healthwatch Coventry

Visits to hospital urgent and emergency care

Experiences and actions

August 2024

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1. Introduction

Healthwatch Coventry is the independent champion for NHS and social care.

The Healthwatch Coventry's mission is to hear experiences of NHS and social care services.

The Health and Social Care Act 2012 allows local Healthwatch to do 'enter and view' visits to NHS and care services.

Healthwatch Authorised Representatives carry out these visits to find out how services are run and to gather the perspectives of those who are using the services.

The findings of visits enable us to see a snapshot of experiences and to highlight examples of good practice and make recommendations for improvements.

2. Why we did this work

This series of visits was added to the Healthwatch Coventry work programme by the Healthwatch Coventry Steering Group in response to intelligence gathered about experiences at A&E and in urgent treatment locally.

Accident and emergency services had a significant profile in the news and on social media in Coventry, with people sharing experiences and concerns about waiting times and the environment in the waiting area. This was in the context of broader concerns about accident and emergency provision in the region and beyond and challenges within NHS services.

A £15 million A&E department expansion was completed at UHCW in November 2023. Building work was done in six phases in just under two years. The aim was to increase treatment space and access to new equipment.

Our work was done with the aims of:

1. Gaining people's experiences of A&E and the different elements of same day emergency care at UHCW
2. Gathering experiences of short stay ward areas connected to same day emergency care
3. Understanding people's experiences of communication, their patient journey, plus dignity and wellbeing and other factors important to people.

3. How we did the work

Timing

Our visits were scheduled within the NHS 'winter' period. 'Winter' in the NHS is considered a period of higher demand for urgent NHS treatment and extra planning is undertaken by health systems in preparation for this period.

Junior doctor strikes were also a feature of this period. We arranged and re-arranged visits, so they did not take place on days when strikes were taking place.

Our final two visits took place in April 2024 at a time we thought demand may be easing. However, the hospital was in Full Capacity Protocol (FCP) the weekend before our visits on the Tuesday and Wednesday.

Full Capacity Protocol is recognised series of interventions hospitals use when there are too many people arriving at Accident and Emergency (A&E) and too many patients entering the hospital and ward beds are at full use. There are special measures across the hospital, such as extra beds in different areas and or areas of the hospital being used in different ways to lessen the risks. Staff work in different ways to focus on full capacity.

We considered if our visits should go ahead and decided they should as we were not talking to staff.

The visits were announced enter and view visits, which means we let the hospital know we were doing the programme of visits and gave notice of the days and times of each visit via a contact in the Quality team. On each visit we were met by a member of the Quality Team who took us to the area we were visiting.

Scope of the visits

The initial meetings with UHCW highlighted that A&E have several different areas including a Minor Injuries Unit/Urgent Treatment Centre and it is linked to several other same day treatment areas within the hospital. We did not include the Children's Emergency Department or Eye emergency in our visits.

Many of these units are in an area UHCW calls the 'Medical Village'. Here we focused on the Medical Acute Unit (MAU) and Same Day Emergency Care (SDEC) and short stay wards.

The structure and flow (streaming) of patients through Emergency and same day care is complex. In periods of high volumes of patients attending A&E

some of the units/areas in the medical village can change use for periods of time to help with capacity pressures.

Preparation

Visits were planned after meeting with the Clinical Director and Consultant of Emergency Medicine and the Director for Nursing and Allied Health Professionals (AHP's). We gathered information from them about how the services are set up, and the flow of patient through different areas. We completed a walkthrough to see the different areas and hear about their use.

We carried out pilot visits on 9 February 2024 and 15 February 2024 to familiarise our Authorised Representatives with how the different areas worked and to consider how best to collect information without impacting the delivery of services in busy areas.

How we gathered and recorded information and experiences

Taking learning from the pilot visits we focused on completing observation checklists in different areas and interviews with patients and visitors. We chose not to conduct staff interviews as staff were too busy to spend time answering questions.

We recorded people's experiences using semi-structured questionnaires asking both closed and open questions to establish what people liked most and what people felt could be improved.

Before speaking to patients or staff the Authorised Representatives introduced themselves and explained Healthwatch and why they were there. We established that the patient or relative was happy to speak to Healthwatch.

We confirmed that peoples' names would not be linked to any information that was shared and that they were free to end the conversation at any point.

Observations were made throughout the visit and notes of what was observed were taken by each attending Authorised Representative. These help us to form a picture of the areas and people's experiences. There were some challenges interviewing people who were being treated by nurses/doctors within the area, due to the nature of their needs.

We also promoted our Share Your Experience webform as a route for people to share experiences of A&E and same day treatment at UHCW and promoted this through social media and our outreach activity.

The visit schedule and authorised representatives involved can be found in the appendices to this report.

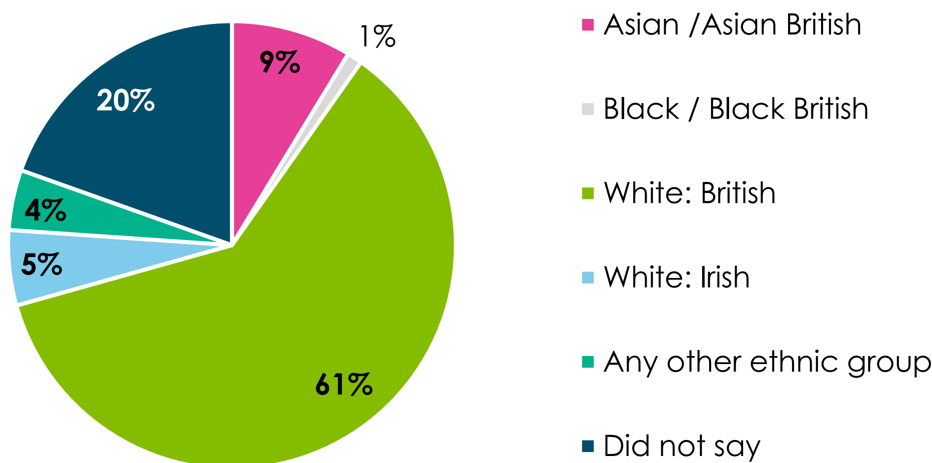
Who we spoke to

We gathered the experiences of 92 people.

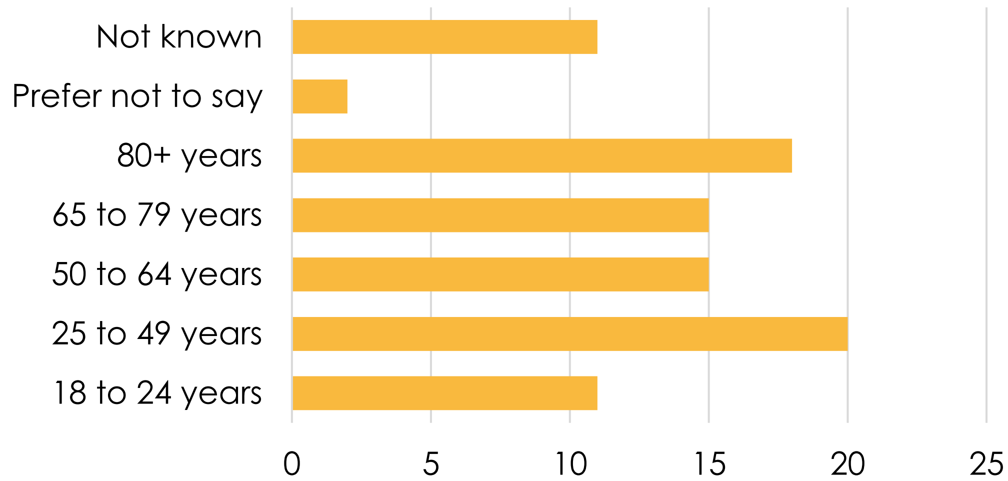
We spoke to 45 people from the Accident and Emergency Department and 22 people from the Short Stay and Frailty wards about their experiences across the sections.

We received 12 family and visitor feedback forms.

We also received 13 completed online feedback forms about A&E for the period of our visits to A&E and the medical village.



Gender	Count	%
Man	30	33%
Woman	49	53%
Prefer not to say	1	1%
No answer	12	13%
Total	**92**	**100%**



14 people said they were disabled and 5 people said they were family/unpaid carers.

Further information can be found the appendices.

Part one: A&E and same day treatment areas

1) Findings across areas

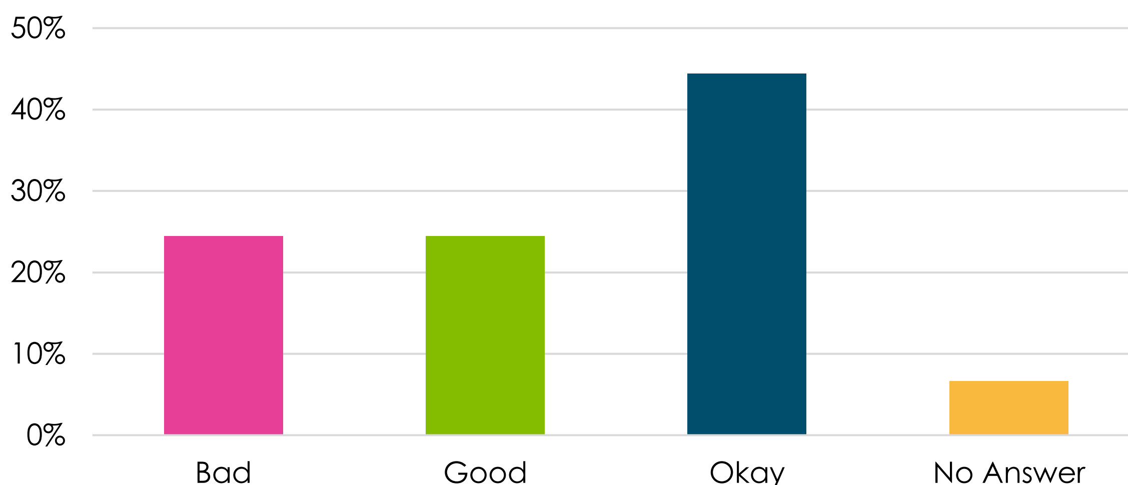
This section provides analysis of what people told us about their experiences across same day emergency care. It is followed by specific sections about experiences in each specific area: A&E (Majors), Minor Injuries and Medical Acute Unit (MAU) and Same Day Emergency Care (SDEC).

Overall Experience

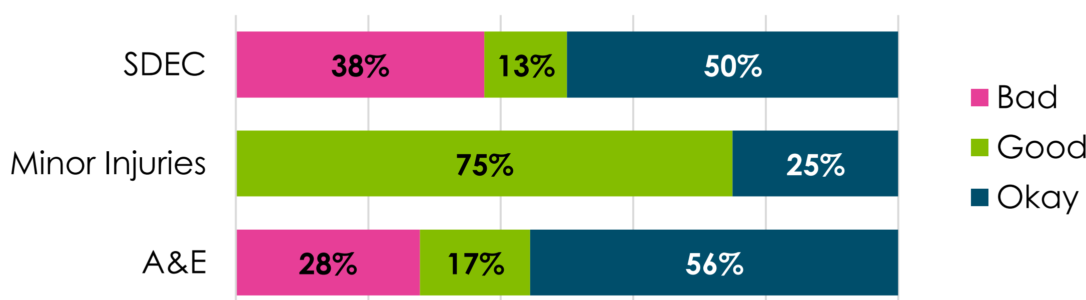
During our visits we asked people in A&E, Minor Injuries or SDEC what their experience was like. Out of 45 people 11 people said that it was bad, 11 people said that it was good and 20 people said that it was okay and 3 people who provided a narrative answer.

12 of the 13 online survey response had negative or mixed sentiments about their experiences and one was neutral.

How does it feel to be a patient in A&E/urgent treatment today?



By location



Most people had been seen by triage or thought they had; fewer had seen a doctor when we spoke to them.

Answer for all areas	**No. seen a triage nurse**	**No. seen a doctor**
Yes	27	12
No	5	18
Don't know	3	3
No answer	10	12
Grand Total	**45**	**45**

Communication

We asked patients how informed they feel about their care on a scale of one to ten, with one meaning not informed.

Overall, how informed do you feel about your treatment? **Rating scale1-10**	**Average 5.1**

One of the reasons for this rating is that 28 people felt they had not had waiting times explained to them or had not been given accurate information about waiting times.

11 people said they had a communication support need and 8 said that these needs had not been met.

The support needs people identified included not speaking English, autism, hearing impairment, sight loss and dementia. No one had a hospital passport.

One person with a positive experience commented *"Doctors and nurse have changed how* [they] *give information"*.

10 out of 12 relative's survey respondents said they had received enough information to explain the treatment/situation of the patient.

Needs and wellbeing

Food and drink offered	**SDEC**	**A&E**	**Minor injuries**
Yes	6	7	3
Drink only	6	6	2
No	3	4	3
No answer	2	3	0
Total	17	20	8

Eight people said that the food and drink did not meet their needs.

Location of A&E and Minor injuries and Illness Unit

A&E is located on the first floor of the hospital and the Minor Injuries and Illness Unit (also incorporating an Urgent Treatment Centre) is located on the ground floor below, to the left of the hospital's main entrance.

The A&E Department and Minor Injuries Unit do not have a direct internal link via a lift. Instead, patients must either use an external staircase connected to a carpark to move between the floors or be escorted or portered via back doors to the units via the main hospital corridors and lifts to the rear of the areas. These routes require security passes and are not open as public routes.

Ambulance access to A&E is on the first floor via a road ramp, this does not provide pedestrian access.

Location of Same Day Emergency Care (SDEC)

A large area on the ground-floor east wing of the hospital houses a number of same day treatment and short stay bedded areas. UHCW calls this area the Medical Village. One of the areas is Same Day Emergency care (SDEC). This has a reception area and waiting room and treatment areas. Due to the multiple different areas in the Medical Village, it can be difficult for people to know which section they are in.

Navigating to different areas

Most people we spoke to knew which area they were in but were not necessarily aware of the areas they may go to for treatment or further tests.

One person told us they had come from outside of Coventry, referred by their GP and took a bus to UHCW. They had no idea where they were going, and were sent to the wrong area several times, until they were asked to return on the next day to SDEC to have tests completed and meet with the correct team.

Three people said finding SDEC was difficult.

The absence of a lift access to A&E posed difficulties for some people, due to mobility issues, disability or symptoms they were experiencing. One person commented that they felt it was strange they were asked to walk up to A&E

- "I have a chest pain I was told to walk upstairs, for blood pressure and ECG"

A family were keen to tell us that they had to push their relative up the road ramp to A&E in their wheelchair.

- "I had to bring her to A&E in a wheelchair as we were unable to use the stairs".

They had not been supported to go the longer route through the hospital or may not have been aware that this is something that could be organised for them. This is a potentially dangerous route to go as it is steep road used by emergency ambulances accessing A&E and other vehicles using the A&E carpark.

One person said of going down the external staircase *"It was cold"*.

People's journeys to urgent and emergency care

We asked people about their route to A&E, Minor Injuries and urgent treatment.

Most had been in touch with other health care services or professionals before arriving at the hospital. Some had been in touch with both NHS 111 and their GP. The most common services used were:

Other NHS service contacted before came to hospital	Number
NHS 111	7
GP	12
999	5
Urgent treatment/Walk in Centre	2

Three people described route related to eye treatment/issues:

- Consultant recommended that I go to A&E, found it after I went to main area for Eyes.
- I went to Warwick A&E, who sent me to Minors, sent back to eye clinic, then sent here - have swelling, gave advice. Came to SDEC.
- GP, then Eye clinic in UHCW - had a letter from them, I have handed it in.

Example of route via Walk in Centre

- went to Walk in Centre told to come to minor injuries downstairs - good advice

Examples from those who had contacted NHS 111:

- Last night spoke to NHS 111 and GP, this morning told me to come to A&E I went to George Elliot and then transferred to UHCW
- And GP told to go to A&E as must be there for 4.00pm
- They asked symptoms. If need an ambulance there was a wait of 45 minutes, they phoned back at 11.15, I could get to hospital, came in car
- Called 111 who called ambulance, did ECG, advised to come here today to SDEC they said you could go to Walsgrave or George Elliot
- NHS111 - Burn area is large so they cannot deal with it. So phoned GP told me to come to the hospital to minor injuries

Examples from those advised to by a GP:

- Referred by GP. Advised to attend SDEC told next step is xyz, but not whether to go independently, also attended main A&E
- GP said to go to A&E as you need extra testing
- And [phoned] NHS 111. GP told me to go to A&E
- Saw a Paramedic sent by GP - referred here. Just told to go to hospital as you need a scan. Son bought me in.
- Been to docs, gave me a letter for Dr, at hospital, said come to A&E - the letter said go to A&E , where they tell you where you need to go
- GP called ambulance who brought me in. COPD [so] don't help
- GP three weeks ago advised pain killers
- GP advised to drop into the A&E at the hospital
- Sent by GP. Doctor [here] wasn't very nice said it was more of a GP issue. Couldn't get GP appointment for three weeks.

A relative described her mother's route to the hospital

- "Mother 89 waited 8 hours in 3 different ambulances (Paramedic deemed and level 2 when crew called) Once admitted waiting 9 hours to see a medical doctor".

Streaming

During our fact finding visits it was explained that there is a streaming process that moves patients between the areas for investigations and treatment, and that patients can be referred on to other services if necessary.

The main idea of the streaming process is to move people through to the most appropriate service to meet their need.

NHS England Guidance on flow in Emergency Departments says:

> **"Streaming - Definition**
>
> A clinical activity to direct patients to the most appropriate service based on their presenting symptoms, chief complaint and acuity.
>
> **Context**
>
> Streaming manages queues and matches patients' needs to the practitioner and area with the right clinical skills and diagnostic and treatment capabilities at the earliest opportunity".[1]

We asked patients whether they had been to different areas before the location where we interviewed them, and a lot had been to different areas of the hospital.

Below is a person's experience of moving between the different areas of the Emergency Department.

One person had been sent by their GP to Hospital. They described going to A&E and waiting for two hours, being sent to the Minors Injuries Unit and waited for an a further hour. They were then sent to SDEC and had been waiting approximately three hours when we spoke to them.

Two people who sent us their views online said that the streaming process at UHCW had not worked for them, one person said they went to George Elliot hospital and were admitted and another that "they went home."

[1] https://www.england.nhs.uk/guidance-for-emergency-departments-initial-assessment/ viewed 6/6/24

Another person interviewed said they had been in A&E all night asleep and had not been registered with the reception or streaming nurse until the morning. They were then sent to SDEC.

Another person shared their experience of a long process:

- "Arrived at [A&E] 22.30 hours yesterday. Current waiting time, board estimated to see doctor 11 hours, triage, bloods, ECG, done fairly quickly, saw doctor 07.30 am told due to age and medical condition needed to be admitted, given impression that we'd wait in waiting room until bed was being arranged. In fact, dad needed to be handed over to medical team and we were actually waiting to be assessed again. Dad very tired, no sleep and becoming more confused. Drink and snacks offered regularly very grateful"

A relative described their frustration about care not being joined up:

- "I took my dad in with chest pains, and he couldn't breathe properly. 2.5 hour wait just to be triaged! 12 hours wait to see the doctor who told him he needed to stay in but there were no beds so sent him home with a fast track 2 week wait to the rapid chest clinic referral. We were told to take the referral letter to A&E desk and the lady said, "what do you want me to do with that" and just put it to the side. Tried to chase the referral after a week - no record of the referral and the chest clinic wouldn't accept it. So, he ended up down George Elliott A&E and was admitted".

Patient records and information sharing

We learnt from our initial meetings that there is limitation in what information gathered about patients in A&E can be shared with other areas of the hospital. Paper systems are used, and patients are asked to repeat information when they arrive in a different unit/area.

2) A&E (majors)

Welcome into A&E

On each occasion we were welcomed into the triage and waiting area by the streaming nurse, who was triaging people as they entered.

There were Healthcare assistants (HCA's) along with streaming nurses, who were overseeing and checking the patients.

The waiting area

The waiting area contains rows of chairs which are close together. There is a reception desk area near the door and a station in front of the desk right by the door where the Streaming Nurse stands. There are other doors which go through to the Rapid Assessment Triage area (RAT) and the A&E treatment areas. There is a water fountain.

The waiting area was made smaller during the refurbishment of the A&E department. Some of the original waiting room space was used to create and change treatment spaces and a bereavement room was re-added. An additional waiting area was created downstairs for the new minor injuries' unit. These waiting areas are not directly connected by stairs or a lift.

During our first visits the chairs in the A&E waiting room were metal and hardback. People were making regular comments about how uncomfortable the seating was.

By our visit on 12 March the chairs had been changed to high back cushioned armchairs, which would be more comfortable for longer periods of time. These chairs are bigger, so the overall number of chairs reduced.

During our visits we were aware of food and drink being provided as well as cleaners tidying the area.

Volume of people

We observed large numbers of patients in a small space with lots of people around, some of them were very sick. Some told us they were worried that they could catch infections.

Others raised concerns about prisoners with police or security escorts being within the area, or people who were under the influence of drug or alcohol behaving erratically.

- "The waiting area had criminals waiting with police escorts, … drunks throwing up (which was wiped up but never cleaned with any special cleaner) one man smelling of drink wanted a wheelchair so dragged it through a gap ramming it into a patient then rammed it into my chair. The floor security was called, but four of them looked powerless to do anything."

A patient interviewed in SDEC but talking about their experience in A&E and described feeling anxious as there was a fight in A&E. They also described nurses as stressed and said there was no personalised care.

We observed other patients/people standing and waiting out in the foyer as there were limited chairs available. One person told us they were having to sit in the corridor/doorway as the waiting room was not big enough.

Some people in the waiting area had started to receive treatment and had drips and drip stands with them.

Whilst the waiting area was always busy during our visits (the number of people varied from 30 to 45) it was not as busy as it sometimes gets.

People shared experiences with us of times when all the people who were waiting with patients were asked to leave the waiting area as there were too many people in the space.

Another experience shared with Healthwatch after our visits was of a queue of people outside A&E in the car park. They were queueing to get into the waiting area and had been told it could take an hour.

People told us their feelings about the numbers of people at A&E:

- "The despair of some of those people waiting was tangible. The area just isn't big enough to deal with a city the size of Coventry.

- "The department got fuller and fuller with people sitting on the floors, some in extreme pain. The department is far too small, there appear no senior staff available, no cardiac nurse, only two technicians doing ECG and bloods. With an ever-growing population plus patients from Rugby it is impossible to meet the needs of the population."

- "I came into A&E it was okay and could have been better if seen sooner, there were 25 to 30 patients, then it went up to 50 -60, then on Monday afternoon there were nearer a 100, it was so busy". [use in A&E section?]

People found the lack of seating difficult or long periods of sitting painful. For example, one person said:

- "I can't sit or stand for too long due to injury".

A relative shared their experience:

- "Had to take an elderly relative into the hospital after a fall and had lengthy overnight wait in the corridor seeking treatment. Long queue of people many relatives unable to sit while waiting. Had to stand for many hours. Forced to stand in the corridors for many hours".

When relatives were asked to move or leave the area this can impact on patients, especially if they are frail, are disabled, have a learning disability, or dementia etc.

One relative told us:

- "A man went in and said he thinks he had had a heart attack and was really unwell. Told to wait for triage – three hours later he had another heart attack in the waiting room. No room for staff to attend him. After that the nurse shouted all relatives need to leave. This really distressed my dad as his memory isn't the best and he didn't want to be left on his own not knowing what was wrong with him."

We observed a woman come into A&E to look for their relative they had left there the night before after being asked to leave the waiting area. At the time we saw them the staff were not able to locate the patient.

The UHCW website says the following about people waiting with someone in A&E: *"Please be aware that if the waiting room becomes overcrowded, people accompanying non-vulnerable patients may be asked to wait outside".*

At times of high numbers, it must be difficult for streaming nurses to manage the process, and people's expectations in a small area.

During a visit we observed a Healthcare Assistant helping a person on crutches to access the toilet.

We noted during our visits at busy times, there was more uncollected rubbish left on chairs and other items that were left behind.

The noise level was also challenging when it was busy for example during our visit on 15 February.

Privacy and dignity

The small waiting area made it difficult to maintain people's dignity and privacy. We observed people in pain and being sick into bowls, holding onto drips, taking medication; with some sitting in nightwear they had arrived in whilst surrounded by other people who were able to view this.

- "The doctor called me through to discuss findings of my tests there was nowhere for her to do it so had to be done in a doorway"

Waiting

There were screens in the reception area showing waiting times, separated into triage and the wait time to see a doctor figures.

There was an acceptance and understanding from some people we spoke to that there would naturally be a wait:

- "Waiting a couple of hours, happy with that so far. Appreciate they are busy but concerned at the time some people have had to wait. Not sure how long I will wait and the outcome".
- "Wating for three hours I am here for a reason, everyone is nice."
- "The service is clearly overwhelmed and while staff try their best, at times the experience felt very isolated and impersonal. Once I got to see a medical professional the service, I received was good, professional and clear. The main problem arose from the waiting room, just too many people not knowing how long until they would be seen. Not able to go to the toilet in case they missed "their turn" and unhelpful front of house staff just shouting at you "look at the board – it says a 12 hour wait."

Others found the waiting difficult:

- "Stressed due to waiting time and volume of people".

The longest waits people described to us during out visits were 11 hours, nine hours and eight hours. People who filled in our online survey described their own waits, such as:

- "… [I] sat in the waiting room for 17 hours, not enough seats for people. People were having to sit on the floor. I was referred to the medics after 17 hours and was told it wouldn't be long. After another hour and a half, I told the nurse I was going home as I had been awake for over 35 hours. I had also been told I could have

pain killers and never received these - despite asking multiple times."

- "After a gruelling 39 hours waiting in the waiting area of A&E … A third Doctor… was a god send. One other doctor kindly made me a cup of tea and empathised with the whole A&E situation."

A relative described her mother's waiting times in the A&E

- "My Mother is 89 and waited 8 hours in 3 different ambulances … Once admitted she was waiting 9 hours to see a medical doctor".

Others said:

- "I left feeling lucky that I 'only' had to wait 9 hours instead of the advertised 12! How unbelievable is that"
- "I thought surely, I won't be here that long from 5am Monday morning to 5am Tuesday morning - was when I finally got to bed".
- "Some staff are excellent, others opposite but very uncomfortable, I want to go home, bad back sat on chair for 11 hours - 80 years old".

Communication

75% did not feel that the waiting times had been explained to them.

- "Haven't been seen. Would like to talk to staff. No one has said how long the wait will be"

There are several positive comments about communication, and these include:

- "I feel quite informed. Because I don't know what is causing my problem today. I know I need neurosurgery I will have pain relief while I am waiting.
- "He did explain and went through results and wanted more blood tests, he asked about medication, different people have asked the same questions about medication"
- "I have been kept informed by staff."

- "They explained what is happening"

However, for some people their experience was less positive, and their comments include:

- "The experience was what was expected, the communication was lacking"
- "More communication - you feel like you are just another number on a screen"
- "Nurses not communicating honestly. One said we were next, and another said 13 in front, don't communicate, lack of care and trust"
- "each "station" not knowing anything about the others so received incorrect info. Would have been nice to have been told who I needed to see and what might happen to me".
- "Better communication between staff. If Dr knew why I was here, he had to read the notes and that took time"
- "Waiting outcome of tests, no explanation of what they might be"

On 9 February we observed the reception staff member shouting at a man with English as a second language.

Comments about staff

There were many positive comments about the actions, and behaviours of the staff such as:

- "Doctors fantastic."
- "I am here because I am unwell, everyone is nice"
- "They are friendly and helpful"
- "Staff are fantastic"
- "Triage nurse has caused me to give a positive rating, also the support worker was lovely"
- "X was a diamond too, bringing us sandwiches as we hadn't eaten for 12 hours whilst waiting, and couldn't go for food in case I got called and couldn't hear because the waiting area was out the front door. My whole experience of A&E was traumatic, but I

remember the few staff that are a credit to our health system and I thank them".

Some people showed understanding for the situation the staff were in:

- "They are doing the best they can".
- "Under the circumstances staff doing what they can".

Fit to Sit Area

The 'Fit to Sit' is within the emergency department majors area. It is eight chairs within a larger A&E cubicle in the newest section of A&E. There are allocated staff to complete observations. You would not necessarily know it existed and the criteria, as people are streamed into this area once triaged, and assessed by staff.

When we toured A&E with lead staff members, we understood that one section of newer bays was a quiet area. UHCW has since clarified that this is a quieter area rather than designated quiet area. The Quiet Zone in A&E was an area of new larger cubicle spaces where people could be taken if they need a quieter place. We observed that there was more space in the fit to sit and quiet areas.

We saw people were being treated in the cubicles and we observed staff communicating with them, and each other in a quiet respectful manner.

Senior manages advised us they did not use corridor care and we did not see people on trolleys in the corridor areas during our visits.

During our visits we observed staff responding quickly and appropriately to patient's needs.

We observed a nurse completing an observation, introducing themselves, listening and responding to questions and offering reassurance.

It had a calm atmosphere, although busy, staff were moving around purposefully.

Clinical Hub

This was a busy area with doctors and nurses and Healthcare Assistants filling in information on computers and discussing cases/ treatment with each other.

It was calm and felt productive. The staff in the area acknowledged us but were busy and focused on their actions.

Staff appeared to be communicating well together and it was a light calm atmosphere with staff moving around purposefully.

Ambulance area and Rapid Assessment at Triage area (RAT)

We spent a limited amount time in the area where ambulance bring patients into A&E via stretcher, where patients are triaged, assessed and streamed on.

During our visits and depending on the time of day, this was either very quiet or very busy with ambulances waiting in the area with their patients or registering their patients with the streaming nurse.

The members of staff who spoke to us 15th February said:

"To work in A&E took a certain type of person as it could be quite stressful, if there were not enough staff or a staff member who did not understand their role then this could cause mayhem with the processes".

The RAT and ambulance area felt very functional and serious with pieces of equipment and PPE around the area. It was brightly lit, and staff were quiet and focused.

The relative's room was clinical, with pure white walls and strong overhead lighting with little furniture. It felt a cold environment especially for families recently bereaved. The entrance hallway to this was blocked, as was the window area with broken wheelchairs and other equipment.

3) Minor Injuries and Illness Unit (MIU)

Role of minor injuries

"The Minor Injuries Unit (MIU) provides 24/7 access for patients providing treatment for patients urgent but not life-threatening conditions including broken bones, sprains and fractures, minor burns or skin infections". It is located on the ground floor with an entrance door to the left of the main hospital entrance.

"It has 15 treatment rooms including a plaster room and an ophthalmology room and same-day reconstructive plastic surgery can be performed for patients with minor hand injuries". [2]

It incorporates an Urgent Treatment Centre and services led by GPs.

There is a children's area which has a Paediatric nurse who will see children from 5 years to 16 years, and we observed two children waiting to be seen.

A two-year project funded from Integrated Care Board equalities funding is putting Social Prescribers within the Urgent Treatment Centre. The contract will be with Health Exchange. The aim is to enhance people's journey and the support on offer within the Minor Injuries Unit.

Impressions

Our overall impression of the Minor Injuries Unit during the times we were there was that it was well organised, and patients moved quite quickly between areas.

During both of our visits there was a sense of order with people moving through the system smoothly. It had a calm atmosphere and felt very efficient.

We observed people visiting the GP surgery rooms which are open 10 am to 10 pm and were advised there is an ophthalmologist who will do out of hours appointments.

Minor Injuries waiting times and streaming seemed to flow well, although there were times when it was busier.

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[2] Source https://www.uhcw.nhs.uk/our-services-and-people/our-departments/minor-injuries-unit/ accessed 6/6/24

We observed nurses calling people's names and taking them through to have their blood pressure checked. Patients then returned to the waiting area to wait and were then called to see the doctor.

We were aware that people were being offered drinks, and there was a trolley with coffee and tea making facilities.

Environment

The waiting area felt bigger than that of A&E and there is more space between the seating. People commented:

- Environment is good".
- "I'd rather be down here, than up there [in A&E]."

Communication

During our visits we observed staff communicating effectively, ensuring they were understood by patients and family members. Alongside staff speaking quietly to each other at the main desk

We observed a patient asking a receptionist for an update, they dealt with them in a caring manner, and apologised for the delay.

We also observed a support worker who came to take a patient to X ray. They explained what was happening to the person and where they were going.

Staff were communicating well with each other.

One person commented:

- "I don't know what my treatment is".

We asked people if the waiting time had been explained. Five people said no, two people said yes, and one person did not answer.

We asked people if the communication people have received meets their needs in this area.

One person told us *"Good as telling you everything, filling me in with everything"*.

Others said:

- "Not been left, I have been listened too".

- "Doctor explained and I felt listened too".
- "Best after care. Also, told what to do if pain continues".

Communication support needs

Two people out of the eight said that they had communication support needs, and both said the staff had made efforts to communicate effectively.

One commented:

- "Yes, in a good way due to injury. They construct questions more appropriate to me".

One person said they were trying to talk to his relative, but they were having issues as the relative wanted to talk in a different language.

Another person said, "I don't have a disability myself. I have noticed while I have been sitting here, there are several patients with different language needs who were struggling to be understood by the receptionist".

How does it feel to be a patient?

Six of the eight people we spoke to feel their experience was good. Two people said it was okay.

One of the people who said it was okay told us:

- "I was sent from a consultant at George Elliot Hospital and told I would been seen by a consultant at Walsgrave. I went to GEH at 10am and arrived at UHCW at 1pm. I saw a triage nurse, then doctor 1.5 hours later said he would be back in 5 minutes. Now it's 5.30pm and I am still waiting. The nurse has told me she doesn't know where doctor is. In minors everyone has been helpful, and I have been offered drinks and a sandwich. The seats are very uncomfortable. No one knows when doctor will turn up".

Two people raised other issues:

- "Lack of communication, a sign for waiting times and more comfortable seating".
- "No communication, staff in minor injuries are good".

Positive comments were:

- “Not waiting too long, seen quick in minor injuries”.
- “Staff friendly, quick and nice environment”.
- “Quick and friendly – I was impressed”.

Waiting

When asked how long it took to see the reception nurse most people said within no time and one person said fifteen minutes. Some comments about wait times to see the triage nurse included:

- “I arrived at 4.20, at 5.22 I went to find a nurse to find out what was happening. I was told I was next to be seen. 5.56 treatment finished and happy to be leaving”.
- “Gaps in between and waiting, x ray was quick. Get there is a waiting list”.

We then asked whether people had seen a doctor five people said yes, one left a comment and one did not answer. One person said thy waited “Two hours to see a doctor”.

People’s journey

All the people we spoke to knew they were in the Minor Injuries area. Some comments about how they came to the service included:

- “I went to the walk-in centre, didn’t see anyone but they said I was going to need stitches. Another receptionist said to go to Walsgrave. First went upstairs to A&E asked nurse at the door they said to go downstairs”.
- “We have been to A&E and minor illness”.
- “I went to the Walk in Centre and was told to come to Minor Injuries downstairs - good advice”.
- “I was told to go downstairs”. “To go from A&E without going through hospital you have to walk downstairs outside”.

One person transferred from another hospital.

Needs and wellbeing

All the people we spoke to during our observations said that their needs were being met. With some comments being:

- "Yes, I have been given tea and offered sandwiches".
- "Yes - Nurses available".

During our visits we observed a water cooler with cups and different variations of squash available. There was a trolley with tea and coffee on it further down a corridor.

We observed a nurse calling someone through to a room, the person was struggling to walk, and the nurse was saying *"take your time there is no rush. Are you alright to walk"?*

We also observed an HCA putting a patients arm in a specialist foam sling - raising it at an angle and explaining every step, and the reason to reduce the swelling while they wait. Answering questions the elderly patient and family member were asking and gaining consent to complete each procedure.

X-ray

The Group Manager of Emergency Dept came to talk to us during one of our visits. We were shown the Xray machine which was situated within the Minor Injuries area. He told us this was there as a trial, and there were limitations on the type of X-ray it could provide. However, it was available between 9-5 pm and was improving the performance of the Minor Injuries unit, and ultimately improving the service to the patients in saving time and meeting their needs.

We have since learned that the X-ray machine has been removed from within the Minor Injury's unit, and they have reverted to people being transferred upstairs to the main X-ray in the A&E area. This impacts on waiting times and means a journey to the first floor for patients.

4) Medical Acute Unit (MAU), Same Day Emergency Care (SDEC)

Purpose of SDEC

SDEC is a national initiative in hospitals under the NHS Long Term Plan. The idea being that patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home on the same day.[3] It sits under the Acute Medicine department at UHCW.

"MAU provides medical assessment and management of patients presenting with acute medical illness. MAU receives patients from ED or direct referral from GP and the Ambulance Service… MAU has an expected length of stay of 16 hours and is a mixed sex unit of 47 trollies". [4]

Patients can be referred to SDEC treatment through different routes including:

- Following streaming or triage in A&E.
- Direct referral from GPs.
- Direct transfer from ambulance services.
- Direct referral from NHS 111.

The intention of this national model is for patients to be assessed, diagnosed and start treatment on the same day - improving patient experience and reducing hospital admissions.

Some of the many types of SDEC treatment include:

- Medical
- Surgical
- Specialists (e.g. Paediatrics and Gynaecology etc.)

Frailty SDEC was in place to ensure patients avoid admission where possible. The opening hours were 08:00 – 20:00, five days per week. The Frailty SDEC model is consultant led and supported by a multi-disciplinary workforce comprising of Advanced Clinical Practitioner (ACP's), Pharmacists, Rapid Emergency Assessment Care Team (REACT)and a Social Worker.

[3] https://www.england.nhs.uk/urgent-emergency-care/same-day-emergency-care/
[4] https://www.uhcw.nhs.uk/our-services-and-people/our-departments/acute-medicine/

We were advised the main SDEC opening hours were 08:00 – 20:00 seven days a week, although the UHCW website states during the winter months it operates between 08:00 – 22:00. This naturally impacts on patients as this waiting area needs to be cleared before it closes.

GPs and specialists in particular referred people into SDEC and sent patients with a letter. Some of these letters contained times when people should go to SDEC leading people to expect that they would be seen immediately rather than going into the triage and waiting system like everyone else.

Some of the people we spoke to said:

- "Said it wouldn't be long, had a letter from doctor. Some people went in before us"
- "Been to docs, gave me a letter for DR. at hospital, said come to A&E the letter said go to A&E, where they tell you where you need to go".
- "GP, then Eye clinic in UHCW - had a letter from them, I have handed it in, but have not received it back".

Waiting area

The SDEC/ MAU reception was a busy area, with lots of trolleys and equipment being moved in and out especially in the morning.

There were people in the triage areas with nurses in side-rooms, and within the Fit to Sit area.

The waiting area felt very clinical, with rows of seats facing the entrance with people waiting to be seen. The seats were re-arranged part way through our programme of visits. They were no longer facing the entrance but facing a wall, which had some information about nurses and waiting times on it, but these did not appear to be updated.

On some occasions we observed the area being quite untidy, a bin overflowing and dirty water left in a sink next to a water cooler.

People who were unwell were very visible to everyone in the room.

The waiting area had between 19-20 people in it during the morning to nearly 50 in the afternoon, some of whom had left and then returned.

We returned one evening at 7.00 pm to find that the numbers of people had not reduced, and there were still at least 30 people waiting in the area to be seen.

To call a patient through, staff came out and shouted their name from the doorway, with little or no interaction - often walking ahead.

We observed a patient who was in the waiting room being brought down to the bays by a member of staff in a blue uniform. There was no interaction or communication for the length of the corridor.

Assessment bays

This was a busy area with staff and patients moving about.

The curtains were closed between the bays, and a mixture of doctors, HCAs and nurses were in attendance.

On some occasions the area was full of patients. However, there were periods during observations that the bay areas were empty whilst the waiting area was extremely busy, and people were often sitting in the corridor and on floors.

Staff appeared professional in communicating with each other. During an observation of a bay a doctor was asking if anyone was able to do blood tests as they were backing up. A nurse responded for them to do a referral and send the patient back to the waiting area.

A patient came out of the bay area with a food tray. They looked around for a member of staff, and a nurse who was on the phone came to help.

On another occasion we observed a member of staff in a blue uniform bring a patient through from the waiting area. There were no free bays, so they took them somewhere to find a seat.

Patient comments

We interviewed 17 people and two relatives in the MAU/SDEC asking what their experience was of this area.

Two people felt that their experience was good, six thought that it was bad and eight thought it was okay. One person left a blank and gave a narrative rather than a number. Some of the reasons that people gave were:

Positives

- “Knowing that I'm being treated and get better”.

- “Seeing all those people, being well looked after, waiting times not too bad. [staff] very kind, very nice, glad to get it sorted”.

- “No problem with it, everyone has been really good, daughter in law works here too”.

One person stressed:

- “We never like to be here really, but it’s okay, just a lack of information, and gaps in communication between sections…I was waiting 20 minutes before Blood pressure was done, then waiting 1.5 hours from then, with no communication, no display screens to indicate waiting times and white boards not changed since last visit; but its comfortable and free, it is the NHS”.

Negative

- “I was brought in early this morning. I phoned 111 and they said phone an ambulance. Just brought me in and dumped me upstairs - I can’t write or read, not literate. The Ambulance crew left, and I wake up I am sitting in the area - must have been sleeping, asked nurse, not checked in, see people in here now second time this has happened. Just been sent to SDEC now”.

- “Bit stressful, want to get out, had observation for bloods, and I am waiting for blood results. I had to call an ambulance this morning and ask them to do blood tests”.

- "Not been nice. I asked for paracetamol, not given me anything, another thing I have medication I need to take at home. Only supposed to be here for a little while. The chairs make you feel terrible".

- “I arrived at 12:15, I came in with possible heart attack and high BP. No-one communicated regarding wait. GP could not see me, and I was brought in by ambulance. The wait could be three hours. Nothing offered to eat”.

- “I haven’t seen the consultant, my anxiety is building, had a doctor telling me that I should not leave, not a good experience. I have requested to go to another hospital but because I collapsed here, I have to stay here”.

Waiting

We got the impression that some people were very pleased to be in the SDEC waiting room, as they felt they were getting closer to a solution or that they had been moved from A&E Majors. Others expressed concern and frustration that they had waited so long in the area and didn't know why they were there, and what would happen to them.

One person told us they had spent the whole day in SDEC going from doctor to doctor, without knowing what was happening until they got told to come back the next day to speak with a specialist. Although there was more waiting, the person felt they knew what to expect and what they were waiting for.

A person also told us:

- "My husband and children are not able to come. I didn't see anyone after 12.00 pm today" – it was 6.30 pm when we spoke with them".

We asked patients whether the waiting times had been explained to them. Eight people said no, six people said yes and five people did not answer.

There were lots of comments around people's experiences of waiting in the SDEC area. With some being:

- "Shocking wait time, I went to the walk in Centre first, told to go to SDEC. I went to the desk and hadn't been booked in yet."
- "There are more patients, some are sitting on the floor, but the doctors haven't saw [sic] a single patient in a long time".
- "I have been waiting for 4 hours already. I was brought into A&E at 5 am via ambulance from Rugby, and I have been waiting 14 hours in total".

It was clear people came in from different avenues. A person told us their consultant had recommended they came to A&E as it was quicker than going through the referral process.

People also told us:

- "The letter said to go to A&E, where they will tell you where you need to go".
- "I went to Warwick A&E, who sent me to Minors. I was sent back to the eye clinic, and then sent here".

- "I phoned the ambulance; I [put] down phone about 45 minutes as wasn't very well".

It was clear that some people were very aware of what was happening and where they were in the system. Others were not so certain.

Communication

There was mixed feedback about communication and information, but the consensus was that more communication would be valued, to improve the overall experience.

Patients were also focused on their immediate needs, including their illness and the wait time.

Some comments included:

- "Yesterday no one told me anything, today very well, yesterday not at all".
- "Not a lot of communication goes on".
- "Not informed, cause all we see is people walking about, hard to speak to people, to be fair I feel like going home".
- "Absolute nightmare in here, don't even know what doctor you are seeing. The worst-case scenario is that I need an op and I come back tomorrow."
- "No one is communicating with us; they just send you from one area to another".

Another person commented about their experience of waiting for results and said:

- "Waiting for interpretation. Everything was quick but this seems to be too long".

One person described positive communication:

- "Yes, clear throughout, questions were responded to in a timely manner".

We asked people whether they knew what plans are in place when they were leaving hospital. Seven people left comments, three people said "no and seven people did not answer. Comments included:

- "Yes - discharge paper being done, awaiting result of Xray. Outpatient appointment for the results of CT scan".
- "No not really, they are going to give me an emergency plan in case it happens again - and more check-ups".
- "Not got to that stage yet"

Meeting peoples' needs

During one of our visits, we observed a man with an oxygen mask in a wheelchair, who asked not to sit in the waiting room as they were worried, they may already have a chest infection. The staff took this on board and directed him to a seat in the corridor. A few minutes passed and another member of staff passed him, and he was eventually supported down into one of the bay areas.

We observed a Healthcare Assistant call a patient through, told them to take their time and explained where she was taking them. We overheard a nurse ask a patient "how long have you been waiting - sorry about that".

Other

We become aware of a conversation between staff about a backlog in blood tests during our visit on 13 February.

Patients also commented about the waits for blood test results.

Food and drink

We asked the people interviewed whether they had received food or drink.

Three people said they had not been offered food or drinks. Five people said they had been offered just a drink, five said they had been offered both.

Comments we heard around food and drink in this area were:

- "I haven't been offered food, had a cup of coffee 20 minutes ago, it was fine good chance we will still be here for lunch".
- "They have just done that, but I had already gone to shop. Just offered tea, coffee, and newspaper. They used to have a coffee machine in here permanently which I thought was very generous."
- "Up there [A&E] offering tea and coffee, nothing down here".

- “Lunch time there were sandwiches, no tea and coffee help yourself to water”.

- “Okay, it’s not brilliant, because it hasn’t got any taste”

During our visits, observations in the SDEC area showed there was a water cooler available, but cups were up turned and left on the side. There were at times some sandwiches left on a tray on the side.

Other comments

One person who had completed the online survey said.

- “When I got to MAU was a lady who wanted a bedpan but was being told she could do it in a pad being told it's fine. It obviously wasn't fine to her she was so distressed. They were reassuring her, but has it really come to the stage where even if your aware of what's going on and you can't get out of bed, you're told to do it in a pad like a baby”.

Part two: Acute Medicine Short Stay wards

Purpose of Acute Medicine Short Stay wards (AM-SS)

AM-SS is located on the ground floor east wing of UHCW and comprises of 36 beds. The unit provides focused care for patients requiring a short inpatient stay up to 72 hours.

Patients receive a daily consultant review, rapid access to key investigations, with a goal for early supported discharge.[5]

The acute medicine department employs a broad range of non-medical staff, including advance clinical practitioners and therapy teams.

The REACT Team is a specialist team that help people to safely leave the hospital to go home, making sure that everything is in place at home to ensure that they have the correct therapy and support available if needed.

Together, these teams work collaboratively to provide comprehensive multidisciplinary care to acute medicine patients.

Impressions

We were welcomed onto the ward in a positive manner. Staff were smiling and happy to engage in conversation, saying 'hello' as they passed.

We were directed by the Director for Nursing and Allied Health Professionals into the AMSS area, and we met two clinical nurse leads observing a board that had been constructed by the staff team as part of the quality review assessments that they are completing.

They shared the idea is that staff take ownership and responsibility to lead the improvements looking at specific areas i.e. current focus and target, why improvement is needed, actions taken, and how this is to be monitored. They will be linking this to – patient care, harm free care and patient experience. This leads to good practice, and we did observe similar boards within other areas within acute medicine and short stay wards.

The ward was busy with lots of activity by staff, but the atmosphere was positive and calm, with staff moving purposefully around.

It was bright and airy, and it was a comfortable temperature throughout.

[5] https://www.uhcw.nhs.uk/our-services-and-people/our-departments/acute-medicine/

We observed very positive interactions, and lots of communication between staff about patient care, and treatment. The Doctor writing up notes at station asking "what do you need. what can help"?

We observed a call bell sounding and a nurse responding swiftly to the patient.

Overall, the ward felt busy and friendly, from our observations we could see that peoples care needs were met in a personalised way, given the interactions of staff nurses, occupational therapists, physio, between spaces, reception and on the ward area.

In the short stay wards and assessment bays patients felt that they were generally looked after well, however there did sometimes appear to be free space in these areas.

Ward environment

Cleaning was in progress and there were no noticeable odours along the corridors, and in the bays.

The ward toilet was clean, well-lit with hot and cold taps clearly marked. There were no odours. An emergency pull cord was in place.

We observed an HCA helping a person on a commode to go to the toilet, talking quietly and offering reassurance.

A patient told us *"A young nurse helped me a lot in getting to the toilet"*.

We observed a patient asking for help to go to the toilet and saying "*sorry*" The HCA replied, *"you don't need to say sorry"*.

There was lots of equipment in the bathrooms including commodes, moveable chair, handrail, walk in shower and soap, and paper towels in place.

One relative commented the *"Toilets could be cleaner"*.

How does it feel to be a patient on a short stay ward

We spoke to twenty people during our visits on the short stay wards and the overall opinion was positive with fourteen patients saying their experience was good, and six saying it was ok. The reasons given include:

"Everyone is friendly, the other patients are nice

- Nurses and Docs good – Never disappoints – Good service
- Staff are very friendly
- Been well treated. I am satisfied
- "It's okay, but sometimes they don't know how to talk to older people – they treat you like a child."
- "There are lots of things I am not happy at all with. Situation is I am supposed to be going home, when am I going home? I have bags packed everywhere – I don't know if I am coming or going."
- "I came in after fall nothing is married up or makes sense. Its bloody shambles, and not just in the NHS".
- "Be more understanding of older people."
- "Not restful at nighttime when you want to sleep, and they wake you early for blood pressure and drip etc."

The relatives we spoke to were happy with the care and commented:

- The staff are looking after my husband and making every effort to ensure that he is kept safe and hydrated.
- Apart from the long wait - excellent service.
- The doctor and nurse have been great with my sister.
- Mum has been looked after and we have been kept informed.
- The staff are very hard working, but more staff required

People's journey

We wanted to find out more about where people had been prior to the short stay ward and their length of stay, which varied with most saying it had been more than 72 hours in total.

Five told us they had come into A&E via an ambulance, with two advising family had brought them to the Hospital. One patient relayed their story saying:

- "My daughter phoned the GP. They did a house visit and decided to send me here for tests, and a chest x-ray on Monday 7:45 in evening. I was cold and I had to stop in. GP sent me as I had lost a lot of blood and was not eating."

Others told us:

- "Ambulance to A&E waiting and then on to a ward on Tuesday, I came here Weds and [now] waiting to go to another ward".
- "Came into A&E my daughter brought me in 11am on Sunday night. I waited until 3pm on Monday and was sent home with an appointment for a scan. I came back in Tuesday and was admitted".
- "I was downstairs in out-patients, I was brought in by ambulance today."
- "24 hours in main waiting area, from 10.45pm Sunday night eventually got a bed 10.45pm on Monday night".
- "I don't know where, anywhere, from Thursday on another ward, but don't know where".
- "I've been in since last week; I had a fall and lay on the floor for five and a half hours".
- "My daughter brought me in and not too sure on time and day".

One relative said

- "Dad wasn't in the right area. Letter from GP went to SAU should have been MAU - 36 hours wait".

Communication and involvement in care

Patients in the Short Stay wards seemed to be happy with the information and communication they received. However, one person said they felt like they were being spoken to like a child.

We asked patients whether the doctors explained the treatment they were giving, and sixteen out of 22 people said they did.

- "Yes - kept me up to date – I am waiting to go to Rugby Rehab".
- "Yes, they explain quite well".
- "I saw one [a doctor] yesterday, but not today. They just said they will put me on antibiotic".
- "Yes - different doctors tell you what's going on".

- "Yes – they explain it to my daughter".
- "Some are better than others, one tells you one thing, one tells you another you don't know which is which".

Thirteen patients said that the nursing staff explained care to them. With some comments being:

- "Yes - wonderful care".
- "Yes – they explain everything".
- "They have a routine they follow".
- "One person is rude. Otherwise, everybody is good".

The comments people made about information and their questions show that they wanted more and specific information and sometimes felt different staff gave differing information.

- "If they could tell me now as days are going by, about exercises, they need to tell you what will help you".
- "I'm not in control of my condition".
- "They let me know what's going on, but I doubt my views taken into account".
- "One says one thing, another says another thing. I don't know whether messages are passed on."
- "Yes - general conversation but not given much info".
- "It's not clear I was given the wrong tablets at the wrong time, so I will have to stay in until it is sorted out".

Relatives felt they had been involved in care and that communication with them worked well.

Leaving hospital

We asked how informed people felt about their plans for discharge from hospital. This is often a complicated process with many factors to consider, but people still want to have an idea of what is happening, and what some of their issues are that need to be resolved. We had a mixed response to the question,

Those who did not know or wanted more information:

- "Not explained when leaving."
- "I've not been given any idea of when I am going home."
- "What is happening next - will I have carers? I've been here a long time."
- "I don't know yet – I need surgery planning."
- I'd like to know more as they are moving me to another care home".
- Waiting to see a doctor to be discharged".

Those who were aware of discharge plans:

- "6 weeks homecare is to be put in place."
- "It's been very quick, trying to sort me out now."
- "Occupational Therapist came round to explain."
- "Hopefully within 2 days. My family are sorting my house, I am looking forward to it."

Food and drink

We asked patients their views on the food and drink whilst on the short stay wards. There were mixed views with some happy with the food and for others the food was not acceptable and did not meet their needs.

Positive comments

- "Food is lovely on short stay, and you choose on the day."
- "Food is very good and correct temperature, no complaints of portions."
- "You won't starve. They cater for everybody and there is a good choice."

Negative comments

- "The food is not appetising."
- "I'm sick of sandwiches, don't mind one now and again."
- "Food is rubbish - chicken and rice - chicken was too hard."

- "Food leaves a lot to be desired. They read out the menu - would be better if they gave it to me to see and tick."
- "Food not always what you expect."
- "They talk to me and tell me what they have got."
- "Sometimes I can't pick things up with my hands."

One relative commented that more food and drink should be available.

The food looked hot, and we observed staff in aprons confirming the food choice and waiting with trays and cutlery.
There were people sitting at tables and support was being offered to help them into appropriate positions to eat.

We observed people being supported to eat. Cutlery, trays, and drinks in reach of people.

We observed staff members supporting with meals and helping to feed a patient. Care staff were talking to patients, and we observed a student nurse generally chatting and offering reassurance to a patient with eating and drinking.

All the patients we spoke to said they had access to water, and it was on a table near them. Our observations confirmed this.

- "Drinks here all the time, they advise you to drink water."
- "Plenty of drinks - jug of water - tea, coffee, biscuits."

There were drinks on all the tables. We saw the person with the tea trolley giving drinks out, patients requesting drinks and being able to ask for tea, coffee which was given out in the correct cups. Biscuits and snacks were available.

MAU Fit to Sit area

The MAU also has a Fit to Sit area which is located next to the main reception. Whilst visiting the ward we spoke to a couple of people to gain an understanding of their experience, in particular the journey from arriving at A&E.

The area is clean, with comfy seats. Patients had seen a doctor but felt more communication as needed.

Treatment is not given in this area. We observed staff respecting patients' privacy. If they need to speak to a patient, they were moved into a private area. The nurse and doctors were using appropriate tone and language. We did not hear any confidential information being shared.

Cleaning was in progress, and we observed a person handing out drinks although there are no side tables, and these were being put onto the floor, or a relative held them.

One person described how they had arrived at A&E from Rugby St Cross at 10 am the day before and had been brought through into the fit to sit area in the short stay ward area.

They were okay with their experience saying:

"It's been good with all the medical checks, but waiting is too long."

They felt "very involved in their care even though staff were rushing around."

They told us they had not really eaten or been given any food, although drinks were available, and family had been up with snacks. They were hopeful to soon be admitted and have a bed on the ward for two to three days.

Another person described their journey saying, *"it was okay and better up in this area."*

Their daughter had taken them, and they arrived 6 pm the previous night following a referral by the GP. They were streamed to MAU then back to A&E, re queued for half an hour and triaged. They then sat for a couple of hours. They went for blood tests, and an ECG quickly and waited in a chair in the corridor. They saw a student nurse and were then returned to the waiting area for an hour. They were called into the consultation area, had an x-ray and were put on to a drip for 7 hours.

Their daughter said *"It had been difficult - staff said they had mis-read the text in the letter from the GP and they had originally been referred to the wrong area"*.

They had been in the fit to sit area since 10 am, and staff had introduced themselves whilst completing their ongoing assessments.

The patient stressed *"The staff have been being brilliant, offering food and drink around. I have hot food and drinks in this area. There are sandwiches and a hot food choice."*

When asked if there were any other comments, they would like to share the patient said, *"I've been told the wait for a bed is 24-48 hours."*

The daughter went on to say *"Things were ok but could have been better. There needs to be a quicker triage, beds available and a reduction in the wait times."*

7. Conclusions

People's route to these services

It was evident from the people we spoke to that most had been in touch with other NHS services before arriving at the hospital. Some had been in contact with multiple services. NHS 111 and their GP practice was mentioned for example.

Some people's journey through different areas of the hospital was complicated with some going backwards and forwards between areas.

We struggled to understand the way patients should move between different areas within the hospital, therefore we believe it would be harder for patients to understand what should happen.

Going between different areas for treatment, facing additional triage, and information not being shared is difficult for people. People felt they had to repeat information in different areas and some experienced more than one assessment and triage process.

A&E

This was a very busy area and people described experiences which they found difficult.

Through the refurbishment of A&E the treatment space has been enhanced, but the main waiting area is smaller and there are constraints from the layout of having A&E on the first floor and minor injuries and medical village on the ground floor.

The volume of people attending A&E versus the space available for them to wait was an issue people identified to us, and we saw in practice. This makes it harder to provide person focused care, and to meet the needs of individual people who have support needs. It can also be challenging for staff members.

There were issues regarding privacy and dignity in the A&E wating area. Sometimes we saw that patients had started their treatment in the waiting area when cubicles and fit to sit chairs were vacant.

Lack of space for relatives to stay is challenging for those who have a support need, such as confusion/dementia or hearing or visual impairment.

Whilst we appreciate the waiting area can become overwhelmed at times. It is not clear if people and staff are aware of the visiting policy, and that carers can ask to stay, and support people under reasonable adjustments. There may be a training need, and some information to be communicated across the Trust.

Concerns about losing their place in the queue means people feel they cannot move to the toilet or to get anything.

We identified the seating as something that could be improved, and this was acted upon. It was positive to see people sitting on more comfortable chairs instead of the metal chairs.

We witnessed good staff interaction and communication with individual patients.

Patients raised concerns about levels of communication and accuracy of information about waiting times.

Minor Injuries

The feedback about Minor Injuries was positive, with a few suggestions for changes from people we spoke to.

The environment was good apart from comments about the hard metal seats.

Staff communicated with patients well and adjusted communication to meet people's needs.

The budget for the extension of A&E did not allow for a lift to give direct internal access between A&E Majors and the Minor Injury Unit and minor Injuries and x-ray and this is an issue for people and how the service operate.

SDEC/MAU

SDEC was an area where people had concerns, people rated this area lower than the others we visited. People are not necessarily feeling that SDEC is meeting its stated national aim of improving patient experience.

Waits could be very long and be on top of previous waiting in other areas of the hospital and there was a lack of information for people about their expected waiting times. The area got busier as the day went on and was still busy in the evening as it approached the time it would close.

We were surprised at the number of routes which could send patients to MAU and SDEC and it was not possible for us to understand the intended scope of the service. It seemed to be a very broad remit. Senior staff indicated that there seemed to be lot of GP referrals to this area.

People who were sent to SDEC by their GP had an expectation that they would be seen sooner, and not go into the triage process again. Some letters people had with them said go to SDEC at a specific time.

We spoke to people who had been sent away and told to come back the next day.

During our programme of visits the chairs were moved in the waiting area and turned to face the wall, and we were not sure how this helped people's experiences of the area. The area was not as clean as other areas we visited.

For some people it was a positive experience, and they had their needs met and they received the answers and tests that they needed to get well.

Short stay wards

People we spoke to had been there longer than the intended 72 hours

Display boards used to track as part of quality review assessments are potential models of good practice for other areas of the hospital

This was also a very busy ward environment and had a positive atmosphere amongst the staff team.

Some people wanted more specific information and sometimes felt different staff gave differing information. Relatives felt they had been involved in care and that communication with them worked well.

There was mixed feedback about how informed patients were about discharge plans.

There was also mixed feedback about the food on this ward.

Overall

People felt that communication was lacking and that they would benefit from additional information about wait times, where they were in the queue, and what would happen next.

We did not see communication support in use for people who do not speak English well and saw some of the challenges staff and patients have communicating.

The role other parts of the health and care systems such as GPs or NHS 111 play in routing people into hospital same day emergency care are very significant. It is hard for individual people to know how to navigate services, so they are likely to rely on other health services/professionals directing them to services. Therefore, it is important that the health and care system work to make sure this works as effectively as possible.

Review of our method

There were challenges for us in speaking to people in such busy areas of the hospital and people could be called away for test/treatment during our conversations with them. A shorter questionnaire would have helped. Our call out for people to share their experiences online provided important evidence. However, this method is more likely to be used by people who have negative experiences.

During our visits staff were very helpful, but at times we felt there was too much interest in what we were doing, and this had an impact on patients feeling comfortable talking to us. Perhaps we should have provided more briefing about the nature of our role and how we carry out our visits. Our visits are not inspections as we are not a regulator of health services.

We provided feedback forms to service managers during our visits and addressed some concerns that were raised with us.

8. Recommendations

The operation of A&E and same day emergency care is interconnected with other services in the local health and care system.

The following recommendations are for UHCW but have wider relevance to the Coventry and Warwickshire Integrated Care Board for consideration in work related to quality, patient flow and service development initiatives.

- The connection between GP practices and emergency and urgent treatment is important and requires further work.

- There are elements for consideration in the recommissioning of urgent care and out or hours services.

	Recommendation	Response/action
1.	**Safe access between floors** Ensure people with disability/mobility issues can access A&E on the first floor and move down to the ground floor safely; are aware they can have help if needed and have help accessible to them.	Access to the Emergency Department (ED) can be made via the external ramp via the footpath. Where patients require assistance the Emergency Department streaming nurse can arrange patient transfers through the hospital. During the day there are hospital volunteers at the main entrance who can direct patients to the appropriate service. Emergency Medicine are going to work with the volunteer service to improve the pathway for patients who require physical assistance to transfer and out of hours. A review of signage to the Emergency Department is being planned in collaboration with the Trust's estates team to ensure that this is clear. A patient partner will be included in this process for expert advice from a patient perspective. Our review is also being undertaken to ensure that the process is clear for how patients can access support to attend the emergency department when they initially go to the ground floor main reception area.

	Recommendation	Response/action
2.	**Privacy and Dignity** Consider how to support privacy and dignity in the busy A&E waiting environment and if more people can be located within A&E rather than being in the waiting room on drips etc	It is only in extreme circumstances due to the demand on the service that patients will be on intravenous drips in the Emergency Department waiting room. The team will ensure that where confidential and private conversations are needed these take place in a confidential space.
3.	**Purpose of SDEC and MAU** a) Review how people are referred to this area especially from GP practices to further understand the nature of GP referrals and if this is the best place for patients to be seen b) Look at patient communication in relation to GP referrals into SDEC, MAU eg what should letters given to patients say, what information is helpful for patients c) Review flow once people arrive to understand bottle necks and pressure points - for example are blood tests a bottle neck.	A) Within emergency medicine at GP liaison services in place where a nurse collaborates with GP surgeries to ensure that patients are directed to the appropriate service. There are a number of pathways for patients to access services to ensure that they are seen in the right place at the right time. We will undertake analysis of the themes of GP referrals made into SDEC and report into the Group Board meeting for further actions to be identified. This can also inform wider transformation programmes e.g. Improving Lives and wider [health and care] system work. B) Review to be undertaken of communication from the hospital to GPs identifying the process referring patients to the acute hospital. C) SDEC is introducing earlier senior intervention i.e. a consultant at the front door. This will support appropriate early investigations, re-direction or discharge of patients earlier in their journey. Reviews be undertaken of intervention/ improvement metrics and to be shared through the Group Board meeting.

	Recommendation	Response/action
		The group are also exploring a trial of a phlebotomy service within MAU and SDEC to support timely investigations.
4.	**A&E and SDEC** a) Provide more communication about waiting times to manage people's expectations b) Ensure that public information boards are kept up to date	TV screens within the ED waiting room provide up-to-date waiting times for patients the triage nurse also provides up-to-date waiting times in the department when patients are triaged. The SDEC waiting room has recently had charitable funds allocated. This means the team can provide a variety of updated facilities for patients to improve their experience whilst waiting in this area. This includes TV screens that will not only show patient information but live waiting times. The UHCW trust Internet page shows live waiting times. The Group board meeting will be tracking MAU waiting room improvements and patient feedback.
5.	**Communication support** Make sure information is gathered about patients' communication support needs and that this information follows the patient on their journey in the hospital	Hearing Loops to be installed in all the reception areas of direct access pathway departments. Patient information to be provided in a range of languages.
6.	**Visitors/support** Make sure staff and visitors are aware of the Trust's policy about enabling	Carers and relatives of vulnerable patients are encouraged and supported to stay with patients where appropriate. Reasonable adjustments that are required for patients are discussed at triage and documented on the

	Recommendation	Response/action
	relatives/carers to wait and be with vulnerable patients Staff should be supported to be aware of the need to consider reasonable adjustments for a carer/family member, to support a person through their journey in A&E.	Electronic Patient Record (EPR) system and hospital passports are utilised to ensure that patient's needs are met. The Group are going to explore what other visual aids could be used to support patients to express their needs. The Emergency Department will explore mechanisms to monitor compliance and completion of documentation for reasonable adjustments.
7.	**Good practice** We observed a model of good practice on the Short Stay ward, in the form of a display board recording targets, current focus, and how this will be monitored. How can this good practice way of working be shared with other areas of the trust such as wards?	The group used huddle and improvement boards across all services to identify key work streams, engage with the direct care teams to communicate and generate ideas. UHCW began the journey to embed a model of improvement eight years ago when we collaborated with Virginia Mason institute. Every Tuesday the organisation holds a stand up an opportunity to showcase good practise and improve patient journeys.
8.	**Constraints of the building** a) Whilst there is no easy solution, should further funding opportunities be available a lift between A&E and Minor Injuries Unit should be a priority b) Adding an X-ray machine within the Minor injuries unit should also be a priority.	A) The team are pleased to advise that the extra machine is back in place in the minor injuries unit so that patients have quicker imaging and diagnosis. B) A lift has also been added to the 10-year estates plan.

9. 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 and during the time of our visit.

10. Copyright

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11. Acknowledgements

Healthwatch Coventry would like to thank the Quality Team, patients, visitors and staff at the Emergency Department UHCW.

12. Appendices

Visit schedule

Date	Time	Area	Reps	patients spoken to A&E	relatives spoken to
09/02/2024	10am - 12.00 noon	A&E (main reception, and RAT; MAU/ SDEC	Fiona Garrigan Ruth Burdett Kath Lee Mary Reilly	2	1
12/02/2024	10 am - 12 noon	A&E	Mary Burns Saranya Nagarajan Fiona Garrigan, Ruth Burdett Lauren Ketteridge	9	2
15/02/2024	17:00 - 19:30	A&E (Main reception Triage RAT) Minor Injuries	Allen Margrett Kath Lee Mary Reilly Ruth Burdette	8	1
20/02/2024	11.00 – 1:00/2:00	MAU SDEC Frailty ward Short Stay ward	Fiona Garrigan Mary Burns Ruth Burdett Sam Barnett Saranya Nagarajan	7	2
22/02/2024	17:00 - 19:00	Minor Injuries SDEC - briefly	Allen Margrett Ehi Ogbeide (observing) Kath Lee Ruth Burdett Fiona Garrigan	11	1
12/03/2024	14:00 - 16.30pm	A&E (Main wating area, ambulance area, triage area); SDEC	Kath Lee Mary Reilly Fiona Garrigan Ruth Burdett Saranya Nagarajan	12	2

09/04/2024	17:00-19:00	AMSS, MAU	Ruth Burdette, Fiona Garrigan, Alan Margrett	9	3
10/04/2024	14:00-16:00	MAU, Frailty ward	Ruth Burdett, Fiona Garrigan, Saranya Nagarajan, Alan Margrett	12	0

Further information about participants

Ethnic Group	**count**
Asian /Asian British: Indian	4
Asian/Asian British: Pakistani	1
Any other Asian/Asian British	2
Asian/Asian British: Chinese	1
Black / Black British: African	1
White: British/ English/Northern Irish / Scottish / Welsh	56
White: Irish	5
White: Any other White background	1
Any other ethnic group	3
Prefer not to say	1
No answer	17
Total	**92**

Gender	**Count**	**%**
Man	30	33%
Woman	49	53%
Prefer not to say	1	1%
No answer	12	13%
Total	**92**	**100%**

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