

## Healthwatch Wirral Enter & View Visit Report

**Place of Visit:** Wirral Surgical Assessment Unit (SAU), Arrowe Park Hospital, Upton, Wirral- part of Wirral University Teaching Hospitals NHS Foundation Trust

**Address of Visit:** Arrowe Park Road, Upton, Birkenhead

**Service Provided:** Surgical Assessment Unit for patients referred from A&E, and GP's

**Date and time of visit:** 11th June 2014, 16.30pm

**Name of Contact at service:** Ward Sister

**Names of Authorised Representatives:**

Heather Ward (Lead) Tricia Harrison. Staff member - Elaine Evans, Project Officer.

All Healthwatch volunteers displayed their badges and the organisation received confirmation of DBS checks registration and authorisation.

### 1.0 General profile of the service that was Entered and Viewed

The unit consists of 12 acute admission beds with a 4 bedded ambulatory care triage area It provides surgical assessment to patients referred from A&E and General Practitioners.

A number of outpatient clinics are also run in this area on Monday and Thursday.

### 2.0 Purpose of visit

To verify service user feedback ✓

LINK Legacy

Responding to a request from a services regulator or commissioner

Responding to a request from the service provider ✓

Incoming Concern/complaint

Familiarisation

Other

### 3.0 The type of Enter and View Visit undertaken:

Unannounced visit ✓                      Announced visit

#### **4.0 Methodology**

The visit is not designed to be an inspection, audit or an investigation of the service, rather it is an opportunity for Healthwatch Wirral to get a better understanding of the service by seeing it in action and talking to staff, service users and carers/relatives. Healthwatch Wirral seeks to identify and disseminate good practice wherever possible. However, if during a visit Healthwatch Wirral identifies any aspects of a service that it has serious concerns about, then these concerns are to be referred to the appropriate regulator or commissioners of the service for investigation or rectification. Any safeguarding issues identified will be referred to the Local Authority for investigation. The rectification of less serious issues may be directly with the service provider.

#### **5.0 Findings and Observations**

We were warmly greeted by the Ward Sister who had been very recently appointed to her role. Because it was an exceptionally quiet day on the unit she had time to spend Healthwatch Wirral authorised representatives. She outlined the process for patients being admitted to the unit. Patients coming in from A&E already have a management plan and GP referrals are triaged by a nurse and Foundation Year 1 doctor (F1). All clinical observations such as BP, pulse etc are usually completed by the time the patient is seen by the F1. Staff check on patients periodically and this is called 'patient focus rounding'. Patients are administered medication to control pain, offered drinks or meals when appropriate and updated on their progress. If a patient has been waiting a considerable length of time staff do their best to escalate their consultation with a senior clinician. On occasions, a consultant who is running a clinic may be asked to see a patient as senior clinicians are not usually available until around 5pm. Patients, especially GP referred, have different expectations on how long they will be waiting to be seen. Some are told to 'pop' up to the unit and some referrals are not appropriate and could have been dealt with in the community.

Patient capacity is very different each day with Monday, Thursday and Friday being very busy. This can prove to be difficult for staff as staffing levels are the same each day.

The unit has an on call consultant on duty at the weekend.

Sister informed us that she was looking for ways to improve the ward routine, and ultimately the patient's journey. In the short time she had been on the unit she had identified certain areas which were of concern to her, and with the agreement of the staff, intended to make changes that would avoid repetition and unnecessary practices, which hopefully would ultimately make the unit operate more efficiently. She was aware of the outstanding issues, and was keen to address them. She felt supported by senior staff and was not afraid to voice any concerns. She also wanted to assure us of how hard the staff worked, and often under very difficult circumstances.

Points raised were:-

- Are GPs referrals appropriate, and is it certain GPs who refer more than others?
- When clinics are running the waiting area is very busy.
- Patients' expectations of unit.
- Staffing levels on busy days.
- Availability of senior clinicians.
- Clinical support for F1 Doctors.
- AAU (Acute Assessment Unit) has a designated consultant but SAU does not.

### Environment

At the time of our visit it was extremely quiet with only 3 patients in the unit. The unit was clean and tidy and patients were being offered meals. Staff appeared to be organised and attentive to patient needs.

### Patient Feedback

One patient said that they had been offered pain relief and had their hydration checked.

### **6.0 Safeguarding**

Safeguarding issues were identified. Yes No

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

If any safeguarding issues are identified during a Healthwatch Enter and View the Local Authority will be notified on the same day as the Enter and View visit.

### **7.0 Conclusions**

Addressing the points raised in our discussions with the ward sister, our conclusions were as follows;

- The waiting area can be very congested at busy times, especially when clinics are running.
- It would appear that patients, when being referred by GPs do not gain the correct impression of the unit, and perhaps don't realise that they will have to wait to see an appropriate doctor or consultant. Is there an education issue here for GPs?
- Monday, Thursday and Friday are known historically to be busy.
- Senior clinicians are not normally available to see patients until around 5pm.
- F1 doctors do not have the experience of Consultants or Registrars when it comes to making decisions. This may lead to patients having an unnecessary long stay on the unit.
- Patients are often waiting a considerable time before they are seen by the Consultant or Registrar.

Healthwatch Wirral authorised representatives felt that it would be appropriate to revisit the unit again in 6 months' time. This would give the newly recruited Sister and the Trust the chance to introduce changes and review any proposals for the department. After having discussions with the Ward Sister, Healthwatch Wirral representatives felt assured that changes would be made and an improvement would be seen within the department.

## 8.0 Recommendations including Trusts response in blue.

- Could clinics that are run in this area be relocated, thus reducing the number of people in what is a small waiting area?

Clinics run on ESAU as we have no capacity in the outpatient area. Moreover the clinics run more effectively from ESAU due to effective planning and communication between consultant and nurses.

We have recently separated the clinic waiting area from GP admissions area, which will provide more space and clear division between the two groups of patients.

- Could GP's be made aware that patients will have to wait to see a Consultant therefore patients' expectations will be more realistic?

We are in process of producing a leaflet for patients explaining what to expect when they are admitted to ESAU via their GP, which will give patients reassurance as well as an idea of what to expect when admitted to ESAU.

Matron will arrange a meeting with Helen Dare ( manager of the walk in centre) to facilitate the communication to all GPs that GPs need to explain to patients that they might have to wait for a senior doctor or Consultant for their review.

- Could staffing levels be increased on busy days?

We have our daily staffing meetings to assess the staff and patient ratio on all clinical areas and depending upon clinical need, we allocate our staff accordingly.

We have recently reviewed our staffing on ESAU and increased the trained nurse cover from 16:00- 02:00 hrs, which tends to be busiest time of the day. We also have increased clerical support on the unit to maintain effective communication and patient flow.

- Would the introduction of an extra mid-day ward round by the Consultant be a way to address the problem of patients waiting a long time?

We have Listening into Action (LIA) sessions fortnightly with Mr Masters (consultant) and recently it was decided that the Consultant will review all GP admissions at 13:00 hrs and if it gets busier any earlier, then the nurse co-ordinator on ESAU is to escalate to the Consultant on call.

An emergency business case has been forwarded to the executive team and is awaiting approval which will provide all day consultant cover, which will address the long waiting times for patients. It will also facilitate a better patient flow.

- Would it be beneficial to employ a clinical nurse specialist to assist the F1 doctors?

2 Advanced Nurse Practitioners will be working on ESAU from September to covers days as well as weekends to review admissions and initiate the treatment plan alongside the F1. This will provide reassurance to patients and will expedite all the diagnostics, which will help Consultant on call make effective and quick decisions for the patient.

- Could the Trust employ a designated consultant for the unit?

The Emergency business case is awaiting executive approval, which will facilitate the appointment of four emergency consultants to provide designated Consultant cover for all day on ESAU.

- To reduce patient waiting time would it be possible for the Consultant and his team, who are responsible for emergency admissions, to be available to SAU only.

It is not possible at present due to the work load of on call consultant as the on call consultant covers ward areas, A&E and emergency theatres.

#### **9.0 Healthwatch Follow -up Action**

Healthwatch Wirral will add the Surgical Assessment Unit to its programme of Enter and View visits and revisit in 6 months time.

#### **10.0 Distribution of Report**

Healthwatch Wirral will submit the report to the Provider, to CQC, and Health & Wellbeing Board.

Healthwatch Wirral will publish the report on its website and submit to Healthwatch England in the public interest