

# Enter & View Visit Report

Whipps Cross University Hospital, Urgent Care Centre

26<sup>th</sup>, 27<sup>th</sup> April and 8<sup>th</sup> May 2019



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Shaping the future of our NHS in Waltham Forest

“Staff were friendly and helpful at all stages of the visit.

The nurse gave me some useful advice and booked a follow-up outpatients appointment.”

Service user  
2019

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Visit Details	
<b>Service Provider</b>	North East London Trust (NELFT) Urgent Care Centre (UCC) Whipps Cross Hospital, Whipps Cross Road London E11 1NR 03001230808
<b>Service Leads</b>	Sabrina Ponton- Operational Lead Pat Smith - Head of Unplanned Care, Rehabilitation & Therapy Dr Sheraz Younas - Clinical Lead Saleh Ahmed - Service Manager
<b>Date and Time</b>	26 <sup>th</sup> April 2019 27 <sup>th</sup> April 2019 8th May 2019 10am-3pm
<b>Status of visit</b>	Announced
<b>Authorised Reps</b>	Joyce Osei - Lead Authorised Representative (LAR) - Healthwatch Waltham Forest (HWWF) Frances Martineau - LAR - HWWF Althea Bart - LAR - HWWF Logan Schmidt - HWWF Intern
<b>Declarations of interest</b>	None

### Acknowledgements

Healthwatch Waltham Forest would like to thank the service provider, patients/service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Enter & View representatives (E&V rep) who assisted during the visits and putting together this report.

### Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is an account of what was observed at the time of our visit.

### What is Enter and View?

One role of Healthwatch is to carry out Enter and View visits. Local Healthwatch Enter and View representatives conduct visits to health and social care services to find out how they are being run from a patients perspective and make possible recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as

hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services are performing well. We learn and share examples of best practice (what they do well) from the patient and public perspective.

Enter and Views are not intended to identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about, they inform their lead who will inform the service manager, ending the visit. If a member of staff wishes to raise a safeguarding concern, they will be directed to the Care Quality Commission (CQC) where they are protected by legislation.

Healthwatch Waltham Forest (HWWF) has been commissioned to deliver an Urgent and Emergency Care Patient Engagement project by reviewing the patient experience of those who use Urgent and Emergency Care Services in Waltham Forest and at Whipps Cross Hospital.

### **Purpose of Visit**

The findings from this Enter & View visit aims to help shape and inform the review of Urgent & Emergency Care Services in phase 1 of the Urgent & Emergency Care Integrated Care Services (ICS). It is also an integral part of the wider work of the Waltham Forest Urgent Care Working Group (UCWG), a multi-agency forum bringing together system partners from the wider Waltham Forest/Redbridge/ Whipps Cross Hospital health and social care economy. The Urgent Care Working Group is led by WF CCG and reports to the A&E delivery board (AEDB) and the WF CCG Governing Body (WFCCG GB).

Healthwatch Waltham Forest captured patient experience of people using Urgent Care Services to identify key themes, improvements, and examples of best practice. The data collected helps to improve patient pathways and service user experience.

All recommendations are based on our observations and evidence from service users and staff engagement.

### **Background**

North East London Trust (NELFT) manage the Urgent Care Centre in Whipps Cross hospital. The service was previously delivered by the Essex Partnership University Trust (EPUT). The service is commissioned by the Waltham Forest Clinical Commissioning Group (WFCCG) and offers a service to people in North East London, Essex and beyond.

The Urgent Care Centre (UCC) is open 24 hours a day, 7 days a week. Most injuries and illnesses that need immediate attention e.g. sprains, minor burns, minor head and eye injuries, can be treated here. Once a patient has arrived, an initial assessment is carried out by a clinician. Treatment is organised by priority of need, this means patients who do not have as serious condition could wait longer than

those that arrive after them with a more serious condition. All patients with a clinical decision time of 90 minutes are discharged from the UCC within two hours of arrival.

The aim of the UCC is to relieve the A&E department of pressure and provide efficient and adequate care to patients who need it. Therefore, some patients are referred to their pharmacies, local GP hub or wound clinic. This is to ensure patients with serious conditions are seen faster.

The main objective of the UCC is to provide care for illnesses and injuries that cannot wait for an appointment with the patient's own GP. The Urgent Care Centre does not provide continuing care for chronic conditions, assessments of long-term care, or prescription refills. In these instances, patients will be redirected to their local GP emergency service hub for support if required.

The UCC service consists of nursing staff, emergency care practitioners, health care support workers, administration and receptionist staff who are NELFT staff. GP's are provided by FEDNET. A clinical streamer initiates the patient journey to determine the "right place of care" for the patient by clinically directing them to appropriate acute and/or community services.

The main goal of streaming is 'primary care and community first' if it is safe and appropriate to do so. The service follows the NHS England and NHS improvement guidance to support Clinical Streaming (2017).

Patients can be streamed to; Urgent Care Centre (UCC), Emergency Department (ED), Ambulatory Care Unit, Emergency Gynaecology Unit, Eye Treatment Centre, and NELFT Psychiatric Liaison service. Patients can also be streamed to community and primary care services.

### **Clinical Streaming**

Clinical streaming enables patients to be directed to the appropriate clinical area to receive treatment. Streaming utilises all available services and addresses the patient's urgent health concerns.

### **Methodology**

Healthwatch Waltham Forest undertook research prior to the visit by using our Trends Analysis Report using data gathered by our Patient Experience Panel. In addition, two site visits were conducted to the majority of departments within the Urgent & Emergency service at Whipps Cross Hospital. Supporting information was provided by North East London Trust (NELFT).

The visit was announced. Barts NHS Health Trust and NELFT were initially informed in writing of the visits to be conducted. Patients were informed of our visit by posters and information booklets displayed in the department.

Our visit was themed around the following aspects of care provision.

- Patients experience of hospital treatment and care
- Accessibility

- Responsiveness
- Communication
- Complaints

### **The Engagement Process**

We spoke to patients, families and staff about their experiences, and listened to their suggestions for service improvements. We conducted three days of patient and staff engagement from 26<sup>th</sup> April - 8<sup>th</sup> May 2019. Management interviews took place over several days ending on 5<sup>th</sup> July 2019.

### **Survey Design**

A total of three surveys were designed and included quantitative (mostly multiple-choice options), qualitative (open comment) and demographic questions. Patients were asked to give feedback on the service, and make suggestions for service improvements.

We used the following surveys;

- A patient survey comprising of 25 questions
- A staff survey comprising of 23 questions
- A management survey, completed by an arranged interview - comprising of 27 questions.

## **Key Findings**

We found the UCC staff team to be welcoming and accommodating over the period of our visits. They were keen to provide us with relevant information and facilitated our site visits in preparation for the Enter and View. The service appeared to be run well by a focused staff team who were generally caring and compassionate towards their patients and supportive of each other.

### **Key Findings:**

- The provider had clear structured systems in place, including Risk Management, incident reporting and safeguarding.
- The majority of the patients felt that overall they received a good service.
- The provider showed many examples of good practice by proactively working towards improving the patients experience. They recently designed and actioned a new children's play area within the UCC area.
- The majority of patients told us that they felt confident they would receive support from staff if they had additional needs, such as limited mobility, hearing or sight impairment or other access needs.



- The provider had mechanisms to meet cultural or religious patient requirements.
- At the time of our visits, we observed patience, care and compassion in treating a patient with a mental health condition. There were two other patients with additional support needs who required support. We noted it took time before staff were available to support these patients as they were busy supporting several patients with additional needs.
- The majority of patients felt that they were treated with care and compassion during the streaming and triage process. They were listened to well and seen quickly however, communication needs improvement. A small number of patients told us that staff had been rude and had not listened to well.
- Some patients felt the repetitive nature of the streaming system to be arbitrary stressful and somewhat redundant as they had to repeat the same information to different members of staff at the windows.

#### Key Findings (continued)

- We observed patients being treated with care and compassion by staff on the days of our visits.
- Some patients told us that they felt the service could be improved if there was a space within the UCC waiting area where they could sit if they had any additional/special support needs. Staff informed and showed us an accessible room within the centre for identified patients who were vulnerable.
- Patients felt there was not enough information regarding the unit itself such as; information on services provided, the ticketing system, waiting times, and the complaints process.
- The service had systems in place to support people with additional needs, however, some staff experienced barriers to accessing effective support - for example, the demand and waiting period for face to face support when using the language line for patient support. Provision was in place to support patients living with dementia. However, additional resources and equipment within the unit were under-utilized.
- A small number of patients suggested improving provision for patients with special needs. One patient's parent told us her son had autism and the environment and noise within the waiting area was distressing for him. If there was access to a quiet space, it would have made their overall experience much more manageable.

- All patients described the unit as very clean and tidy with an abundance of information, which is helpful to patients.
- Staff receive feedback verbally, through letters, or via an online feedback system. Complaints are processed through DATEX and then discussed in team meetings. Staff suggest that most complaints are informal and are usually regarding the waiting times or being streamed to their local services e.g. own General Practitioner (GP) or Pharmacist.
- Some of the people we spoke to thought it would be a good idea to have better information about Urgent Care Center services. This would improve patient experience and explain waiting times.
- Personnel expressed the need for better support when dealing with violent patients. A Zero Tolerance (to violence) scheme has been put in place and will help with managing violent patients.
- It was explained to us that all staff were up to date with their mandatory training. We were advised of additional training opportunities available for employees. The team expressed the technological communication system requires a review as this greatly hinders productivity.

## Result of Visit

### Patient Experience

We asked people to tell us about their experience in using the Urgent Care Centre (UCC) by asking questions about different aspects of their care and treatment.

- People mentioned the leaflets that were available. Some patients noted that all available information was in English only.
- Other patients felt there was not enough information regarding the Urgent Care Center itself such as the services they provide.
- Most of the patients we spoke to were pleased with the service they had received on the days of our visits.
- One patient told us that this was her first visit to the UCC. The patient had experienced a seizure. Staff were prompt in coming to assist and took her to a private area. When the patient returned to the waiting area, they reported to the Healthwatch representatives that two members of staff had been rude and would not listen. The patient said one member of staff told her she had come to the wrong place. Upset, the patient called their partner to take them home. The patient was assisted and the matter resolved, however, she felt that her treatment could have been more supportive and compassionate.

- Patients that were new to the UCC were very deterred by the poor signage and confusing layout. Patient feedback included; ‘Welcome To...’ sign is too high up and the red line where patients wait was faded. A carer expressed concern that if her mother had come to the UCC alone she would not understand the system as she did not speak English.
- Most patients expressed they did not understand why they had to repeat the same information to staff at different windows. Patients felt there should be a more efficient way of staff communicating information to each other. Patients also stated their records were not always up-to-date.

### Environment/Accessibility

- People who used public transport to get to the hospital found it more accessible.
- The service had put systems in place to support patients cultural and spiritual needs.
- Patients found the layout and signage of the UCC to be unclear and confusing.
- A number of patients found the UCC department fairly easy to access.
- The responsiveness of the Language Line translation service requires improvement.
- The provider has a structured system to ensure patients with specific needs are flagged on their IT systems.

### Responsiveness of Staff

- Patients felt that that staff, including clinicians had listened to them and involved them with their care.
- The majority of patients felt they were treated with care and compassion during their visit.
- Most patients reported they were treated with dignity and respect.
- Patients reported reception staff to be helpful, responsive, efficient and polite. It is important to note, that many patients felt that the reception service was more responsive than their own practice.
- The service had in place a system for supporting patients with a mental health condition. CERNER shows previous alerts raised around a patient

when they have been identified on the system. The receptionist will alert the practitioner in a timely manner. If a safeguarding issue is identified, the member of staff will contact the appropriate agency. A generic email is sent by the practitioner to a NELFT account with regards the safeguarding issue. NELFT captures data about the number and type of safeguarding alerts raised. They are aware of a patients identified issues, actions taken and if further action is required.

## Communication

- We observed communication between staff and patients to be respectful clear and effective. Reception staff showed compassion when speaking with patients.
- Most patients felt that things had been explained clearly and that they received an adequate amount of information regarding their care.
- Some patients felt frustrated by the lack of communication regarding waiting times and the next stage of treatment.
- The majority of patients felt that they were treated with care and compassion when using the streaming and triage process. Patients felt they were listened to well and seen quickly. A small number of patients told us that staff had been rude and had not listened to well.

## Complaints

- The service had a structured and effective complaints system, and patient satisfaction monitoring in place.
- Patients were not aware of the complaints process. We observed a wide range of patient information in leaflet form within the waiting area. None of this information explained how to make a complaint.
- The staff team had a clear understanding of systems in place to manage complaints.
- Staff advised us of two formal complaints that had been raised at the time of our visits.
- All staff use the DATIX system to report adverse incidents, identified risks, complaints as well as compliments. Any member of staff completing a DATIX receives feedback from the manager completing the investigation into the event and any action plan arising. Feedback is also given to the

organisation through governance meetings and locally through team meetings.

## Staff Experience

- At the time of our visit, we spoke with several members of staff and observed the service in action.
- Staff shift patterns varied; from Administrators who work 5 hour shifts and clinical staff work a number of different patterns which consist of 08.00 - 20.00 (11.5 hours). A 30-minute break is unpaid, but other breaks are taken during shift to ensure staff adhere to working time directives and for their safety and comfort. Other shift times included - 12.00 - 24.00, 24.00 - 08.00 (covered by specific staff who always work overnight) 19.00 - 07.00
- The busiest times within the UCC were generally Monday, Tuesday and Friday in the daytime. Staff are provided with an hour lunch break. There was no provision of kitchen facilities or communal area for staff in the UCC.
- There is some flexibility around working patterns. The UCC will use bank staff, to cover any gaps that the UCC team cannot fill.
- Every day there are five care/nurse practitioners, a band 4 Health Care assistant on duty. The 8 am to 8 pm shift has an A & E nurse on duty. The 12 noon to 12 am shift has a night nurse on duty. There is one GP on the morning shift and two GP's on from 1pm.
- The UCC has recently recruited three band 7 nurses. This means the UCC will have a full staffing compliment.
- Streaming duty shifts could be divided to make it more flexible. 11.5 half hour shifts are split between streaming and seeing and treating for NELFT practitioners
- Whipps Cross streaming consists of both NELFT and Barts Health staff. All UCC staff are employed by NELFT. NELFT staff told us that the integrated unit works fairly well and that Bart's staff were supported by NELFT staff within the UCC.
- We asked Barts Health about their partnership work with NELFT, including, access to training, customer care, safeguarding and mental health awareness training. We were told by senior management that Barts Health staff are under the remit of NELFT when working in the UCC and undertake the same streaming training and work to the same guidelines and induction. NELFT deliver the mental health awareness training to both the NELFT staff and

Barts Health staff and safeguarding is delivered by each Trust working to the same guidelines and through the same governance framework.

NELFT have sent all of their reception staff on customer care training and this is covered in mandatory training for the Bart's Health staff. In addition, both Trusts have joint meetings and any issues are discussed in real time where possible to resolve early. The relationship is very good between the Trusts and work is carried out collaboratively to manage the flow into the hospital using GP hubs and external agencies to avoid unnecessary attendances to the hospital.

- Staff receive feedback via 'Thank You' letters/cards, or when patients complete a patient feedback form (available at the administration desk). Patients also give staff verbal feedback.
- Patients can use the online feedback system.
- Complaints are discussed at team meetings. If a complaint is serious, it is recorded on DATIX, then investigated and responded to.
- Staff try to manage patient expectations as best as they can. Staff appreciate that patients would like to be seen as quickly as possible. Staff are aware that patients are sometimes unhappy with wait times.
- Patients can be streamed back to their GP or pharmacist. Some patients are unhappy about this. Staff explained that they do their best to manage this by explaining the system to the patient.
- All staff use the DATIX system to report adverse incidents, identified risks, complaints as well as compliments.
- NELFT and Barts Health conduct Health and safety risk assessments in the department. Ligature risks had been identified in the department. The providers aim to reduce health and safety risks.
- Improvement is needed in the communication between providers and patients.
- All staff were aware of the safeguarding pathway and recognised that safeguarding is everybody's business.
- Staff identified an objective to record two compliments per month on DATIX. We were advised that staff try to get patient feedback forms completed near the end of a patient's journey.
- NELFT provide a variety of workshops and health and well-being sessions e.g. massage and chair yoga for all NELFT staff and that this information is

cascaded through the NELFT email system. NELFT staff working at Whipps Cross can also access activities organised by Barts Healthcare.

- If a member of staff has an identified physical or mental health condition, systems are in place to work with staff to ensure access to appropriate support. NELFT staff also have access to Talking therapies, physiotherapist and occupational therapy if required.
- There is a 3% sickness level in the department which is below the average national NHS sickness level.
- In line with national guidance NELFT avoid using family members and friends as interpreters. They have access to Language Line but it can be difficult to use.
- There is a field on the CERNER where additional needs is recorded. The administrator ensures that the practitioner is made aware of identified needs. If a patient has restricted mobility, there are wheelchairs available for staff to wheel patients in and porters to assist where necessary.
- Most complaints received are dealt with informally. Most relate to waiting times.
- If a patient's clinical condition does not meet the criteria for UCC, they will be referred to see their own GP. Even when the department is quiet, patients will be directed to their own GP when that is the appropriate treatment for them. This is a different practice from other UCCs but encourages patients to seek medical support from the correct source.
- The Service were aware of signage and queue management issues and informed us that us they were actively working to improve.
- Customer care training and conflict management has been arranged for all staff.
- The department is working with Barts Health to develop dementia friendly cubicles in the department.
- The UCC has a recently renovated child friendly room.
- Staff reported working well together as an integrated team.

## **Recommendations**

We suggest the following recommendations to further enhance the UCC service.

## Recommendation 1

We observed staff working as effectively as they were able to with existing systems in place to process patients through the streaming system. Extensive waiting times and repetition of questions were frustrating for patients and had a negative impact on their patient journey.

- a) We suggest a review of the current system in place, including a clearer and simpler queuing and assessment process.
- b) Staff told us that they currently use the CERNER IT software system to stream patients as they work in partnership with BARTS and use the same system as a matter of best practice for patient information access. We suggest that both providers review the current system in order to explore new possible solutions that improve the patient experience.
- c) Improve signage within the department. Signs facing the entrance to the UCC were printed on one side and blank on the other. Direction and signage in the UCC could be improved to ensure they are dementia friendly and accessible for all.
- d) Consider implementing an electronic patient self-check E-Triage system which is automatically triaged by a clinical need. Current evidence shows benefits of using such a system including; time saved by an average of 7 minutes per patient in an Emergency Care Centre department; an average of 4 mins for the patient to be triaged and the clinicians to know how sick the patient is; a flag function which links directly into the clinical system of the Emergency Department/UCC (colour coded in line with specific NHS Trusts' triage colours).

## Recommendation 2

We suggest the following improvements in communicating with patients:

- a) A clear and simple explanation of the UCC service. This should include the booking-in the process and possible treatment pathways. This could be in the format of a welcome leaflet.
- b) Update electronic patient information boards with relevant patient information.
- c) Promote the children's play room within the UCC.



### Recommendation 3

The waiting area could be adapted to improve patient experience. We suggest the following:

- a) Provide working free WIFI access to patients.
- b) Monitor the water machine to ensure ease of use.
- c) Make better use of the TV in the waiting area.
- d) Manage the patient information boards to ensure patients are given clear, information regarding waiting times within the UCC.
- e) Develop clear and consistent information on how patients can feedback their experiences of the UCC and clarify how this information will be used to improve services.
- f) Adopt a uniformed approach to patient information to ensure information available is relevant and accessible to people using the UCC.

### Recommendation 4

We observed good care been delivered to patients with additional needs. We recommend that:

- a) The provider to consider introducing a system where an assigned member of staff provides a service within the UCC to identify, respond and support patients who are vulnerable and require additional support. This could include patients Hospital Passports, people with Learning Disabilities, and people living with Dementia.
- b) Recognise the patients who need an interpreter and or require help to navigate the UCC system.
- c) Consider developing a team of UCC volunteers to provide information and signposting for patients and service users.

### Recommendation 5

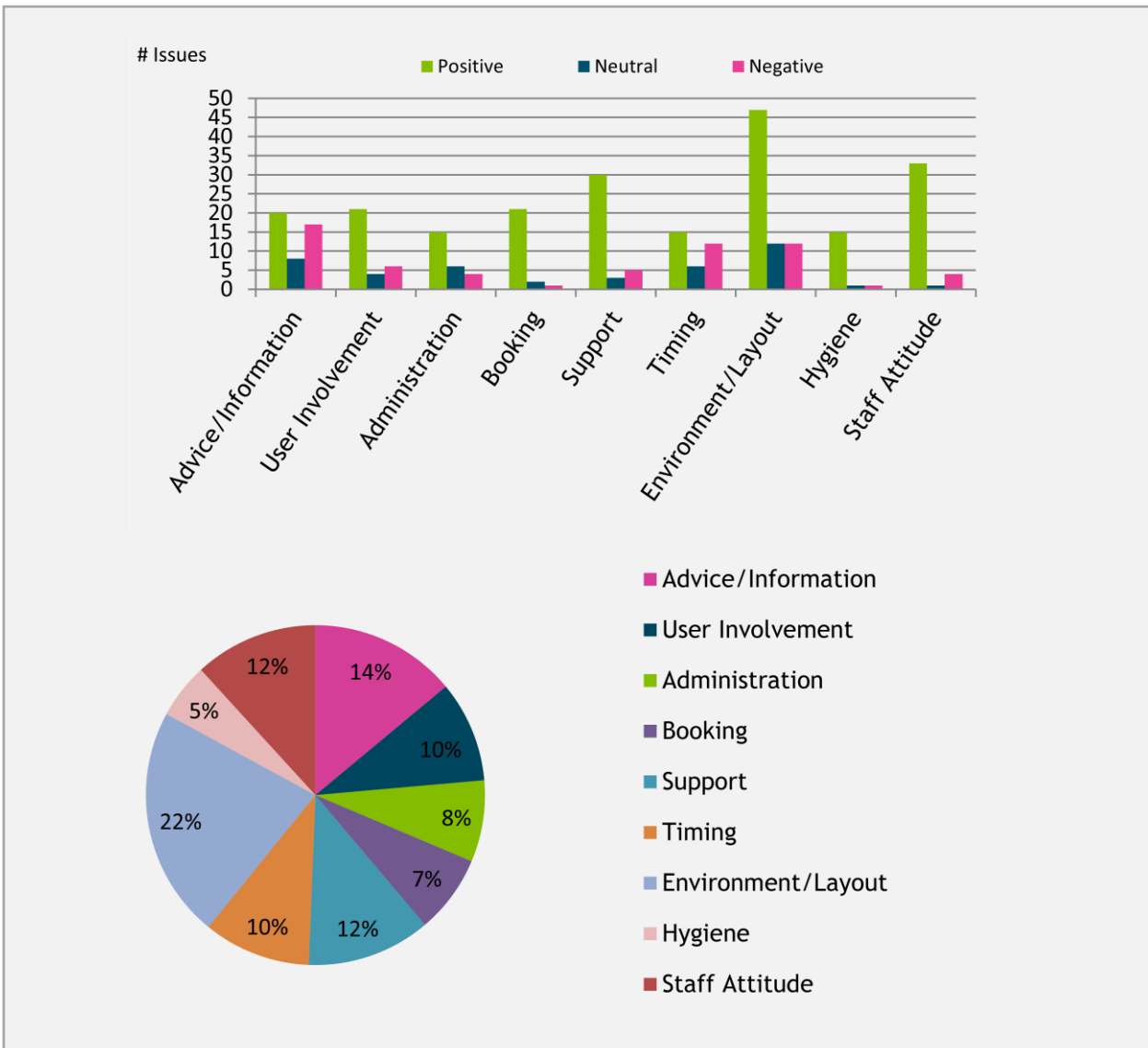
- Patients felt the UCC service could be improved if there was a designated space within the waiting area where they could sit if they had any additional/special support needs.

- The provider has an accessible room within the centre for identified patients who were vulnerable. We recommend that the UCC promote this to patients.

### Service Provider Response

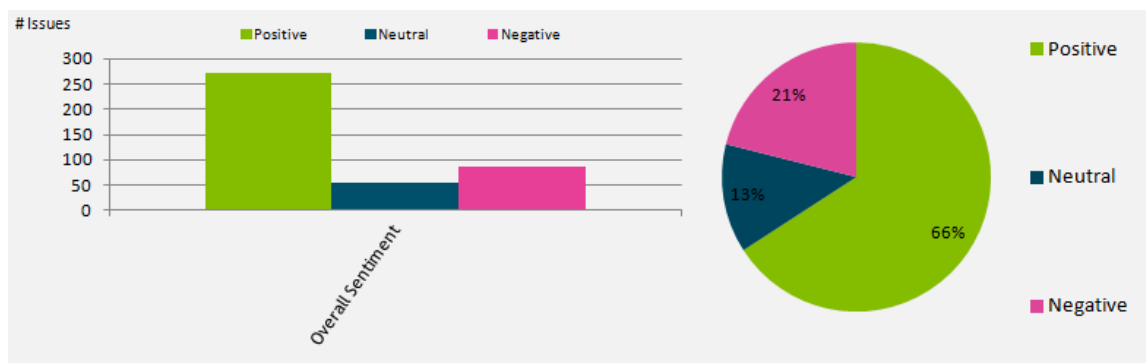
The provider has acknowledged this report and has also played a key role in assisting Healthwatch Waltham Forest in carrying out its Enter & View visits.

**Leading Themes**  
**Table 1.1**



The table above illustrates that advice and information, timing (waiting times) and environment require improvement from a patient’s perspective. It is important to note that in all categories that positive comments are greater than the negative comments. That is a significant achievement.

## Sentiment Table 1.2



Looking at table 1.2 we can see that of those surveyed 66% had a positive view of their experience at the UCC. Thirteen percent were neutral and 21% had a negative experience. The UCC team now has to work to maintain their standards while reducing the number of negative and neutral experiences.

### Distribution and Comment

This report is available to the general public, and is shared with our statutory partners the London Borough of Waltham Forest, Waltham Forest Clinical Commissioning Group, Healthwatch England and the Care Quality Commission.

If you have any comments on this report or wish to share your views and experiences of this or any other care home in the borough, please contact us.

### About Us

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“Communication could be improved, I have no idea how long I’ll be waiting”.

An offer of a hot drink would be nice!”

Service user

