Kingston Hospital Emergency Department Enter & View Report

Healthwatch Richmond

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June 2018

healthwatch Richmond upon Thames

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Introduction

In March 2018, Healthwatch Richmond conducted three Enter & View visits to the Emergency Department at Kingston Hospital. This report details the feedback we received from patients, relatives and carers, as well as the observations made by our team.

Healthwatch Richmond are the independent NHS and social care watchdog for residents in the London Borough of Richmond upon Thames. We help to shape, challenge and improve local health and social care services.

Healthwatch Richmond was set up by the Health & Social Care Act of 2012. The Act and its regulations granted Healthwatch the power to:

- Enter and view premises that provide health and/or adult social care services.
- Request information from health and social care providers and receive a response within 20 days.

The reports for Healthwatch Richmond's Enter & View visits can be found on our website - www.healthwatchrichmond.co.uk - or are available from our office. Please contact us on 020 8099 5335 for further details.

Background

Throughout 2017, a high proportion of the feedback we received from local residents related to the provision of Urgent and Emergency care. We therefore decided to conduct a review of the Urgent and Emergency care services available to residents in the Richmond borough. The Emergency Department at Kingston Hospital was the first service that we visited.

Our aim was to find out whether the Emergency Department was meeting the needs of its patients and, if appropriate, to make recommendations about how the service may be improved. We were also interested in exploring why patients chose to attend the Emergency Department and whether they had considered attending any other services instead.

In 2017/18, the Emergency Department at Kingston Hospital saw and treated approximately 106,500 patients. The department provides care 24 hours a day, seven days a week and has a target of treating and admitting, transferring or discharging patients within four hours of arrival.

Following recent refurbishments, the Emergency Department now consists of 'Accident & Emergency' (A&E) and a new Urgent Treatment Centre (UTC). The UTC is a GP-led service for patients suffering from minor illnesses or injuries.

Patients are registered at reception on arrival at the department. They then undergo a process known as 'triage', where a nurse briefly assesses them and decides whether they need to be seen in the UTC or A&E. Adults are triaged in two cubicles in the main reception area, whereas children are triaged in Paediatric A&E - an area specifically designed for children. Patients between the ages of 16 and 18 can choose whether they would prefer to be treated in the adult or children's pathway.

The Emergency Department can be found at the following address:

Galsworthy Road
Kingston upon Thames
Surrey
KT2 7QB

Methodology

Prior to undertaking our visits, we carried out a comprehensive review of the pre-existing patient data on the Emergency Department. This included:

- Our own data from patient experiences gathered throughout 2017.
- Patient reviews left on NHS choices.
- The most recent CQC survey on Kingston Hospital's Emergency Department – carried out from October 2016 to March 2017 - which received 310 responses.
- The report from Kingston Hospital's most recent CQC inspection in January 2016.
- Healthwatch Kingston's report from February 2016.

This preliminary research, alongside our discussions with the hospital, helped us to decide on the topic areas of particular interest and how best to gather feedback from patients.

It soon became clear that it would not be practical to conduct a standardised patient survey, as patients undertake very different journeys through the Emergency Department. We therefore decided to carry out semi-structured conversations with patients that were broadly guided by our pre-agreed topics of interest (see *'Appendix 1 - Prompts for patient discussions'*), but allowed patients to lead according to their individual experiences. We also used a pre-prepared checklist (see *'Appendix 2 - Observation checklist'*) to guide our own observations throughout the visits.

On liaising with Kingston Hospital, we decided to carry out three visits at times when the department was likely to be busy:

Friday 2nd March 4 – 6 pm

Friday 2nd March 8 – 10 pm

Friday 9th March 4 – 6 pm

While our team were able to maintain an ongoing presence in the department's waiting areas, staff facilitated our access to other parts of the department as and when was appropriate – as a functioning Emergency Department, there were understandably times when it was not possible for us to access certain areas. Staff also notified our team of any patients who, for medical reasons, were not suitable to be interviewed.

The visit was planned in accordance with Healthwatch Richmond's Enter & View Policy and undertaken in the spirit of partnership and openness. Each visit was conducted by a team of Healthwatch Richmond's Enter & View volunteers and led by a member of staff. Enter & View volunteers undergo a thorough recruitment process that includes the completion of: a written application, references and interview; DBS check; and relevant training in safeguarding adults and conducting Enter & View visits.

Posters were supplied prior to our visits to advertise our presence to patients and staff alike.

Analysis

In total, we gathered feedback from 80 people: 61 patients and 19 family members, friends and carers (where the patient was unable to provide feedback of their own).

In addition to the Lead Matron and General Manager - with whom we had regular contact throughout the visits - we spoke to 3 further staff members.

The qualitative data analysis was conducted as follows:

- The data was labelled and separated according to overarching 'themes'.
- The overall sentiment of individual comments and observations was labelled (e.g. as positive, neutral, negative, mixed or insufficient data).
- Once the data for each theme had been compiled, the frequency, specificity, emotion and extensiveness of individual issues was examined. A descriptive summary was then prepared for each theme.
- The overall results were reviewed, conclusions drawn and specific recommendations made.

Limitations

The experiences and observations recorded in this report relate only to the three specific visits conducted by Healthwatch Richmond. The report is not representative of the experiences of all patients, relatives and staff; only those who were able to contribute within the restricted time available.

The times at which we visited were the only slots that were mutually convenient for our team and Kingston Hospital. Having conducted all three of our visits at set times on consecutive Fridays, we cannot comment on whether patient experiences of the Emergency Department are likely to vary across the week.

It is also worth noting that on Friday 2nd – the day of our first two visits – the weather was very poor, with cold temperatures, ice underfoot and prolonged snowfall. Such conditions may have affected the range of patients presenting at the Emergency Department, although this did not immediately appear to be the case.

While every attempt has been made to provide a sense of scale to the issues raised by patients, the methodology employed does not allow for issues to be robustly quantified.

Service capacity

The Hospital informed us that the department *'can accommodate an average of 80 patients'* and has the capacity to safely adapt during very busy times. The department was consistently busy during all of our visits. This was especially the case throughout our final visit, during which there were approximately 90 patients awaiting or receiving treatment.

Majors was consistently full with very few empty beds. On the one occasion that we were able to enter the Resuscitation area – during our evening visit - each of the trolley bays was filled. We did not observe any Ambulances having to queue before transferring patients into the department. The main waiting areas were constantly busy, but did not feel overcrowded. The reception area was very busy during our first visit, with queues of up to 10 people. After signing in, people were also having to stand and wait to be triaged, as all the available seating was taken. On the next two visits however, reception was relatively quiet and queues rarely exceeded more than a few patients.

The busyness of the department was not lost on patients, a number of whom noted that staff were visibly busy. One relative commented that the nurses in Majors seemed *'a bit rushed'*.

The Lead Matron informed us that a spike in patient numbers often follows a period of very cold weather. More broadly, the department is seeing ever increasing numbers of elderly patients who present with multiple chronic health issues and require longer stays. Furthermore, the department is regularly seeing significant numbers of patients with severe mental health conditions, which places additional pressure on staff resources. Taking into account these substantial demands, the department overall was running impressively calmly.

Triage

At the time of our visits, the system for triaging patients had recently undergone changes. The department had trialled a new system for triaging patients, but found that it wasn't working. On recognising this, they had adopted the more traditional system of registering patients at main reception before they are seen by the triage nurse.

All of the feedback we received on the triage process itself – from 12 people - was positive. Patients commented that triage was *'quick'*, *'efficient'*, *'straightforward'* and *'worked well'*.

Environment & Facilities

In general, the Emergency Department was nicely presented, well-lit and sufficiently spacious for the number of patients that were present. One patient commented that they were impressed by the *'modern look'* of the department. However, there was scope for improvement across a number of areas.

Main entrance

Over the course of our visits, building work was ongoing to improve the nearby car park and walkway down to the department's main entrance. This inevitably meant that the

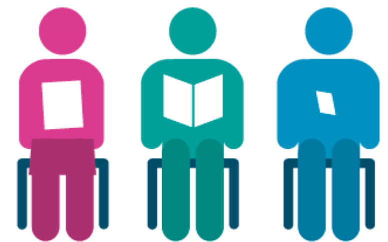
main entrance area was obscured and untidy in appearance, though this should be resolved over the coming months.

There was limited space at the main entrance for cars to drop off patients and turn round. This could foreseeably prove problematic for family or friends who temporarily need to park nearby to help a patient enter the department.

The observations recorded below prompted us to ask the Hospital to provide assurances that the area outside the main entrance would be kept clean and safe for patients in the future. The Hospital responded that our feedback had been shared with their estates team, who are responsible for managing the outside areas of the site.

- During one visit, there was a large pile of cigarette butts on the wall outside the main entrance, which was not especially pleasant for patients.
- During the snowfall of our evening visit, the area outside the main entrance had not been adequately gritted and was very slippy.

Reception



The reception area was open, bright and remained warm despite the cold weather outside. The two triage cubicles seemed clean and appropriately sized.

There were two rows of chairs next to the reception desk where, once registered, patients waited to be seen for triage. This space seemed a little squashed and did not contain sufficient seating during the busiest times.

Wheelchairs were stored by the main entrance and were available for patients with mobility difficulties. The wheelchair area was easy to miss as there were no signs notifying visitors of its presence.

REQUEST: We recommended that the Hospital put up a clear sign for the wheelchair area and make it clear that people can help themselves to the wheelchairs.

RESPONSE: The Hospital have subsequently put up a sign in this area notifying people of wheelchair access.

UTC waiting areas

The UTC has two waiting areas, one of which is a separate room for younger children and their parents.

Both of these waiting areas were bright, sufficiently spacious and seemed to contain enough chairs, all of which were new and relatively comfortable. The children's area had pleasant murals on the walls, with plans in place to decorate the room further. Parents also commented that the play area was good for their younger children. There were disposable bowls for children to use if they were feeling sick, although these were not clearly visible to people waiting – one parent went to request a bowl from a staff member as they did not notice the disposable ones available.

The children's area contained a water dispenser whereas the main UTC waiting area did not. During our evening visit, a patient commented that the main waiting area was uncomfortably warm, something also noted by members of our team. Lastly, a patient with a physical disability said that they would have benefited from a higher-seated chair, as they had difficulty getting up from the chair they were in.

Majors waiting area

The 'Majors waiting area' is the main waiting space for patients in the department.

The Majors waiting area was a good size and contained enough chairs for patients waiting (approximately 50 chairs). At the time of our visits, the lighting was poor and general appearance rather dull. However, the lighting has since been upgraded and the planned installation of a TV screen should help the area feel less bare.

As with the UTC waiting area, the chairs were all new and sufficiently comfortable. We did however notice that a broken chair observed on our initial visit was yet to be fixed a week later.

The Majors waiting area contained vending machines for hot drinks, cold drinks and snacks, as well as a water dispenser for cold water. On one occasion, we noticed that the water dispenser was out of water for at least 10 minutes – potentially considerably longer – and that there was no one available for patients to notify.

As was the case in the UTC waiting area, a patient commented that the waiting area was uncomfortably warm during the evening visit. We also noticed a few small issues with the toilets in the Majors waiting area:

- The sign on the men's toilet was set as occupied when it was not in use – this issue had been resolved by the time we visited again a week later.
- A patient said that they had difficulty locking the disabled toilet.
- One of our team noted that when the door of the disabled toilet was closed, there appeared to be a slight gap between the door and the frame.

The Hospital have since assured us that these toilets have been checked and are suitable for use. Furthermore, they are due to be refurbished as part of further scheduled upgrades to the department.

Majors

Majors contains a total of 21 cubicles for patients who require ongoing treatment and monitoring, as well as a room for conducting psychiatric assessments. The area has recently been expanded, with the installation of 6 larger bays located a short corridor away from the older cubicles. The new section has been designed to provide a calmer space for patients who may be more sensitive to the busy environment of Majors; for instance, patients with dementia. The new section was noticeably quieter and considerably more spacious than the main part of Majors. The bays were large and bright, with wide entrances that easily allowed for the coming and going of trolleys and wheelchairs. All told, we were impressed with the recent improvements.

We also noted that there was a water dispenser at the front of Majors and observed staff quickly replenishing cups when they ran out.

Paediatric A&E

The department contains a designated area for child patients known as Paediatric A&E. The area had brightly-coloured animal murals covering the walls and a radio quietly playing in the background, both of which helped reduce the clinical feel of the surroundings. The waiting space had ample seating and a good play area with toys for waiting children. The space was gated off to help prevent young children from running off, which was a welcome consideration. We noticed that the bays only contained

one chair for accompanying family members. However, the Hospital later informed us that additional chairs are available if required.

Clinical Decision Unit (CDU)

The Clinical Decision Unit (CDU) consists of 6 bays and a small staff station. The CDU is intended for patients who do not need to be admitted into Hospital but require an extended period of monitoring or further treatment and assessment.

During our first visit, half of the CDU was closed due to a combination of very cold weather and the heating system not working. As the CDU was not at capacity, the closure did not appear to cause any problems. Nevertheless, as the closure was avoidable, steps should be taken to prevent the same problems occurring in the future.

Resuscitation Unit (Resus)

The Resuscitation Unit (Resus) consists of 7 bays for patients in a critical condition who require immediate, intensive care. Alongside the recent extension to Majors, two new bays have been added to Resus, both of which are bright and spacious. One of these bays is reserved for child patients and has been thoughtfully designed with murals on the walls and space for relatives to stay nearby.

Good quality care

The majority of patients and relatives that we spoke to were happy with the care they had received. Their positive feedback has been summarised below.

Staff attitudes

We received extremely positive feedback from the approximately 50 people who commented on their interactions with staff. Staff were consistently described as being nice, friendly and helpful. Various patients noted that they felt well looked after and had found staff to be attentive and thorough when providing care or advice. Some examples of the comments we received are as follows:

‘Amazing, always good here’
‘Excellent…cannot fault’
‘Looked after well and talked to nicely’
‘Superb, kind and considerate’
‘Great…very friendly… good with kids’
‘Very efficient…very well looked after’
‘Brilliant…lovely…helpful’
[Reception staff are] *‘pleasant’* and *‘friendly and helpful’*

A number of patients remarked on how clear it was that staff were busy and working hard, with one relative noting that the *‘teamwork was evident’*. Patients were often acutely aware of the pressures that staff were under, making them all the more appreciative of the positive attitudes that staff were displaying.

Ambulance crew

4 people gave feedback on the support provided by Ambulance crew members, all of which was positive. One patient told us how the Ambulance crew had made sure that their flat was securely locked before leaving for Hospital. On arriving at the Hospital, one of the paramedics had attended to this patient and provided them with a drink.

Observations of good care

We were unable to observe many instances of staff directly providing care as this was rightly being conducted in the privacy of curtained bays or examination rooms. Nonetheless, we witnessed a few examples of staff being friendly and responsive to patients. For instance:

- A Nurse in the new area of Majors – who was clearly very busy - gently helped an elderly patient out of the toilet and took the time to support them slowly back to their bay without rushing them.
- A doctor in Paediatric A&E gave a parent time to explain their child's medical history at their own pace and was thorough and reassuring throughout the discussion.

We also witnessed a couple of trauma calls in Majors during our evening shift. The response from staff was swift and coordinated, which was especially noteworthy considering the team were short-staffed by one nurse and at near capacity with the adverse weather conditions.

Staff ID

Most staff were wearing clear name badges, although on each of our visits we noticed one or two who were not. All staff observed were wearing clear uniforms, apart from one doctor who was seen in more casual clothes. The Hospital informed us that while some staff are not required to wear uniform – for instance GPs in the Urgent Treatment Centre and those on non-clinical duties - staff within the department should always have their ID badge visible.

Poor quality care

The majority of feedback about staff and the care they provided was very positive. We did however receive some negative feedback, which has been summarised in the sections below.

Staff attitudes

We received 3 pieces of negative feedback about the attitudes displayed by staff towards patients.

One patient in Majors who suffered from severe anxiety felt that staff had not been understanding of their anxiety and pressured them to take actions which led to a panic attack. We observed a doctor display both a lack of empathy towards this patient and a lack of awareness regarding their mental health condition (further details are provided under the section *'Patients with mental health needs'*).

A seventeen year old patient said that they had asked a nurse in Paediatric A&E for pain relief, but were told they couldn't have any as they had *'only been in for 10 minutes'*. After further discussion, the nurse apparently told the patient '*your attitude really stinks… I don't appreciate it'*. The patient was very unhappy at this, stating that they had only wanted to be given pain relief. The Hospital subsequently told us that they take such feedback very seriously and are investigating this incident. The same patient was also unhappy that their ethnicity had been incorrectly assumed and written on a form without asking them.

One patient commented that the reception staff were '*a bit rude…a bit abrupt and suspicious'* and had *'always been like this'*.

These 3 incidents were exceptions to the otherwise positive comments that we received in relation to staff attitudes. Furthermore, the Hospital informed us that the department has a quarterly team day where learning from feedback and complaints is shared among staff.

Medical care provision

2 patients provided examples of poor quality medical care, although one of these was not directly related to the Emergency Department. We have no evidence to suggest that these examples reflect recurrent poor practice.

One patient came to A&E in November 2017 with a fractured foot and badly disfigured nail. According to the patient, the doctor had planned on pushing the nail down without either looking at the X-Ray or providing any pain relief. The patient refused to let him do this, for which they felt vindicated as they later had the nail realigned by two members of staff while receiving gas/air.

Another patient had been transferred from A&E to the Ambulatory Emergency Care (AEC) unit. The patient had to remind staff to provide them with their intravenous medication, as staff had forgotten to do so; this oversight seemed to occur during a staff handover. It is important to emphasise that the AEC is run by a different team to the Emergency Department.

Personal care provision

We came across a few issues related to personal care provision during our visits. There was no evidence to suggest that the specific examples identified were occurring regularly.

At approximately 20:00, we spoke to the relatives of an elderly patient who appeared to have dementia. The relatives informed us that the patient had been admitted to the new part of Majors at 13:30 and had been sat in a wheelchair for over 6 hours without being offered a cushion or the option of lying down. The patient had not been offered any food or drink throughout their stay, in addition to which their relatives had received prolonged miscommunication regarding the patient's discharge home (these communication issues are addressed in further detail under the section *'Communication with patients*').

For at least some of this patient's stay, the new part of Majors was only staffed by one nurse, despite 5 of the 6 bays being in use. We observed that this nurse was visibly busy and was, at one point, unaware of an update that another member of staff had given to the patient's relatives. The Hospital have since informed us that Majors is staffed on a 1:4 ratio and that the new part of Majors should be shared by 2 nurses.

A relative of another patient in Majors felt that the patient had stayed under urine-soaked sheets for longer than they should have - it was unclear whether this occurred in Majors or

the Ambulance Assessment Area. The relative also said that they had had to help the nurse with moving the patient.

We also observed a Healthcare Assistant (HCA) adjusting a patient's cannula in the main reception area. It was unclear from a distance what exactly the HCA was doing. The Hospital confirmed that all clinical care should take place in a designated space away from the waiting areas.

REQUEST: Following our visits, we requested that the Hospital explain how they will minimise the occurrence of issues with personal care provision.

RESPONSE: The Hospital informed us that the examples we raised have been discussed by the department's senior leadership and that any learning would be shared with the wider team. Since our visits, new posters have been put up in the Major's cubicles to prompt patients to ask for assistance should they need it.

Food & drink provision

The Emergency Department has a number of procedures in place to ensure that patients are provided with adequate food and drink throughout their stay in Majors. The Housekeeper is in charge of overseeing the completion of breakfast and lunch rounds, while the lead nurse is responsible for ensuring the tea round is completed. Quality rounds are supposed to be conducted every 2 hours and should ensure that patients' nutritional needs are being monitored, while daily volunteers offer food and drink to suitable patients.

We received a mixture of feedback from patients in Majors on the provision of food and drink. During our first visit (**2nd March, 4-6pm**) we observed a nurse walking round with tea and biscuits for patients. That same day during our evening shift (**8-10pm**), 4 patients commented that they had not been offered anything to eat or drink - we did not observe any staff proactively offering food and drink during this visit. However, during our final visit (**9th March, 4-6pm**), a number of patients informed us that they had been offered tea/coffee by a volunteer, while one patient had been provided with sandwiches.

REQUEST: Our patient feedback demonstrated that food and drink was not always reliably provided, especially in the evening. We requested that the Hospital provide assurance that the procedures in place are sufficient and being properly followed.

RESPONSE: The Hospital informed us that the Housekeeper post was vacant over the course of our visits but has since been filled. This may have impacted the provision of food and drink at the time of our visits. The Hospital is working to improve patient access to hot beverages and is looking into providing an additional served drinks round. Furthermore, the new posters – previously mentioned - prompt patients to ask staff for snacks or drinks if they are required.

Patients with mental health needs

The Lead Matron informed us that the Emergency Department regularly sees patients who have significant mental health needs. During our final visit, there were 4 patients with significant mental health needs in the department: one in a bed in Majors; one being assessed by the Psychiatric Liaison team, and two in the waiting areas. This coincided with there being approximately 90 patients in the department.

As mentioned in the section *'Poor quality care - Staff attitudes'*, we spoke to a patient in Majors who suffered from severe anxiety, which was exacerbated by being in a new and

busy environment. The patient felt that staff had not been understanding of their anxiety. The patient had felt *"forced"* by the doctor to go to the toilet for a urine test, despite repeatedly saying that this would result in a panic attack, which it did. We observed a doctor telling this patient *"don't think about going home, just calm down, don't think about it"*, despite the patient trying to interject as they were anxious about being discharged. The doctor talked at the patient rather than to them and showed a general lack of awareness and empathy towards the patient's mental health condition.

We spoke to one other patient with mental health needs, who had been brought in by the police – having been feeling suicidal – and was waiting to be assessed by the Psychiatric Liaison team. The patient was sat unaccompanied in the Majors waiting area, but appeared calm and stable when we spoke them. They said that they had been waiting between two and three hours, as the Psychiatric Liaison team were busy assessing other patients with mental health conditions. It is worth noting that the Psychiatric Liaison service is not provided by another provider, not Kingston Hospital.

We observed two instances of staff responding calmly and appropriately to patients with mental health needs. One of these occasions involved a patient attempting to leave the department – because they felt *'nothing's happening'* – getting as far as the reception area before being intercepted and gently redirected by staff. Although staff handled the situation well, sensitively encouraging the patient to stay in accordance with the Hospital's policy, the patient could easily have left unnoticed. This highlights the difficulties that lengthy waits can pose for patients with mental health needs and the importance of improving how such patients are monitored while waiting to be assessed.

The Lead Matron said that it would be good, where possible, to make the Emergency Department a nicer environment for patients with mental health needs. She also emphasised the importance of improving community mental health services to reduce the likelihood of patients coming to the department in the first place.

Patients with dementia

With the recent refurbishments to Majors, the department has made a concerted effort to better provide for patients with dementia. We were impressed with these changes and felt that they made Majors a more comfortable and less daunting environment for patients with dementia. Some of the key features were:

- More spacious and quieter cubicles, separate from the main Majors area.
- Dementia friendly clocks positioned within the bays.
- Colour coordination between the walls and chairs in the bays.
- Clear picture labels on toilet doors (these were also present in the Majors waiting area).

We only witnessed two staff members talking to patients with symptoms of dementia. In both instances, the staff were friendly and clear in their communication. One patient with dementia symptoms was very positive about how they had been treated, describing the staff as *'superb'*.

Another patient with dementia was concerned about having to take extra medication recommended by the A&E doctor and felt that they *'hadn't had much time for it to sink in'*. On speaking with this patient's paid carer, there did not appear to have been any poor

communication on the doctor's part – the doctor had repeatedly explained to the patient why they needed to take the new medication and had suggested a community nurse come and help them with it. The patient's concerns were more indicative of the inherent difficulties that a busy A&E environment presents for people with dementia, who may require more time than staff can offer. The patient's carer said that it would be helpful for patients with dementia to be prioritised, as after a certain amount of time they are more likely to feel agitated and want to leave.

We have since been informed that Emergency Department staff continue to receive dementia training from the Hospital's Lead Dementia Nurse. The Lead Matron and another senior nurse are both Dementia Champions, while 16 of the nursing team have received specialist dementia training.

Privacy

Patients seemed happy with the level of privacy maintained in the department; the few people who remarked on this directly were all satisfied. Relatives of a patient in Resus were content with the amount of privacy that they had and felt that the bays were sectioned off appropriately. We observed curtains being used appropriately in both Majors and the Ambulance Assessment Area.

Our overall impression was that efforts were being made to ensure patient privacy was respected. The only issues we observed were:

- On the day of our first visits, the triage cubicles in reception did not have any curtains – this was commented on by one patient. However, by the time of our final visit, new curtains had been installed.
- The waiting area in reception is right next to the reception desk, with the chairs facing the incoming queue. We observed that patients' conversations with reception staff are easily overheard in this space. This undermines privacy and confidentiality for patients talking to reception staff.
- We noticed that it is easy to hear people's conversations taking place within bays in both Majors and Paediatric A&E. This was also commented on by a paid carer whose client was in the new part of Majors.

REQUEST: We recommended that the Hospital improve the privacy of patients sharing confidential information at the reception desk and outline how this could be achieved.

RESPONSE: The Hospital informed us that, as part of the rebuild, the reception desks are being retrofitted with glass partitions/privacy screens that reduce the carriage of sound between patients checking in.

Communication with patients

We received a wide range of feedback on the quality of communication between staff and patients.

6 people gave positive feedback on the explanations that staff provided during consultations, while only one patient seemed a bit uncertain about why they had had to have a particular test. Staff were said to provide clear information on: what the patient was suffering from; the

treatment the patient would require; and answers to any questions the patient had.

One notable example was that of staff discussing the implementation of a DNR order with relatives of a severely unwell patient. The relatives informed us that staff had handled the situation '*sensitively*' and '*compassionately*', explaining the patient's condition in a way that was easy to understand. Whilst underlining the severity of the patient's condition, staff had made conscious efforts not to *"dramatise"* the situation and had reassured the family that all treatment options were being explored.

We also received positive feedback on the information provided by staff from 10 patients awaiting ongoing care in Majors. One patient said that they had been *'kept informed throughout',* while another said they were particularly happy with the information they had been given on which tests needed to be done and why. While patients in Majors seemed to know what they were waiting for, they did not always know how long they were likely to wait. Similarly, one patient in the Ambulance Assessment Area knew what they were waiting for - to have their heart palpitations checked - but had not been told when this was likely to happen (they had already been waiting for an hour and a half).

Elsewhere in the department, the information provided to patients was markedly less consistent. We received mixed responses on the information provided by triage staff. 8 people said that they had not been given clear information on what was going to happen – ie what they were waiting for, who they would be seen by, whether they would be having further tests or how long they were likely to wait – whereas 6 people said that they had been given some information. We also spoke to 3 parents of children that had been triaged in Paediatric A&E before moving over to the UTC. None of them had been told what was happening next; one parent commented that there had been *'no management of expectations'*. Another child's papers appeared to have been mislaid during the transfer from triage to the UTC.

We talked to a number of patients in waiting areas who, having already been seen by a clinician, were now waiting for further tests, examinations, results or transfer elsewhere. All of these patients, bar one, were waiting in the Majors waiting area. The majority of patients indicated that they had been given clear information on what was happening next – one said they had been *'kept posted on what's going on'*, while another said they had received *'very good communication'*. However, 3 patients said that they were not sure what they were waiting for or how long they were likely to wait. One patient commented that there was a general lack of communication while you were waiting and that you *'don't know where you're at'*.

Finally, the relatives of an elderly patient received prolonged miscommunication regarding the patient's discharge from the new part of Majors. The relatives had initially found communication to be good and were told that the patient was ready to be discharged. However, there were subsequently a series of delays throughout which the relatives did not know what was happening. They were later informed that the patient was being referred to the CDU, without being given any explanation as to why. Transport staff then arrived to take the patient home, which caused further confusion as the relatives had not been notified of this and it was unclear whether the appropriate staff had been either.

This patient was eventually discharged, over 4 hours after they were initially told that they were ready. The relatives were unhappy enough to consider raising a complaint - this is the same patient who had been sat in a wheelchair all day without being offered food or drink (see section *'Poor Quality Care – Personal care provision'*). It is possible that some of these issues might have been avoided had the nurse manning the area not been so busy – as previously mentioned, for at least some of this patient's stay the new part of Majors was only staffed by one nurse.

REQUEST: We requested that the Hospital explain how they will ensure that patients are consistently informed as to what is happening next and, where possible, the likely timeframes involved.

RESPONSE: The Hospital informed us that there is an ongoing 'Patient journey' project to produce information boards/posters that clearly explain the different patient pathways through the department. In addition, the installation of a new TV screen in the Majors waiting area will ensure that patients there are updated on the average wait times. In the meantime, the Hospital have said that they will work to ensure that staff are explaining the 'next steps' to patients at every point of contact.

Wait times

Patients gave us a wide range of feedback on how long they had to wait to receive care and/or information. We have categorised responses according to the area that they relate to in the department.

Ambulance pick-up and transfer into Hospital

We spoke to a number of patients who had been brought into the Emergency Department by Ambulance. Upon arrival, patients are triaged and then treated according to the urgency of their condition. The Ambulance Assessment Area has 4 trolley bays and 4 chairs for patients to wait in before they are transferred to Majors or elsewhere in the hospital.

We spoke to 5 patients about the handover process from the ambulance into the department. The process was described as *'punctual'* and *'quick and responsive'*, while a couple of patients highlighted that they were seen quickly by staff on arrival. Overall, we were impressed by what we saw of the handover area and the system employed for triaging ambulance patients on arrival.

Triage

Adult patients generally only had a brief wait before they were seen by the triage nurse. 10 patients said that they had waited for 5-10 minutes, while only one patient reported a longer wait of half an hour.

We received relatively little feedback on the wait times for children to be triaged separately in Paediatric A&E. During our first visit we observed there to be a 15-20 minute wait to see the paediatric triage nurse, whereas at the same time the following week a parent said that they only had to wait 5 minutes.

We observed that it was unnecessary to have both adult triage cubicles running at all times, as there were not always many patients waiting in reception to be triaged. However, towards the end of our first visit, there were approximately 15 people waiting to be triaged - all the seats in reception were taken and a number of people had to stand – while only one of the cubicles was in use. The number of people waiting in reception would have been reduced if both cubicles had been operating.

The Hospital have since informed us that two nurses are allocated to triaging adults during each shift. The wait for triage is monitored by the nurse in charge and additional staff are deployed if the wait becomes excessive. However, our observations from our first visit would appear to challenge whether this policy is always being implemented effectively.

UTC waiting area

Following their initial triage, a significant proportion – approximately 38% - of patients are directed to the UTC. From the patients we spoke to, the average wait to see a UTC clinician was approximately one-and-a-half to two hours. The patients were all very accepting of this time frame. While a parent commented that the wait was a *'little more frustrating'* given the swiftness of triage, they were understanding of the pressures that the service is under and complemented the UTC's prioritising of children.

Majors waiting area

The patients we spoke to in the Majors waiting area were all at different stages of their journey through A&E and had therefore been waiting for different amounts of time.

Patients could, in total, spend a long time waiting in the Majors waiting area. We saw 5 patients who had been in the department for approximately 5 hours or more, 3 of whom were awaiting admission into the Hospital and one who appeared to be waiting for transport home.

One patient commented that the service had been *'surprisingly quick'*, having already completed a ECG and blood tests after only 30 minutes in the department. However it is likely this patient was rightly being prioritised.

It is appropriate for some patients to return to the Emergency Department to receive planned follow up care. We spoke to 3 such patients, who had initially come to the Emergency Department within the previous few days, but had returned for further care.

- One patient had returned to have an ultrasound on their leg and have their old cast removed. They had been waiting for nearly 3 hours to have their new cast put on.
- The second patient had been instructed to return to another department to have a top up of intravenous antibiotics. Having come in at the time they were told to, they received a call from a nurse saying that insufficient time had passed since their previous dose; a top up would have been *'toxic'*. The patient was told instead to come to the Emergency Department later in the day to receive their top up. At the point we spoke to them, the patient had been waiting for nearly one and a half hours, having been told that there wouldn't be a wait. The patient had to return for further top ups over the following days and was frustrated by the prospect of repeated long waits.
- The final patient had been told to come in for a CT scan at 2pm. Their scan took place an hour later than scheduled and after a further 2 hours waiting the results were yet to arrive.

These examples indicate that patients returning for follow up care are likely to experience delays in receiving their care.

Majors

Patients in Majors are likely to present with more urgent, complex and chronic health conditions that require prolonged treatment and observation.

4 patients said that, once they had arrived in the department, they had to wait between one and two hours to be seen by a doctor. Our further conversations with 5 patients demonstrated that there were long waits between each step in their care provision – whether waiting for further tests, transfer to a ward or for discharge - which meant that their overall stay was lengthy.

- A patient had stayed a total of 8 hours and said there had been long waits between all of the different tests; e.g. a 2 hour wait to have an X-ray.
- Another patient had been in Majors for over 4 hours and was waiting for an operation for their fractured hip/pelvis; they did not know whether the operation would take place today or tomorrow.
- A patient was waiting to be admitted to a ward for overnight observation, having been in the department for over 5 hours.

All told, patients in Majors experienced lengthy stays in the department and were likely to face long waits between each step in their care.

Cleanliness & hygiene

The Emergency Department was generally very clean and tidy. The floors and walls were consistently clean, corridors were clear of obstructions and surfaces appeared uncluttered. Minor cleanliness issues noted were as follows:

- During one of our visits, the men's toilet in the Majors waiting area had lots of paper towels on the floor and bin. The toilet was observed to be clean during our visit the following week.
- One small spillage was observed in the reception waiting area that was not cleaned for over 15 minutes.
- In the new part of Majors, a relative pointed out that a catheter bag had been left on the surface in their bay.

Hand gel

There was a general lack of hand gel dispensers in reception and the waiting areas. Apart from one bottle dispenser on the main reception desk, there were no other dispensers visible in reception. There were no dispensers in either of the UTC waiting areas and only one in the Majors waiting area, which was out-of-order during one of our visits.

In Majors, there were multiple wall-mounted dispensers available for relatives and staff to use. Although the dispensers themselves were marked with red tops, there were no clear labels drawing people's attention towards using them.

REQUEST: We recommended the Hospital ensure that multiple hand gel dispensers are available in the waiting areas.

RESPONSE: The Hospital have requested that wall-mounted hand gel dispensers are installed in both the main waiting rooms.

Signage

Signs in hospitals need to be visible and clear. This especially applies to signs that direct patients into and around an Emergency Department, where patients are likely to urgently require treatment. We made a number of observations with regards to the signage for the Emergency Department. These have been detailed below.

Main entrance

The main entrance to the Emergency Department was not clearly marked, which was especially concerning out of daylight hours. We observed a patient arrive outside the department at approximately 10pm; they were in clear pain and required support to walk. Having been dropped off in the turning circle, they started walking towards the wrong building – we had to redirect them back towards the main entrance.

We acknowledge that these issues are a result of the recent refurbishments and that a new entrance sign has now been installed. Nonetheless, efforts could have been made to make the interim signage clearer for patients arriving at the department.

Reception

The overhead sign instructing patients what to do on arrival was due to be changed as it directed people to wait in the wrong place. This sign had been out-of-date since mid-February 2018 when we visited the Hospital as part of the planning for this project.

Several patients commented that they found the sign confusing. One patient waited at the main entrance without registering at reception for about 5 minutes - as a consequence of the misleading sign - before a receptionist noticed and called them over.

At the time of publication, we understand that new, up-to-date overhead and free-standing signs are soon to be installed. However, the old sign has been causing confusion for patients and should have been replaced much sooner than the 3+ months it has taken.

Throughout the department

There are plans for new signs to be put up that will make it easier for patients to navigate between different parts of the department. We welcome these plans, as the department is made up of a network of rooms and corridors that are not the easiest to navigate. We spoke to one parent who, having been directed to Paediatric A&E from Reception, did not know where to go; an illustration of why new signs are required.

Information resources

Across our three visits, we looked at the information resources available to patients in the Emergency Department. These resources provided information on the department itself, as well as other local services and wider public health issues.

TV screens

TV screens displaying information for patients were situated in reception and both the UTC waiting areas - another screen was due to be installed in the Majors waiting area at the end of May.

We were impressed by the array of useful information displayed on these screens. This included:

- The current 'average wait times' (updated every 30 minutes)
- What to do if you have symptoms of diarrhoea and vomiting
- Information on sepsis
- How to provide feedback to the hospital via the Friends & Family test
- How to access interpreting services

We did however notice that patients do not have much time to read the information on each slide. We also noted that it was unclear what the 'average wait time' figure was referring to. We have since been informed that this figure is an average across the whole department and refers to the average wait to see a clinician after triage. However, this was not immediately apparent from the screen itself and should be made clearer.

Other resources

The department contained a number of other information resources. Though informative, some of these resources were poorly placed and unlikely to be seen or accessed by patients.

- **Norovirus:** There was a large banner at the main entrance explaining the symptoms of norovirus and the importance of not attending hospital if you suspect you have it. The sign itself was clear and informative, but patients consistently walked past without noticing it – it would have been better placed in line with patients that are queueing or sitting in reception.
- **Car parking charges:** By the time of our final visit, a large banner with information on the changes to car parking charges had been set up in the Majors waiting area.
- **Chaperones:** Most of the bays in Majors had a poster explaining how patients could request a chaperone during examinations.
- **Staff uniforms:** We saw a helpful noticeboard explaining the uniform colour codes for different staff. However, this was located in a corridor where it was unlikely to be seen by patients.
- **'*Where should I go*' leaflets:** These sheets provided information on the local services available to patients according to the urgency of their needs. Unfortunately, these sheets were only found on the window ledge by the main entrance and were highly unlikely to be seen. Furthermore, as black-and-white photocopies, the sheets were uninviting and unlikely to draw people's attention.

Gaps in provision

Beyond the TV screens, there was a lack of information available to patients in other formats, such as leaflets and posters. Furthermore, there did not appear to be any readily accessible information for people with sensory impairments, learning disabilities or those who do not speak English (e.g. adapted leaflets, translated materials etc).

We identified that there was a lack of clear, visible information on the following topics:

- The extended hour GP/urgent care services available to patients in the borough of Richmond – such information was only available for Kingston borough patients.
- What patients can expect of their 'journey' through A&E and the UTC and an explanation of how these two pathways differ - our conversations with patients indicated that the vast majority were unaware of this distinction.

- Who PALS are, what they do and how to contact them. This may have been displayed on a TV slide but was not immediately clear.

It is also worth noting that we did not see any signs in the UTC waiting area directing patients where to go if they wanted to get food or drink.

REQUEST: Following our visits, we recommended that the Hospital take action to ensure that patients are provided with good quality information. We made a number of specific suggestions based on our observations outlined above.

RESPONSE: The Hospital informed us of the following:

- As previously mentioned, new posters have been put up that provide a range of information to patients (e.g. what to do if you are in pain or require food/drink).
- PALS posters are now displayed in each waiting area.
- Information about alternative services based in the community will be displayed on all of the TV screens – the Hospital have requested information leaflets on the services available to patients in the Richmond borough.
- The Hospital informed us while they are not responsible for producing the '*Where should I go'* leaflets, they have requested that updated copies are provided and put on display.
- The Hospital's aforementioned 'Patient journey' project will look at the information provided to patients with dementia, learning disabilities and other sensory impairments. Furthermore, the Hospital's website is being revised to ensure that patients are provided with accessible and up-to-date information.

Reasons patients were attending the department

For many patients with urgent conditions or injuries, the Emergency Department is the only service equipped to provide the support that they require. However, we wanted to find out whether patients were attending the department for any other reasons aside from the urgency of their condition. We spoke to approximately 25 patients in the waiting areas about their reasons for attending and whether they had considered attending alternative services elsewhere. It is important to emphasise that the responses we gathered may not be representative of the patient population as a whole.

The majority of patients had come to the department either because:

- They thought the Emergency Department was the most appropriate place for them to receive treatment and had therefore not considered going elsewhere (8 patients).
- They initially contacted another NHS professional who had directed them to attend the Emergency Department (12 patients).

4 patients said that they had come to the department as they had been unable to get a GP appointment sufficiently soon. Although it is possible that these patients could have been appropriately supported by their GPs, we have insufficient evidence to judge whether or not this is the case. All in all, the feedback we received indicates that most patients are attending the department either because: they feel it is the most appropriate place for them to go; or they have been advised to do so by an NHS professional.

Feedback from staff

We usually aim to speak to staff about their work but the nature of the department made this challenging. We were only able to speak to 2 nurses and one Healthcare Assistant. These staff were positive about their experiences in what they described as a supportive and busy but manageable environment.

Conclusion

Patients were generally happy with the service provided by the Emergency Department. Considering the busyness of the department throughout our visits and the number of people that we spoke to, we received relatively few complaints or suggestions for improvements.

Despite the lengthy delays that patients could face, the department appeared to be well run and working hard to meet the ever increasing demands that it is under. We were encouraged by the large number of positive comments that people made about staff in the department. Staff were clearly working hard to provide thoughtful and professional care to their patients.

We were impressed with the overall cleanliness and appearance of the department. The recently completed renovations are deserving of particular credit, especially the new section of Majors and the additional bays in Resus.

We did however have some concerns regarding the consistency of food and drink provision to patients facing lengthy stays in Majors. We also encountered a few issues around the provision of personal care, although there was no evidence to suggest that these were recurrent in nature.

Our visits highlighted that staff were not always clearly communicating to patients what was going to happen next, especially after triage. Alongside this, there was definite scope for widening the array of information resources available to patients, as well as improving the interim signage on display at the main entrance and reception. Our visits also underlined the difficulties faced by patients with mental health conditions who have to wait for a long time before being assessed.

Overall, we were impressed with the service being provided and recognise the efforts that the Hospital are making to improve the facilities and care being delivered.

Acknowledgements

We would like to extend our thanks to Kingston Hospital for their openness and assistance in coordinating this project. Special thanks must go to Stella Davey (Lead Matron of the Emergency Department) and Caroline Moulton (General Manager of the Emergency Department) for the efforts they made to ensure that we could speak to as many patients as possible. We really appreciated their willingness to help, especially considering the busyness of the department during our visits.

healthwatch Richmond upon Thames

Appendix 1 - Prompts for patient discussions

Please make it clear in your notes which areas of the Emergency Department the patient's experiences relate to (e.g. Majors, Urgent Treatment Centre waiting area etc.)

Topic	Suggested Questions
Wait times	How long did you wait to first speak to a nurse or doctor?
Streaming/triage process	Were you happy with the system used to assess/direct patients on arrival? When you arrived, was it easy to understand what to do and where to go?
Information provision	Have you been given information on what will happen next? Or how long you'll be waiting?
Reception staff	Were the staff at reception friendly/helpful?
Clinical staff	Are you happy with the doctors and nurses you have seen? Were you given the support that you felt you needed? Were you happy with the explanations they gave you about your injury or treatment?
Privacy and Dignity	Are you happy with the level of privacy you had during discussions with staff? Do you feel that your dignity has been respected during treatment/examinations?
Discharge	Were you given all the information you needed before you were discharged? Do you feel ready to go home?
Environment and facilities	Are you happy with the facilities provided/how clean it is here? Would you know where to get food/drink if you needed some?
Reason for choosing service (For patients in the UTC)	Did you come here straightaway or see/speak to someone else first (e.g. GP, NHS 111)? Was this the only place you could have gone to get the treatment you need? What made you decide to come here?
Other comments	Are there any changes you would like to see made at the UTC/A&E?

Appendix 2 - Observation checklist

Authorised representative name:……………………………………

Date & Time Completed:……………………………………

Please try and look at this list at least twice during your visit

Staff or location	Observation	Comments *(Please make it clear which specific areas and/or staff your comments refer to - e.g. Nurse in Majors)*
All Staff	Are staff wearing **name badges** that are **clearly displayed**? Are staff wearing clearly **identifiable uniforms**?	
All Staff	Are staff treating patients in a **friendly and caring manner?**	
All Staff	Are staff providing patients with **clear information**? (e.g. explaining what will happen next; what treatment patients are receiving & why)	
All areas	Are patients able to **discuss personal issues/concerns in privacy?**	
All areas	Is **patient dignity** protected? (e.g. whether curtains provide adequate cover and are used appropriately)	
All areas	Are patients responded to if they are clearly in **pain or distressed**?	
All areas	Is information appropriate for those with **language difficulties, sensory impairments or learning disabilities**?	

All areas	Is the department **accessible** for people with **mobility difficulties**?	
All areas	Are there clear places for patients and staff to **wash their hands**?	
All areas	Are patients able to access **food/drink**?	
All areas	Is the department **clean**? (floors, walls, toilets)	
Waiting areas/ Reception	Is there **clear information** available to patients about the service provided here? (e.g. signs, display screens, leaflets)	
Waiting areas	Are there **enough seats**? Are the seats **comfortable**?	
Waiting areas	Do **staff check on** patients in the **waiting areas**?	
Clinical areas	Are medical **supplies and equipment** safely stored? (e.g. medication left lying loose on surfaces)	
Outside	Are there **clear signposts/directions** to the department?	
Car park	Are there **enough spaces**? Are there **enough disabled spaces?**	