



# **Enter and View Visit Report**

## **Royal Shrewsbury Hospital**

### **Ward 24 - Cardiology**

Visit date: 23rd September 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

<b>Service</b>	Royal Shrewsbury Hospital - Ward 24 Cardiology
<b>Provider</b>	The Shrewsbury & Telford Hospital NHS Trust (SaTH)
<b>Date / time of visit</b>	Monday 23 <sup>rd</sup> September 1.00pm
<b>Visit team</b>	Two Healthwatch Shropshire Enter and View Authorised Representatives (ARs)

## Purpose of the Visit

To be assured that patients are treated with dignity and respect, have privacy and that staff respond appropriately to care needs, including preparation for discharge.

### 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 us to see and hear for ourselves how services are provided.

In the past two years Healthwatch Shropshire has received several comments about cardiology services at SaTH, both positive and negative. We decided a visit was due to the cardiology ward at Royal Shrewsbury Hospital to look at the treatment received by patients in particular preparation for discharge.

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 Ward Manager and Matron about their roles and leadership
- Speak to patients and relatives about their experiences in particular asking about privacy, dignity and respect in the care they are receiving
- Talk to staff and patients about how discharges are planned

## What we did

The Ward Manager and Matron welcomed us and told us about how the ward is split into three separate areas:

- managing coronary care
- cardiology
- endocrinology (mainly diabetic) patients.

Afterwards we spoke to:

- five staff
  - one Band 6 Registered Nurse
  - two Registered Staff Nurses (RSN)
  - one ward clerk
  - one Healthcare Assistant (HCA)
- four patients and
- one relative

We also looked at how clean the ward environment was and how easy it was for patients to get around and for staff to do their work jobs.

## What we found out

### The Ward

The Ward has three separate areas:

- 12 endocrinology beds and 12 cardiology beds arranged in two bays - nominally six female and six male beds. (On the day we visited they were all occupied by male patients)
- 8 coronary care beds for patients needing a higher level of nursing.



The Ward cares for patients who are needing clinical assessments e.g. patients waiting for angiograms which are carried out at Telford, some rehabilitation patients and those who need more acute level of nursing. (Patients who require immediate interventions e.g. stents, pacemakers or heart surgery are transferred to Stoke or Telford.)

The Ward Manager told us that the 12 beds for endocrinology were transferred into the ward over five years ago when the number of cardiology beds was reduced.

The Ward was calm, clean and all the staff and doctors greeted us with a smile and were happy to talk to us.

### Staffing



There are 55 staff, including Housekeepers, Nurses, Healthcare Assistants (HCA) and Managers. Currently there are four vacant Registered Nurse posts. There are also three Trainee Nurse Associates (TNA). The Ward Manager told us that there is a higher ratio of trained nurses to patients on this ward due to clinical needs. All staff work across all the three areas of the Ward, but the Ward Manager told us Band 6 nurses work more

intensively in cardiology where clinical needs are more acute. A senior nurse told us that during the day there are seven Registered Staff Nurses (RSN) (maximum) on duty and five Healthcare Assistants (HCA). At night there are five RSNs and two HCAs.

Staff and the Ward Manager told us that due to staffing pressures, staff are often required to work on other wards e.g. the escalation area which has no allocated

staff and cannot be totally manned by agency staff. On the day we visited no staff had been asked to move but we were told by Registered Nurses that this was unusual. Nurses told us that they are told either the day before or when they arrive at the Ward that they have to work on another ward. The Nurses understand but they said this was difficult for them as they preferred the continuity of working on a ward they know, with patients they know and whom they have the correct skills to nurse.

The Matron told us moving staff to other areas is an issue as well as managing staff leave, absences, maternity leave etc. The Matron said it is essential to have staff with the right skills on the Ward and it is a situation which changes daily.

The Ward Manager and Nurses we spoke to said that they needed “a few more staff”. One Registered Nurse said “one member of staff is moved to help on other wards every day, except today”. They said: “Sometimes they are replaced with an Agency Nurse or not replaced at all.” A Nurse said: “At the end of a long shift, morale dips but we work as a team and everyone helps out.” A patient we spoke to said that “the nurses were pushed at night as there were fewer staff around”.

A Nurse who had recently joined the Ward said “they were very happy on the Ward” and they had been made to feel welcome and everyone was helpful. They said they were able to ask questions and were made aware of training opportunities.

Several Nurses we spoke to had worked on the Ward for over 10 years.

A senior Nurse (Band 6) works as a Cardiac Assessment Nurse. They see patients when they arrive at the hospital (in Accident & Emergency or the Acute Medical Unit (AMU)) and they liaise with the doctors and consultants to make sure they are transferred to the correct bed on the ward to receive the highest level of care. The Cardiac Assessment Nurse also makes sure that aftercare is organised for when the patient is discharged.

One member of staff told us that they were surprised huge paper files of patients' notes were still needed as well as computer notes.



## What people told us

### Comfortable and able to relax



One patient said the ward was busy but the staff were always there and checking on patients. They said call bells were answered quickly. The patient said “they felt sorry for the staff who all worked very hard”. All the patients we spoke to said the staff were friendly. One patient said “even the lady who cleans has a smile and a bit of a chat”.

One patient said they had been moved twice during their hospital stay, once in the middle of the night but it was done politely, explained well and they had been reassured and able to sleep as the move took place.

### Privacy

One patient and two nurses commented that the “curtains around the bed are not soundproofed so everyone can hear everything”. All the patients we spoke to said the staff made sure their privacy and dignity was respected by pulling the curtains around when giving individual care. The beds in the bays were well spaced and we saw curtains being drawn for privacy when the doctor was seeing the patient or nursing procedures were happening.

One patient said that they went to the dayroom when they had visitors as it was a bit quieter and they could chat to their grandchildren more easily.

### Food

One patient said the food was excellent and the choice was good. Another patient said the food was OK.

One patient was upset as they had been told by the Dietician to have a lactose free diet, which had not been provided at lunchtime. They had been offered mashed potato and pork, but as the patient did not know what the potato had been mashed with and they did not like pork they had declined. The patient had had an apple and a banana instead. The Ward Manager investigated and made sure the correct menu was put in place for the patient.<sup>1</sup>

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<sup>1</sup> In response to our report the Ward Manager has made the following comment ‘The patient who was requiring a lactose free diet had been offered this menu and had also been visited by a member of the catering team, however he declined to order off this menu, so was also ordering off our normal menu. The kitchen and staff on the ward were fully aware of his dietary requirements.’



### **Confidence in Staff Ability**

One patient said “I cannot find fault with anyone or anything”. Another said “they tell you as it is”. Three patients said everything is explained so they can understand and patients were able and happy to ask questions about their care: e.g. “Are my blood tests back?” They were confident the staff would check immediately and let them know.

### **Feeling Listened to and Understood**



A senior Nurse explained that some patients had dementia and the hospital uses a butterfly symbol above the bed so staff are aware of this. Patients who need help with nutrition have a red tray so staff know to help them to eat or drink.

### **Staff communicated well**

Two patients told us they were awaiting an angiogram procedure at Princess Royal Hospital, Telford and they were unable to go home until it had been done. One relative said this was stressful for them as they travelled by bus for an hour and a quarter each way and they did not want to come to Shrewsbury only to find their relative had been transferred to Telford. The Ward Manager explained that the procedure was carried out in a day at Telford as they have the laboratory facility and this was planned with the most urgent patients being treated first.

### **Discharge arrangements**

The Ward Manager told us that planning for discharge starts when the patient arrives on the Ward. Patients are asked:

- whom they live with
- if they have carers
- if they have steps in the house etc.

The Ward Manager said that there are Physiotherapists and Occupational Therapists on the Ward to help patients get moving. The Cardiac Assessment Nurse is also closely involved with making sure patients get home as soon as possible.

Some patients were not sure about their discharge plans. One patient said they did not have a discharge plan but they had been asked about who helped them at

home. Another patient said they may be going home that day but they were happy to stay longer if necessary.

The Cardiac Assessment Nurse told us they arrange for District Nurses to visit or refer patients to Diabetic Nurses in the community. They said some patients are told on the day that they are going home. They said transport can be a problem as it can take time to arrange and put in place.

The Cardiac Assessment Nurse said the average length of stay for a patient on the coronary care ward is one to two weeks. However, if a care package is needed at home or a care home placement, this can delay discharge by up to two more weeks as funding, choices etc. need to be put in place.

A senior Nurse told us that a delay can also occur as care packages don't start at weekends so if a patient needs help at home and is ready for discharge on a Friday this will be delayed until after the weekend. Also some care providers require 48 hours' notice if a patient is discharged so that their care package can begin again once they are home; so this too can cause a delay in discharge.



Many patients stay on Ward 24 whilst the arrangements are put in place as there are insufficient community beds available and Ward 27 (discharge lounge) is not used that often as a nurse told us it is easier to discharge from the Ward unless there is a demand for the bed.



Staff told us that the Pharmacy staff are advised as to who is possibly being discharged that day and what medication may be needed. Nurses said they can speak to the Pharmacy and get any late amendments to medication actioned to ensure discharge is not delayed.

Final discharge letters have to be written by a doctor and, as the junior doctors and registrars are busy, the letter will be written after their ward rounds and clinical duties are completed. We saw a whiteboard on the wall which showed for each patient where they were in the discharge process.

For patients who are on end of life pathway the staff talk to them and their relatives about their wishes and, if appropriate, speak with the hospice team. As the staff often get to know the patients over a number of months or years, many patients choose to remain on the ward.

The Ward Manager told us some people choose to go to a community bed but as the number of beds is limited in the community hospitals this can delay the patient's discharge.

## Feedback

The Ward Manager and the Matron were proud to show us the feedback from the Friends and Family questionnaire and the Patients Experience questionnaire which were very positive. The Ward Manager told us feedback often referred to noise and it being a busy ward. The Ward Manager said "patients soon get used to it"<sup>2</sup> and due to the nature of the ward it is busy 24 hours a day.

Patient feedback is displayed on a board in the corridor, on a staff noticeboard and is given to staff during the morning briefing. The feedback we saw said that in the last month 96% patients had said they had a positive experience based on 27 responses (33% of patients). The Patients Experience feedback provided by five patients a month is recorded by a senior Nurse. This was broken down into:

- Environment (94% positive),
- Communication (76% positive),
- Medication (100% positive),
- Nutrition (88% positive),
- Care and Compassion (90% positive)
- Infection Control and Prevention (87% positive),
- Leadership (70% positive).

The Manager showed us a sheet on display in the corridor showing the Ward was rated first in the hospital in July 2019 when it scored 100% in patient satisfaction ratings.

Staff told us about thank you cards and gifts they receive and we saw a colourful board on the Ward with a display of cards.

In the staffroom we saw positive bereavement feedback, a displayed letter of thanks sent to the Chief Executive and a copy of feedback from NHS Choices.

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<sup>2</sup> In response to our report the Ward Manager has added the following information 'I myself stated that patients "soon get used to it" when referring to noise levels. I was referring to the bedside monitors within the coronary care unit, which alarm when they detect any life threatening heart arrhythmias, these are designed to be loud and there is no way to alter these alarms. These understandably can disturb patients during their first night, patients then usually report settling easier on subsequent nights.'

## Additional findings

We found the maps on the website and on the wall in the corridor on the ground floor confusing. The numbers on the map do not relate easily to the ward or area. It is not possible to search for a ward by name e.g. cardiology.

One patient told us about their experience of the “Pit Stop”, an assessment area adjacent to A&E. They described it as being scruffy, dark and dismal. They said: “It felt like a cellar and needed brighter lighting and a coat of paint.”

## Summary of Findings

- The Ward has 32 beds; 12 endocrinology beds, 12 cardiology beds and 8 coronary care beds for patients needing a higher level of nursing.
- Staff told us they are often required to work on other wards meaning Ward 24 does not always have enough specialist trained staff leaving other staff to work long shifts. No staff had been moved on the day we visited.
- There are high levels of satisfaction with the ward recorded on the Friends and Family and Patient Experience questionnaires.
- We saw curtains used to maintain patient privacy during care.
- One patient told us that call bells were always answered quickly and three patients told us that staff explained everything to them clearly.
- The ward was clean and calm.
- All the staff including Doctors were friendly and happy to talk to us.
- Patients spoke highly of the staff and commented on how hard the staff worked.
- Staff and patients said “more staff” would be good.
- Some patients were not sure about their plans for discharge.
- Patients said the food choice is good but one patient was unhappy as they had not received a lactose free meal. A member of staff immediately dealt with this situation.
- Patient discharge can be delayed by difficulties in getting care packages in place, for example at the weekend, by a lack of beds in community hospitals and by difficulties in arranging patient transport.
- The floorplan and directional signs on the corridors and website are confusing.

## Recommendations

We suggest that the following recommendations be considered:

- The Trust continues to work with the transport service and care providers to reduce delays in discharges wherever possible.
- The Trust improves staffing levels to reduce the number of staff being moved and asked to help on other wards; in order to improve staff morale and patient experience.
- The Trust reviews floorplans on noticeboards and the website to enable relatives to find the ward easily.

## Service Provider Response

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The service provider's responses appear in blue below the recommendations:

- The Trust continues to work with the transport service and care providers to reduce delays in discharges wherever possible.

As a ward, staff will escalate any delays with discharge, to our head of capacity team.

These can be reported through our incident reporting system. We provide reassurance to patients if a delay does occur.

The Ward Manager will oversee this and it will be reviewed on individual patient basis and acted on accordingly.

- The Trust improves staffing levels to reduce the number of staff being moved and asked to help on other wards; in order to improve staff morale and patient experience.

The Ward has recruited two newly qualified nurses and six international nurses.

The Ward has three trainee nursing associates working within the area which supports the workforce.

The Ward are currently awaiting start dates for overseas nurses. All other staff have start dates identified.

- The Trust reviews floorplans on noticeboards and the website to enable relatives to find the ward easily.

This has been highlighted to the Estates Team to enable alternate options to be explored to support way finding. This will be overseen by the Head of Operational Estates.

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## 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