

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST
Executive Summary Report for Council of Governors

Subject:	Governors' Visit to NGH Endoscopy Unit 26-2-18
Supporting Director:	Sandi Carman, Assistant Chief Executive
Authors:	Barbara Bell, Sally Craig, Cath Hemingway and Jennifer Booth

PURPOSE OF THE REPORT:

To provide feedback to the Council of Governors on the visit and highlight the work and challenges for the Unit.

KEY POINTS:

- Exceptionally professional and welcoming staff, the senior nurse sets a very high standard of practice.
- The Unit provides diagnostic endoscopies (for the stomach and the bowel) with a consultant led service.
- Opened in 1995 with a small workforce which has increased about six fold with a concomitant patient load.
- Strict adherence to high standards of cross infection control.
- Commitment to research, training, evidence-based best practice, good patient flow and a good patient experience.
- Lack of space is a significant issue for the service.

GOVERNOR OBSERVATIONS/RECOMMENDATIONS:

Governors comments	Directorate Response	TEG Response
1. Has consideration been given to expanding the staff rest area into the outside space around it as an interim expansion measure?	1. Consideration has been given to the staff rest area to be expanded. This would require a capital bid for funding. Staff dining facilities are available in the large Huntsman dining room located immediately above endoscopy. Staff changing facilities are available both in Endoscopy and in the adjacent Brearley Wing corridor.	TEG noted that activity has grown and there are therefore a number of issues with regard to work environment. TEG also noted that there is work on going within the directorate to review the environment and to address the matters identified.
2. Could the patient waiting area be improved with possibly some relaxing music/reading material? Possibly funded through charitable funds?	2. Previous TV was broken – new TV now purchased and awaiting installation. Some magazines are available that meet JAG requirements for endoscopy waiting areas. A bookcase is available with fiction novels. Patient information leaflets are also available within the waiting area.	
3. Can anything be done to resolve the issue of lack of	3. We have partially resolved this issue by obtaining storage	

<p>storage space?</p> <p>4. Are there any long term plans in place to replace/ expand the entire Unit to cope with its current and future workload?</p>	<p>across the corridor from the department. All supplies are rationalised to ensure only essential stores are kept within storage areas.</p> <p>4. Currently no plan in place to locate all Endoscopy service on the NGH site. Expanding OOH working to accommodate additional workload, plus utilising RHH endoscopy and endoscopy room on CIU has given additional capacity to address demand for service issues. The next JAG visit is due to take place in December 2018.</p>	
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**Governors' Visit to Endoscopy Unit, Northern General Hospital
26 February 26 2018**

Governors

Barbara Bell
Jennifer Booth
Sally Craig
Cath Hemingway
Peter Hewkin
Ian Merriman
Enid Wadsworth

Unit Staff

Anna Philipose (Senior Sister)
Dr Kumar Basu (Consultant Gastroenterologist)

Sister Anna Philipose welcomed Governors and gave an extensive tour and detailed information about the Unit. Governors were told:

- The Unit comprises 57 staff consisting of registered nurses, clinical support workers and porters (increased from 30 in 2½ years) and 22 medical staff. The Unit is 'on call' 24 hours a day. Evening and weekend emergency patients are seen by one of the 19 consultants on call.
- 14,260 patients were seen in 2017 including diagnostic and therapeutic gastroscopies, colonoscopies, flexible sigmoidoscopies plus an additional 2,000 bronchoscopies, thoracoscopies and ERCPs annually.
- There have been significant budget and efficiency savings in the Unit.
- In the event of staff sickness/absence, staff are flexible to rota changes meaning use of agency staff at present is zero, avoiding additional costs and also the challenges involved with agency staff who are unfamiliar with the Unit.
- A pre-assessment service has been introduced with a significant reduction in DNAs.
- There are systems in place to ensure clinical safety in the theatre area, utilising the WHO theatre checklist specific to Endoscopy unit.
- Infection prevention and control has a high priority.
- There is a clear commitment to research, training and development, evidence-based practice, patient flow and patient experience. This is supported by the information provided that the Unit is able to recruit and retain senior medics within the service.
- Accommodation/equipment:
 - Shortage of space in the waiting and recovery areas, staff rest room and for storage is evident.
 - Although male and female patient treatment areas are segregated more space is required to segregate male and female changing/lavatories etc.
 - The medical storage area is not large enough.
 - Endoscopic decontamination is carried out on site; three main drying cabinets are located in a corridor with five others in two small rooms elsewhere, this arrangement is problematic causing congestion with people traffic flow in both areas.
 - Scrubs are worn by all staff however there is only a small mixed sex changing area for changing into outdoor clothing at the end of the shift or in the case of an emergency eg soiling of garments.
 - The unit has outgrown the staff rest area, considering the number of staff, the various shift patterns and students eating and studying there the area is inadequate.
 - It was suggested to governors that the garden area adjacent to the rest room could be utilised to extend the rest room.
 - The waiting area was a little quiet, have patients been canvassed to ascertain if a TV/radio on quietly would provide a welcome distraction whilst waiting? This could be funded from charitable Funds.
 - Problems with the electronic whiteboard are quite common, though on reporting they are rectified.

- Consultants and nurses need to input information constantly and each theatre has its own computer, however the staff resource/education room only two computers.
- Appointments and cancellations:
 - Although not permissible, patients increasingly ask to be accompanied into theatre with relatives; it can take significant persuasion from staff to convey the message that this is not always appropriate. Strenuous efforts are made to avoid last minute cancellations due to problems such as this.
 - There are plans in place to include instructions in appointment letters asking patients not to bring children with them to their appointment. Sometimes patients assume that young children can simply be left in the reception area.
 - There is a general problem of patients not attending but not cancelling their appointment and this impacts on waiting lists.
 - Problems occur when an interpreter has been booked for a patient who does not attend but does not cancel their appointment.
- Reception staff:
 - A governor was disappointed by the lack of welcome from the receptionist who ignored an individual who said good morning to her. It was noted that most patients attending the Unit will be feeling anxious and a more friendly approach would put people at ease.

Dr Basu provided Governors with some additional interesting information:

- Elderly admissions with co-morbidities cannot now be treated by a generalist as the gastroenterology specialities have developed.
- One issue relates to emergency admissions of those patients over 65 years of age with a gastric bleed due to NAs or aspirin, which might not have occurred if omeprazole medication had been given by the GP.
- The Unit scores highly with the Friends and Family Test.

Governors saw this as a well-run and well-led Unit. The staff appear to work very well together with mutual respect. Governors enjoyed the visit which was engaging and informative. They felt that the patient experience will have been much improved over time but that it could be enhanced for patients and staff alike with more space.

Sally Craig
Public Governor

Barbara Bell
Patient Governor

Cath Hemingway
Staff Governor

Jennifer Booth
Patient Governor

