

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	25th January 2016
Board Sponsor:	Chairman & Chief Executive
Paper Author:	Director of Corporate Affairs
Subject:	Board Walk-Rounds & Patient-Led Reviews of Signage

Executive Summary

Board members, Executive and Non-Executive Directors visited the Emergency Department, Barry Building (Care of the Elderly), vascular and digestive diseases wards at the Royal Sussex County Hospital on 18th January. The observations made by Board members and discussions with staff and patients are reflected in the report.

At the same time, patient representatives reviewed signage on the RSCH site and made a number of recommendations to improve signage. These are incorporated in the report.

Links to corporate objectives	This report focuses on the objectives of <i>excellent outcomes and great experience</i>
Identified risks and risk management actions	Key issues and risks arising from the Board Walk-Rounds are described in the report
Resource implications	None specific to recommendations in this report
Report history	None
Appendix	None

Action required by the Board

The Board is asked to discuss the report and highlight any further issues for review.

Report to the Board of Directors, 25th January 2016 Board Walk-Rounds

Introduction

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Barry Building

The visit took place with Julian Lee Chairman, Sherree Fagge Chief Nurse and Elma Still, Associate Director of Quality. The team met with Ann Gibbins, Directorate Lead Nurse, and other senior nursing staff at the beginning of the visit. The information below was collated through discussion, observation and review of the area.

Barry Building - Ward Environment and Privacy and Dignity

The sluice and commodes were observed to be clean, although swabs and specimen pots stored in the sluices need to be relocated. The linen room also needed to be tidied, with linen waiting to go onto shelves. There is a plan to switch around two cupboards to allow more space.

The treatment room door was being propped open as security cards needed updating. Security were aware of this problem which the Associate Director of Quality will follow up.

There were dementia friendly signs on the bathrooms. However it was noted that for the hospital would benefit from additional dementia friendly signage across the hospital, and this will be explored through Charitable Funds.

It was also observed that call bells were not in reach for all patients, several oxygen cylinders holders showed signs of rusting and 3 staff had jewellery, hair or clothing not fully consistent with the Uniform Policy.

Other observations included the need for the staffing board to be updated as it showed nurse to patient ratios for the previous week. The resus trolley is to be checked daily but 3 dates were missed in the last month. There was leakage of water in the balcony side room. One of the showers in M243 was very small and difficult to get into as there was a step. The single room on the main ward, is not suitable for patients with an infection risk as there is a gap by the window.

Outstanding repair work will be followed up.

Barry Building - Safety

The nursing team and allocation of nursing staff works well such that if there are shortages they will move to different areas.

The *Right Care Right Place Each Time* programme has made a difference since being rolled out across the Barry building. Patients leave earlier from wards and some patients are now going directly home.

There are still some issues with To Take Out (TTO) medication and there can be problems with the discharge of patients if there is no social work cover. Most of the wards have an assigned Brighton & Hove based social worker, but this is not the case for East Sussex patients.

The visiting team also heard that there are staffing issues with therapists, partly due to recruitment issues.

Safety handovers happen on the ward or at the weekly operational meeting, which is a useful mechanism for learning.

Barry Building - Effective Domain

The wards are using the discharge lounge much more effectively. Discharge to assess patients are picked up at midday. Where possible, the ward is focusing on the discharge of patients before 10am.

Social workers tend to do capacity assessments for discharge but doctors will sometimes complete this too.

The team heard that Overton Ward does not have a designated consultant and at times it is difficult to get a doctor to the ward to help with discharges.

It was noted that the areas most successful with discharge are due to strong nurse leadership who see it as part of their role. Reports are generated daily which show the ward metrics on discharges.

Barry Building - Caring Domain

The team observed good patient care, and patients reported caring and helpful staff and were complementary regarding the care they had received.

Most patients were satisfied with their food, although one patient spoken to was not.

Two of the patients spoken to did say that they did not have a real understanding of their condition and treatment and the plans for their care.

Barry Building - Well-led Domain

Staffing has improved as a result of nurse recruitment locally, regionally and internationally and staff are able to access English language support if needed. There have been some excellent international recruits and retention of Philippine staff is very good. There have been a few international nurses that have needed extended supernumerary period

The ward team review complaints from patients monthly to ensure timely learning from them.

The team has also worked hard to ensure that staff receive their statutory and mandatory training. The directorate are moving to directorate study days this year which will also help to manage training.

The ward managers meet on a Friday every week and there is a Safety and Quality meeting every 2 months which is attended by the lead consultant, ward manager, matron, Directorate Lead Nurse and Clinical Director.

Emergency Department

Antony Kildare, Non-Executive Director and Spencer Prosser Chief Financial Officer visited the Emergency Department and Urgent Care Centre, observing the 'cohort area', Resuscitation, Majors 2 A, Majors 2B, and short stay ward, accompanied by the Matron.

The team was advised that improvements were in process to layout, accessibility and space.

On average across the ED around 240 patients are seen daily with an additional 88 daily in paediatrics. The Department was, as expected, busy and police were on site due to a patient who had presented in a distressed and disruptive state. On account of this it was difficult to speak with staff or patients, and not readily apparent who was in overall charge of the Department.

Trolleys and wheelchairs were located in corridors due to a lack of storage and the need for swift access at any time.

The team was advised about the nurse to patient ratios and the dedicated team of band 6s who care for the sickest patients in Resus. There is a Band 7 trauma nurse who manages the centre and staff to patient ratio is very good. The team were told that sometimes staff who have been ED trained can be demotivated if they are deployed as ward staff.

Three patients were observed on trolleys in the 'cohort' area, although the Matron advised that at pressured times, the number of patients being held in the cohort area can increase considerably. There were two chairs for those family/friends attending with a patient. The team was advised that it can be helpful to keep disruptive patients in this area as they can be observed more easily.

It was observed that patients were being provided with drinks and food but there are no proper tables or lockers in this area on which food and drink can be placed., In 2B, there are 12 cubicles but two of these were not being used due to nurse numbers.

The team was also advised that patient flow, staffing and addressing the 4 hour target (and 12 hour measure) were areas for improvement. Funding for a Nurse Consultant to develop in the role of Advanced Nurse Practitioner was perceived by staff as one way to address pressure.

Level 5 has two dedicated porters every day and the cleaning team is considered to be efficient. The department was observed to be clean and improvements have been made with the transfer of Soft Facilities Management to the Trust.

We saw the Plaudits Board which displayed thanks and praise for the staff and care received in the Department.

However the photographs of the department leaders need to be updated. TVs were also not working.

Training and appraisals were observed to be up to date for staff.

Overall, a Department was observed with a strong ethos of patient-focused care, but working with some processes that need better join up.

Vascular Ward

The vascular ward was visited by Lewis Doyle, Non-Executive Director and Amanda Fadero, Chief Executive.

The ward was observed to be busy but calm, with a good and positive atmosphere.

From discussions with staff, there was strong patient focus and staff noted the benefits from having a discharge nurse.

Drugs and medicines were observed to be all locked up with stock control in operation.

The toilets and wet rooms were clean and smelling fresh.

Feedback on the food from patients was positive, in particular the choice of courses (and fish and chips).

Patients were very complimentary concerning the attitude and quality of nursing care.

The team was told about the challenges of patients wanting to smoke and how this was proactively managed, without being judgmental.

The flexible visiting times were observed and what came across overall was good teamwork and excellent leadership from the Ward Sister, with the impression from the visiting team that they would be happy if one of their relatives was admitted as a patient on to this ward.

Digestive Diseases

Dr Farine Clarke and Michael Edwards, Non-Executive Directors and Mark Smith, Chief Operating Officer visited the Digestive Diseases Unit.

The unit was observed to be clean, calm and seemed well laid out. The separate male and female facilities were well signposted.

Staffing levels and nurse to patient ratios appeared to be good and the staff were positive. The sister gave the team a tour of the Unit and explained the different areas all of which were tidy and well organised and staffed.

It was observed that the phones were not being answered swiftly as at one nursing station the phone rang for some time until the sister picked it up. Similarly at a second nursing station a number of staff continued with their admin activities around a ringing phone without picking it up.

At the end of the tour there was a separate discussion regarding Digestive Diseases and team were told that there were no issues of concern in the nursing team but known issues in other teams have which impacted on the nursing staff.

The merits for nurses from overseas of on the job training and shadowing on the wards, versus learning in the classroom was discussed and the latter was considered to be less valuable for the department or patient safety.

There was particular concern regarding the possibility that the service might not continue to be able to train junior doctors and the scale of the challenges faced by the new Clinical Director was discussed and the support for him in his role, together

with the frequency of team meetings, with the busy surgical workload.

Many positives in patient care were observed by the visiting team. However the scale of the problem in relation to medical staff within the service was also apparent.

Patient Led Assessment of Signage at RSCH

Four volunteers from Patients 4 Patients and the Fed (disability voluntary organisation), with Deputy Chief Nurse, Clinical Director for Facilities and members of the facilities, 3Ts and reconfiguration teams undertook an assessment concerning signage across the RSCH site.

Following signage the patients were able to lead one group to the Renal Unit. The other group was taken to Surgical Assessment Unit and High Dependency Unit and were not able to find these areas using signage alone.

Key themes were identified:

1. There are far too many notices on the walls and it is therefore difficult to work out which one should be followed.
2. Different style of signs, some easier to read than others. Some signs are very out of date. Need to have one clear style for all signs.
3. Inaccuracies on the large signs that have all wards and departments e.g. Howard 1 and 2 wards – Barry building L11, it is in fact Jubilee building Levels 2 and 3.
4. Wards and Departments called different names, on signs, by staff and in appointment letters. E.g. the Renal ward is called renal ward, Trafford ward and the kidney unit. There are number of examples of this.
5. Many signs are too busy and also in too small a font for many to read easily.
6. Signs were often positioned in places that are difficult to read, obscured by doors, pillars etc.

Recommendations

1. That there is a clear Trust format and directions as to how you get signage agreed to address the proliferation of signs.
2. Immediate removal of excess signage and out of date notices.
3. Address the inaccuracies of signs
4. Agree what wards, departments and units are called.
5. Trust style for signs.
6. The formation of a group to address these issues and develop a longer term action plan to address ongoing issues that will occur over the next few years with all the building.
7. Explore possibility of way-finding volunteers and how people are directed around the site

The recommendations above will be taken forward by the Deputy Chief Nurse and Director of Facilities and Estates.

January 2016