

Enter and View

**Ward 2A, Gloucestershire Royal
Hospital**

5th February 2026

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About Healthwatch Gloucestershire

Healthwatch Gloucestershire is the county's health and social care champion. As an independent statutory body, we have the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care.

We're here to listen to your experiences of using local health and care services and to hear about the issues that really matter to you. We are entirely independent and impartial, and anything you share with us is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

Healthwatch Gloucestershire is part of a network of over 150 local Healthwatch across the country. We cover the geographical area of Gloucestershire County Council, which includes the districts and boroughs of Cheltenham, Cotswold, Forest of Dean, Gloucester, Stroud, and Tewkesbury.

What is Enter & View?

One of the ways we can meet our statutory responsibilities is by using our legal powers to Enter and View health and social care services to see them in action. During these visits we collect evidence of what works well and what could be improved to make people's experiences better. We do this by observing the quality of service, and by talking to people using the service, including patients, residents, carers and relatives.

Enter and View visits are carried out by our authorised representatives who have received training and been DBS (Disclosure and Barring Service) checked. These visits are not part of a formal inspection process or audit.

This report is an example of how we share people's views, and how we evaluate the evidence we gather and make recommendations to inform positive change, for individual services as well as across the health and care system. We share our reports with those providing the service, regulators, the local authority, NHS commissioners, the public, Healthwatch England and any other relevant partners based on what we find during the visit.

Details of the visit

Service visited	Ward 2A, Gloucestershire Royal Hospital
Visit date	5th February 2026
About the service	<p>Ward 2A is one of three Trauma and Orthopaedic wards located in the Tower building at Gloucestershire Royal Hospital. ward 2A was closed throughout the Covid pandemic and opened in 2023. The Ward Manager has been in post for the last 2 years. Ward 2A mainly supports patients with 'standard' trauma. Admissions are unplanned, and patients most often arrive through the Emergency Department. There are 29 beds on the ward, including the Annex. Patients can be all age (over 18) but predominantly elderly. There are 4-6 beds per bay and side rooms (single occupancy). The Annex operates differently as it is a specialist Spinal Trauma ward. The ward (and Annex) is managed by a Ward Manager with a team of 5 Registered General Nurses (RGNs) and 5 Healthcare Assistants (HCAs) on shift during the day, which is reduced by one at night. All 3 Trauma and Orthopaedic wards are overseen by one Matron.</p>
Purpose of the visit	<p>The visit falls within a programme of visits to Gloucester Royal Hospital planned by Healthwatch Gloucestershire. These visits reflect our current priorities, alongside our statutory obligation to conduct regular visits. The Trauma and Orthopaedic wards were chosen based on public feedback received by Healthwatch Gloucestershire and an opportunity to look at how patient experience might vary across different wards all supporting a similar patient body. The timing of this visit took place during what is widely known as 'Winter pressures' of the health and care system, which provided an opportunity to observe how quality of care and treatment may be affected during these times.</p>
How the visit was conducted	<p>The Hospital was told about the visit in advance, so they were expecting us. 2 Healthwatch Gloucestershire team members visited the ward on 28th January to introduce themselves and bring in posters for the hospital to advertise the visit taking place on 5th February. To visit all 3 wards in one day, a visiting</p>

	team of authorised representatives was recruited from our volunteer group (7) and 2 Healthwatch staff.
Authorised Representatives	Lucy White (Lead Representative), Sarah Brooks, David Pugh, Fred Ward, Debs Andrew, Kim Tuck, Helen Thackway, Jo Storey, Harry Russell.
Disclaimer	This report relates to this specific visit to the service, at a particular point in time, and is not representative of all service users, only those who contributed. This report is written by the Lead Enter and View 'Authorised Representative' who carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

To visit all three wards in one day on the 5th February 2026, it was carried out across two 'sessions'. One between 10am and 2pm and one between 2.30pm and 6.30pm with a team of 6 on each. This means that not all volunteers visited all three wards.

Approximately 2 hours was spent on each ward, and we were on ward 2A between 10am and 12pm. We were warmly welcomed by the Matron, Ward Manager and staff.

Information was collected from observations of patients and staff on the ward. Conversations were also carried out with staff, patients, relatives, ward managers, and the Matron against a selection of questions. This was done in pairs.

The team spoke to the 7 staff members, 14 patients, one relative and a representative of the British Red Cross who was visiting as part of their ongoing role in supporting safe discharges from hospital.

Team discussions took place at regular intervals to review and collate findings to agree upon recommendations.

Key findings

- Overall, the patients gave positive feedback about staff on the ward regarding communication and encouraging them to do as much as they could for themselves.
- We heard mixed feedback about food quality but generally people felt they had choice. One person said that her preferences were rarely met.
- The relative we spoke to was positive about the care being provided to their loved one, however as they are not local, they had been unsure how to establish communication with the ward and found it difficult to obtain information about what was happening over the phone.
- Therapy boards were often not completed which would have been beneficial for people with communication needs.
- We found low awareness of Martha's Rule/Call for Concern amongst patients.
- Staff reported feeling supported and enjoying their jobs, but some described pressures through short staffing/ sickness and not always being able to give all patients the time they would want to.
- Use of the Clinical Governance Board was very positive, demonstrating a continuous learning and improvement culture.
- There is a lack of clarity regarding the information placed on walls – what is the purpose and who is it intended for. Although we heard that the information provided is in part determined by the ward itself, we also heard that patients move between wards so they may benefit from some consistency in places e.g. staff photos.
- We noticed clocks on the wards but nothing detailing the day and date.
- A key issue arising from staff and patients was discharge – it can be difficult to draw doctors away from other specialties to come onto the ward to assess patients so they can move on. There are also issues with bed space in community hospitals, care homes and home care packages. Decisions about discharge are made outside of the ward but it is the responsibility of the ward to manage patients' and relatives' expectations.

Recommendations

- Consider renaming 'Therapy board' to 'My board' or 'This is me'. Although we heard that this was the responsibility of the Therapy team, our volunteer team felt these could be used by the wider team to document communication needs and basic likes and dislikes of the person. This could address issues around food preferences and ensure better personalisation and continuity of care.
- Consider developing a one page 'In patient' guide: to include how to complain, information on Martha's Rule, meals, different roles of staff with pictures of uniforms e.g. navy is in charge.
- Given the mobility difficulties of patients on the ward, posters on Martha's Rule could be put up in the bays as well as main corridor so they are more visible.
- Review who the information on walls is intended for and adapt the language accordingly e.g. if for patients, be mindful of using acronyms and clinical information unless there is some further explanation or signposting being provided.
- Alongside the A6 visitors cards, given the unplanned nature of admissions and relatives not always being local or having other responsibilities during the day, consider how early communication with relatives could be improved. Similarly, if there are issues around gaining consent to share information, how is this clearly communicated to relatives who may be in a heightened emotional state e.g. having a named person to speak to about their loved one or arranging a suitable time to be able to speak to someone about their relative's care and how they should expect to be involved in conversations about discharge and on ward care where appropriate.
- To further improve staff culture on the ward, alongside the monthly newsletters, consider incorporating regular staff team meetings for sharing information and building team bonds.
- Clocks which include the date and day should be put up in bays and Reception areas to help orient people to time and place.

Recommendations within hospital

- Consider the role of a Clinical Nurse Educator to provide specialist training to staff on the Trauma and Orthopaedic wards. If not this, it would be beneficial, to explore opportunities to invite staff to education sessions on specialist subjects. that take place on medical wards.
- Review how effectively communication between the Integrated Flow Hub and staff on the individual ward is working to meet the needs of the patient and improve patient experience. Patients and relatives/carers should be included in this.
- Having a named person to communicate to patients and relatives about discharge would better enable their involvement in decisions and support coordination of on ward care arrangements. This could be a non-clinical role.
- Give a discharge pack to patients and relatives. This could simply be two sides of A4: Planning your Discharge from Hospital: a Guide for patients, families and carers. It could include details of a named contact (this could be a blank space and an appropriate name written in) and telephone number; aims (discussing discharge as soon as you arrive to avoid any unnecessary delays when you are well enough to leave); description of process; having open conversations; involving your family; options for on ward care; supporting your recovery etc.

Observations and findings

Arrival and reception

- We received a warm welcome from the Matron, Ward Manager and staff, who were aware of our visit and its purpose. The team found staff approachable and very positive.
- Sufficient designated Blue Badge parking.
- There is ample car parking space in the Tower car park.
- The doors to the wards are kept shut and only accessible using key fob access. Therefore, visitors are let in and out by staff on the ward.

Information

- A notice board at the entrance was well laid out with not too much information.
- There was information provided on walls about conditions such as Diabetes, Pressure ulcers and kidney injury. We were informed that this information is provided by the link nurses.
- HWG volunteers appreciated the information provided on the Clinical Governance Board which included staff training statistics and projects that the ward were currently working on to make improvements. However, our volunteers questioned how relevant the information was to patients and visitors.
- A staff rota was observed but no staff photos visible on the ward for patients and visitors.
- Martha's Rule posters were added to notice boards in walkways but not within bays.
- A poster promoting our Enter and View visit was visible.
- Some information seemed unclear e.g. a 'ward of the week' poster from a couple of years ago and a 35% rating. We saw a 5 star cleanliness rating but it had become out of date.
- However, it was not clear to our volunteers who the audience was meant to be for some information which used medical language and acronyms. We heard that information presented on the ward could vary depending on this but also what themes the ward themselves had identified.
- Therapy boards above the patient beds were often incomplete, even when a patient had been on the ward for several days/ weeks. We observed people on the ward with communication needs that could have benefitted from this. When we asked about this, we were informed that this is the responsibility of the Therapists rather than the ward staff.

Physical environment

- No unpleasant odours or strong smells.
- Clocks were observed in bays, but nothing detailing the day and date. Several patients told our volunteers that they were unsure of how long they had been on the ward as they can lose track of time. There was no hearing loop.
- Generally the ward and toilets were clean. We noticed a staff member mopping the floor in one of the bays.

- Curtains were pulled around beds to preserve dignity and privacy of patient's receiving care and treatment.
- Some potential hazards or obstacles (e.g. use of mobile work stations, a defib machine blocking access to patient information leaflets) were observed.
- The building itself is old and bears signs of its age, although seemingly in generally reasonable repair. Building renovations are expected in 2026.

Interactions

During our visit we observed interactions between patients, relatives and staff on the ward.

We noticed jovial and friendly conversations between patients and a staff member offering hot drinks and biscuits.

A staff member engaging with a patient and gaining consent before taking their blood pressure.

Two staff supporting a patient with mobility difficulties in a sensitive way, encouraging her to use a Sara Steady.

A relative speaking to a staff member about their dad's care.

Patients involved in chatting with each other in a friendly manner within bays.

What people told us

Patients

Communication

Generally, patients described good communication within the ward. We heard that one person's surgery had been delayed so they were still waiting for it, but she felt they had kept her informed about what was going on and listened to her. Others who had recently been admitted spoke about being respected and involved in decisions. Another person had been on the ward for 3 weeks and expected to be there for another two weeks. She explained this wasn't a surprise as she was told it would be a long stay.

However, one person told us that "on the whole the staff are very good" but they had heard staff being "off hand" with some elderly patients which they found upsetting.

Patients were encouraged to do what they could for themselves. One person said she had a walking frame which enabled her to be independent in using the bathroom. Patients are supported to get out of bed and into a chair during the day. One person declined to do this as the chair next to her bed was not big enough for her to sit in comfortably. The nurse present at the time said that they would ask the physiotherapist to speak to her as they can provide the right equipment.

Reporting concerns

Patients reported feeling able to raise concerns. We observed positive interactions between some patients on bays with one patient telling us in a friendly manner that she was the “boss” and if anyone in her bay had an issue, she would make sure it was heard. One person told us they would be a bit disturbed at night, but this was “to be expected”.

Visiting hours

Patients appreciated flexibility around visiting times.

“I am having my first visit from a friend this afternoon”

Admission and discharge

Admissions are unplanned. We spoke to one patient who had spent two and a half days on a corridor having come into the hospital through the Emergency Department. The person described this experience as being very challenging for staff who needed to be able to manage a lot of different people with potentially complex needs and mental health needs. She was pleased to then get to a ward. Some patients were not aware of when they were expected to be discharged so felt that they had the right amount of information at this time in terms of what was going on. Another person we spoke to was waiting for discharge and told us that he was really missing his wife who has care needs. He said that he knew he would require care at home and believes this is what is delaying him leaving hospital. He said he never sees a doctor which he would like to do, but the staff on the ward are very supportive.

Annex

We spoke to two patients in the Annex who were having day surgery. They were both very happy with the staff who explained what they were going to do and were supportive.

Martha’s Rule

Only one patient was aware of Martha’s Rule, although with some prompting about what it was, a couple of other patients were familiar. Every other patient was not aware of it.

Food

One person who hadn't been able to eat so far that day said it was "Jolly nice food" and another person told us they had the "best sausages, mash and gravy ever".

However, one person we spoke to said that they don't always get what they ordered.

While on the ward we observed hot drinks and biscuits being offered and patients having a choice.

Family and relatives

A daughter told us that her dad had been on the ward for nearly 2 weeks and she was happy with the care given. Her Dad was brought in as an emergency, so she understands the priority was to treat him and make him stable but has since struggled to understand the process of communication, from initial contact and gaining consent to getting updates on her dad. She said that when she rang the ward everyone had been very pleasant, but no one ever seemed able to give her any information about what was happening with her dad. This made her feel she had to travel on a weekday morning to make sure she was able to catch someone to give her an update. She had prepared questions she wanted to ask. Her other family members were only able to visit on a weekend when they may not be able to get this information in person. We observed this interaction from a distance and afterwards the daughter said that she had found the staff member very helpful. They are now awaiting a care plan around discharge but having relevant conversations.

We noticed that the ward has an A6 sized card available for visitors which details the ward visiting times and phone number, as well as advice about the best time to ring the ward. Our volunteers thought this was a good touch, however, it requires visitors to have already visited the ward in person to be able to pick one up.

Ward staff

Staff reported 'loving' their jobs. Staff we spoke to had been working on the ward between one and 32 years.

Staff felt supported by the team and the management and felt they had enough supervision and training for their job roles. An HCA we spoke to had been able to access additional training for her role to develop her skills and practice. Staff felt confident to raise concerns, whether personal or on behalf of patients. They were aware of the monthly staff newsletter and commented that they can see how issues are being addressed through the feedback it provides. There are no regular staff meetings though, which one said they would find beneficial.

The Band 6 nurse felt confident to escalate issues through to the Ward Manager and Matron when needed.

We heard about pressures impacting on staff through short staffing/ sickness that meant they didn't feel able to give patients all the time they wanted to. Staff working in the Annex reported feeling like they have more 1:1 time with patients as they are fewer in number.

Staff were aware of Martha's Rule

Delays with discharge was an issue for staff as well as patients. We heard that it was challenging to draw doctors away from other specialties to come on the wards to assess patients so they could move on e.g. where their needs would be better met on a different specialist ward or on ward care in the community. Another issue was bedspace in community hospitals, care homes and care packages. There was a feeling that these decisions are made outside of the ward, but it is the responsibility of the ward to manage the expectations of patients and relatives, especially if someone's discharge pathway has changed due to presenting need. We heard that staff on the ward do a lot of advocating for patients when chasing to find out where things are or how long things will take.

While we were on the ward a member of the British Red Cross arrived at the desk. They are able to support with some discharges, particularly where people require transport to get home. They reported a positive relationship with the ward.

Ward manager

The Ward Manager was a visible presence while we were undertaking our visit. She has been the Ward Manager for the last 2 years and has been focusing on improving patient safety and developing a positive staff culture. A current area she is working on is supporting some staff back into work who have been on sick leave. She said that the development of a monthly newsletter has helped improve communication and shows that issues that have been identified are being addressed. Staff 'huddles' take place away from bays so they can't be overheard by patients. Another thing they have worked on recently to improve patient experience on the ward is producing a bag for patients on arrival which contains things like lavender, an eye mask and ear plugs to aid more effective sleep over night. These were observed on patients' tables during our visit.

Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the Matron, ward Manager and all staff, patients, their families and visitors for a friendly welcome and unlimited access to the premises and activities.

Stakeholder response

Sarah Mather and Adam Curtis, Divisional Director of Nursing, Surgical Division and T&O Matron

We would like to thank staff and volunteers from Healthwatch Gloucestershire for their visit, observations and recommendations (outlined within their reports). The staff across the Trauma and Orthopaedic wards valued the time the volunteers spent discussing the wards and care provision. As a speciality the 3 inpatient wards are both keen and committed to quality improvement for both the patient and relative experience. We recognise that being in hospital can be a daunting time for all involved and that as a service we have a privileged and vital role in making sure patients and families are afforded a high quality and safe service.

As a team, we appreciate all the feedback and recommendations provided within the reports and have made sure all staff across the multi-disciplinary team have access to them. We look to work on all recommendations to support the ongoing improvements to our service. Please, find enclosed our response which will form part of an action plan for the speciality.

Recommendations	Response
1) Consider renaming 'Therapy board' to 'My board' or 'This is me'. addressing issues around communication needs and ensure better personalisation and continuity of care.	Thank you for your feedback, we recognise the value of the Therapy Boards in supporting personalised communication and enhancing patient experience. While the board title cannot be changed due to it being pre-printed, we have reminded all staff of the importance of using the boards consistently and appropriately, including the magnetised signs. Compliance will be monitored by the ward

	management team and during Matron's rounds over the next three months.
2) Consider developing a one page 'In patient' guide: to include how to complain, information on Martha's Rule, meals, different roles of staff with pictures of uniforms e.g. a navy is in charge.	Thank you for your feedback, since the visit we have implemented a 1-sided a4 documents that is on every bed space. This documents clearly details how patients and relatives can escalate any questions or concerns they may have. We will continue to monitor the experience of our patients and relatives through our Friends and family feedback, compliments and complaints data to look for improvements.
3) Given the mobility difficulties of patients on the ward, posters on Martha's Rule could be put up in the bays as well as main corridors so they are more visible.	<p>Thank you for your feedback, we have ensured that posters on Martha's Rule are now displayed in all patient areas and are clearly visible.</p> <p>We have also introduced some training on Martha's Rule across all T&O wards for staff as a refresher, this will be completed in the next two months.</p> <p>We will also review the Martha's rule data within the trust and whether that has been in increased number of calls in T&O since the interventions.</p>
4) Review who the information on walls is intended for and adapt the language accordingly e.g. if for patients, be mindful of using acronyms and clinical information unless there is some further explanation or signposting being provided.	<p>Thank you for your feedback, we have reviewed all wall displays across the three ward areas to ensure information is current, relevant, and written in clear, accessible language without unnecessary acronyms.</p> <p>We continue to monitor this within our monthly matron checklists.</p>
5) Given the unplanned nature of admissions, consider how early communication with relatives could be improved. Similarly, if there issues around gaining consent to share information, how is this clearly communicated to relatives who may be in a heightened emotional state E.g. having a named person to speak to about their loved one or arranging a suitable time to be able to speak to someone about their relative's care	<p>Thank you for your feedback. We appreciate that having a loved one admitted into hospital can be a worrying time for relatives.</p> <p>To support early communication with relatives, the bedside information sheet now includes details of who to contact for updates. The name of the allocated nurse for each bay is also communicated to patients. All teams have been reminded of the importance of discussing discharge plans at the earliest opportunity.</p> <p>We will measure this through our friends and family feedback for each ward.</p>

<p>and how they should expect to be involved in conversations about discharge and onward care where appropriate.</p>	
<p>6) Clocks which include the date and day should be put up in Bays and Reception areas to help orient people to time and place.</p>	<p>Thank you for your feedback, we appreciate the benefits to our patients having clear sight of both the day, date and time.</p> <p>Each ward is in the process of purchasing clocks showing the day, date, and time to further support patient orientation we are aiming to fully install these by the end of April 2026. We will continue to monitor the benefits through our Friends and Family feedback.</p>
<p>7) Consider the role of a Clinical Nurse Educator to provide specialist training to staff on the Trauma and Orthopedic wards.</p>	<p>Thank you for your feedback. As a specialty we recognise and actively support the development of all our ward teams. Currently the development of staff is predominantly delivered by the ward management team alongside the Advance Nurse Practitioners.</p> <p>While we recognise the value a dedicated Clinical Nurse Educator could bring, there is currently no funding available for this role. We will look to raise this within the division as a risk in April.</p>
<p>8) Review how effectively communication between the Integrated Flow Hub and staff on the individual ward is working to meet the needs of the patient and improve patient experience. Staff, patients, advocates, and relatives/carers should be included in this.</p>	<p>Thank you for your feedback. We appreciate that discharge planning can be challenging for patients and families. The Trust is reviewing Integrated Flow and Onward Care processes, and we remain committed to ensuring a smooth and informed discharge experience.</p> <p>We will convene a meeting with the specialty MDT in the next 3 months to explore the development of a Trauma & Orthopaedics-specific discharge pack to complement the Trust-wide documentation.</p>
<p>9) Give a discharge pack for patients and relatives.</p>	<p>Thank you for your feedback. As with the above recommendations we will plan a meeting with members of the speciality MDT to discuss creating a speciality specific discharge pack. Currently we use the Trust wide document of informing patients and families about the discharge process. We do, however, recognise the benefits of an additional speciality specific document.</p>

10) To further improve staff culture on the ward, alongside the monthly newsletters, consider incorporating regular staff team meetings for sharing information and building team bonds.

Thank you for your feedback. To strengthen staff engagement and team culture, we are implementing a consistent communication approach across wards, including weekly catch-ups and digital updates, we are committed to ensuring staff feel informed, involved, and supported in delivering high-quality care. We will ensure that this is fully implemented within the next 3 months and monitor the improvement through our staff survey.



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