



## **Enter and View Report**

**Accident and Emergency Department  
Countess of Chester Hospital**

**Thursday 7 September**

**Saturday 9 September**

**Monday 11 September 2023**

## Contents

Report Details	Page 3
What is Enter and View	Page 4
Methodology	Page 6
Details of visit	Page 6
Recommendations and what's working well	Page 13
Service Provider Response	Page 13

## Report Details

<b>Address</b>	Countess of Chester Hospital NHS Foundation Trust Countess of Chester Health Park Liverpool Road Chester CH2 1UL
<b>Service Provider</b>	Countess of Chester Hospital NHS Foundation Trust
<b>Date of Visit</b>	Thursday 7 September 2023 - 5pm until 8pm Saturday 9 September - 12pm until 3pm Monday 11 September - 9am until 12pm
<b>Type of Visit</b>	Announced ( <b>See methodology on page 5</b> )
<b>Representatives</b>	Thursday 7 September 2023 - Mark Groves, Jenny Lloyd, Tricia Cooper Saturday 9 September - Mark Groves, Alison Langley, Jodie Hamilton, Tricia Cooper Monday 11 September - Alison Langley, Mark Groves, Jodie Hamilton, Diane Brown
<b>Date and detail of previous visits by Healthwatch Cheshire East</b>	Monday 19th July 2021 Wednesday 21st July 2021 Friday 23rd July 2021

## Acknowledgements

Healthwatch Cheshire West would like to thank the service provider, patients, visitors and staff for their contribution to the Enter & View Programme.

## Disclaimer

This report relates to findings gathered on specific dates of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the patients and family members or staff, but does provide an account of what was observed and presented to Healthwatch Cheshire Authorised Representatives (ARs) at the time of the visit.

This report is written for Healthwatch Cheshire West using the information gathered by the Enter and View Authorised Representatives named above who carried out the visit on behalf of Healthwatch Cheshire West.

## What is Enter and View?

Healthwatch Cheshire is the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

Under the Local Government and Public Involvement in Health Act 2007, local Healthwatch have the power to carry out Enter and View visits as part of their scrutiny function. This legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered. This includes:

- Health or care services which are contracted by local authorities or the NHS, such as adult social care homes and day-care centres.
- NHS Trusts
- NHS Foundation Trusts
- Local authorities

- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services, such as community pharmacists.

The list of service providers who have a duty to allow entry is set out in section 225 of the Local Government and Public Involvement in Health Act 2007 and supplemented by Regulation 14 of the 2013 Local Authorities regulations.

At Healthwatch Cheshire, the Enter and View programme is conducted by a small team of trained staff and volunteers, who are prepared as Authorised Representatives to carry out visits to health and social care premises to find out how they are being run and, where there are areas for improvement, to make recommendations.

Following an Enter and View visit, a formal report is published where findings of good practice and recommendations to improve the service are made. These reports, which include feedback from the service provider, are circulated to the service provider, commissioner and the CQC and are made publicly available on the Healthwatch Cheshire websites:

- [www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view](http://www.healthwatchcheshireeast.org.uk/what-we-do/enter-and-view)
- [www.healthwatchcwac.org.uk/what-we-do/enter-and-view](http://www.healthwatchcwac.org.uk/what-we-do/enter-and-view).

### **Purpose of the Visit**

- To engage with patients of the named service and understand their experiences
- To observe patients and relatives interacting with the staff and their surroundings
- Capture the experience of patients and relatives and any ideas they may have for change
- To consider the effects of current building work on the patient experience.

# Methodology

## **This Enter & View visit was carried out with 'Prior Notice'.**

A visit with 'Prior Notice' is when the setting is aware that we will be conducting an Enter & View visit. On this occasion an exact time and date were given, as the visits were linked with the Healthwatch Accident and Emergency Watch.

A&E Watch is designed to gain a snapshot view of the Accident and Emergency (A&E) departments at specific hospitals. Healthwatch Cheshire undertake A&E Watch periodically to gain experiences of patients, understand why they attended and how they thought services could be improved. The purpose of A&E Watch is to explore themes emerging from comments made and feed back to help improve services in the future.

A preliminary visit of the Accident and Emergency department (A&E) took place approximately a week before. This was between senior members of the A&E department and senior members of Healthwatch and was to better understand the layout of the revised department and to confirm the remit of the Healthwatch team.

This Enter and View visit formed part of a survey (A&E Watch) carried out by Healthwatch staff on the dates noted above. The Enter and View visit took place over several days and there was input from all attending Healthwatch Enter and View representatives. This report is based on their observations and conversations at the time of the visits.

Patient's comments and feedback form part of the A&E Watch which was undertaken at the same time. This report can be read in conjunction with our Countess of Chester A&E Report and our Same Day Emergency Centre Report, which can be found at:

<https://healthwatchcwac.org.uk/what-we-do/our-reports/>

## Details of Visits

### Observations from the visits

Please note that comments from patients are included in a separate Countess of Chester Hospital A&E Watch report September 2023.

On the first formal visit the Healthwatch team were met by the Service Manager who took us through the department making us aware of specific issues.

It had previously been agreed that the Healthwatch team would not visit the Resuscitation and Critical areas. Healthwatch also took advice from the Service Manager in relation to any patients who may have mental health issues.

### Service and Organisation

Car parking for the Accident and Emergency department is part of the general hospital car parking. It can be a long walk to the A&E department. In general, people we spoke to had no difficulty finding parking spaces. Healthwatch noted that the signage as you approached the A&E Department from the car parks was clear and the route to the Department, we felt, was obvious.

Upon entering the A&E Department patients book in with the receptionist and may be required to queue during busy periods. There were always two receptionists on duty during our visits. During the visits we noted that at no time were there excessive queues. Waiting times to see the receptionist were kept to a minimum.

The close proximity of others in the queue and waiting room did mean that personal information could be overheard by other patients as was

apparent when people booking in had to shout through the Reception screen to make their personal details heard.

The Triage nurse would then assess the patient to collect more information to be able to effectively stream the patient into either A&E Majors, Minors, Urgent Care, or to offer advice.

## Environment

The department was very busy each time Healthwatch visited, however, it did not appear disorganised. On Thursday evening there were over fifty people in the main waiting room, on Saturday afternoon over seventy people were either in the waiting room or standing outside the waiting room. On Monday morning there were twenty-four people in the waiting room and outside.

Healthwatch noted that each time we visited people were smoking outside the Emergency Department, some standing directly under No Smoking signs. There were cigarette butts strewn around the entrance to A&E. It should be noted that the whole of the Countess of Chester Hospital is a No Smoking area.



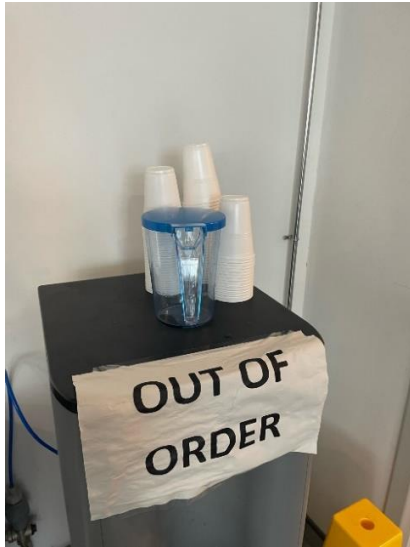
removed.

In the office we were using there was a blue glove on the ceiling covering a sprinkler or smoke alarm. Healthwatch later established this had been put there by the Estates Department whilst they were carrying out work in the office and they had forgotten to remove it when they completed the work. This has now been

The department as a whole looked a little tired. The glass panel in front of the reception area was very dirty and smeared. There were scuffed walls and skirting boards in the corridors and hazard warning tape on the floor in a couple of areas. The floor was very dirty (we wiped up a drink that had been spilt by someone else and the tissue was filthy afterwards).



During our visits the weather was very warm and the department was very hot. There were lots of trolleys with water jugs and bottles of juice; the jugs were often empty. Healthwatch had to point out to reception staff that the jugs were empty. On Saturday and Monday, the tea and coffee machines were out of order and the cold drinks machine was virtually empty.



The water dispensing machine was out of order on Saturday.

One toilet was out of use in the waiting area on Saturday, but fixed by Monday.

One of the hand sanitiser dispensers was empty on Saturday.

A hot drinks and sandwich trolley came around at 2.10pm on Saturday, we were told by a patient that the trolley had not round since mid-morning.

A lady with type 1 diabetes told us that she hadn't been offered any food over lunch so called her daughter to ask her to bring food in – she had let reception know she was diabetic when she booked in and she had been there a while.



Toilet areas that we observed were clean and well maintained.

There was no television in the waiting room and no way of people knowing how long their wait would be.

The department as a whole felt far too hot. The visit did take place during high temperatures and it was noted that several large cooling units had been set up to try to improve the situation.

The areas were generally cluttered and untidy.

Healthwatch noticed a potential privacy issue. One lady was in the dedicated room supporting mental health laying/sleeping on a sofa with a blanket on her and the doors wide open. Healthwatch mentioned it to a nurse who closed the door.

One gentleman came out of the toilet with his trousers around his ankles. There were plenty of staff around and when Healthwatch mentioned it, staff went to him. It was good to see that the staff were responsive.

## Childrens Department

The children's waiting room was a lot cooler than the main waiting room. Access to this room was restricted. The room was child-friendly and brightly decorated, and toys were available for the children. There was also a mobile phone charger in this area. A television was showing children's cartoons.

The Paediatric department has three assessment cubicles.

When Healthwatch attended on Thursday evening the department was busy, less so on Saturday and quiet on Monday morning by comparison to Thursday evening.

## Majors

There are fourteen bays in Majors, one of which is a mental health room, and fifteen in Ambulatory Majors. Both areas were very busy. During our visits there were also ambulances outside waiting to transfer patients to the Emergency Department. The most we saw waiting during our visits was seven ambulances and the least was three.

## Minors

There are four bays in minors, again this was very busy.

Healthwatch noticed that patients in one bay in Minors were unable to get out as they were blocked by an empty bed in front of them.

## Corridors

Up to ten patients were waiting in the corridor to be admitted onto wards. They had call bells available to them, but some had been waiting up to seventeen hours to be moved onto wards. This caused a backlog in the emergency department. It was observed that two staff members were looking after the patients on the corridor

One lady told Healthwatch that previously she had waited five days in A&E for treatment, having to sleep in a small cubicle often nil by mouth.

Whilst at home a lady was told that she would have to wait hours for an ambulance she was driven in by car, even though she felt very unwell.

One 97-year-old lady with her daughter expl spent 6 hours waiting in an ambulance. She came in to have blood tests They then spent night in A&E with no refreshments offered.

## Staffing

There appeared to be sufficient staff throughout all of our visits.

All staff we encountered were polite. They all wore name badges. We observed them being helpful, courteous, and caring to patients, friends

and family. Without exception, all the patients we spoke to had nothing but praise for the staff.

## Waiting Times

It was noted that the Countess of Chester Hospital does not put its live waiting times on the NHS A&E Live Waiting Times app, unlike some other northwest hospitals, including Leighton Hospital, Runcorn Hospital, Haywood Hospital, Stoke Hospital, Royal Stoke Hospital and Wirral University Hospital.

This app helps you to choose the best NHS A&E or Walk-in centre for your circumstances. It will allow you to search for local NHS sites, either by postcode, phone location or device location. The Wait Times for each site are displayed in the app. You can tap on sites for more information such as treatments offered, parking and opening times.

Many patients complained that they had no idea how long their wait would be. Due to the small numbers of patients in the waiting rooms it was easy for the staff to locate patients when they wanted to examine them.

Other hospitals have some system for the patients to have an idea of their wait. Either a numbering system or a screen with waiting times for the various departments. Patients explained that they understood there would be a wait but could not make any arrangements to be collected when they had been seen or what to do about meals as they had no idea of the length of their wait.

Healthwatch noted that on several occasions in the main waiting room when staff came out and shouted the name of the next patient, there was no response. This meant that the patient had now missed their treatment.

Patients' names were not called out loudly enough and it was hard to hear the names being shouted.

## Recommendations

- Introduce a system whereby patients can be kept informed of wait times
- Adopt the NHS A&E Live Waiting Times app
- Improve the cleanliness of the department
- Ensure vending machines are repaired promptly
- Ensure vending machines are stocked on a regular basis
- Adhere strictly to the Trust's No Smoking policy
- Try to find some method of reducing the time spent waiting to be admitted from A&E into the hospital.

## What's working well?

- Despite the pressure the department is obviously under, the department appears to run well
- Staff are highly regarded by the patients we spoke to

## Service Provider Response

The Countess of Chester Hospital would like to thank Healthwatch for the enter and view visit conducted in our Emergency Department between 7<sup>th</sup> and 11<sup>th</sup> September 2023. Our priority is the continual improvement of our services and the experience of our patients and carers when accessing services. We would like to thank you for your recommendations which have been reviewed by the divisional and departmental leads and formulated into the below action plan.

Healthwatch Recommendation	Trust Action	Action Lead	Timescale For Completion
Introduce a system whereby patients can be kept informed of wait times.	Reception team to provide hourly updates to patients within waiting area. A review of electronic systems to provide waiting time updates to be undertaken.	Acute Directorate Manager	Completed
	Improved written communication (posters/ laminated print outs) regarding triage process/ management of expectations on arrival to the department.	ED Matron	December 2023
	Explore the possibility of recorded video by department senior nursing / medical operational colleagues to be played on loop with relevant	ED HoN Communications TEAM	December 2023

	information and corresponding health education videos on the waiting room TV.		
Adopt the NHS A&E Live Waiting Times app.	The Trust will liaise with our provider partners who have adopted the A&E waiting times app and consider in conjunction with other mechanisms for informing of waiting times	Acute Directorate Manager	December 2023
Improve the cleanliness of the department.	Increase cleaning schedules with immediate effect.	Head of Nursing (ED)	Completed and regular checks continue
	Daily IPC Spot Check (MEG audit)	ED Matron with support from IPC team	Oct 2023 – in place
	Weekly Full IPC Audit (Tendable) with associated action plan for areas that require improvement	ED Matron	Oct 2023 – in place

Ensure vending machines are repaired promptly and stocked on a regular basis.	Vending machines will be checked daily to ensure they are in working order and stock levels maintained. Refreshments rounds to be increased within waiting area.	Acute Directorate Manager	Completed and regular checks continue
Adhere strictly to the Trust's No Smoking policy.	The Trust is currently reviewing the compliance with 'No smoking policy' and improvements to be made. This is part of the NHS Long Term Plan and Treating Tobacco Dependency. Measures to include daily review and cleaning of external area to be revisited with provider	Divisional Director (Urgent Care)	November 2023

Healthwatch note:

Some actions were completed prior to the publication date of 20/11/23.



