

ENTER AND VIEW VISIT

New Cross Hospital: Accident and Emergency Department



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What is Healthwatch Wolverhampton?

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

What we do?

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

Our Mission

Our mission is to be the local independent consumer champion that enables individuals and community groups to influence the planning and provision of all local health and social care services Wolverhampton.

Our FREE Information and Signposting service can help you navigate Wolverhampton's complicated health and social care system to ensure you can find and access the services that are available for you. Call us 01902 or email info@healthwatchwolverhampton.co.uk

Our Values

- We will be visible and accessible
- We will be credible, trusted and independent
- We will be inclusive and embrace diversity reflecting the diverse needs of local people
- We will work collaboratively
- Our work will be evidence based
- And we will be influential and bold

Enter & View

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

Healthwatch Enter and Views are not part of a formal inspection process, neither are they any form of audit. Rather, they are a way for Healthwatch Wolverhampton to gain a better understanding of local health and social care services by seeing them in operation.

Healthwatch Enter and View Authorised Representatives are not required to have any prior in-depth knowledge about a service before they Enter and View it. Their role is simply to observe the service, talk to service users and staff if appropriate, and make comments and recommendations based on their subjective observations and impressions in the form of a report.

This Enter and View Report is aimed at outlining what they saw and making any suitable suggestions for improvement to the service concerned. The reports may also make

recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail. Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch Enter and View visit are referred to the service provider and appropriate regulatory agencies for their rectification.

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

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

Key Benefits of Enter & View

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

- Capturing and reflecting the views of service users who often go unheard, e.g. care home residents
- Offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences
- Engaging carers and relatives
- Identifying and sharing 'best practice', e.g. activities that work well
- Keeping 'quality of life' matters firmly on the agenda
- Encouraging providers to engage with local Healthwatch as a 'critical friend', outside of formal inspection

- Gathering evidence at the point of service delivery, to add to a wider understanding of how services are delivered to local people
- Supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning
- Spreading-the-word about local Healthwatch.

Name and address of premises visited	New Cross Hospital Wolverhampton Road, Wolverhampton, WV10 0QP.
Name of service provider	Royal Wolverhampton NHS Trust
Purpose of the premises / service	Accident and Emergency service
Lead contact	Hayley Flavell (Matron Emergency Department) and Jane McKiernan, Group Manager/Project Lead Emergency Services
Date and time of visits	20 January 2015 17.00 – 18.30 and 24 January 17.00 -
Authorised representatives undertaking the visit	Navin Foolchand (Lead) Sutinder Herian Jean Hancox Ralph Oakley Maxine Bygrave (Lead)
Healthwatch Support Team	Donald McIntosh and Pav Mainn

Disclaimer

This report relates only to two specific visits and does not claim to be representative of all service users, only of those who contributed within the restricted time available.

Purpose of the Visit to New Cross A&E

Two visits were carried out following the reported waiting times within A & E on the 16 January 2015 the reported performance of patients being seen within four hours was 80% against a target of 95%, along with feedback received from recent attendees to A & E

Aim and objectives

- To gather views from Service Users, Carers/Visitors and Staff about their experiences in the Accident and Emergency department.
- To explore Service Users' views on the facilities provided in A&E at New Cross Hospital.
- To understand processes operating within A & E in the treatment of patients.

Method

On each visit a team of three Enter and View volunteers visited the service which took place on Tuesday (20 January) and Saturday (24 January) evenings and views were collected from service user by speaking directly to individuals within the department.

On arrival at New Cross each team reported to the receptionist. They introduced themselves as being from Healthwatch showing ID badges. On the Tuesday evening visit the receptionist went into the department to see the most senior person on A/E at that time. A short time later she returned once again asking us who we were and who we wanted to speak to!, whilst this taking place the matron and her deputy arrived It is fair to say that the receptionist was less than welcoming which could not be said of the Matron (Hayley Flavell) who was very helpful and accommodating throughout the time she spent with the team. The Matron provided an overview of the general layout of the department and introduced the team to staff currently working in those areas and explained the reasons for our visit.

The second visit the receptionist staff were more welcoming and the team were

introduced to the Sister in charge who then contacted Jane McKiernan Group Manager/Project Lead for Emergency Services by phone. Jane spoke with the Lead Authorised Representative about the visit to clarify that this was secondary visit and was happy for the visit to commence.

This report contains the outcomes from the discussions held and the observations made by the Enter and View team.

Background Information

The Royal Wolverhampton Hospitals NHS Trust was established in 1994 and is a major acute Trust providing a comprehensive range of services for the people of Wolverhampton, the wider Black Country, South Staffordshire, North Worcestershire and Shropshire. It gained Cancer Centre status in 1997, was designated as the 4th Regional Heart & Lung Centre during 2004/05 and became one of the first wave Bowel Screening Centres in 2006.

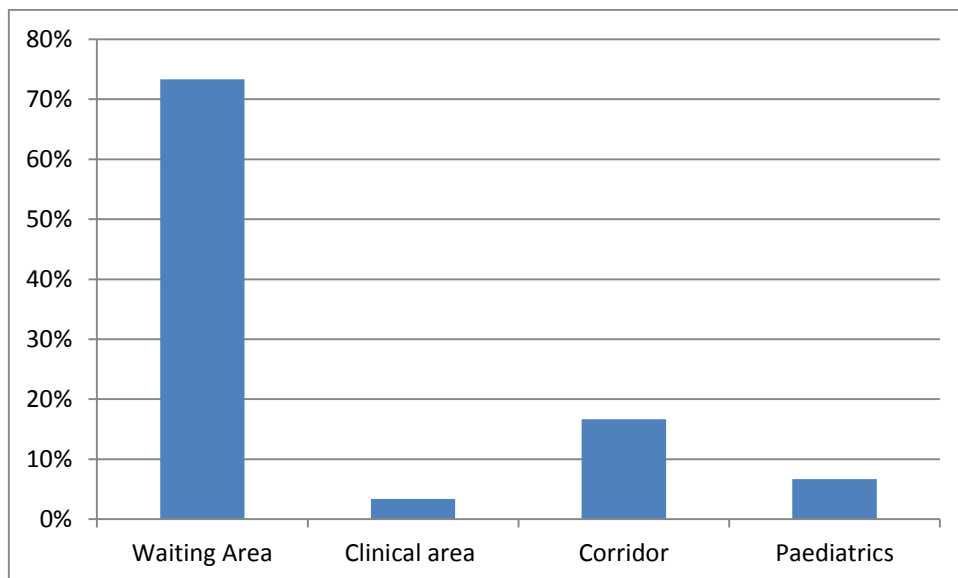
The Trust is the largest teaching hospital in the Black Country providing teaching and training to around 130 medical students on rotation from the University of Birmingham Medical School. It also provides training for nurses, midwives and allied health professionals through well-established links with the University of Wolverhampton. One of the largest acute providers in the West Midlands the Trust has an operating budget of £255 million, 700 beds including 27 intensive care beds and 14 neonatal intensive care costs and employs almost 5000 staff.

The function of the A&E department is to provide prompt and appropriate services to those patients with acute illness or injury. On arrival to A&E patients are assessed, prioritized, and treated according to their clinical need. The hospital aims to have all patients seen and treated within 4 hours from arrival, however a slightly different process exist for those self refer and those arriving by ambulance. Those arriving will be seen by the majors triage nurse to determine whether they go through to major or minor areas of A & E.

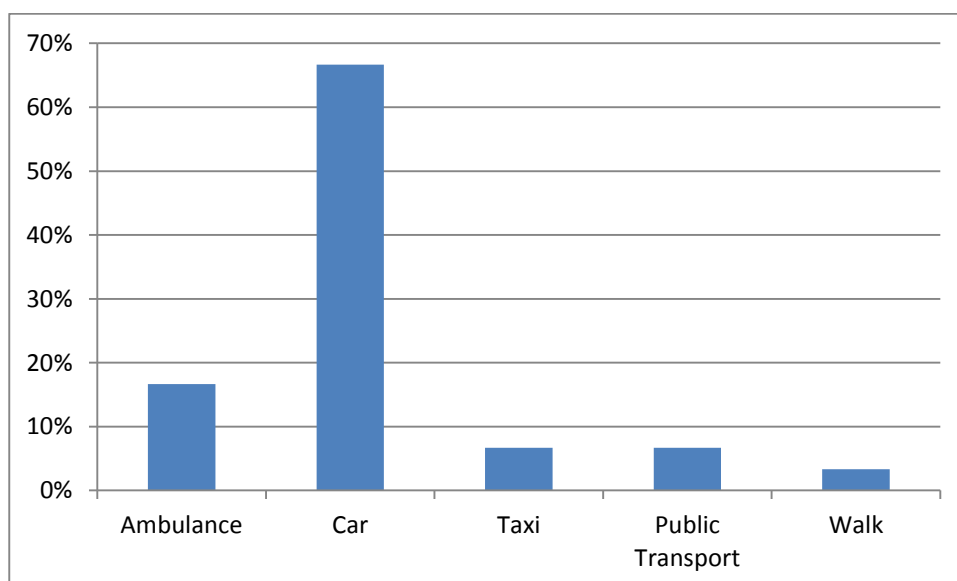
Our Findings.

The two teams spoke to 30 people altogether. Of these, 22 (73%) were

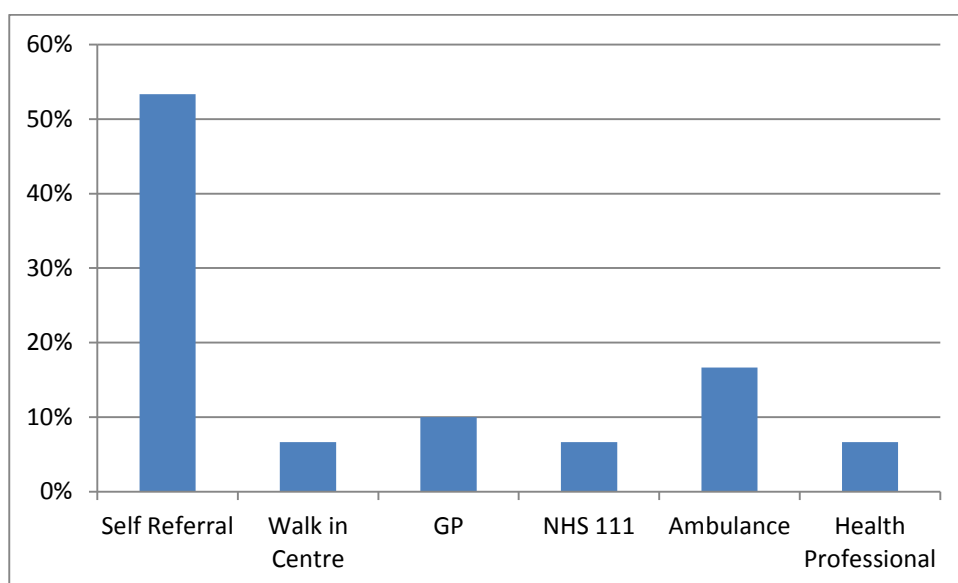
in the waiting area, 1 (3%) in the clinical area 5 (17%) in the corridor (ambulance admissions area) and 2(7%) in the paediatrics area. The majority of the patients were accompanied by at least one person.



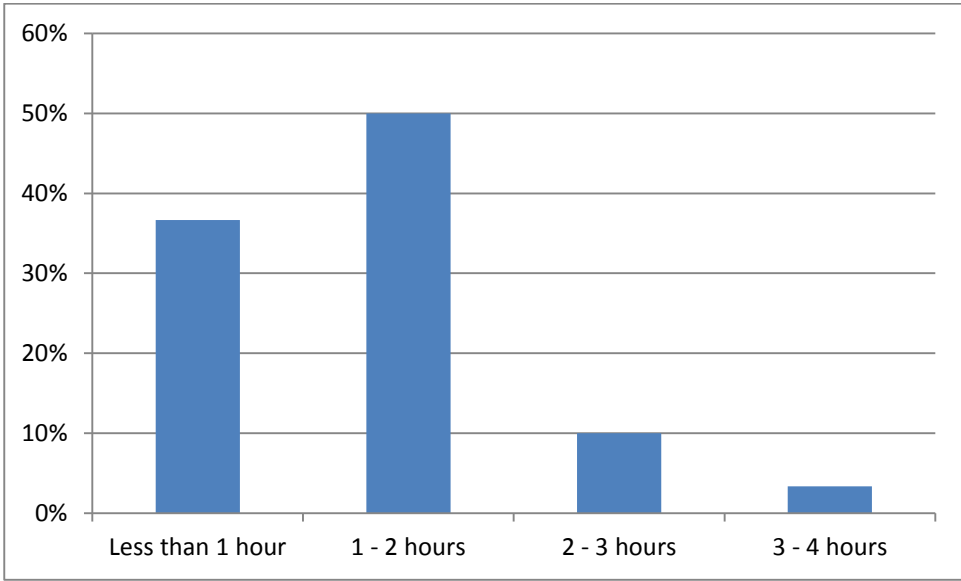
The respondents were then asked how they arrived at A&E. The majority of the people we talked to 20 (67%) travelled in their own cars, 5 (19%) were brought by ambulance and the remaining came by public transport, with one person walking to A & E who was an employee of the Trust.



The respondents were asked whether they were advised by anyone to come to A&E and 3 (10%) were referred by their GP, 16 (53%) came straight to A&E, 2 (7%) were referred by NHS 111, 5 (17%) by ambulance service and 2 (7%) by another health professional.



The team then asked how long people had been waiting within the A&E department. Eleven (37%) had been seen within 1 hour of arrival and of these, 2 were children, which meant that 100% of children waited less than an hour. Also, 15 (50%) had waited between 1 to 2 hours, 3 (10%) waited between 2 to 3 hours and 1 (3%) person waited between 3 to 4 hours.



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

General Observations

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

1. On the Tuesday visit there were six ambulances offloading
2. The waiting area looked clean and tidy on both occasions on Saturday whilst being busy, everyone had a seat.
3. There was a large flowchart describing the patient pathway displayed in the waiting area.
4. There were TV screens displaying information, on Tuesday information was of a general nature whilst on Saturday they provide information about waiting times, however on certain screens the display was very small and difficult to read and understand.
5. The Triage process was adequate and speedy but patients were not aware of how cases are prioritised.
6. There was a constant flow from clinical areas and the waiting area as patients had to return to the same waiting area for test results to be returned.
7. It should be noted that the people we interviewed had, in the main been seen by the triage nurse
8. The children's area was pleasant and well organised at time of visit.
9. A paramedic from West Midlands Ambulance Trust (WMAS) was available in the ambulance admissions area to deal with any 'overflow' of patients who are waiting to be transferred to the clinical admissions area.
10. During the Tuesday visit there were no patients on any of the trolleys and 38 patients were in the various sections of the A/E. On the Saturday visit there was between 50 and 55 patients, this compares with the maximum number of 109 patients they had been seen in December 2014.

11. Staff were observed asking patients waiting on trolleys in the corridor if they wanted extra blankets due to the draft from the ambulance entrance

What People told us

During the survey comments from respondents were as follows:

- Complaint about high parking charges
- Children were seen very quickly
- A number of patients had preferred to come to New Cross A & E as opposed to other A & E that were closer
- The waiting area was clean and calm
- When speaking with staff full attention was given
- Understood the need to prioritise patients but felt that those with minor ailments could be treated in another route
- Ambulance staff were very good and informative
- They were not aware of NHS 111 or walk in centre
- Attended A & E because difficulty in contacting GP
- No advice to see GP or who to contact if things changed

Discussions with Staff

On the Tuesday visit discussions were held with staff so as to understand their roles and gain a view on activity over the past few days principally the matron provided the following insight to the department.

- In the majors area we have a 1nurse to3 patient ratio, where in minors we have 1:7. Recent NICE guidance recommends 1:4 for all cubicles in its draft

consultation, we do adhere in totality but allocate differently. The workforce is flexed across the department depending on acuity, activity and flow. There is a Consultant present until 02.00 and there is band 7 coverage 7 days a week for 12 hours. The draft NICE guidance recommends a band 7 for each shift.

- They are supported by a variety of other professionals and there are a number of HCA staff on throughout the day and night.
- In the resus areas there are 3 RNs for 4 patients offering a 1:1.3 ratio.
- Night shift is not much less staff on both these sections.
- On arrival to the A/E, patients are triaged by a qualified nurse and a decision is made as to the section that meets the patients' needs.
- Ambulance patients are also triaged by a RN and a decision is made whether transfer to the majors' area or waiting room is required, depending on presenting complaint and observations. We were informed that the role of the Hospital Ambulance Liaison officer has been very beneficial in linking both these services.
- Other staff are Advance nurse practitioners and Emergency Nurse Practitioners. There is also an onsite psychiatric Team for those who need mental health assessment and treatment.

Recommendations

Following a review of the information collected during the Enter and View visit, the following recommendations were made:

- Display screens should be checked to ensure that patients can clearly see and understand information and that they are continually updated in respect to information at A & E in particularly waiting times for minor and major incidents
- Information should be made available to patients regarding their own waiting times as appropriate

Acknowledgements

Healthwatch Wolverhampton would like to
Thank:

Royal Wolverhampton NHS Trust

Hayley Flavell, Matron Accident and Emergency Department

Jane McKiernan Group Manager/Project Lead for Emergency Services

All the people who agreed to give their feedback

Navin Foolchand, Sutinder Herian, Jean Hancox, Ralph Oakley Maxine Bygrave our
Authorised Visitors.

Appendix 1

QUESTIONNAIRE FOR NEW CROSS ENTER & VIEW VISIT

Time : _____

Where are you? (Please circle)

Waiting Area

Clinical Area

Children's area

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

Q1: Who is seeking help today? _____

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

Parent Family Member

Partner/spouse

Carer

Other_____

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

Ambulance

On foot

Taxi

Car

Public Transport

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

Came straight here

GP/Health professional

111

Minor Injuries

Q3a : If you came straight here, why? Did you have any other option?

Q4 : Is this the first time you've been here for this issue? YES NO

Q5: How long have you been waiting?

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

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

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

	Not at all	Not very	Quite	Very	Don't know
Q8: Since you arrived, have you been given information that is clear and easy to understand?					
Q9: Do you feel staff have given you their full attention?					

Q10: Do you feel your privacy has been respected?					
Q11: Do you feel you have been involved in decisions about your care?					

Q12 : How old are you? (optional) _____

Q13: What is your postcode? (optional) _____

Q14: Are you a resident of Wolverhampton

COMMENTS / OBSERVATIONS