking to them softly and reassuring them.

We were told by family members about care in the Intensive Care Unit, doctors were not speaking to them about the procedures and treatment received by their family member. They later got this information from the nurses. Another family preferred to speak to Healthwatch away from the visit, so we signposted them to the Healthwatch office.

Patients said:

“Menu is limited of soft food, I often don’t get my choice”

“Food is microwaved and not tasty”

“Staff rushed in order to get their job done”

“Staff are very caring they are understaffed”

“It’s noisy at night”

Observations

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

The environment of the ward

The ward appeared very busy with staff attending to patients’ needs, we observed staff talking softly to patients ensuring that their needs were attended to, doctors on the ward were also busy seeing patients and ensuring that patients who were being discharged had their letters and medication. We observed a doctor and nurses going out of the way to ensure that a patient had everything needed to go home, including the visits of the district nurses and transport. The ward and bays were clean, noticed a couple of the curtains around patients’ beds were missing some of the fixings.

Staff interactions with the patient

We observed staff talking to patients with compassion explaining the reasons why they would like them to stay in longer, so that they could recover from their condition. The staff also spoke to the family to ask how they felt, the family explained that they agreed and supported the staff. Staff came down to the level of the patient, in some



instances, to reassure a patient. They asked them if they were comfortable and where appropriate changed a patient’s position to sitting in a chair. A patient was being discharged, staff appeared from nowhere to say goodbye - not only to the



patient - but to the relative as well. The compassion from the staff was amazing, the warmth and best wishes given by everyone demonstrated how closely the staff team worked together.

We observed members from Occupational Therapy discussing options for aids, prior to patients going home and listening to the patients' questions as they weren't familiar with the aids. A physiotherapist tried to encourage a patient to get off the bed and sit in a chair.

Additional Findings

A patient told us that they had been readmitted after a short stay at home. Their relative who was visiting the patient thought the patient had been discharged too early.

Summary of Findings

- Patients felt that the staff were kind, caring, compassionate and thoughtful.
- Patients felt that staff were rushed at times but did their best.
- Dementia care needs to be addressed, to ensure patients living with dementia feel they are still having their needs met whilst in hospital.
- Carers we spoke to were not informed about concession parking even though their family member had been in a while; this seemed to be the norm with speaking to other relatives.
- Parking machines being out of order inside the main entrance also seemed to be an issue for some relatives as queues were long.

Recommendations

- Investigate new ways of advertising for staff with the right skills mix.
- Renew efforts to encourage recruitment of Volunteers to sit with patients when needed, and to help staff with patients living with Dementia.
- Work with family members to encourage completion of the 'Alzheimer's "This is Me" document for patients and keep them updated.
- Rethink new ways of offering Carers Passports and concessionary parking to relatives/friends.

Service Provider Response

Healthwatch Telford & Wrekin received the following response to this Enter & View visit and report from the manager of Ward 9.



Thank you for taking the time to visit Ward 9 on the 14th November 2018. We value any feedback but particularly from our external partners. We can share positive feedback with the team and learn and address any areas for improvement; we are passionate on Ward 9 about ensuring our Patients receive the very best care and experience during their time on our ward and your report has been instrumental in helping us to enhance this experience

In response to your findings we have developed an action plan which identifies areas of good practice to share and also areas for improvement and we have shared a copy of the action plan with Healthwatch.

Your feedback and our action plan will be shared with members of the nursing, medical and multidisciplinary teams who provide care for the patients on Ward 9. We thank you for your time, feedback and recommendations.
Manager, Ward 9.

Acknowledgements

Healthwatch Telford & Wrekin would like to thank the patients and staff of PRH Ward 9 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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