



East Kent Hospitals University Foundation Trust A&E Departments Enter and View Programme 2014-2015

Queen Elizabeth Queen Mother, 9th December 2014

Healthwatch Kent undertook a series of visits to East Kent Hospitals University Foundation Trust (EKHUFT) Accident & Emergency departments. This is part of our work to support the EKUFT Improvement Plan following their recent CQC report.

About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Healthwatch Kent is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of Healthwatch Kent's remit is to carry out Enter and View visits. Trained volunteers carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows Healthwatch Kent authorised representatives to observe services and talk to service users, patients, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observed anything that they felt uncomfortable about they would inform their lead who would then inform the service manager, ending the visit.

In addition, if any member of staff wanted to raise a safeguarding issue during our visit, we would direct them to the CQC where they are protected by legislation if they raise a concern.

Acknowledgements

Healthwatch Kent would like to thank the service providers, patients, visitors and staff for their contribution to this Enter and View programme.



Purpose of the visits

Disclaimer

Please note that this report only relates to what we observed during our visits. Our report is not a representative portrayal of the experiences of all patients and staff, only an account of what was observed and contributed at the time.

Purpose of the visits

Healthwatch Kent undertook two visits to the Accident and Emergency Departments of two hospitals within East Kent Hospitals University Foundation Trust:

- Queen Elizabeth Queen Mother hospital visited on 9th December 2014
- William Harvey Hospital visited on 13th January 2015

East Kent Hospitals University Foundation Trust is currently implementing a significant development plan to address areas highlighted by the Care Quality Commission (CQC). These visits were designed to take a baseline snap shot across the Trust. The visits will be repeated in the Spring, in order to ascertain if the Trust's development plan has resulted in improvements noticed and reported by patients, family and staff in terms of patient experience, dignity or choice.

These Enter and View visits were designed to ensure that we were hearing about the experiences of people using A&E. The visits aimed to gather views from patients, carers, families and staff about their experiences of the Accident and Emergency pathways and their understanding of possible alternative pathways.

Methodology

These visits were announced Enter and View visits and were planned in conjunction with

Senior Matrons at each Accident and Emergency department.

Contact was made with the Senior Matron before the visit and information was given about the role of Healthwatch. The dates for the visits were agreed with the Senior Matrons.

A team of two enter and view volunteers visited each A&E. A set of questions and areas for observation were used by teams, as the framework for conversations during each visit (Appendix A).

At each A&E, Healthwatch Kent volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All observations have been shared with the provider and this report is accompanied by a statement from each provider.

Name and address of premises visited	Accident and Emergency department. Queen Elizabeth Queen Mother Hospital, Ramsgate.
Name of service provider	East Kent Hospitals University Foundation Trust
Lead contact	Michael Walker - Senior Matron
Date and time of visits	9 th December 2014
Authorised representatives	Theresa Oliver and Helen Stewart

Background Information

The following information has been supplied by the hospital as a snap shot of activity on the day of the authorised visit.

- The number of patients registered in the department during the time we undertook the visit. 36 (14 Ambulances and 22 walk in patients)
- The average time patients took from registering to being seen at Triage was 17 minutes.
- The average time for patients to be seen and a clinical decision made was 48 minutes.
- The average time patients stayed in the department from triage until discharge or gaining a bed if being admitted was 164 minutes (2 hours and 44 minutes)

Healthwatch Kent's authorised visitors spoke with a total of 14 patients during the visit. In addition there were 5 staff and 6 carers / relatives. The authorised representatives spoke to people at various locations within the A&E department with an even distribution across the waiting area and the medical areas. There were no patients in resus at the time of the visit.

The majority of people we spoke to during the visit were between 18-65 years. One patient was under 18 years and three were over 76 years.

Most patients reported that they came by car (8) or ambulance (5) only one on foot and none by public transport.

50% of patients approached during this visit (7) were advised to come to A&E by a health professional, four had come straight to A&E and three had called 999.



Patient journey through the Department

The following steps explain how a patient travels through the A&E department :

- Patient booked in by receptionist
- A nurse from IC24 assesses the patient and makes a decision to send the patient to the GP on call or passport them straight to A&E triage in the A&E pathway
- If GP: they return to wait in the waiting area
 - See the GP and receive treatment and leave A&E
 - Or see the GP and be passported on to A&E Triage assessment area and then into the A&E pathway.
- If A&E: they return to wait in the waiting area
 - See the Triage nurse
 - Return to the waiting room or into Triage assessment

What we saw : Summary of observations

- The waiting area was observed to be clean and calm.
- Patients reported waiting on average 20-30 minutes before entering the treatment pathway, which ever one it may have been.
- A cleaner was on duty completing tasks.
- The majority of beds were occupied in major / minors.
- All paediatrics beds were occupied.
- With the IC24 nurse process in place, waiting time in the waiting room appears low - (less than hour).
- Once in a major injury or minor injury bed the waiting time appears to increase to 2-3 hours.
- Areas between the major / minor and paediatrics appeared very busy. There was a lot of traffic with nurses, doctors and incoming trolleys from the ambulances arriving.
- Within the bed areas (major, minor and observation) relatives were able to sit with patient.
- There was access to drinking water and food was provided for patients over the lunch period.
- Computer stations were available for nurses / doctors to use. The station leading into the Paediatrics bed area was seen to cause a pinch point.
- The GP and Triage assessment area had a continual flow of patients; some patients in triage assessment were waiting for a bed to become free in order to continue the assessment / treatment process.
- The GP did considerably reduce the number of people entering the A&E pathway.
- There was a view expressed, by staff, that patients have heard about the access to a GP at A&E and some have even tried to make an appointment over the phone.



Our Observations

Raw data from the questionnaires can be found in Appendix A

The patients experience of their journey through A&E

The people we spoke to in the waiting area had all been waiting less than an hour.

The six people who had been waiting between 2-3 hours were waiting for further treatment or results.

Most people had seen a doctor or nurse and had either had treatment or were waiting for further treatment or doctor's analysis. One new arrival who had been waiting less than 20 minutes had not seen a doctor or nurse.

Privacy, Dignity and Respect.

The majority of people questioned (10) thought that they had been given clear information, with only three patients feeling that they had not been given very clear information or none at all.

Most patients felt that staff had given them their full attention, with two patients qualifying this further saying "*as much as they can as they are so busy*"

Most people (9) felt that their privacy had been respected and the majority (8) either had, or expected to be, involved in decisions about their care.

Most people were aware of who the members of staff were who were dealing with them although one person said staff hadn't introduced themselves and they were not sure about staff roles.

Environment

Signage to the entrance of A&E and reception was clear.

The waiting area was clean and uncluttered, well lit and separated from the treatment areas. The patients we observed all were able to hear when their name was called. The reception area was shielded from the waiting area and therefore offered a degree of privacy.

The Triage area was separate from the waiting area.

There is a separate waiting area for children, which can be used by patients in the main area if they are accompanied by young children depending on the volume of traffic in A&E.

There is a separate room for isolation or gynaecology issues.



Discussions with Staff

Discussions with staff raised the following issues:

Ambulance Service

On arrival the Ambulance crew ring a bell for entry into the unit. There is a handover between the ambulance service and the matron in charge.

The patient is placed either in minor, major or resus depending on their needs.

The patient then enters the monitoring / treatment process controlled by the white board which is at the centre of the main areas (minors, major and resus).

Once A&E treatment is complete, patients wait for transfer to a ward or for transport home.

Discussion with on duty Ambulance Office

Now that the 'winter pressures' period have been entered, SECamb have a senior member of staff based within A&E monitoring the flow of ambulances into A&E, the turnaround time and the capacity within A&E unit.

As an ambulance arrives, there is a hand over period of 15 minutes between the ambulance staff and the A&E staff. Should there be delays in handover, or if the number of ambulances targeting the hospital are high causing a back log, the ambulance officer on duty can re-direct incoming ambulances to other hospitals that currently have capacity.

During our visit, the flow of ambulances was not causing a problem and no redirection was required.

IC24

A pilot has been in place for two months using IC24 to supply the required General Practitioner services. Every patient who arrives at A&E of their own accord (not in an ambulance) has to register at the A&E reception.

The IC24 nurse sits with the receptionist(s) whilst details of the patient are recorded on the booking system. The IC24 nurse will then ask the patient further questions based on the information already provided and will make a clinical decision about the patients' needs. They decide if the patient should see a GP or be treated in A&E.

The IC24 service is currently available in A&E from 11am until 11pm. All patients routing via the receptionist are diverted to see the GP where appropriate. Should the GP see a patient who they feel requires A&E treatment, the GP can passport the patient directly into the A&E triage service and subsequently on into the treatment pathway within A&E.



Currently on average the IC24 service sees 30 patients a day, thus reliving pressure on A&E services. The pilot is scheduled to run for a further 4 months, before a final decision is made.

Issues raised by Staff regarding IC24 Service

The IC24 nurse sits in the main office with the receptionists, so some of the further questions that they ask the patient before directing on a pathway could be over heard by other staff passing through / into that office.

It is not always clear to patients waiting in the waiting area who they will be seeing, A&E staff or the GP on call.

Staff felt that the 'word is getting out' that a GP is available at A&E, and believe there is some evidence of traffic going direct to the A&E rather than attempting to see their own GP, or waiting for an appointment at their own GP.

Discussion with Matrons

In discussions with Matrons the following issues were raised;

- There is a need to address staffing ratios more quickly.
- The GP system only works if the GP is motivated and works well with the team and the system.
- The cleaning company only has one cleaner on duty at a time, which is an issue sometimes.
- Possibility of a booth for the IC24 nurse to triage to GP to provide more privacy.
- Mental Health patients form a large part of departments work.
- The Minor injuries and Observation area act as an overflow for majors and for elderly patients who cannot be sent home but have no care place available.

Discussions with Student Nurse

In discussions with a student nurse the following issues were raised;

- Senior staff are always available to advise and answer questions
- They were given a wide variety of tasks and experience within the department.
- The department seemed to be working efficiently and the team was very supportive of each other.

Patients thoughts on what could be improved

During discussions with patients the following suggested areas for improvement were made;

- There is a long delay between initial and further blood tests, could this be reduced, or could the clinical reason for this be explained?

- Could there be an appropriate bed space for patients experiencing mental health problems?
- Could the waiting area have some reading material?
- There could be more information at the various stages of the pathway to explain what happens next.
- One patient raised an issue regarding a recurring problem which requires frequent admission through A&E. They have experienced several issues with the discharge procedure. This patient was advised to contact Healthwatch Kent independently to explore how best to pursue this issue.

Our Recommendations

Following our visit, Healthwatch Kent would make the following recommendations

- Continued monitoring of the GP stream particularly to ensure this is not being mis-used. A suggested solution could be to have a large notice/banner in the entrance to advise patients of alternative pathways and conditions that could be treated by their own GP and raise awareness of 111.
- Although most people were aware of the staff roles, a check list might be useful to remind staff to explain to the patient who they are and what the next steps in the pathway would be, even when busy.
- A procedure for keeping patients informed about waiting times as they go through the system.
- To evaluate whether re-admissions have to come via A&E.
- As mental health patients form a considerable part of the department's work (staff discussion and our observations, 2 out of 14 patients we spoke to were mental health patients) there is a need for a strategy to address emergency care within the county.

We would like to express our thanks to Mike Walker, Senior Matron and all the staff of QEQM's Accident and Emergency Department for making the team so welcome and taking the time to talk to us.

Response of Queen Elizabeth Queen Mother Hospital

East Kent Hospitals University 
NHS Foundation Trust

Healthwatch Kent - Enter and View report response

Area(s) visited: ED, QEQM

Date of Visit: 9th December 2014

Report author: Karina Greenan, Divisional Head of Nursing UC<C

Overall themes and comments:

The staff within the Emergency Department (ED) at Queen Elizabeth the Queen Mother Hospital (QEQMH) would like to thank the team from Healthwatch Kent who visited their department. Their feedback is much appreciated.

As a result of the findings the following actions will be undertaken to improve the area further for our service users.

Customer service workshops

This is in direct response to some of the patients who did not feel as well informed as they would have liked. Training will be taking place within the next 3 months.

Working with IC24

Patients will have written information provided to them regarding their streaming into the IC24 provision on the site.

Staffing concerns

The NICE guidance on ED staffing has recently been released for consultation and comment. The Trust will feed into the consultation and will bench mark its current staffing levels to NICE guidelines. In addition the effectiveness of the e-roster will be explored to ensure it is robust in the utilisation of staff hours.

Speeding up of blood results

Currently the standard for blood results coming back from the lab is 1 hour. Compliance with this is generally good - but patients need to be told that this is

likely to be the time frame. We are planning on setting up screens with information for patients who are waiting to help address this issue.

Waiting room entertainment

The televisions will be functioning within the areas shortly. This will inform patients of the waiting times and alternative routes for accessing health care. Reading material has previously been removed due to the infection control risk and the mess it creates in the waiting room environments.

Psychiatric care

Discussions are on-going with the mental health trust. A primary concern for EKHUFT is the management of patients with mental health difficulties - particularly those requiring children's services.