



DE MORGANNWG | SOUTH GLAMORGAN

CHC Visit Report
(Announced)

**Ward West 1, University
Hospital Llandough**

**Tuesday 23rd August
2022**

Accessible formats

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Your Community Health Council

Community Health Councils (CHCs) are the independent watch-dog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through: a wide range of community networks, direct contact with patients, families and carers through enquires, our Complaints Advocacy Service, visiting activities and through public and patient surveys, with the CHC acting as the "Public & Patient Voice" within Cardiff and Vale of Glamorgan.

Visit Overview

Two Members of the CHC visited Ward West 1, University Hospital Llandough (UHL) on Thursday 18th August 2022 at 10am.

The purpose of the announced visit was for the visiting team to observe the environment, quality of service provision being provided on the Ward and to gather the views and experiences of the patients, carers and visitors whilst on the ward and wider site.

As part of the visit, members of the CHC were able to speak with the following NHS Staff:

- ❖ Ward Manager

Briefing Information

Management Arrangements

Ward West 1, University Hospital Llandough (UHL) is a part of the Surgical Clinical Board and sits within the Trauma and Orthopaedics Directorate. The area is managed by a Ward Manager.

Introduction

Ward West 1 is a Trauma and Orthopaedic Ward who specialise in caring for patients who have had traumatic injuries, soft tissue injuries or anyone requiring treatment for infection that require operations and/or rehabilitation. The patient's demographic on the Ward is any person who has a bone injury, soft tissue injury or those who requires treatment for infection of joint, soft tissue. The age profile of patients ranges from 18 and over.

Capacity

The Ward is commissioned for 27 inpatient beds and is currently working at 26 beds capacity with the 27th bed utilized as an Out of Hours treatment bay. The reason for the variance is that the 27th bed is not conducive or visible within the footprint of the Ward. This space has been successfully utilised as an out of hours treatment bay. We have a trauma ambulatory care unit situated in day surgery which is open from 7am-19:30pm 7 days a week. This offers patients a service to receive treatment including IV antibiotic treatment without having to stay in hospital. The dosage and timings of these antibiotics often requires a late evening dose and the 27th bed is used to facilitate this treatment.

Capacity cannot increase or decrease as there are no further bed spaces available on Ward West 1. All areas are being utilized. Ward West 1 is always at capacity, they have strong Multi-Disciplinary Team (MDT) working to support safe, effective, timely care and discharges to ensure flow to support with demand.

Over the preceding 3 months, 50 patients are recorded in the admission book, however this may not be fully up to date, due to patients arriving out of hours and/or returning for IV antibiotic.

The award accepts patients as part of the Major Trauma Centre (MTC) pathway 3 from University Hospital of Wales (UHW). These services are provided for all Health Boards in South Wales. There are no MTC Consultants or Teams available in UHL, therefore when needing to repatriate patients back to their localities this can put added pressure onto the nursing structure. The most challenging issue we face currently is transport being provided for patients between UHW and UHL. 76% of our trauma beds are in UHL, therefore we transport many patients daily, yet this is often challenging as availability of transport is restricted.

Staffing

The Wards' Nurse staffing levels are:

4 Registered Nurses on the long day (7.00-19.30)

3 Registered Nurses on the night (19.00-07.30)

4 Healthcare Support Workers on the long day (07.00-19.30)

3 Healthcare Support Workers on the night (19.00-07.30)

It's medical cover is:

x3 Junior Doctors

x1 SpR Ortho-Geriatrician

x1 Consultant Ortho-Geriatrician (only works twice a week)

The Ward is currently running with 4 Registered Nurse vacancies currently. These vacancies have been present for some time. There is constant recruitment taking place including overseas Nurses and student streamlining. The Ward overcomes these vacancies by bank and agency staff, staff moving shifts, and substantive staff picking up overtime. The use of bank and agency has significantly increased over the past few months due to staff Covid sickness and the increase in enhanced supervision that we are seeing across the wards.

In addition to the above core staffing, the Ward is also supported by Physiotherapists, Occupational Therapist, Frailty Nurses and as part of the new Frailty Recovery plan, there is also a plan to appoint a Dietetic Assistant to the Ward. Due to vacancies, there isn't an Occupational Therapist permanently based on the Ward at present which has an impact on discharge planning.

The Ward has input from volunteers from patient experience. And recently we have had a therapy dog visiting once a week to support with patients' wellbeing and this has so far been a great success. The activities undertaken by volunteers include virtual meetings with relatives and talking to the patients. Often just spending time and talking with patients we find can be such a lovely experience for patients when they have been isolated from friends and family.

Opening/Operating Arrangements

The Wards' opening/operating arrangements are as follows:

- ❖ Open 24 hours per day, 7 days per week.
- ❖ Mealtimes:- Breakfast 08:00-09:00, Lunch 12:30-13:30, Dinner 17:00-18:00
- ❖ Visiting times are now managed by booking system via patient experience. They are an hour's slot per visit.
- ❖ Relatives are restricted to an hour's visiting and only 1 family member per visit. Patients must have been an inpatient for 7 days prior to a family member visiting.

Environmental Improvements

It is unknown when the Ward had any Estates / Environment improvement work undertaken. A recent IPC audit picked up on the state of repair of walls within the unit. These were actioned and forwarded to Estates. There is a plan in the coming months to change the lighting within the Ward.

The Ward currently has no outstanding requests for work that could be considered urgent

Initiatives

At the current time we are developing services around Frail trauma. This includes developing an MDT inclusive of an Ortho-Geriatrician, increase in the availability of Therapists and Dietetic support. We are implementing this increase in establishment based on evidence at the beginning of covid when we saw a reduction in length of stay for patients with the increase of therapy staff involvement. The Ward is working with the clinical work

station app to report daily constraints to ensure we are doing all we can to support safe timely discharges for patients.

Concerns

The layout of the Ward for trauma patients isn't ideal, as it can be difficult for staff, when the Ward runs on 2 Registered Nurses by night.

One of the biggest challenges is transporting our patients from UHW to UHL to help create flow at the front door. Patients are identified early but may need a Covid swab which will then delay transport.

Supplementary Information

Ward West 1 Trauma was relocated from Ward B6 in June 2020. At the time elective staff managed the Ward whilst elective activity ceased. The original staff were deployed to work on covid wards during the first few months. In November 2020 staff from Ward B6 moved to UHL to work on west 1. These staff have been pivotal in providing the care for the patients we now have on Ward West 1.

Patient Engagement

The Visiting team spoke to 11 of the patients on the Ward, both men and women.

All the patients said that all the Nursing staff were giving them good care, and that they are very hard working and helpful. However, they are short staffed which results in long waits for pain relief, toilet needs etc

There were mixed views about the food on the Ward. Some said that it was nice food with lots of vegetables, well presented and tasty. Others said that there is a sameness about the food with not a great deal of variety. Also, some complained that the food is not warm enough when it is served and one patient said that the coffee has a cheap taste. However, the patient acknowledged that it tasted better when they asked for a strong coffee while we were visiting.

All patients reported that there are no restrictions to daily Hospital visiting for family and friends in the visiting hours.

Also, there were a lot of positive comments about the Physiotherapists and Occupational Therapists who come to the Ward. They give them exercises in the chair to improve their mobility and help them in the plans for returning home with equipment and adaptations.

It was noted by a number of patients that disruptive behaviour from other patients at night-time can impact on their wellbeing as well as their sleep.

The majority of patients felt that the communication between the professionals is good and the communication with patients is good.

One of the patients mentioned that the Nurses are caring and have arranged for a dog to come on to the Ward once a week, which is welcome, and they can have their hair and nails done by a Nurse if wanted.

Environment

There was a calm atmosphere on the Ward and the Ward round was in progress. However, there is not a lot of space for storage and limited space for manoeuvring wheelchairs and patient carriers.

One of the showers is out of action as there is Legionnaires Disease in pipes on the West side of the hospital at present. The staff are flushing the taps daily to try and limit the impact of it. The result is only one shower between 12 patients.

The majority of toilets were clean and fitted with appropriate cords for calling for help. However, there was one toilet which was dirty with a tissue on the floor. Another toilet was full of boxes containing pans and urinals.

There was a comprehensive noticeboard, centrally placed, with information about each of the patients. There was a lot of information on the walls about falls, frailty etc and also information about the staff on duty. There were no CHC posters visible, so the Visiting Team supplied posters to be put in place.

There is no Day Room on the Ward. As a result, the staff have worked with the Cardiff and Vale Health Charity to provide a small green space with furniture and plants at the back of the Ward to create a space where patients can sit and relax in the open air.

Interaction with Staff

The Visiting Team spoke to the Ward Manager.

She said that there are two vacancies of regular staff at present which is why they are stretched for time. One of the difficulties is that after they have appointed staff to fill the vacancies, the newly appointed staff are often taken to fill vacancies elsewhere in the Trauma / Orthopedic services in the Hospital or in the Health Board. This has resulted in the staff feeling demoralised and frustrated with low morale.

The Ward Manager told the Team that the lack of space for storage is a problem. Some equipment is kept in the shed at the back of the Ward but there is still overspill. There are only 2 wheelchairs available for use by the Ward. They do encourage family and friends to take the patients down to the café away from the ward, but the limited number of wheelchairs restricts this activity.

The dog therapy once a week has proved to be a good success and one of the Nurses has taken on the responsibility to wash the patients' hair as wanted, and to attend to their nails after she has finished her work.

A current problem is the length of time it takes to facilitate a patients' discharge when they live alone as there are no care packages available at present. Patients can be waiting on the Ward for a long time if they cannot return to family or live independently without support.

The difficulties with the disruptive behaviour was discussed. She will look at the current situation again to try and ease the problem for the other patients on the side Ward.

Summary of Visit

Positive Findings

1. The staff are hard-working, caring and kind. All the patients were positive about the service they are receiving from them, and a few commented that they are short staffed. The staff are creative in considering the wellbeing of patients.
2. There is a calm atmosphere.
3. There is good signage to the Ward and all the patients were wearing bracelets.
4. The patient noticeboard was prominent and up to date, and the details of staff on duty was up to date.
5. The paramedics are working effectively with patients with their rehabilitation.
6. The dignity of patients was maintained with the closed curtains in the cubicles.

Negative Findings

1. The environment is cluttered with limited storage space. This has an impact on the number of toilets available and a shower not being in working order due to Legionnaires Disease in the pipes at present.
2. There are mixed views about the food provided which have been reported to the Catering Manager by the Ward Manager in the past.
3. The recruitment of staff is being addressed by Managers but new appointees are being re-deployed to other Wards in the Health Board, resulting in frustration and demoralization for staff.
4. The Hospital discharge process is becoming more lengthy as care packages are more difficult to arrange in the current climate.
5. The wellbeing of patients was raised as a concern, due to disruptive behavior on the ward
6. The cleaner was working on the Ward, but there is a need to keep a close eye on the cleanliness of all the toilets.

Recommendations

1. The Estates Department to review all the options for decluttering the facilities on the Ward so that patients can access all the toilets, and create a safer environment.
2. The Ward Manager is provided support to follow up in finding ways of managing disruptive behavior so that it doesn't effect patient wellbeing.
3. The Health Board to review the discharge process and provide assurance they are working with the local authority to try and support patients in returning home where appropriate.
4. The UHB to address the cleanliness of the remaining toilets and showers for the safety of the patients.

The visiting team would like to thank the family members and carers who gave their time to speak with them during the visit. Thank you also to the staff for their time and assistance in an interesting and informative visit.