

## Day Surgery, Royal London Hospital - Enter and View Report

**Service:** Day Surgery (Royal London Hospital)

**Provider:** Barts Health Trust

**Date / Time**: 8th December 2016 / 7.00am -11.00am

**Healthwatch Tower Hamlets Members:** Bill Colverson; David Burbidge

**Healthwatch Tower Hamlets Staff:** Shamsur Choudhury

**Provider Lead Contact:** Natoya Louison (Ward Matron)

**Address:** Royal London Hospital, 3rd Floor, Whitechapel, London E1 1BB

**Purpose of the visit**

Healthwatch Tower Hamlets undertakes Enter and View visits to health and social care providers with the aim of gathering service user feedback, to see for ourselves how the service is provided and to make recommendations on how the service can be improved.

During our visit to the ‘Day Surgery’ ward the discussions with patients and carers aimed to gather feedback on the following areas:

* How long it took them to get this appointment, were there any specific challenges in getting this appointment e.g. referral issues, delays in waiting.
* Overall experience since coming to the ward this morning e.g. do they know when they will be seen, have they been informed prior to attending today about any waiting times or how the process will work today, what information was provided to them in advance.
* Feedback on staff e.g. are staff helpful, supportive, do they provide sufficient information, etc.
* Views on environment – any issues finding the department, views on the waiting area,
* If they were asked if they need an interpreter and if this was arranged (if applicable).
* Acquiring suggestions for improving the service or how the service can be changed to meet their needs.

**Information on the service**

* Day surgery/Short Stay unit is a unique department which comprises of 46 beds for 48 hours stay patients and 29 couches for day surgery patients, 7 consulting rooms and 8 cubicles. The consulting rooms, cubicles and the couches are used in the morning to admit and prepare all patients for their procedures. This department not only incorporates one surgical speciality but a vast number of surgical specialties.
* The surgeries that take place at the Day Surgery ward are all surgical specialties which are day cases and short stay (48 – 72 hours) examples would include: Plastics, Gynaecology, ENT (ear, nose and throat) neurosurgery, pain management, ophthalmology, Hernia repair, appendicitis, circumcision, mastectomy, varicose veins, cholecystectomy, angiogram, hemi thyroidectomy and many more
* In 2012 when the department open we saw 21465 patients. This have increased over the years.
* Day Surgery ward operates on ‘two’ time slots for patient appointments, patients booked in for the morning appointments are asked to come in at 7am and patients booked in for afternoon operations are asked to come in at 11am. On the day of our

visit there was a total of 56 patients being admitted for day surgery, both morning and afternoon appointments. Healthwatch visited in the morning appointment slot and during this time, there was a total of 26 patients admitted.

* For ‘Patient Pathway’ diagram please refer to page 13.

Key challenges for Day Surgery (highlighted by Ward Matron)

1. All patients arriving at the same time for their procedure although they have two admission times.
2. Cancelation on the day due to lack of beds.

**Observations of Enter and View Representatives**

* There was no ‘reception staff’ at the main entrance of the hospital prior to 7am, there was a security guard at the main reception desk and he seemed to be directing patients to the location of the ‘Day Surgery’ ward. The security guard was helpful as he knew where the day surgery ward was located. Representatives can assume that this security guard probably work in the morning shifts regularly as he seemed accustomed to patients asking him directions for the day surgery and seemed comfortable helping them.
* The signage directing patients to the ‘day surgery’ was not clear. Representative feel that photocopied blue tacked notices are not acceptable, it did not seem very professional.
* Patients were turning up at the ward around 6.30am, at that time the doors of the day surgery wards were locked, therefore substantial number of patients and family members were waiting around near the door area waiting to go in.
* It seemed that most patients and carers were under the impression that they had an appointment at 7am, and they seemed shocked to see so many people at the waiting area so early.
* The frontline staff for the Day Surgery ward were at their desk at 7am, as soon as they sat down patients started queuing up to register their details, patients probably thought that if they went to the front of the que they would be seen first. Representative were informed later by the ward Matron that the order for patient operations is organised the day before, therefore the rush to the front desk is futile.
* At 7.15am the nurse in charge of the ward gave came out to the waiting area and spoke with all patients and carers (in a speech format), her task was to inform patients and carers about the expectations of today’s appointment. It seemed she gave a lot of information that the patients were not informed off prior to coming to this appointment e.g. carers role, chaperone policy, waiting times expectation, how the process would happen today, eating is not allowed in the waiting area, and that there is likelihood of an operation being cancelled due to an emergency so patients must be prepared for this. The information provided by the nurse seemed to be appreciated by patients and carers, and it appears that they were finally made aware of how things would be done today. From representative’s perspective, we felt that nurse gave a lot of information (information that should have been supplied before), and sometimes it was difficult to understand what she was saying, she was not loud enough and some of the information was said very quickly.
* Patients that missed the Sisters speech are provided with the same information by the frontline reception staff – they have a diagram of patient pathway which they use to show patients the expectations of the day. (see attached picture)
* It became apparent to representatives that patients are not being fully informed of appointment expectations e.g. patient think they have an appointment at 7am, they are not aware that this is the time that all patients for morning appointments are requested to turn up; they are not aware that their family members will not be allowed to accompany them (although this contradicts Barts Chaperone Policy), some are not aware that if they do not have someone to accompany them after the operation then their operation might be cancelled (although this is highlighted in the patient leaflet)
* There was a ‘Chaperone Policy’ displayed in the waiting area (see picture on), however this policy was not adhered to as staff informed family members that they are not allowed to accompany patients in the theatre areas. The Matron mentioned that the main reason for not allowing family members to accompany patients to the theatre waiting area is mainly due to the ‘lack of space’ there.
* There was a free-standing white board in the waiting area which encouraged patients/carers to leave feedback on the service (see attached picture).
* There was a noticeboard which had feedback generated from ‘I want Great Care’ feedback forms, this noticeboard had information on ‘you said, we did’ (see attached pictures).
* Representative feel that the lights in the waiting room are glaring.
* There were no instructions on how to use the beds/chairs in theatre waiting area.
* The staff in the theatre waiting area seemed helpful and friendly towards patients, however it appears they are not actively informing patients about what is expected to happen throughout the day (e.g. discharge information).
* Inside the theatre waiting area, representatives noticed that some patients gave all their valuables to be stored safely and others kept such things as mobile phones. Representatives assumed that the ones that gave all their belonging probably thought they might be going in for their operation straight away, it could be the case that they did not think that they might have to wait a lot longer for their operation.
* The main waiting area of the Day Surgery ward had only ‘one size’ chairs and they were not very comfortable.

**Patient and Carer Feedback**

**Patient 1 (Theatre Waiting Area)**

*I got this appointment very quickly, within a few weeks!! They diagnosed my problems at A&E, I got sent to a ward and now I am here for the operation, very efficient!! (patient seemed happy about this). Today they explained what would happen, it’s just the waiting around…the nurse in charge that came out to give a speech in the morning pretty much explained everything, it was good way to have this information. I did not sometimes understand everything she said, I think it was just her accent, and I think she could speak slowly…it’s good to be conscious of the way we speak. Since I have been in the theatre waiting area no one has explained what would be happening next, such as when I will be operated on and what happens after the operation. I am waiting for a doctor, maybe they will explain.*

*I am not too fussed about waiting to be honest, however there is anxiety in waiting…last time I bought my friend with me and she had wait around, this time I knew it would not be advisable to bring anyone, so I came on my own… They said they will call my friend when I am ready to go home.*

*It would be ideal if they had Wi-Fi, this would come in handy if you have to wait around...*

*The whole experience has been perfect so far, they gave this appointment very quickly, initially I was told it might take three months, however they gave this appointment within 4 weeks…so very happy about this…*

Female/ late 50’s/ White

**Patient 2 (Theatre Waiting Area)**

*It’s been a good experience so far, it’s taken two months to get this appointment, which is not too bad…I was given an appointment for 13th December, but they brought it forward by back a week…which was good!!...I did not expect to see so many people in the waiting area in the morning, I thought I had an appointment at 7am. The letter did not have this information and what to expect on the day…the Sister that come out to give information at 7.15am was very good, but having that information to hand would have been better … the Sister that gave the information was good, she spoke well and was clear.*

*I did not bring any family or friends with me, which is good, as I found out they would have to wait outside and just wait around…*

*I am expecting to see a doctor at 11.30am, not sure what will happen next…they have not told me anything…but I guess I can work it out, that after the operation I will have to be here another 2-4 hours.*

*I am generally quite impressed; the process has been quick and smooth.*

Female/ 40’s/ White

**Patient 3 (Theatre Waiting Area)**

*It’s taken 10 days to get this appointment, I need to have this operation done quickly as my situation is deemed an emergency…I have been here before so I know what to expect. First time when I came here, I was expecting to be seen at 7am, the letter states that the appointment is at 7am, but it was not clear in saying that this is not the actual time for the operation. Last time I came at 7am and was seen in the afternoon!! It was a referral from the Renal Ward. Last time I came here with a carer, this time I did not, they make them wait outside so there is no point bringing anyone…*

*I am not sure when I will be having the operation today, they do not give times…if there are emergencies this could delay this more…I am expecting to go home, not sure, depends on the operation, I bought clothes with me, just in case I am required to stay.*

*I would suggest that they change the system to allow patients to know how long they will be waiting before they go in the main theatre.*

*I liked the nurse that came out and spoke this morning, this did not happen on my last visit here, the information provided was useful, they should however provide all this information during pre-assessment or in the post, patients will be more prepared for the day and know what to expect.*

*This place seems well staffed, the nurses don’t seem stressed as in other wards.*

Female/ 30’s / African

**Patient 4 (Post operation, Theatre Waiting Area)**

*Got this appointment very quickly, I got referred from A&E at Whipps Cross…I did not get a letter, I got a phone call to say that an appointment was available for me…they literally called me up yesterday and said that I had come in at 7am today…I was not given any information on the phone about the day or protocols e.g. that I need an escort to have an operation. I only found out this information today from the nurse that came out in the morning…they initially said that I could not have the operation as I did not have an escort, then the Consultant said that I did not need an escort as I am only having stitches to my finger, so the operation went ahead. The person that called me up to offer the appointment should have offered more information about expectations and could have emailed an information leaflet as a last minute resort.*

*I came here at 6.30am, there were no reception staff on the main reception area, the security guard was very helpful…if you are asking patients to come in at 7am, then you need to ensure staff start work earlier. The lifts to the Day Surgery ward did not work until 6.45am, I could not go through the door when I came here, they were locked…there were lots of people waiting, but there was no staff…they came around 7am.*

*The nurse (sister in charge) speech was good, the information was useful and she was clear in what was said, she did mention that if anyone had any questions could speak to her afterward.*

*Generally, it would be helpful to know what is happening, not sure what will happen next in terms of discharge.*

*The experience so far has been very good, they are very efficient… the staff are good, very happy with the Consultant and happy that the operation went well. Initially I saw two different consultants and they did give conflicting information, the first consultant said that they will fix my nerves, but the second one said that they won’t fix my nerves…luckily, I saw the first consultant and he did fix my nerves. Overall I am happy about my experience, only issue was not getting any information about the day from the person that called me to offer the appointment.*

*Female/30’s/Asian*

**Patient 5 (Waiting Area)**

This patient said that he did not see the point of waiting for a small operation as he feels that most minor operations can be done in outpatients, he also mentioned that patients should be called in when they know they will be seen on that day e.g. be given a specific appointment time. He said that he had two previous operations cancelled (organised via ENT), due to emergency operations and surgeons not being available on the day.

Male/ 50’s/ Bangladeshi

**Patient 6 (Main Waiting Area)**

Representatives spoke to two elderly white ladies who were sisters from Kent, one was a carer for the other, they said they did not like being separated, the carer expressed concerns that she would have to wait in the waiting room for over two hours or more with no information on progress from the staff, they said that the *‘Trust should stick to its ‘Chaperone Policy’ and allow us to be together up till the operation’.*

**Patient 7 (Main Waiting Area)**

*Information sent was good, but as my daughter said we did not know about escorts policy or about the ‘no food or drink’ rule. This is my first visit here… but all my appointments before have been good, the staff been also very good.*

Female/ 70 to 75/ White

**Patient 8 (Urgent Theatre waiting area)**

*The waiting time to have the appointment was ok for me. I was sent information, but did not know that my appointment was not at 7am, I thought I would be seen at 7am. Booking needs to be sorted out, one mad rush when desk was opened.*

Female /30 to 35 / West Indian

**Family/Carer Feedback**

**Family Member 1 (This carer was sitting in the waiting area, after all the patients had been called inside)**

*I don’t know when the operation is going to be, they said I can’t go in, seems like I won’t be able to support my wife. They should at least let one person go in…I don’t have a clue what is going on really…she could be sitting inside on her own for hours…they said operation could last 30 minutes or 4 hours…what do I do in the meantime…if you travelled from far, you can’t just go back home…we came from Essex, anyway I can go home and be called back again if things happen quickly. I only found out about all this today from the nurse that came out in the morning and spoke to us all…she gave a lot of information which was useful, we should have had this information before coming here, at least I would know what to expect…however she said things very quickly and sometimes it was not clear enough.*

*It was very quick getting this appointment, my wife has ovarian cancer stage 4…up to this stage everything has been good, my wife has been seen quickly, staff have been nice, they did everything efficiently blood tests, ECG… the care has been good.*

*I have a few suggestions for improving this service:*

1. *They should inform carers of surgery times*
2. *They should allow carers to go in with patients, carers need to be there for moral support…if there are delays, then patients will get anxious, it would be helpful if they could review this (this carer was not aware of the Trust Chaperone Policy)*
3. *The department needs to give patients and carers sufficient information about the day before arriving for appointments, we have no idea of what is expected.*

Male/ 60/ White British

**Family Member 2**

*The arrival process was a bit of a shock. I thought the appointment was at 7 am, I am here escorting my daughter. The information the nurse gave or what I heard of it was of help, but was too much given too fast. I did not realise that I could not stay with my daughter, at present I have had no communication with her since she was called in. I need to be updated as I live in Hemel Hempstead, if she is here for a long time I may need to arrange for someone else to come and wait for her. I did not know you could not eat or drink here in the waiting area. I am diabetic and need to take my medicine and a little food…so I went into the toilet to do this. Staff seem helpful. But it’s not knowing how my daughter is…I worry about her.*

Female/ 60 to 65/ White

**Family Member 3**

*We missed the nurses talk in the morning, as my mother must take medications in the mornings at a set time which meant we could not be here at 7am. Other than that, it has been ok experience. We were given information on what to expect today (same as nurses talk) by the reception staff, I did not realise escorts are not normally allowed in. This is different from St Bart’s. I am not just my mum’s escort but also her carer, I need to be with her….*

Female/ 35 to 40/ White

**Notes:** Healthwatch representative recommended that this carer speak to staff about chaperoning her mother to the theatre area, after the carer spoke to staff, she was given permission to chaperone her mother.

**Feedback Summary** (based on resident feedback; representative’s observations and comments)

* The majority of patients seemed to have had a good experience leading up to attending Day Surgery and whilst waiting in the theatre area, they commented that the service seemed efficient and the level of care provided by doctors and nurses pre-and post-operation are very good. Overall satisfaction rates amongst patients with care seemed high.
* Most patients commented that they got their appointments quickly (quicker than expected), therefore patients were happy with the appointment waiting times. From an observational perspective, it appeared that most patients present at the day of our visit had urgent requests for an operation due to the seriousness of their condition, this possibly explains why they were seen quicker than maybe usual.
* The Sister that gives information to patient/carers in the morning about the expectation of the day is a new initiative implemented by the Ward Matron, it appeared that patients appreciated this information and found it helpful, especially more so as they did not have this information prior to coming for the appointment (this was a huge grievance for most patients).
* All the patients that we spoke with thought that their appointment time was at 7am, every one mentioned that the appointment letter sent does not make it clear that all patients are invited to attend at 7am as standard procedure and that is not their actual operation time (this was a huge grievance for most patients).
* Another grievance seemed to be patients not being informed that their family members can’t accompany them in the theatre waiting area. It also seemed that the ‘Chaperone Policy’ of the Trust is not being adhered too by the staff as carers were told that they could not accompany the patient. Carers seemed upset that they could not provide moral support to their loved ones and were not made aware of operation times.
* Effectively the lack of information provided by the hospital administers prior to attending for surgery on the expectation of the day and information for family members, seemed to be resulting in poor patient and carer experience- most of the negative feedback was centred around these issues as highlighted above.

**Questions for Management**

1. Do all patients really need to arrive at once? Could the appointment times be staggered?
2. Representatives observed patients putting on surgical socks, Are surgical sock necessary for minor operations?
3. There are unused theatres in the Trust E.g. Mile End Hospital, has the Trust management considered other options for surgery? This could result in more operations and result in recruiting more surgical staff.
4. Is the Day Surgery ward dementia audited?
5. Does the Day Surgery ward t have hearing loops?

**Concerns**

* Some departments such as ENT and Renal are block booking patients to come in at the same time e.g. they ask all their patients (morning and afternoon) to come in at 7am, even though patients have been allocated different operation time slots e.g. mornings and afternoons. The matron mentioned that she is unhappy with this situation as patients that’s are likely to be seen in the afternoon session get frustrated waiting around and they end up displaying their unhappiness to day surgery staff. She would the mentioned departments to stop block booking as results in negative patient experience as well as creating issues for her staff.
* Surgeons are required to be in ward at 8am for briefing, and operations are meant to start from 8.30am, however the matron mentioned that surgeons can be late and this delays everything.

**Recommendations**

1. There needs to be clear information supplied to patients in the appointment letter so they are fully prepared for the day e.g. highlighting that 7am is not time of their operation, clear information on the Chaperone Policy, a guide to what happens on the day written from a patient’s perspective.
2. There should be a notice on the reception desk to say ‘not to queue’ as all that is required is the letter.
3. There also needs to be information on the reception area to highlight that being front of the que to hand in your letter does not might mean that they will be seen quicker, currently the queuing up process creates a misleading understanding that patients at the front of the que might be seen quicker.
4. Staff should repeat the information that friends and family are not required until discharge, this information is also more so relevant for late arrivals.
5. The ward should do its bests to conform to its ‘Chaperone Policy’, as highlighted the ward is not actively implementing this policy and this is making a lot of patients and family members unhappy.
6. As highlighted in the **‘Concerns’** section, Barts management should identify and be firm with departments that are ‘block booking’ their patients to attend only the morning sessions (there is two appointment sessions), this situation is creating longer waiting times for patients and making it difficult for ward staff as they have to deal with the logistics and also complaints of the patients.
7. The ward should be able to inform patients/ family members the actual time of operation/procedure, this will allow patients to be more prepared for the operation and family members be prepared for the discharge process. It could be the case that a family members says goodbye to their loved one and leaves and could be asked to come back if operation/procedure is completed quickly- this can result in inconvenience for family members as they would have to return within a short period.
8. It would be helpful if the Sister in charge that gives patient information at 7.15am could be highlighted that she speaks more slowly, clearly and takes on questions from patients.
9. A written sheet information sheet should be provided to all patients covering the areas covered by the Sister in charge, some people might not understand or might be too tired to concentrate on what she said.
10. There should be two opportunities to handle over valuables, one at initial changing and the other prior to going into theatre, this will allow people to hold on to things such as mobiles, which can keep them occupied whilst waiting for their operation/procedure.
11. The ward should deploy volunteers, volunteers could be used to offer patients company and help to explain the processes in more details (expectations for the day e.g. what will happen, discharge).
12. Representatives feel that surgical stockings are not compulsory for all patients, they feel that this policy should be reviewed. Thousands of pounds could be saved by not using them plus some hospitals don't use them at all. Also, stockings are not comfortable for all.
13. There should be ‘easy read pictures or instructions (large print)’ on how to operate the beds/couchettes in the theatre areas, theses instructions should be made available to patients when admitted there initially.
14. Representative feel that there is glaring lighting in the waiting room, they feel the lights should be softened.
15. Healthwatch Co-chair would like to meet with the Medical Director/ Chief Surgeon to review the recommendations, it would be helpful if a meeting could be arranged to discuss these recommendations and potential actions.

**Important Information for Management**

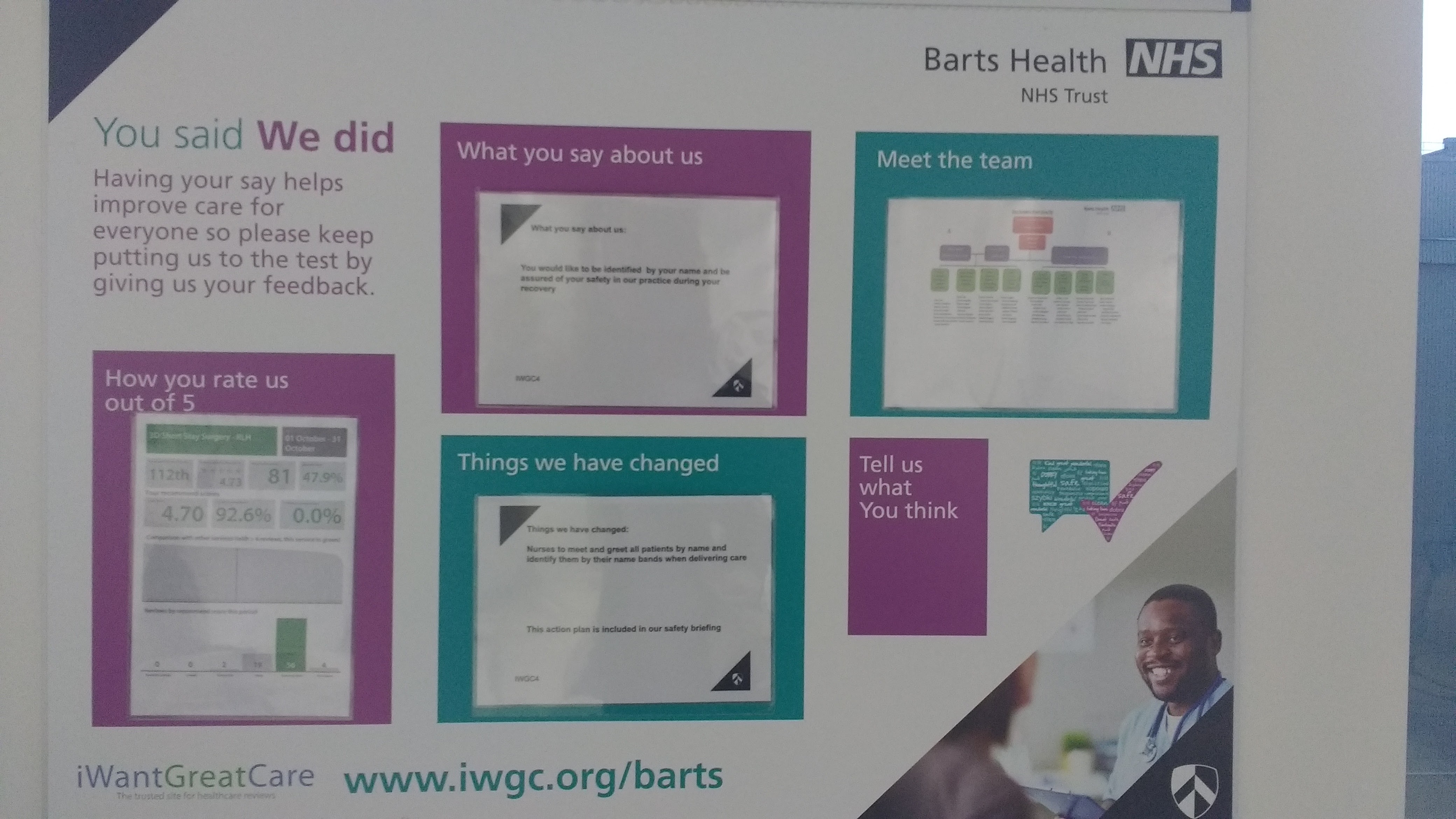
* We expect the management of the Day Surgery Ward to respond to any questions and recommendation raised in this report with an action plan (if applicable).
* Copies of this report will be circulated to Tower Hamlets CCG, CQC and will also be available on Healthwatch Tower Hamlets website.

Healthwatch Tower Hamlets representatives and staff would like to thank Natoya Louison **(**Ward Matron) for making all the necessary arrangements in organising the visits and for helping us during our visits.

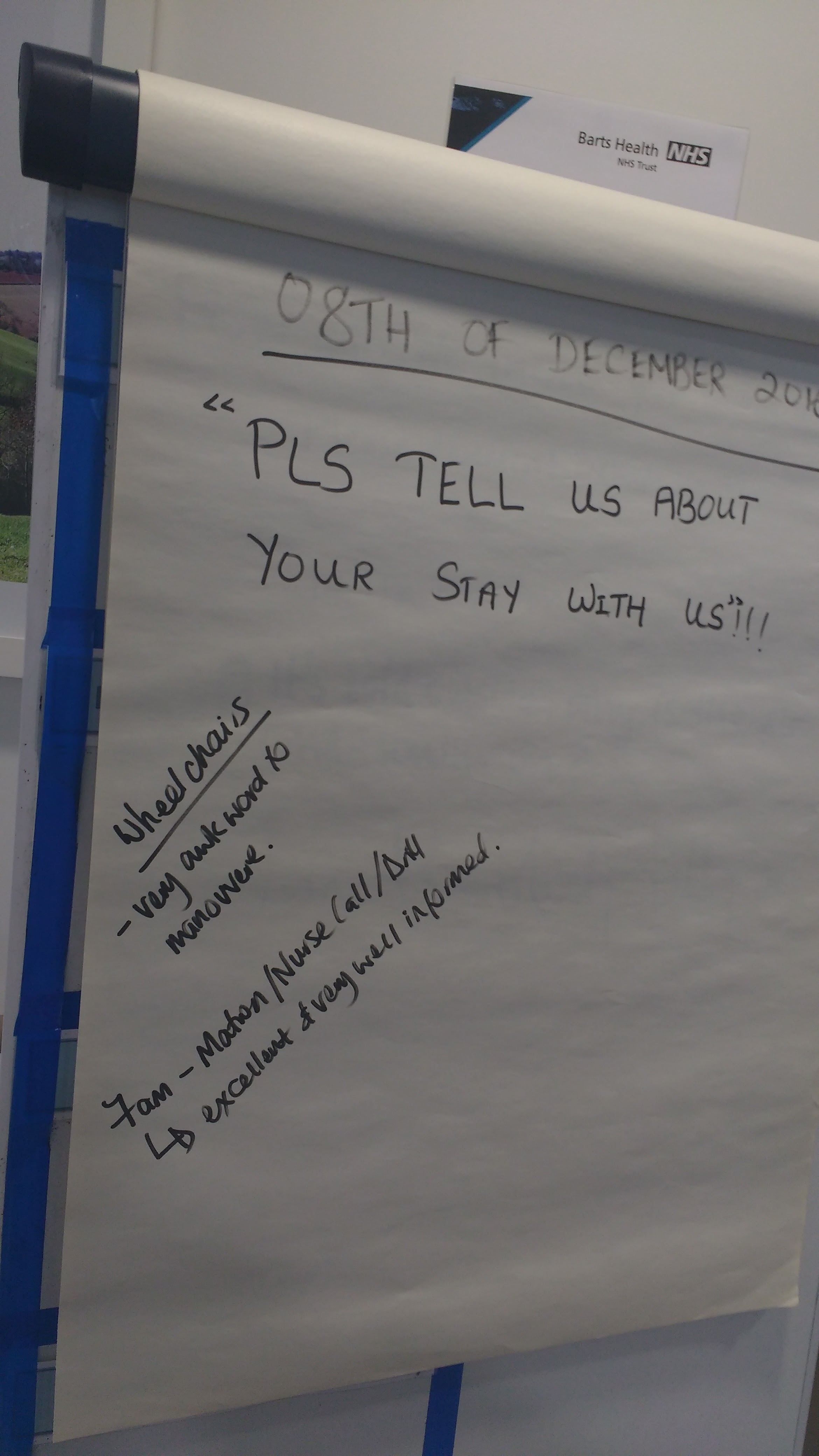
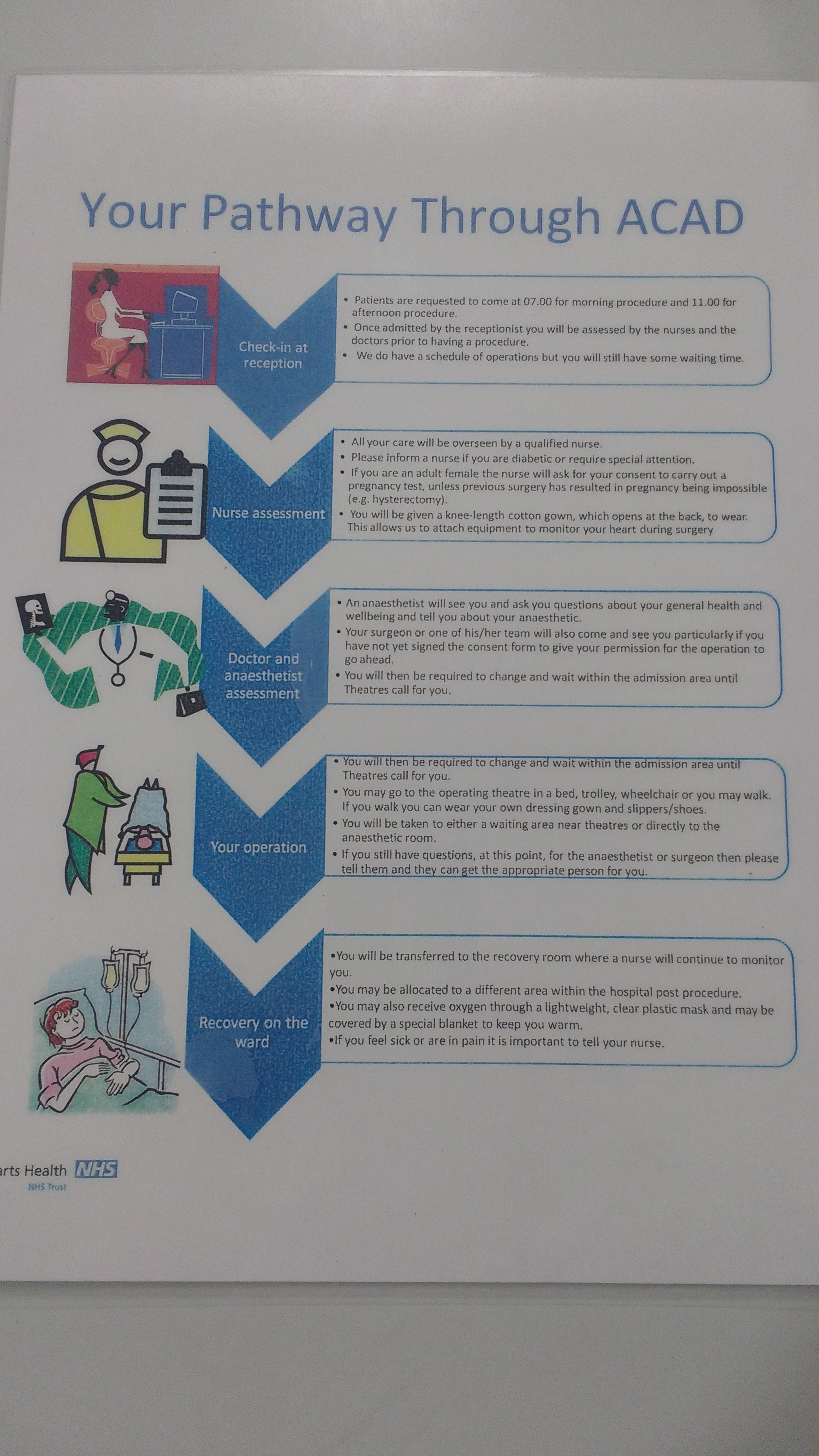
**Disclaimer**

1. The observations made in this report relate only to the visit carried out the Day Surgery Ward (Royal London Hospital), which lasted for a total of 4 hours.
2. This report is not representative of all the patients that were admitted to the Day Surgery Ward. It only represents the views of those who were able to contribute within the restricted time available

**Pictures from the visit**





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