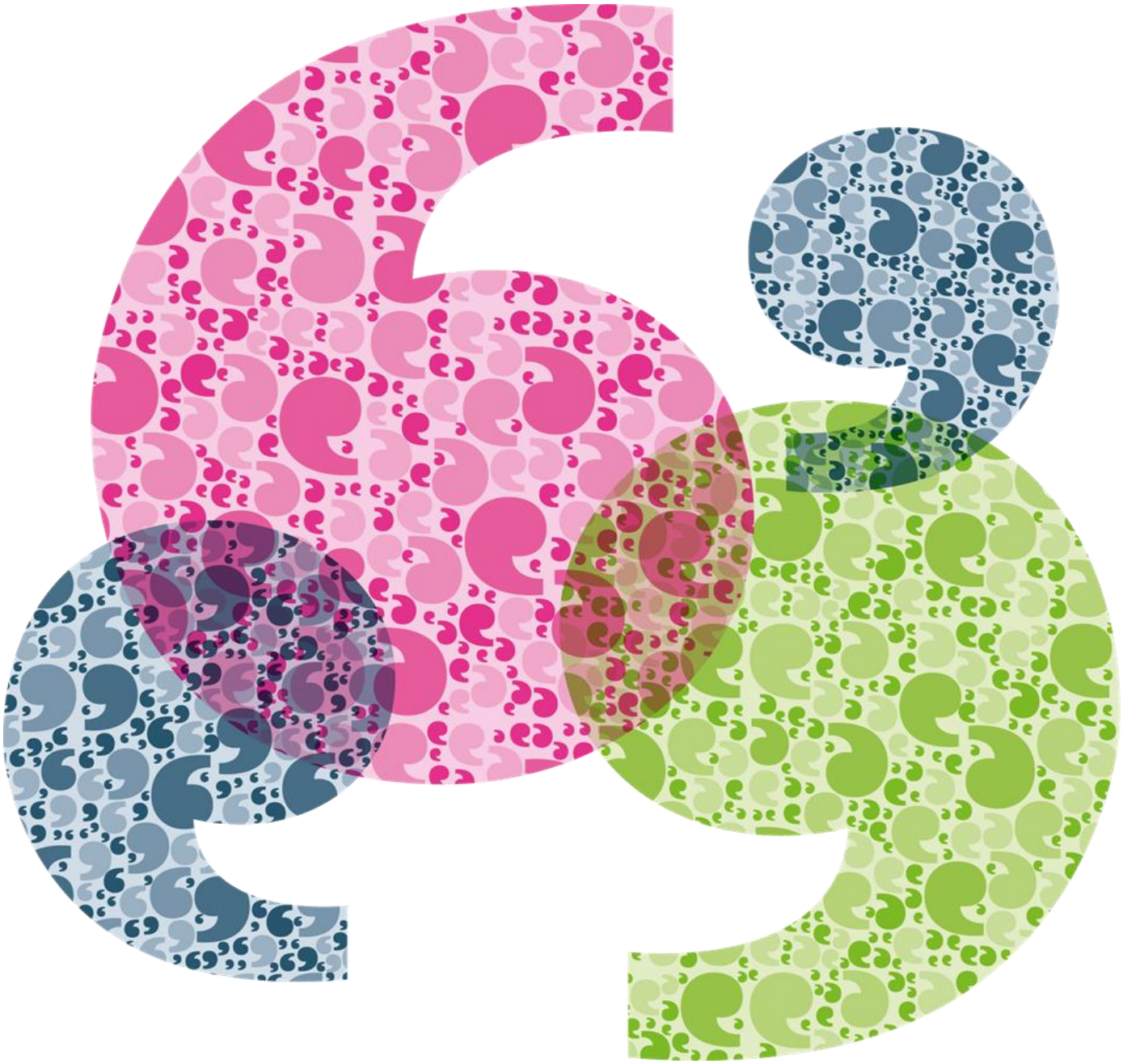
healthwatch Lincolnshire



Enter and View Report
January/February 2014

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healthwatch Lincolnshire

United Lincolnshire Hospital Trust

A & E Departments
Lincoln County
Grantham District
Boston Pilgrim

Executive Summary

As an independent consumer champion, Healthwatch Lincolnshire is entitled to enter and view, subject to certain restrictions, any health or social care service which receives public funding. As a result, this report relates to the visits conducted to three hospital sites of the United Lincolnshire Hospital Trust (ULHT). The visits were made in complete cooperation with the Hospital Trust and every effort was made by them to ensure we had reasonable access.

The visits were arranged using authorised and trained representatives to conduct surveys at the hospital sites over a 3 week period covering a variety of days, evening and night-shift patterns.

The purpose of the visits was to ascertain the views of patients, relatives and carers visiting the A&E departments for treatment and to understand how the service provision felt for them. In addition, we gathered further information from the staff around some of the challenges facing the A&E department.

The data gathered consisted of 262 face-to-face interviews with waiting patients, relatives and carers. In addition, a smaller number were completed online.

The views of the these individuals are captured within the report, however, common themes ran throughout and included a greater need for awareness and education of when and how to use A&E services; the need for greater information and signage to manage patients expectations in relation to waiting times and the need to understand the different stages of the A&E pathway from admission to triage to treatment and discharge.

It was evident that the Trust and other partners such as the East Midlands Ambulance Service, Lincolnshire County Council and Community Health Services needed to work together to address issues around processes and how they slow down and impact on patient care.

Concerns were also related to the condition of the premises including broken or worn chairs, décor in poor condition, flooring potentially creating a hazard, lack of wheelchairs and lack of bariatric waiting room seating. The sites appeared to vary considerably in terms of their aesthetic appearance whether that be from a decorative view point, facility functionality or just simply the availability of information.

In section 8 of this report Healthwatch Lincolnshire had made a number of recommendations to the Trust and would ask that a response be made within 20 working days of its publication. These recommendations include the need for a multi-agency education and awareness campaign for the public using the A&E service; a rethink on hospital discharge, particularly relating to how the patient will get home safely and also ways in enabling the Trust to get better rates of feedback from its Friends and Family Survey, to name a few.

However, it should be emphasised that what the visits found was that, whilst the majority of people had some complaint to make about the service, overwhelmingly most people were happy with the service they received and in the main, this seemed to be attributed to the care and professionalism of the staff when they were in contact with the patients.

The Hospital Trust has provided Healthwatch Lincolnshire with an opportunity to return to the Hospital sites to undertake further visits with the added value of being able to access the clinical area. This is an action Healthwatch welcomes and we shall build this into our work plan for the next 6 to 12 months.

We would like to thank the Hospital Trust, staff and of course, patients and our volunteers without whom this piece of work could not take place. However, we would now seek for the report to be taken as a tool for using the public voice to influence and make changes for those using and working within A&E services across Lincolnshire.

Contents

1. Background

This piece of work consisted of two parts. Firstly, following growing public concern around the county's core A&E departments and the stretched resources as reported in the media, Healthwatch Lincolnshire conducted an independent piece of work in Lincolnshire A&E sites over a number of weeks in January 2014. We wanted to hear what the public and staff had to say about services both the positive and negative.

Secondly the work aimed to support the Trust in raising awareness of the friends and family test and encourage individuals to complete it following their experience.

The program of work closed on Friday 7th February 2014 and this report will be produced and shared with those that provide the services but it is also critical we share it with the general public. All the information gathered is valuable and could support future service development of patient care pathways and choice.

2. Methodology

Trained and briefed authorised representatives were formed into teams to visit three A&E sites on a selection of days and times. The teams consisted of no less than two members of authorised representatives at any one time. This was not only to cope with demand but also as a safeguarding measure. There were 20 individual visiting sessions each covering a 3 hour period and utilised 13 trained and authorised Healthwatch representatives.

In addition, further activities were arranged:

a. **Online survey.** This was opened and promoted to the public at the start of the program of work and closed on the 7th February. It was hoped this would capture the full patient experience from entry into A&E to discharge.

b. **Separate visits to senior staff within the 3 sites.** These sessions allowed staff to have an opportunity to talk about the service from an operational point of view.

c. **EMAS.** A request for information was made to East Midlands Ambulance Service to provide additional information which looked at different but critical path into A&E.

Limitations of the Method

The work had some limitations, most notably the fact that the authorised representatives were only able to focus on the entry side of the A&E service (main waiting area). This was for numerous reasons, not least that we did not hinder and impede emergency and vulnerable patients being admitted directly by ambulances. However, on one occasion a visiting team were given access to the clinical area. In addition we noted that we were unable to follow up some of the patients as they left the department, either because they left via a different route or departments, because they were admitted or because the visit session had finished before the patient was discharged. However, the surveys do capture a number of the 360 degree experiences and patients were encouraged to complete the online survey where possible.

3. Data Gathered.

The following provides a tabular data set for the work programme.

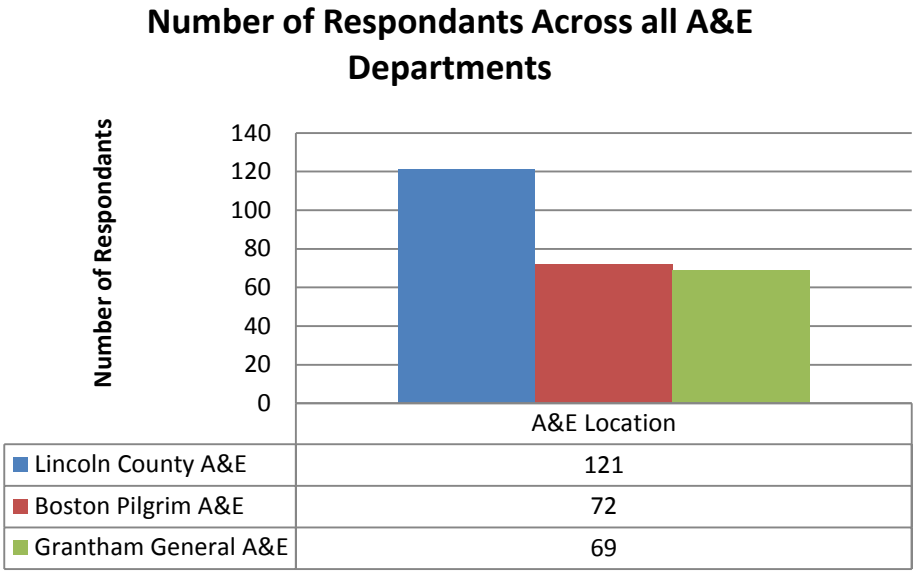
Over 7 days	Number of Patients Presenting at A&E during the visiting week.	Total Number of Surveys Completed	% of Surveys Completed by Site Visit Week	Performance against A&E 4-hr Standard %
Pilgrim	908	72	8%	96.15%
Grantham	506	69	13%	97.04%
County	1,405	121	8%	90.82%
TOTALS	2,819	262		

The surveys gathered accounted for 11% of patients presenting at A&E over the time period which is generally accepted as an average response rate.

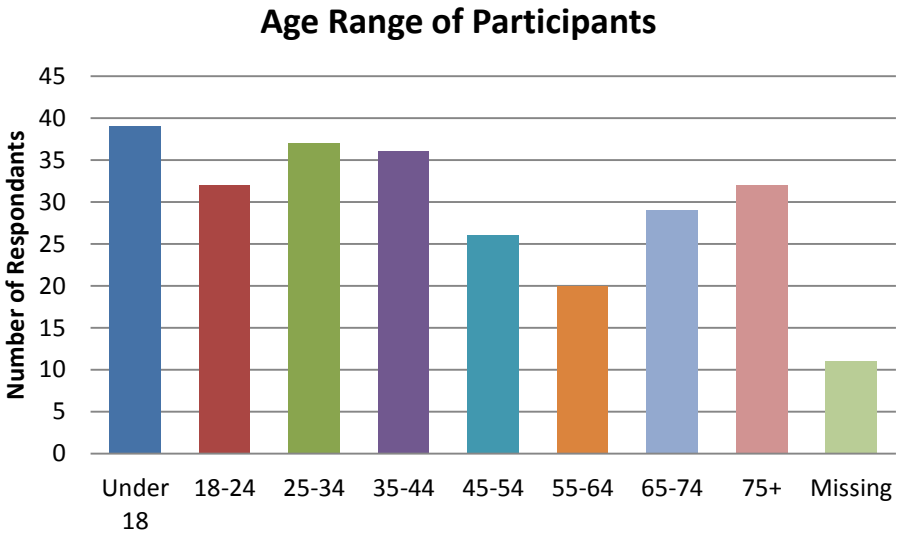
The table below looks at attendances across all three sites.

Week Ending	Total Number of Patients Presenting at A&E	Performance against A&E 4-hr Standard % Wait
19.01.2014	2,652	94.9%
26.01.14	2,708	95.9%
02.02.14	2,944	94.1%

3.1 Who were the Respondents? The following chart shows the demographic information received from this research. 262 respondents completed the survey across the three A&E departments at Lincoln County, Boston Pilgrim and Grantham District Hospital.



Respondents consisted of 123 males and 126 females with 13 not wishing to answer. The age range of all the respondents can be seen in the graph below.



As we can see this is a fairly even spread in terms of age groups accessing the A&E services. However, in contrast with general public perception that the services are heavily used by the increasingly aging population, the birth to 44 years demographic represented the majority of people presenting at A&E across the visiting period. In addition to the high percentage of people arriving in their own vehicle, (54%) appeared to further indicate that the options for access medical services were not being explored by the patients.

4. Findings

The following presents the findings of the work program based on the questioning framework, feedback from the staff and any other sources available.

4.1. Types of Respondents.

During the survey we talked to as many people as we could within the waiting areas. These included patients, family members, carers and friends. All the views are equally as valid and some specific areas identified interesting feedback and demonstrated some degree of vulnerability from the public as shown below.

One of the respondent questions asked whether they were alone or with someone else. Of the entire respondents' replies, 26% attended hospital on their own, out of which these comments were received:

'There is no mental health team so I will have to stay all night until bus time. I have no idea how other patients are getting home.' Boston Pilgrim

'I was discharged from A&E after 3 hours. I am not eligible for transport home and have no money for a taxi.' Grantham District

'My biggest problem is getting home.' Lincoln County

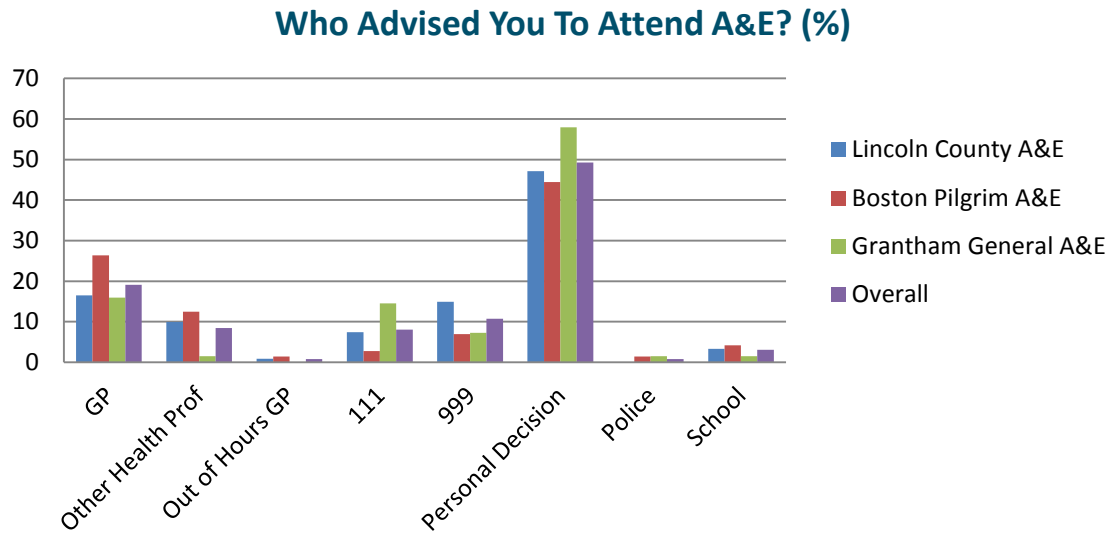
This highlights a need to take into account post treatment care and perhaps reviewing this to ensure that patients being discharged can get home safely and where there is vulnerability that this is taken into consideration. This is true irrespective of the time of day or day of the week, though accepted it may be more relevant in the out of hours periods.

4.2 Who made the decision to attend A&E?

ULHT makes efforts to inform patients of waiting times within the A&E departments whether this is through the webcam facility on their website or within the waiting areas themselves. This information could inform patients of possible alternatives that could be used rather than attending A&E - these would include calling your GP, attending a walk in centre or calling 111.

However, despite of all the alternatives, 49.2% of all respondents made the personal decision to attend A&E without any other form of consultation, with 93.1% of respondents believing they needed to attend A&E ie they were in immediate serious danger.

It was noted by the visiting team that the accuracy and display of waiting times within the departments was not always present. There was a screen at Pilgrim, but it wasn't always up to date. We appreciate there are difficulties, but the public should be able to expect up to date information about waits for triage, and maximum total turnaround. There needs to be a voice system for updates, as well as electronic figures to meet the needs of patients.



The statistics have a number of emerging issues These primarily would appear to be around the following areas:

- Patient Awareness of Alternative Options.
- Education of what constitutes an A&E admission.
- Acknowledge the issues surrounding access to the alternative consultation routes.

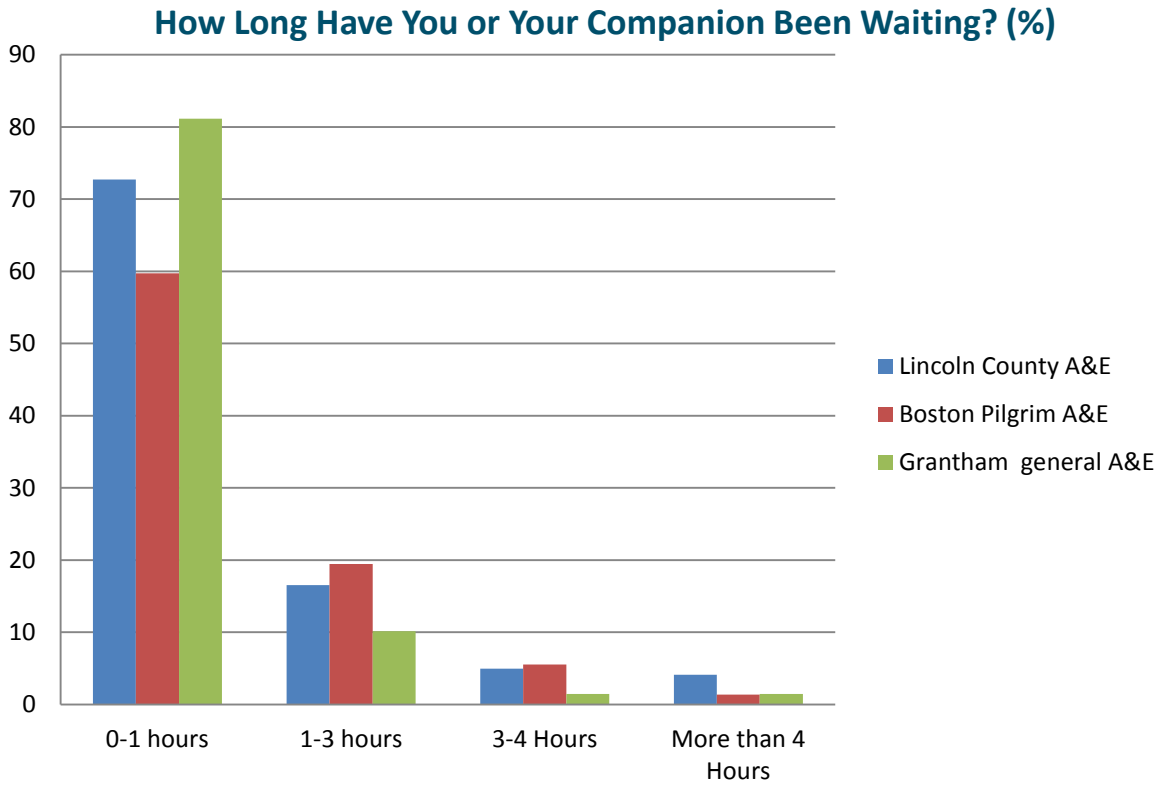
It is of course acknowledged that if a patient is in doubt that they should seek immediate medical assistance. However, the study shows us that the judgements made by individuals come with no guidance or support.

4.3. How long have you or your companion been waiting?

A&E waiting times are often a point of contention for patients and one which can vary dramatically depending of the through-flow of patients, complaint type and patients destination and care pathway.

The graph/table below shows that during our survey Boston Pilgrim has a significantly lower percentage (59.7%) of respondents who were seen in the first hour compared with Lincoln County (72.7%) and Grantham District (81.2%). It can also be seen that Lincoln County has a larger percentage (4.1%) of respondents over the 4-hour A&E standard compared with Boston Pilgrim and Grantham (1.4%).

	Lincoln County A&E	Boston Pilgrim A&E	Grantham District A&E	Overall
0-1 Hrs	72.7%	59.7%	81.2%	71.4%
1-3 Hrs	16.5%	19.4%	10.1%	15.6%
3-4 Hrs	5.0%	5.6%	1.4%	4.2%
>4 Hrs	4.1%	1.4%	1.4%	2.7%



We asked the Hospital Trust why extended stays in the A&E department may typically occur. It is often easy to criticise a service without acknowledging the extent of the process a patient may need to travel or the other services it may impact on.

The Trust response was: ***"Extended waits within our A&E departments are overwhelmingly caused by instances of limited bed availability. In its simplest terms, once our hospitals reach high levels of bed occupancy, we need to discharge a patient in order to free a bed before we can admit one from A&E. It is best understood as a system issue - if community and social care services struggle to take those patients of ours that are fit for discharge, they remain in our beds and limit the flow of patients through our hospital and ultimately impact upon waiting times within A&E. Where this scenario becomes especially challenging is where we have a surge in A&E attendances, either from 'walk-in' patients or those transferred by ambulance."***

From this we can see that this a multi-agency issue which can have a knock-on effect to many services. This report has been sent to other bodies including community and social services who will also be able to comment on the challenges they may face in dealing with hospital discharge back into the community. Therefore, extended stay patients are likely to be admitted or transferred. However, the statement from ULHT does **not** address those extended stay patients who did not require admittance or transfer.

4.4. General Emerging Themes.

The following section highlights some of the key themes which emerged from the questioning framework and was fed back directly from the recipients.

4.4.1 Reception Confidentiality and Promptness.

Summary of Comments.

90.8% of respondents agreed they were seen at the reception desk promptly and confidentially. Reception and confidentiality is clearly an issue for some and ease of access to reception and ease of patient audibility may also need to be reviewed.

Lincoln County A&E.

- **Patients seen immediately by Receptionist**; *'Seen right away', 'Seen immediately'.*

- **Positive Comments about the Receptionist**; '*Very kind, happy polite reception', 'Felt well looked after'.*

- **Confidentiality Lacking**; *'Had to shout into microphone to be heard', 'Had to shout', 'Not confidential'.*

Boston Pilgrim A&E.

- **Mixed Comments about Reception**; *'Happy at treatment', No queue at desk', Reception was very quiet, so easy access', 'Had to wait in queue', 'Smiley face', great communication', 'Reception was lazy',' Reception was very friendly'.*

Grantham District A&E.

- **All Comments Received**; *'Desk unmanned, used call bell, waited 15 minutes before nurse came', 'Other people could hear', 'Very nice'.*

4.4.2 Instructions Provided by Reception.

Summary of Comments

70.3% (97 comments) of all the comments received regarding instructions provided by reception indicated no instruction of potential waiting time were given to the patient or escort. Only 51.1% believed they were provided with clear instruction of what to do, where to wait and were given indication of waiting time by reception. Therefore, there may need alternative methods to support patients which may include larger and clearer signage, notices or working waiting time information and a waiting room clock. It would also appear that differentiating between the different stages of A&E with regard to a waiting time would be useful for managing patient expectation, ie waiting times from booking in, to triage, consultation, treatment and discharge or transfer.

Lincoln County A&E.

- **No Instruction of Waiting Time:** *'No indication of waiting times', 'Told where to sit but not the waiting times', 'Yes we were shown where to sit but no mention of waiting times'.*

Boston Pilgrim A&E.

- **No instruction of waiting time:** *'Asked to take a seat', 'Everything fine but no waiting times', Waiting times not given', Told where to wait, no waiting times'.*

Grantham District.

- **No instruction of waiting time**: *'No indication of waiting times given', 'No mention of waiting times', 'Take a seat no waiting times given'*

4.4.3. Attention received by Doctor or Nurse.

Summary of comments

60% of respondents had seen a doctor or nurse promptly following arrival and completing the survey. Results of this survey suggest that many respondents have received fast initial triage attention and treatment however spend a long time waiting for further treatment or doctor attention, this may need further looking into what can be done to achieve a smaller waiting time for care and treatment. This is another area where improved patient engagement and information would help manage better patient expectation.

Lincoln County A&E.

- **Seen nurse quickly but having to wait for doctor**; *'Looked at within 10 minutes', 'Seen nurse waiting for results',' Seen nurse but 2 hours to see Dr', 'Seen nurse straightaway waiting for Dr'.*

Boston Pilgrim A&E.

- **Seen nurse quickly but having to wait for doctor**; *'Triaged but I have now been waiting to see doctor for 3 hours', 'After an hour I saw a nurse and was told there were 6 people in the queue to see the doctor before me'.*

Grantham District A&E.

- **Seen nurse quickly but having to wait for doctor**; *'Seen triage nurse within the hour now have to wait to see doctor, 'Seen within 10 minutes'.*

5. Comments and Recommendations from the Authorised Representatives:

The following lists some of the feedback and recommendations made by those involved in the visits.

5.1 Comments and General Observations:

Lincoln County:

- The children's play area is very basic and was only really suitable for very young children. The floors were clean but the children's play mat was not. A parent complained that the child's socks got dirty.

- The floor in secondary area was in poor state with hazard tape dislodged and loose and patches of flooring have been removed.

- One member of staff calling patients into consultant's area had very strong accent and so when names were called they were not understandable. The staff member always went back to base without a patient. The triage nurse also used normal voice when calling patients and couldn't be heard very well in the waiting area. As waiting times got longer during morning this caused frustration for patients.

- Volunteers noticed on arrival four ambulances unloading, two with only drivers waiting and a further four waiting to unload.

- The men's toilet out of order with no sign saying where they could find an alternative, also as this toilet housed the baby changing facilities there was no notification to say whether the baby changing facilities were functioning or offering an alternative location.

- No waiting times were displayed and no evidence of patients been told what waiting times they could expect. However as the morning moved on and ambulance staff were regularly reporting to reception staff, patients were told that waiting times had increased significantly but not by how much.

- Some patients felt that booking in at reception was not confidential enough.

- No clock in waiting area.

- Parking fees did concern patients.

- The water fountain worked and there were plenty of cups.

- Two patients had call backs and felt let down as both recalls were due to x-rays having been misread. Both patients had come in during the previous evening and then been called back. One patient said the hospital took an hour to find the right notes and the patient was going to make formal complaint.

- The chairs were replaced in the A&E department between the 27th and 29th January. The chairs looked clean and comfortable but all the same height. They were attached together in 6's, but not fastened to the floor. The staff nurse informed the visiting team that seats for the disabled were on order.

- There was soap outside the consulting area but the visiting team noted very little use of it over the 3 days.

- The Saturday visit felt less controlled than the midweek sessions, the TV was loud with sports commentary.

- On the Saturday the outer door had broken and it was very draughty in the waiting area.

- Observation of the Ambulance Staff: One of the paramedics came to speak to a waiting relative fairly regularly. The paramedic said they liked to keep the relatives informed of progress and it did not affect the turnaround time as the other paramedic did the handing over of the patient.

- Friends and Family leaflets were situated near reception desk but patients were not signposted or encouraged to fill them in. Reception staff said they had not received any direction to promote the Friends and Family leaflets.

Grantham District:

- Nursing and Out of Hours staff took time out to greet the visiting team and were very pleasant and supportive.

- The chairs, though comfortable to sit on and attached to the floor, were in urgent need of attention as many were very wobbly. The sister was aware of this and said the maintenance man was needed. There was one notice on one of the chairs labelled "not in use".

- The department was clean with the exception of the skirting area on the walls.

- The Sister collected left over paper cups and wrappers, she said it was their job if they were not busy.

- There is a rack with useful leaflets about various minor injuries.

- There is a pack of Friends and Family leaflets and we were told they are given out on checking in, although this was not observed as consistent across shifts.

- The board with the Friends and Family leaflets gave the results for May 2013 (8 months out of date).

- There are no refreshments available.

Boston Pilgrim:

- Ambulances outside the A&E waiting room were clearly visible with standing time varying from between 30 minutes to 2 hours.

- No hand gel was available in the waiting area, however it was available in the clinical area.

- No wheelchairs available.

- Between 7-10 pm, 80% of patents presenting were for out of hours services.

- Signage on site was poor or damaged and the visiting team were asked on a number of occasions where reception was, particularly for out of hours.

- The only patient leaflets available were for Wiltshire Foods.

- The 'bin park' at the side of A&E was not secure.

- Waiting time for a receptionist could be up to 10 minutes as there was only one member of staff on.

- Time to triage was generally within 30 minutes.

- There were plenty of Friends and Family Test forms available however unless signposted by the visiting team, no one was seen to be given one or take one.

5.2. Findings from Interviews with Senior Medical and Nursing Staff and A&E Administration.

The findings of this report looked predominantly at the experiences of patients, family and carers within the A&E environment. However it is acknowledged that we need to look at all the available data in order to present a valid and robust account of findings. As a result, ULHT facilitated 3 site meetings with senior medical and nursing staff, which was also complemented by the inclusion of the A&E administration staff. These meetings provided frank discussion and these are documented below.

- Staffing, especially medical staff, is a major problem both at Lincoln County and Pilgrim at all levels, and the high numbers of temporary staff makes the building up of a team approach very difficult. This is a national issue, but we were told of local initiatives to increase training and also work with Lincoln University, which might attract doctors to come to Lincolnshire.

- We were told that ambulance queuing had reduced at all sites, and that times were competitive with other hospitals in the East Midlands (see Section 5.3). However, our volunteers noted ambulance queues at Lincoln and Pilgrim. At Pilgrim in particular it seems that this results in part from post handover delays due to technical difficulties with completion of EMAS reports. We recommend that commissioners, EMAS and ULHT jointly address this problem.

- GP sessions within A&E have been introduced recently at Pilgrim and Grantham, and we commend this initiative. There are currently no plans for similar arrangements at Lincoln. Apparently a trial was not successful some years ago. It is too early to judge the success of the current arrangements.

- The mid-Kesteven Shaping Health programme involves a triage system for directing patients to the most appropriate treatment (A&E, medical or surgical specialist, GP Out of Hours during hours of operation, or other). This has not commenced at Grantham yet, pending a capital project due for completion in the autumn of 2014. A similar triage plan (Nurse Navigation) at Pilgrim is planned 24 hours, 7 days per week. These seem to us to be very positive proposals, which could significantly improve patient experience, and we hope this may be introduced at Lincoln too, and closely monitored at all sites.

- Staff gave us mixed opinions about NHS 111, which hadn't reduced workload so far. We were told that many patients were not aware of it, nor whether GP Out of Hours still existed, thus potentially swelling A&E workload. It was good to learn that a liaison committee between A&E and NHS 111 is in existence, but much more needs to be done to advertise NHS Out of Hours options to patients, both locally and nationally.

- There were few complaints about being able to contact social care, and mental health services. This is commendable. Concern was expressed to us about the lack of a clear protocol for the care of disturbed children. We were unable to confirm this, but recommend that a review takes place.

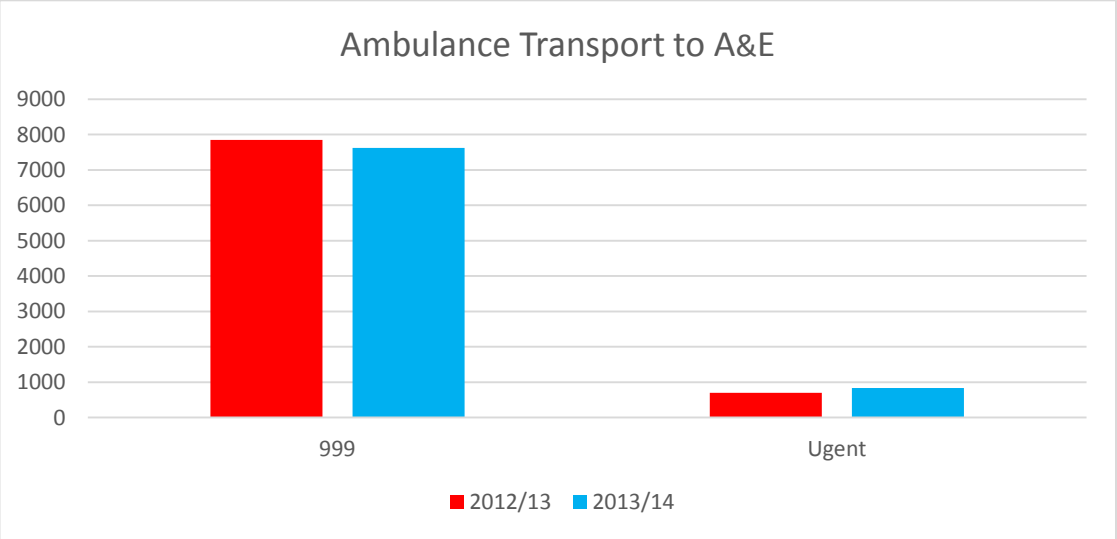
- We asked senior staff at each site to suggest proposals for improving the quality of care, including those that would be cost neutral. Please refer to Appendix 5 for details.

5.3 Feedback from East Midlands Ambulance Services (EMAS).

To enable a balanced methodology to be applied. We also gathered intelligence and views from EMAS. The ambulance service are a key player in the patient flow of patients into the Trusts' A&E departments. As such, their response provides an interesting insight into another facet of the emergency services.

Their commentary is shown below:

Overall EMAS activity for January compared with 2012/13

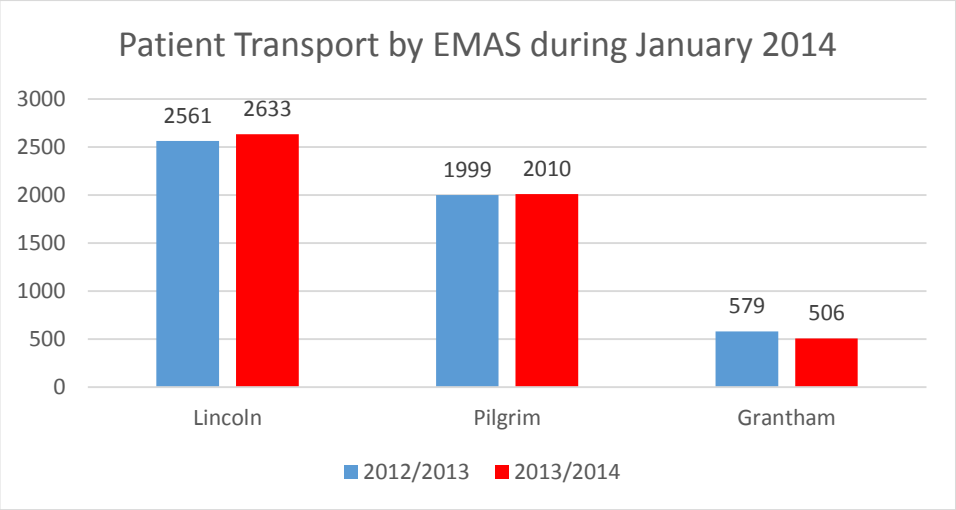


Overall EMAS responses for January (Lincolnshire only):

2012/13 – 999 = 7,851 – Urgent = 699 – total responses = 8,550
2013/14 – 999 = 7,624 – Urgent = 835 – total responses = 8,459

We can see that overall EMAS activity for January compared with 2012/13 has reduced by about 1%. The most interesting shift is the reduction in 999 calls and increase in 'Urgents'. This is thought to be due to EMAS implementing a new working model which ring fences dedicated resources to GP urgent referrals and hospital transfers with the intention of reducing the default to 999. This has been well received and ensures timely transportation of urgent patients to hospital.

Hospital Issues.
The following provides the headline figures for Lincolnshire Acute Hospitals as follows:



Whilst overall activity is fairly stable there has been a noticeable increase in activity into Lincoln County over the last year and reduced patient transfers to Grantham hospital. The impact of Newark A&E closure in 2012 is still being established.

Lincoln County average EMAS conveyance is around **85 admittances per day** but there were peaks on the following days during January:

Date of Peak	Number Admitted (average 85)
Fri - 3rd Jan	**95**
Sat – 4th Jan	**90**
Sun - 5th Jan	**91**
We – 8th Jan	**97**
Sat – 11th Jan	**93**
Tue – 21st Jan	**97**
Wed – 22nd Jan	**90**
Sat – 25th Jan	**95**
Mon – 27th Jan	**90**
Wed – 29th Jan	**95**

February 3rd (Monday) also saw 101 transfers in to Lincoln County Hospital, of course does not factor in the self-presenters which would add further pressure when they coincided with the above dates.

Handover delays for each site are as follows, these figures relate to the time from the ambulance arriving until it has completely handed over the patient:

Lincoln County – plus 30 to 45 minutes = 410 (16%), plus 60 mins = 68 = 2.6%
Pilgrim – plus 30 to 45 mins = 210 (10%), plus 60 mins =25 = 1.2%
Grantham – plus 30 to 45 mins = 77 (15%), plus 60 mins = 5 = 1%

Grantham hospital does not have the same capacity to escalate patients during peaks of activity compared to Lincoln County and Pilgrim, consequently there are sometimes delays and these are managed accordingly Grantham has experienced some pressures which has resulted in temporary boundary diverts to Lincoln and Boston and these are all managed by the ULHT and EMAS on-call managers.

Summary

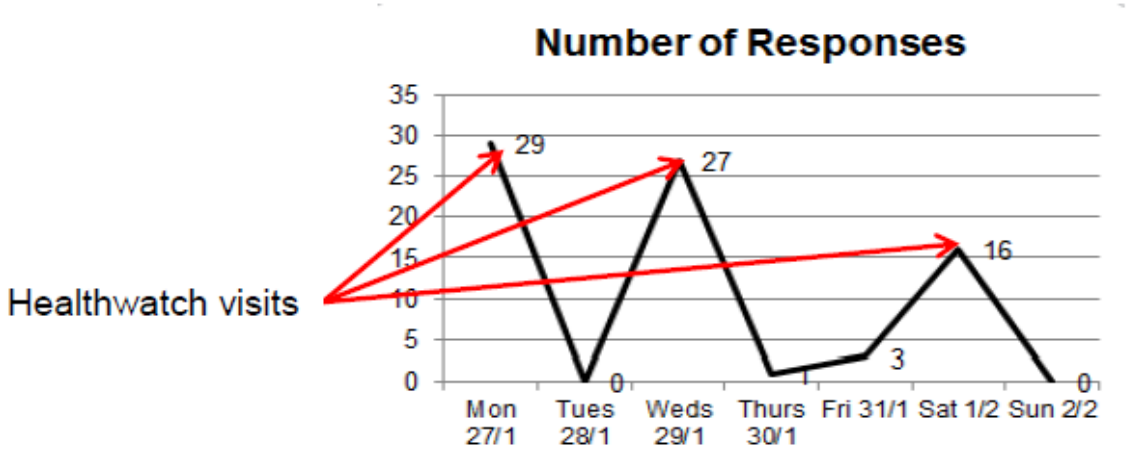
- Peaks in activity to Lincoln County has resulted in pressures but these are mitigated by proactive management and regular telephone conference calls between all agencies.

- EMAS deploys a HALO (Hospital Ambulance Liaison officer) to manage turnaround.
- ULHT has worked very hard to manage any delays and this has resulted in minimising the impact on EMAS performance.

- Lincoln County is experiencing the highest increase in activity whilst activity into Grantham is reducing – EMAS, CCGs and ULHT are meeting regularly to review the situation, share data and agree actions.

6. Family and Friends Test

In relation to our work in support and promotion of the Friends and Family Test we were pleased to see that the face to face intervention by our authorised representatives increased the take-up and return of the Friends and Family Surgery. Jennie Negus (Deputy Director of Nursing) said *"Healthwatch Lincolnshire undertook enter and view visits to each A&E department during January and a report is awaited; however, as part of this they also encouraged patients to complete and return FFT surveys. It can be seen below that this had a significant effect with a marked increase in responses on the Lincoln site when they visited between 27th January and 1st February."*



However, when subsumed within the overall response rate calculated against attendances these peaks were 'lost'. The challenge is sustainability and despite attempts with volunteers and patient experience staff this level of response has not been able to be maintained; it is hoped that the texting and automated phone call solution will provide a workable and sustainable process."

7. Conclusion

Healthwatch were made welcome at all three sites, and overall patients were generally content with the service provided.

Senior staff seemed glad to talk to us and whilst told us that morale was generally good, the large number of medical locum staff made successful team building and planning very difficult. A number of initiatives were being brought forward to reduce this dependence, which, whilst a national problem, affects rural areas to a greater degree. Also proposed capital plans for the Trust will help is sustainability.

We were invited to return to both Lincoln County and Pilgrim to talk to patients in the clinical areas. This was omitted from our original visiting plan, although did take place to a limited extent at Lincoln. We would like to follow this up, using a small number of experienced volunteers.

The current Lincolnshire Sustainable Services Review (LSSR), which may propose significant changes to A&E provision in the county, was causing understandable anxiety for some. Healthwatch Lincolnshire is involved in these discussions, we are watching developments closely, and will be commenting during the consultation stage. We may wish to carry out follow up visits to A&E departments in six to twelve months.

A draft report was sent to the hospital Trust for consideration and comment and the following was received on 27th March from ULHT:

> **"Thank you for your correspondence in relation to your recent A&E Enter and View. We acknowledge receipt of the report and can confirm that there are no comments to make in relation to factual accuracy.**
>
> **It was pleasing to note your feedback that 'most people were happy with the service they received'. We have reviewed the recommendations you make and confirm that we are developing a plan for improvement in relation to these.**
>
> **As we discussed during your visit we welcome the support Healthwatch is providing both in A&E and through our Patient Experience Committee who will monitor progress against this plan and feedback to you our progress."**

The final report was presented to the ULHT Trust Board to the Care Quality Commission, Lincoln, Clinical Commissioning Groups in Lincolnshire, the NHS Trust Development Agency (TDA), the Lincolnshire County Council Health and Wellbeing Board, Lincolnshire County Council Health Scrutiny Committee, Healthwatch England and the public. It is intended that where recommendations have been made they will be followed up by Healthwatch to establish progress and improvement.

8. Recommendations

Healthwatch Lincolnshire recommends:

- working with partners to promote an education campaign about options available before accessing A&E care.
- that patients are better informed around waiting times to manage expectation, particularly around the different stages of A&E waits.
- working with partners to address challenging areas around discharge back into the community which is causing bed blocking.
- a review of patient discharge from A&E, specifically related to patient transport home, particularly for the vulnerable.
- that the information available within A&E is relevant and consistent across the sites.
- that reception hands out a Friends and Family Test as each patient checks in.
- that included on the Friends and Family Test is a return address or Freepost address.
- locating Sanitizer hand gel in front of reception to avoid abuse of the substance.
- better utilise Healthwatch volunteers and work with us to develop a 'befriending service' both within A&E and the clinical area.
- the Trust works with Healthwatch to enable another follow-up visit within the next 6 – 12 months.

APPENDIX 1

Patient Statements

The voice of the patient is often the most powerful method of relaying what the public feel about a service or their treatment. It provides strong messages about both the positive and negative experiences people are receiving. The following section of the report captures that feedback in the patient's own words.

Lincoln County A&E.

- "I felt very let down as I had to be recalled and to come back during late evening because my x-ray was misread. The hospital took an hour to find my notes and I will make formal complaint."

- "No waiting time was stated but they did say 'someone would be with you shortly' I was seen by a nurse and a consultant and on my way within 25 minutes .... Brilliant service".

- "The waiting area was full although I was waiting for a trauma doctor instead of a minor injury doctor, I felt very ill and uncomfortable with so little room to sit I felt like I should be in a side room or ward as crying with pain, bleeding, and fainting spells. I do not feel I was treated well with dignity or care. I was left too long in the waiting area where my son and friend had to stand all that time. I was very disappointed but the GP/Nurse/staff were nice to me."

- "There was no cubicle available so my mother was left on a trolley near the nurses' station, no privacy or dignity. Staff disinterested. Nurse in charge not interested when we raised concerns. Long wait for admission. Long wait for doctor then misdiagnosed."

- 'I don't think the area is very welcoming the TV is too small and the seats are not comfortable'.

- 'Awful and cold'.

- ‘Difficult in hearing names when called, maybe a screen with patients names displayed will resolve this’.

- “I was more than happy with the environment”.

- “The biggest problem is getting home”.

- “I am not happy with the wait, as car parking will be expensive, having already waited 2 hours’.

- Everyone is lovely from paramedics to hospital staff.

- the staff exceeded and dealt with me quickly and efficiently keeping me well informed as to what was taking place in a clean environment.

Boston Pilgrim A&E.

- Waiting room environment: ‘Lots of broken seats and areas cordoned off’, ‘I think the reception is a bit outdated, not well equipped’ (comment received online 17 January 2014)

- Care issues: ‘No mental health team , will have to stay all night until bus time, no idea how [patient] is getting home’, ‘Put in a cubicle and not informed what was happening’.

- Staff comments: ‘[Staff] always good with little one, very detailed this time’, ‘I would recommend (triage nurse) for her care’, ‘The assessment nurse was very helpful and understanding’, ‘Yes I feel the staff here treated my son well I have never had any problems’.

- Service: ‘Excellent service’, ‘Fully satisfied’.

Grantham District A&E.

- Staff care was demonstrated by one patient who told us that following admission into Grantham A&E, there a need for the patient to be transferred for specialist treatment. The patient felt reassured that everything had been done by staff to inform of what was happening and why, this simple process greatly improved the overall experience despite the serious medical nature of the patient.

- Waiting room environment: ‘Clean and tidy, no visible clock, no working TV’ Clean area, short of seats (busy time), No TV, no waiting time shown’, ‘waiting area dull, no TV, no clock, no waiting time machine’, ‘Could be more seats at busy times’.

- Other comments: ‘Always received very good care at Grantham, although the referral to other places are becoming more frequent, local care by local staff should be norm not the exception’, ‘Discharged from A&E after 3 hours not eligible for transport home, no money for taxi’, ‘Grumpy reception staff’, ‘Patient felt that often been seen by triage, you are left for quite a time before seeing the doctor, patient felt reception not helpful’, ‘Very good experience’. “Excellent experience, caring and compassionate staff, seen and dealt with promptly and efficiently.”

Copy of the Survey

Healthwatch Lincolnshire is conducting an independent survey in Lincolnshire A&E over a number of weeks, and wants to hear what you have to say about services both positive and negative. Any feedback you provide will be anonymous and will not be traceable to any individual. The survey will close on Friday 7th February 2014 and a report produced which will be shared with those that provide the services but also with the general public. Your information will be valuable and could support future service development, patient care pathways and choice.

(please ✔ your selection and leave comments)

Location: ☐ **Lincoln County A&E**
☐ **Boston Pilgrim A&E**
☐ **Grantham District A&E**

Day:
☐ Monday ☐ Friday
☐ Tuesday ☐ Saturday
☐ Wednesday ☐ Sunday
☐ Thursday

Date: ___/___/2013_____

Time: ☐ 8am-11am ☐ 7pm-10pm ☐ 11am-2pm ☐ 11pm-2am
☐ 3pm-6pm ☐ 3am-6am

---

1. Are you alone? Yes ☐ No ☐ **Are you?**

☐ The Patient
☐ Friend
☐ Parent
☐ Health Professional
☐ Other Family Member/Partner or Spouse
☐ Carer

2. Who if anyone told you to come to A&E?

☐ Referred by GP
☐ Referred by Pharmacist/Dentist/ Optician/Other Health Professional
☐ Referred by Out of Hours GP
☐ Signposted by 111
☐ 999
☐ Personal Decision

3. How did you get to A&E?

☐ Walked
☐ Own car/transport
☐ Friend/Relative car/transport
☐ Public Transport
☐ Taxi
☐ Ambulance

4. **Do you feel that you need to be in A&E?** ☐ Yes ☐ No

If no, what services (eg NHS/ Social Care) do you think could have prevented you attending A&E?

5. Since arriving at A&E, How long have you or companion been waiting?

- 0-1 hours
- 1-3 hours
- 3-4 hours
- More than 4 Hours (please state) _____

6. **Upon arrival were you seen at the reception desk promptly and confidentially?** Yes No

Comments

7. Upon arrival were you provided with clear instructions of what do and where to wait, and were you given any indication of waiting time?

Yes No

Comments

8. Have you seen a doctor or nurse since arrival?

Yes No

Comments

9.

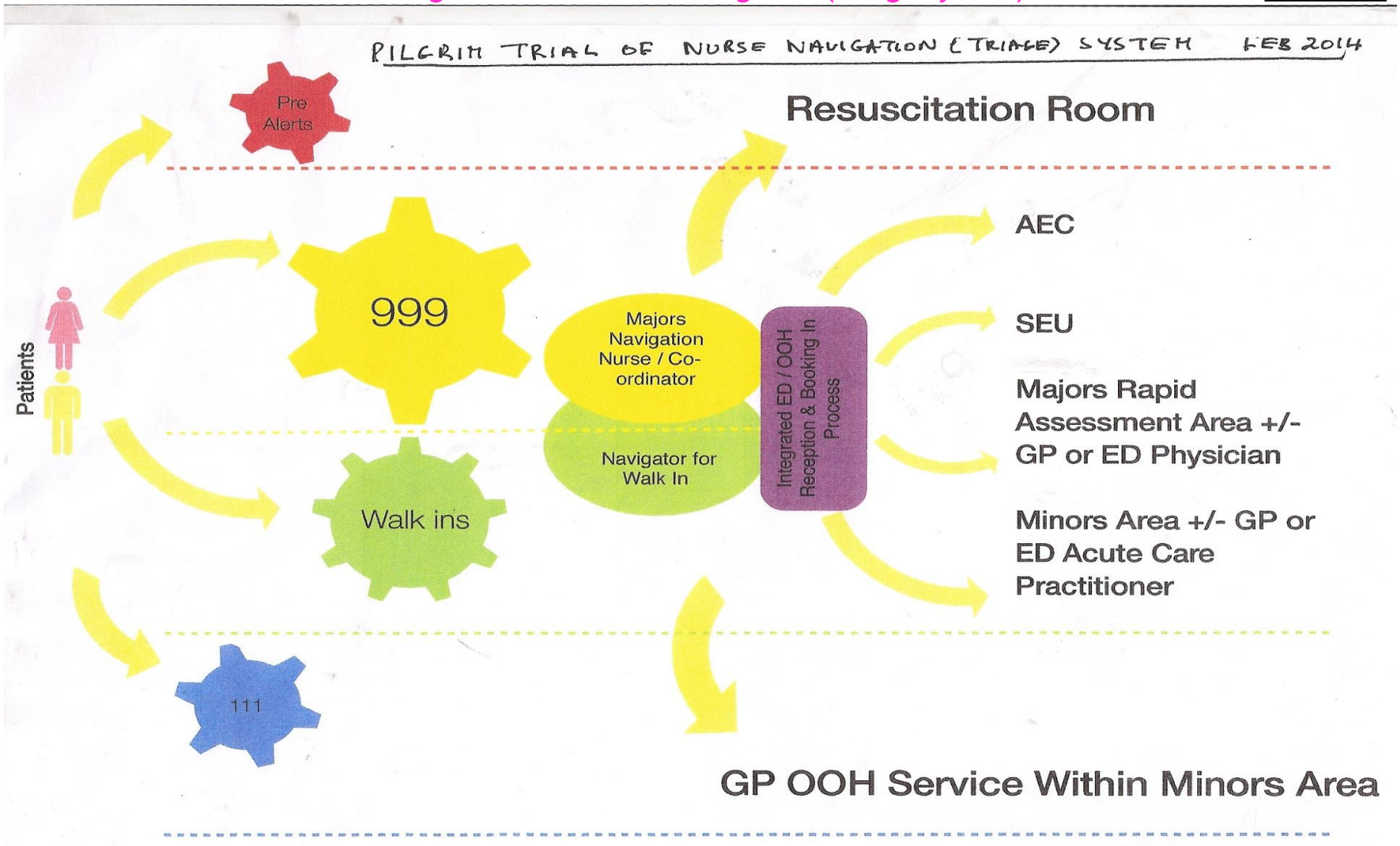
Comments

Other Information:

Please tell us about any other information you feel is important to you about your visit to A&E today. For example, have you been treated with dignity and respect by staff and did you feel the treatment you received met your expectations, is the environment clean with sufficient seating, information and facilities.

Appendix 3: Demographics for all Respondents

	Response %	Response No.
Location		
Lincoln County A&E	46.2%	121
Boston Pilgrim A&E	27.5%	72
Grantham District A&E	26.3	69
Age		
Under 18	14.9%	39
18-24	12.2%	32
25-34	14.1%	37
35-44	13.7%	36
45-54	9.9%	26
55-64	7.6%	20
65-74	11.1%	29
75+	12.2%	32
Do not wish to answer	4.2%	11
Do you consider yourself to have a disability		
Yes	18.3%	48
No	72.5%	190
Do not wish to answer	9.2%	24
Gender		
Male	46.9%	123
Female	48.1%	126
Do not wish to answer	5.0%	13
Are you a Lincolnshire Resident or Visitor?		
Resident	89.7	235
Visitor	6.9%	18
Do not wish to answer	3.4%	9
Are you alone?		
Yes	26.0%	68
No	64.9%	170
Who are you?		
Patient	66.8%	175
Friend	2.7%	7
Parent	15.3%	40
Other Family Member/Partner or Spouse	11.8	31
Carer	1.9%	5
Do not wish to answer	1.5%	4
Who if anyone told you to come to A&E?		
Referred by GP	19.1%	50
Referred by Pharmacist/Dentist/Optician/Other Health Professional	8.4%	22
Referred by Out of Hours GP	0.8%	2
Signposted by 111	8.0%	21
999	10.7%	28
Personal Decision	49.2%	129
Police	0.8%	2
School	3.1%	8
How did you get to A&E?		
Walked	2.3%	6
Own Car/Transport	53.4%	140
Friend/Relative Car/Transport	21.8%	57
Public Transport	2.7%	7
Taxi	4.6%	12
Ambulance	14.9%	39
Do not wish to answer	0.4%	1


PILGRIM TRIAL OF NURSE NAVIGATION (TRIAGE) SYSTEM FEB 2014
Pre Alerts
Resuscitation Room
999
Patients
Majors Navigation Nurse / Co-ordinator
Navigator for Walk In
Integrated ED / OOH Reception & Booking In Process
AEC
SEU
Majors Rapid Assessment Area +/- GP or ED Physician
Minors Area +/- GP or ED Acute Care Practitioner
Walk ins
111
GP OOH Service Within Minors Area

APPENDIX 5

Feedback from Staff Interviews

The same questions were asked of each hospital's staff and are colour coded below:

Lincoln County Hospital/Boston Pilgrim/Grantham & District Hospital

- **Length of service within the department of those staff interviewed.**
  Medical Consultant – 5 years ULHT; Nurse Consultant – 1 year.

  The consultant staff spoken to at a senior level had been employed in the unit for 3 years (medical) and 6 months (nurse consultant).

  Consultant 2011 (previously an associate specialist since 2002);
  Sister 2008.

- **What is the current state in relation to staffing and staff morale?**
  Ongoing shortages, particularly of permanent medical staff with only 2 of 6 consultant posts filled long term. A similar situation with lower grades, but plans for better post-graduate education for these posts which may attract more applicants.
  Nursing shortages during day shifts and plans completed to address this.
  Morale is variable but improving as more training and development opportunities.

  Business case current for more A&E nurses plus 10 emergency care practitioners starting 11 February 2014. One permanent consultant and 3 locums current (ex-associate specialists at ULHT) and 2 more recommended by national body (national consultant shortage (100 below for England).
  Consultant sessions 9 – 11 pm and on call. Ten posts middle grade, but only 5 definitive plus 5 locums. Ten junior grade posts.

  Nurses fully established. Doctors fully established. Six mid-grade doctors from Deanery rotation. Morale was reported as quite good.

- **What is the position regarding unloading delays from the ambulance service?**
  Some improvement reported.

  Unloading turnover 26 minutes, down to 15 minutes but still EMAS delays in redirecting. Pilgrim in top 5 for East Midlands on recent EMAS statistics.

The average discharge from ambulance to A&E is 20 minutes (4 – 45 minutes). There are no recorded ambulance discharges in excess of 2 hours.

- **Do ambulance staff provide care and support within A&E?**
  They retain responsibility whilst patient is on their trolley. They assist in a support role following handover, but no not have clinical responsibility.

  Help is received in resuscitation room, but not at paramedical level.

  Only during wait on trolley. There are no known protocols on this, but ambulance staff will provide general help if required although not at paramedical level. There is a good relationship with the ambulance teams.

- **Is the local GP Out-of-Hours service located near A&E?**
  Yes.

  Yes, but it is not adequately signed. New signs are expected along with those in other languages.

  Yes.

- **What are the local working arrangements with Out of Hours?**
  Variable. No protocol or definite triage arrangements from A&E to OoH, but process is clearer in reverse. It is thought that about one-third of A&E patients could be treated in primary care.

  Three local GPs have started to work within A&E on sessional rotation basis 2 – 10 pm, accountable to a consultant.

  The mid-Kesteven Shaping Health proposals have not yet been implemented. The Shaping Health programme which has been ongoing since 2012 is "still going through option appraisal". The proposals will introduce a triage system to ensure that patients are seen by the most appropriate clinical team (A&E or OoH).

- **Is there any joint triage practised or planned between Out of House and A&E?**
  No. The advantages are clearer Out of Hours than during the day when GP practices are very variable in their availability for seeing their patients as emergencies. This makes any clear protocols difficult.

  A joint triage system is to be trialled shortly (see Nurse Navigation Project at Appendix 4). This may roll out so that patients can be directed if appropriate to either Ambulatory Emergency Unit or Surgical Admissions Unit without being delayed in A&E.

Not as yet (see above). However, it is proposed that there will be a single point of access triaged through reception and triage will take place within 15 minutes of arrival. A GP works in the A&E unit 10 am until 6 pm, Monday to Friday as a pilot. Hospital sessional post, accountable to a consultant.

- **Is there a perception on the advice given to patients from the NHS 111 scheme?**
  Nurse Consultant is on the joint governance committee, which helps. There are some inappropriate referrals and the service is no better than NHS Direct.

  It was thought to be very variable and that generally the 111 service seemed to overcompensate.

  An increase in attendees at A&E, some not appropriate, but there is a feedback system. Patient advice is not always accurate – similar to NHS Direct. Patients sometimes have enhanced expectations of waiting time and resolution outcomes and therefore, the patient experience is not always good. Many patients have never heard of NHS 111 and are also not aware there is still a GP Out of Hours service.

- **Are you able to access urgent care from Social Service Teams?**
  Yes, usually quite promptly and previously delays at night have improved. Referrals in from Care Homes can be a problem and St Barnabas have instituted a successful training service for management of sick elderly in Nursing and Care Homes. This has reduced the number of elderly arriving at A&E from Care Homes.

  The social services team situated in A&E and CDU between 8 am and 8 pm respond promptly. The Prevention and Avoidance Community Team (PACT) which is composed of volunteers and who support the elderly on arrival home including shopping if necessary until Social Care package commenced were praised.

  Yes, but it is more difficult out of hours.

- **Are you able to access the Mental Health Crisis Team promptly?**
  Yes. Team now on site. A protocol for the care of disturbed children is "virtually non-existent" and is required.

  There is access but not directly within A&E. There wasn't felt to be a major issue around the provision in this area.

  Yes, both in and out of hours. However, there is often an of of hours problem with patient transport to get people home again. There are

hospital taxis but funding is a problem. The Grantham Assertive Outreach Team is based in the hospital during working hours and will support people with complex mental health needs.

- **What are the most important developments required to improve the quality of care for patients in you're A&E unit?**
  Staff numbers increased (medical and nursing); staff training increased; using expertise from Lincoln University.

  From 11th February 2014: Acute Care Practitioner Service; Maximum 30 minutes after triage before patient seen; 2-hour maximum turnaround (stated that this will actually save money); Nurse Navigation Scheme; capital development to enlarge the A&E department; a Level 2 Trauma Centre status has been provisionally approved (and also Lincoln); it was envisaged that a £200k saving could be made by not having to pay agency staff and also envisaged that there would be real capacity, care quality and transport issues if the A&E department was downgraded.

  Paediatric admissions reduction which could involve paediatric consultation with A&E GP; the reorganisation of the front entrance of the hospital; the Ambulatory Care Unit needs to be between A&E and EAU (Emergency Assessment Unit) - a £600k capital investment has been approved here; the department needs an overhaul as it is looking tatty and misrepresents the quality of service.

- **Additional question regarding protocols between A&E and fracture clinic.**
  This arose from a patient query and it appears that some patients are sent to and fro between A&E and the fracture clinic when they may need to return for such things as plaster adjustment. It was agreed this requires investigation.

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