ENTER AND VIEW VISIT REPORT

Darent Valley Hospital: Accident and Emergency Department

What is Healthwatch Kent?
Healthwatch Kent was established in April 2013 as the new independent consumer champion created to gather and represent the views of our community. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

What we do?
Healthwatch Kent took over the role of Kent Local Involvement Network (LINk) and also represents the views of people who use services, carers and the public to the people who commission plan and provide services. Healthwatch provides a signposting service for people who are unsure where to go for help. Healthwatch can also report concerns about the quality of health care to Healthwatch England, and the Care Quality Commission take action.

Our Mission
Our mission is to raise the public's voice to improve the quality of local health and social care services in Kent. We listen to you about your experiences of health and social care services and take your voice to the people who commission health and social care services in Kent.
Our FREE Information and Signposting service can help you navigate Kent's complicated health and social care system to ensure you can find and access the services that are available for you. Call us on 0808 801 0102 or email info@healthwatchkent.co.uk

Our Values

- Volunteer led (5 staff, 60 volunteers)
- Information and Intelligence based
- Support and Guidance
- Two way communications
- Partnerships and relationships - achieve more in partnership than alone
- Honest, accountable and transparent

Enter & View

In order to enable Healthwatch Kent to gather the information it needs about services, there are times when it is appropriate for trained Healthwatch Volunteers to see and hear for themselves how those services are provided. That is why the Government has introduced duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services.

Healthwatch Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Kent to gain a better understanding of local health and social care services by seeing them in operation. Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View Report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The reports may also make
recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

Legislation allows ‘Enter and View’ activity to be undertaken with regard to the following organisations or persons:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)
- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or the NHS to provide health or care services (e.g. adult social care homes and day-care centres).

**Key Benefits of Enter & View**

To encourage, support, recommend and influence service improvement - by:

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing ‘best practice’, e.g. activities that work well
- Keeping ‘quality of life’ matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a ‘critical friend’, outside of formal inspection
- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning
- Spreading-the-word about local Healthwatch.

<table>
<thead>
<tr>
<th>Name and address of premises visited</th>
<th>Darent Valley Hospital, Darent Wood Road, Dartford, Kent DA2 8DA</th>
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<tbody>
<tr>
<td>Name of service provider</td>
<td>Dartford and Gravesham NHS Trust</td>
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<tr>
<td>Purpose of the premises / service</td>
<td>Accident and Emergency service</td>
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<tr>
<td>Lead contact</td>
<td>Cathy Green (General Manager, Emergency Department)</td>
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<tr>
<td>Date and time of visits</td>
<td>17 June 2014</td>
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<tr>
<td>Authorised representatives undertaking the visit</td>
<td>Helen Stewart, Libby Lines, Theresa Oliver, Jim Hancock (Team Leader)</td>
</tr>
<tr>
<td>Healthwatch Support Team</td>
<td>Lillian Ndawula</td>
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**Disclaimer**

This report relates only to one specific visit and does not claim to be representative of all service users, only of those who contributed within the restricted time available.
Purpose of the Visit to Darent Valley A&E

The visit was carried out following concerns raised by Kent Health Overview and scrutiny Committee (HOSC). The purpose of this visit was to look at the waiting times, quality of care and method of transport to A&E.

Aim and objectives

- To gather views from Service Users, Carers/Visitors and Staff about their experiences in the Accident and Emergency department.
- To explore Service Users’ views on the facilities provided in A&E at Darent Valley Hospital.

Method

A team of four Enter and View volunteers visited the service on a Tuesday afternoon which is usually a busy session, and views were collected from service user by using a questionnaire. (Appendix 1).

On arrival at Darent Valley the team met with the Operational Manager of A & E, who provided an overview of the general layout of the department and introduced the team to staff currently working in those areas and explained the reasons for our visit.

This report contains the outcomes from the questionnaires completed and the observations made by the Enter and View team.

Background Information

Darent Valley Hospital opened in September 2000 and has approximately 463 inpatient beds. It offers specialist services that include day-care surgery, general surgery, trauma, orthopaedics, cardiology, maternity and general medicine. The hospital also has an accident and emergency department which provides acute care. The function of the A&E department is to provide prompt and appropriate services to those patients with acute illness or injury. On arrival to A&E patients
are assessed, prioritised, and treated in terms of clinical need. The hospital aims to have all patients seen and treated within 4 hours from arrival.

**Our Findings**

The team spoke to 26 people altogether. Of these, 5 were in the paediatrics department, 18 in the waiting area and 3 in the clinical area. The majority of the patients were accompanied by at least one person.

When asked who was seeking help, nine (34%) were seeking help for themselves, 5 (19%) were parents seeking help for their children, 4 (15%) were there because a family member was seeking help, 2 (7%) were spouses and 6 didn’t respond.

The respondents were then asked how they arrived at A&E. The majority of the people we talked to 17 (65%) travelled in their own cars, 7 (27%) were brought by ambulance and 2 (7%) came by public transport.

The respondents were asked whether they were advised by anyone to come to A&E and 16 (62%) were referred by their GP, 8 (30%) came straight to A&E, 1 (4%) was referred by 111 and 1 (4%) by ambulance service.
The respondents were also asked if this was their first visit to A&E and the findings were that 16 (62%) were visiting A&E for the first time, whilst 10 (38%) were a repeat or follow up visit.

The team then asked how long people had been waiting within the A&E department. Eleven (42%) had been seen within 1 hour of arrival and of these, 5 were children, which meant that 100% of children waited less than an hour. Also, 9 (35%) had waited between 1 to 2 hours, 4 (15%) waited between 2 to 3 hours and 1 (4%) person waited between 3 to 4 hours. One person did not know how long they waited as they were not sure when they had collapsed and what time they had arrived at A&E.
It was noted that all the 26 respondents had been triaged within 20 minutes of having registered their arrival at reception. This supports the process that all A&E visitors are triaged within the 20 minute window of arrival at A&E.

The respondents where then asked if they had seen a nurse or a doctor since their arrival at the A&E Department. Of these 24 (93%) had seen a nurse or a doctor, whilst 2 (8%) were still waiting.

Following this respondents were asked if they had received any form of treatment since arriving in A&E and 12 (46%) had received treatment but were waiting either for test results or follow up treatment, 12 (46%) had received no treatment from a doctor or nurse and 2 (8%) respondents were currently receiving treatment.

The following set of 4 questions were seeking the respondents view about the following areas: Information, attention by staff, privacy and involvement in decisions.

a) Since you arrived, have you been given information that is clear and easy to understand? Overall 62% were very positive about their experience.

b) Do you feel staff have given you their full attention? Overall 77% were very positive about their experience.
c) Do you feel your privacy has been respected? Overall 85% were very positive about their experience.

![Question b chart](chart_1.png)

d) Do you feel you have been involved in decisions about your care? Overall only 38% were very positive about their experience, 12% felt they were quite involved, while 12% felt that they were not involved. However, 38% did not know.

![Question c chart](chart_2.png)
On combining the responses to these qualitative questions it becomes clear that in general:

- The majority of responses were positive across all four qualitative questions
- The area where respondents were not clear if they were involved or aware was in respect of the decision being taken about the care being delivered.

Finally the respondents were asked where they lived which showed that 11 (42%) where from within Kent, 1 (4 %) from Medway, 3 (12%) from Bromley, 6 (23%) from
Bexley, 3 (12%) currently working in the area but not living locally, and 2 (8%) who declined to answer.

**General Observations**

The team viewed all areas of the A&E Department and made the following observations:

1. Signage in need of improvement and reception was not signposted from outside.

2. Only one triage point in main area and the curtain did not give sufficient privacy.

3. The Triage process was adequate and speedy but patients were not aware of how cases are prioritised.

4. It was possible for patients to overhear comments being made to receptionists by new patients. (privacy)

5. Waiting area very crowded as patients had to return to the same waiting area for test results to be returned.
6. It should be noted that the people we interviewed had, in the main been seen by the triage nurse. However, we did see that a number of them were still waiting for treatment when we left after around 3 hours in the department.

7. It was very difficult to hear and understand patient’s names being called to treatment area. This is due in part to the general layout of the area and the lack of any electronic system.

8. Reception area inadequate and crowded particularly when ambulances were booking in their patients.

9. The children's area was pleasant and well organised at time of visit.

10. The clinical area appeared to be running efficiently, but this was compromised by the slow response from general wards to accept the handover of patients which in turn led to difficulties for the department and unnecessary stress for the patients. Some team members witnessed the sister in charge on the phone for some considerable time trying to arrange hand over of patients to wards.

11. A particular point of concern was that it seems that the Trust policy is that any patient who has previously been discharged and then has to be readmitted must do so via the A & E Department. When we arrived at the department, one patient had to go through this process.

12. As a wheelchair user the patient was unable to wait in the waiting area because of lack of space; but was within the main corridor near reception. He was accompanied by 2 adults who were also unable to use the waiting area as they had to attend to his needs.
13. A paramedic from South East Coast Ambulance Trust (SECAmb) was available in the ambulance admissions area to deal with any ‘overflow’ of patients who are waiting to be transferred to the clinical admissions area.

What People told us
During the survey comments from the respondents were as follows across the three areas:

General Waiting Area
- Difficult to finding when had a pushchair
- Waiting time not acceptable
- Lack of information, not a happy experience, terrible waiting time
- G.P. Faxed information prior to arrival, but no one can find the fax
- Ambulance great,
- Cannot hear names being called,
- loops at end of chairs dangerous
- Attitude of doctor, felt being told off, Other staff fine
- Parking issues, needs a multi storey
- Cold, hard to hear names being called, waiting area too small
- Waiting area uncomfortable,
- attitude of those calling name not always welcoming,
- toilets nice and clean but cannot hear tannoy

Clinical Area
- Things take a long time
- Long delay to receive treatment
- Need bigger beds (Unable to stretch out)

Paediatric Area
- Very pleased with nurse consultation, plenty of toys to play with, prefers DVH to Queen Elizabeth Hospital, Woolwich
- Very pleased with service provided. Seen shortly after return from X-ray
- Car parking a major issue
Discussions with Staff

No discussions were held with staff during the Enter & View visit other than to seek permission to talk to respondents who were based in the clinical areas or to confirm a point of process.

At the end of the Enter and View visit, the team met with the General Manager of the Emergency Department and informed her of the key findings which were:

- the poor seating and space in the main waiting area not being adequate for the volume of people;
- only having one triage bay for the A & E department;
- the lack of an adequate call / tanoy system that people could actually hear their names being called by hospital staff;
- the poor and confusing signage both on entry and around the department;
- the poor car parking facilities to be able to gain access A & E
- The re-admissions process for a patient having to go through A & E before being re-admitted to a ward.

All of the points raised were acknowledged by the General Manager, and the General Manager confirmed that these points were being addressed as part of the planned building work due for completion at the end of 2014, with the exception of improvements to the car parking available at Darent Valley Hospital and the re-admissions policy.

The General Manager expressed a view that some of the issues may well be addressed before the completion of the planned building work to revamp the A&E Department, but this was not confirmed.

Recommendations

Following a review of the information collected during the Enter and View visit, the following recommendations were made:
1. Improvements should be made to the signage now rather than waiting for the planned building work to be completed, with particular reference to the reception area.

2. The poor and unsafe furniture should be updated as soon as possible, rather than wait for the building work to be completed.

3. People waiting in the general area with children could perhaps be directed to a children's area whilst waiting for treatment or test results. However this would mean that when patients are called, staff must be aware of where they are or a call system would need to be introduced.

4. Attention should be made to calling patients to the treatment area. The present system used involves a staff member standing in the waiting area and calling the patients name which is not beneficial to the patients.

5. General waiting area to be used for pre and post triage and a separate area away from general waiting for patients who have been seen and are awaiting further treatment or test results.

6. Information should be made available to patients regarding their own waiting time as appropriate.

7. There is only one triage bay in the main waiting area for patients until the building work is completed when 2 will be available. However the current offers little privacy and this should be replaced with a more robust screen now, rather than waiting for the building work to be completed.

8. The re-admissions policy which dictates that patients must re-enter a ward via A & E to be reviewed as soon as possible.
Acknowledgements

Healthwatch Kent would like to thank:

Dartford and Gravesham NHS Trust

Cathy Green, General Manager Accident and Emergency Department

All the people who agreed to give their feedback

Jim Hancock, Libby Lines, Helen Stewart and Theresa Oliver our Authorised Visitors.
Appendix 1

QUESTIONNAIRE FOR DARENT VALLEY ENTER & VIEW VISIT

Tuesday June 17th 2014

Time : ____________

Where are you? (Please circle)

Waiting Area  Clinical Area  Children’s area

Explain who you are and why you are there. Ask the patient, or family member if you can ask them a few questions.

Q1: Who is seeking help today? ________________

Q1a : If they are not the patient, who are they?

Parent  Family Member  Partner/spouse  Carer  Other______

Q2: How did you get to A&E today?

Ambulance  On foot  Taxi  Car  Public Transport

Q3: Who advised you to come to A&E?

Came straight here  GP/Health professional  111  Minor Injuries

Q3a : If you came straight here, why? Did you have any other option?
Q4: Is this the first time you’ve been here for this issue?  YES  NO

Q5: How long have you been waiting?

0-1 hour  1-2 hours  2-3 hours  3-4 hours  4-6 hours  over 6 hours

Q6: Have you seen a nurse or doctor since you arrived?  YES  NO

Q7: Have you received any treatment since they saw you?  YES  NO

| Q8: Since you arrived, have you been given information that is clear and easy to understand? |
|----------------------------------------|---------------------------------|----------------|----------------|----------------|
|                                        | Not at all                      | Not very        | Quite          | Very           | Don’t know     |

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<th>Q9: Do you feel staff have given you their full attention?</th>
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<th>Q10: Do you feel your privacy has been respected?</th>
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<th>Q11: Do you feel you have been involved in decisions about your care?</th>
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Q12: How old are you? (optional) _______

Q13: What is your postcode? (optional) _______

Q14: Are you a resident of ....

KENT  Bromley  Bexley  Medway  Other

COMMENTS / OBSERVATIONS