Enter and View

Ward 3B, Gloucestershire Royal Hospital

5th February 2026

Neighbourhood health and wellbeing insights – April 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 and 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 3B, Gloucestershire Royal Hospital
Visit date	5th February 2026
About the service	Ward 3B is one of three Trauma and Orthopaedic wards located in the Tower building at Gloucestershire Royal Hospital. Ward 3B mainly supports patients with 'complex' trauma. Admissions are unplanned, and patients most often arrive through the Emergency Department. There are 29 beds on the ward. Patients can be all age (over 18) but predominantly elderly. There are 4-6 beds per bay and side rooms (single occupancy). Two bays on the ward are male whereas as the other two are female. Compared to the other two Trauma and Orthopaedic wards, 3B appeared to have the most diverse patient group in terms of age and gender. 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.
Purpose of the visit	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.
How the visit was conducted	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 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 patients, 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 3B between 4pm and 6pm. 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. Individuals in side rooms required barrier nursing which we were advised not to visit.

The team spoke to 5 staff members, 13 patients, 3 relatives and one support worker providing 1-1 support to a patient with care needs.

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

Key findings

- Overall, patients gave positive feedback about the majority of staff on the ward. However, we heard that concerns were not always dealt with in a timely way. IT issues also impacted on this in relation to medication.
- We heard mixed feedback about food quality but generally people felt they had choice.
- The relatives and carers we spoke to gave mixed reviews about the care being provided to their loved ones. Negative feedback was based around concerns not being listened to and a lack of communication on admission.
- 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.
- 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 but nothing detailing the day and date.
- The shower room was full of shower chairs making it in inaccessible. This also raises a question of where these would be stored while people are showering and if they are being stored in the shower room when not in use, there could be a hygiene issue.
- A key issue arising from staff and patients was discharge - getting doctors on the ward was a challenge and other issues highlighted were 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 communication needs 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 bays and Reception areas to help orient people to time and place.
- Consider alternative storage solutions for shower chairs when not in use. We understand that there is renovation work due to take place in the Tower Building over the coming years which provides an opportunity to try to address this issue.

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, willing to engage 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

- There was less information provided on the walls on 3B compared to other wards. This was a deliberate decision by the Ward Manager to avoid overloading patients and visitors.
- 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.
- We observed a 'You said, we did' board that included a couple of examples of responding to patient feedback.
- No staff photos on display, Ward Manager decision.
- Martha's Rule posters were added to notice board 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.
- It was not always 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.
- One poster advised patients and visitors that staff could be wearing cameras. The Ward Manager explained that V&A (violence and aggression) could be an issue, and this means calling for assistance from security staff.
- 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.
- The walls were typically clear. The Ward Manager explained that the ward had been flooded/plumbing issues and therefore had been redecorated. She wanted to keep it in a good state.

- 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.
- Generally the ward and toilets were clean.
- Potential hazards or obstacles (e.g. use of mobile work stations) were observed. The shower room was full of shower chairs making it in inaccessible. It was noted that the shower chairs could be removed to enable a person to shower if they requested one, but that raised the question of where these would be stored while a patient is showering and if they are being stored in the shower room when not in use, there could be a cleanliness issue.
- 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 staff member supporting a frail patient to the bathroom, giving them time and reassurance.
- Staff preserving privacy for a new person arriving on the ward by pulling curtains around.
- Staff engaging with a person with complex care needs while supporting them to the bathroom and speaking with their support worker.
- A jovial interaction between a patient and staff while taking physical observations.

What people told us

Patients

Communication

Patients reported mixed experiences of engaging with staff on the ward, mostly describing them as "kind, caring and considerate," however, a couple of patients reported specific concerns about a minority of individuals. "Some are rude… not listened to about how I feel… is the minority of staff though". Similarly, another

person said “some staff are good, some have a bad attitude. My favourite member of staff is not here today. He is lovely.”

Patients told us that they were encouraged to do things for themselves. “I like to get out and about using a trolley. Staff always know where I am and keep an eye on me.” However, things can be ‘monotonous’ for those who are less mobile as they only have the TV. There appeared to be a friendly feel amongst patients who enjoyed having a laugh together:

> “Met some nice patients and we’re going to keep in touch.”

Reporting concerns

Several patients we spoke to had reported issues but felt that there were delays in having their needs attended to. For example, one patient told us she had spoken to the doctor at 10am about a dressing that was leaking and was told that someone would look at it, but now it was 4pm and no one had come. She also spoke about being in a lot of pain but if she raised it, she was asked to wait for the nurses to do the meds round so she could ask for it then, but not knowing when that would be.

Another person explained that they “ask questions but don’t get answers”.

”They do their best. They are hard pushed. If I call, I have to wait a while.”

A further patient described seeing the doctor being like seeing “Father Christmas” and felt that the physio support was not appropriate – “5 minutes and no information about whether they will be back the next day or what the next steps were. He had two broken feet so explained it was painful to have any physio at all.”

An issue was raised about recording medication using the IT system. One person explained that the “nurse disappeared for an hour collecting medication and said computers were the problem.”

We heard mixed experiences about the night shift as one patient reported a member of night staff not being responsive with a bed pan which caused him embarrassment as they were left to “deal with it”. On the other hand, another patient told us that they found the night team more responsive and recognised that this was perhaps because it was less busy overnight.

Admission and discharge

Admissions are unplanned. One person explained that they needed to be transferred to Gloucestershire Royal Hospital from Southmead in Bristol. He said that his medication was lost during the transfer and poor communication meant he had no pain killers for 8 hours while in severe pain. He said that once in a bed on the ward though, things improved. 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.

Martha's Rule

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

Food

We heard mixed feedback on meals.

"The food is excellent with good choice."

"The food is very good, I clean my plate." This patient said they wanted to use food service when they go home.

"A good selection which is read out if needed. Good portions"

"Some of it is awful. Inedible. Just want normal food."

Family and relatives

Similarly, we heard mixed feedback from relatives and carers about their experiences.

We spoke to a Support worker who was providing 1-1 care to an individual with complex care needs in the ward. She explained that the patient has no relatives involved but the care team have been fully involved in her treatment while on the ward. Communication with staff has been "faultless". She said that the ward has been very accommodating given that the shift times fall outside of visiting hours and they need to be let in and out at 7am and 10pm most days. There are challenges around the patient's discharge due to the number of professionals involved but this is expected, so there were no concerns to raise at this time.

Another relative said that the "staff respect patients highly and always feels listened to."

However, we also heard from a relative who said they felt like their loved one was lost in the system and there was a lack of communication when they were first admitted.

Another relative felt it wasn't until she 'kicked off' that she thought staff took her concerns seriously when she questioned her husband's treatment. When we spoke to her, her husband was due to be discharged yesterday but there had been a mix up with his TTO meds so they couldn't leave. She did say that she had prepared a complaint that she was going to give to the matron and PALS.

Ward staff

Staff enjoyed their jobs and working across different bays to get different experiences.

“I like to help patients and make them happy”.

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.

A trainee told us that she had received amazing support and couldn’t thank the team enough. They said they were never left unsupervised doing procedures such as removing stitches. Good communication from the team too.

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 bring doctors on to the ward. 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.

Ward Manager

The Ward Manager was a visible presence on the ward while we were carrying out our visit. She explained that she tries to balance time on the ward with time in the office on the computer. She likes to lead by example e.g. doing meals on the bays. She commented on the good team work with Ward managers on 2A and 3A.

She explained that it is ward staff’s responsibility to have conversations about discharge with patients. Discharge is ‘longwinded’ with various departments involved including the Integrated Flow Hub, site team and onward care team. It would be helpful for the ward to receive feedback on why referrals they have made have been rejected by the Flow Hub so that there is an opportunity to learn. They may get a call from the site team to say a bed is available in Cirencester and the patient has to go so that the bed on the ward can be released. However, this is a difficult conversation to have with the patient if the patient doesn’t want to go. It is challenging, and they can feel alone and caught in the middle. In response to being aware of these issues, she is planning to do a discharge display in the ward for patients and visitors.

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.

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.	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. 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. 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.
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.	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. We continue to monitor this within our monthly matron checklists.
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	Thank you for your feedback. We appreciate that having a loved one admitted into hospital can be a worrying time for relatives. 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. We will measure this through our friends and family feedback for each ward.

and how they should expect to be involved in conversations about discharge and onward care where appropriate.	
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.	Thank you for your feedback, we appreciate the benefits to our patients having clear sight of both the day, date and time. 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.
7) Consider alternative storage solutions for shower chairs when not in use. We understand that there is renovation work due to take place in the Tower Building over the coming years, which provides an opportunity to try to address this issue.	Thank you for your feedback. Regarding storage, we acknowledge the challenges across the ward areas. Where shower stools are stored in shower rooms, staff have been instructed to remove them before patient use to reduce trip hazards and improve accessibility. A Trust-wide working group is reviewing storage solutions across the Tower Block. A clear plan will be finalised within the trust in the next 3 months.
8) Consider the role of a Clinical Nurse Educator to provide specialist training to staff on the Trauma and Orthopedic wards.	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. 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.
9) 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.	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. 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.

10) Give a discharge pack for patients and relatives.	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.

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