

**Derriford Hospital  
Surgical Assessment Unit  
Patient Experience Report**



**June–July 2017**





Healthwatch is the consumer champion for health and social care in England. We give children, young people and adults a powerful voice to influence and challenge how services are provided in the city by making sure their views and experiences are heard by those who run, plan and regulate local health and social care services.

In 2012 the Health and Social Care Act set out that each local authority should establish a local Healthwatch. In 2013, Plymouth City Council undertook a competitive tender process and awarded the contract to an established local organisation called Colebrook (SW) Ltd.

Experienced in public and patient involvement, Colebrook launched Healthwatch Plymouth in April 2013, ensuring independence through its governance structures and a memorandum of understanding between those working in and delivering the services, and the organisation itself.

## Background

The Surgical Assessment Unit receives acute surgical emergency admissions via the Emergency Department, Consultant Clinics and GP's. Patients are received in a triage area where tests are undertaken to determine their condition and treatment pathway. Because of the nature of these tests, patients can often be waiting for considerable periods and therefore patient experience can be variable.

In March 2017, Healthwatch Plymouth was approached by the Patient Experience Manager at Derriford Hospital about conducting a patient experience survey in the Surgical Assessment Unit. Following a meeting with the Ward Matron and Sister a survey was devised to capture patient experience both in the triage area of the unit and also for those who had been admitted to the ward. Healthwatch Plymouth also engaged with the staff team to understand from their perspective what they saw as patient experience challenges on the unit.

Healthwatch Plymouth commenced the survey on the 7 June completing on 20 July 2017. This saw our staff team make 6 visits to the unit during this visit for various times during the day between 0900 and 2100.

## Patient Experience Survey

The survey itself was designed to capture the following data:

- Waiting times in triage to be seen by a nurse/doctor and whether the wait was acceptable
- Being kept informed about their treatment pathway whilst on the unit
- What information were patients given when referred into the unit by their GP/Health Professional
- Were patients treated with dignity & respect and did they have the

- opportunity to ask questions during examinations
- If admitted to the ward, how did that process go
- Finally any other comments they wished to make

As well as asking those questions we also took details of the referral route into the Unit as well as the postcode of the patient.

### Summary of Results

During the 6 visits we spoke to 63 patients about their experiences on SAU of which 26 were spoken to in the triage area and 37 on the ward. Of these 63, 31 had been referred in by their GP, 24 had arrived via ED with another 8 who were referred by other Health Professionals or via other Derriford Departments. Analysis of the data from the survey indicates the following:

- Of the 51 individuals who responded to the question about how long they had waited to see a Health Professional, 59% stated they were seen within 1 hour of arrival, whilst 10% waited in excess of 4 hours. (Note of the 12 who did not respond, 1 was in triage still waiting to be seen, 11 were transferred from other Derriford Departments or ED straight to the ward.)
- When asked if the wait was acceptable, 82% answered Yes with 18% answering No. Of those that answered No, waiting times ranged from 1Hr 30Mins to over 4Hrs with the vast majority over 3Hrs
- Asked if they were kept informed about their treatment pathway, 75% answered Yes with 21% answering No. For those that answered No, there is not a 100% correlation to length of wait, but 62% had waited 2 Hours or more before being seen by a Health Professional
- When asked if they were given any information about SAU prior to arrival, 47% said Yes and 53% said No. However of those that answered No, 25% had been seen on the Unit previously. Also of those that answered no, 44% were GP referrals with the remaining 56% coming via ED or other Hospital Departments
- Summarising the 4 questions around Dignity & Respect, 86% stated that they were treated with Dignity & Respect, listened to by Staff and had opportunities to ask questions. However, there were some negative comments about Doctors
- At the time of the surveys a total of 38 out of the 63 individuals who we engaged with had been admitted. A further 21 were still awaiting results from tests and a decision on whether to admit or not. Of those that had been admitted there were no comments about the process and waiting time for a bed ranged from straight away (generally an ED transfer) to the extreme of 6 hours (1 individual)

See Appendix 1 for full details.

## Patient Experiences

The following is a summary of the comments from patients. These can be broken down into the following areas:

- Staff (including treating patients with dignity & respect)
- Communication and Information
- Waiting times
- Environment

Staff - Comments about staff were generally positive. Patients also appeared to have empathy for staff when the Unit was very busy.

Patients on the whole felt they were treated with dignity and respect by most staff members, but there were some comments around Doctors with one individual stating that the Doctor they saw 'was dismissive' and when asking questions of the patient, 'they were unsure of what information he needed.' Another believed that the junior Doctor they saw 'was just note taking and felt that there was no level of care or flow of conversation.'

Another patient felt she was being treated differently by the Doctor because of her size and was going to discharge herself. However the Healthwatch Staff member asked if she would like to talk to the Nurse in Charge about how she was feeling and she agreed to this.

A further patient also believed she was being judged or viewed negatively because of her mental health condition.

When asking staff questions, a high percentage of patients agreed that they could understand the answers they were given by professionals.

Communication & Information - Communication with patients was generally commented upon positively as were comments around information once on the Unit. However, there were three specific comments around information, where if it had been given it would have made the patient experience better.

The first comment was around an IV drip and the patient was unsure of what to do when it ran out or how important it was and stated an explanation would have been helpful when it was first set up.

The second was around the procedure when having a scan and the fact the patient was not advised that someone was going to be speaking to them throughout.

Finally the following is from a relative whose husband was initially admitted to Crownhill Ward:

*'It seems a lot of paperwork to send (him) home for 3 days and then booked in for SAU for Friday. We were told not to be late or we would lose our slot. We were*

*told staff would be back in 15 minutes but been gone for an hour - I've had no updates and afraid to go for coffee as they look so busy. They need to communicate with relative. Just got an update and they can't do endoscopy because of medication he's taking (Warfarin) - why didn't Crownhill Ward advise us of this? We have now got to return next Tuesday for another appointment. All this could have been avoided if we had been given the correct information.'*

Waiting Times - Once the triage process was explained to patients, there appears to be a general acceptance that the process is not going to be quick. They understood that various tests would need to be done and that there would be a wait for results as well as to see a Doctor. Most patients also acknowledged that the Unit could be very busy and made allowance for this. That said there were a couple of patients who felt they may have got lost in the system because the Unit was busy. One patient came to the Unit from ED and saw no staff member for 1Hr 30Mins after being left by the porters. As a result they got anxious and stressed and thought they were on the wrong ward. Another patient had been in triage for 1Hr and had yet to be seen, but stated that other patients had come in after them and had been triaged.

Environment - The triage waiting area can soon become overfull when the Unit becomes busy. Whilst there is a range of chairs in the waiting area as well as a separate waiting area with beds, some comfier chairs should be available for those in acute pain, especially if there is likely to be a long wait for tests.

### SAU Staff Observations

When opportunity allowed, Healthwatch Staff also engaged with ward staff to get their observations on patient experience. They stated that lots of patients referred into SAU by GPs or other health professionals are not fully informed of what will happen when they arrive at SAU. SAU Staff often get the backlash from patients when the process and waiting times are explained to them on arrival because of lack of information provided at the point of referral.

Couches & chairs in triage are not always suitable for patients. At night, staff try to get patients into a bed. It was stated that the Unit and patients would benefit from a separate area for patients waiting for an ultrasound to relieve pressure on the triage waiting room.

Staff also had some comments on process. Sometimes referrals come in for SAU when they are really for MAU and vice-versa. GP's should be as clear as possible as to which unit a patient should attend. Whilst this is normally sorted out by SAU/MAU Staff, it lengthens what is already a protracted process and also means the patient experience is often negative.

The bed manager will allocate the Unit's beds without always letting Unit Staff know.

Staff also stated that they sometimes gets inappropriate attendance by patients for dressing/catheter changes or suffering constipation.

There is an issue with discharge over a weekend when support in the community is needed for dressing change. Whilst SAU has some capacity to undertake this, it is not always the best place for the patient to attend due to transportation/access reasons.

Full staff observations are at Appendix 2.

### Healthwatch Observations

The Surgical Assessment Unit is a busy environment, where patients are referred into it by various Health Professionals both within and outside of the hospital. Patient knowledge of what to expect prior to arrival is very hit or miss, irrespective of the referral route into the Unit. Because of the nature of the triage process, this can often be protracted and easily lead to a negative patient experience.

The processes in place ensures patients receive the test(s) they need and the clinical decisions required to treat the condition that they present with. Although not observed by us, SAU Staff made us aware that when the Unit is extremely busy, the triage waiting area can be reduced to standing room only. This has the potential to become a source of frustration for patients. Where clinically appropriate, patients can be discharged to return the following day for further tests when capacity cannot meet demand (particularly when scans are required).

The triage waiting area has a staff phone and a PC, but does not afford any confidentiality when discussing patient details. We were made aware of a confidentiality issue by a patient during our first visit to SAU, where a member of staff was discussing a patients details over the phone with another department within the Hospital. From the patient details being discussed one of the patients in triage not only knew the individual, but also found out details of a procedure that the patient had had that they were unaware of. Healthwatch Staff mentioned this to the ward sister who took steps to avoid this happening again. Ideally the phone and PC should be moved out of the triage waiting room, but we understand that the PC in question cannot be moved due to licencing issues. If this is the case then robust procedures need to be understood by all staff members, especially new members to the team, who have cause to use this phone and PC to discuss patient details.

The Unit appears to be ably led by the Ward Sister supported by both clinical and non-clinical staff. From our observations, Staff appear professional, calm and

knowledgeable and go about their work in a calm and quiet manner. They are friendly and welcoming and always acknowledge our presence. Cleaning staff also appear very thorough.

Healthwatch Plymouth would like to thank Sister Andrews and the staff of SAU who have always made us feel welcomed during the course of conducting this survey. Particularly the staff members who have taken the time to give us their observations around patient experience.

## Conclusions

During the initial discussions around this survey, there was a perception that patients referred into the Unit via a GP referral were often not given any information on the Unit prior to arriving at Triage and when told that there was going to be a long wait they often became quite negative and vented their frustration on the Unit Staff. Reviewing the data from this survey indicates that just over 50% of patients that were part of this survey stated that they had had no information prior to arrival at SAU. However of these, less than 50% were referred in via their GP, with the remainder arriving by ED or internal hospital referral. Healthwatch Plymouth is aware that SAU staff are looking to produce a series of information boards about the Unit and the triage process for the triage waiting area.

The SAU has some limited capacity to deal with dressing change or removal/replacement of catheters post discharge. Staff say that this can be an issue at weekends as there appears to be little support/capacity from community services to take on this requirement. This could potentially affect the ability of staff to deal with patients in the triage area who are awaiting tests in a timely manner.

During busy times, the triage area can quickly become full and overflowing. Whilst staff do the best they can in this situation, if possible, an area that can be used as an overflow should be identified. Equally identifying an area where patients awaiting an ultrasound test could wait separate from triage may also help, particularly during busy periods.

The current staff phone and PC in the triage area is not well placed and did lead to a breach of patient confidentiality.

Overall, staff communicate well and treat patients with dignity and respect, however there were incidents shared with Healthwatch staff that indicate that this is not always the case and unconscious bias may be forming a part of this i.e.



unconsciously treating a patient differently because of a particular trait that they may have.

### Recommendations

The following recommendations are made:

- SAU Staff to implement the planned information boards for the Triage Area
- Develop an information package for GP practices as well as for internal hospital departments so as to provide information for health professionals and for patients prior to them attending SAU
- Review information about SAU on the Hospital Trusts Website to ensure it is up to date with patient relevant detail including the triage process
- Examine the feasibility in providing a separate waiting area for those awaiting ultrasound scans to ease pressure on main triage waiting room
- Investigate the feasibility of moving the phone and PC from the triage waiting area to another area where patient confidentiality is less susceptible to being breached or a process of sharing information without identifying the patient by name
- Review capacity to deal with discharged patients dressing changes or catheter removal/replacement
- Explore options for dressing changes or catheter removal/replacement to be done by community nursing services at the weekend. This will need to involve NEW Devon CCG who commission community nursing services
- Staff should have training about unconscious bias when dealing with patients

## Survey Data

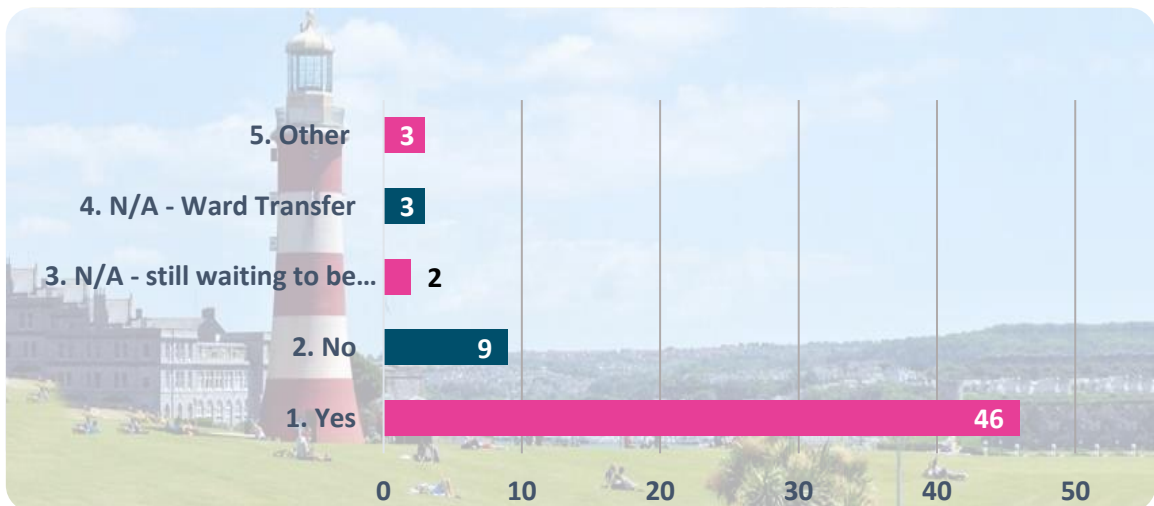
The following is a breakdown of information from the 63 patients surveyed.

**Q1. How long after being booked in did you wait before seeing a Health Professional?**



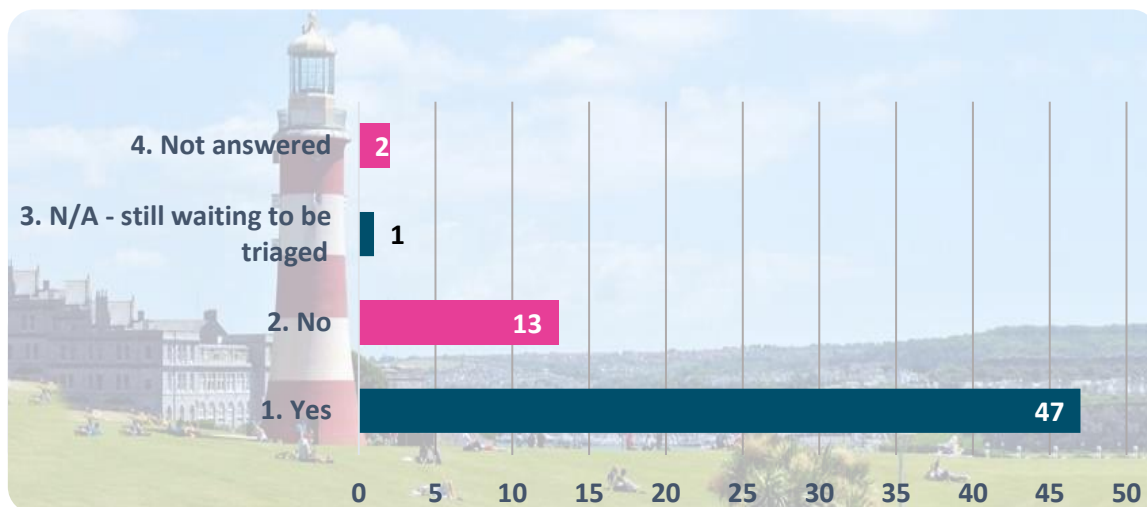
51 individuals responded to this question. Of the 12 who did not respond, 1 was in triage still waiting to be seen and 11 were transferred from other Derriford Departments or ED straight to the ward.

**Q2. Was this wait acceptable to you?**



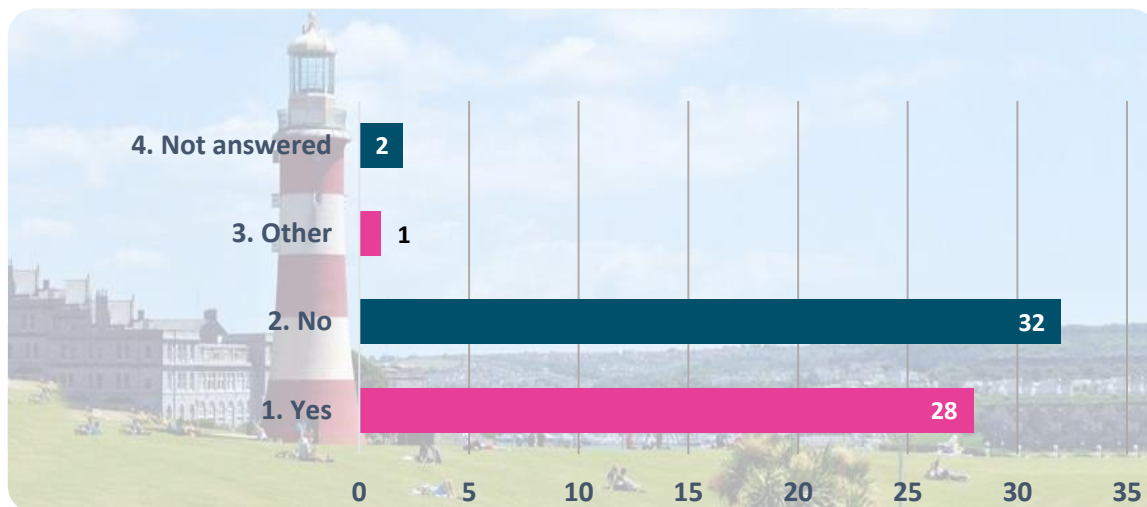
Of those that answered No, waiting times ranged from 1Hr 30Mins to over 4Hrs with the vast majority (6 respondents) over 3Hrs.

### Q3. Were you kept informed about your treatment pathway during your wait?



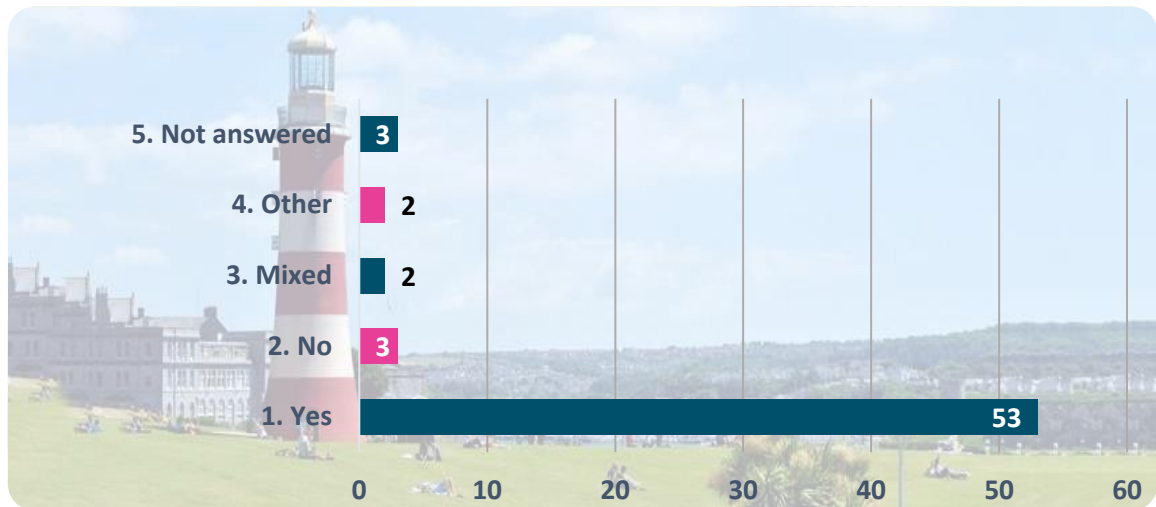
For those that answered No, there is not a 100% correlation to length of wait, but 8 had waited 2 Hours or more before being seen by a Health Professional

### Q4. Were you given any information about the surgical assessment unit prior to arrival at the unit?



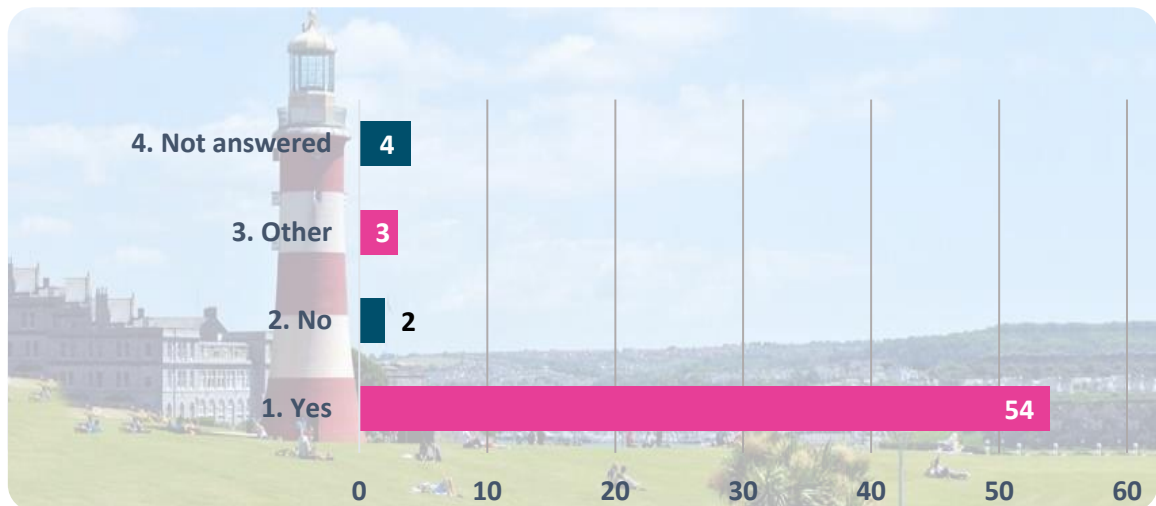
Of those that answered No, 8 had been seen on the Unit previously, whilst 3 who answered yes also had previously been seen at the Unit. Also of those that answered no, 14 were GP referrals with the remaining 18 coming via ED or other Hospital Departments.

Q5. Did the member of staff carrying out your examination listen to what you had to say?



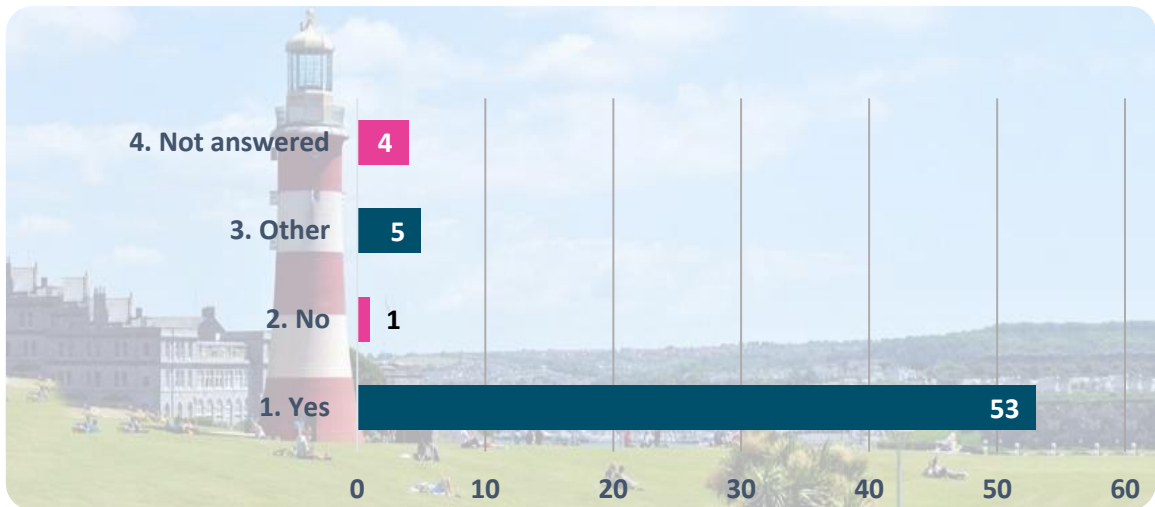
Of the three that answered No, one expressed that they '*found the Doctor rather arrogant and dismissive. When he asked questions, there was a lack of knowing what information he needed. He then stated that this was not helping him. It made me feel uncomfortable and worried I wasn't getting across my symptoms or needs*'

Q6. Were you given the opportunity to ask questions during your stay?



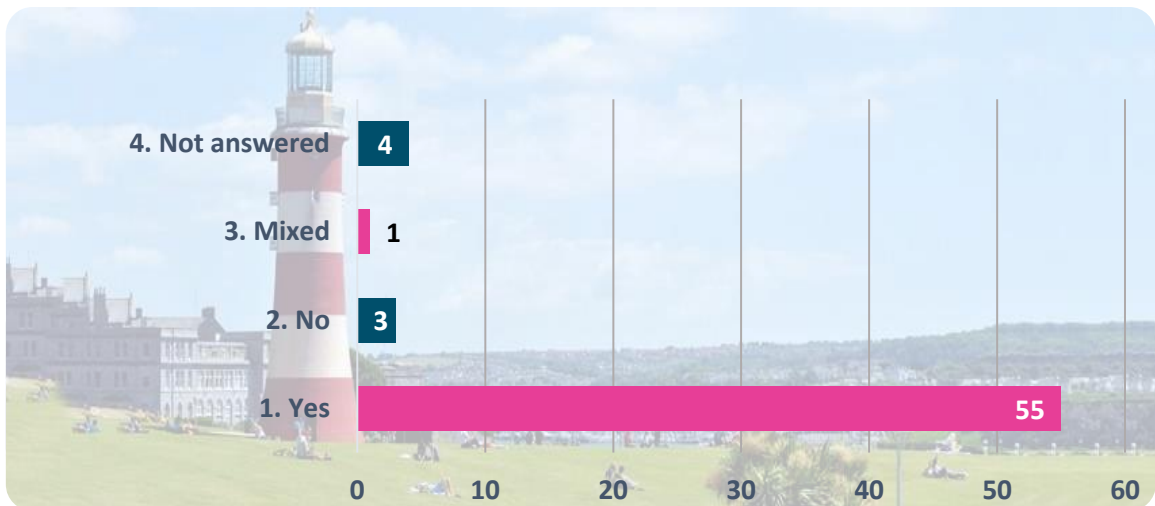
The three individuals that answered 'Other' stated that they did not have any questions at that time. One patient who answered No '*felt that the Doctor looked down on me because of my size*' and therefore felt uncomfortable in asking questions. This patient also stated to us that they were going to discharge themselves. The Healthwatch Staff member who was engaged with them discussed this and asked if they would like to talk to the Nurse in Charge about how they were feeling and they agreed to this.

Q7. If you asked questions, were you given answers you could understand?



The one individual who answered No, stated that answers were not given in a clear manner with jargon being used.

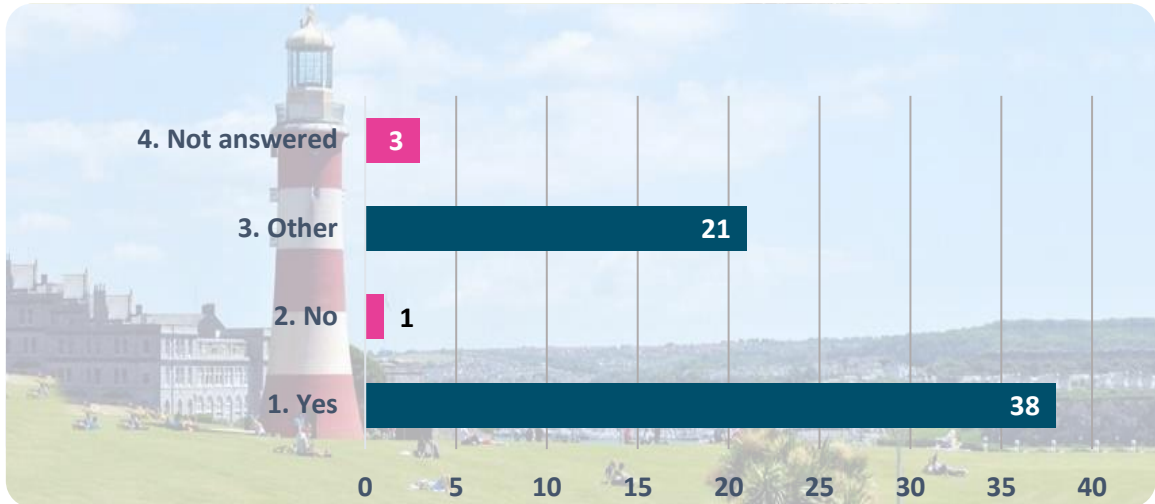
Q8. Were you treated with dignity and respect during your stay?



One individual who answered No, stated that they were not initially treated with dignity and respect as they are *'on medication and they looked down on me like I'm a junkie'*. The patient that answered 'Mixed' stated that they were treated with Dignity and Respect by nurses, but not by doctors.

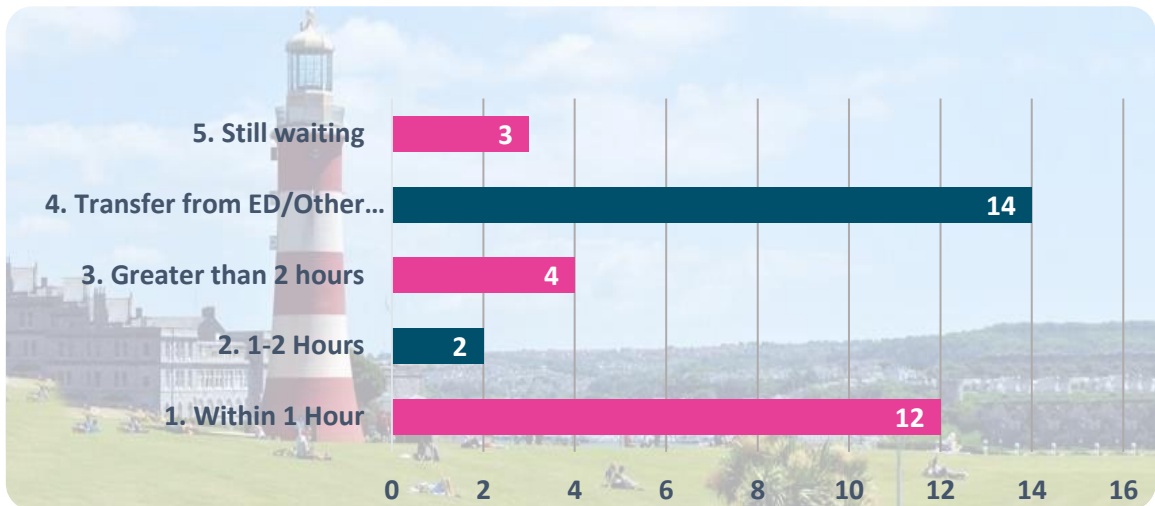
The following graphs relate to the admissions process. Of those that had been admitted there were no specific comments about the process and waiting time for a bed ranged from straight away (generally an ED transfer) to the extreme of 6 hours (1 individual)

**Q9. If applicable, did you require admission following assessment?**

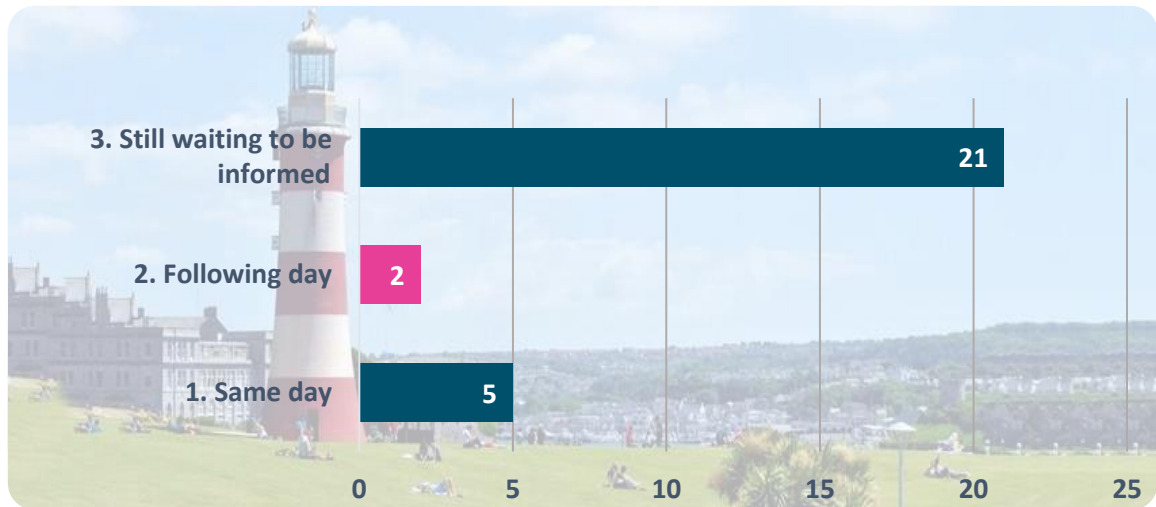


Those that answered Other, were not applicable at the time they answered the question as they were awaiting test results.

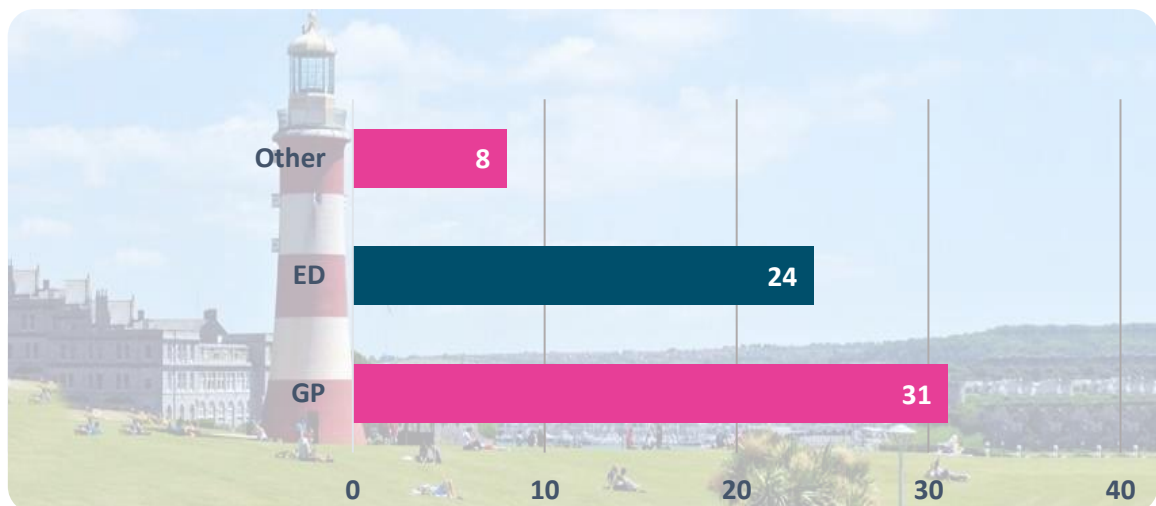
**Q9b. If yes, how long did you wait for a bed?**



Q9c. Once receiving a diagnosis, how long do you/did you wait for surgery?



Breakdown of referral pathway into SAU



The breakdown of Other referral routes is:

- 1 - Cumberland Centre MIU
- 1 - Dietician Referral
- 6 - Internal ward transfer or department referral

## SAU Staff Observations

**Patient Expectations** - lots of patients referred into SAU by GPs or other health professionals are not fully informed of what will happen when they arrive at SAU. There is on average a wait of 1 hour from arrival before bloods are taken and then a 3-4 hour wait for results of the bloods to be available and reviewed by a consultant/doctor. The blood results may also mean that an ultrasound or CT Scan may also be required.

SAU Staff often get the backlash from patients when the process and waiting times are explained to them on arrival because of lack of information provided at the point of referral. The SAU has protocols/procedures to follow - if patients wish to self-discharge they can.

Patients generally complain about the time they are waiting - the unit is very busy, but the running of the unit works well.

Generally bloods and ultrasounds are undertaken on the unit (some ultrasounds may need to be done off the unit). CT Scans are all done off the unit.

Inappropriate referrals - SAU sometimes gets inappropriate admissions for dressing/catheter changes or constipation.

**Process Issues** - sometimes referrals come in for SAU when they are really for MAU and vice-versa. GP's should be as clear as possible as to which unit a patient should attend. Whilst this is normally sorted out by SAU/MAU Staff, it lengthens what is already a protracted process and also means the patient experience is often negative.

**Bed allocation** - bed manager will allocate one of the Unit's beds without always letting Unit Staff know.

**Intra-Ward Transfers and ongoing tests** - A patient was observed to have moved off SAU onto a ward (Stonehouse). Later in the morning he was seen being brought back on SAU for an ultrasound.

**Triage** - there tends to be an increase in patient activity and admissions around and after 6pm when GP Surgeries close. Unit often takes more patients during the night than in the day.

Couches & chairs in triage are not always suitable for patients. At night, staff try to get patients into a bed.

A staff member suggested that they would benefit from a separate area for patients waiting for an ultrasound.

**Discharge** - there is an issue with discharge over a weekend when support in the community is needed for dressing change. Whilst SAU has some capacity to undertake this, it is not always the best place for the patient to attend due to



transportation/access reasons. Healthwatch Comment - There needs to be a discussion with community services to work out how best to deal with weekend discharges so that the best placed resource is utilised for the needs of the patient. This would allow referral processes into District Nurses/MIU services to be smoother with all parties understanding what the referral process is and capacity of each other's services.

Long wait for patients when they are told they are being discharged (waiting for TTA's and letter).