healthwatch Gloucestershire

Enter and View

Gloucestershire Royal Hospital: Respiratory Unit

September 24th 2025

Contents

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, 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	Respiratory Unit, Gloucestershire Royal Hospital
Visit date	September 24th 2025
About the service	The Respiratory Unit was established in 2020 in Gloucestershire Royal Hospital, after the facility moved from Cheltenham Hospital. It is situated in the Tower Block. The unit has a capacity of 56 patients, over two wards (8a &8b), with each ward having a manager. The beds accommodated in both bays (5-6 beds per bay) and side rooms (single occupancy) across the two wards.
Purpose of the visit	The visit falls within a programme of visits to Gloucestershire Royal Hospital planned by Healthwatch Gloucestershire. These visits reflect our current priorities, alongside our statutory obligation to conduct regular visits. The respiratory unit was chosen as it reflects diversity within the patient body and various entry points (e.g. transfers from A&E and other wards, planned and emergency entry) that may contribute to variation in patient experience.
How the visit was conducted	The Managers of Wards 8 a & b were informed of the visit 10 working days before arrival. The visit date was announced, and the dates given was September 24th - 25th 2025. A visiting team of authorised representatives, was recruited from our volunteer group (3) and 4 members of Healthwatch also undertook the visit on the 24th and the Team Lead presented the findings to the Manager on 25th.
Authorised Representatives	Pete Harper (Lead), Lucy White, Fred Ward, Cathy Kirwin, Suzie Compton, Beth Foster, David Pugh
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 'Lead Representative' who carried out the visit on behalf of Healthwatch Gloucestershire.

Visit overview

Length of Visit: 24th September 2025, 10am - 7pm

During this time, we collected observations of patients, visitors, management and staff, in all the bays on Ward A & B. Interviews with patients were conducted exclusively in bays, with side rooms inaccessible due to risk of contagion.

The team were on ward from 10am-7pm. This was divided into three sessions:

10.00 - 2.00 (Team size 4)

2.00 – 5.00 (Team size 4)

5.00 – 7.00 (Team size 2)

The team on arrival began observations and interviews, this was done in pairs. Every hour the team convened to discuss progress. This pattern continued through the three shifts

On 25th Pete Harper met with Ward Manager (Dani Brooks) and delivered preliminary observations and recommendations.

The Team interacted with, and interviewed, 9 members of staff, 16 patients (a further 5 patients were approached but declined to participate or were unavailable) and 4 relatives.

Key findings

Points Arising from Visit

Ward overview

- Overall, staff and patients highlighted a positive culture and experience on the ward, enabled by the ward management leadership and consistency within the staff team
- Patients with experience of other wards rate ward 8 as better. One remarked it was due to 'the level of care and staff'

Discharge

- Issues around discharge were raised by staff who recognised that there can be delays when onward care in the community is needed, however, one member of staff considered that the situation has been improving over the last year.
- Patients who had been readmitted to the ward (3 out of a sample of 16) felt that they had been discharged too early. This is raised as a patient perspective rather than a judgment of care provided or discharge procedures.
- One of the four relatives we spoke to said they would prefer earlier involvement in patient's care and discharge processes.

Information provision

- Information overload on noticeboards. It was noted that the notice boards on the ward contained a lot of information including leaflets about a wide number of health conditions, and it was not always clear who the audience for the information was for. For example, noticeboards containing information about treatment pathways using clinical language and acronyms. Some posters on walls did not contain corresponding information such as how many staff were on shift.
- On exiting the lifts on floor 8, the signage for visitors/arriving patients is not clear.

Meeting individual and cultural needs

- Menu: There is a specialist menu to meet cultural requirements, however this was described as restrictive, repetitive and little choice. The food was 'hit and miss'; comments ranged from good to poor.
- Deconditioning was recognised by staff and management as an issue: we were told that people are encouraged to participate in movement and activities with specialist support (physio & OT). The manager commented upon the increasing emphasis on preventing or improving the impact of deconditioning throughout the hospital and 'work' was being conducted in this field.
- We found very little use of hospital passports/ What Matters to Me folders although the staff that were aware of them spoke very positively about how these can be applied. However, patients commented that they felt able to communicate their needs to staff on the ward.
- Martha's Rule (known as Call for Concern at Gloucestershire Hospitals NHS Foundation Trust): We found staff had good knowledge of this, however less amongst patients. We observed a poster promoting Martha's Rule on the nurses' station; however, this may not be accessible to all patients. Although these posters were not obvious on the bays.

Recommendations

- Ward management on ward 8a and 8b to consider how they share best practice with other wards.
- Discharge was observed as a complex issue. Given the staff perception that improvements have been made over the last year, reviewing how procedures and challenges have changed would be beneficial.
- The ongoing management of chronic conditions and admission/ discharge processes could benefit from documenting "What Matters to Me" discussions on the ward which would involve patients, and relatives where appropriate, especially for people requiring ongoing support in the community and those at risk of readmission. This could help the discharge process and handovers between services, potentially identifying the right kind of community support more quickly and reduce the likelihood of repeat admissions or people feeling they were discharged inappropriately.
- Find out from patients and relatives (where appropriate), as soon as feasible after admission how and when they want to be involved.

- Consideration is given to the space given over to patients and relatives information, including signposting. Review who the information 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. Where information on posters is not being completed, review whether these are necessary.
- Improve signage in lift area, using more prominent signs directing to 8a and 8b.
- Consider how to signpost patients, so their perspectives on food and drink can be directed back to relevant catering staff.
- Continue collaboration with hospital-wide deconditioning focus group and implement findings.
- Staff to proactively share information on Martha's Rule (Call for Concern) with patients and relatives. The three core components being:

    1. Patients will be asked, at least daily, about how they are feeling, and if they are getting better or worse, and this information will be acted on in a structured way.
    2. All staff will be able, at any time, to ask for a review from a different team if they are concerned that a patient is deteriorating, and they are not being responded to.
    3. This escalation route will also always be available to patients themselves, their families and carers and advertised across the hospital.

Observations and findings

Arrival and reception

- Warm welcome from staff, who were aware of our visit and its purpose. The team found staff approachable and very positive.
- Sufficient Designated Blue Badge parking
- Ample car parking space
- Signs exiting lift and arriving on 8th floor can be improved (bigger, more visible)

- 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 considerable information on wall space, some for patients and visitors, but also for staff requirements. The notice boards on the ward contained a lot of information including leaflets about a wide number of health conditions, and it was not always clear who the audience for the information was for. For example, noticeboards containing information about treatment pathways using clinical language and acronyms. Some posters on walls did not contain corresponding information such as how many staff were on shift and who was senior staff, and cleaning rotas were not completed.

Physical environment

- No unpleasant odours or strong smells, ventilation seemed appropriate
- The building itself is old and bears signs of its age, although seemingly in generally reasonable repair. Building renovations are expected in 2026.
- Potential hazards or obstacles (e.g. washing floor and unloading deliveries) were observed, these were undertaken with warnings (e.g. caution wet floor signs) and immediate removal of trolleys, equipment and rubbish after task completion.
- Mobile work stations utilised throughout ward were inobtrusive.

During our visit we observed interactions between patients, relatives and staff on the ward. Two key observations are noted below.

Observation of interaction (1)

A vulnerable male patient with dementia wandered off from his bed and attempted to leave the bay. A member of staff intercepted him and was supported by colleagues. The situation was handled sensitively and without causing stress or disruption.

Observation of incident (2)

The team observed interaction between staff member and distressed visitor. Within minutes the visitor was reassured and visibly less stressed about the situation.

What people told us

Patients

Staff appeared to engage with patients in a professional and friendly manner. ‘Staff are very respectful. I know if I have an issue I can talk to staff’ (respondent). The team also commented on staff patient interactions as being ‘very good and very positive’ and staff noted for being proactive and approachable.

Patients felt generally secure and cared for by staff: ‘I’m so blown away with how good the staff are it’s humbling’; ‘I get on quite well with the nurses. They’re very helpful and do their best. Very friendly.’

However, it was commented by some that quality of staffing could vary between shifts and there were some specific examples where patients did not feel that that all staff are as friendly (3 respondents out of 16). For example, one respondent noted that one evening while watching TV a ‘member of staff turned off TV without asking first’. The same respondent also commented ‘day staff are very different – very helpful, encouraging and supportive’. Two respondents also mentioned experiencing a member of staff being ‘abrupt’ and ‘not friendly and never smiles’.

Many patients hadn’t heard of orange folders/health passports, and staff who were aware of them recognised benefits of their use, however, we heard they were not often utilised. In Gloucestershire, the "What Matters to Me" folder is a tool used in personalised care for people with long-term conditions to document what is important to them beyond their health.

Also, most of the respondents had not heard of Martha’s Rule (known as Call for Concern locally), although all were confident in discussing situation with staff and could identify staff to call upon, if required.

Three patients had been readmitted to the ward (out of sample size of 16), whom all believed they were discharged too early. This is raised as a patient perspective rather than a judgment of care provided or discharge procedures.

Food was an issue for half of the respondents: ‘Food is a bit hit and miss. Some of it is a bit strange’ ‘coffee lukewarm and tasteless’. A second respondent said ‘I don’t look forward to meals’. However, the range of opinion was large and other respondents were satisfied with meals. While there is a specialist menu to meet cultural requirements, this was described as restrictive, repetitive and little choice.

Visitors (Family & Friends)

Overall visitors were satisfied with care given, appreciative of the ward staff and pleased with visiting arrangements:

'Staff are very engaged with the patients and easy to speak to, if you have concerns.'

'Very happy with the staff – they listen to you and react positively'

One out of the four relatives we spoke to, who was a nurse by background, said they would prefer earlier involvement in patient's care and discharge processes.

Staff

The experience of staff respondents ranged from several years through to new trainees. A selection of doctors, nurses and healthcare staff were interviewed. Team members found colleagues to be friendly, supportive and professional.

All staff enjoyed working on the ward, and they found the work challenging. Positive aspects that were cited by the majority of respondents include:

1. Teamwork with colleagues - 'good relationships'; 'colleagues are brilliantly supportive, that's why I came back'.
2. Local management - 'I have a very good ward manager and we have an effective appraisal team'.
3. Training provision, support and appraisal procedures.
4. The importance of personalised care was commented upon - 'personal care is very important – getting to know patients is essential'; 'we always ask patients about their background, so that we get to know them as individuals'.

The ward environment was regarded to be impacted by cutbacks and the nature of the work: 'there are changes, particularly cutbacks, which means the frontline staff are more pressurised'.

Discharge is challenging for staff who commented that it was 'frustrating finding a social care package' and 'challenging finding support'. One member of staff considers the situation has been improving over the last year. Staff find teamwork essential especially when staff capacity is an issue.

Manager

The Manager gave an overview of the history of the Unit since it was transferred to the Gloucestershire Royal Hospital in 2020, including the restructuring of the Unit in 2023, and the introduction of the role for Matrons.

In replying to the question: 'What are you most proud of?' the immediate reply was 'the team'. Indeed, the Manager highlighted her biggest challenge is 'balancing best practice with the welfare and well-being of the staff'. This is accomplished by good communication. Meetings for clinical issues are frequent and regular. Well-being is also supported with staff 'coffee and cake' events and a monthly staff newsletter.

With regard to communication with patients the emphasis is on personalised care and staff building relationships with the staff. This allows for best care and an environment where 'the culture is about sharing complaints. Dealing as soon as possible with prompt and appropriate responses to patients and/or relatives.

Deconditioning was seen as an issue, but one where improvement is being made. The manager is a member of the hospital-wide deconditioning focus group. On the ward, physio and OT staff attempt a 'culture shift' for patients and inform staff of best practice.

A current issue for management concerns changes to acquiring bank staff, with new procedures and processes in place.

Acknowledgements

The Healthwatch Gloucestershire Enter and View team would like to thank the Directors, management and all staff and patients for a friendly welcome and unlimited access to the premises and activities.

Provider response

Gloucestershire Hospitals NHS Foundation Trust

Ward response to recommendations

We thank Healthwatch Gloucestershire for their observations and recommendations provided within their report and for taking the time to review our service. As a ward, we remain committed to continuous improvement, ensuring a safe, high-quality service providing the highest standards of care for our patients. All feedback is appreciated and will be incorporated into our ongoing service development and to improve the experiences of our patients and staff.

Recommendations	Response
1) Ward management on ward 8a and 8b to consider how they share best practice with other wards	We recognise the learning that can come from sharing best practice and currently attend the recently established Ward Managers forum. This is held monthly and we will continue to attend to support our own learning as well as share successful initiatives in our area. Additionally, we have recently joined the newly established Extended Leaders network which has a wider membership across the organisation. We will be attending those sessions too when they are planned. Both meetings are excellent opportunities to share learning and good practice across the organisation and so we commit to continuing our active involvement in these.
2) Discharge was observed as a complex issue. Given the staff perception that improvements have been made over the last year, reviewing how procedures	The multidisciplinary team on the Respiratory Unit has joined the Clinical Vision of Flow Team who have been participating in the 'Mechanism to Accelerate Patient (MAP) moves' Pilot to support Timely Hospital Processes (THP) using the Nottingham Model. This involves

and challenges have changed would be beneficial	multidisciplinary collaboration of regular review and feedback to refine discharge processes. Feedback on the Pilot is sought from both the nursing and medical team. Each week as Ward Managers we meet with a multidisciplinary team across the medical division to discuss and address procedures and challenges with discharge and flow and this will be continuing. The Clinical Vision of Flow Programme will be continuing into 2026/27.
3) Consider increased documentation of "What Matters to Me" discussions on the ward which would involve patients, and relatives where appropriate, especially for people requiring ongoing support in the community and those at risk of readmission. This could help the discharge process and handovers between services, potentially identifying the right kind of community support more quickly and reduce the likelihood of repeat admissions or people feeling they were discharged inappropriately 4) Find out from patients and relatives (where appropriate), as soon as feasible after admission how and when they want to be involved	As a ward we strive, as part of our everyday care, to have conversations with our patients to understand what matters to them and this is documented in our electronic patient record. We recognise the complexity of care and discharge planning. Staff are encouraged to have early conversations with patients and relatives/carers on admission to try to get a better understanding of potential support needs and goal setting. We will encourage the wider multidisciplinary team to use the above the bed boards to capture patient specific information that they may not always be able to communicate such as 'Tea with two sugars & enjoys listening to radio four' Alongside the therapy team we will also encourage staff to utilise above the bed boards to identify specific rehabilitation goals that will be easily visible to both patients and care givers / relatives. As Ward Managers we recognise this effective communication will support a positive patient

	experience and aim to avoid unnecessary delays on discharge or avoidable re-admissions. We will continue to encourage our nursing team to do so and ensure any feedback or concerns raised regarding discharge planning are addressed at the daily multidisciplinary board round and appropriate referrals made. These actions have been taken with a review planned in quarter 4 2025/2026.
5) Consideration to be given to the space provided for patients and relatives information, including signposting. Review who the information 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. Where information on posters is not being completed, review whether these are necessary.	We are grateful for Healthwatch's feedback regarding the display of information on the Respiratory Unit. Whilst displaying Clinical Governance and Teaching information for staff is important, we recognise it may be overwhelming for patients and visitors. Since receiving the feedback, we have created headings to ensure we clearly display the targeted audience for the specific information. We display a lot of patient information in the form of leaflets and will look to ensure display boards and leaflet racks are headed for the intended audience. Leaflets and posters will also be regular reviewed to ensure relevance and removed or updated as necessary.
6) Improve signage in lift area, using more prominent signs directing to 8a and 8b.	There is planned improvement work throughout the Tower Block and this feedback will be passed on to those involved.

	We will also look to see if we can implement anything as an interim measure and will commit to doing so during 2025/26.
7) Consider how to signpost patients, so their perspectives on food and drink can be directed back to relevant catering staff	The Respiratory Unit is working with the Trusts Nutrition and Hydration Group to improve both areas of practice within the Trust. The feedback provided by Healthwatch will be shared with the group during the next monthly meeting on the 20th November 2025. Patient feedback is always well received and helps to shape the initiatives and changes being proposed within the Trust. On discharge all patients receive the opportunity to provide feedback via the Friends and Family Test. We work with patient assessors as part of our participation in the Patient Led Assessments of the Care Environment (PLACE) which has a 'food' domain. As part of this, assessors are asked to provide feedback on the food provision and assessors are welcome to have a conversation with patients as part of PLACE. As an organisation we are committed to delivering PLACE Lite at least three times a year to further support our insight into patients' experiences.
8) Continue collaboration with hospital-wide deconditioning focus group and implement findings.	We recognise the positive impact promoting a focus on de-conditioning can have on our patients in addition to both the acute and community services. We are committed as a ward to continuing collaboration with our multidisciplinary teams to implement findings and further improve practice. We are committed to continuing our involvement in the de-conditioning improvement work.

healthwatch Gloucestershire

Healthwatch Gloucestershire
The Vassall Centre
Gill Avenue
Bristol
BS16 2QQ

www.healthwatchgloucestershire.co.uk
t: 0800 652 5193
e: info@healthwatchgloucestershire.co.uk
@HealthwatchGlos
Facebook.com/HealthwatchGloucestershire