

HEALTHWATCH KENT ENTER & VIEW PROGRAMME 2015 Accident & Emergency, William Harvey Hospital

July 2015

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 EKUHFT Improvement Plan following their recent Care Quality Commission report.

About Healthwatch Kent

Healthwatch gives people a powerful voice both 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 hospital, patients, visitors and staff for their contribution to this Enter and View programme.

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 visited two Accident and Emergency Departments in East Kent : Queen Elizabeth, the Queen Margaret, Hospital (QEQM) in Margate and William Harvey Hospital in Ashford. Both hospitals are managed and operated by East Kent Hospitals University Foundation Trust. The purpose of our visit was to talk to the patients who were present at that time about their experience of the service.

This was our second visit to both A&E departments. The return visits were designed to compare our findings from our earlier visits 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 & 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 & 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 department. A set of questions and areas for observation were used by the teams on both visits. (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. William Harvey Hospital Ashford
Name of service provider	East Kent Hospitals University Foundation Trust
Lead contact	Peter Orsman, Senior Matron
Date and time of visits	Tuesday 17 th July 2015 14.00-17.00pm
Authorised representatives	Elizabeth Allen and Mike McKenzie

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. 37 (with 33 patients arriving during our visit).
- The average time for patients to be seen and a clinical decision made was 75 minutes.
- The average time patients stayed in the department from triage until discharge or gaining a bed if being admitted was 2 hours and 20 minutes.

Healthwatch Kent's authorised visitors spoke with a total of 19 patients during the visit. In addition six staff members were spoken to. The authorised representatives spoke to people at various locations within the A&E department including the waiting room, Minors, Majors and X-Ray. Most patients returned to the general waiting area after triage. This has been recorded as Triage waiting area, to distinguish which patients had been triaged.

Flow through the Department

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

- Booked in by receptionist on arrival
- There was no longer an IC24 nurse assessment as the GP service had been suspended by the CCG after 2 inspections, due to lack of productivity. All walk-in patients are now directed to wait for triage. This may have had an impact on flow through the department although the overall waiting times did not seem to reflect that.

- The average time from arrival to triage was less than an hour with most patients being seen quite soon after arrival.
- We found evidence of long waits for blood/urine tests. One patient waiting 1.5 hours for a receptacle. Triage advised a sample would be required but hadn't offered a sample pot.
- Patients/carers were asked if they used the hand cleanser on entering the department, most admitted they had not. Some said they hadn't seen it.

What we saw: Summary of observations

- At the entrance to A&E, the glass door was cracked.
- The entrance to A&E also leads to other wards and so non A&E patients and visitors were walking through the A&E entrance which could cause congestion within what is a small area.
- A large roller banner greeted customers and asked them to use the hand cleanser provided in the department. Most people, when asked, had not noticed this poster and hadn't used the cleanser.
- One person asked to see a relative who had recently admitted and was directed to Majors but was left to find her own way. There was no check on the validity of visit thus could pose a possible security issue.
- The majority of people we spoke to during the visit (7) were between 18-64 years old. Three people were between 65 and 75 years old and a further three were over 76. We only saw 3 patients who were under 18 years.
- Nine people attending had come on the advice of their GP, or other health professional and nine had come straight to the A&E department. One of these couldn't get an appointment with their GP. One had called 111 and was referred to GP who then referred them to A&E.
- The majority of patients (12) came by car and 7 had arrived by ambulance.

The patients experience of their journey through A&E

- 16 of the patients had been waiting less than four hours with only 3 waiting between 4-6 hours and no-one waiting longer than 6 hours. The majority (17) had been seen by a nurse or doctor.
- 73% of those surveyed thought they had been given clear information about their care and that staff had given them their full attention. Three people didn't think the information was clear and 1 person felt that staff had not given them their full attention.
- Only one person was waiting for pain management.
- 68% (13) of those surveyed were waiting for test results. Four people were waiting for admission but of these, 2 were also waiting for tests results aswell.

Privacy, Dignity and Respect

- 68% of those surveyed thought that their privacy had been respected with 3 people saying 'not very' and one person 'not at all'. 2 people were not sure.
- The loud speaker system in use at reception was not considered an infringement of privacy.
- One person had been asked to provide a urine sample but had been waiting 1.5 hours for a receptacle.
- One person needed to use the toilet but had to wait some time before a commode was available.

Our Observations

Raw data from the questionnaires see appendices A and B

Environment

- On arrival external signage to the entrance of A&E was clear. The waiting area had vending machines, a water dispenser and toilets but was still dark as there was no natural light and the new entrance had not yet been completed.
- We were shown the progress of the re-development which had been held up because of difficulties with work needed in the roof area. The work was scheduled to be complete by January/February 2016. It was suggested that a return of Healthwatch Kent at that time would be worthwhile.
- The staff were all friendly and helpful and the atmosphere was orderly and appeared to be efficient.
- The overall appearance of the department was cluttered with too many notices. The TV information screen was not working at the time of our visit.

Discussions with Staff

All staff were very helpful and approachable

Discussion with the Matrons .

- The senior nursing staff were welcoming and committed. They were enthusiastic about the coming changes to the building and had views on how to make the department run more efficiently.
- We were advised that plaster was no longer used for breaks and splints were preferred. This speeded up the treatment and reduced the cost. Patients could return home quicker and telephone follow up calls were being made to monitor progress. This was felt to be more efficient and better for the patient.
- Social Services visit each day to monitor potential issues with children or other patients.

- There is no physiotherapy staff available at night or weekends.
- A new Clinical Decision Unit will be included in the re-development of the department. It will have 25 beds and it is expected that patients will stay for less than 24 hours. The Unit will be used for 'walking wounded' and GP referrals to free up space in A&E for those most in need.
- It was observed by the Matrons that when more senior doctors were on duty, numbers of admissions fell compared to the number of admissions when junior doctors were on duty.
- There will be a complete paediatric unit with a separate waiting room in place by early 2016. Staff had already been recruited for this.
- Delays within the department meant that the 4 hour waiting target is sometimes in danger of being missed so patients have to be unnecessarily admitted.

Ambulance Crews

- A&E staff reported that they have still have an efficient and effective relationship with ambulance crews. We were not able to speak directly to any of the ambulance crews at the time of our visit.

Patients thoughts on what could be improved

- Two people were disappointed about paediatric facility which they felt was poor and that no baby change facility was available.
- One person complimented the ambulance crew.
- One person said they were pleased with the speed of service.

Our Recommendations

Following this second visit, Healthwatch Kent would make the following recommendations. These recommendations also combines feedback from our first visit. A full copy of that report can be found on our website.

- Wheelchair access to reception was still an issue. Ensure that this is included in the plans for the new reception building.
- The TV monitor in the waiting area was not working and therefore waiting times were not obvious and the white board was obscured.
- A robust system to inform patients about waiting times and other information needs to be put in place.
- Notices within the waiting room need to be re-organised to ensure important information is not lost or obscured
- Baby changing facilities should be provided
- A system to address the waiting time for test results needs to be implemented. This appears to be a cause of lengthy delays currently

- During our first visit, we felt the IC24 system was helping to support the flow of patients through A&E and patients clearly felt it was a good service. Healthwatch would like further feedback about the removal of this service.
- At our earlier visit, staff talked to us about the trial of a new Surgical Assessment Unit to reduce the pressure of A&E by patients who required readmission following surgery. Healthwatch Kent would like to see feedback from this pilot and understand the next steps for this service.
- There was still no obvious information in the entrance to advise patients of conditions that could be treated by own GP and raise awareness of 111.
- Healthwatch Kent will organise a return visit to talk to patients when the building work and reorganisation had been completed.

We would like to express our thanks to Peter Orsman Senior Matron and all the staff of William Harvey's Accident & Emergency Department for making the team so welcome and taking the time out of their busy schedule to explain the workings of the department

Response of Peter Orsman, Senior Matron William Harvey Hospital A&E Department

On behalf of all the staff within the William Harvey Emergency Department, I would like to thank Healthwatch Kent for this report which I consider fair and accurate and note the areas highlighted for improvement are also areas that the staff themselves or comments via the patient survey, known as Friends and Family Test (FFT) have also identified.

The William Harvey Emergency Department is constantly evolving and it is fair to say that the building has become outdated over the years and so plans are in-place to expand into other surrounding areas thus expanding the overall size of the department, the building work will be conducted over 3 phases with phase 1 commenced in March 2015. Once the building work has been completed there will be enhanced visibility for patients within the major treatment area and improved privacy and dignity, the minors area and waiting room will be expanded allowing more natural light and a dedicated paediatric area with it's own waiting room and treatment cubicles, the date for completion of the building works is end of March 2016 and as a result of this and subsequent Healthwatch reports the building project manager has been asked to incorporate disabled access to the main reception. Access to the department will remain unaltered, Healthwatch note that the door into the Emergency Department also allows access into other parts of the hospital which is correct as this doorway is the nearest entry point from the disabled car park and is also the only point of public access into the hospital at night.

I note that it was felt baby changing facilities should be provided, with the new paediatric area which is due to open March 2016, these facilities have been incorporated into the design and currently baby changing facilities are provided in the toilets within the main waiting area.

Following a visit to a Trust in Surrey plans are now underway to overhaul the triage system, the intention is to replace the current Manchester Triage System, which is inherently slow with a system known as Emergency Severity Index which should reduce the time for initial assessment.

It is disappointing that the electronic waiting times systems was not working on the day of the visit, but unfortunately this system has suffered with some Information Technology (IT) issues which are currently now resolved and so the electronic system does now show the most accurate waiting times along with advertising other NHS services and health promotion material, this television removes the need for hard copy posters etc., within the waiting area. - Please however note that from early 2016 the waiting room will be located elsewhere. This system is unable to give the waiting time of test results as a whole plethora of tests are ordered within the Emergency Department and samples are distributed to various departments and so the processing of these samples is outside the immediate control of the department. Some tests are quicker and easier to complete than others, therefore we can never accurately say how long a sample will take to be processed.

The removal of the IC24 service from the Emergency Department was not a decision made by East Kent Hospitals University Foundation Trust, but was a decision made by the local commissioners.

The Trust is also committed to improving the current IT infrastructure, and trials are well underway in the Trusts 2 Emergency Departments and 2 Minor Injury Units of a paperless ED system, therefore the need for the departmental “flow whiteboards” will cease to exist, the whiteboard on the Ashford site has already been removed, in turn improving the privacy we offer our patients. The Trust intends to “go live” with this project in early 2016 following staff training, this innovation will reduce the need for so much paper, reducing stationary costs and improving productivity meaning staff will have longer to treat and be with patients rather than hand writing notes.

Another new development within the William Harvey Emergency Department, which I am proud to announce, since the Healthwatch visit is that funding has been secured to employ an additional 20 nurses from Clinical Technicians through to Senior Sisters and although recruiting into these specialists post is inherently difficult recruitment is now on-going.

My team and I look forward to Healthwatch Kent returning later in year and in the meantime would be happy working with any of their volunteers to improve the patient journey and overall quality of the service we provide.

Peter Orsman

Senior Matron