Walkabout Summary Report

Attended	Julie Parker (Non-Executive Director) Ian Marsh (Public Governor, Ipswich) Jennifer Rivett (Public Governor, Ipswich) Jane Young (Public Governor, Rest of Essex) Luke Mussett (Membership & Engagement officer/ Chaperone)
Date	12.02.19
Visited	Rushmere Medical Day Unit at Ipswich Hospital
General appearance of the area	**Whole Unit** • Felt the area was clean and tidy. Trollies stocked and regimented. White boards up to date, organised and clearly being used. **Reception** • Observed the white boards in operation at reception as patients checked in. • There was a ceiling panel out following leak from above to allow technicians to check and to dry out cables.
Feedback from Patients/ Visitors	**Car Parking** • A Governor was asked if the Trust could look into providing more car parking across the Ipswich site. **Communication** • One patient said they had never been asked to fill out a friends and family return form. • A patient said that communication between the hospital and GPs was sometimes not as good and timely as they thought it could be. **Location of Unit** • Very positive feedback about the unit, particularly the location of it now. A patient was concerned that their visit was about reviewing the unit with a view to closing it (the group member reassured her about the purpose of the walkabout). This patient was a regular attender (every 8 weeks for several years). **Praise** • A patient liked the individual fans and felt they had been very useful in the hot weather. • Several patients stated that the unit was highly valued and the staff were good at their jobs and friendly. • One of the group spoke to a regular patient originally referred from clinic for renal biopsy. Very happy with treatment and care. Had reaction to drug so now stays overnight on pre-booked ward to have anti-emetic. Happy to talk about their situation. The patient felt lucky to have the diagnosis. They were unaware of any particular symptoms at the time, but has noticed a big improvement on energy levels since treatment began.

	• Another patient they spoke to had been attending for many years. Even though she now lived out of the area, she still attended this unit as she had confidence in the staff and her treatment. **Staffing Levels** • However, a patient did say that staffing levels had been an issue in the past, though not an issue for them on that particular day.
Feedback from staff	**Engagement** • There appeared to be a strong team approach and they were very friendly and engaged. The Admissions Co-ordinator was very enthusiastic and clearly knew her role inside out. **Location** • There was an explanation of OPAT currently with 16 home patients under community team care. Staff were pleased with savings made in financial terms and beds used. • An issue raised was the age of building but staff were very happy to be in a unit of their own and no longer having to be moved around. • A comment by staff was that they do feel a little isolated from the main wards. **Relationship with other Clinicians** • The unit is nurse led and they do not see doctors unless they are visiting 'their' patients. One wish was to have a once a week visit for an hour from a doctor. • There were no prescribing nurses on the unit so staff have to hunt down doctors elsewhere in the hospital to sign the prescriptions. • Can see how systems could be expanded and they are currently being shared as good practise with NE Essex. **Relationship with Patients** • Staff get to know the regular patients and have a vast knowledge about the patient's requirements. **Staffing Levels** • Staff were happy and generally joined and stayed with the department for long periods of their career. They were two staff down currently, but not due to low morale. There had been new staff appointments made.
General feel of the area	**Whole Unit** • Atmosphere felt welcoming, relaxed, no one seemed stressed, though it was apparently quieter than usual. • Connections between clinics and the ward seemed well organised. **Bays**

	• There was quite a positive buzz in the rooms as patients were busing themselves during their treatment – lots of reading and using mobile devices. **Waiting Room** • Waiting room looked like a cupboard.
Any additional information	**Appointments System** • There did appear to be a huge reliance on the knowledge that the person coordinating the booking has in her head. It was not obvious to us on the visit what the arrangements were in the event of her not being available for an extended period. The appointment system was a manual diary (held in reception), with letters being sent for the appointments. There was no texting etc. It was not obvious to us on the visit what the back-up arrangements were for the diary if it was lost or damaged. With this in mind, how would staff physically not on the unit know the status of appointments? **Shift Patterns** • On speaking with one of the Nurse Specialists about resourcing of the unit, the Governors were concerned to hear that between the hours of 1800-2000 there is usually only an HCA and RCN on duty. I asked if this ever caused problems if there were still a number of patients still on the unit during these hours. They recounted a recent situation where one of the patients had become aggressive, with only two staff present and there were other patients needing care. I thought this was a concern for both staff and patient safety. I believe this also reinforces the staff's concern re isolation. The mitigation in this instance was to call for security. **Arranged Maternity cover** • There were currently two staff on maternity leave and a Governor asked if these posts were covered and was told they were, but on a reduced hours basis. The Governor could not see the logic of this as it would surely put pressure on the other staff. However, this last point was not expressed by the staff members on the ward.
Comments by Department	Thank you for your visit and seeing how our Unit operates. The Unit is a very well appreciated service by our patients and it is a pleasure and privilege to get to work so closely with our patients on what is usually a very regular basis. With regards to the comments made, I have outlined some responses to these below: **Reception –** Estates are aware of the ceiling panel and plan to return to reinstate once appropriate. Communication - Due to the nature of a lot of our patients being repeat attenders, it can be difficult to meet targets as we have had complaints from patients who attend regularly being asked to complete them time and again. With regards to the patient asked who had never received one, that is unusual and I will reiterate to all staff to offer all patients the option of completing a survey

Praise – Thank you for the feedback, it is pleasing to hear and I have shared this with all staff

Staffing Levels – Staffing is sometimes a challenge and has been in the past. It appears when all staff are present we still have some gaps. We have now recruited two new members replacing existing staff, however when we have annual leave and sickness we have to outsource to Pool staff. A review of staffing has been scheduled for end of March.

Location – Being Nurse Led and away from Doctors, being further out has caused challenges. In general, there are no issues usually and all nurses are aware to escalate concerns early as a result.

Relationship with other clinicians –

There are no doctors on the Unit unless there is an emergency or unless they are undertaking a procedure/clinic with their own individual patient. It would be nice to see Doctors for the patient and staff benefit, however, due to the large number of specialities and varying consultants and teams within each one of these specialities it would be impossible to achieve a visit from each one weekly. The patients visiting our Unit still see their Nurse Specialist or Consultant for standard clinic reviews separate to their stay with us.

There are no current prescribing nurses. I as the Ward Sister have expressed an interest in undertaking the course as it would be of great benefit to have someone able to prescribe and amend incorrect prescriptions – in order to improve efficiency and in emergency scenarios. I am awaiting the outcome of my CPD bid for this.

Waiting room – The waiting room and the staff room in particular are not great for patient/staff experience and both rooms are not ideal. There is not currently any room for these places to be expanded or improved.

Appointments System – There is a large reliance on a daily basis on our bookings diary and Charlotte, our Admissions Coordinator, is a large resource. I also feel she is not quite paid appropriately for the large amount of work she undertakes or that at times, there is not the admin support for her and as a result for the Nurses on the Unit. In the instance that our booking diary went missing, a list of all our patients would be on Lorenzo and we would be able to print each day's list off. There is no current texting/email booking system in place.

Shift Patterns – I have raised concerns regarding there being only 2 staff on duty past 6pm for both safety of staff and for patient safety in deteriorating circumstances. Currently we have two staff on duty in order to deal with any medical emergency and to call for help from other Wards nearby (above us in Maternity Block) or to escalate early to Hospital Coordinator/Doctors. We try where possible to ensure all patients are no longer on IV infusions after 6pm and that they are waiting their standard observation time post infusion. This is not always possible.

Maternity cover – It is correct that there are two staff on contracts whilst their counterparts are on maternity leave. These contracts are not like for

	like replacement hours and are on a reduced hours basis. This has been difficult, particularly when there were already staffing gaps. **Additional points –** Rushmere/OPAT/PICC service has grown in size however we are now at the point that we are unable to accommodate much more despite several departments wanting to refer to us due to capacity issues. Having a larger site would enable more referrals could be taken, departments for elective procedures could be accommodated and prevent inpatient beds being required and better facilities for waiting room/staff rooms etc could be completed.