



Enter and View Visit Report

Royal Shrewsbury Hospital

Ward 21 - Supported Discharge

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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 21 Supported Discharge
Provider	The Shrewsbury & Telford Hospital NHS Trust (SaTH)
Date / time of visit	Wednesday 6 th December 2017, 3pm - 5pm
Visit team	Two Healthwatch Shropshire Enter and View Authorised Representatives

Purpose of the Visit

To find out if patients have been effectively communicated with about their care and hospital discharge arrangements, and whether they are treated with dignity and respect.

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

The Shrewsbury & Telford Hospital NHS Trust (SaTH) told Healthwatch Shropshire that Ward 21 at the Royal Shrewsbury Hospital was to be used as a ‘temporary’ ward during busy periods to reduce winter pressures on beds.

The plan is for patients who are medically fit to go home to be transferred to Ward 21 whilst their discharge package is finalised in order to free up a bed on the ward.

The Associate Director of Nursing, Quality and Patient Experience at SaTH suggested we visit the ward to find out how the transfer to this ward has been managed and if patients/families have understood what is taking place and why. This visit was announced and we told the ward manager and matron the date and time of our visit.

What we were looking at

The focus of this visit was to:

- Observe the layout of the ward and the staffing arrangements
- Understand the assessment processes for transfer to ward 21
- Understand the contributing factors that delay a patient’s discharge from hospital
- Speak to patients about their experiences in hospital and their understanding of the reasons for their transfer to ward 21 and the arrangements for their discharge
- Find out if patients feel they are treated with dignity and respect and feel comfortable on the ward

What we did

When we arrived on the ward we spoke with the ward sister. We used a series of questions we had prepared in advance to understand the care processes and other matters the staff on the ward deal with.

We then went to speak with any patients who were willing to talk to us. We spoke to 10 patients in total, but some were confused and unable to tell us much about their care or discharge arrangements.



What we found out

The layout of the ward and the staffing arrangements

Although the ward is planned as ‘temporary’, the signs around the hospital had been updated to help visitors find the ward. There are 16 beds in the ward: three bays with four beds each and four single rooms.

Patients are encouraged to wear their day clothes, in preparation for going home, and there are notices explaining this and asking relatives’ for their support with this by the entry to each bay.

There is a day room at the far end of the ward, with tables for patients to eat together and a few comfortable chairs. The ward sister told us that an extra bed is sometimes put in this room when pressure in the rest of the hospital is very great. One patient commented to us that this was very upsetting. They explained they would not get dressed in their day clothes or take meals in the day room if there was a patient in bed there. On the day of discharge patients are sometimes be asked to wait in the day room (e.g. for transport to arrive) while their bed is prepared for another patient.

The ward looked clean and tidy with no ‘clutter’ in the bays or corridors. There were several patients with varying levels of dementia on the ward but no security lock on the entry doors. Several nursing staff were working in the ward. They came into each bay regularly to check whether anyone needed anything. There was a sense of purposeful activity in the ward.

The ward sister told us she was appointed to be in charge of the ward when it is being used for supported discharge and there were a few other permanent staff, but most nursing staff were from the hospital bank or agencies. However many of these staff chose to work on the ward and were familiar with the routines. We were also told there is a locum junior doctor allocated to the ward. One of the patients commented that there were often changes in staff and that they thought the teamwork had been better on their previous ward.

The sister told us the relevant Discharge Liaison Team (DLT) continues to work with patients throughout their stay in hospital.

Assessment processes for transfer to ward 21

Any patient identified requiring complex discharge planning would have a fact finding assessment (FFA) completed which includes their acute care needs and identifies potential problems around discharge that will need to be addressed. This acts as a trusted assessment for the local authority (e.g. Shropshire Council) to arrange support post discharge- it is not completed on every patient.

Once a patient on an acute ward is assessed as clinically fit to leave hospital, the Discharge Liaison Team (DLT) works on the discharge plan. If immediate discharge is not possible, the patient's name goes on a list that the sister of ward 21 receives each morning. Together with the DLT the ward sister checks that the patient is suitable for ward 21, and will ring round the hospital later in the day as more beds become available on the ward. We saw one patient transferred onto the ward during our afternoon visit and five patients told us they had been on the ward less than 24 hours when we spoke to them.

We mentioned the NHS Accessible Information Standard, which the ward sister was not aware of. We said that many older people have difficulties in remembering things and asked whether information was written down for patients. She replied that they will sometimes write down the contact details for a care home for a patient's relatives, but there is no formal system of providing written information about the discharge process.



Contributing factors that delay a patient's discharge from hospital

The ward sister told us that the main causes of delayed discharge are difficulties in arranging care packages at short notice. Patients who can go to their own home may need to have domiciliary care organised for them. We were told that Adult Social Care Services in Shropshire are generally very good at organising this and few Shropshire residents wait more than two or three days on ward 21.

Where patients need to go to a new nursing or residential care home, it may take longer, since staff from various homes will visit the patient on the ward to assess whether their services are appropriate for the patient's needs, and it may take some time for families to agree on a home and to sort out the financial arrangements. We met a nurse who had come in from a local care home to assess one patient for suitability for their home.



Patients who live in Wales experience particularly long delays before community services are in place. The sister told us that seven of the patients in ward 21 on the day of our visit were from Wales and one had been there for over two months. We were also told that even when a placement or home care package is agreed for a Welsh patient, there may be transport delays. The long journey for a Welsh patient may result in a Shropshire patient having to wait several hours for non-emergency patient transport. Welsh patients may be made a lower priority as a result.

One patient from Wales, who couldn't tell us how long they had been in hospital, was keen to go to a 'cottage' hospital in their home town, adding "but I know there are never any beds".

Speaking to patients about their experiences in hospital and their understanding of arrangements for their discharge

We asked patients how long they had been in hospital and when they were transferred to ward 21. Three patients could not remember enough to answer either of these questions, but five patients had been transferred to ward 21 less than 24 hours before. One patient had been on the ward for two days and said they would be discharged "tomorrow".

One patient, who lived in Wales, had been on the ward for more than two months while an appropriate care package was negotiated. This patient told us they would be discharged to a new care home after the weekend. The patient also told us “the staff on the ward are very good” but that they were “tired of it, because it has been such a long time”.

Most of the patients we spoke to said that they understood why they had been transferred to this ward. One patient said “the hospital is short of beds” and they were told they would not be staying long in the ward. Another said that they no longer needed the acute ward and were waiting for an assessment by a care home. One other patient said they had been told it is a “rehab ward where you go before you go home”.

We asked how involved the patients felt in planning the discharge arrangements. Only two patients said they felt fully engaged. They told us the therapists on the Discharge Liaison Team kept them informed. One patient said they wrote down everything they had been told because they knew they might forget.

Four patients commented that the staff had discussed things with their relatives and the relatives kept the patient informed. All these patients expected to be discharged to a new care home.

Whether patients said they are treated with dignity and respect

We asked patients whether they felt comfortable and able to relax on the ward, and whether they felt well-supported by the staff. Several patients had arrived recently and couldn't comment, although they all praised the staff on their previous ward. One patient said: “There is a different atmosphere here. It felt more like teamwork on the other ward - they noticed things more.”

Another patient said: “The staff here are very good. They put a new battery in my hearing aid without my needing to ask.” One other patient said “the staff on ward 21 are very attentive, but it isn't such a nice environment [as their previous ward]. There is a lot of activity on this ward, and several patients are very confused, while my previous ward was much quieter”.

One patient said they felt comfortable and relaxed on this ward but they had had to wait on a trolley in A&E from 11.30am until



3.00am the next morning for a bed on their earlier ward to become available.
“That was a very bad time.”

During our visit we saw that staff were friendly in their approach and discreet in attending to patients’ personal needs in the different bays.

Additional Findings

We were told the Red Cross provides a valued “Home from Hospital” service for the Shrewsbury area, and the “SaTH to Home” service works in a similar way. Red Cross volunteers accompany the patient to their own home, helping them to do some basic shopping on the way if needed, and stay a short time to settle them in before the domiciliary care team starts providing the home care service.

We were told the hospital management has recently introduced a small team of people whose role is to unblock any potential delay for patients awaiting discharge e.g. in obtaining medication or blood results, as well as to liaise with Transport. The sister told us this team works very effectively with the ward.



Summary of Findings

- Patients are encouraged to wear their day clothes and sit at the table in the day room for their meals, in preparation for going home.
- We were told an extra bed is sometimes put in this day room when pressure in the rest of the hospital is very great. One patient commented to us that this was very upsetting.
- There were several patients with varying levels of dementia on the ward. There is no security lock on the entry doors.
- We were told there are very few permanent staff on the ward, which is staffed mainly by nurses from the hospital bank and agencies.
- Many patients are on the ward for a short time.
- Some longer-term patients told us they do not like the constantly changing faces of the staff. One said there seemed to be more teamwork on their previous ward.

- Two patients felt they were fully involved in planning for their discharge, and were very satisfied with the communication from the Discharge Liaison Team.
- Several others told us the staff communicated more often with their relatives about their discharge arrangements than with themselves. Their relatives kept them up to date.
- One patient said they wrote down everything they had been told because they knew they might forget. The ward sister said they did not routinely supply written information.
- For Shropshire residents who are returning to their own home, but needing a domiciliary care package, the processes seem to work efficiently. For those moving to a new care home or other accommodation it usually takes more time for assessment of suitability for the new home. Patients told us this was usually organised by their relatives, who worked with the Discharge Liaison Team.
- We were told that patients who lived in Wales faced much longer hospital stays than Shropshire residents because there are far fewer community services available in Wales.
- The assessment processes and liaison with other wards in the hospital to organise transfers to ward 21 appeared to us to work very well.
- During our visit we saw that staff were friendly in their approach to patients, and discreet in attending to their personal needs. We saw patients being treated with dignity and respect.
- Most patients we spoke to had been on the ward for less than 24 hours. They said they were comfortable but could not really comment on the quality of communication from the ward staff and other aspects of care.

Recommendations

We recommend that:

- The safety of patients with dementia on this ward is reviewed.
- The Trust reviews the use of the day room for patient beds.
- The Trust reviews their approach to meeting the communication needs of all their patients and their carers, and makes any changes necessary to implement all the requirements and meet the conformance criteria laid out in the NHS Accessible Information Specification produced by NHS England.

Service Provider Response

Healthwatch Shropshire received the following response to this Enter & View visit and report from the matron for ward 21 in March 2018:

Sister has assured me that the NHS Accessible Information Standard has been printed and is available to all staff on ward 21.

Thank you for taking the time to visit 21 and for your positive feedback, the ward now has a new ward manager and there is lots of energy on the ward to make further improvements, ensuring our patients, relatives and careers have a positive experience during their time with us.

The matron has also provided the following information in response to our recommendations:

We recommend that the safety of patients with dementia on this ward is reviewed.

Action required:

- Security lock on doors to limit access / egress. This will be overseen by the Estates manager and will be completed week beginning 19th March 2018. This issue has been recorded on the risk register.
- Identify potential high-risk patients and avoid transfer to the ward where possible. This will be overseen daily by the shift co-ordinator and clinical services manager. To date this has been monitored through staff feedback and datix¹ reports.
- Identify patients who require additional supervision / observation and provide additional staff as Enhanced Patient Support (EPS). This will be overseen by the ward manager, matron and shift coordinator as required. To date this has been monitored through staff feedback and datix reports.

¹ Datix is patient safety software used for incident reporting and risk management.

We recommend that the Trust reviews the use of the day room for patient beds.

It is with regret during periods of high escalation that additional areas on wards are used for patients such as the day room and corridors in other areas. The executive on call is the person who makes the decision to use such areas, they make their decision by following hospital policy and overseeing patient safety across the Trust.

This will continue to be overseen by the Head of Capacity, ward manager and all ward staff on an on-going basis. Datix entries and risk assessments are completed for additional patients.

We recommend that the Trust reviews their approach to meeting the communication needs of all their patients and their carers, and makes any changes necessary to implement all the requirements and meet the conformance criteria laid out in the NHS Accessible Information Specification produced by NHS England.

Actions required:

- Patients to be encouraged and supported to identify which methods of information delivery are most suitable to them. This will be overseen by the ward manager, shift coordinator and all ward staff on an ongoing basis. All staff are actively engaged.
- Written information available if requested by patients. This will be overseen by the ward manager, shift coordinator and all ward staff on an ongoing basis. To date, information has been written down for patients as required.
- Permanent ward staff available to accompany patients during conversation with non-ward based staff (e.g. social workers, therapists), if required, as point of reference for patients to revisit the content of conversations. This will be overseen by the ward manager, shift coordinator and all ward staff on an ongoing basis. Going forward the shift coordinator or other member of permanent staff to be available to accompany patients during conversations.
- Information booklet explaining ward 21 SD processes. This will be overseen by the ward manager and completed by 31st March 2018.

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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