Enter and View report
Scunthorpe General Hospital Ward 27

June 2024

Enter and View Report

Name of Setting: Ward 27 Scunthorpe General Hospital

Name of Manager: Helen (Matron) Sarah (ward manager)

Insert address: Ward 27 Scunthorpe General Hospital

Date of visit: 05/06/2024 Date of publication:

HWNL staff involved in the visit: Carrie Duran, Wendy Chester, Lucy Wilkinson and Rebecca Price

What is Enter and View?

Enter and View is the statutory power granted to every local Healthwatch which allows authorised representatives to observe how publicly funded health and social care services are being delivered. Healthwatch North Lincolnshire use powers of entry to find out about the quality of services within North Lincolnshire.

Enter and View is not an inspection, it is a genuine opportunity to build positive relationships with local Health and Social Care providers and gives service users an opportunity to share their views to improve service delivery. Enter & View allows Healthwatch to-;

- Observe the nature and quality of services.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives of service users.
- Collate evidence-based feedback.
- Enter and View can be announced or unannounced.

Disclaimer

All the views, opinions and statements made in this report are those of the patients, staff and relatives who participated in the enter and view visit to ward 27 and any follow up conversations that took place. Any quotes within

this report are written verbatim to fully capture the meaning, tone and emotion of the person sharing their experiences.

Main Purpose of Visit

The purpose of Enter and View can be part of the Healthwatch prioritised work plan or in response to local intelligence. Broadly, the purpose will fit into three areas of activity:

1. To contribute to a wider local Healthwatch programme of work
2. To look at a single issue across a number of premises
3. To respond to local intelligence at a single premises

This visit was carried out in response to negative feedback Healthwatch received about ward 27.

Ward 27 Background

Ward 27 is an orthopedic trauma ward. The ward has capacity for 24 patients. The beds are separated into four bays, two of which have six beds and two have a further five beds each. There are also two single side rooms. At the time of visit there were two male and two female bays.

The ward currently employs 35 staff in total and has 4 vacancies for Health care Assistants. Staffing structure is as follows; 1 ward manager, 1 deputy ward manager, 1 clinical sister, 21 staff nurses and 12 healthcare assistants. Each bay has a staff nurse and a Health Care Assistant allocated, this ensures consistency and that patients can recognize their nurse/HCA for the day. Alongside the nursing staff are domestics, doctors, discharge coordinator, porters, physio therapists, trauma team and many other professionals that are required to visit throughout the day.

Any absences are covered by ward staff picking up extra shifts and with use of bank and agency staff. The ward also has the option to pull staff from Ward 28/29 depending on if their patient acuity allows.

The visit – on arrival

The Enter and View visit (E&V) was announced, the Matron and Ward Manager of Ward 27 knew that Healthwatch would be visiting during the week commencing the 3rd of June 2024. The chosen date was the 4th of June and Healthwatch arrived at 12oclock midday.

On arrival, the Healthwatch team were welcomed onto the ward by the Matron, the ward manager and deputy ward manager.

The ward entrance was decorated in colourful bunting, which we were told had been put up for international nurses' day and the staff felt that it cheered the place up, and so decided to keep it.

The ward had moved floors within the hospital and had opened on D floor in January 2024.

The ward manager and deputy ward manager gave the Healthwatch team a tour of the ward areas, bathrooms, kitchen and storage areas. She explained that there were currently works being completed and a new kitchen was being installed. Staff drinks were currently being prepared on a drinks trolley.

There was a temporary area set up for the trauma/therapy team within in the waiting area, this also housed temporary kitchen facilities and an equipment storage area. A request for partition wall to segregate the trauma team has been made, however this has not been confirmed as discussions are being held over whether the ward will move to another area due to the overall condition of the environment.

Storage areas were very small, equipment and other items had to be stored in the same space. The Manager commented that this has been criticised in a recent cross infection audit however they felt they were doing the best they could under the circumstances. There wasn't an appropriate area for medication preparation (the medication preparation area is behind the nurses station but ideally this should be located in a closed clean utility room), and this meant moving to alternative free areas to prepare medications.

The décor within the ward was quite tired, with some damage noticed to the walls and floors. Posters on the walls were informative, for example a poster that showed the difference between the uniform colours which helps to identify who does which job. However, some of the posters were not laminated, posing a barrier to effective cross infection control. The environment did not appear to be dementia friendly, there was toilet signage on the bathroom doors but there was no colour contrast to aide clarity of understanding for dementia patients.

Uniform was worn by all staff, and name badges were worn by most, apart from one staff member.

Within each bay there was a designated nurse and health care assistant who had a 'workstation' in which to write up notes without having to leave the bay. We were told this was a relatively new change to how the ward was staffed, designed to provide more continuity for the patients. As the majority of the patients were elderly, and were at heightened risk of falls, this also allowed for close supervision on each bay by the designated staff members.

An AFLOAT chart was displayed on the outside of each bay with a ranking from green (lowest risk level) through to purple (highest risk level). Most patients on the ward required some form of support to mobilise.

The ward was very busy with staff and patients, it was lunch time and several relatives had already arrived to visit their family members.

Observations

Healthwatch spent time observing interactions and gaining a general overview of Ward 27 during the visit.

The ward was very busy and was full. There was a variety of staff on the ward from domestic to HCA, Nurses and Doctors.

Healthwatch observed staff supporting and interacting with patients.

Patient comfort and wellbeing

Staff were witnessed to be carrying out their duties efficiently and with care. Nurses and healthcare assistants were observed supporting patients who were anxious and upset, providing reassurance and comfort, however general interaction with patients was limited to providing treatment or medication.

Staff were seen to be supporting some patients with hydration, however there were some patients who had a drink in front of them and were not being supported or encouraged to drink by staff members.
Visitors had arrived and some were helping patients with their lunch.

Staff took care to maintain the dignity of patients, ensuring that curtains were pulled around beds during examinations and during toileting.

It took a long time to help the patients with their personal care needs. A patient was told that "you will have to wait for a bedpan as someone is already using it."

There were not enough chairs for visitors by the beds and nowhere to have a private conversation.

Environment

Overall, the Ward looked tired, and the corridors were cluttered, there was a lack of space and storage.

Equipment was placed wherever there was space. Mop heads were lying on the floor and were a trip hazard.

Although very few patients are mobile to sit in another area, there is no space or area for patients to sit away from the ward with their relatives. There is a waiting area as you enter the ward however this was full of equipment, and the trauma team are temporarily based in the waiting area.

Screens in the waiting area where being used to separate the Trauma Team from the main ward. There was also a screen at the other side of the room that had equipment stored behind it.

Items were stored in inappropriate areas or together due to little storage space

The macerator is out of order and is awaiting repair.

The kitchen is in the process of being refurbished. Drinks were made on a trolley, and this also housed cutlery and equipment.

Healthwatch witnessed a full bed change after a patient requested this to happen.

Safety

During the visit, there were no safeguarding concerns observed or raised with the Healthwatch team.

Boards outside each bay highlight areas of need for each patient with regards to falls and nutritional requirements.

The ward does not have a suitable space to enable the safe preparation of medications or aseptic procedures.

All staff wore a uniform with differing tunics for different job rules. A few of the clinical staff were observed with long hair untied and nail varnish.

Gloves and aprons were worn, and staff were observed donning and doffing their PPE and disposing of this correctly.

There wasn't enough space, particularly if patients are wanting to have a walk about.

The ward looked cluttered with equipment. The ward has limited storage space for all of the mobility and traction equipment required on a trauma ward.

Staffing

Staff in the bays were busy and attentive to patients needs as quickly as they could. This meant some patients were waiting a while as they were dealing with others.

There is a diverse mix of staff on the ward.

In the afternoon it was observed that there were a lot of senior people chatting, they may well have been working but this does not look favorable when patients need help.

Food and Nutrition

Healthwatch observed patients being offered drinks but they were not supported to drink. Observations were made of a staff member supporting a patient to choose from the menu.

Summary of the Ward Manager's Questionnaire

Healthwatch spent time with the Ward Manager and Matron, to find out general information and to complete the managers questionnaire.

The Ward Manager confirmed she has been the ward manager for 3 years and the Matron has recently taken over as the ward Matron approximately 8 weeks ago. The ward manager is being supported to take ownership of the ward with the leadership team. The ward has an action plan in place for improvement.

Ward 27 treats Orthopedic and trauma patients.

80-90 % of patients on the ward require a two-stage capacity assessment.

Latest Care Quality Commission (CQC) Report

The last CQC visit to Scunthorpe General Hospital was completed in July 2022. Northern Lincolnshire and Goole NHS Foundation Trust received a rating of requires improvement. The CQC made generic clinical recommendations and had requested that.

Records were locked in notes trolleys (now locked into two trolleys and tucked away on the ward)

Shifts check that the COSHH cabinet is always locked (now checked and audited)

Ensure that any bank/agency staff complete a checklist for induction, this is completed by all new staff to the ward (all new staff complete a week at care Camp, they complete a corporate induction for the trust and then finally the ward induction. This consists of a checklist which staff sign to say they have completed) Staff also complete supernumerary shifts and shadowing shifts.

Ensure that all patients are weighed whether that is by weighing scales, weighing hoist, or weighing PAT slide. (A weighing PAT slide has been purchased and is in place. Patients are weighed and a Malnutrition Universal Screening Tool (MUST) is completed as part of the admission process.

Safety

The ward Manager informed me that the ward follows the NLaG trusts policies and procedures around the management of health and safety.

All patients are assessed for falls and have an at risk of falls assessment. Patients are assessed via AFLOAT as green, amber or red or purple as per afloat 1 and 2 paperwork. Red and purple patients are to be in line of site or have 1-1 care. Falls are recorded on Ulysses and if a patient has 2 falls there will be staff huddle with the head of falls and causes and intervention will be discussed.

Staff receive mandatory training in

- Bullying and harassment
- Challenging behaviours
- Equality and diversity
- Fire
- Information governance
- Infection control
- Resuscitation
- Moving and handling
- Prevent
- Safeguarding adult and children
- Slips, trips and falls
- Medical gasses and dementia awareness

Staff nurses also receive extra training in

- Antimicrobials
- Blood transfusion
- DoLS
- Medicine management
- Mental capacity Act
- Safe use of insulin

- VTE

The clinical sisters on the ward monitor the staff training and ensure that it is kept up to date. There are often problems completing face to face classroom training courses such as Resus, Alert and moving and Handling as the trust is so large and places are limited.

Infection control is assessed and managed by

- Regular hand washing audits.
- The Ward Assurance Tool (WAT) is completed each week. This filters into further auditing systems. This provides assurance that quality care is being given and the safety of the patient is well managed.
- Identification of infections and the isolation of patients into side rooms. Patients will have a yellow sign outside of the door to identify they have an infection.
- Provision of correct PPE, correct donning and doffing of PPE and signage to direct staff.
- The domestic supervisor completes an independent ward check or audit.

Medication management

Medications are managed following policy and procedure. Staff also complete controlled drugs checks, second medication checks are completed for example antibiotics this is checked against the right name, right date of birth, right NHS number on wrist bands and using EPMA (Electronic Prescribing and Medicines Administration) systems. Drugs are stored in locked cupboards, secured storage and bedside coded cupboards.

Staffing

Staff are allocated on arrival to the area they will be working in. They are written on the allocation board at the beginning of shift for breaks are written up for mornings and afternoons. Breaks can be taken as a 1-hour break or 2 30-minute breaks. There is water fountain available for all to use and snacks through out the day.

At 2pm each day there is a “Huddle” this takes no longer than 10 mins and is to check on staff wellbeing and see if they require anything. This is also an ideal opportunity to give staff an opportunity to report any concerns. The time

has recently changed from 12.30 to 2pm and this works better for all involved as the dinner time medication and meal rush has finished.

There can be a lot of bureaucracy when requesting extra help with high dependency patients- this used to be easily approved but now must be approved at higher levels.

Patient Wellbeing

The Ward Manager confirmed that there have been recent changes to visiting hours which are now 11-8 daily and 2 visitors per bed space. If a patient is end of life, confused, delirious or has a learning disability then the ward can be flexible and offer open visiting hours.

A relative commented "Visiting is much better for us as a family, I can get parked and also visit and be back home to collect my children in time for their childcare finishing"

The ward manager advised that approximately 80-90% of the patients on the ward require a two-stage capacity assessment. These are completed by any trained staff member and the discharge coordinator takes responsibility for completing the majority of these. If required best interest meetings will be completed and some patients may require a DoIS. (Deprivation of Liberty Safeguard).

Patients pain relief is managed by nurses verbally checking in with patients on a regular basis and around medication dosing schedules. They complete a pain score and use Web V which is a system for pain management and reassessment. Once pain relief has been administered the nurses re assess to ensure that the medication has worked. However, work is in progress to ensure that patients are evidenced as being re assessed and this is recorded on the system.

Patients are supported to stay in touch with family and friends. Patients often have their own mobile phones but there is a mobile phone on the station that can be taken to a patient's bed for them to use. Staff ring family members to update them where permission has been given if they are unable to visit or the patient is unable to share this information themselves.

Patients' wellbeing is supported by encouraging family and friends to visit, patients can be referred to the pastoral team if required. The dementia nurse

and learning disability nurse are available to visit and support on the ward as required. The Learning disability nurse is available Monday to Friday between 9-4. A therapy dog visits the ward on a regular basis which the patients appear to benefit significantly from.

When asked how the ward ensures that patients are treated with dignity and respect. Healthwatch were informed that patients and relatives are spoken to throughout the shift for their views and experiences. Staff are observed by the management team to ensure that they are communicating and acting compassionately for example closing curtains when washing and dressing, addressing any queries or concerns and assisting with eating and drinking. The WAT and 15 Steps Challenge are used as a regular patient experience review.

Patients are encouraged and supported to meet their spiritual and cultural needs whilst on the ward. Family and cultural leaders are encouraged to visit. Patients can bring their own meals onto the ward and relatives are encouraged to do so if patients have a particular preference or dietary need. Patients are provided with a daily menu to choose their preferred meals from.

Healthwatch were advised that patients nutrition and dietary requirements were managed by patients being weighed and a MUST being completed on admission. If it is identified that the patient requires dietary support a nutritional care pathway is developed. Patients may receive build up drinks in the form of Aymes shakes, fortisips, soups and if needed a nutritional referral or dietician referral may be requested. There is a nutritional support nurse on the ward, family are encouraged to visit and give support to relatives regarding their eating and drinking. Fluid and food intake charts are completed as specified. Patients on the ward can often be on the “back foot” with regards to hydration and nutrition as many unfortunately may have fallen at home and taken a while to be found and then have received lengthy surgery or have been nil by mouth. They often don’t feel like eating and drinking and require encouragement and support to maximise their intake. The ward has been looking to recruit volunteers that may be able to sit with patients and make eating more sociable, even just having their own lunch whilst sat with patients can encourage them to join in and eat their own meals.

What did patients and relatives say?

Experience 1 - One gentleman had been on the ward for 3 days following a fall. He told us that the staff are all okay but felt the agency nurses could be a bit 'pushy' always trying to get him to move, even though they know he is in pain. He felt his pain was being managed well and the staff provided pain relief whenever needed, and he felt safe on the ward. This gentleman had no family or friends that visited him on the ward and told us that he feels quite lonely. We asked him what would improve this for him, but he wasn't sure. The gentleman told us that he takes care of himself and doesn't have any support from the staff, however he was wearing clothes that were dirty, with food stains down the front and seemed generally unkempt. The gentleman was witnessed ordering his lunch for the next day, and despite a number of menu choices, opted for one item only (soup). The person collecting the food order attempted to encourage him to choose additional food items, eventually he chose a rice pudding.

Experience 2 – One female patient had been in hospital for 6 days, following a fall. At the time of our visit, she had two visitors with her, one of which was her carer who supports her to live independently. The patient told us that 'most staff do very well' and she feels safe on the ward. Staff have been responsive and have given her pain relief when she has asked for it. This patient also told us that she feels lonely when she doesn't have visitors and felt that a little bit of music would help with this.

During our visit the patient was being supported and encouraged to eat by her visitors. The previous day, she had not eaten at all, however on the day she managed to finish the entire meal. Due to the issues the previous day a nutritionist visited her to discuss this. As she had eaten very well that day it was decided that the situation would be monitored, and nutritional drinks would be provided.

The patients relative told us that the patient had received good care since being on the ward but did feel that since moving from a bay to a side room

she was not supervised as closely, and when arriving to visit the patient one day she noticed that the patient had wet herself. She believed this is because the patient may not be able to alert the staff to needing the toilet as easily. However, she did say the staff had been attentive and had been encouraging her to eat and have been supporting her to dress. The relative welcomed the long visiting hours, saying this was the only way she was able to keep in touch with the patient as she was unable to use a phone.

Experience 3 – We spoke to one gentleman who was initially quite confused about why he was in hospital. He had a broken hip following a fall, but thought he was there for a blood test. He appeared to have some periods of lucidity during our conversation where he realised, he was on the ward because he had a broken hip and explained he had recently undergone surgery. This gentleman felt very looked after by the ward staff, and said the surgeons, and A+E department had all been very good. He told us the staff do a marvellous job and don't waste any time getting to him if he needs help.

When discussing the food, the gentleman told us it is 'different' to what he is used to, but it makes a nice change having it ready for him. Overall, this gentleman was very happy with the treatment provided to him on the ward, saying it was 'top of the pops' and he wanted to thank everyone who has looked after him.

A conversation with the patients relative took place separately in semi-private area. This relative told us that patient had not had any memory issues prior to the fall and had been managing very well and was still driving, despite being over 90 years old. However, he had a water infection and was experiencing delirium. The relative had been attempting to get the patient to drink more, but he is reluctant as this will mean he needs to go to the toilet, and he doesn't like to use the urine bottle, as it makes him feel uncomfortable. The relative felt that if he could get out of bed and go to the toilet, he would be more likely to drink more fluids. The relative had not witnessed a member of staff assisting the patient to drink.

The patient had been advised to try and mobilise following the hip surgery, but when the staff had attempted to get him on his feet, he had complained of dizziness and further attempts had not been made. The relative had raised concerns about this but didn't feel as though this had been taken seriously, telling us 'Elderly people are not a priority, and staff can sometimes be dismissive'

Regarding the staff, the relative told us that they are good, some better than others.

'One member of staff makes themselves very busy doing nothing' however the domestic staff were praised for 'being amazing'.

The relative told us that overall the ward is okay, but the biggest problem is communication between staff members, which has a knock on effect on patient care.

Experience 4 - We spoke to the wife of a gentleman who was too unwell to speak to us. She told us of his experience coming into the hospital. He had collapsed at home and banged his head and was completely unresponsive, so she phoned an ambulance.

He was taken to A+E at 4am and discharged home after 2 hours, expected to make his way home, without having undergone a scan. The relative told us he didn't even have a dressing gown or slippers on when he was picked up.

Subsequently the ambulance needed to be called again to take him back into hospital as he was too unwell to be at home. The wife commented about the wasted resource of the ambulance service, saying they are already under so much pressure without having to go out twice to the same patient. The wife was advised to raise her concerns about A+E with PALS.

When talking about the care that her husband receives on the ward, she commented that 'it has been okay', he has everything he needs and gets supported to wash, dress etc. Regarding communication, she told us that there had been instances where communication had been poor. On one occasion she had phoned the ward for an update and had been told her

husband had been aggressive and punching a staff member, however when she followed up on this, this information was incorrect, and the staff member was referring to a different patient.

Experience 5- Chat/observations whilst with patient on ward 27, male bay.

The patient in question had been on Ward 27 for less than a week. He had fallen whilst at home and had fractured his femur. Unfortunately, he had fallen without having any way of contacting anyone and had been on the floor for over 12 hours before his neighbour had found him and called 999.

We asked whether he was still in pain, but he stated that he felt comfortable and that he was given medication by the staff. Most of the time it was regularly administered, however sometimes he had to wait if staff were busy.

We chatted about the staff on the ward, and he said that he felt safe and puts his trust in them. He felt that they were all different in their approach. He could have a laugh with them. He thought that they were very busy, working a 12-hour shift. He felt that showing or being respectful was a two-way process.

He stated that he had visits from his family and friends and didn't feel lonely. He kept in touch by using his mobile phone and would telephone his sister if he wanted to raise any concerns.

He felt that he had enough privacy as he was on the end of the bay and the gentleman to his left kept himself to himself. There wasn't anywhere to go, no communal area, but he said that he didn't want to move far and was quite happy sitting in his chair.

We asked him what he thought to the meals on the ward. He said that his appetite wasn't that great due to the medication that he was taking. A daily menu was provided with a choice of food.

We asked if he got support with dressing and any personal care. He said that he did but staff could be very busy and ran off their feet.

Whilst we were chatting with him, he asked to excuse himself as he needed a bedpan. Healthwatch helped him to find his bed alarm to press for assistance, as it had fallen down the side of the bed. We noticed that it took ten minutes in total for someone to assist him to the toilet. Whilst he was waiting, We asked two different staff members to support him. One stated that there wasn't an available bedpan as they were both being used and then the other advised that he was now able to walk to the toilet himself and supported him to do this.

While this was all taking place another gentleman called out. He said in a quiet voice that he needed the toilet too. We let a member of staff know and she left to fetch a wheelchair commode. He then said that he would like to walk to the toilet. He was told by another member of staff that the Doctor had said that he needed complete bed rest and wasn't able to get up to walk to the toilet.

Healthwatch left the ward at this point to give everyone privacy. All staff members that we spoke to were wearing grey tunics.

Experience 6- patient

We had another chat with a patient in the ladies' wing of Ward 27. She had fallen in the rain last week whilst trying to move her bin. Luckily, she had her mobile phone with her, as the ambulance took over four hours to get to her. She had heard of Healthwatch as she gets the Carers booklet and has read the advert in it. She couldn't remember how long she had been on the ward as she had lost track of time. Her son had been in with a blood pressure monitor as she felt that she didn't know where she was with her medication. She felt safe on the ward and thought the staff were lovely but had a job to keep up with everything. She needed support with personal care and had been given a bed bath whilst there. Her son and granddaughter visited when they could. She did feel that the food wasn't as good as it used to be, her jacket potato and wedges have been cold.

Experience 7-patient

Patient had been in hospital for 5 days with a fractured pelvis, pain was managed well but they were concerned how they would get on when they went home and were hoping to be able to stay longer to ensure their recovery was maximised. The patient found the staff nice in general and if they had any concerns, they felt that they would be able to tell the nurses. The patient felt that the food was very good and there was a good choice. They were supported with personal care when needed, although these times are really busy particularly at bedtime. Patient was quite tearful and upset about her discharge. She had been told that she would be discharged to a care home, however the one she wanted to go too had no vacancies. She had then been asked to consider going home with a package of support, but this had been deemed not possible.

Experience 8- patient

Patient with a broken hip who had been in hospital for approximately a week. Pain was well managed although it often got worse at night. They stated that they felt more staff should be on "patrol" she felt staff tried their best but the equipment wasn't reliable and was often breaking down. They were able to use their call bell to request help if needed. They stated staff work very hard and that they would like to do some fund raising to buy new equipment for the ward particularly observation machines.

Experience 9-patient

Patient had been in hospital for 6 days following a fall and a broken hip. They advised that the staff were friendly and that they had been treated with dignity and respect whilst on the ward. Relatives have been doing their washing and the only way to keep in touch with family is at visiting time. The patients glasses had gone missing when a confused patient went wandering during the night , the patient hadn't seen them since.

Experience 10- Relative

Patients relative had been on the ward for one week. They felt the standard of care was good overall and the staff were caring and efficient. There had been some rough handling on arrival and some difficulties getting pain under control. They felt that the discharge policy needed reviewing. Her relative had been offered a stay at a care home that had a bad CQC report and had refused to go. Due to this the patient had been given a letter to say she would no longer be eligible for a rehabilitation place at Sir John Mason House, leaving them feeling very disappointed.

Experience 11-Relative

Relative has been on the ward for 6 days now following a fall. She felt the staff were friendly and they have allowed them to visit and translate for the patient as she does not speak English. The nurses have kept family up to date with how the patient has been particularly with regards to eating/drinking and blood sugar levels. They have requested help for when the patient returns home.

Experience 12-Patient and relative

Patient has been in hospital from 1 week after falling and breaking a hip. Had ben in a lot of pain initially. Stated they had to ask for pain medication. It didn't come at regular times and was given at different times to what they would take at home. Patient felt the nurses were very good and very caring.

There is privacy on the ward if needed and patients are treated with dignity and respect but sometimes there's a wait to get up and ready in the morning. Food is good but patient didn't fancy it. There is plenty of help if needed, it's a busy ward but there is chance to rest, and morphine helps the patient to sleep.

The new visiting hours are much better however the car parking is terrible. Care is very good, and the staff are very helpful and friendly.

Experience 13-Patient

Patient had been in hospital three weeks was comfortable and pain was well managed. Staff have been lovely, but daughter would deal with any issues if

there had been any. Nurses keep moral up they have a joke and keep talking to the patient. Staff are respectful particularly one of the male nurses. The food is lovely patient had laughed and then informed relatives that they would expect the same on return home.

What did staff say?

Experience 1 – We spoke to one staff member who was an internationally trained nurse and had been working on the ward for over a year. This staff member felt that overall, she enjoyed her job, but it was very different to what she had experienced previously. Providing personal care had been something that she had not had to do previously, and this was quite new to her.

She felt supported by the management team, especially when it came to adjusting to the new culture and working environment. She told us that there was never this level of support in her home country.

Experience 2-We spoke with a staff member who facilitated discharges. She has set up a board with the patients details on to try to support staff members as to what challenges patients face, particularly with discharge. She felt that her role gave her more time to spend with patients, usually about 3 days, in which time that gave her the information and evidence to support with discharge. She showed me a leaflet about the free confidential 'Welcome Home' service provided by Citizen's advice. She stated that she signposts patients to the service.

Experience 3- HCA on bank.

Worked on the ward for 2 years as a bank worker and a student nurse. Liked the team, friendly staff and management team. Doesn't like the shortage of observation equipment, which would make her job easier. Shifts feel generally organized, there is good communication between day and night shifts. Always manage to get breaks on time. Never felt unwelcome as a bank staff and would like to work on the ward 27 all the time.

Staff feedback received following the visit

Response to survey

Eleven staff members responded to a staff survey using the QR code provided, and five people wanted to speak directly to us about their experiences of ward 27.

Feedback suggested issues related to leadership that required further escalation, and investigation.

These concerns have been discussed at length with the Director of Nursing, The Place Nurse Director for North Lincolnshire and The Ward Matron. As the issues relate to incidents that were already being addressed as part of an ongoing action plan, they have not been included in this report. However, we will continue to monitor progress against these actions, and will ensure that staff are still able to continue to provide ongoing feedback, concerns or issues.

A follow up visit is being scheduled for December 2024.

Ward 27 Matron and Ward Manager Feedback

Ward 27 informed Healthwatch that they felt that they would benefit from a clinical psychologist being on site as the nearest is based in Hull.

Patients often have a long length of stay on the ward and at any time there may be 4/5 patients that are medically fit for discharge. The discharge is often held up as Sir John Mason House is full, The Grange may accept people before they are transferred to Sir John Mason House. There is also a shortage of care at home provision for patients waiting for discharge.

Patient s reach a good level of re-habilitation and the risk of a lengthy discharge can sometimes result in a deterioration in the patients' health and wellbeing.

Storage on the ward is limited. Temporary screens are in place and storage cupboards contain a mixture of items when they should ideally be stored in individual cupboards.

Highlighting Good Practice

Healthwatch would like to highlight the following good practice observed during the visit:

HCA was observed reassuring a distressed patient. She spent time holding the persons hand and showing compassion to a frail and confused person.

Staff chatting with patients and relatives which appeared to put them at ease.

It has been recognized that improvements are required and there are already plans in place to support change.

Ongoing works are in process to improve the building, observations were made of building works and a new kitchen being fitted.

The ward matron and manager where open through out discussion and advised they would welcome feedback and recommendations.

Conclusion

Overall, on the day of the visit, Healthwatch representatives found that the care and treatment being provided was adequate, and there were no concerns raised about the safety of the patients.

Staff were friendly and approachable and happy to interact with the Healthwatch team.

Not all patient needs were being met, as some reported feelings of loneliness, and staff not being responsive to their needs. For example, not being supported to stay hydrated, and not having adequate equipment available to support toileting and basic observations. Although staff are present consistently on the bays, it appears that they are too busy to interact on a more personal level with patients.

Overall relatives seemed satisfied with the care and treatment provided to their loved ones but did raise issues around communication and information sharing.

Although attempts have been made to make the ward environment appear more cheerful, there were issues with the décor, and lack of storage and privacy for the therapies team.

Themes and Recommendations

The following themes and recommendations are being made based on the feedback and observations made during the visit:

Theme: interaction with patients

Recommendations:

- The ward should consider introducing enrichment opportunities for patients, including ultilising volunteers where possible to support wellbeing, hydration and mobility (where safe to do so)
- The ward should be actively encouraging staff to spend time chatting with patients when they are able to.

Theme: Communication

Recommendation:

- The ward should ensure mechanisms are in place to learn from incidents where wrong patient information has been shared.
- Existing communication mechanisms that are in place between staff should be strengthened to ensure more effective communication during handovers

Theme: Equipment

Recommendation:

- The ward should ensure that adequate equipment is always available.

Theme: Storage, lack of space and privacy

Recommendations:

- The hospital estates team should support Ward 27 to make better use of the storage available and provide additional storage to keep excess stock to a minimum on the ward.
- The estates team should explore how the therapies team can be provided with a private space, separate to the communal area to allow for patient confidentiality. This could be achieved with the installation of a partition wall.
- The ward and estates teams should ensure that there is a more suitable medication preparation area.
- The ward should ensure mechanisms are in place to keep the ward areas tidy and free from trip hazards.

Theme: Management and staffing

Recommendations:

- The Ward should continue to work towards the improvement plan that is in place.

Signed on behalf of Healthwatch North Lincolnshire: L.Wilkinson	Date: 30.07.2024

Provider response to recommendations:

Providers have 20 working days to respond to recommendations. This can include why they may or may not take on board the recommendations.

Provider response

The Trust would like to thank Healthwatch for their feedback about what they saw and heard on their Enter and View visit.

The ward has an improvement plan in place with progress being closely monitored. The team will ensure the improvement plan includes the recommendations made by Healthwatch where not already actioned. The ward has limited storage space for all the equipment required on a trauma ward, but the team will work with estates colleagues to ensure space is being utilized effectively.

The actions regarding adequate equipment have been addressed. Work is ongoing to improve communication between staff, patients, and their significant others.

In response to the report on page 7 under ‘staffing’ We believe this was a 'huddle' where staff gather during the shift to discuss any new safety risks or concerns, they have with patients. The Critical Care Outreach team (senior staff) were involved with this.