

Enter and View

**Ward 3A, 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 3A, Gloucestershire Royal Hospital
Visit date	5th February 2026
About the service	<p>Ward 3A is one of three Trauma and Orthopaedic wards located in the Tower building at Gloucestershire Royal Hospital. Ward 3A mainly supports patients with hip fractures. Admissions are unplanned, and patients most often arrive through the Emergency Department. There are 30 beds on the ward. Patients can be all age (over 18) but predominantly elderly. Most patients are women as they are more likely than men to experience hip fractures. There are 4-6 beds per bay and side rooms (single occupancy). One bay on the ward is male where the other 3 are female. Ward 3A also includes a therapy room where people can practice using stairs and preparing meals, for example. The ward is managed by a Ward Manager with a team of 5 Registered General Nurses (RGNs) and 4 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</p>

	visiting 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 3A between 1pm and 2pm and 2.45pm to 3.45pm. 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 4 staff members, 14 patients and 3 relatives.

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.
- The relatives we spoke to gave mixed reviews about the care being provided to their loved ones. Negative feedback was based around some staff not being understanding about the needs of a patient with a hearing impairment, and being unsure about the discharge process and how they should expect to be involved.
- 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, however did not always feel they were able to provide as much time as they would like to patients.
- Use of the Clinical Governance Board was very positive, demonstrating a continuous learning and improvement culture.
- We heard that the ward would benefit from access to a Clinical Nurse Educator (the type employed on other medical wards) giving access to specialists. For example, diabetes.
- 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, some of which detailed the day and date.
- Some areas of the ward appeared quite dark and 'stuffy'.
- A key issue arising from staff and patients was discharge – 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 the communication needs of someone with a hearing impairment 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.
- Given the unplanned nature of admissions, 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 onward care where appropriate.
- Clocks which include the date and day should be put up in all bays and Reception areas to help orient people to time and place.
- Look into additional lighting for dark areas and ways to increase ventilation.

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. Staff, 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 onward care arrangements. This could be a non-clinical role such as a Discharge/Patient Flow Co-ordinator.
- Start conversations early to manage expectations of both patients and those who may well be part of the solution to a successful discharge (and avoiding failed discharges/re-admissions).
- 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 onward 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

- Information on visiting hours was displayed at the entrance of the ward.
- There was information provided on walls about conditions such as dementia which was well displayed with an appropriate amount of information. However, some boards were blank. We were informed that they had previously had information on which is provided by the link nurses.
- HWG volunteers appreciated the information provided on the Clinical Governance Board which included staff training statistics, projects that the ward were currently working on to make improvements, and recent incidents that were learning opportunities for staff. However, our volunteers questioned how relevant the information was to patients and visitors.
- We observed a 'You said, we did' board that included a couple of examples of responding to patient feedback.
- Staff names, roles and photos were on display on entry to the ward and in the therapy room.
- 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
- Information on some posters was presented in multiple different languages.
- The ward had a 5-star cleanliness rating poster that was in date.
- 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 mostly 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.

Physical environment

- No unpleasant odours or strong smells, however an issue around ventilation was raised. A patient found the ward 'stuffy' which was reflected by volunteers.
- There were some quite dark areas that could benefit from additional lighting.

- Clocks were observed in bays, some including the day and date, but not visible to all patients. 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. No hearing loop.
- Generally the ward and toilets were clean – some walls appeared a bit worn with damaged paint and smears of leftover blue tac for example. A hand washing sink on bay A was blocked.
- Potential hazards or obstacles (e.g. use of mobile work stations) 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.
- Valentine’s day decorations were visible.

Interactions

- During our visit we observed interactions between patients, relatives and staff on the ward.
- A patient who had never been in hospital before engaged in a friendly manner with a nurse taking some observations.
- A patient was being supported to eat her lunch by a staff member.
- A ‘communal lunch’ was taking place on our arrival. Tables had been set up in one of the bays so that the patients in that bay could sit around the table together to eat, talk and play games with each other. A family member had also been included in this. The communal table moves between bays each day. We spoke to a patient who had experienced the communal lunch the day before who appreciated the effort staff had made to make it like a ‘tea party’ and she enjoyed playing games with the other women and “talking about our husbands”.

What people told us

Patients

Communication

Patients were generally positive about communication from staff on the ward. One patient who has been on the ward for two months told us that the staff were helpful and very supportive. They have also felt informed throughout about their

treatment. Others felt that if they needed anything, they could press the call button and staff would come.

“Wonderful friendly nurses”

Patients felt encouraged to do what they could for themselves. One person spoke about being aware that the equipment she needed to mobilise would ‘upgrade’ as she became stronger. A patient who had never been in hospital before told us that she had been treated very well and couldn’t ask for anything more.

Reporting concerns

Patients felt able to raise concerns if they needed. Staff were responsive to the call bell. We did hear from one person that the ward could be ‘stuffy’. They also found it difficult to sleep as it was noisy and “no air”.

Visiting hours

Patients appreciated flexible visiting hours for their relatives. One person told us they had “plenty of visits”, while another explained that her friend had been able to visit her for the first time today. She said her friend had been very worried about her having a fall and needing surgery, but as she had been able to visit her today and see her getting better, it had put her friend’s mind at rest. She also said that her daughter has a very high powered job and was able to get both the doctor and the physio to see her when she came to visit.

Admission and discharge

Admissions are unplanned. Some patients we spoke to 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. Future plans would depend on how they recovered. Another person we spoke to was very aware that she was just waiting for a bed to become available in a Community Hospital, but she did not know when this would be, and it might not be close to home as it would depend on wherever a bed next became available. She expressed frustration that she has never spoken to the ‘decision maker’ about this as decisions are made away from the ward. She felt that they needed to communicate more with patients directly, so they knew exactly what their needs were.

Martha’s Rule

None of the patients we spoke to were aware of Martha’s Rule.

Food

Patients are asked individually what they would like and offered choices, including the size of the meal too. One person told us that they could choose to have a large meal, a small meal or a child's meal. They appreciated being able to have a small portion which was just right for them. The medication they are on can make them feel unwell when eating but they know they must eat to keep their energy up to do physio etc. They said that the food wasn't necessarily what they would choose to have at home but understood the complexity of catering within a large hospital. Another person told us they were unable to eat food at the moment due to health conditions. They were looking forward to having a meal but were currently getting nutrition through Fortisips.

Patients reported that hot drinks and snacks are offered throughout the day.

Family and relatives

In general, the relatives that we spoke to felt that their loved ones were well cared for, however there were some specific issues arising.

A relative explained that their loved one has a hearing impairment and feels that staff don't always listen to this. They have tried to ask questions, but if they are complex, staff say they will find out but don't always come back. They observed that there are staff continuity issues and have concerns that staff therefore do not have a good understanding of their loved one's needs, especially at night time e.g. if the patient stands up, it relieves their pain, but this doesn't seem to be understood. Our volunteers reported this to the Ward Manager at the time who responded positively to the feedback.

They also explained that they don't know who to speak to about discharge and this is the first time they are doing this as a relative.

"I don't know what I need to do, what to expect. What options are there for discharge. It's not clear who to talk to – that's why I have asked to speak to ward manager".

Another relative said they had observed some staff with English as Second Language not speaking English around their relative. They were concerned that this was uncomfortable for their loved one as he doesn't understand what is going on and it impacts trust between the patient and staff. Hearing English spoken with an accent could also be difficult for their loved one to understand at times, so they felt that having staff check his understanding during and after an interaction would be beneficial.

Visiting times are flexible which is helpful for relatives who have a long way to travel.

A further relative told us that staff respect patients highly and they always feel listened to.

One relative commented that their loved one “could have more physio”. Their loved one has dementia and gets confused, and they said they had initially found it difficult to get the full picture. But now this has improved and “we’re on top of it – the communication is good now”. They said they enjoy the social event of eating lunch around a table with others.

Ward staff

The staff praised the Ward Manager for having an open-door policy to discuss needs. Teamwork was described as ‘incredible’. Staff felt they had enough supervision and training for their job roles and felt confident to raise concerns, whether personal or on behalf of patients.

One staff member said that they sometimes felt that they could not spend as much time with patients as they would like.

All staff were aware of Martha’s Rule.

Delays with discharge was an issue for staff as well as patients. Issues highlighted were lack of 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 patients and relatives expectations, 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.

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 patients and relatives expectations, 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 throughout our time on the ward. She spoke to our volunteers about being aware of having to strike a balance between spending time completing paperwork on the computer and being with patients.

We heard that they have a weekly team meeting on Fridays to sit and have a cup of tea together and discuss issues to develop best practice. However, she did acknowledge that at busy times, it is not always possible to fit this time in.

She felt that the ward would benefit from access to a Clinical Nurse Educator (the type employed on other medical wards) giving access to specialists. For example, diabetes. If not a Clinical Nurse Educator, then she thought that having an invite to education sessions that take place on medical wards on specialist subjects would be beneficial for staff. She said that an open invitation is given to other wards from this surgical ward for this kind of learning.

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
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>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>	<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>
<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</p>	<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>information unless there is some further explanation or signposting being provided.</p>	<p>We continue to monitor this within our monthly matron checklists.</p>
<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 and how they should expect to be involved in conversations about discharge and onward care where appropriate.</p>	<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>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</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</p>

<p>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>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 specialty specific document.</p>




healthwatch
Gloucestershire

Healthwatch Gloucestershire
The Vassall Centre
Fishponds
Bristol
BS12 2QQ

www.healthwatchgloucestershire.co.uk

t: 0800 652 5193

e: info@healthwatchgloucestershire.co.uk

 [@HealthwatchGlos](https://twitter.com/HealthwatchGlos)

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