



Enter & View Visit Report

Princess Royal Hospital

Ward 17- Head & Neck & Supported Discharge

Visit date: 28th February 2020

Publication date: 27th May 2020

Princess Royal Hospital, Apley Castle, Apley , Telford TF16TF

Contents

About Healthwatch Telford and Wrekin	3
What is Enter & View?	3
Details of the Visit	4
Purpose of the Visit	4
Context of the Visit	5
What we were looking at.....	6
What we did.....	6
What we found out.....	6
Additional Findings	11
Summary of Findings.....	12
Recommendations	12
Service Provider Response	13
Acknowledgements.....	15

Terminology and Acronyms

- A&E - Accident and Emergency
- CQC - Care Quality Commission
- E&V - Enter & View
- HWT&W - Healthwatch Telford and Wrekin
- HWE - Healthwatch England
- T&W - Telford and Wrekin



About Healthwatch Telford and Wrekin

Healthwatch Telford and Wrekin (HWT&W) 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?

HWT&W 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 & 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 & 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 17 Head & Neck & Supported Discharge
Provider	Shropshire and Telford Hospital NHS Trust (SaTH)
Date and Time of visit	28 th February 2010 at 2.00pm
Visit Team	2 HWT&W Enter & View Authorised Representatives
Service contact details	Name: Princess Royal Hospital Phone: 01952 641222 ex 4017 Address: Apley Castle, Apley, Telford TF16TF

Purpose of the 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 patients 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 'Inadequate' by the CQC.

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 A&E department at Princess Royal Hospital. Were the decision to be made, this will have impacts on the Telford & Wrekin patients, ambulance services, and the A&E 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 E&V committee agreed that HWT&W should aim to visit all wards at Princess Royal Hospital starting in 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 Ward 17 Head & Neck & Supported Discharge would understand the patient 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 17 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
- Contributing factors that delay a patient's discharge from hospital

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 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 were advised that a number of patients were in isolation/ dementia/ or End of Life.

We spoke with any patients who were willing to talk to us and any visitors and relatives. We spoke to 9 patients in Head & Neck and 7 in Supported Discharge, but some were confused and unable to tell us much about their care or discharge arrangements. We also talked to 4 staff and 6 relatives present at the time.

What we found out

About Ward 17

Head and Neck

The unit is mainly involved with surgical and cancer patients, along with A&E referrals which can impact on their beds. Staff on the ward are well established and have mostly have worked on the ward for a long time.

We were told that there are concerns with the surgical admissions pathway suggestions had been passed on to management on how to improve this.



Supportive Discharge

Patients on this unit are, in the majority, living with dementia and awaiting discharge; we were told the unit is not set up for this.

The layout of the ward and the staffing arrangements



During the visit the authorised representatives looked at the physical ward environment and observed staff arrangements on the ward.

We were allowed entry to the unit, after confirming our presence to staff; via their intercom based security system. The unit was clean and bright the unit felt spacious throughout, décor was calming. The staff were cheerful, welcoming even though they were busy tending to patients needs.

The Head and Neck Unit has 3 bays and each bay has 4 beds, a treatment room and 2 side rooms. Supportive Discharge has 2 bays, each had 4 beds and 6 side rooms. Each unit has a reception/nurse station, which were all busy at the time of our visit.

The ward used some agency staff and they were currently recruiting more staff, agency staff liked working on the unit. All new Health Care Assistant staff receive mandatory training they also undertake 4 days development training before joining the unit.

On the day of our visit we found the unit fully staffed.

On the Supportive Discharge Unit, we were told that staff enjoyed working upon the ward; with the shared comment that 'it felt good to get up in the morning'; staff supported one another. The team spirit had improved and Bank staff were asking to come back on the ward. Sickness of staff wasn't a problem on the ward.

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

Patients told us they felt safe on the unit that staff were kind, caring and cheerful. Staff pulled the curtains round when they were doing personal care, the call bell was put within the patients' reach, the patients told us that call bells were answered within minutes. Patients told us staff members respected their wishes.



“I am well looked after, staff will do anything”
“Response to call bell is good”
“Staff are attentive and caring”
“Peaceful”
“Staff are brilliant suburb, kind, attentive, caring”
“Staff on here efficient calm quite”
“Staff always have a smile on face”

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



We observed dementia clocks in the bays and throughout the unit which displayed the time and date with large numbers for patients to see. Toilet signage was dementia friendly. The unit used red trays for monitoring food intake for patients living with dementia, food was served on blue plates. The Dementia Team supported the patients on the unit, we observed one patient with a colourful blanket over their lap. Staff had some concerns as the unit was not set out for long term stays for dementia patients and no activities, dedicated physiotherapist or television were provided.

“They think I need Carers, I’m hoping so, so I can go home”
“I don’t sleep very well”
“A member of staff didn’t treat me well”
“Didn’t help them to the bathroom”

Views of the patients about their experiences in hospital, and their understanding of the discharge arrangements



Patients we spoke with told us staff were lovely, brilliant, superb, happy and they thought staff looked after them well. A number of patients had been on different wards in the hospital some had been on Ward 4 several times before returning to Ward 17. A patient told us of his journey from Day Surgery to Ward 17, on the Day Surgery Unit a Patient told us they waited from 7.30 to 9.30 am until the bed manager's meeting to confirm if beds would be available. Patients having Surgery told us that the Consultants and Anaesthetist explained what was going to happen for the operation, which made them feel reassured. Other patients told us that some staff were good, but some didn't like to be questioned about patients being moved around different wards, and they felt that staff were under pressure.

A patient spoke about their long wait in the A&E department, on the metal chairs which gave them a "numb bum" they were relieved when they went into a cubicle. When they were transferred to Ward 17 they asked for pain relief but none came from staff. Family brought in their prescribed prescription medication but the hospital pharmacy still prescribed the same medication!

Another patient told us of their desire to be discharged on the next day, they had already been given some equipment with more to follow when they returned home.

Generally patients felt that the food was good, there was choice of food on offer, including yogurt, custard and ice cream, the ward promoted protected mealtimes.

A couple of patients were in for operations that day and were waiting for staff to inform them if they would be discharged later that day, they hadn't been given any further information.

Supportive Discharge

Some patients were living with dementia so the relatives spoke for those patients who couldn't speak for themselves. A relative described the care their relative was receiving as good and that they were looked after, kept clean and well fed. They were happy to leave them knowing they were kept safe. Staff supervise them, never leaving them on their own as they got restless, they mainly sit in chairs as they wriggle in bed.

A patient told us it was better on this ward, "staff think I need Carers". They were now waiting to see about a care package and were looking forward to to the prospect of returning home.



*“Looked after by staff, can’t remember, thinks it’s ok here thinks their at home”
“Staff are attentive and Kind, amazing”
“I feel safe, I’d like to see outside, like to be by a window”*

The assessment processes, and preparations for discharge

We were informed by staff that care packages were in place within days, however, some social workers didn’t really have conversations with family members.

When patients had been assessed by staff and were put on an agreed pathway, it could in some circumstances be changed by other agencies. This was due to the complexity involved in the discharge process for some patients.

Contributing factors that delay a patient’s discharge from hospital

When patients were medically fit for discharge but waiting for support, funding or Care Home places to be found; patients could - due to the length of time spent on the unit - become medically unwell. Consequently, these patients may be readmitted to a main ward in the hospital. Staff were concerned that the unit was not equipped for the long term care of patients living with dementia; with no support for patient centres activities available.



There was a discharge tracker so staff were hoping that the length of time before discharge would lessen. However, this was dependent on several factors; including care packages and funding for beds in residential homes.

Observations

During the visit the Authorised Representatives observed interactions between staff and patients, and looked at the physical ward environment. Whilst we looked around we found the staff speaking softly to patients informing them of their current treatment or redressing patients wounds. Staff had cheerful faces they often joked with patients, they always answered patients questions. If staff didn’t have the answer we observed them going and asking other staff, which reassured patients.



The environment of the ward

This relatively new ward was brightly lit, providing a sense of space and calming decoration; with uncluttered up-to-date notice boards. The corridors were clear of obstructions making it easier for patients with limited mobility to move around. Numerous thank you cards from patients were in evidence. We noticed 2 positive Bereavement Survey feedbacks, which we hadn't seen before. The bays each had 4 beds, which provided patients with ample room. The side rooms were also generously proportioned, each having its own spacious en-suite.

Staff interactions with the patients

Staff spoke to patients quietly which showed respect, addressing patients by their preferred name and bending down to some patients so that they could more easily hear. Staff took time to explain to patients about their continuing care needs support after they were discharged.

Additional Findings

One patient spoke to us about their journey, prior to their admission onto the ward. They came from the Royal Shrewsbury Hospital A&E to The Princess Royal Hospital, staff had telephoned ahead to ensure they had a bed available on the Head and Neck Unit. Unfortunately upon arrival they were advised they would have to go through the A&E triage again. The patient waited 4 hours on a trolley in the corridor on a drip. They felt isolated in the corridor and exposed and commented "they didn't enjoy it, didn't feel relaxed." The patient felt they hadn't had a good experience and they wondered what the rest of the hospital was like. It felt to them they were going back in time, with dressings laying on the floor and it all looked pretty bad; although this was not meant to be a criticism of the staff as they were clearly doing their best. When a bed became available on the unit they said; "they found the staff kind and caring and had confidence in the staff."

Another patient informed us of an incident on another ward and had filed a PALS complaint, we also offered a "talk to us form" and information leaflets, due to their other concerns.

Staff told us about a shining example of team work for a patient at the end of their life, porters and staff came together to organise a priceless poignant moment for a family; enabling the patient to enjoy time outside to see fireworks whilst sampling a last glass of Prosecco.



We were informed that when other wards were short staffed Bank nurses could refuse to go and work on another ward, but permanent staff from the ward couldn't. This had an impact on the unit not only for patients but for staff too.

One bedside sign caused hilarity as it could be read the wrong way!



Summary of Findings

- The unit was clean, tidy and free of clutter
- The unit was fully staffed on the day of our visit
- A number of patients had been on several wards before being admitted to this unit
- Patients thought the staff were cheerful, friendly, caring and kind
- A member of staff was always present in each bay
- Patients felt the response time to call bells was good
- Protected meal times
- Good choice of food at meal times
- Patients had confidence in staff
- Patients' experience on Ward 4 disappointing
- Patients felt staff were under pressure

Recommendations

- Consider having a physio on the Supportive Discharge Unit
- Support staff who feel under pressure
- Change the wording on the poster mentioned
- Congratulate the staff on having a good relationship with patients and working as a team



Service Provider Response

HWT&W received the following response to this E&V visit and report from the manager of Ward 17 Head & Neck & Supported Discharge in May 2020.

Thank you for the feedback which you have provided following your visit to Ward 17 Supported Discharge and Head and Neck at the Princess Royal Hospital. The visit was to review the experiences of patients being nursed within the area. We value any feedback, particularly from our external partners.

As a team we are always striving for excellence in delivering care to our patients and your comments and recommendations are greatly received.

When the Enter and View team visited ward 17 they were informed that the ward consisted of two separate areas (Supported Discharge and Head & Neck). Since your visit there has been a reconfiguration and these areas have been moved onto different wards. Head and Neck is now located on ward 8 and Supported Discharge is on ward 9 at the Princess Royal Hospital.

In response to the recommendations which have been made:

Consider having physiotherapy on the Supported Discharge Unit

This recommendation has been shared with the Physiotherapy Manager to explore support which could be offered. Due to the present ways of working within the COVID-19 pandemic staffing resources are being reviewed regularly and allocated to support patients and maintain services across the Trust.

Support staff who feel under pressure

The Trust has a wide number of systems in place to support staff with their physical and mental wellbeing. Some examples of the support in place are:

SaTH Trained Listener's Hotline - In response to the current COVID-19 pandemic the Trust has pooled all of the trained listeners, coaches and mental health champions to provide a listening ear and support between 9am and 9pm each day.

Wellbeing Hubs - have been established within the hospital to provide access to information and personal care items.

Wellbeing Rooms - have been established within the hospital and provide any area to take time out. Reading material, signposting and useful information to support staff is available within these areas.

National Support - A national wellbeing support helpline is available between 7am and 11pm each day to provide a confidential listening and advice service from trained professionals.



Online Support - is available through a range of peer to peer services, Headspace, shift your stress app and mindfulness apps. Wellbeing, anxiety and stress management sessions are available to support staff wellbeing and help in the development of coping strategies.

Occupational Health Services - are available to all staff, services can be accessed via a manager referral or self-referral to make obtaining support as accessible as possible.

Care First Counselling Service - a free confidential support line with trained staff, providing counselling support 24 hours a day, 365 days a year.

Psychological Support Telephone Line - trained psychologists and psychological practitioners are available for support between 8am and 8pm each day.

Mental Health First Aiders - are a point of contact if a member of staff is experiencing a mental health issue or emotional distress. Staff provide initial support and signpost to appropriate help if required. Online mental health first aid refresher training is also available.

Trust Coaches - can help an individual to acknowledge how a situation can be approached differently to achieve different results, supporting staff in understanding how they can influence different situations they may encounter.

Peer-to-Peer Listening - is a group of volunteers in the Trust who offer a listening ear. Peer support, practical assistance and signposting to other support mechanisms as required.

Freedom to Speak Up Guardians - act in an independent capacity to make sure raising concerns is common practice. There are three guardians within the Trust.

Change the wording on the poster mentioned

During the ward moves all posters were removed.

Congratulate the staff on having a good relationship with patients and working as a team

The finding of the report has been shared with staff to recognise areas where improvements can be made and to acknowledge the positive feedback received from the Healthwatch Team.



Acknowledgements

HWT&W would like to thank the patients and staff of Ward 17 Head & Neck & Supported Discharge for their contribution to the visit and our E&V programme.

Get in Touch

Please contact HWT&W 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 T&W.

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.



01952 739540



info@healthwatchtelfordandwrekin.co.uk



Healthwatch Telford & Wrekin

Meeting Point House, Southwater Square, Telford, TF3 4HS

