

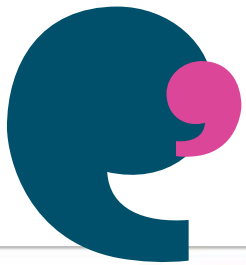


**Enter and View
visit to Acute
Gynaecology
Services**

January 2017

About Us

Healthwatch Leeds is here to help local people get the best out of their local health and care services by bringing their voice to those who plan and deliver services in Leeds.



What is Enter and View?

The Health and Social Care Act allows local Healthwatch authorised representatives to look at how health and adult social care services are provided and talk to service users, their families and carers.

This is known as Enter and View and can be carried out on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

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Summary

Healthwatch Leeds carried out enter and view visits to acute gynaecology services in January 2017. These visits were part of our programme of enter and view visits and also as a response to some issues that had been highlighted through our enquiries and engagement work.

The aim of the visits was to find out about patient experiences in relation to referral and admission, information and communication, care and help and food and drink.

During the visits we spoke to patients and carers and used observation sheets to record information about the general environment, waiting areas and any other relevant observations that were made.

Key Findings

- The visit teams were impressed with the overall environment of the department.
- The communal areas were found to be clean and tidy and maintained to a high standard.
- There were concerns about the cancellation of procedures and specifically about how and when this was shared with patients.
- Only half of those that had their procedure cancelled were happy with how they had been told about the cancellation.
- There were good levels of satisfaction with the information and communication both before attending the department and during their visit/stay.
- There were issues highlighted for people for whom English was not their first language or those who

had other communication needs.

- The vast majority of patients felt they were treated with respect by staff and there was praise for the high levels of care given.
- Some concerns were raised by patients who had been on the ward for a few days about the availability of hot food and variety of food available.

Key recommendations / messages

Following the visits we have made some key recommendations in relation to the following areas:

- Cancellations
- Information and Communication
- Food and Drink

The full recommendations can be found on page 8 of the report.



“They are kind and helpful.”



I was called in the morning but I was already on my way to the hospital - I was really annoyed



Background

Healthwatch Leeds made a decision to undertake a programme of enter and view visits to acute gynaecology services at St James' Hospital. These visits were part of Healthwatch Leeds planned enter and view programme.

Acute Gynaecology Services - J24 (also part of the Leeds Centre for Health) are based at St James University Hospital, Chancellor Wing, 2nd floor and see over 10 000 women a year. It includes:

- The Acute Gynaecology Unit (AGU)
- The Acute Gynaecology Clinic (AGC)
- The Early Pregnancy Unit (EPU)

The patients have been referred to the services by their GP, emergency services or other health specialties.

Why We Did it

We were aware of concerns about this service from the public through our engagement work and enquiries. These concerns were mainly about communication and cancellations of surgery on the day.

In the previous year, the Leeds Teaching Hospitals NHS Trust (LTHT) Patient Advice and Liaison Service (PALS) received 174 concerns and 28 complaints about all gynaecology services. The highest proportion of these (32 and 10 respectively) were about communication with patients.

The enter and view visits were an opportunity to go in and observe the day to day running of this service. They also gave Healthwatch the opportunity to speak to patients and their carers to find out about their experience of the service.

What We did

Healthwatch Leeds carried out five visits to the acute gynaecology service. We spoke to 41 people over the course of the five visits. Out of those that we spoke to, 30 (73%) were there for day surgery, 4 (10%) were an emergency referral, 2 (5%) were there for major surgery requiring an overnight stay and the remaining 5 (12%) were in for other reasons.

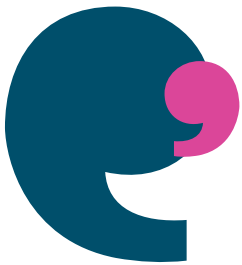
The visits took place on Mondays and Thursdays, as these are the busiest days for the service due to day surgeries. This allowed the visit team to have access to a wide range of service users and speak to greater numbers of people.

Each visit was undertaken by a team of two Healthwatch staff and/or volunteers. We were unable to carry out a number of planned visits due to operation cancellations and winter pressures and had to rearrange on several occasions.

The visits comprised of making observations and carrying out surveys with individual patients/relatives on the day.

The surveys asked questions about referral and admission, information and communication, the care and help received and food and drink.

During the period that we visited in January 2017 the Trust was dealing with significant winter pressures and there were higher than normal levels of cancellations due to the shortage of beds.



What we found

The percentages reflect the number of people who answered the question. Not all respondents answered every question

Environment

We spent time observing the general environment of the unit including the waiting areas and other communal areas, as well as the toilets and bed bays.

We found the general environment to be of a good standard. The corridors and communal areas were clean, tidy and well decorated and maintained to a high standard. The waiting areas were clean, light and spacious with noticeboards displaying clear information. Water was available in the waiting area and staff were observed to be friendly and welcoming.

Patients also commented that the department felt very clean and spacious and offered a friendly and calming environment.

Referral and Admission

We asked people about their experiences of the referral and admission process. Patients we spoke to would have accessed the service through a number of different routes depending on why they were there. We wanted to gain an insight into how this worked for the patients.

Out of the 41 patients that we spoke to during the visits the vast majority (80%) rated their experience of arrival at the hospital as excellent or good. There were however a number (15%) who rated their experience as

poor or very poor upon arrival. This was mainly down to lack of staff at reception, long waiting times and a lack of communication and updates. One of the key issues reported by patients was the cancellation of procedures. Almost a third (31%) of patients reported that they had previously been booked in for a procedure and this had been cancelled. Out of this total only 6 (50%) stated that they had been satisfied with how they were told about the cancellation. The main issue was being told on the day or day before, when people had already made arrangements to come in. One person told us that they were called while on the way to the hospital to tell them that their operation was cancelled.

Information and Communication

We asked people about their experiences of contacting the service prior to attending and about the information they had received. We also asked about how they had been kept informed during their treatment and if they had been involved in decisions about their care.

We found high levels of satisfaction among patients who had contacted the department prior to attending. Just over half (56%) of the patients that we spoke to had needed to contact the department prior to coming in and 19 (87%) of those rated the experience as excellent or good. The high levels of satisfaction were attributed mainly to the fact that they had found it easy to get through on the phone and were able to speak to someone.

“Staff friendly, environment nice.”

There were also good levels of satisfaction about the information patients were given prior to their treatment, with 32 (82%) agreeing that they had been given enough information about their treatment and care.

The majority of patients (87%) felt they had been kept informed and involved in decisions about their treatment. Almost three quarters of those that we spoke to (71%) told us they would be able to raise a concern if they were not happy or had any concerns about their care.

However, there were some patients who did not feel that they had been kept informed or given enough information. They commented that they would have liked more details and fuller explanations and more time to understand what they were being told.

There were also issues with communication highlighted by some patients for whom English was not their first language or those that had other access needs such sight or hearing impairments. There was a reliance on family and friends to help out when there were issues with communication. However, others told us they had received support such as interpreters when they had required this.

Care and Help

We asked patients about the care and help they had received from staff while using the service.

The majority (72%) of patients that we spoke to felt that help from staff was available when needed. Only 2 (5%) said that help was not available. There were very high levels of

satisfaction (90%) with the care and support received and 35 (95%) patients felt they were treated with respect. 36 (94%) stated that they felt their privacy and dignity had been maintained.

Reasons people expressed dissatisfaction with their care varied. For example, some commented that they felt certain staff talked down to them. Others felt staff were very busy and that there was a lack of communication between staff.

Food and Drink

We asked about the availability of food and drink for patients using the service, where relevant.

We asked patients who had been on the department more than half a day, if they had been offered food and drink. We found 25 (68%) of those who responded had been there for more than half a day and all of them had been offered food and drink. However, 9 (38%) of these patients were unhappy with the food choice and availability. The key issue was the lack of hot food.

Some patients commented that they had been there a couple of days and only been offered cold sandwiches to eat. We were also told that there wasn't a menu and nobody asked about any specific dietary requirements. As a result of the lack of food choice some patients said they purchased their own food from outside if they were there for a few days.

“Only offered cold food- sandwiches. Would prefer a warm meal.”

Our Messages / Recommendations

During the visits we found high levels of satisfaction with the service provided and patients were mostly happy with the care and support that they received.

The patients' views highlighted some key concerns that need addressing. Based on this, we would make the following recommendations:

- Consider implementing a system to ensure that when procedures are cancelled, patients are given as much notice as possible. The notice given should be at least 24 hours whenever possible and should be clearly and consistently communicated to patients.
- Hot food is made available to patients staying overnight on the ward and this to include a range of options to suit dietary requirements.
- Information and communication methods should be reviewed to ensure they consistently meet the needs of all patients including those with different access requirements.
- Communication requirements should be clearly highlighted in patient records and arrangements made for interpreters to be available when required.

Service Provider Response

Thank you for assessing the gynaecology services, the areas reviewed included Ward J24 gynaecology day- case unit, where the women for elective day surgery are booked. The acute gynaecology unit which is a 24 hour service and provides review for women with acute presentation, ectopic pregnancies etc and the early pregnancy unit which is predominantly a scanning service with specialist nurses who review the results and plan on-going care.

The report generally contains positive feedback from the women who were questioned. The negative comments relate mainly to cancellation of operations, the timescale, notice and communication for the cancellation. At the time of the visit there were severe winter pressures for the trust. The day-case unit was closed and the beds allocated to acute surgery. The elective surgery undertaken was accommodated through the acute gynaecology unit.

The cancellations could not be done before the day; the beds were used for medical and surgical patients overnight who were admitted through emergency department so we were not able to give our women prior notice. The communication regarding cancellation on the day was delayed, and the women were not cancelled immediately on arrival as there is a meeting at 8am and on most days beds were found for the women post op. We are sorry we



had to cancel some surgery. The other negative focus was the provision of food which is primarily sandwiches and toast as the ward is day-case and acute gynaecology, women do not usually stay more than 24 hours in acute unit and there are no overnight cases. As the ward was used for overnight stays this is a valid point and in future we will try and obtain hot food supplies thank you for bringing this to our attention.

Thank you for the report

**Matron Maternity and Gynaecology
(Leeds Teaching Hospitals NHS Trust)**

“Easy procedure on admission friendly approachable staff, relaxed approach efficient.”

“Disorganized, name on scrap paper and computer broke for an hour.”

“The consultant told me what was happening -if I didn't understand I'd ask questions.”

Next Steps

The report will be shared with Leeds Teaching Hospitals NHS Trust. We will agree with them the next steps to be taken in response to our recommendations and work with them to ensure any agreed actions are followed through and implemented. We will undertake any follow up work required to ensure there are real changes made to the service so that it is a good experience for everyone.

The report will also be published on the Healthwatch Leeds website.

Thank you

We would like to thank the staff at the Trust and those working in the department for their welcome on the visits and for the information they shared with us. We would also like to thank the patients and relatives for taking the time to speak with us during our visits.

This report has been written by Sharanjit Boughan - Community Project Worker at Healthwatch Leeds, in collaboration with Helen Dannatt (Volunteer).

Appendix Comments Referral and Admission

“I was told the day before - I had already arranged time off work.”

“I was called in the morning but I was already on my way to the hospital- I was really annoyed.”

“Easy procedure on admission friendly approachable staff, relaxed approach-efficient.”

“Disorganized, name on scrap paper and computer broke for an hour.”

“No sign - spent 15 minutes to find the ward.”

“No one on reception, not booked in on the system.”

“I have waited for 50 mins. No one has told me why I need to wait and how long for.”

“Staff very nice and friendly, plain sailing.”

“Staff friendly, environment nice.”

Information and Communication

“Easy to get through.”

“I was able to get through to the department straight away. I rang at 6.30 to see if the surgery was going ahead.”

“Tried quite a few times, 2 hours to get them.”

“Got through on the first call and answered any questions I had.”

“The consultant told me what was happening -if I didn't understand I'd ask questions.”

“Delays in admission, poor communication between staff. Same examinations carried out several times.”

“I had an interpreter which made things easy for me to understand.”

“Everything was explained clearly.”
“Need BSL interpreter.”

“Explain treatment to me better.”
“Staff are on it and know what they are doing.”

“Don't think I've been given enough time to discuss/understand the care and treatment.”

“Doctor came round before and asked any concerns we have.”

“When I first asked question, some doctors said 'I don't know'.”

“Staff talk over you and cut you off. The doctor this morning was terrible. They haven't got time for you.”

Care and Help

“I only had a minor surgery but nurse checked to see if I was ok after I was conscious.”

“Some doctors don't care about my problems.”

“Staff able to calm anxieties, took time to sit with patients who suffered from anxiety disorder.”

“Nurses are fully aware of deaf.”

“Respond to the buzzer quickly.”

“Staff are friendly.”

“Maybe they are trying to do their best and it is a time management issues.”

“I feel safe here.”

“They are kind and helpful.”

“Excellent all times.”

“Not the doctor this morning. He spoke down to me, maybe it's because I am young so he doesn't take me seriously.”

“I changed into gown- nurse made sure the curtains closed.”

“Before nurse came near my bed she asked if she can come in.”

“Feel nervous about all the male visitors on a night - could be any one and they have access anywhere. They are not told to leave when visiting time is over. Tea and coffee staff leave the curtain open I can't get up to close them.”

Food and Drink

“After surgery I think tea & toast was just right.”

“I was given tea and toast, was not given a choice.”

“Cold, frozen turkey sandwich, breakfast ok.”

“No hot food, only sandwiches.”

“Never received a menu. Didn't ask about special diets.”

“Every day I was given sandwiches for three days - like in a prison.”

“Warm food would have been nice.”

“Rather go to costa coffee.”



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