



Enter & View Report

Arrowe Park Hospital: Surgical Assessment Unit

Service address: Arrowe Park Road, Upton Birkenhead.CH49 5PE

Service Provider: Wirral University Teaching Hospital Foundation Trust

Date and time: 24th November 2016

Authorised representatives: Elaine Evans, Diane Morley, Alison Shead and Carmel Calvert.



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Acknowledgements

Healthwatch Wirral would like to thank Wirral University Teaching Hospital NHS Foundation Trust for inviting members of the Healthwatch Wirral Enter and View Quality Assurance Group to visit the Emergency Surgical Assessment Unit to view the facility and talk to staff, patients and visitors

Please note that this report relates to findings observed on the specific date and time of the visit. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



What is Enter and View?

Part of the Healthwatch Wirral's work programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who use the service first hand.

1.0 General profile of the service that was entered and viewed.

The unit consists of 14 acute admission beds and an ambulatory care, triage and pre admission area. It provides surgical assessment to patients referred from A&E and General Practitioners (GPs).

2.0 Purpose of visit

The Trust invited Healthwatch to view the newly sited unit on the first floor (Ward 14) and to review any changes made by the Trust since our last visit in 2015.



3.0 Type of E&V visit undertake

Announced visit

4.0 Methodology

The visit is not designed to be an inspection, audit or an investigation, 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 or Commissioner for investigation.

The rectification of less serious issues will be directed to the service provider.

The Enter & View visits are a snapshot view of the service and findings are reported based at the time of the visit.

Enter and View visits are conducted in a way that works in accordance with Wirral Safeguarding Adults Partnership Board's principles and procedures. Information will be shared accordingly in order to safeguard adults at risk on Wirral and promote quality of local services.



5.0 Discussions, findings and observations

Healthwatch Authorised Representatives were greeted by the unit's Matron in the reception area which was situated at the entrance to the ward.

Healthwatch Authorised representatives used the hand gel provided before entering the ward.

The reception area was staffed by an administrator who was very welcoming to patients and visitors. The area was organised, clean and tidy.

Information was available for patients on arrival. A flow chart was displayed giving details of the unit's procedure and the patient pathway. We were informed that all patients and their relatives are handed an information leaflet on arrival. These leaflets were displayed in a stand on the reception desk. A notice board provided information about staff currently on duty. Patients who arrive between the hours of 8am and 6pm book in at the desk and are signposted to the pre-admission area.

The Matron, Consultant in Charge and Deputy Ward Sister invited Healthwatch Authorised Representatives (AR) to view the facilities and discuss the changes that had been made since the last visit. We were informed about the process for patients being admitted to the unit and that patients who require further inpatient care are admitted onto a surgical ward. The unit had been relocated from its original site on the ground floor and this was seen to be an improvement.



There were 2 bays housing 8 admission beds , 4 male and 4 female and a number of single rooms. There was a designated trolley bay which we were told improves patient flow along with an ambulatory care triage area. There were 3 consulting rooms situated on the unit along with a Pharmacy room. At the far end of the central corridor was a large staff /conference room and an escalation ward.

The corridor, utility room, stationery room, kitchen and sluice were all clean, tidy and organised and a price list of dressings etc was displayed on the door. The signage in the unit was dementia friendly.

A staff member was observed providing hot drinks from a trolley and jugs of water and cups were made available for patients in the waiting area. A fluid intake notice was displayed in this area advising patients how much they could drink while waiting to be seen by the clinician.

Staffing levels have increased since our last visit. Patients are reviewed by the Triage Nurse, ANP (Advanced Nurse Practitioner) or F1 Junior Doctor before being seen by the Registrar or Consultant. Staff have 2 handovers per day.

During the day there are 3 Registered General Nurses (RGN), 1 Assistant Practitioner (band 4) and 2 Care Support Workers (CSW) on duty along with the Ward Sister. At night there are 2 RGN's and 2 CSWs, moreover the 1 RGN covers the twilight shift (from 3pm-3am) to ensure patient centred care is provided during the busy periods of the day.

The peak time on the unit is usually between 4pm and 8pm and staffing levels are adjusted accordingly. A member of the care staff (Band 2) works between 10am and 6 am alongside Emergency Surgeons to ensure that the Ambulatory clinic runs effectively. This also ensures that the GP and Ambulatory clinic patients get appropriate care.

Four emergency Consultants have been recruited since Healthwatch last visited and a duty rota has been introduced to cover 7 days and wards rounds are conducted 2-3 times daily.



Better communication between primary care and secondary care clinicians has been established and the consultants can be contacted directly by phone by using the Consultant Connect system.

The consultants also have instant access to diagnostics and reporting of results.

We were informed that the new arrangements and procedures have resulted in a reduction of the length of stay for patients from 4.4 to 2.97 days and also a 38% drop in readmissions saving a 1000 bed days per month.

Staff appeared to be organised and attentive to patient needs. At the time of our visit we observed that the care delivered was person centred and staff interacted well with patients in their care. Both patients and visitors were treated with dignity and respect.

6.0 Safeguarding observations on day of visit.

No Safeguarding issues were identified at the time of our visit.

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

It is seen as good practice for all Health and Social Care Services to report potential Safeguarding alerts to Wirral Council Central Advice and Duty Team.



7.0 Conclusions

The Trust and staff should be commended for the changes made within the Surgical Assessment Unit and for the successful impact of the recruitment of extra Consultants over 7 days. These changes resulted in a reduction of length of stay and readmissions for patients and also a significant number of bed days have been saved.

8.0 Recommendations

Provide fluid intake information such as marking the cups with a 50ml level or describing the amount in tablespoons etc as patients may not understand how much 50mls is.

Ensure that patient rounding is continued in the evening and overnight.

Ensure that patients and visitors, who are referred in by the Out of Hours service after the reception staff have gone off duty, are signposted to the waiting area.

Questions from Healthwatch -

Which staff are involved in handovers - is it SAU only or are surgical ward staff included?

Medical handover involves the on call Junior Doctor and Specialist Registrar, on call General Surgeon, Emergency Surgeons, Junior Doctors and Advanced Nurse Practitioners. Nursing handover involves SAU staff only.



How does the unit measure performance?

The unit measure performance against-

- Reduced length of stay.
- Reduction in complaints and concerns
- Low vacancy rates and less staff turnover
- Patient feedback through Friends and Family test (FFT)
- Reduction in sickness
- Harm free care i.e. reduction in pressure ulcers and falls etc.
- Matron audits
- Ward accreditation Audit carried out by cooperate nursing team
- Infection control audit
- Clinical incident reporting

If a patient requires surgery do the SAU consultants operate or is it the consultant who specialises in the particular field of surgery?

The surgical intervention of each patient depends upon their clinical need i.e. if the patient requires a colorectal procedure the Emergency Surgeon refers patient to Colorectal Surgeon.

Does SAU have its own operating theatre?

Emergency Surgeons have access to an emergency theatre 7 days in a week, which is predominantly used for gastro intestinal emergencies. Moreover there is a 3 hours dedicated hot list for biliary emergencies.



What areas of work and tasks do the four Consultants do each day?

The tasks Emergency Surgeons undertake as below-

- Take ward round on SAU and also manage an Ambulatory clinic alongside of reviewing new admissions through GP and A&E (based on SAU).
- Ward round of emergency admissions on the speciality wards.
- Manage the 'Hot gall bladder' list
- Runs Emergency theatre for emergency surgical intervention

8.1 Supplementary feedback from the provider post visit

SAU would like to thank Healthwatch for visiting us and speaking to our staff and patients in order to triangulate information and make recommendations to improve our services. SAU is pleased that Healthwatch found SAU organised, clean, and tidy. We are also pleased to know that Healthwatch noticed overall improvement in patient experience due to various measures that have been taken in most recent times.

We would like to assure Healthwatch that we have invested in nurse recruitment to provide better staffing levels across all shifts. SAU continuous to invest in Advanced Nurse practitioners who work closely alongside junior doctors and emergency consultants to reduce further patient waiting times to be seen by a senior doctor, moreover to reduce length of stay as an in- patient.

The introduction of emergency surgeons has improved our friends & family test scores. In month of December 2016, 100% of our patients told us they would recommend our unit to their friends and family.



SAU also has patient focused rounding in place which enables staff to interact with patients regularly to ensure patient receive right care at the right time. We have also introduced Clinical Support Worker (10:00 hrs-18:00 hrs) role to Ambulatory clinic and GP admissions area to ensure an effective communication between patients, nursing team and consultants.

We also thank Heathwatch for acknowledging the improvement in patients experience since the unit has been relocated to ward 14.

We will follow Healthwatch's recommendations to ensure the better and positive patient experience.

We are proud to inform Heath Watch since their visit, SAU has been shortlisted for HSJ award for Service Redesign.

9.0 Healthwatch follow up action

Healthwatch would like to congratulate SAU and staff for being shortlisted for the HSJ award for Service Redesign.



10.0 Glossary

Flow Manager	Controls the flow of patients through the unit.
F1	Foundation year 1 doctor (This is a two-year planned programme of training where doctors learn about working in the teams that deliver care in the NHS as well as the clinical aspects of caring for sick patients. It is a transition period of practice between being a student and undertaking more specialised training for a future career in a specialist branch of medicine such as general practice or hospital medicine)
GP	General Practitioner
SAU	Surgical Assessment Unit
Ambulatory Care	Medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, Intervention.
Medical Outlier	Patients with a medical diagnosis who are placed on other wards, usually surgical wards
RGN	Registered General Nurse
LOS	Length of stay
CSW	Care Support Worker



11.0 Distribution of report

Healthwatch Wirral will submit the report to the Provider, Commissioner and to CQC.

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

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