healthwatch
Bradford and District

Report on Healthwatch Bradford and District visit to Accident & Emergency at Bradford Royal Infirmary December 2014

DRAFT - Not for external publication

Contents

Acknowledgements

Healthwatch Bradford and District would like to thank all patients, carers, friends and families attending A&E on 2 December for sharing their experiences with us. We appreciated people taking the time to give us their feedback at a time of stress. We confirm that we will respect their confidentiality. Healthwatch will use this information to ask Bradford Teaching Hospitals NHS Foundation Trust to make improvements to the service based on patient experiences.

We would also like to thank Bradford Teaching Hospitals NHS Foundation Trust for allowing Healthwatch Bradford and District to spend time in A&E and speak to their staff and patients, we appreciate their openness, transparency and their commitment to act on patient feedback. We would like to say a particular thank you to Ann Bannister, Clinical Services Manager and Sister Emma Clinton for their help on the day of our visit.

Summary

On 2 December 2014, seven members of the Healthwatch team visited the Accident and Emergency department at Bradford Royal Infirmary to follow up on a previous visit in October 2013.

During a 12 hour period in A&E, the Healthwatch team spoke to many patients, families and staff and observed the delivery of the service.

Key findings

- Over two-thirds of people rated staff attitude as excellent and almost half of people rated their experience of A&E on this day as excellent.
- Healthwatch witnessed examples of efficient, caring interactions between hospital staff and patients/carers. We saw staff responding to individual needs with skill and empathy, going the extra mile to deliver a good service.
- Patients highly rated the investigation and treatment they received.
- Most people felt they were treated with dignity and respect and rated this well.
- Waiting times were the biggest issue with nearly a third of those who took part in the survey saying these were very poor, and others saying they were not told about how long they would have to wait. This varied in different parts of the department and at different times of the day.
- There was a particular issue late in the day with A&E unable to admit very sick people from treatment bays into the hospital which caused the flow of patients through A&E to slow.
- People reported poor communication about waiting times and the reasons for it; many patients were not given any information about what was happening and this caused some tensions and anxiety amongst waiting patients.
- There were also some individual problems of communication or interpreting needs not being met.
- We observed and received feedback on the inadequate size of the paediatric area and the lack of privacy this causes.
- Other environmental issues included: poor signage, with people struggling to find their way around the department; the unintelligible tannoy; inaccurate information display board; drinks machines not working; uncomfortable seats.
- Not everyone received the information and advice they needed at discharge.
- People we spoke to did not generally know about the Friends and Family test.

Description of the Accident and Emergency Department at Bradford Royal Infirmary

The A&E Department includes main reception and waiting area, with private rooms for triage adjacent to the reception desk. The adult A&E has 3 rapid assessment and treatment areas and 15 treatment bays, 3 resuscitation bays plus 7 major bays, and Room 20 which has an additional 5 treatment areas primarily used for ambulance handovers. Paediatric A&E has waiting area plus 6 treatment areas. There is also the minor injuries unit with its own small waiting area and treatment rooms. There are separate entrances for people walking in and ambulance arrivals. It is a busy department, the Trust expects to see and treat 135,000 patients this year. The BRI has a higher than average percentage of ambulance arrivals for the population.

NHS England activity statistics for the week ending 7 December 2014 state that there were 2,670 attendances (an average of around 381 per day), of which 366 patients waited more than 4 hours from arrival to admission, transfer or discharge. 86.3% of attendances were seen within 4 hours, compared to the national target of 95%, and there were 621 emergency admissions from A&E at the BRI in this week.

Why we visited

Healthwatch Bradford and District first visited A&E in the BRI in October 2013, after some patient feedback and complaints had come to our attention. We spoke to patients and carers, fed back issues and asked questions of Bradford Teaching Hospitals and alerted the CQC to our concerns. The CQC carried out an inspection shortly after that and required the Trust to take action in key areas, in particular staffing. Action plans were agreed with local commissioners and the CQC, and throughout 2014 many steps have been taken to improve services, including in A&E. Healthwatch asked the Trust if we could return around a year after the 2013 inspection to check with patients what impact the changes had on their experiences in A&E.

In addition, the CQC re-inspected Bradford Teaching Hospitals on 1-3 July 2014 and again found that the BRI failed to achieve the standard on staffing which states, “There should be enough members of staff to keep people safe and meet their health and welfare needs (outcome 13)”. The CQC noted the progress that the Trust had made in improving staffing levels, for example in employing more consultants, but noted the continued pressures on A&E and a number of cases where nursing rotas were not adequately staffed. Of the staff rotas the CQC reviewed, including from the AED, there were several examples where shifts fell short of the ideal number of qualified nurses and which had not been filled with bank or agency staff. The judgement in July 2014 was that “staffing levels on the wards and departments we visited, particularly qualified nurses, were not consistently at the recommended levels as determined by the trust.” A further CQC inspection took place in October 2014. Given these concerns and the continued pressure on the department, Healthwatch want to add to the CQC analysis with independent patient feedback.

The CQC survey of people attending A&E in January, February and March 2014 and this was published on 2 December http://www.cqc.org.uk/provider/RAE/survey/4#undefined

Healthwatch Bradford and District agreed with the Trust to revisit the department and were able to supplement the CQC’s work with our own independent study based on face to face interviews with patients in the department.

Our findings

In a 12 hour period in A&E, Healthwatch spoke to many patients, families and staff and observed the delivery of the service. This report includes the experiences of 85 people who completed a questionnaire plus notes from the Healthwatch staff's observational schedule. It will not be representative of the range of people who attended because we were unable to speak to the people who were most unwell or injured.

Quotes are given to illustrate the feedback we received; these are taken from Healthwatch staff's notes of conversations and may not always be verbatim.

Before going to A&E

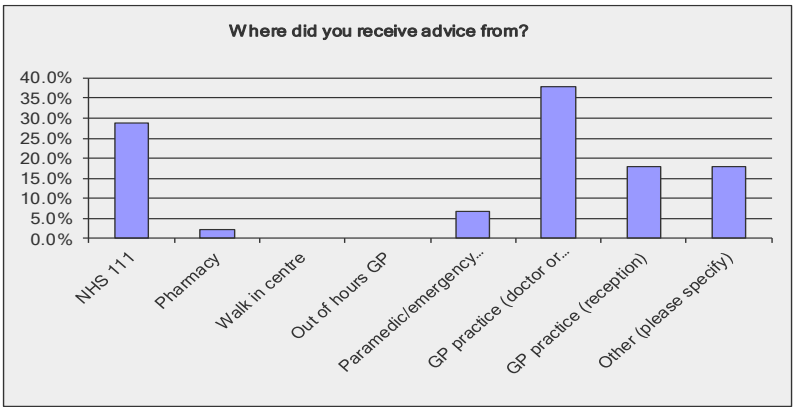
Healthwatch wanted to understand some of the reasons why people are coming to A&E. We found that people's reasons for attending could be grouped into four themes:

- **Advised to attend**
- **Difficulty accessing other services**
- **Attending because of an emergency**
- **More convenient**

1. Advised to attend

We found that 61% of the people we spoke to had sought advice and been directed to A&E: 84 people answered that question and 51 had been advised to attend A&E for example from their GP, a nurse, NHS 111 or other trained people.

We asked "where did you receive advice from?" Of the 45 completed responses the largest group, 38% of the total, said they were advised by their GP or by a nurse in their practice to go to A&E. A further 18% were advised by a GP receptionist. The next largest group (29% of respondents) were advised by NHS 111.



Within the group of people who were advised to attend A&E, the comments they made indicate that they were not always advised appropriately, and pointed to people's difficulties in accessing other services.

We spoke to one young mother who told us she didn't feel she needed to bring her baby to A&E but had been sent there by the receptionist at her GP practice. She had been trying for a couple of days to get her baby son seen by her GP, he had a cough and as a new mum she just wanted his chest listened to in order to reassure herself:

> "Can't get GP appointment, receptionist always sends us to A&E. A GP appointment would have been OK." *(Healthwatch notes of conversation with patient)*

Another person who had been advised by a GP receptionist to go to A&E also pointed to a lack of urgent appointments with a GP:

> "Before coming to hospital I tried to get appointment with GP but no urgent appointments were available."

Those people who said that they had not sought advice before attending A&E were categorised into three further groups:

2. **Difficulty accessing other services**

Gaps or shortages in other services led some people to make a decision to attend A&E directly without seeking advice from elsewhere. This included a number of people who had been unable to make an appointment to see their GP.

> "Couldn't see GP - phoned 5 days running at 8a.m. and no appointments. That's 5 days of stomach and kidney pain."
>
> "NO GP APPOINTMENTS!"
>
> "Couldn't get GP appointment, receptionist just gave advice to take honey & lemon for cough. Appointment offered next Monday. *[This was a Tuesday and the patient was a young baby].* Cough much worse at night, he's crying and not eating."
>
> "This was the quickest option - you can never get through to NHS 111 and she is only 6 months and hurt her head".
>
> "Have had difficulties in the past accessing those services therefore today I came straight to A&E".
>
> "Was here yesterday, but self-discharged. I decided I had to come back today."

3. Attending because of an emergency

The largest of these categories included situations where a person or a parent genuinely felt it was an emergency and felt that they did not have time to seek advice or did not need advice before attending. 59% of people who had not been advised to attend could be categorised in this way, including:

- A situation where a school called an emergency ambulance for a child.
- Suspected heart attack connected to previous heart bypass surgery.
- A child who had badly cut foot and was bleeding heavily.
- A patient who told us,

> "I self-harm and police were called for my own safety; I phoned my support worker because I wanted her to accompany me to A&E and did not want to travel to A&E with the police."

4. More convenient

A small group of people simply appeared to find A&E a more convenient way of getting medical or nursing care in situations that appeared to our (unqualified) view not to be an emergency situation.

> "Quicker response if we just come ourselves."
> "It was easier to see someone here at the hospital; also I thought I would need a scan (injured foot)."
> "We are not yet registered with a GP."

Only 6 people's responses (7% of all respondents) could be categorised in this group.

Arrival and reception

We had 85 open text responses to our question about people's experience on arrival at A&E reception. The majority of comments were positive about arrival, the reception staff and the process of booking in. We categorised the responses into three broad groups:

- Positive: a good experience, 57 out of 85, or 67%
- Mixed: good aspects, but also identifying some problems, 15 of 85, or 18%
- Poor experiences: patients or friends/family dissatisfied, 13 of 85 or 15%

What made a positive experience?

People reported a good experience when they received clear explanations of what would happen next, encountered quick and efficient clinical staff (especially when working under pressure), and found receptionists/other staff to be caring, reassuring, and polite.

> "Really helpful staff explained that I would be seen as soon as possible by a triage nurse".
>
> "Excellent, the staff were great and understood how to calm my friend and deal with him".
>
> "There was a bit of a queue but they are very busy, very good, gave me information on what would happen next and was asked to wait in the main waiting area".

People also described more mixed experiences.

Whilst balanced with some positive comments about reception or the process there were also more negative experiences including waiting and queuing, lack of information especially about waiting times, staff attitude, language difficulties, discomfort, not being offered pain relief, the tannoy system being hard to hear, no water available and the drinks machine not working.

> "Everything has been OK so far - I have already been triaged, but there is still a 2 hour wait. I can't understand the announcements over the tannoy - you have to go to the front desk to ask what they have said - but you worry you might miss your slot if you queue up to ask. There should be a pick up/drop off point outside A & E - the ambulance point outside makes it difficult to find the entrance. No privacy at the reception desk, there should be a line to stand behind."

We spoke to one family who were bringing a young baby to be seen at A&E. A boy of around 14 years old helped to book his baby brother in, because his mum did not speak English. He was positive about the experience, saying, "Reception staff were nice and friendly," but this raises some questions about language interpreting.

The **negative responses about reception** again included issues of waiting, communication, attitude, discomfort, and the environment.

> "Short wait before being seen at the desk. We weren't given any paperwork which is unusual (I've been to A&E before with family members). Advised by receptionist that we will be called to minor injuries. Have now been waiting 45 minutes and worried we have been forgotten or paperwork has been mislaid. Seats in waiting area are really uncomfortable, especially when you're in pain or unwell. There should be drinking water available."

> "She [child] was knocked off her bike, in a lot of pain, but not given any pain relief. Arrived by ambulance, the paramedics had done some assessment and booked us in. But were just told to wait here, and still have not been seen by anyone."
> *(We understand there may be medical reasons for not giving pain relief at this stage, but if this is the case this should be explained to patients)*

> "Waited over 2 hours, not happy especially with receptionist. Have had previous bad experience, feel paramedics have failed me"

Healthwatch staff made observational notes in addition to interviewing patients and we overheard reception staff say to patients when the department was getting busy, **"I can book you in but you'll be waiting 4 hours."**

Healthwatch staff also made further observations about what happened when people first arrived at A&E:

- Many people could not find their way around, the signage is not effective and members of the Healthwatch team were often asked for directions. People got lost on their way to the Urgent Care Centre (and struggled to get in via the intercom).
- We were concerned that when the receptionist needed the assistance of security she left the reception desk and walked into the main corridor to go and fetch them. We considered this a potential staff security issue if this is the only way to summon help. In addition, the reception desk was then unattended for 10 minutes whilst queues built up.
- There seemed to be no systematic queuing system for reception, resulting in confusion, irritation, a lack of privacy and at busy times a queue that reversed direction and obstructed the route from the main waiting area to minor injuries and the main corridor.

Assessment

The next section of our survey asked "Who did you see for your assessment?" Of the 35 people who answered, 23 (66% of respondents) said they saw a nurse for the initial assessment, 6 said they saw a doctor for treatment, 6 said they didn't know.

26 people provided feedback on the assessment process itself and this was generally positive, although there were a number of comments about waiting times between assessments, blood tests, X-Rays etc, next steps, and sometimes a lack of information about what was happening and how long it would take. There were also some concerns about a lack of privacy in the paediatric A&E which Healthwatch observed with a number of people, and an issue about breast feeding.

> "I saw the nurse for assessment which was really quick but I have been waiting here now for 2 hours, my car park ticket runs out soon, it was £2 for two hours. Nobody tells you how long you will be waiting and there is nowhere for me to feed my baby. On the Maternity Ward they promote breast feeding and encourage you to do it, but when you are here there is nowhere to go. I have been told I can use a treatment cubicle but will have to come out as soon as they need it, it's just not private enough."

> "The initial assessment happened very quickly, the nurse was friendly and communicated well. She checked weight and confirmed personal details like date of birth etc. We were then asked to wait in the waiting area."

> "I was very disappointed I had 4 or more different people telling me what was wrong with my daughter and no one really knew what they were doing."

> "Foot was patched up quickly to stop bleeding - straight away - but then had long wait for full assessment".

We know the hospital is keenly aware of the impact the small size of the paediatric waiting area and treatment area has on the experiences of patients and parent/carers. As on our previous visit in October 2013, we saw the stress and discomfort this brings, as well as being a difficult working environment.

There is a lack of privacy in the paediatric waiting area and treatment area; in many cases triage seems to be carried out just behind the reception desk and we witnessed patients booking in overhearing personal information.

Privacy in paediatric treatment areas was compromised in other ways – treatment to a child being carried out with the curtains open in view of the waiting room, or another patient being told in full hearing of others waiting, "X-rays are clear, you can go home."

> "We were seen behind there, what looks like a reception desk. (In Children's A&E. It would have been better to be seen in private, it's open. It was quite cramped when she had to lay down and the nurse actually bumped her head when she got up after doing checks."

Investigation and treatment

A significant majority of patients and carers were positive about investigation and treatment. The comments show the reasons for positive ratings were all about the hospital staff, appreciating and valuing medical staff with high skill levels, effectiveness and good communication.

How would you rate the investigation and treatment you received?		
Answer Options	**Response Percent**	**Response Count**
Excellent	56.0%	14
Good	32.0%	8
Satisfactory	4.0%	1
Poor	4.0%	1
Very poor	4.0%	1
Not applicable	0.0%	0
	answered question	**25**
	skipped question	**60**

However the responses to the open question about treatment and assessment showed again that many people were unhappy with the waiting time. Healthwatch observed the growing frustration of some patients, waiting long periods with little or no communication or update on what was happening next and when.

Typical comments that people made on their investigation and treatment include:

> "Had foot x-rayed and stitches, was really busy, got seen as soon as they could. Staff were doing their best but just felt we had been left for ages."
>
> "Saw excellent doctor, sent for X-ray, doctor now reviewed this, I'm getting crutches. Got to come back next Monday."
>
> "I have received excellent care from all staff but I am now just waiting for a bed."
>
> "The experience was good because the doctor communicated very well and told us everything about the person who was ill."

One parent with a negative experience of investigation and treatment said, "I am disappointed and angry" and rated investigation and treatment as very poor; their daughter was subsequently admitted to hospital.

Discharge

The hospital's own data will give a comprehensive and accurate picture of length of stay given the importance placed on the 4 hour target. NHS England figures indicate that 86.3% of attendances were seen within 4 hours during the week of the Healthwatch visit.

Information and support for discharge

Healthwatch asked if patients felt they had been given the information and advice they needed after they were discharged, and asked them for other comments on their discharge or transfer from A&E. Most people felt that had received the right information, although only a small number of people completed this section of our survey.

Were you given the information and advice you feel you needed after you were discharged?		
Answer Options	**Response Percent**	**Response Count**
Yes	70.0%	14
No	25.0%	5
Partly	5.0%	1
	answered question	**20**
	skipped question	**65**

The comments on discharge were largely positive, with people saying that they had the medication they needed, good information about aftercare or what would happen next, including having booked follow-up appointments.

> "They made an appointment for me to come back to the trauma clinic. Quite impressed."

> "Told me to come back in a week and will have physiotherapy after that. Given pain killers and Ibuprofen."

> "They were very good and gave us all information needed/required."

However some people had negative experiences where they felt they did not receive enough advice or information.

> "No bed available so she (daughter) had to come back the next day for surgery. Didn't get enough information about caring for wound overnight."

> "I was discharged after an overnight admission (after waiting more than 4 hours in A&E). I had taken in my own medications and was not given any advice. I have experienced pain in my back for the last few days and feel I shall just have to put up with it. Contacting my GP is a waste of time."

Friends and Family Test

We also asked about the Friends and Family Test. The majority who responded didn't know about it or chose not to provide feedback in the Friends and family Test. The hospital was using a token system when we visited; this means that no qualitative patient feedback was gathered through the Friends and Family Test. We feel that this may be a wasted opportunity.

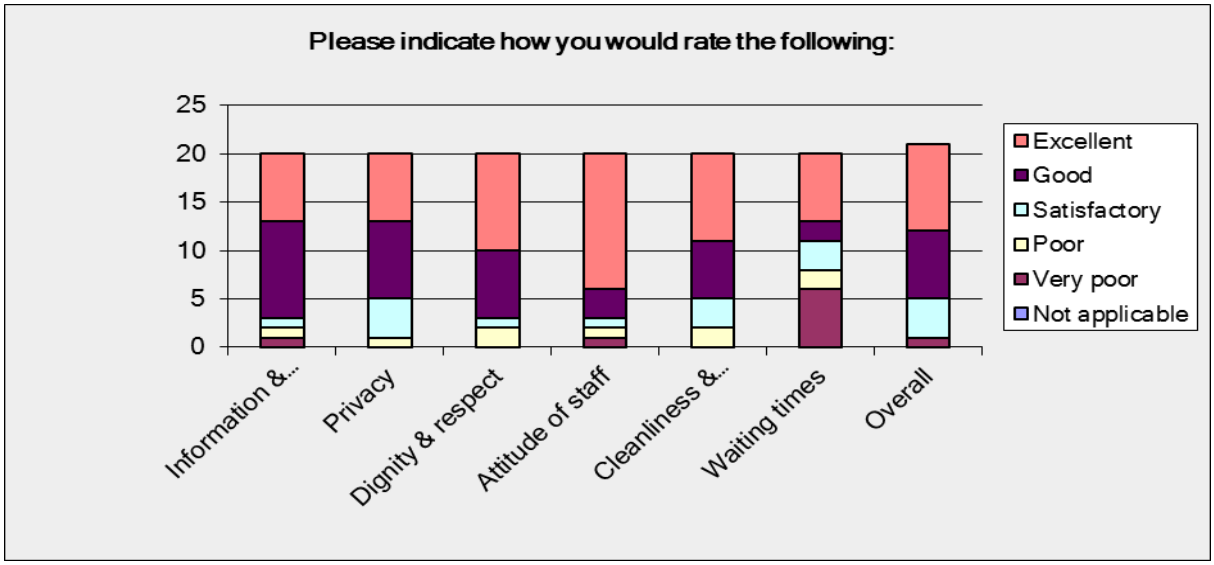
At one point a volunteer was standing in the lobby and encouraging people leaving the department to take part and give their views on the Friends and Family test.

Did you provide feedback to the hospital in the 'Friends and Family Test'?		
Answer Options	**Response Percent**	**Response Count**
Yes	27.3%	6
No	27.3%	6
Didn't know about this	45.5%	10
If no, please say why		2
	answered question	**22**
	skipped question	**63**

Overall experience and ratings of different aspects of A&E

Below are the results from the returned questionnaires. The overall rating given by 21 respondents was positive with 9 people, (43%) rating this as excellent. Highly positive ratings can also be seen for the attitude of staff, and dignity &respect.

Please indicate how you would rate the following:							
Answer Options	**Excellent**	**Good**	**Satisfactory**	**Poor**	**Very poor**	**N/A**	**Response Count**
Information & communication	7	10	1	1	1	0	20
Privacy	7	8	4	1	0	0	20
Dignity & respect	10	7	1	2	0	0	20
Attitude of staff	14	3	1	1	1	0	20
Cleanliness & environment	9	6	3	2	0	0	20
Waiting times	7	2	3	2	6	0	20
Overall	**9**	**7**	**4**	**0**	**1**	**0**	**21**
					answered question		**21**
					skipped question		**64**



What was good about your experience of A&E?

The table and chart above show that, overwhelmingly, the most positive response was about staff attitude with 70% of respondents rating the attitude of staff as excellent with a further 15% rating staff as good. Most people also felt they were treated with dignity and respect with half of respondents rating this as excellent and another 35% rating this as good.

The hospital should be proud of their team in A&E. When we asked what was good, one patient told us simply "the kindness of the staff".

What could be improved about your experience of A&E?

The issue of waiting

The most negative issue, perhaps unsurprisingly, was about waiting times and this was the most common area for improvement noted. 40% of respondents rated waiting times as either very poor or poor. Some people did say that the waiting time was excellent or good, and this was particularly the case for those people using the minor injuries unit.

The written comments and the observations of Healthwatch staff showed that behind this general dissatisfaction with waiting times was a real frustration at not being kept informed *how long* a patient might be waiting at different stages and where appropriate *why*. Some patients were frustrated by seeing other people being treated "before them", because they hadn't been told about the different areas within A&E and the way in which people are seen according to priority.

> "It would help if we were told how long we had to wait between triage and seeing a doctor. We were told there were 2 before us and there have now been 4 taken in before us and we are still waiting".
>
> "Staff are friendly, but a long wait".
>
> "Seen in A&E but had to wait until a bed available before I could be admitted as an in-patient".
>
> "I was told to wait in the waiting room. I waited for 2 hours, was seen by nurse/doctor, then was sent home. I came back the next day. I was then admitted to hospital, needed 36 stitches and stayed in hospital for 6 days. I am not happy with the experience."

We witnessed growing anxiety and frustration of patients who were having to wait long periods with no information, no update and given no explanation of why they were having to wait, some for more than 4 hours. After triage many people just sat and waited until called.

In the early afternoon we spoke to a volunteer from the chaplaincy team who was on duty. She helps by providing reassurance and comforting people if they want to

talk, she brings them cups of tea/coffee if they are allowed to have a drink and helps people find their way around the department. She is able to stay with some patients if they are on their own or with patients with dementia when carer needs a break. Healthwatch feel that the support volunteers are able to offer is very valuable.

Healthwatch staff noted that throughout our 12 hours in the department the display screen in the main waiting area said, "The waiting time is 2 hours." This did not change, irrespective of how busy the department was or how long people actually had to wait.

Waiting: case study

A few members of the Healthwatch team spoke to one patient who waited a long time in the main A&E waiting area before being seen.

The patient had been brought in to the department by ambulance at around 5pm. Earlier that day she had spoken to her GP after experiencing chest pains and breathlessness. Her doctor told her to call an ambulance as he suspected a blood clot on her lung. She was clearly very concerned and anxious about her symptoms. As she had been booked in by the paramedics and simply asked to sit in the main waiting area, without being seen or receiving any information about what would happen next, she was becoming more worried.

After waiting over an hour, she asked at reception and was told she would be seen soon. During this wait she saw many patients coming in to the department being called into the minor injuries area and treatment cubicles; she was frustrated that she was still waiting and concerned that she had been forgotten. She had young children at home and was worried about getting back to look after them.

At 7.45pm she told Healthwatch staff that she had still not been seen, and had not received any update. She said she just wanted to talk to someone and get an update, because she needed to get home to her children. There was a long queue of people waiting to book in at reception and she didn't want to hold those people up by waiting in the queue herself. There were no other members of hospital staff or volunteers available for her to talk to.

She asked Healthwatch staff for help with getting to talk to someone, as she was very frustrated and anxious. A member of the Healthwatch team approached a member of nursing staff who was just coming on to duty, and asked if she would be able to give the patient any information. The nurse helpfully logged on to a spare computer at the desk opposite reception and looked up the patient's record to see what was happening. The nurse directed the patient straight into a cubicle and she was seen shortly after.

Other issues for improvement

People's feedback highlighted issues for improvement which were mostly concerned with the environment of the department. These included cleanliness, uncomfortable chairs, no TV to alleviate boredom, and inability to understand announcements made on the tannoy.

The following comment covers several of these plus the important issue of lack of beds for admission:

> "Ability to be admitted when needed - more beds. Wait times. Hard chairs. Tannoy - couldn't understand announcements".

Several people commented that the tea and coffee machine was not working and/or had no cups, and that there was no fresh water available. Healthwatch staff also observed this and were concerned for the wellbeing of unwell or injured people waiting for some hours without access to a drink.

We observed some patients who had difficulties communicating with staff because English was not their first language.

> "I had trouble communicating with staff because I speak little English or understand, it would be good to have staff who can speak Punjabi."

The following points were noted as common themes in the Healthwatch staff's observational notes:

- The television in the paediatric waiting room was on a news channel (not a children's programme.)
- The tannoy was very loud but it was difficult to understand what was said.

Questions and recommendations

Based on the feedback we have received from patients, carers and staff, along with the observations made by the Healthwatch team, we have a number of questions and suggestions for improvement. We would like the Trust to answer the questions below, and would welcome their responses to our recommendations.

Questions

1. What action is the Trust taking to address waiting times within A&E? Whilst waiting times in minor injuries are generally better, patients raised concerns about waiting times in other areas of the department.
2. Can the Trust update us on the work to increase staffing levels in A&E within different disciplines, grades and at different times of the day and week?
3. What action is the Trust taking to improve patient flow through the hospital to reduce the problem of A&E admitting patients in a timely manner when necessary?
4. What facilities are available in A&E for breastfeeding women?

Healthwatch recommendations

1. We recommend that action is taken to improve the information given to patients and families who are waiting, including where possible giving people updates between different stages (e.g. booking to triage, triage to investigation/treatment, and waiting time for test results).
2. We recommend that the Trust uses volunteers to help inform patients on waiting times (supported by necessary systems), and deploys volunteers in other ways: directing people around the department or calling them through to the appropriate section; sorting out queuing confusion; ensuring drinks are available; alerting people to Friends and Family test.
3. We recommend that privacy issues in paediatric A&E are addressed, both for triage and treatment.
4. We recommend that security arrangements for reception staff are reviewed.
5. We recommend that the environmental issues raised in this report are all addressed (e.g. lack of drinking water, unclear tannoy, poor signage, and inaccurate waiting-time display-board).
6. We recommend that the Trust gathers qualitative data as part of the Friends and Family test to improve its understanding of patient experience, rather than relying only on a token in a box indicating satisfaction. Again, volunteers could carry out brief surveys to augment the quantitative FTT data.

7. Whilst most people felt they had the information and advice they needed when they were discharged, 25% respondents did not; we recommend that the Trust builds on good practice to improve discharge information for all.
8. We recommend that access to interpreting services is reviewed.
9. We suggest that staff in A&E receive this report and in particular are commended for the very positive feedback staff received from a large majority of patients, who value their skill, their attitude and their respect. **The importance of good communication by every person in the department with every patient at every contact cannot be overestimated.**

There are wider issues which are beyond the scope of the A&E department that Healthwatch will be raising elsewhere; issues of access in primary care, the range of urgent care alternatives to A&E, social care assessment and support, and problems of patient-flow as a whole.

We would again like to thank the Trust for inviting us back to visit the department, and we will continue to work positively with them to ensure that patient and carer feedback is at the heart of their plans for continued improvement of the Accident and Emergency department.

10 March 2015

Appendix 1 – What we did - methodology

The Healthwatch Bradford and District staff team of 7 covered a 12 hour period in A&E, from 8am to 8pm on Tuesday 2 December 2014.

We distributed a short leaflet explaining to patients who we are, explaining what we are doing, guaranteeing their confidentiality and explaining what would happen with any information they chose to give us. We developed and used a two part questionnaire that broadly followed the patient "journey" into and out of A&E. The first half was completed with a member of staff, the second half could either be completed by the patient and returned to Healthwatch, completed on line, or in some cases recorded by a staff member. This last approach was difficult though as we also wanted to capture people's experience of discharge.

We gathered information from 85 patients plus in many cases their carers, family or friend attending with them, mostly in the waiting area and minor injuries unit. It proved difficult to speak to patients in the treatment bays – although we had permission from the hospital to do this, the majority of patients were too unwell to do this or declined the offer. In this we took advice from the staff on duty, our main priorities being to avoid disrupting the service in any way and of course respecting individual patient's privacy and choice. We had a smaller number of accounts of the complete "patient journey", including their experience of discharge from A&E. This was because of the smaller number of questionnaires that patients completed and returned to Healthwatch after their visit.

The Healthwatch team also spoke to staff where appropriate and possible. We also used an "observational schedule" to record what we saw and heard as we spent time in the department, beyond the conversations we had with individual patient. This included other verbal, physical and social interactions, the physical environment, movement of people and other events observed that may not be recorded elsewhere.

A&E at Bradford Royal Infirmary, December 2014

Appendix 2 - Notes from Healthwatch staff's observational records

Below is an approximate chronological record put together from notes made by the seven members of Healthwatch team. We made observations in the three main areas of A&E: the reception and main waiting area, the paediatric waiting room and treatment area, and the minor injuries unit. It brings together and summarises the notes from all staff.

Reception and main waiting area.

The waiting area was fairly quiet for most of the morning, with hospital staff remarking that it was normally busier.

11.50am A woman with young child was attempting to book in at reception, but the receptionist told the woman she should not be coming to A&E. She said she had tried to get a GP appointment but couldn't get through and had tried yesterday too. The receptionist was speaking politely but was very firm 'this is accident and emergency, if it's not an accident or an emergency you should not come here'. Kept telling woman she needed to keep calling her GP and refused to book her in to A&E.

12 noon – 1pm: Quiet in main waiting area with short waits only to book in at reception. At 1.15pm there were 3 patients plus carers / friends in the main waiting area and it was quiet. The display screen said, "the waiting time is 2 hours". We noted that this did not change throughout the period we were in A&E, irrespective of how busy the department was and what the actual wait time was.

1.30pm: Queues at reception desk, with several people waiting to be booked in. One young woman began to get angry with receptionist who asked her to move away from the desk. The woman was upset because she had been unable to get a prescription fulfilled because she hadn't got the correct paperwork from A&E earlier. She was shouting at the receptionist who left the desk and walked round to the entrance to ask security officers to intervene. Three security personnel came into main reception area and calmed her down along with the Nurse in Charge who was calm and considerate.

No other members of staff were working on the reception desk. Several people were standing waiting at the desk for approximately 10 minutes and the queue grew before the receptionist returned to start serving people again.

We were concerned on the grounds of staff safety that the receptionist exited the reception area and entered the main waiting area to go to the security office rather than alert them electronically. We do not know if there is an alternative to this.

4pm: The reception and main waiting area was busier with longer queues. We observed that patients waiting on chairs along the corridor outside the treatment

cubicles seemed to be waiting for a long time. Whilst we are aware there may have been good reasons for this, for example awaiting test results, our staff member observed that we didn't see any staff talking to these patients.

Approx 6pm: The receptionist was overheard saying to a patient who had just arrived, "I can book you in but you'll be waiting 4 hours". (Other Healthwatch staff observed the same practice with several other patients.)

Approx 6.15pm: A member of nursing staff said, "there have been 18 breaches [of the 4 hour target] already but there will be many more today, we can't admit to the hospital and have sick people blocking cubicles in A&E waiting for admission to the hospital. There are only 8 medical beds in the whole hospital but they are on the wrong wards, we can't admit from here. The pressure on beds is made worse because GP admissions are coming in too".

7.20pm: Long queues at reception with seven individuals/family groups waiting to be booked in, including some who are obviously distressed/unwell and young children. People were confused about where the queue started, and it seemed unclear to people what to do when they first arrived. The queue was going back up towards the cubicles, and blocking people being called to cubicles/minor injuries.

7.50pm: Female patient looking distressed in queue, she was having a panic attack whilst queuing up with her friend or partner to book in. A nurse spotted this and took her straight into a cubicle whilst her partner booked her in.

Paediatric waiting room and treatment area

10.30am: Waiting area was clean and bright, decorated with colourful pirate ship themed designs. Posters around the walls advising self care approaches to common injuries/illnesses, discharges, dos and don'ts.

A member of the Healthwatch team spoke to an A&E Consultant who was involved in the initial design of the department. When it was designed 20+ years ago it was planned on the basis of a diminishing population and so the Paediatric waiting room would only need to be small. The reverse had been the case so today the current area is far too small, not fit for purpose, and not designed for the growing young population.

11.30am: Two women with a small child in a pram were waiting, they don't speak any English so one of the nurses was on the phone trying to arrange an interpreter; she checked with the women that they speak Slovak. Shortly after, the baby and its mother were called to a cubicle (not sure if interpreter was present).

Approx 2pm: There were around 25 people waiting including parent / carers. Slovakian women with child were still in waiting area - unclear if they have been seen or still waiting for interpreter.

Assessment / triage was happening just behind the reception desk, within sight and hearing distance of other patients booking in. Other examples of a lack of privacy are below.

Gentleman came in with his young son and stood at the Paediatrics reception desk for approximately 7 minutes, a nurse came over, took the booking sheet and asked him to sit down. He and his son were called back to the reception desk immediately for initial assessment. This took place behind what appeared to be the reception desk. During initial assessment a lady and her daughter came to book in at the paediatrics reception. She could see over the desk into the initial assessment area. The nurse dealt with both at the same time, booked the lady in and then continued with the assessment. You could hear basic personal information about the patient and what had happened in the waiting area.

Student Nurse with patient in Paediatrics A&E Yellow Treatment room - curtains remained open and all activity could be observed.

2.15pm: Patient called out and in full view of all others waiting was told that the "X-rays were clear and they could go home". No privacy was afforded. Conversation took place in waiting area and patient was not taken behind the "gate" area.

Through the afternoon there was slow movement through the department. By 5.30 the waiting area was very crowded with little space.

Television was on a news channel – several parents said that it should display children's programmes.

Minor injuries unit

3.00pm: Patient with a facial disfigurement (with carer/friend), wearing a hoodie was briefly taken into a small room by the member of staff coordinating minor injury unit. She said something like "it will be quieter in here" – we observed that the patient was treated with careful consideration and given more privacy than other patients because of his disfigurement.

It seems there was only an Emergency Nurse Practitioner on duty that afternoon. Between 1pm and 6pm there weren't many patients in this unit and they seemed to be seen pretty quickly.

4.15pm: Couple waiting to be discharged home – a member of staff came to talk to them about medication and instructions about hospital pharmacy. There wasn't a lot of privacy (as Healthwatch worker was in the room) ...but no other patients in the minor injuries waiting area at that time.

The member of staff from Minor Injuries walked in the main waiting room to call patients on many occasions (but not always?). It seems a more friendly and helpful way to guide people through the next stage, rather than using tannoy.

The TV screen in Minor Injuries Unit was not working properly but was showing BBC1 which could have been of interest to some patients.

6.10pm: Couple complaining to nurse that because of a mistake with paperwork being put in the wrong place she had been waiting a long time to be seen. She said other patients were moving through the department much more quickly. Nurse explained to them that this was because the patient needed to be seen by a doctor. The nurse was very polite, reassured them they would be seen as soon as possible and expressed empathy with the patient's frustration.

General observations:

- Tannoy system was very loud but people had difficulties hearing what was said as often very unclear.
- The cold drinks machine did not seem to be working, and no drinking water was available in the department. The coffee machine had no cups (3.30p.m).
- Bus stop style seats are very uncomfortable.
- From the waiting area it is not obvious where to go for minor injuries, some makeshift paper signs have been put up but were not visible from most seats. Signage was not easy to follow.
- Healthwatch staff were frequently asked for directions to cubicles/minor injuries, asked about where to go for drinks etc, and informing people about where to queue/what to do.
- After 7pm we observed three different pairs / groups of people who had been directed outside to the Urgent Care Centre. First pair had difficulty getting access via the intercom – English is not their first language and the voice at the other end was not very helpful. Others had difficulty finding the Centre in the dark.
- We noted with approval the sticker system in the ladies toilet: when female patients are sent to the toilet to collect a urine sample, they can stick a green label to the sample which will alert staff that it could be a domestic violence/safeguarding issue. Staff will deal with it confidentially (see patient separately from person they are with)

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Appendix 3 – Data about respondents

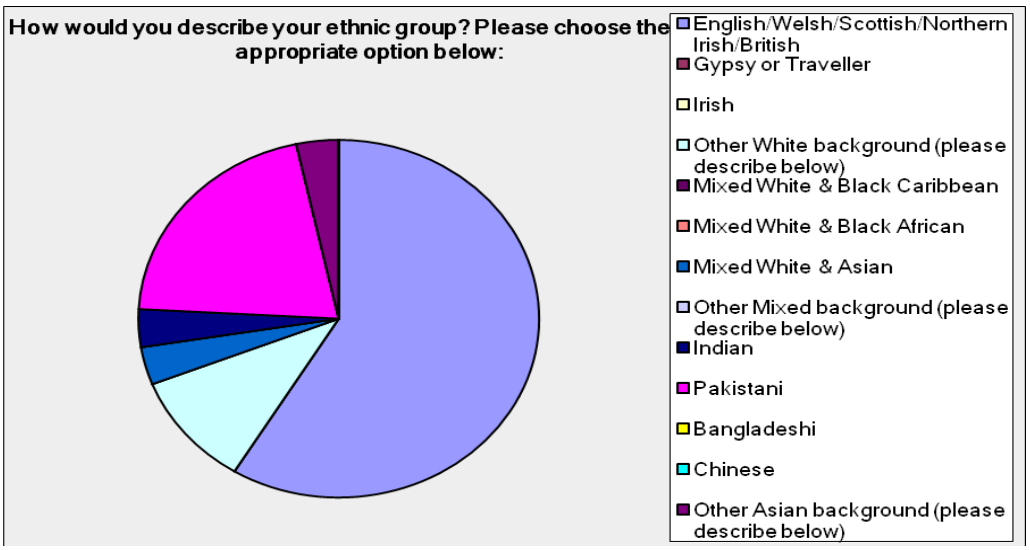
Who did we talk to?

Who are you seeking help for at A&E today?		
Answer Options	**Response Percent**	**Response Count**
Myself	55.3%	47
A child (aged 17 or under)	31.8%	27
My spouse or partner	1.2%	1
Other family member	9.4%	8
A friend	2.4%	2
Other (please specify)	2.4%	2
	answered question	**85**
	skipped question	**0**

We gathered data from 85 people attending A&E. It is important to note that the 85 people whose experiences we recorded are not representative of the total group of patients who attended A&E on this day (or any other). We were only able to speak to a small number of patients in the treatment bays – although the hospital Trust gave us permission to do so these patients were generally too ill or chose not to be interviewed.

Which age group do you belong to?		
Answer Options	**Response Percent**	**Response Count**
17 and under	18.5%	5
18-24	18.5%	5
25-49	37.0%	10
50-64	11.1%	3
65-79	3.7%	1
80+	11.1%	3
Prefer not to say	0.0%	0
	answered question	**27**
	skipped question	**58**

How would you describe your ethnic group? Please choose the most appropriate option below:		
Answer Options	**Response Percent**	**Response Count**
English/Welsh/Scottish/Northern Irish/British	58.6%	17
Gypsy or Traveller	0.0%	0
Irish	0.0%	0
Other White background (please describe below)	10.3%	3
Mixed White & Black Caribbean	0.0%	0
Mixed White & Black African	0.0%	0
Mixed White & Asian	3.4%	1
Other Mixed background (please describe below)	0.0%	0
Indian	3.4%	1
Pakistani	20.7%	6
Bangladeshi	0.0%	0
Chinese	0.0%	0
Other Asian background (please describe below)	3.4%	1
Black African	0.0%	0
Black Caribbean	0.0%	0
Black British	0.0%	0
Other Black background (please describe below)	0.0%	0
Arab	0.0%	0
Other ethnic group (please describe below)	0.0%	0
Other (please specify)		3
	answered question	**29**
	skipped question	**56**



Do you consider yourself to have a disability?		
Answer Options	**Response Percent**	**Response Count**
Yes	16.7%	3
No	77.8%	14
Prefer not to say	5.6%	1
	answered question	**18**
	skipped question	**67**

What is your gender?		
Answer Options	**Response Percent**	**Response Count**
Female	70.0%	21
Male	30.0%	9
Transgender	0.0%	0
Prefer not to say	0.0%	0
	answered question	**30**
	skipped question	**55**

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