

## ENTER AND VIEW

### Unannounced Visit

#### Royal Wolverhampton Hospital Trust Snowdrop Centre (Chemotherapy Day Unit) 7 January 2017



Part of the Healthwatch Wolverhampton remit is to carry out Enter and View Visits. Healthwatch Wolverhampton Authorised Representatives will carry out these visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand. Healthwatch Wolverhampton Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch Wolverhampton safeguarding policy, the service manager will be informed and the visit will end. The Local Authority Safeguarding Team will also be informed.

### ***Provider Details***

**Name:** Royal Wolverhampton Hospital Trust (RWHT)  
**Address:** The Royal Wolverhampton Hospital NHS Trust, Wolverhampton Road, Wolverhampton, WV10 0QP  
**Manager:** Sister McGuire  
**Date of Visit:** Saturday 7 January 2017 at 11.00am

<b>NAME</b>	<b>ROLE</b>
Dana Tooby	Authorised Representative (Lead)
Rasham Gill	Authorised Representative
Kirpal Bilkhu	Authorised Representative
Mary Brannac	Authorised Representative

### ***Purpose of Visit:***

An announced visit was carried out on 5 December 2015 due to Healthwatch receiving concerns in respect of services at the Snowdrop Centre around staffing levels at weekends and the temperature of the unit as patients waiting to be treated had complained of feeling cold.

### **Reason for re-visit (unannounced)**

On the day of the unannounced visit the Authorised Representatives found there was full staff complement.

To see if recommendations to the provider have been put in place since the last visit.

- Notice entitled '**Re: Important changes to the emergency assessment and admission pathways for our patients**' should be briefer or bullet pointed and positioned more prominently, not amongst other notices on the wall.
- Thermometers should be introduced to the unit and temperatures monitored regularly. A system should be looked into for localised adjustment of the temperature due to the patient group being treated.
- GP's should be reminded of the new A&E protocol to avoid unnecessary waiting and distress for Oncology and Haematology patients.

More recently Healthwatch had received further concerns from a service user about the staffing /management levels at the weekend therefore it was decided that a revisit would take place unannounced on a weekend.

## ***Acknowledgements:***

Healthwatch Wolverhampton would like to thank the Staff Nurse, patients, relatives and staff for their co-operation during the visit.

## ***1.0 Physical Environment***

### **External**

- 1.1 The Authorised Representatives arrived at the hospital between 10.45am and 10.55am. A bus stop was located next to the car park which had several empty spaces, disability parking and a large unused bike rack.
- 1.2 Plastic umbrella covers, a waste bin and hand wash were positioned at the entrance to the building.

### **Internal**

- 1.3 Signage was very good leading to Ward C35 (Deanesly Ward). There were no specific signs directed towards the Snowdrop Centre until entering this ward.
- 1.4 Access to the Snowdrop Centre is through Deanesly Ward and the first sign to it was located left of the main Reception area.
- 1.5 An A3 laminated poster, '**Important changes to the emergency assessment and admission pathways for our patients' Nov 2015**' was hanging from the wall on the left side of the corridor next to the Exit sign and was not immediately visible.  
  
This was the sign the previous Healthwatch visit had recommended should be placed in a prominent and uncluttered position.
- 1.6 The Snowdrop Centre has a Reception and Waiting room and the treatment area has several bays which can be curtained off for privacy with seating for accompanying visitors. The Snowdrop Centre can treat up to eighteen patients.
- 1.7 Three members of staff were in the Reception area on arrival. Two were sitting at PC stations and the third was standing between Reception and the Treatment area.
- 1.8 The Staff Nurse identified herself as being the most senior member of staff on duty; on receipt of the Healthwatch introductory letter she was friendly and welcoming and advised the Authorised Representatives to hang their coats in the staff room and wash hands.
- 1.9 The Waiting room has seating for about fifteen people, a sealed wall mounted information board, a table with cold drinks and a fan that could be used to

increase or decrease the temperature.

- 1.10 The waiting room was clean and tidy with lots of useful information around but some of it was very out-of-date i.e. a press release dated 2013.
- 1.11 The waiting room was empty throughout the visit as the booking system ensures that staff are ready and waiting for patients to arrive.
- 1.12 There were two patient toilets but the accessible one had a missing cover on the door so that the status of the room could not be changed from vacant to engaged or vice versa.
- 1.13 Two sets of hand gel were wall mounted at the Snowdrop Centre.
- 1.14 The medicine cupboard is situated opposite reception and is kept locked.
- 1.15 There were two wall mounted thermometers in the Snowdrop Centre; reception area showed 24 degrees and the digital one in the patient area showed 23.3 degrees.
- 1.16 The Snowdrop Centre was warm, clean and fresh with no unpleasant or offensive smells.

## ***2.0 Staff Numbers***

- 2.1 As it was the weekend there were three members of staff on duty: two qualified nurses and a healthcare assistant. The Staff Nurse explained that, “this was the normal staffing ratio over weekends.”
- 2.2 “A booking system is used the number of patients expected is always known and can be planned around.”
- 2.3 The Staff Nurse said, “There is a directorate -wide shortage of staff due to staff sickness or unfilled vacancies.”
- 2.4 “Bank staff are used for clinics and staff shortages when necessary.”
- 2.5 “Staff shortages are generally managed through split shift.”
- 2.6 The Snowdrop Centre seemed to be adequately staffed for the number of patients being treated.

## ***3.0 Agency Usage***

- 3.1 None

#### ***4.0 Patient Experiences and Observations:***

- 4.1 Six patients were receiving treatment on arrival and three or four more turned up during the visit.
- 4.2 All the patients spoke highly of their treatment and care.
- 4.3 Whilst most patients said, “the ward is warm enough”, one patient needed a blanket and another said, “I feel a bit cold but do not want a blanket.”
- 4.4 This patient comes in for a few hours for treatment and said, “there are enough staff, treatment and medication has been explained to me.” This patient also said, “privacy and dignity was maintained.” Although the patient did not want a blanket however felt that the room was “a bit cool.”
- 4.5 This patient is taking part in a clinical trial which allows a free taxi to and from the hospital. Treatment lasts between three and six hours each time. The patient said, “he was very satisfied with the treatment and care that is received.” The spouse agreed that the patient is made comfortable and feels well looked after.
- 4.6 A patient comes for blood transfusions and attends for support on a fortnightly or monthly basis. The patient is fully aware of the medication prescribed and said they “couldn’t speak highly enough about the unit- it is second to none.” Although normally comfortable was feeling a little bit cold and had been given a blanket. This patient went on to say, “Staff are very helpful and understanding and always ready to answer any questions. 10 out of 10.”
- 4.7 For this patient it was first time at the Snowdrop Centre and she commented “everyone was absolutely great. I thought that the temperature in the unit was fine.”

#### ***5.0 Family and Carer Experiences and Observations***

- 5.1 The family members that were spoken to all agreed that staff were helpful and friendly.
- 5.2 One relative said “Everyone is so friendly.”
- 5.3 None of the relatives were aware of the complaints process but all felt that staff were always willing to answer questions and address any concerns.

## **6.0 Catering Services**

- 6.1 Cold drinks are available in the waiting room.
- 6.2 Fluids are available throughout the day for patients and those having treatment for the whole day are given a sandwich too.

## **7.0 Staff Experiences and Observations:**

- 7.1 Supervision takes place at least on an annual basis and staff are actively encouraged to attend both in-house and external courses and training.
- 7.2 The Staff Nurse has recently attended training for chemotherapy in Birmingham.
- 7.3 The Staff Nurse said, “demand for services provided by the Snowdrop Centre is growing and that more space, staff and resources are needed to meet this demand.”
- 7.4 The Staff Nurse said, “I welcome visits from organisations such as Healthwatch as they see things with fresh eyes and can bring about change for the better.”

## **8.0 Summary, Comments and Further Observations**

- 8.1 The Snowdrop Centre (Chemotherapy Day Unit) is based within the Deanesly Centre (Ward C35). It has a specialised team of Clinical Oncologists, Medical Oncologists, Chemotherapy trained nurses and Clinical Nurse specialists providing chemotherapy, blood transfusions, platelet and line flushing for outpatients.
- 8.2 Whilst signage to Deanesly Ward was clear, the sign for the Snowdrop Centre was not as apparent as it was within Deanesly itself.
- 8.3 The laminated poster titled '**Re: Important changes to the emergency assessment and admission pathways for our patient**' was located next to the Exit sign in the corridor leading to Snowdrop Centre and was not easily seen by those entering the Snowdrop Centre.
- 8.4 There were several ways that patients were encouraged to give feedback such as Compliments, a Complaints box, Patient Advice Liaison Service (PALS) leaflets and Feedback cards and there were several Thank You cards on display.
- 8.5 On arrival and throughout the visit, the Snowdrop Centre felt warm and comfortable and the temperature was monitored using the thermometers.
- 8.6 There were no unpleasant smells anywhere in the Snowdrop Centre which was warm, clean, welcoming and had soft music playing in the background.
- 8.7 The Staff Nurse was advised of the purpose of the visit and approval was given for an Authorised Representative to take photographs of the environment (not including any staff or patients). She was then assured that the visit would be as unobtrusive as possible and would not compromise any treatment being received.
- 8.8 The Staff Nurse explained, "The patient's Consultant discusses treatment with them and explains all the treatment options. Before treatment actually begins patients are seen by a chemotherapy trained nurse who talks to them about what to expect when they attend for the first treatment, explains possible side effects and what they need to do should they experience any of these. Patients have the opportunity to ask questions, discuss concerns and to flag up any specific cultural or religious issue they may have. They are also given written information regarding their treatment and details of PALS and the 24-hour helpline. Every patient has a Treatment Care Plan and Chemotherapy booklet which is updated at each visit. Accidents and Incidents are recorded online using Datix by the Ward Manager and are dealt with by the relevant department within the hospital."
- 8.9 Throughout the visit staff were observed to be supporting patients even when it became busy. There was good interaction between patients and staff who were undertaking their duties.
- 8.10 Although thermometers had been introduced to the unit and positioned so they could be monitored by staff, it was not clear how this could be regulated for individual patients or what criteria was used for setting the temperature.

- 8.11 Whilst most of the patients said, “they were warm enough” one patient had to be given a blanket and another refused one even though the patient “felt a draught.”
- 8.12 Blankets and fans are offered to patients who are either too hot or too cold; the majority of patients who were receiving treatment during the visit seemed to find the temperature appropriate.
- 8.13 The staff nurse was asked what the process was for reminding GPs about the new A&E protocol to avoid unnecessary waiting and distress for Oncology and Haematology patients. The staff nurse replied, “I am not sure how they would be informed. My understanding is that patients are still referred to A&E at weekends and out-of-hours and that the Snowdrop Centre is contacted for advice before the patient’s GP is informed.” She suggested, “A more senior member of staff such as the Ward Manager would be able to provide this particular information.”
- 8.14 It was not made clear whose responsibility it is to remind GPs of the new A&E protocol: Royal Hospital Trust, Clinical Commissioning Group, or NHS England. Clarification is required on this issue as well as the process for disseminating this information to staff working in the Oncology department.
- 8.15 No specific staffing or management issue was apparent although increased demand for the services provided at the Snowdrop Centre would require more staff, resources and physical space.

### **9.0 Follow- Up Action:**

The following information is to be requested from the service provider:

- 9.1 The A3 notice entitled ‘**Re: Important changes to the emergency assessment and admission pathways for our needs**’ to be repositioned more securely in a more suitable place so that it could be seen by patients going into and exiting the Snowdrop Centre. An additional poster could also be located along the wall of the corridor closer to the Waiting room.
- 9.2 Explain how the optimum temperature is determined and how this is regulated for individual patients?
- 9.3 Explain whose responsibility it is to remind GPs of the new A&E protocol and what the process is for disseminating this information to staff working within the department?

**10.0 Recommendations** - The follow up actions and information requested has been provided. As it addressed all outstanding issues identified from the Enter & view visit, no further recommendations are required.

**11.0 Provider Response and Intended Action:**

- 11.1 The A3 poster had been moved after the previous Healthwatch visit to the other wall as suggested at the time of the visit. As this date is now almost two years old it may serve little benefit being on the wall as each patient is given the information at their pre assessment.
- 11.2 Optimum temperature is maintained in the range for elderly patients. Being open plan this can prove challenging and patients are asked if they require blankets etc. at the time of treatment and by the ward assistants
- 11.3 The letter was sent out via comms team to GP liaison team and distributed to all practice managers. Staff training covers the pathways for patients to ring if unwell. This will be reinforced through ward meetings.

**12.0 Disclaimer**

Please note that this report relates to findings observed during our visit made on **7 January 2017**. The report does not claim to be representative of all service users, only of those who contributed within the restricted time available.