

Accident and Emergency Department at The John Radcliffe Hospital

Enter and View Report



April 2023

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Acknowledgements

Healthwatch Oxfordshire would like to thank Oxford University Hospital NHS Foundation Trust, people we spoke to and heard from, and staff for their contribution to the Enter and View visit.

Visit details

Details of Visit

Service Address	Accident & Emergency Department (A&E) at The John Radcliffe Hospital, Headley Way, Oxford OX3 9DU
Service Provider	Oxford University Hospital NHS Foundation Trust
Date and Time	Wednesday 8th February 2023, 10am-2pm
Authorised Representatives	Amier Alagab (Lead), Veronica Barry, Vicky Tilley and Emma Teasdale
Healthwatch Oxfordshire Contact Details	01865 520520

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

The Health and Social Care Act 2012 legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded, such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. We visit:

- To gather the views of health and social care service users, families, and carers
- To report what we see and hear to improve the quality of health and care services.

More details about Enter and View visits can be found on our website:

www.healthwatchoxfordshire.co.uk/our-work/enter-and-view

Purpose of the visit

- To observe how the facility operates and provides its services.
- To collect views from patients, volunteers, and staff about the service provided.
- To identify 'Best Practice' and highlight any areas of concern.

Strategic drivers

- Healthwatch Oxfordshire Enter and View visit to the A&E, John Radcliffe Hospital is part of several visits to a range of services within Oxford University Hospitals NHS Foundation Trust (OUH).
- These visits were planned and implemented in 2022 – 2023 with full support from OUH. We wanted to hear what is working well as well as where things could be improved.

Summary of findings

Please note these findings represent a portrayal of what we observed and heard about the experiences of the service users and staff on the day that we visited:

- The department is run by clinical and administrative staff who are keen to deliver excellent patient care services. This was clear in the way staff carried out their role, and patients and visitors praised the care by staff.
- The department was clean, and regular cleaning rounds taking place.
- Staff were approachable and friendly to patients, and easy to talk to.
- Comments from patients about the environment and efficiency of the services, and the attitudes of staff, were generally very positive.
- The signage for the A&E main entrance was not clearly visible from the car park, and the signs directing pedestrians from the corner of the building were small and difficult to see.
- The hospitals are a 'no smoking zone' but the presence of cigarette butts is unsightly at the entrance and needs some provision for clean disposal as well as regular bins and pathway cleaning.
- The cladding on the wall at the right side of the main entrance was cracked.
- The baby changing unit in the female toilets was out of order and no signs to suggest an alternative.
- There was an electronic board saying how long the waiting time was (4 – 5 hours when we visited), reminding people to wear masks and that only one

visitor per patient was allowed to attend. However, a few people in the waiting room were not wearing masks, despite masks being available.

- A big pot plant at the left of the main entrance, covers the pay phone and information on the notice boards.
- We observed obstruction by trollies full of boxes at the corridor doorways.
- There were no instructions visible on the mobile phone power bank machine. The machine was not operational on the day of the visit.
- A security vehicle was blocking the ambulance car bay on the day of the visit.

Recommendations

- Improve signage in all directions from the main car park to the A&E entrance, an extra sign on the corner of the ambulance bay might help patients navigate easily.
- Ensure parking places for dropping off always free and not occupied by other vehicles, (for example a security van was blocking the ambulance car bay on the day of the visit).
- The entrance should be tidier and cleaner from cigarette butts, and the bins as well should be emptied regularly.
- For health and safety, the cracked cladding on the wall to the right entrance should be repaired.
- A big pot plant on the left as going in, which covers the pay phone and Care Quality Commission (CQC) notices, could be moved to another place.
- Ensure that corridors and area outside the toilets are free of trollies and boxes, and not blocking other doorways.
- It would be good to display the 'Welcome to the Emergency Department' information leaflet in its own right at the entrance for people to pick up as they come into the department as it's all about what to expect and provides the information they need for their visit.
- Patient confidentiality may need more consideration as the nurses' initial assessment at the desk were quite close to the seating area.
- Improvement in internal communications between admin and clinical staff may lead to a better understanding of the internal policies.

- Refurbishment to the baby changing unit in the female toilets which was out of order needs to be done.
- Free drinking water dispenser/fountain may be provided for visitors at the waiting rooms.

Service response to recommendations

Firstly, thank you for undertaking this visit and as a department we welcome all of the feedback received. Some of what has been identified is already being actioned with the help of the ED Improvement project team who are working on projects which include the repainting of the waiting room, updating communication such as reviewing the existing posters and updating food and drink provision for patients. A water fountain for the waiting room, and a replacement baby changing unit has been ordered.

The OUH Trust IT team have designed a tool to display the current waiting times, length of stay in department and number of patients that are waiting to be seen, and we are working to get additional screens for the waiting room to display this.

The signage is an issue that has been raised before and now that recent building work across the site has been completed, we are able to look at how we can improve this aspect.

The Trust has a no smoking policy that clearly identifies where patients and staff should smoke but unfortunately this is difficult to monitor and enforce.

As a Trust we accept the concern of potential confidentiality issues around the streaming nurse assessment area, and are continually looking at ways to improve this, but we will always be receptive to any requests from patients to speak in a private space.

We will continue to work on the recommendations you have made with the support of the ED improvement project team.

This response was provided by Oxford University Hospitals NHS Foundation Trust by email on 30th March 2023.

Report on visit to A&E, John Radcliffe Hospital

A. Methodology

We follow Healthwatch England's guidelines for Enter and View visits. The steps below summarise this process:

- Plan
 - Appoint an Enter and View lead for the visit.
- Communicate
 - Inform the provider of the visit, and relevant details including the purpose, date, time, estimation of how long it will take, how many people will be carrying out the visit, and the name of the lead person.
 - Prepare visit posters including the purpose of the visit, time and date, and dispatch these to the provider for display, so that people using the service are clear why the visit is taking place.
 - Include information about how members of the public can contact Healthwatch Oxfordshire if they are not able to when the visit is taking place.
- Preparation
 - Prepare resources such as surveys and questionnaires.
 - Identify any requirements for special support necessary to facilitate the visit such as access or security.
 - Meet with the service provider before the visit.
- Report
 - On completion of the visit a draft report is shared with the service provider requesting comments on factual accuracy and responses to any recommendations within 20 working days.
- Follow up
 - The final report is published on Healthwatch Oxfordshire website and shared with the Care Quality Commission (CQC) and service provider.

A face-to-face pre visit and planning meeting with the Senior Matron was held on 10th January 2023. The Enter and View visit took place from 10am to 2pm on Wednesday 8th February 2023 conducted by four representatives of Healthwatch Oxfordshire.

During the visit, the team were able to spend time observing the daily work of the units, noting the general environment such as cleanliness, comfort, and information displays, and to speak to both patients, families, or carers and to staff.

We used short survey questions when speaking with people, and some of them filled the survey themselves.

B. About A&E John Radcliffe Hospital

The John Radcliffe Hospital is part of Oxford University Hospitals NHS Foundation Trust. The John Radcliffe Hospital (JR) is Oxfordshire's main accident and emergency site. The JR provides acute medical and surgical services including trauma, intensive care, and cardiothoracic services. It is situated in Headington, about three miles east of Oxford city centre. It is the largest of the Trust's hospitals, covering around 66 acres.

More details about the hospital can be found at the website below:

<https://www.nhs.uk/services/hospital/john-radcliffe-hospital/RTH08/>

C. General environment of the A&E department

The main waiting area for patients looked well organised and well looked after, despite it being quite busy.

There were clear signs at the entrance and in the waiting room asking people to wear masks and use hand gel.



(COVID-19 precautions)



(Cleanliness rating certificate)

All staff, and most patients and relatives were wearing face masks except few who were not wearing masks. Hand gel was available from dispensers at the entrance and throughout.

There was a television playing in the waiting room which gave patients waiting something to do.

Patients were given updates about waiting times. There was also an electronic board displaying how long the waiting time was, (four to five hours when we visited) and reminding people to wear masks.

Patient and disabled toilets were available and clean. The baby changing unit in the female toilets was out of order and no signs to suggest an alternative. There were no female sanitary items available in the toilets, which might be needed by some.

At the waiting room there was no free drinking water dispenser for visitors, but water bottles and other snacks or hot drinks were available from the vending machines. Two of the vending machines did not display price of many items to purchase.

The waiting rooms in the children's accident and emergency waiting area which is bright and colorful with decorated flowers to give families more privacy.

Dedicated seats were also provided for children to wait on, placed away from the main waiting area in the main waiting room. These could be labelled more clearly.

The building was clean inside, and cleaners were regularly making rounds cleaning across the adult and children waiting rooms but need more concern and provision of disposal and cleanliness around the doorways externally at the entrance zone.



(Cigarette butts)



(Cracked cladding)

Information and signage on display in the department:

We took note of the range of information and signage available to the public. This included:

- Leaflets with QR codes providing information to public were available, this included information on nose bleeds, minor burns, head injury, and many other conditions. It would be good to display the 'Welcome to the Emergency Department' information leaflet in its own right at the entrance for people to pick up as they come into the department as it's all about what to expect and provides the information they need for their visit.



(Information leaflets)



(Big pot plant covers the pay phone)

- Signs indicating that staff are wearing bodycams.
- Cleanliness rating certificate by NHS.
- A security car blocking the ambulance bay.
- Posters with COVID-19 updates from April 2022.
- Posters about CQC 2022 survey.
- Healthwatch Oxfordshire poster was not on display.



Security car at the ambulance bay

D. Patient feedback

We visited on a busy day, with many patients waiting to be seen. Due to the nature of their visits, it was not appropriate to speak to some people, and we were sensitive about this in our approach. However, during our visit we were able to speak to seven patients. Patients we met said that they walked into A&E directly without prior appointments.

Out of seven patients, four were visiting A&E for the first time, three had all visited the department before.

Patients were presenting with a variety of concerns ranging from a sudden illness, injury and medication problems.

Most patients were very happy with their experience of the A&E department. They described staff at the reception as friendly, respectful, polite, professional and that this meant that they felt comfortable.

We were not able to speak with all patients following their visit to the health professional, but all were very satisfied with the service they had received during their first assessment. It was not possible to establish overall waiting times.

The initial screening waiting time varies, most patients mentioned that the waiting time for the first assessment by nurses is between 20 mins to one hour, but following this, they need to wait for further investigations and consultation.

Some patients came directly to the A&E by themselves, two patients had been advised after consulting NHS 111, and four patients after a GP consultation.

We heard from one parent waiting in the children's waiting room, that when they arrived, they noticed staff were wiping, cleaning and that reassured them about cleanliness and infection control. One commented that drinking water had been available on previous visits but was not available on this visit.

We heard from a patient that they were happy about the system and the care services received.

A patient commented that the A&E department was not signed well at all and that it was not obvious where to go from the car parking. They told us that they thought the main entrance was over the other side of the building. They noted that the arrival route felt like they were *'walking towards a boiler room'* and, could be improved.

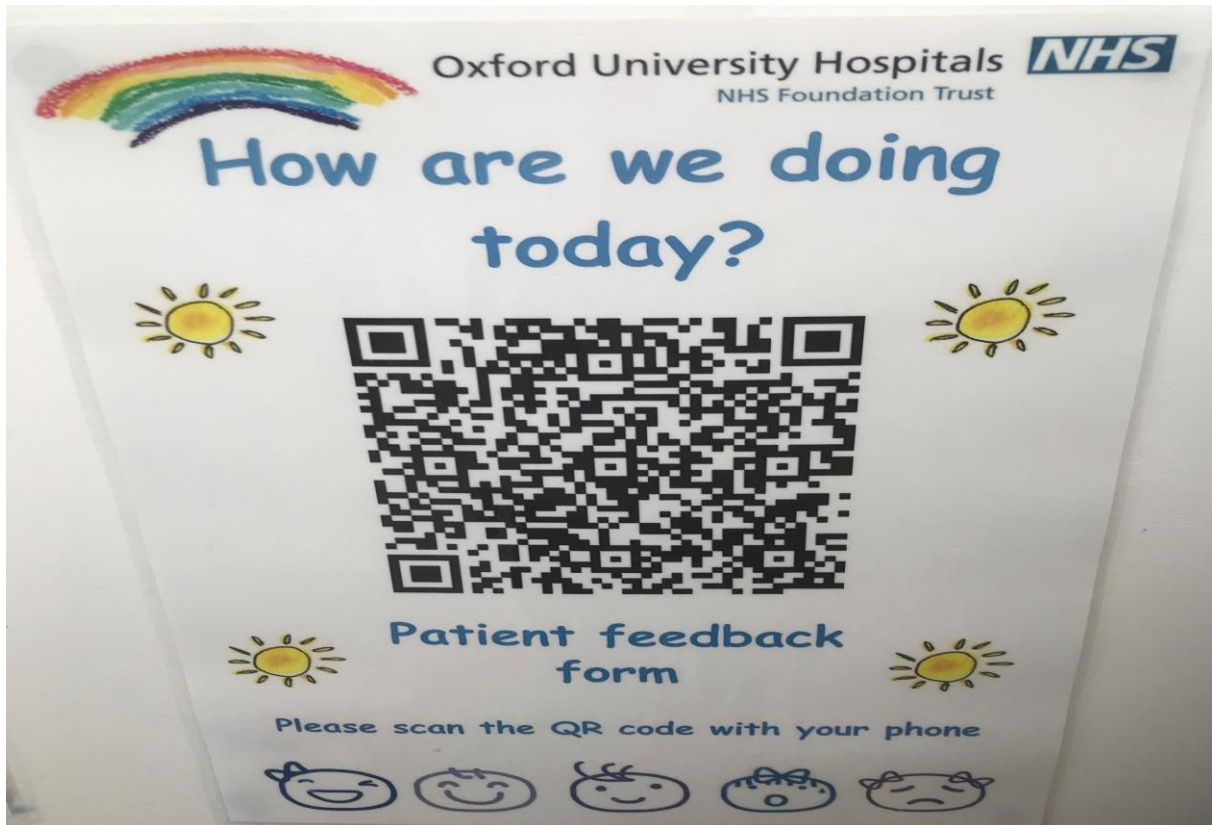
A mother who spoke on behalf of her son in the waiting room said that they felt there was too much information, and not all relevant. Some posters were in bright colours, but yellow text was not possible to read. They noted that a visual flowchart would be useful, clearly showing parents the waiting process and what will happen next.

Patients said that staff are friendly, helpful, and welcoming, and that they were professional and listened to their responses.

When we asked a patient about the need for an interpreter, they told us sometimes are offered one, but not always and so make use of google translate.

Most patients we spoke to did not know how to give feedback or make comments and complaints about the service.

One parent noted that the children's waiting room had a poster on the wall that says *'how are we doing today?'* with the QR code.



Parking was a challenge for some. One family member of one patient commented they had had a bad experience trying to park and had driven round and round the hospital site for more than 20 minutes looking for space. They ended up leaving the car in a 20-minute slot parking didn't go back to move it because their family member was being seen by then. They commented they would rather get a fine than leave the family member on their own.

E. Staff Feedback

We were able to speak to five members of staff, including the senior service support manager, matron, emergency care assistant and administrative team. Staff were busy during the day, and we were careful not to disturb them.

The staff we met were working fulltime except one receptionist working part time.

We heard from staff that, communication about Electronic Patient Records (EPR)/ pathways could sometimes be challenging between administration and clinical staff.

Comments were made that the visitor policy needed clarification for patients as people are not always aware that only one visitor per patient is allowed and this can cause them upset at the time.

We asked staff about whether they were given the training and support to carry out their work roles we heard that, they would welcome further training related to EPR, discharge process (DTA) to avoid errors.

Most staff were satisfied with their induction training and felt supported by the management team.

Every member of staff we spoke to felt fully supported in their role by their managers and team and said they were comfortable raising any issues or concerns to managers.



Healthwatch Oxfordshire – our friendly staff are here for you to help answer questions or give you information on health and care services in Oxfordshire. If you need more information or advice, call us on **01865 520520** from 9am–4pm Monday to Friday.

To find out more about Healthwatch Oxfordshire please see **www.healthwatchoxfordshire.co.uk**

If you would like a paper copy of this report or would like it in a different format or language, please get in touch with us:



01865 520520



hello@healthwatchoxfordshire.co.uk

