
Aneurin Bevan Community Health Council

Visiting Report

The Royal Gwent Hospital:

D3 East Surgical Ward

August 2022



Introduction & background

As a Community Health Council, with a statutory duty to monitor and scrutinise health services, we wanted to understand people's inpatient experiences within hospitals in the Aneurin Bevan area.

As a result of the pandemic, we found new ways to keep engaged with patients in hospitals, such as calling the patient and obtaining their feedback about their stay in hospital virtually.

However, as restrictions have started to ease, the CHC is able to safely resume our visiting programme.

Our volunteer members attended the Royal Gwent Hospital for an unannounced visit on 2nd August 2022. The purpose of this visit was to establish the level of patient satisfaction, the quality and effectiveness of the hospital environment and observe staff interaction with patients.

To complete this visit, information was collected via inpatient surveys, a ward environment form and mealtime observation form.

The CHC would like to thank the Health Board for their supportive response, as CHC members attended a site hub on the morning of their visit, to ascertain which wards were safe for them to visit (no known Covid-19 patient areas).

To maintain the safety of everyone involved, CHC members carried out a lateral flow test on the morning of the visit.

The CHC would also like to thank the CHC volunteer members who took part in this exercise. Without the continued support of our members, completing exercises like this would not be possible.



D3 East Surgical Ward

Ward information:

On the day of the visit, the surgical ward located on D3 East within the Royal Gwent Hospital had a bed capacity of 30. 16 of the 30 beds were occupied. The ward had a full staff capacity consisting of three nurses, four specialist nurses and one bank or agency nurse.

Two patients were ready to be discharged during our visit, and it was reported that, on average, patients are discharged on the same day as being assessed as fit to go home. It was noted that there were no major issues with delays to discharge or transfers of care. Although, one patient had to wait 16 hours for a care package to be put in place. It was reported that this happens very rarely.

What we found:

During the visit to the surgical ward, members spent time observing the ward and speaking with patients about their experience. Three patients gave feedback.

1. The ward:

On arrival, the CHC member's identity was not checked before allowing them access to the ward.

Upon entering the ward, members reported that the nursing staff levels, staff information and information for patients/visitors was displayed. Noise levels were found to be satisfactory along with the temperature. The ward is accessible to people with mobility issues.

The patient dashboard¹ had last been updated just before the visit and showed that there had been no recent falls or Methicillin-resistant Staphylococcus Aureus (MRSA) and no reports of Clostridium Difficile (C. diff). It had been more than 500 days since

¹ A patient dashboard is usually located by the ward clerk's desk. The dashboard provides information such as recent falls on the ward, infections, number of patients on the ward, visiting times, information for patients and visitors and ward policies etc.

the last recorded incident. It had also been more than 30 days since a pressure ulcer had been reported.

Members reported that they were very impressed with the information displayed at the entrance of the ward. This information included staff details and availability, staffing numbers and the colour of staff uniforms with their names.

However, there were no information leaflets or any other literature, for example, regarding the complaint's procedure visible on the ward.

The ward was found to be very clean and organised with a lot of hand sanitiser and hand wipes readily available. There were no potential trip hazards in walkways.

Our members reported that there was signage in place for a hearing loop, but they were unable to locate it. If a patient's first language is not English, an interpreter is arranged in advance of admittance.

No tray identification system² is in place for mealtimes on this ward. However, this was not a requirement at the time of their visit.

This is a surgical speciality ward, so a volunteer service is not operated or required on this ward.

Toilets and bathroom facilities were clean and well stocked, as well as being free from communal toiletries.

Clinical waste bins and sharps boxes, which were in public areas, were closed and locked. The medication room and trolley were also locked. Patient medical notes trolleys were not left unattended or in a public area.

It was reported that the ward mostly had an adequate supply of linen, which is important as most patients require two gowns per day. The ward occasionally runs out of linen, but more is readily available from the linen room.

The quality of the linen was satisfactory and stored in a clean environment.

Fire exits were clear and fire notices were clearly displayed.

² A tray identification system can be different colours of meal trays such as; red, which would indicate a person needed extra assistance or one to one support to eat or drink.

1.1 Staff:

Staff on this ward were not gathered but readily available to patients and visitors, wearing appropriate uniform and wearing name badges.

Members were unable to identify if any members of staff were able to communicate in Welsh.

1.2 Patient areas:

As members spoke with patients on the ward it was clear that the areas around patients' beds were clean and tidy and there were no potential trip hazards. Buzzers/cords were available to the patients and there was enough room for visitors around the patients' beds.

Patients had access to lockable storage space and there was sufficient room to store their belongings.

Patients on this ward also had curtains that could close fully around them to give privacy if needed. There were also doors that could be closed to allow for privacy.

There were no medications left on patient trays or on bedside tables during the CHC visit.

Two of the three patients we spoke with informed us they were not given an information leaflet upon admission to the ward.

It was noted that there was no day room on this ward, but patients had their own electronic devices such as iPads and mobile phones. Televisions were available and were shared between bays.



Mealtime observation:

CHC members observed that there was a calm atmosphere during the mealtime and staff on the ward were ready to receive the food trolley and assist patients with their meals.

Staff maintained hand hygiene throughout the mealtime and patients were being supported into a comfortable position to eat.

The food trolley remained plugged in during the mealtime.

Two of the three patients we spoke with gave us the following feedback regarding the food on the ward:

	Very good	Good	Ok	Poor	Very poor
Quality of the food			2		
Temperature of the ward			2		
Presentation of the food			1		
Portion sizes			2		
Choice of food on the menu			2		

All patients were encouraged to use hand hygiene facilities before meals.

The patients reported that they are given a choice of where they can eat their food, and they always receive the meal they had ordered.

Patients also had access to snacks during the day and night and they felt that their water jug was changed often enough.



1.3 Patient feedback:

The patients that we spoke with on this ward told us that all staff were "*friendly and helpful*" and reported that they were able to communicate in their preferred language.

Three of the 16 patients on this ward spoke with our CHC members on the day of the visit.

Positive feedback was received in relation to staff on the ward. The patients told us that they felt staff listened to them and/or relatives when making decisions about their care.

All three patients felt that there were enough members of staff on the ward to meet their needs during the day and night.

As mentioned previously, buzzers were within reach of patients and they told us that their buzzers were working, and if used, they were responded to in a timely manner.

Patients reported that they were comfortable and had enough blankets and pillows.

Toileting needs for patients were being met and they were able to shower/wash as often as they wanted.

Most of the patients we spoke with told us that they use their own electronic devices. However, all three patients did not have access to a radio or daily newspapers.

Patients were able to access a private room/area where they could make phone calls or see visitors.

When we asked what could improve their time on the ward, we received the following feedback:

"More communication in having access to photographs and tests results etc."

"Ward temperature in hot weather."

Issues identified on D3 East Surgical Ward:

The visiting team noted that the disabled toilet on this ward was out of order and when speaking with staff, they informed us that it had been out of use for a few months.

This issue has been highlighted to the Health Board and the CHC currently awaits an update.

The visiting team observed when walking past the sluice room, the door was open, and a bucket was on the floor with towels surrounding it.

When speaking with staff about this issue, the team were informed that there is a leak in the ceiling, which had been there for around four-five months. Staff explained that there was maintenance work being carried out on the ward.

As sluice rooms are not patient accessible areas, CHC members do not enter these rooms. However, as the door was open, it was clear that there was a significant leak, which could potentially become a patient slip/trip hazard or pose an infection control risk.

This issue has been highlighted to the Health Board and the CHC currently awaits an update.

Recommendations

- 1) The CHC would be pleased if the positive comments in this report could be shared with the staff on the surgical ward.
- 2) The Health Board are asked to ensure that patients are given an information leaflet when admitted to the ward.
- 3) The Health Board is asked to consider the patient feedback regarding the temperature of the ward during hot weather and to suggest solutions for patient comfort.
- 4) The Health Board is asked to reply to the observation that there is no day room provision for patients of the ward.

5) The Health Board are asked to fix any leaks/out of order toilet facilities on the ward as soon as possible to maintain patient safety and comfort as well as infection control. In this case it is concerning that, for several months, there have been a lack facilities for patients who have a disability or mobility problems.

Contact details



Aneurin Bevan Community Health Council
Raglan House
William Brown Close
Llantarnam Business Park
Cwmbran
NP44 3AB



01633 838516



Enquiries.AneurinBevanCHC@waleschc.org.uk



www.aneurinbevanchc.nhs.wales



@Bevanhc



CIC Aneurin Bevan CHC

Appendix 1 – Equality and Diversity Survey Results

Number of people who filled in the Equality and Diversity Questions: 0

Preferred Language								
English			Other			Not answered		
0			0			0		
Gender								
Woman/ Girl	Man/Boy	Non- binary	Prefer not to say	Other	Not answered			
0	0	0	0	0	0			
Do you consider yourself to be a trans person?								
Yes		No		Prefer not to say		Not answered		
0		0		0		0		
Sexual Orientation								
Asexu al	Bisex ual	Gay	Le sb ia n	Heterose xual/ Straight	Pans exua l	Prefer not to say	Oth er	Not answ ered
0	0	0	0	0	0	0	0	0
Month and Year of birth								
Jan 1931- 2002	Feb 1943- 85	Mar 1946- 90	Apr 1945- 88	May 1942- 2003	Jun 1934- 95	Jul 1937 -89	Aug 1931 -77	
0	0	0	0	0	0	0	0	0

Sept 1939-66	Oct 1940-73	Nov 1933-91	Dec 1928-95	1953-1995	Not answered		
0	0	0	0	0	0		
Ethnicity							
Asian or Asian British:							
Bangladeshi	Chinese	Indian	Pakistani		Other		
0	0	0	0		0		
Black or Black British:							
African		Caribbean		Other			
0		0		0			
White:							
Welsh/English/Scottish/Northern Irish/British		Gypsy or Irish Traveller		Irish		Other	
0		0		0		0	
Other Ethnic group:							
Arab		Prefer not to say			Other		
0		0			0		
Religion or belief							
Buddhism	Christianity		Hinduism		Islam	Judaism	
0	0		1		0	0	
Sikhism	Atheism		No Religion		Prefer not to say	Other religion or belief	

0	0	0	0	0
Not answered	0			
Do you consider yourself to have a disability?				
Yes	No	Prefer not to say	Not answered	
0	0	0	0	

Do you look after, or give any help or support to a family member, friend, or neighbour because of a long-term physical disability, learning difficulty, mental ill-health or problems related to old age?			
Yes	No	Prefer not to say	Not answered
0	0	0	0

Are you currently pregnant or have you been pregnant in the last year?			
Yes	No	Not answered	Prefer not to say
0	0	0	0

Appendix 2

Equality Impact Assessment

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the **CHC policy/activity/report** or that it will have no affect at all

Impact	None	Negative	Positive	Comments
Protected Characteristics				
Age	x			
Disability	x			
Sex	X			
Race	X			
Religion/Beliefs	X			
Sexual Orientation	X			
Gender reassignment	X			
Marriage and civil partnership	X			
Pregnancy and maternity	x			
Other characteristics to consider				

Welsh Language			x	Reports & Surveys published bilingually
Other Languages		x		Reports & Surveys can be published in required language on request
Human Rights	x			
Poverty level	x			
Persons with dependents	x			
Rural residence	x			
Gypsy and traveller communities	x			
Digitally vulnerable	x			

Risk Assessment

Are there any risks arising from the implementation of this policy?

N/A

What measures are in place to manage or remove these risks?

N/A

Welsh Language

This document/policy/report has been assessed in line with our Welsh language requirements for standards:

- i) 37,38
- ii) 69,70,71

In coming to our impact determination, we can evidence that:

All CHC public facing documents are available in Welsh & English.

The CHC undertakes an Equality Impact Assessment for all public documents and identify them as positive for Welsh translations.

Outcome

Positive impact –

Standards 37, 38 – All public documents are produced and published bilingually in Welsh and English.

Standards 69-71 - We undertake Equality Impact Assessments for all public documents and identify them as positive for Welsh translations

Negative Impact – None

Accessible Formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.