

Lewisham & Greenwich NHS Trust
and
Dartford & Gravesham NHS Trust

Lewisham Hospital,
Queen Elizabeth Hospital,
and
Darent Valley Hospital
Accident and Emergency Departments

Enter and View visits carried out on Friday 7th February 2014



Contents

Background	3
Methodology	5
Findings	6
Lewisham Hospital	6
Queen Elizabeth Hospital	10
Darent Valley Hospital	13
Comparative Overview	16
Conclusions	18
Recommendations	19
Authorised Enter & View Representatives	20
Acknowledgements	20
Contacts	21
Appendix 1	22
Appendix 2	23

Background

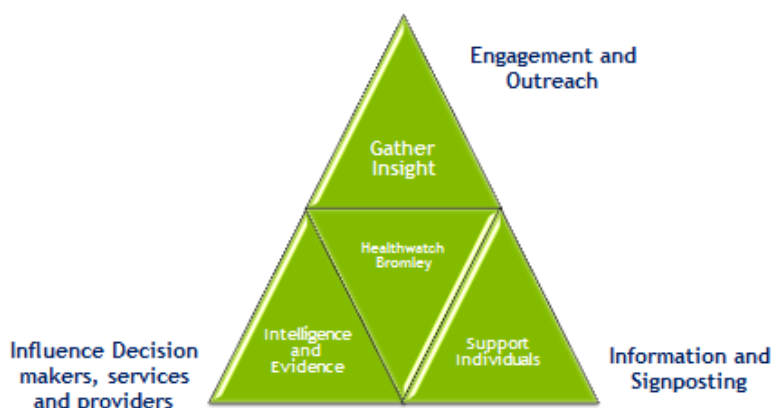
Healthwatch is made up of 152 local Healthwatch organisations that were established throughout England in April 2013, under the provisions of the Health and Social Care Act 2012. One of the main functions of Healthwatch is to support children, young people and adults in their health and social care needs, holding the system to account for how well it engages with the public.

The remit of local Healthwatch is to be an independent health and social care champion, to be the voice of local people and to ensure that health and social care services are safe, effective and designed to meet the needs of patients, service users and carers.

Local Healthwatch core functions are:

1. Gathering the views and experiences of service users, carers, and the wider community,
2. Making people's views known,
3. Involving locals in the commissioning process for health and social care services, and process for their continual scrutiny,
4. Referring providers of concern to Healthwatch England, or the CQC, to investigate,
5. Providing information about which services are available to access and signposting,
6. Collecting views and experiences and communicating them to Healthwatch England,
7. Work with the Health and Wellbeing Board on the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (which will influence the commissioning process).

The following triangle is a useful way of seeing how the different parts of local Healthwatch form together to make the whole.



Following the changes to local hospitals that came with the dissolution of the South London Healthcare NHS Trust in October 2013, local Healthwatch from Bexley, Bromley, Greenwich, Kent and Lewisham agreed to conduct Enter and View visits within the hospitals where there had been a cross-over of services, and to monitor the impact of the transition across the boroughs. As part of the Healthwatch work programmes, each local Healthwatch set one of its priorities to monitor the transition of services since the changes to the local Hospital Trusts.

The six South East London local Healthwatch conducted training together in line with their joint working protocol and policy on Enter and View.

The purpose of conducting these Enter and View visits was to assess the quality of the patient experience in Accident and Emergency departments (A&E). On Friday 7th February 2014, local Healthwatch from Bromley, Bexley, Greenwich, Kent and Lewisham carried out three Enter and View visits from 4pm until 6pm, to observe Queen Elizabeth, Darent Valley and Lewisham Hospitals' A&Es, respectively.

Recognising the current situation at the Princess Royal University Hospital (PRUH) - regularly reported breaches of the 4 and 17 hour performance targets and issues with staff morale - Healthwatch Bromley considered conducting an Enter and View visit at the PRUH A&E. However a decision was taken by the Healthwatch Bromley Board not to carry out a visit at this time, given that the hospital was recently inspected by the Care Quality Commission (CQC), and is currently having its action plans monitored by NHS England and Bromley Clinical Commissioning Group (CCG). Healthwatch Bromley will be monitoring progress through communications with the CCG and King's College NHS Foundation Trust Hospital. The Board will review their decision regarding an Enter and View visit to the PRUH A&E in the near future.

Methodology

The Authorised Enter and View Representatives (AR) gathered information through observation and informal conversations with staff members, patients, relatives and carers. Each Enter and View team was given an observation tool (see Appendix 1), which was written and designed collaboratively by local Healthwatch Bexley, Bromley, Greenwich and Lewisham, in order to rate the A&E department in terms of the environment.

ARs also carried out interviews with A&E patients logging all data with an interview sheet (see Appendix 2), also written and designed collaboratively by local Healthwatch Bexley, Bromley, Greenwich and Lewisham.

Findings

The Enter and View teams interviewed 69 people in total across the three hospitals. Throughout the visit there were opportunities to speak with staff and visitors in the waiting and clinical areas. This section recounts the findings of the three Enter and View visits separately, before looking comparatively at these results.

Lewisham Hospital

In preparation for the visits, Lewisham Hospital provided Healthwatch Lewisham with documentation including:

- Friends and Family comments between 1st October 2013 - 31st December 2013
- Formal complaints for Lewisham Emergency Department between 1st October 2013 and 10th January 2014
- Waiting time statistics from the month of December 2013 and December 2012

Generally comments were positive from the Friends and Family survey provided to Healthwatch Lewisham however the survey did include negative comments. From the survey feedback service users largely had a positive experience of the Emergency Department at Lewisham Hospital, often praising the services provided however people did comment on the length of waiting times. Concerns were raised around lack of communication between staff and lack of information given to patients that often resulted in people being confused. There were a handful of comments around the poor attitude of staff.

The Lewisham Emergency Department document containing information on formal complaints indicated that 66% of complaints were made up of medical/surgical treatment or nursing care.

Waiting times for patients waiting more than 4 hours from arrival to discharge in December 2013 was lower compared to December 2012 however patient attendance was lower in December 2013 compared to December 2012. In 2013, there were 9570 patient attendances and out of those 655 patients waited more than 4 hours from arrival to discharge.

Observations

The entrance and reception was highly rated by the ARs, their comments referring to the '*bright and friendly*' reception area and the '*positive and helpful*' staff on the reception desks.

The information displayed was also highly rated. ARs were pleased to see several notice boards in the A&E waiting area providing useful information such as PALS, Friends and Family test survey, Carers' Charter, contraception and sexual health

clinic information and mini cab details. Comments included praise for the electronic screen display in the waiting area showing details on how to register with a GP, returning crutches and information about MacMillan Cancer Support. The telephone connecting to taxi firms and other NHS services was described as *'useful'*, and *'a good idea'*.

Information was displayed in the clinical area however it was noted that there was an empty display board that could be utilised.

Lighting was rated as excellent in the entrance and reception however ARs noticed that it was dimly lit in the main waiting area.

ARs were impressed with the cleanliness of the waiting area and clinical area. The cleanliness in the Children's A&E waiting area was rated as good, however it was noted that there were a few dirty tissues and wrappers on the floor. The play leader scheme in the Children's A&E was praised and described as *'helpful to keep children occupied with inevitable long waits'*. It was suggested that it would be good to extend this to evenings and weekends.

Bathroom facilities in the waiting area were rated as poor. There was a bad odour in the disabled toilets and the floors were wet. The toilet paper also needed replacing and ARs were disappointed to see crumpled up and used toilet paper on the floor. Bathroom facilities in the clinical areas were rated as acceptable.

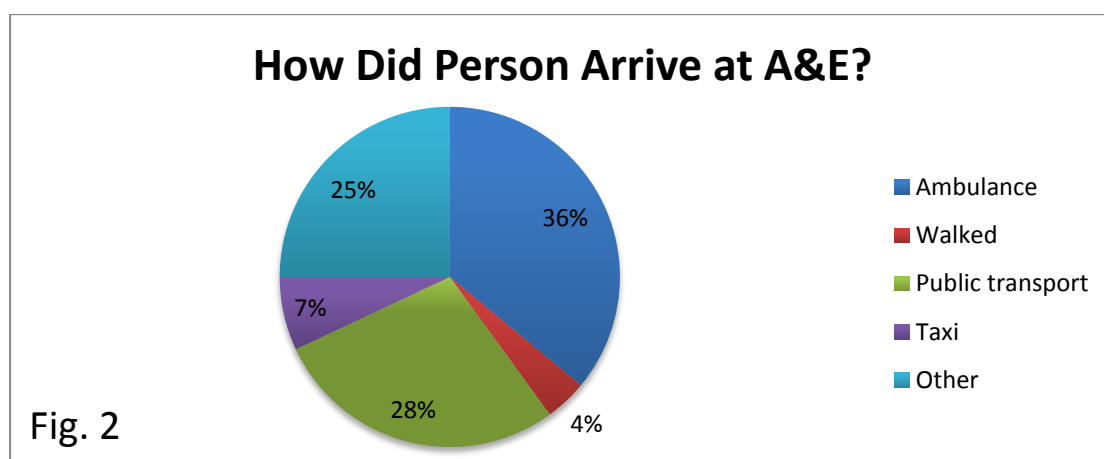
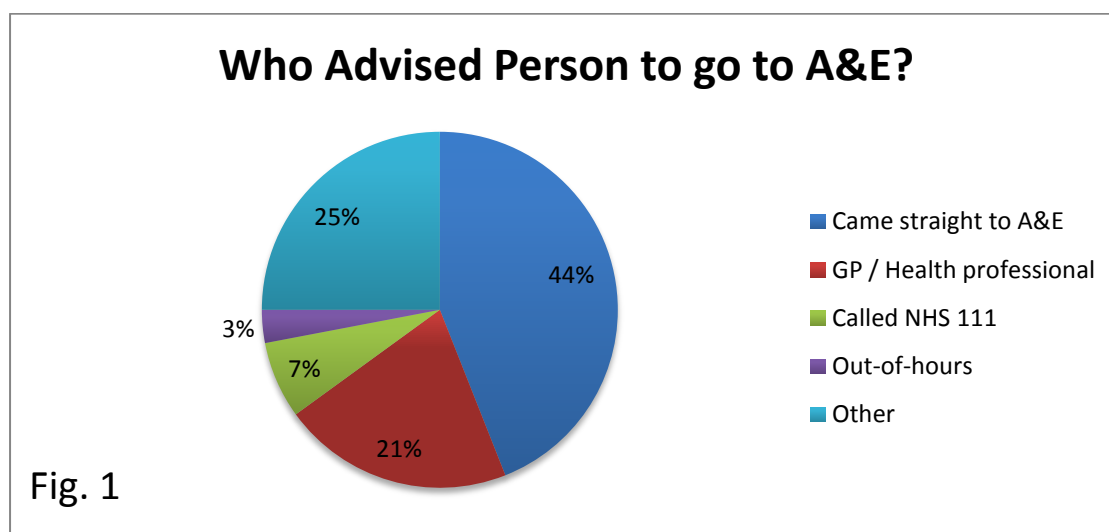
ARs commented that the ambience was calm throughout all areas. The noise level was rated as excellent and ARs rated the department highly in terms of safety. ARs witnessed a patient that had been sectioned under the Mental Health Act behaving in an aggressive manner in the clinical area and the consultant and staff security handled the situation in a calm and professional manner.

The entire Enter and View team felt that the areas visited were at an appropriate temperature, and rated this as good.

Although there was a vending machine and water dispenser, it was noted that there were no hot drink facilities. Staff did inform ARs that hot drinks are offered and can be provided however when speaking to patients it seemed that often this was not the case, particularly for those who arrived by ambulance and had been taken straight to the clinical area. From talking to these patients it appeared that they had been waiting for a considerable time in the clinical area without being spoken to or given any information.

Interviews

The Enter and View team spoke to 19 people in the A&E waiting area and 9 people in the clinical area. Most of the people who were spoken to were from the London Borough of Lewisham, with the exception of one person from the Royal Borough of Greenwich, two people from Kent County and four people who did not provide details of the area they were from. The majority of people spoken to were seeking help for themselves and 68% of those spoken to said that they were able to get help on their health issue prior to coming to A&E, for example, through their GP, District Nurse, Walk in Centre, or the 111 service. Most of the interviewees felt that they had no alternative to come to A&E however 27% of people felt that there was an alternative. There was a general consensus that if it was easier to get an appointment with their GP they would not have to go to A&E: *'appointments with GPs are problematic and leave no choice but to come to A&E'*; *'There needs to be a better system of accessing my GP'*; *'I couldn't get an appointment at my doctor's surgery'*; *'Poor GP practice, I have to wait over two weeks for an appointment'*; *'I came for reassurance as I wasn't happy with my GP'*.



77% of people felt that since arriving at A&E they were given information that was clear and easy to understand.

Enter and View representatives were pleased to hear that people felt hospital staff had given them their full attention and respected their privacy and confidentiality.

Generally people felt that they had been fully involved in the decisions made to meet their care needs. When asked if they would recommend the service to friends and family 86% of people said yes.

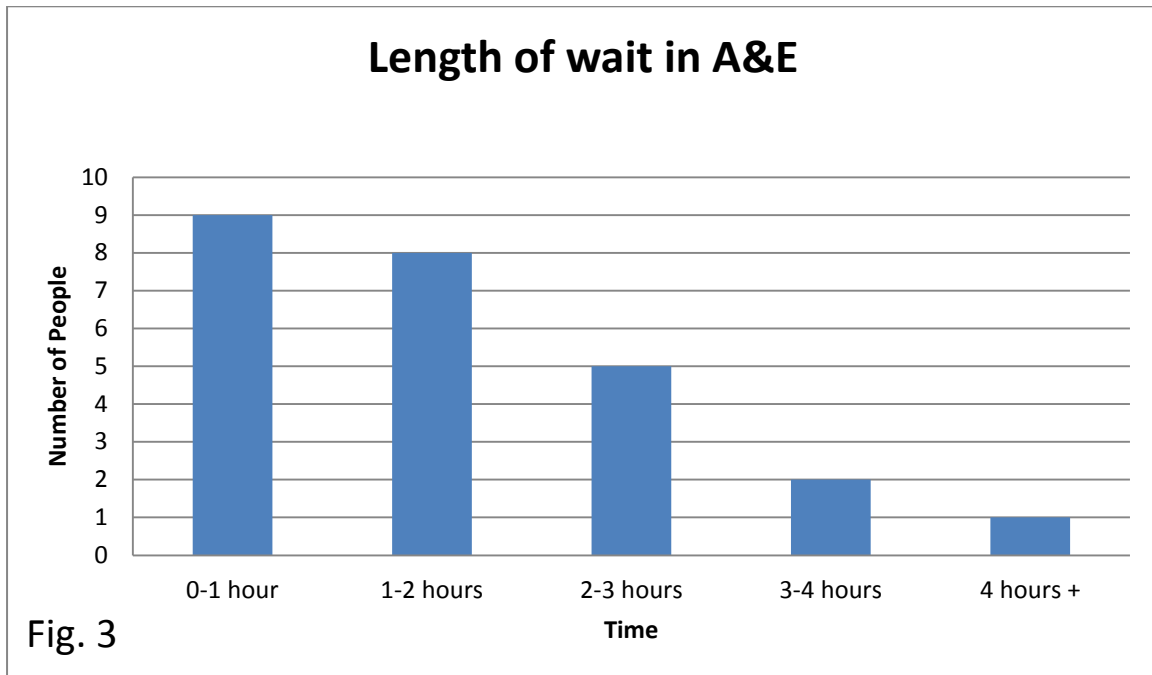


Fig. 3 shows the responses from 25 people who provided the Enter and View team with details of their waiting time in A&E. The above chart gives a snap shot of how long patients had been waiting in A&E at the time of being interviewed however the majority of patients interviewed were yet to be seen and others were waiting for test results that would determine whether they would be an inpatient or discharged.

Queen Elizabeth Hospital

Observations

The adult and children waiting and clinical areas were clean and tidy, with dustbins clearly labelled and used appropriately. The lighting quality was good and the room temperature appropriately set.

There were two broken chairs in the waiting area, with only one clearly marked: this could have had serious health and safety implications.

Although there was a notice board this was a good distance from the waiting area and did not seem to have any information for the benefit of those waiting. The names of the main triage nurses were clearly displayed. The notice board in the Clinical Area was appropriately located and had information that was relevant and up to date.

There were no unpleasant odours in either clinical or waiting areas. There was an absence of any drinking water facilities in the waiting areas. The box for comments was not clearly visible.

The public toilets in the adult waiting areas were dirty and smelly. There was no visible information as to when or how often the toilets were cleaned. The toilets in the adult clinical area were not working and appeared to have been out of order for some time. These need to be repaired as a matter of urgency.

Interviews

A total of 23 interviews were completed. Of the 23 interviewed, 11 were seeking help at the A&E. Of the 12 who had accompanied them to the A&E, 9 were parents or family members with one being a spouse and the other a carer. One person refused to answer the question.

Of those who completed the survey, 12 resided in the Royal Borough of Greenwich, 7 were from Bexley and one from Lewisham. 3 people did not respond to this question. The majority arrived by car (14) with 4 using public transport (bus) and 3 arriving by ambulance. 2 people did not respond to this question.

Everyone spoken to said that they found the staff to be very helpful and described them as happy, considerate and efficient. All felt the staff had given them their full attention, respected their privacy and confidentiality and felt involved on decisions to meet their care needs.

How Did Person Arrive at A&E?

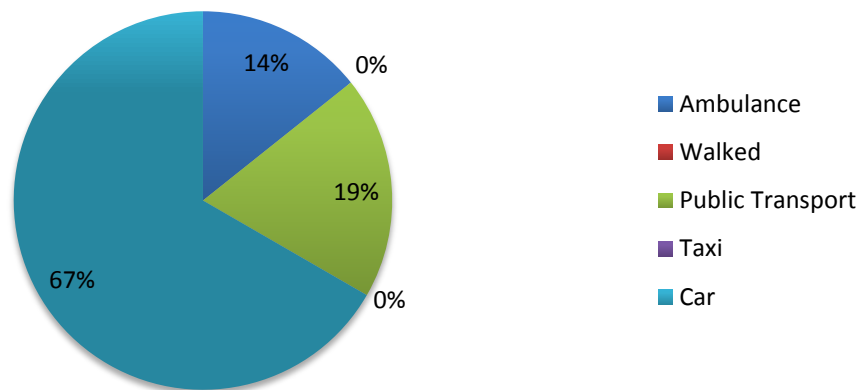


Fig. 4

Length of wait in A&E

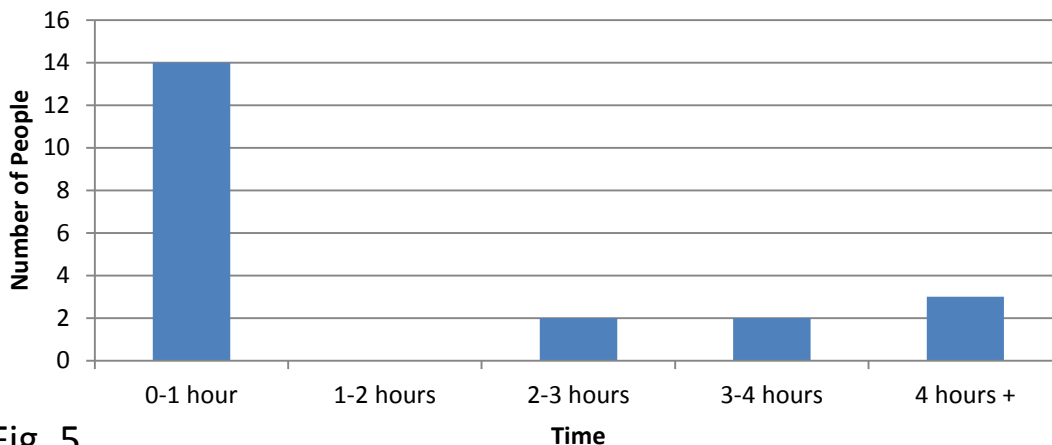


Fig. 5

After the patients had been triaged, the majority (14) had been waiting for less than an hour. 2 people had been waiting for longer than two hours, 2 longer than 3 hours and 3 longer than four hours. 2 people did not complete this question.

Those who had been waiting for over two hours said that they accepted this as they felt they were in the right place and were confident that they would be looked after and their medical needs taken care of. However, one patient had been waiting for an ultrasound scan for most of the day, having been sent to A&E by her GP that morning.

All interviewees said they had been triaged within 15 minutes of arriving at A&E. All had sought or had been given advice either from their doctor or another health professional before attending. 13 respondents said that they had visited their doctor in the first instance. Of those that had visited their doctor in the first instance, 5 stated that they had been told to go to the A&E by their doctor.

Prior to conducting the Enter and View visits, Healthwatch Greenwich received information about recent complaints from Lewisham and Greenwich NHS Trust. Between 1st October 2013 and 13th January 2014, 7 complaints related to poor staff attitudes and 2 complaints related to waiting times at the Queen Elizabeth Hospital. However, Healthwatch Greenwich was pleased to hear during the enter and view visits that all those interviewed found the staff to be caring and considerate. In relation to waiting times, all those interviewed said that they understood why they were waiting and were happy to do so.

Darent Valley Hospital

Observations

The entrance and reception were small but will benefit from the planned redecoration and renovation.

There was lots of litter on the floor in the waiting areas.

Notice boards were visible but no waiting times were shown.

Lighting was rated as good in the entrance area but triage was dimly lit.

ARs were impressed with the cleanliness of the clinical area.

The cleanliness in the Children's A&E waiting area was rated as good, however it was noted that there were a few dirty tissues and wrappers on the floor. There were toys etc. available in the Children's A&E and an enclosed place for them to play. There were only a few families in this area but ARs felt that during busier times there could be a problem with capacity.

Bathroom facilities in the waiting area were rated as good, although it was noted that there were no hand towels in the ladies toilet. The toilet paper also needed replacing and ARs were disappointed to see scrunched up and used toilet paper on the floor. Bathroom facilities in the clinical areas were rated as 'good'.

The department was not busy during our visit so the atmosphere was calm and professional. The noise level was rated as excellent. There were many members of staff on duty who were attentive to patients and available when called.

The Enter and View team felt that the areas visited were at an appropriate temperature, and rated this as 'good'.

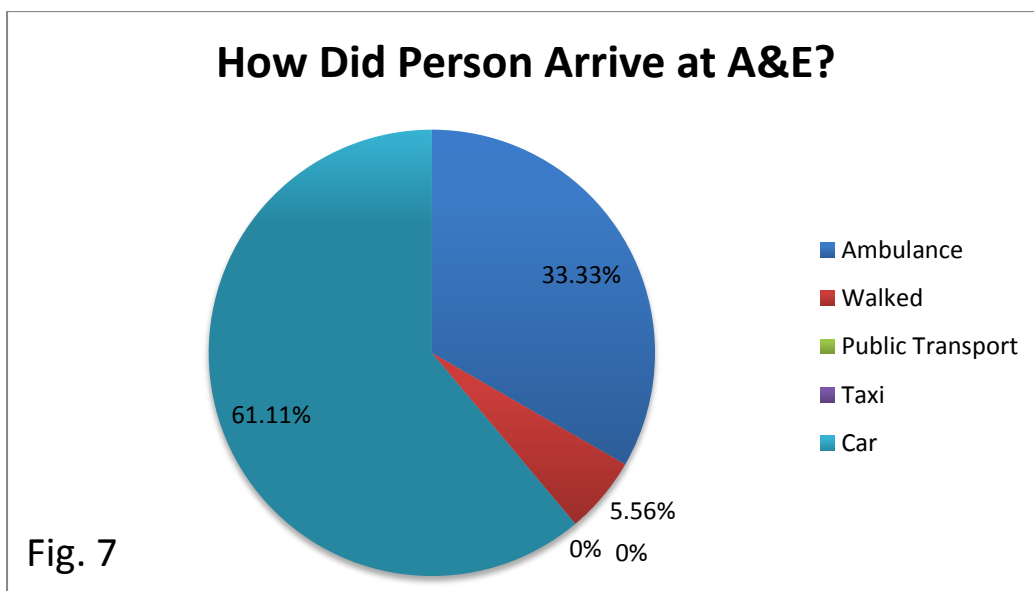
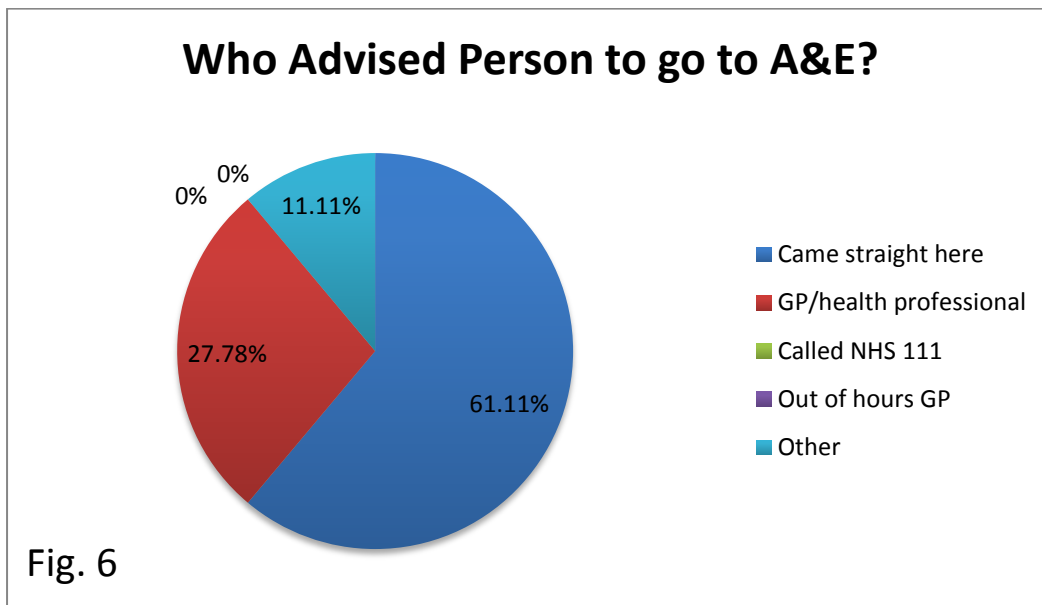
Drinking water was available in the Acute Care area. Staff did inform ARs that hot drinks are offered and can be provided. ARs observed patients being given sandwiches and biscuits. As the department was not busy, waiting times were very low and patients were assessed and seen very quickly. There were no ambulances waiting with patients and no trolleys not behind curtains.

Staff members were keen to point out that this was an exceptionally quiet day and patients were impressed that waiting times were so short.

Interviews

The Enter and View team spoke to 15 people in the A&E waiting area and 3 people in the clinical area. 7 of the people spoken to were from the London Borough of Bexley, one person was from Lewisham and 9 people from Kent County. The

majority of people spoken to were seeking help for themselves and the majority said that they had come straight to A&E rather than look for help with their health issue prior to their visit, for example, through their GP, District Nurse, Walk in Centre, or the 111 service. Most people interviewed felt that they had no alternative to coming into A&E. There was a general consensus that if it was easier to get an appointment with their GP they would not have to go to A&E.



12 people felt that since arriving at A&E they had been given information that was clear and easy to understand, and 3 people were quite happy with information they received.

Enter and View representatives were very pleased to hear that people felt hospital staff had given them their full attention and respected their privacy and confidentiality.

Generally people felt that they had been fully involved in the decisions made to meet their care needs. When asked if they would recommend the service to friends and family 12 out of 14 people said 'Yes'.

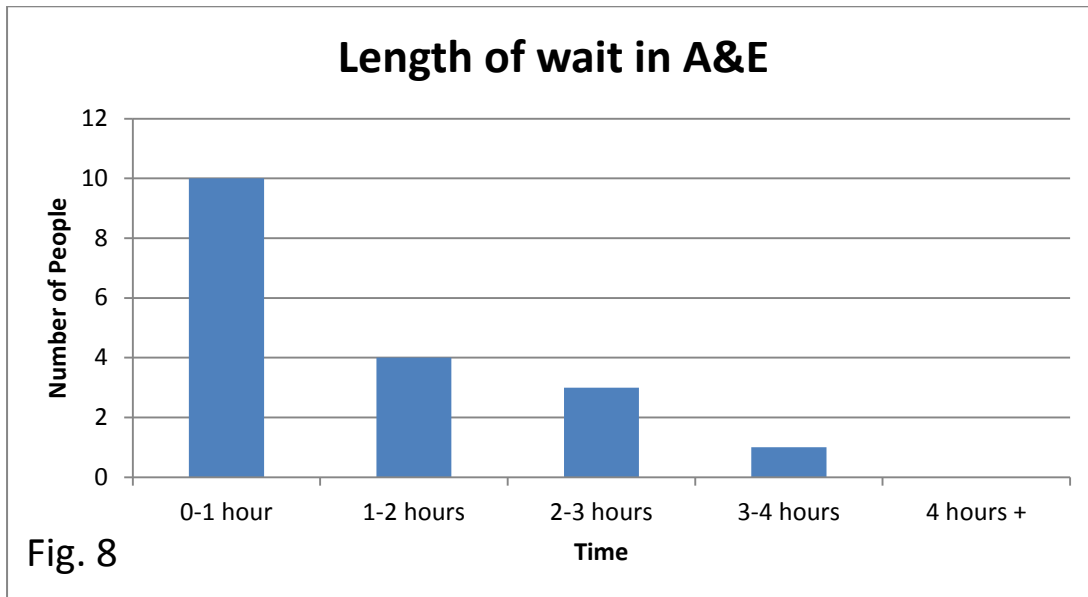
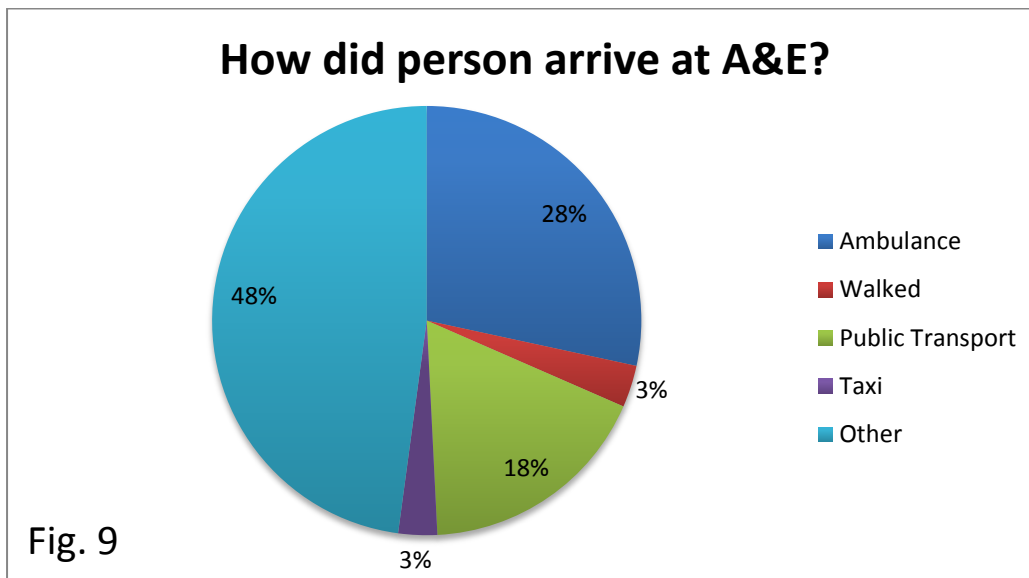
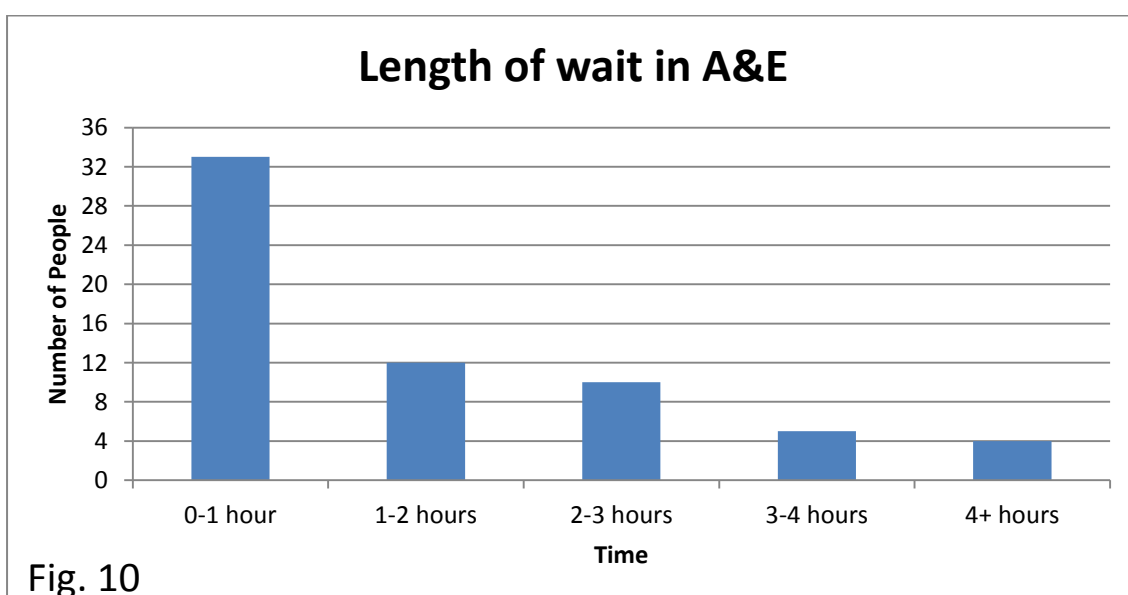


Fig. 8 shows the responses from 18 people who provided the Enter and View team with details of their waiting time in A&E. The above chart gives a snap shot of how long patients had been waiting in A&E at the time of being interviewed however some of the patients interviewed were waiting for test results that would determine whether they would be an inpatient or discharged.

Comparative overview



Across Lewisham, Darent Valley and Greenwich hospital sites, 67 out of the total 69 people who answered the questionnaire provided a response to Q. 4, 'How did you arrive at A&E?' Fig. 9 collates all this data to provide some emerging trends. A significant number of people reported using public transport to get to A&E, a statistic all the more interesting when we consider the difference between the three individual reports: 8 of those who reported using public transport came from Lewisham, while no one interviewed at Darent Valley gave this answer. Similarly amongst those who reported arriving by ambulance, there was a big difference between hospitals, this time Queen Elizabeth bringing down the average with just 3 people having arrived in hospital transport.



64 of the total 69 provided a response to Q. 7, 'How long have you been waiting at A&E?' Across all three A&Es we see that waiting times of over 2 hours are the exception, over half of those spoken to seen within 2 hours of arrival. Results from Darent Valley were particularly good, no one spoken to having experienced a wait of over four hours. The only anomaly in these results is the graph from Queen Elizabeth, where a greater percentage of people reported having waited for under one hour (67%) or over four hours (14%) than anywhere else.

Conclusions

The majority of people who were interviewed in the A&E departments across the three hospitals were positive about their experience. Most said that staff members were polite, respectful, friendly and helpful.

All three Enter and View teams were pleased with the staff conduct they observed during their visits, finding members welcoming and engaging.

The ambience in the areas visited was generally reported as calming and appropriate. ARs were satisfied with the lighting and cleanliness of these areas, though the team visiting Darent Valley hospital had some concerns about litter and the team visiting Queen Elizabeth Hospital felt the cleanliness standards could be improved.

The difficulties each enter and view team encountered was capturing views from patients/ relatives for the entire patient journey (through to the point of discharge) as patients would either be called to the clinical room or triage room whilst the team were in the process of interviewing them.

Local Healthwatch will be working with the providers to address areas of concern identified in this report and will use our position as an independent consumer champion for health and social care to exert an effective and responsible influence on services to secure improvements.

Recommendations

Issues raised by ARs across the three Enter and View teams have been grouped into the following seven recommendations:

1. Frequent checks of the toilet facilities in waiting areas must be implemented. A cleaning rota should be on display in waiting areas and outside both Male and Female toilets.
2. Review availability of tea, coffee and general refreshments. If there are no water dispensers, a clear sign should be displayed showing that water is readily available from staff.
3. Newspapers, magazines or books should be supplied in waiting areas.
4. Review the scope for volunteers to help patients in the department; this could be offering drinks and information or speaking to people whilst they are waiting to offer reassurance.
5. When patients arrive by ambulance and are taken straight to the clinical area, they should be reassured and given information when available, and offered refreshments if appropriate.
6. Better use should be made of notice boards. Where information is displayed it should be clear and easy to understand.
7. Regular Health & Safety audits of waiting areas should be implemented.
8. Ensure that patients fully understand information that is given to them, written or verbal. Review the monitoring process in place for this.

Acknowledgements

Healthwatch Bexley, Bromley, Greenwich, Kent and Lewisham would like to thank the Lewisham & Greenwich and Dartford & Gravesham NHS Trusts for allowing us to carry out these Enter and View visits, as well as the staff, patients and carers at Lewisham, Queen Elizabeth and Darent Valley Hospitals for their co-operation and assistance during these visits.

Local Healthwatch would also like to express gratitude to all our Authorised Enter and View Representatives for the work they put in to helping us engage with and improve services.

Authorised Enter and View Representatives

Jade Fairfax (Healthwatch Lewisham)

Miriam Long (Healthwatch Lewisham)

Elsa Pascal (Healthwatch Lewisham)

Heather Farrell (Healthwatch Bromley)

Paul Brown (Healthwatch Bromley)

Clive Mardner (Healthwatch Greenwich)

Nicola Rigby (Healthwatch Bexley)

Anne- Hinds Murray (Healthwatch Bexley)

Lillian Ndawula (Healthwatch Kent)

Contacts

For further information on this report or on local Healthwatch, please contact:

Healthwatch Lewisham

Miriam Long, Manager

miriam@healthwatchlewisham.co.uk

020 7998 7796

Healthwatch Bromley

Folake Segun, Manager

folakes@healthwatchbromley.co.uk

020 8315 1916

Healthwatch Bexley

Anne Hinds-Murray, Manager

ahmurray@healthwatchbexley.co.uk

020 8304 9344

Healthwatch Greenwich

Rosaline Mitchell, Manager

rosaline@healthwatchgreenwich.co.uk

020 8305 5008

Healthwatch Kent

Nicky Scott, Communications Officer

nicky@healthwatchkent.co.uk

07702 911 144

Appendix 1

Observation of A&E

Date _____

Time _____

Queen Elizabeth Hospital

Princess Royal University
Hospital

Lewisham Hospital

Darent Valley Hospital

Waiting Area

Clinical Area

From 1-5, how would you rate the following areas?

(1 = Unacceptable, 2 = Poor, 3 = Acceptable, 4 = Good, 5 = Excellent)

Area	Score	Comment
Entrance / reception		
Information displayed		
Lighting		
Odour		
Cleanliness		
Bathroom facilities		
Noise level		
Safety		
Temperature		

Appendix 2

Your path to and experience of A&E

Date _____

Time _____

Queen Elizabeth Hospital	<input type="checkbox"/>	Princess Royal University Hospital	<input type="checkbox"/>
Lewisham Hospital	<input type="checkbox"/>	Darent Valley Hospital	<input type="checkbox"/>
Waiting Area	<input type="checkbox"/>	Clinical Area	<input type="checkbox"/>

Q1. Please tell us if it is you who is seeking help at A&E today?

Yes No Prefer not to say

Q1a. If no, are you....?

Parent/ Family member Partner/ Spouse Carer Prefer not to say

Q2. Were you able to get any help with this health issue before you came to A&E?

Yes No Don't know

Q2a. If yes, please tell us where?

Q2b. If no, then why?

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

Came straight here GP/ Health Professional Called NHS 111
Out of hours GP Other

Q3a. If other, please give details?

Q4. How did you arrive at A&E?

By ambulance Walked By public transport
 Taxi Other

Q4a. If other, please give details?

Q5. Did you feel that you had no real alternative other than coming to A&E?

Yes No Don't know

Q5a. If other, please give details?

Q6. How often do you come to A&E? _____ a month / year (delete as appropriate)

Q7. How long have you been waiting at A&E?

0-1 hour 1-2 hours 2-3 hours
 3-4 hours More than 4 hours

Q8. Have you seen a nurse or doctor since you arrived at A&E?

Yes No Know Don't

	Not at all	Not very	Quite	Very	Don't know
Q9. Since you arrived at A&E, do you feel you have been given information that is clear and easy to understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10. Do you feel staff have given you their full attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q11. Do you feel that staff have respected your privacy and confidentiality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q12. Do you feel you have been fully involved in decisions made to meet your care needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q13. How happy would you be to recommend this service to your friends and family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14. What is your postcode? (optional)

Q15. What is your registered GP practice? (optional, if applicable)

Q16. Are you a resident of.....?

Royal Borough of
Greenwich

London Borough
of Bromley

London Borough of
Bexley

London Borough of
Lewisham

Kent County

Other

Q16a. If other, please give details?

Q17. Further comments/ observations

Time completed

Healthwatch Enter and View visit to UHL and to QEH A&E 7th February 2014

Trust Response to the Recommendations

This is a response to the recommendations set out in the report 'Lewisham & Greenwich NHS Trust and Dartford and Gravesham NHS Trust, Lewisham Hospital, Queen Elizabeth Hospital and Darent Valley Hospital Accident and Emergency Departments, Enter and View visits carried out on Friday 7th February 2014'. The report was written by the local Healthwatch organisations of Bexley, Bromley, Greenwich, Kent and Lewisham.

Lewisham and Greenwich NHS Trust welcomed the report by Healthwatch which we received on 9th April 2014. We were very pleased to note the many positive comments about our services on both the UHL and QEH sites, including 'positive and helpful' staff, good standards of cleanliness in clinical and waiting areas, and a calm environment. We also noted the concerns highlighted in the report, in particular issues with regard to the toilets, notice boards and furniture at QEH. Before responding to the individual recommendations I would like to reassure the Healthwatch organisations that took part in this visit that the A&E Department at QEH has a planned refurbishment programme to improve the environment.

Response to the recommendations:

1. Frequent checks of the toilet facilities in waiting areas must be implemented. A cleaning rota should be on display in waiting areas and outside both Male and Female toilets.
 - a. There is a high volume of traffic through the A&E areas so that the state of cleanliness and tidiness of an area can change very quickly. At UHL, Initial are constantly reviewing the tasks and how to improve them and the Initial Integrated Services Manager has undertaken to have a discussion with the Housekeeping team to see how they can make improvements and implement them.
 - b. At QEH we have contacted our PFI partners who are responsible for the cleaning in the department. They have agreed to implement a frequent checks regime and put this on display
2. Review availability of tea, coffee and general refreshments. If there are no water dispensers, a clear sign should be displayed showing that water is readily available from staff.
 - a. There are cold drinks dispensers in the waiting room at UHL. A decision was made not to provide hot drink dispensers as the Paediatric Team were concerned about the risks of young children coming into contact with very hot liquid. There are, however, plans to employ more Healthcare Assistants in the department, and they will be able to help with this aspect of care.

- b. At QEH we have reviewed the provision of refreshment and are currently in the process of sourcing a vending machine so that people in the waiting area have access to refreshments.
- 3. Newspapers, magazines or books should be supplied in waiting areas.
 - a. A decision has been made not to provide books and magazines/newspapers in the waiting areas due to the problems inherent in maintaining the environment in such busy areas (see point 1.)
 - b. There is also a cross-contamination risk as there is a possibility of these items coming into contact with blood and other body fluids. We have discussed this with our infection control colleagues and we would discourage communal reading material due to possible infection risk but patients are welcome to bring their own.
- 4. Review the scope for volunteers to help patients in the department; this could be offering drinks and information or speaking to people whilst they are waiting to offer reassurance.
 - a. Both of our A&E Departments use volunteers to help with a variety of tasks. In conjunction with the matron for ED and our volunteer coordinator we actively recruit volunteers to enhance the patients experience while in ED.
 - b. Volunteers do require a considerable amount of attention from staff, including training, induction and support, and despite this investment of time, often do not stay. We also find that many volunteers do not want to work unsociable hours and so tend not to be available for evening and weekend shifts.
- 5. When patients arrive by ambulance and are taken straight to the clinical area, they should be reassured and given information when available, and offered refreshments if appropriate.
 - a. When individuals arrive by ambulance, they are booked in by a member of staff, who in conjunction with the ambulance staff will give the patient as much reassurance and information as is available at this early stage of their journey. We will be looking into the possibility of written information to supplement this.
 - b. The patient will be offered the care that is appropriate for their situation. Refreshments are offered in the clinical areas where appropriate for that patient.
- 6. Better use should be made of notice boards. Where information is displayed it should be clear and easy to understand.

- a. At the moment at UHL we do not have an individual nominated to maintain notice boards. Consideration is being given to how we can improve this situation.
 - b. At QEH the waiting area is currently being refurbished and notice boards will be installed as part of the furnishing phase of the project
7. Regular Health & Safety audits of waiting areas should be implemented.
- a. Health and Safety have checked the status of the broken chair in QE ED noted on page 10 of the report - and this has been removed. Re the general recommendation about health and safety audits I confirm health and safety complete an annual risk assessment in partnership with the ED matrons on both sites. Between assessments we would also respond to any concern raised by staff and would follow up incidents reported.
8. Ensure that patients fully understand information that is given to them, written or verbal. Review the monitoring process in place for this.
- a. All clinical staff are trained in communication skills. The Trust has recently run advanced communication skills training called 'Sage and Thyme'. Some leaflets are available in different languages, and the Trust has an interpreting service available 24/7. We monitor our performance through the National A&E Survey and National Inpatient Survey. The Trust performance was about the same as other Trusts in England in 2013 for most questions about giving information.