



Enter and View Visit Report

Royal Shrewsbury Hospital

Ward 22RE - Respiratory

Visit date: 14th August 2019

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About Healthwatch Shropshire



Healthwatch Shropshire is the independent health and social care champion for local people.

We work to ensure your voice counts when it comes to shaping and improving services. We address inequalities in health and social care, to help make sure everyone gets the services they need. We are a charity.

There are local Healthwatch across the country as well as a national body, Healthwatch England.

What is Enter & View?

Healthwatch Shropshire gathers information on people's experiences of health and social care services and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are being provided. These visits are called 'Enter and View', and can be 'announced', 'semi-announced' or 'unannounced'. For 'semi-announced' visits 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 Healthwatch in the **Health and Social Care Act 2012**.



Enter and View visits are carried out by a team of specially trained and DBS checked volunteers called Authorised Representatives. They make observations, collect people's views and opinions anonymously and produce a report.

Enter & View visits are not inspections and always have a 'purpose'.



Details of the Visit

Service	Royal Shrewsbury Hospital - Ward 22RE Respiratory
Provider	The Shrewsbury & Telford Hospital NHS Trust (SaTH)
Date / time of visit	Wednesday 14 th August 10.30am
Visit team	Three Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

Purpose of the Visit

To understand the patient experience and quality of care on Ward 22RE, a ward that has, in the past, lacked consistent leadership.

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

The Context of the Visit

Healthwatch Shropshire receives many comments regarding hospital treatment and services from members of the public and there are times when it is appropriate for Healthwatch Shropshire to see and hear for ourselves how services are provided.

The Shrewsbury & Telford Hospital NHS Trust (SaTH) told Healthwatch Shropshire that Ward 22RE at the Royal Shrewsbury Hospital had been without a manager for a period of time.

The Lead for Patient Experience at SaTH suggested we visit the ward to see what effect, if any, the lack of consistent leadership of the Ward was having on patient experience.

This visit was announced, meaning that the Ward Manager and Ward Matron had been told in advance when our Authorised Representatives would be visiting.

What we were looking at

We planned to

- Speak to the current Ward Manager and Matron about their roles and leadership
- Speak to staff, patients and any relatives about their experiences looking at five areas:
 - Do they feel comfortable and able to relax?
 - Do they have confidence in the ability of the staff?
 - Do they feel supported?
 - Do they feel listened to and understood by staff?
 - Do they feel the staff communicate with them well?
- Observe the ward environment from a patient's viewpoint

What we did

We visited Ward 22RE Respiratory to speak to staff, patients, the Ward Manager and Matron. We had difficulty finding the ward as there are two wards numbered 22 at Royal Shrewsbury Hospital and the directional information on the website and on noticeboards is wrong and needs to be updated.

The current Ward Manager and her successor welcomed us to the Ward and we asked them about their roles and how they manage the Ward. They explained that the role of the Ward Manager is to oversee the day to day management of the ward, make sure patients are receiving the appropriate care, be aware of the need to refer patients if necessary and to manage the staff for example appraisals, holidays, staff issues etc. After a short while the Matron joined us and gave us more information.

Afterwards we spoke to five staff, six patients and one relative. We also looked at the environment to see how clean and easy it was for staff and patients to use.

What we found out

Management

The Ward Manager has been in post since February 2019. Between November 2018 and February 2019 the post was vacant and a member of staff told us that during that time all the team had pulled together to make the Ward work until the current manager started. They said “It had been very difficult” as workloads had not been managed. The staff we spoke to were all very happy with the current Ward Manager. Staff made the following comments:



- “The manager had worked hard to get to know us and make things happen.”
- “The Ward Manager is brilliant.”
- “We will be sad to see her go, you could not ask for anything more from a manager”.

The Matron explained that as the Ward Manager was leaving in October 2019, a new Ward Manager had already been appointed. Both Ward Managers are now working together to ensure continuity and avoid the disruption which had happened when the previous manager left.

There are 56 staff:

- 30 Healthcare assistants (HCA)
- 2 Housekeepers
- 3 Ward Clerks
- 21.8 Registered Nurses (Currently there are 11 vacancies but 5 newly qualified staff are starting in September plus 2 more nurses from overseas.)
- There are 6.5 fulltime Band 6 Nurses who are senior staff and at least one Band 6 Nurse is on duty at all times.

The preferred ratio of staff to patients is 1:8 but the Ward Manager told us that often the ratio is 1:10 or higher due to staff shortages. The Ward Manager explained that for patients who are placed on NIV (non-invasive ventilation) the ratio ideally should be 1:1 but this is not possible. The Ward Manager said that in many hospitals this procedure would only be carried out in ICU (Intensive Care Unit). However because staff are experienced and specialised equipment is on the

ward, patients are managed on the ward. The ward is also the only ward at RSH that looks after patients with tracheotomies and chest drains.

The Matron is introducing level 1 Critical Care Network competency training for all Registered Nurses which will give them a nationally recognised status as respiratory specialist nurses. The Ward Manager told us this has been well received and welcomed by the staff as they see their skills improving and they can monitor their progression. The Ward Manager also arranges respiratory study days for staff once a year to ensure skills are refreshed and learnt.

The Ward Manager works 8.30 a.m. - 4.30 p.m. Monday to Friday whilst other staff work eleven and a half hour shifts. The Ward Manager comes in early on occasions to meet with the night staff. The ward also uses Agency and Bank staff to provide cover, although whenever possible staff work extra shifts to cover the current high level of vacancies. The Ward Manager explained that staff are aware steps have been taken to fill the vacancies and they are happy to work extra shifts in the meantime.

The Matron - who oversees three wards in total (Ward 22RE (Respiratory Royal Shrewsbury Hospital RSH), Ward 9 (Respiratory Princess Royal hospital, Telford PRH) and Ward 32 (Short stay RSH) - told us that the Ward Manager and herself ask staff about issues and listen and act whenever possible. For example Registered Nurses (RNs) are aware of the issues regarding recruitment and retention and have asked the managers that if possible could additional HCAs be recruited to assist them until new RNs start. This had been done and has improved staff morale. A member of staff told us: "When we're down on numbers morale goes down a bit...we know we aren't able to give that bit extra to patients and visitors....you go home feeling you should have done better...We need to be fully staffed."

The Matron had also retained experienced respiratory staff on the ward rather than them being transferred to other wards. The Matron told us that they believed the statement "a nurse is a nurse is wrong, as no - they are a specialist".

The managers have clear plans on improvements they wish to make including creating a specialised NIV bay with four beds to prevent patients having to be moved when ill. They also hope a new person to deal with the discharge of patients will be in post by the end of the year. This will enable a Charge Nurse who currently manages discharge to focus more on nursing.

Environment

Ward 22RE is a respiratory ward which has 40 beds. It is a large L shaped ward with patients either in bays of four beds, or in side rooms if they require more nursing. There were several nursing stations along the corridor.

The respiratory ward moved to its current location at the end of last year as the previous ward transferred to Princess Royal Hospital (PRH) Telford. The number of beds has increased from 28 to 40. Some existing staff stayed while some moved to other specialisms at the time of the move.

We found Ward 22RE to be clean, calm and purposeful. We saw several staff cleaning; either sweeping, wiping or dusting at height. A member of staff who was cleaning told us that it is one of the best wards in the hospital for cleanliness. The member of staff told us that the hospital had invested in air conditioning and a special floor covering to help with cleanliness in the respiratory ward and this means the “patient experience is very good here”.

All staff were purposeful and were engaged on tasks. It is a busy ward and there was a doctors round in progress during our visit.

What people told us

We spoke to five staff, six patients and one relative, using a questionnaire (Appendix A) as a prompt.



1. Do they feel comfortable and able to relax?

Four of the six patients we spoke to said that the ward was very busy and noisy. Four patients said that it was hard to relax and sleep as staff were noisy at night. One patient said they had to ask the staff to dim the lights at night. One patient said they had been in hospital many times and this was the best for being able to relax. Another patient said that once they were in bed they could settle.

The beds in the bays were well spaced and we saw curtains were used for privacy when the doctor was seeing the patient or nursing procedures were happening.

All the patients said the ward was clean. Two patients told us: “They are always cleaning.”

One patient said they were constantly disturbed by the bin in the ward bay, which we saw being used. It was metal, not soft closing and was operated with a foot pedal and was noisy.

All the patients commented negatively on the televisions at the foot of each bed. There were not enough remote controls and the sound could be heard by neighbouring beds.

The Ward Manager explained they had protected mealtimes so that staff can assist with nutrition. However we did see medication being delivered during lunchtime.

Five of the six patients said that the quality of food was poor. A relative told us that the sandwiches were unimaginative, white bread and cheese or tuna. They said: “It is cheap food.” One patient was vegetarian and said there was limited choice and one day they had ordered the vegetable of the day and had received a plate of peas.

They said that the menu was the same every week and for long stay patients this was predictable and boring. A relative told us the menu states on the bottom it was printed in 2017 proving it never changes. This was confirmed by one other patient who had been in and out of the hospital.

One patient had requested chips and these had been provided so another patient had that day asked for a jacket potato with baked beans, which was not on the menu, but they hoped it might arrive too. One patient said: “The food is ok but I don’t want to eat much.”

2. Do they have confidence in the ability of the staff?

All the patients we spoke to were confident in the staff. Patients commented:

- “Yes, everyone knows me and my conditions.”
- “Very good, they know me and what my problem is and treat me well.”
- “Staff are very busy and some staff are more helpful than others.”
- “Night staff are not as knowledgeable as the day staff.”

3. Do they feel supported?

Patients were aware of their care plans and felt supported. One patient was awaiting transport for their discharge home and another was waiting for a respite placement.

One patient was awaiting a transfer to a hospital nearer to their home but they were not confident this would be happening soon due to hospital bed pressures and the need to arrange transport.

Four of the patients we spoke to said staff took a long time to answer call bells:-

- “If you had a heart attack it would be too late.”
- “You may have to wait 15 minutes.”

One patient said they felt that other patients’ bells were responded to quicker than their bell. All the patients said the staff were very busy.

Patients said they were able to move around and go to the bathrooms or outside. One said they had to have assistance to move around.

Another patient said they were frightened of falling out of the chair but it had been explained to them the importance of sitting upright and the patient understood.

The relative we spoke to had stayed with their ill relation most of the day in order to support them and ease their stress levels. The relative said that there was nowhere to escape the ward and stresses of witnessing illness. They would welcome a seating area inside or out which is quiet, clean and bright. They had been with their relative and found some seating on a corridor with windows looking outside. They had also walked outside with their relative to a bench which was a struggle uphill across grass with no footpath and found the ground littered with cigarette debris and a smelly bin.

4. Do they feel listened to and understood by staff?



The Ward Manager had explained to us that some patients had dementia and the hospital uses a butterfly symbol above the bed so that staff are aware of this. We saw a distressed patient come out of the bay saying: “Help me, help me please. Oh God help me.” Three staff who were nearby did not

immediately respond. After a pause we saw another member of staff come and comfort the patient.

5. Do they feel the staff communicate with them well?

We saw staff giving patients medication and when the patient asked what the medicine was for this was explained to them. The patient also asked the nurse the volume of water they were given and the nurse then told them the quantity.

We saw doctors speaking with patients and drawing curtains around the beds but it was possible to hear the conversations.

Summary of Findings

- There are two wards numbered 22 at RSH and directional information on noticeboards and on the website is wrong.
- Staff said they were happy with the current ward management.
- A new Ward Manager is already in post, shadowing the current Ward Manager who is leaving in October 2019.
- The ward was clean and calm. Air conditioning and special flooring had been installed to help with cleanliness, particularly important on a respiratory ward.
- Staff were willing and happy to talk with us.
- There are high levels of nursing vacancies meaning the ratio of staff to patients is often 1:10 or higher. The preferred ratio is 1:8.
- Dedicated 1:1 ratio for patients receiving NIV is not possible due to current staffing levels.
- More permanent nursing staff are starting in September 2019.
- Patients told us the staff were very busy, but they had confidence in them.
- Four patients told us it took staff a long time to answer call bells.
- Patients said the food is poor, the choice is poor and the menu is the same every week.
- A patient told us they were constantly woken by a noisy metal bin in the bay.
- Patients told us about the lack of television remote control boxes and that they could hear nearby televisions.
- A relative told us it would be nice to have a quiet, clean area to go to in order to escape the bustle of the ward.

Recommendations

We suggest that the following recommendations be considered:

- Updating the floorplans on noticeboards and the website to make it easy to find the correct ward. Consider not having two Wards numbered 22.
- The practice of having the newly appointed Ward Manager in post before the existing manager leaves is replicated whenever possible in other wards in the Trust if it is found to be effective.
- Replacing noisy metal bins with quieter bins or not using metal bins in bay areas.
- Ask patients about the food provided, and act to improve food quality and choice.
- Look at ways to reduce noise on the Ward, particularly at night so that patients are not disturbed.
- Providing each television with a remote control and headphones, so patients can control and watch television without disturbing other patients
- Think about how to provide some respite for patients and visitors from the busy ward environment.

Service Provider Response

The provider's response appears in blue below each recommendation:-

- Updating the floorplans on noticeboards and the website to make it easy to find the correct ward. Consider not having two Wards numbered 22.

Matron has had a discussion with Estates Manager to address the concerns. Estates will check signage throughout hospital and advise.

- The practice of having the newly appointed Ward Manager in post before the existing manager leaves is replicated whenever possible in other wards in the Trust if it is found to be effective.

To take this good feedback to our monthly nursing manager forum to discuss the benefits of completing this process. Also to use band 7 competencies to demonstrate the success of this. This will be presented to our peers and senior nursing team.

- Replacing noisy metal bins with quieter bins or not using metal bins in bay areas.

Replacement bins will be ordered to replace the current bins. The Ward Manager is currently speaking to procurement and companies regarding price and also with other ward managers to improve this in other areas.

- Ask patients about the food provided, and act to improve food quality and choice.

We will meet with the catering department regarding menu choice.

Ward manager will complete a pulse check audit regarding food to obtain real time feedback from patients. Questionnaire to be developed by ward manager. If patients are not finding anything on current menu extra menu is given to encourage good nutrition.

- Look at ways to reduce noise on the Ward, particularly at night so that patients are not disturbed.

The Ward Manager and Matron are to speak to patient experience, look at reintroducing 'quiet night-sleep tight charter' which lists 9 pledges, this was launched originally in 2016 so looking to use this.

Carry out spot checks through patient feedback.

Set standards of work and patient expectations: develop a patient leaflet of what to expect during your stay on ward 22 RE for example aim to get lights out by 23:00hours.

- Providing each television with a remote control and headphones, so patients can control and watch television without disturbing other patients

6 new remotes to be sent to medical equipment library for tuning to televisions so at least one remote per bay.

In patient leaflet for development patients encouraged to bring own headphones.

- Think about how to provide some respite for patients and visitors from the busy ward environment.

To encourage use of league of friends next door to ward, also the chapel just a short distance away.

Encourage this through leaflets and ward information

Possibly looking in future at relative's room.

Use of Chapel and league of friends already verbally discussed but to develop information leaflets to back this up.

Acknowledgements

Healthwatch Shropshire would like to thank the Trust, patients, visitors and staff for their contribution to this Enter & View.

Get in Touch

Please contact Healthwatch Shropshire to share your views and experiences of this service or any other health and social care service in Shropshire. We gather comments anonymously and share them with service commissioners and providers to highlight areas of good practice and identify areas for improvement.



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Appendix - Questionnaire

Healthwatch Shropshire are visiting this ward today. We want to hear about your experience of care and treatment and what it is like being on the ward. Please tell us what has been good and where you think things could be improved.

We would be grateful if you would speak to one of the volunteers here today or complete this form.

What you tell us will also be used in our Enter and View visit report which will be published on our website. You will not be identifiable in the report.

If you do not want to share your views with us today you can also contact Healthwatch Shropshire directly. Please ask the visit team for our contact details.

Please tell us if you are: **the patient** **a relative/visitor**

During your time on the ward, have you felt...?	Not at all	Not very	Quite	Very	Don't know	Comments
Comfortable						
Able to relax						
Confident in staff ability						
Supported						
Listened to and understood						
That staff communicate with you well						

That staff are available when you need them						
Safe when moving around the ward						

Other comments:

Thank you

Ward