



DE MORGANNWG | SOUTH GLAMORGAN

CHC Visit Report
(Announced)

**Ward East 4, University
Llandough Hospital**

18th August 2022

Accessible formats

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Your Community Health Council

Community Health Councils (CHCs) are the independent watchdog 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

Three members of the CHC visited Ward East 4, University Hospital Llandough on 18th August 2022 between 3pm and 5pm.

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:

- ❖ Acting Ward Lead Nurse, this Sister was covering two major wards

Briefing Information

[Since receiving the briefing paper from the UHB in March 2022, the CHC are aware that the Ward has returned to being a Medicine Ward.]

Management Arrangements

Ward East 4, University Hospital Llandough (UHL) is part of the Medicine Clinical Board and sits within the Integrated Medicine directorate, managed by a Manager.

Introduction

Ward East 4 is a 30-bed medical ward which looks after acutely unwell adult patients. The ward also takes the Gastroenterology elective care patients as there is currently no Gastroenterology ward within the UHL footprint due to Covid-19 pandemic. This is a temporary adjustment. Ward East 4 is also the base ward for the management of eating disorder patients requiring medical input. The Ward provides Medical interventions, Physiotherapy and Occupational Therapy and discharge planning with the help of wider Multi-Disciplinary Team for adult medical patients.

Capacity

The Ward has 30 beds and is currently working at 38 bed capacity (30 Ward beds and 8 extra beds within the Annexe). The reason for the variance is that the Annexe is opened for Winter capacity and Covid preparedness.

Capacity can be restricted or increase due to bed pressures and Covid-19 management. There are concerns in relation to the fact that increased capacity has put added pressure on the Nursing Medical team. The Wards' funded establishment is for 30 beds, a temporary increase in establishment has been agreed, however it is very difficult to fill shifts.

Over the preceding 3 months, activity has been at full capacity.

Staffing

The Wards' Nursing staffing levels are:

Day - 4 Registered Nurses and 4 Healthcare Support Workers
Night - 3 Registered Nurses and 2 Healthcare Support Workers.

The Annexe requires 1 Registered Nurse and 1 Healthcare Support worker both day and night.

It's medical cover is:

3 Medical Teams

- ❖ Gastro
- ❖ Clinical Pharmacology
- ❖ Endocrine

- ❖ Consultants
- ❖ Registrar
- ❖ F1

The Ward is currently running with the following vacancies:-

Band 5 2.22 over last 12 months (1 to come in to post in July)
Band 2 2.07 (2 to come into post in April)

Increased establishment for Annexe requires 5.68 WTE Registered nurses and healthcare support workers.

This situation is alleviated by shifts requested via temporary staffing, Staff have been offered enhanced overtime. Staff shortages are discussed daily with Lead and Senior Nurses at morning huddle. Site based risk assessment undertaken and staff moved accordingly.

One Nurse redeployed from Site Practitioner service, during Covid, a Nurse was redeployed from Surgical Ward but has now returned due to surgery restarting.

In addition to the above core staffing, the Ward is also supported by Physiotherapists, Occupational Therapists, Speech and Language Therapists, Dieticians, Palliative Care, Diabetes Specialist Nurses. SHED (eating disorder team), Pharmacy, Phlebotomists, Discharge Liaison Nurses and Liaison Psychiatry for Older People (LPOP).

The Ward has had some issues with accessing LPOP support within a timely manner due to their staffing and bed pressures.

Opening/Operating Arrangements

The Wards' opening/operating arrangements are as follows:

- ❖ The Ward is open 24hrs a day split into a day and night shift.
- ❖ Mealtimes are at 08:15, 12:30 & 17:30.
- ❖ Currently visiting is by appointment only due to covid 19. Or in agreement with Ward / Deputy Sister in special circumstances.
- ❖ Access to patients / carers may be difficult during a Covid outbreak.
- ❖ The Ward also facilitates visiting for patients who are end of life, patients with cognitive impairment and patients who need assistance with nutritional needs if family want to assist.

Environmental Improvements

The Ward last had work undertaken in over 3 years ago which entailed converting an used storage area into a 16 bed footprint, 8 beds sit with East 4 and 8 with East 6.

The Annex was built in July 2020 in response to the Covid-19 pandemic.

The Ward will be requesting decorating work be undertaken.

Initiatives

Kickstart admin initiative has been introduced.

Concerns

Staffing levels are an ongoing concern. Once footprint goes back to 30 beds this should be alleviated.

Supplementary Information

The ward has been having an increased number of eating disorder patients who would have previously gone to West 1 (gastroenterology ward). The team have found that this has been challenging and a steep learning curve. However, they have risen to the challenge. Each case is complex and has a significant medical and mental health team need. However cross site management of these is not always a smooth process and there is no set pathway currently in place for admission from Mental health or the community. The SHED (Eating disorders) team is also involved in the care of the patients. The Clinical Director is in the process of organising discussions with each specialty to ensure there is a more defined pathway.

Patient Engagement

There is no TV in the main Ward. There is a Ward mobile phone and a Ward tablet, both being used for communications with families and loved ones. It should be noted that the Ward's WiFi signal is not the best and could be regarded as intermittent.

There is no dedicated quiet room for private chats, imparting bad news or for a confidential chat. In fact, as we arrived the day room was being used for a Nurse to chat to a visitor who was in some distress, meaning that the room was then out of commission at that time.

The team managed to speak to and engaged with individual patients, whose thoughts are detailed anonymously below.

Patient 1

Loves the food, the tea is too strong, but had been in the Ward over 3 months, so was fed up. Hates the early morning wake ups and finds the ward hot and noisy at times.

Patient 2

Medically fit for release. Felt like they were in prison and is still waiting for social services and the Local Authority to sort out their care package. Prior to hospital Patient 2 had three care visits a day and would happily go back to that.

Patient 3

Medically fit for release, had been in 8 weeks. Said the food was rubbish and much too salty for them. Found the Ward noisy at night, again waiting for a care package to be sourced.

Patient 4

Most staff were lovely and compassionate, not enough chairs for visitors. Not sleeping well due to noise. Didn't have a bedside locker for personal belongings.

Patient 5

Wanted company activities, so was bored. Happy with the cleanliness of the Ward. Again waiting for a care package to help them stay out of hospital.

Patient 6

Food needs improving. Ward is very noisy, staff are very good, had been in hospital for 15 days.

Patient 7

Staff need an answer phone as it keeps ringing. Not enough staff on the Ward, but those here are very hard working.

Environment

On arrival at the hospital, car parking was not a problem. It should be noted that as you leave the car park there are no signs saying 'this way' to the main entrance, assumptions are made of prior knowledge.

From the main corridor, signage to the Ward is not very clear, there is no signage indicating which direction you can find East Ward or West Ward. There is too much information on the boards, and someone with a visual impairment or dyslexia might struggle. Some of the signage is quite poorly spelled: cystic fibrosis (not Welsh version), resources, though the team managed to find the Ward easily enough.

There is no obvious reception area and a long and crowded corridor, East or West to get to the main Wards. People seemed very pleasant and smiled.

The Ward was not expecting the visiting team as they only had details of a visit in the week commencing, so what we saw was a Ward in its normal state. Ward East 4 is one of the standard Nightingale Wards, with 30 beds and a large annex of 8 beds.

This standard Nightingale Ward is on the upper floor, after travelling from the main corridor down the Eastern route, the signage is adequate to get visitors to the right area. Entry and exit are buzzer controlled.

The Ward is split into four distinct areas. The first section on initial entry has individual rooms, two toilet / shower rooms, offices and Doctors' rooms. This area is in dire need of refurbishment and reflects that its decoration has not been updated since the ward's opening.

The second section is the main Ward and again needs a complete repaint and modernisation. It was completely full, mostly of female patients each with the standard bed, chair, and privacy via a draw around curtain.

The final section at the end of the main Ward is the sister's office, two modernized toilet/shower rooms and a light and airy day room that was cluttered and could be better organised. Due to the recent weather a large noisy industrial air conditioning unit was in place.

On the left-hand side of the main Ward is a door leading to the fourth section, the Annex of two large and modern air conditioned 4 bedrooms.

One being used for occupational health needs of the patients, the other being used as a storage for walkers, wheelchairs etc. The Annex itself is modern, clean, airconditioned but is not in use, and has been decommissioned.

The patients that we spoke to praised the cleanliness and the friendliness of the Ward and the Ward cleaners. They were in evidence.

Hand gels were in evidence and were used more than once. Many staff were masked and an isolation side Ward was clearly marked as such.

There was evidence of Covid restrictions and although those were being relaxed, some elements remained – so there were very few chairs for visitors, who could be observed sitting on beds.

Staff wore lanyards and the Doctors' uniforms had their names embroidered on the chest. It might have been difficult for a patient to read those labels, but they were present.

We believe that wheelchair users and the visually impaired would not have found the interior corridor easy to negotiate because of the clutter of equipment and staff. This is probably unavoidable due to the old-fashioned layout of the Ward, but given there was an annex that was virtually empty, maybe some thought to rearrangement of equipment?

Some patients had continence issues and we witnessed one elderly patient wearing nothing but a top and a continence pad. Patients have continence aids changed on their beds and there are no arrangements even in the new bathrooms for the changing of pads. Whilst this may be common practice, it is not necessarily dignified or clean to be changing pads on beds.

It seemed that whilst the Annex was in good order, it was under-used. Meanwhile the main Ward was crowded with little space for visitors to the beds.

Maintenance was indifferent. One of the women's toilets did not have a working door closure.

Interaction with Staff

Patients referred to staff being 'run ragged'. The staffing was viewed as challenging due to the ratio of staff to patients being cared for (1 person to 7/8 patients).

Staff numbers covering the Ward both day and night provided by the Ward manager were:

- One Band 7 Nurse
- Four band 6 Nurses
- Twelve band 5 Nurses
- Three band 3 Nurses
- Twenty band 2 Nurses (over established)

The Sister's Office was small and cluttered, and it seemed that there was opportunity to mislay documents, admin help could easily rectify this.

There is limited help from volunteers, but this is related to Covid regulations. Patients referred to wishing for more people with time to chat and appreciated the cleaning and support staff who were able and willing to do this.

Staff would have benefitted from a safe water dispenser because the weather has been hot, and the Ward itself was warm.

It was reported that an Estates walk with senior staff around the Ward was expected soon, but staff were of the opinion that not much would change due to financial constraints.

It was also noted that patients going to University Hospital Wales (UHW) for appointments in clinics would be required to give the Ambulance Service at least 48 hrs notice, this causes difficulties.

It was noted that there are 17 medically fit patients still in bed, awaiting social service and home help packages before being

sent home. The longest of these patients has been on the ward for 90 days.

There is a need for another nurse to help with discharge of patients and for follow ups.

Visiting has recently been relaxed and is operating on named visitors (phoned in) allowed to visit between 2pm and 8pm, single rooms (normally very ill patients on an anytime basis.)

Summary of Visit

Positive Findings

- 1 All patients spoken to could not praise the staff enough.

Negative Findings

- 1 There was no information for family carers and when asked the question about identification of carers, the response was that carers identify themselves. Given that 17/30 patients might be described as fit for discharge. An opportunity to contact family carers and offer support that might give them confidence to take on unpaid care responsibility was being missed.
- 2 The Annex is decommissioned due to lack of staff and is a waste of rare resources.
- 3 Lack of privacy and space for confidential conversations.
- 4 The Ward in general needs total refurbishment, especially in the main patient areas.

Recommendations

1. The Ward needs urgent refurbishment, and that the layout / design should be revisited, to ensure that best use of the main ward, its smaller rooms and its Annex is utilised efficiently.
2. Provision of a quiet room for confidential conversations.
3. Provision of a water cooler for patients.
4. Urgent repairs to toilet door lock and the privacy curtain that is hanging from the ceiling.
5. Provision of extra Nurse to handle discharges and hopefully better liaison with social services and the local authorities.
6. There are concerns over the use of continence products and the ability to retain dignity. Request of patients should be addressed
7. Concern over delays in ambulance transfer for patients from UHL to UHB. The UHB to provide action plan on how they are addressing this.

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.