healthwatch West Northamptonshire

Northampton General Hospital Accident and Emergency Enter and View

October 2025

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Introduction

Healthwatch aims to conduct regular evaluations of selected health and social care services within the community. Conducting these reviews allows us to directly support and provide valuable feedback to services that have been identified as needing focus. Our visits result in our service making recommendations for ways that service providers can continue to provide effective and satisfactory care. On the 14th of October 2025, the Healthwatch team visited NGH's A&E Department. Healthwatch West Northamptonshire's aim with this visit to the Adult Emergency Department was to evaluate the services being provided within Northampton General Hospital's Accident and Emergency (A&E) Unit, which included A&E Streaming Hub and Minor Injuries, Springfield Minor Treatment Centre, FIT Stop, Ambulance Pathways, Same Day Emergency Care (SDEC), Main Emergency Department, and the Clinical Observation Area (COA).

Northampton General Hospital was recently visited and rated by the CQC[1] (Care Quality Commission) in February 2025, and rated as requiring improvement, which was kept in mind during our visit. From this recent CQC visit, NGH's Patient Engagement and Experience team asked our team to visit the service to share our views and the voice of the patients and staff. Our review works to help highlight areas of best practice and also ways the service can improve from the patients' perspective.

[1] https://www.cqc.org.uk/location/RNS01/inspection-summary#care

Key Findings

Positives

Staff Attitudes and Patient Interactions

Throughout our visit, it was clear that staff are passionate about their jobs and are dedicated to the patients they serve within the service.

- Staff appeared to perform well despite the pressures they may be under due to limited staffing capacity and overcrowded services.
- Patients consistently praised staff for being *kind, polite, caring, and hardworking.*
- Staff described strong teamwork, supportive colleagues, and good morale within small, close-knit teams such as SDEC.

Safety and Clinical Practice

- Dementia-friendly blue seating was utilised across several waiting areas, supporting accessibility.
- Quinton Ward's bay-tagging system ensured continuous supervision for vulnerable or high-dependency patients.
- Despite the busy nature and limited space, all areas we visited were clean and well-kept.

Upcoming Renovations and Positive Changes

- The Accident and Emergency department is under construction and in the next year, will be allocated new buildings (some temporary), allowing for extra space to hold and treat incoming patients, which we were told will help the flow of patients.
- The new Streaming Hub and Triage pathway has allowed for prompt initial assessments and has improved patient experience by quickly identifying the necessary pathways and next steps in care.

Challenges

Long Waiting Times and Flow Inefficiencies

- Patients experienced waits ranging from several hours to over 24 hours, with many patients expressing their frustration with these wait times.
- The flow between departments was described as “disjointed” in SDEC.
- Lack of updates left patients unsure where they were in the queue.

Environmental and Comfort Issues

We identified some areas where the departments could improve the environments for patients to have a better experience whilst waiting to receive their care and treatments.

- Several areas were described as dull, cold, dated, or poorly maintained (COA, Springfield). The spaces throughout the ward, especially the waiting areas, could use more décor to brighten the spaces and accommodate patients for long waits.
- The temporary portacabin environments in the Streaming Hub reduced privacy and comfort.
- In many areas, we felt there was a lack of available entertainment and/ or materials to keep patients occupied while waiting for care.
- Some other elements were noticed, such as trip hazards, which posed safety risks and needed repair.

Space Constraints and Overcrowding

We understand the services are operating at a constrained capacity, with high patient volumes and a space that is not fit for purpose for the number of patients. We noticed a few things that posed as challenges.

- The lack of available space caused waiting areas to be packed, especially in SDEC on the day of our visit. We found patients standing due to a lack of available space, as there was not enough seating to handle the number of patients.
- We found that often, patients’ privacy is compromised due to overcrowding and a lack of available space for treatment. Often, we noted that patients’ oxygen levels and blood pressure (vitals) were taken in open

spaces such as waiting areas. We were concerned that patients were asked to confirm personal details in front of other patients while waiting, raising a GDPR issue.
- We found that the hallway beds that were used routinely to hold patients as an overflow were an issue, due to a lack of privacy.

Parking and Hospital Site Access

We understand this is a wider estate challenge, but the lack of parking has a large impact on patient experience, and this was heard throughout speaking with patients.

- There were major frustrations with the lack of parking; patients found parking difficult, with patients circling repeatedly and experiencing unsuccessful attempts for a space.
- Blue badge users still found spaces inaccessible.
- Some patients opted for taxis due to parking issues.

Food, Drink and Basic Comforts

- Many patients waited long periods with no food or drink offered overnight while in the waiting rooms and the Streaming Hub.
- We noted that it was said that there were limited dietary options for people with allergies or medical needs who were not inpatients.

Signage, Wayfinding and Fair Accessibility

- We found that there was a need to improve signage and directives for patients going from one department to another. Although we can appreciate that there is construction going on, we found that more than one patient was unable to find their way to the departments, resulting in a need to ask for assistance.
- There was a clear lack of information available in other languages, given the diversity of the population accessing A&E. Having something to support patients to identify their native languages would be suggested.
- Many display boards were outdated and underutilised; we felt that more could be done to ensure these had current information, keeping patients engaged and informed.

Recommendations

1. Improving the environment where patients are waiting, with additional notices, display boards and décor, supporting better communication and experiences.

We found that the environments where patients were waiting were quite stark and lacking in engaging materials for patients. Since many attending the services spend long waits in these spaces, more needs to be done to improve the environment. We recommend that more display boards showing the patient journey and pathways in A&E be created for patients to view while they are waiting for care. We think that small changes such as repainting the walls, adding calming colours or additional décor would really help change the spaces where patients wait.

The addition of some TVs, which could help keep patients entertained while they wait, and could display key messages, such as department and hospital information, would be of benefit.

2. Better communication with patients about what to expect during their time at A&E and wait times.

We found that many patients said to us that they did not know what to expect next in the treatment journey and that they had not been kept informed. Patients also said that the wait times were much longer than expected, especially in SDEC. While the average time for a visit in SDEC is 4 hours, many had been waiting for longer than this timeframe. In SDEC patients are mainly referred by GPs, some patients commented saying that their GP had not explained what to expect at the clinic, and they were unaware of the wait they would have. We recommend putting out communications to referring GP practices to request physicians to support patients and the hospital by setting expectations for wait times when accessing SDEC and other services.

Some patients fed back to say that they could benefit from more information about the departments and next steps. We reiterate the first recommendation we made, to say that adding in visual information such as posters, display boards or TV screens that can show patients more about the A&E pathways and journey, as well as common conditions and average wait times, would be of great benefit to patients.

3. We recommend that the department improve the décor within the Clinical Observation Area, where patients who enter the service are treated for mental health conditions and add additional information about local services.

The COA is in need of some updating to make the space feel warm and friendly. We did note that there are comfortable chairs in the waiting area and privacy partitions between chairs whilst patients wait, which helps separate patients. However, there is a generally dull feeling with minimal posters and décor. More could be done to ensure there is a welcoming and warm feeling within this space, and the use of sensory-friendly lighting and surroundings would support those entering the service in a mental health crisis. This space has a great opportunity to have information available for local services and support that can be accessed after leaving the hospital.

4. Improvements to provide more privacy to patients.

We understand the strain that is currently experienced within the A&E departments, with large numbers of incoming patients and a lack of space to manage this. Whilst we look forward to the future improvements to the service to create additional space for the A&E pathways, there are small improvements that can be made in the current service areas. We had feedback from patients, staff and also what we saw on the day of our visit, that due to a lack of space, things such as vitals checks and confirmation of personal details were done in the waiting rooms next to other patients. We felt that more could be done to find a way to make this process more private for patients, as it can cause anxiety and make individuals feel exposed when this occurs. We suggest in areas such as SDEC that a make-shift area with screens is created to bring patients to for vitals when they are in the waiting areas.

We also thought that moveable screens and partitions could be placed around patients who were lying in beds in the overflow area within the hallways between the A&E patient bays. These patients were fairly exposed to the busy environment of the ward and did not have a way to have any privacy if needed.

5. We recommend that the signage be improved for patients who are navigating to the different services within A&E, considering bigger text and more visual guidance.

Many patients found it difficult to find departments, often needing to ask for help from other staff members. We think that there should be a review done on the current signage for patients coming from the main hospital areas, to help patients identify where they need to go. We think bigger text and more visual guidance would be a benefit for patients, especially those who have disabilities.

6. Improving language options and offering information accessibility to our diverse community.

We have many people in our local community whose first language is not English, and it is important to ensure these individuals have a fair experience when receiving care. We did not see much to support those patients who may need translation, or to help patients identify language support or webpages where translated information can be accessed to support their journey and care. We suggested that a poster be created in A&E which has one word displayed such as “welcome” or “hello” translated into the most commonly spoken languages to help patients identify that they are welcome in the space and that they can access information in a translatable format. A QR code guiding patients to a page with frequently asked questions or expectations for things such as treatment and wait times on the NGH website would be ideal, as each webpage on the site can be translated into second languages.

7. Ensuring patients who have been waiting for a long time or overnight have been offered food and refreshments.

We noted that some patients stated that they were without food and refreshments for long periods of time, typically while waiting overnight in A&E and the Streaming Hub. While we did note that there was water available in all areas for patients to access, ensuring that patients are offered food and drinks during long waits is important, as well as having food available for those with dietary restrictions such as gluten-free, vegan and halal.

8. Improvements for patient parking.

While this is a wider hospital issue and we are aware that the NGH team is conscious of this issue, it does have a huge effect on patients accessing the service. The lack of available parking spaces causes frustration and anxiety for patients, especially when dealing with a health crisis. Something needs to be done to address this issue, as even our own team was forced to park off-site due to the lack of available spaces.

Methods

Healthwatch West Northamptonshire have a statutory right to enter Health and Social Care Services to view the premises and to speak with both patients and staff members. We used our ability to enter services and review through a format called an Enter and View. This methodology is a tool originally created by Healthwatch England, and our visit was conducted alongside their guidelines and our Enter and View Policy[2]. This ability to Enter and View services offers a way for Healthwatch to meet some of their statutory functions and allows for the ability to identify what is working well with services and where they could be improved[3].

We preplanned and arranged this visit with the team at NGH, allowing time for staff and patients to have notice. Prior to our visit, Healthwatch West Northamptonshire (HWW) posters were distributed and displayed within the Emergency Department waiting areas, informing patients about what HWW does as an organisation.

Upon arriving at the department, the visit aimed to ensure that the perspective of the patient is captured; therefore, Healthwatch Representatives (staff and volunteers) focused on seeing things through the "eyes of the patient". Healthwatch Representatives used an Enter and View template to guide them through the visit and walked around and observed the department. By walking around, observing the surroundings of the Emergency Department, speaking and asking questions to both staff and patients, Healthwatch was able to gather a thorough understanding of how the service was functioning.

Our team of Healthwatch Representatives used elements of the Patient-led Assessments of the Care Environment (PLACE) framework as a part of the Enter and View, so that we could assess whether the environment would be considered accessible, friendly to those with learning disabilities and dementia[4]. This allowed our organisation to highlight the positives and the elements of the service that are effective, as well as looking to reflect on what can be improved. Our Representatives spoke to patients, their families and/or carers and the staff on the day of the visit to explore their views and experiences in relation to the service.

[2]https://www.healthwatchnorthamptonshire.co.uk/report/2023-01-17/our-enter-and-view-policy

[3] https://network.healthwatch.co.uk/guidance/2019-04-23/guide-to-enter-and-view?gad_source=1&gclid=Cj0KCQjwncWvBhD_ARIsAEb2HW9oQ_19jkIyXM7W8hblfMPSyK7rDPcjiGChI25TLBnBv1Fr7ar9XH8aAglHEALw_wcB

[4]https://digital.nhs.uk/data-and-information/areas-of-interest/estates-and-facilities/patient-led-assessments-of-the-care-environment-place/dementia-friendly-environments-guidance-for-assessors

These findings were documented and summarised by our Healthwatch Representatives, who then expanded and reported on them within this report. After the report is finalised, a copy of the report is sent to the Head of Patient Engagement and Experience, the Director of Nursing and lead matrons of the different departments, who are given the opportunity to respond and are asked to formulate an action plan for our recommendations.

Findings from the Adult Emergency Department

The Adult Emergency Department is comprised of many units within the north section of Northampton General Hospital, located on the first floor of the hospital. The department typically sees an average of 164,000 patients per year. Within the Adult Emergency Department are the following units our team visited: A&E Streaming Hub and Minor Injuries Unit, Springfield Minor Treatment Centre, Ambulance Pathways, Same Day Emergency Care (SDEC), Main Emergency Department (including FIT stop), and the Clinical Observation Area (COA).

The A&E Streaming Hub and Minor Injuries Unit is where patients first go to be checked in and assessed for their condition and needs. This kickstarts their journey in A&E, and patients are then streamlined to the appropriate departments for their care. If there is a need for patients to be treated for minor ailments, the patient is sent to Springfield Minor Treatment Centre, where they can be seen by one of the four physicians on site. For patients who are deemed in need of emergency care from the Streaming Hub if the condition needs further diagnosis or treatment, and for those patients who are coming to the hospital via ambulance, the patient will either be sent to the Clinical Observation Area if the issue is possibly mental health related, or to the Main Emergency Department, where they will be seen by a consultant or specialist for further care. The aim of the A&E patient bays and private rooms is not to house patients for too long, and patients who are recommended to stay at the hospital for further treatment will be referred to a speciality department for further care.

SDEC, the Same Day Emergency Care unit, is typically full of patients who are sent by their GPs or other medical professionals; however, occasionally, patients from A&E can be sent here as well. Patients needing direct supervision, often those at risk for falls, may be placed into Quinton Ward to ensure their high dependency needs are met.

Our findings from the department are detailed below.

A&E Streaming Hub and the Minor Injuries Unit

Environment

Upon first arriving at A&E, if not brought by an ambulance, then each patient will begin their journey through the doors of the A&E entrance, which houses the Streaming Hub, which includes the triage department, which carries out initial assessments, a few waiting rooms, assessment areas and past the second waiting area sits the Minor Injuries Unit. This department is currently held in portacabins, which sit outside the main emergency department. As our team walked through the department with the A&E Matron, we heard about the current plans underway to expand the department into a new modular building, which uses the NHS England Acuity Model to bring in faster assessments to get patients to the right departments with minimal wait times.

The initial waiting area by the A&E desk, where patients check in, is quite minimally decorated. We noticed that the space was clean and the staff were utilising the space to the best of their abilities. Patients are supposed to stand behind a red line and wait to be called forward; however, we noticed that the red line was nearly worn out, and the notice telling patients about this was obscured by the individuals who were talking to the staff at the reception desk, which could cause issues given the small space when the department is busy. From entering A&E to receiving an initial assessment, the target time for this is 8 minutes. This assessment occurs in the hallway between the two waiting areas, at the temporary nurses' station. While we understand that there is a lack of space within the temporary department, we did note that this did cause patients to have a lack of privacy, as the patient could be overheard in the waiting room when speaking to the assessment nurse and having their vitals taken.

The second waiting area was quiet during the visit, but we noted that all the waiting areas, including the one in the Minor Injuries Unit, were a blue colour, which helps support patients with dementia. All three waiting areas could benefit from some additional décor or comforts to make the space feel more inviting and to relieve patients who are already experiencing stress due to their conditions. We did note that there were water coolers for patients to access, which was a benefit to patients waiting to be seen. The chairs in the second waiting area were very close to the door, which is automatic and leads incoming patients to the minor injuries unit. This brought in a breeze and left the waiting room feeling cold and less comfortable for the patients waiting.

The minor injury unit has its own waiting area and a hallway of treatment rooms for clinicians to access. The Minor Injuries Unit is nurse-led, although trainee doctors rotate through it to help expand their experience of injuries. Patients are expected to go home after treatment but can be admitted to a ward. The area had a few old children's décor images left from when the space was a paediatric service, and there was not much for patients to view or read while waiting for their care. The area was clean and uncluttered.

Accessibility and Communication

The signage to find the entrance to A&E, where patients check in and begin their journey, was clear and visible at the entrance itself, but we noted that if one was unaware of the department's temporary layout, it would be difficult to find, as the signage within the hospital to lead service users to the entrance was not clear. We felt that it was difficult to access the streaming hub due to the construction and redesign of the department, which had temporary paths and areas around the department blocked off for safety reasons due to ongoing construction.

Once inside the unit, we found that there was minimal posted for patients to read, in terms of notices and communications informing patients of next steps and expectations of A&E. We noted that patients found it difficult to know where to go, with our team being asked where the Minor Injuries Unit was by someone returning from X-ray and hearing comments from patients that they were unsure what was happening next. We felt that the walls could be used to provide patient information, a plan of the area, and/or a TV, even if it only displayed hospital information.

Where there were some notices, we noted that the only language that could be seen was English. This was rather surprising given the diversity of the patients who access the service. We recommended that a poster be made and displayed, which had one word, such as "Welcome" or "Hello", to be translated on a poster in the most commonly spoken languages, so that patients can feel recognised and could be diverted to a translatable page with information about what to expect at the A&E department.

Springfield Minor Emergency Unit

Environment

Upon arriving at the department, a bell must be rung to enter the unit, which helps maintain the safety and privacy of patients. The reception desk at the front of the unit allows patients to check in ahead of waiting to be seen by a clinician. This space was clean and tidy. The waiting room was at capacity, and staff noted that it often gets overfilled, causing patients to be left without seating during busier times. They have 4 doctors and 4 ACPs (Advanced Clinical Practitioners) within the unit. There is a focus on a 4-hour performance to get the patients seen, treated and discharged. There are 4 rooms to see patients, which adjoin the large waiting area. Patients are expected to go home from here, rather than onto other parts of the A&E estate.

There was a TV in the waiting area, but it could not be able to be seen from all angles. There was a refreshment stand for patients to access.

The building is dated, and the walls and floors showed wear and gave the space a dull feeling. We did feel that the space could benefit from a repainting, which would give the space a brighter feel. Some décors in the space, even just a few pieces of art, could really help brighten the space, especially for patients who face long waits within the unit.

Accessibility and Communication

There was not much information available in a visual sense, with the walls not being utilised to provide any helpful notices or information to inform patients of what to expect at the department. We did notice there was a space provided on the wall for comment cards for patient feedback, which helps patients share their experiences of care at the service.

Main A&E

(Ambulance Reception, Main Treatment Beds and Quinton Ward)

Environment and Service Delivery

Upon arriving at the ambulance entrance, there was a small room with a makeshift check-in desk for the ambulance staff to check in the patient and to discuss the condition they were experiencing and a connecting room which

provided a space for initial assessments and vital checks if needed. This area was previously used in other capacities and had not been changed since its previous functionality. The second room had old shower equipment, and both rooms could use a paint refresh and a more permanent space for the receptionist to utilise. The ambulance handover times were quite long, and there was a 6-hour wait to see the doctors during our visit.

In the main A&E treatment area, there was a FIT-Stop waiting area, which was a space where patients who were well enough to wait for further care could be placed. It is worth noting that the first nurses' station was well placed to be able to visually monitor patients within this space. There is a 10-bedded assessment area where patients can be seen for more in-depth assessments, and chest x-rays and CT scans could be organised. These bays were all full, and there were a few beds outside of the area within the hallway with patients; these ran alongside the nursing station. In this hallway, there were reclining chairs available for patient overflow. Alongside the nurses' station and running along the back end of the main A&E area, there were 10 additional private rooms to house patients. This was ideal for more vulnerable or contagious patients to be able to have their own space. There were some dementia-friendly rooms available at the end of the area.

At the end of the Main A&E space was Quinton Ward, which was a private area which housed 6 beds. This space was created to oversee high-dependency and vulnerable patients, typically those prone to falls or in need of constant oversight.

The environment of the space was overwhelming and would be especially difficult for individuals with learning disabilities and neurodivergence to experience. The area was noisy, and the hallways were busy. The areas were well lit, and given the limited space and overflow of patients, the actual treatment rooms and areas between the treatment rooms were tidy and well-kept.

There were a couple of places in the second treatment areas where the floor covering was lifting, which could be a potential trip hazard. One of them was outside the nurses' station.

We noted that more could be done to enhance the privacy of patients. We found that the patients who were waiting in the beds in the hallways looked exposed, and having something such as a mobile privacy screen could help patients feel more comfortable in the busy environment in the hallways.

Accessibility and Communication

There is no signage to indicate to patients coming through the ambulance entrance where they are, which may make patients feel uneasy in the environment. We think there would be great benefit in creating some signage for patients who are entering the department via ambulance to know where they are when being checked in and initially assessed.

In the waiting areas between the Main A&E areas and within the hallways, we felt patient notices and communication to patients about the department and their care journey were lacking and were in need of updating and revision by the department leads. The main hallway had a notice board for patients, and there was a board identifying which staff were on the ward, which needed updating.

The empty spaces within the hallways and waiting areas offer great opportunities for notices and visual boards to be displayed, which show hospital pathways and information about conditions commonly seen within the A&E Department. There was a lack of accessible materials, and this included large fonts that could be easily read and information in other languages.

Quinton Ward has a good 'bay tagging' system in place. The patients at risk of falls always have a member of staff monitoring them. If they need to leave, they must 'tag' another colleague to take over, ensuring the safety of patients, especially those with dementia.

Clinical Observation Area (COA)

Environment

Our team briefly visited the Clinical Observation Area, which was a small unit with 5 treatment rooms and a small waiting room with partitions between chairs for the privacy of patients. This area was primarily utilised for patients who were accessing A&E due to mental health conditions and felt dull, with no effort to add décor or comforting paint colours to enhance the space to feel more comfortable and friendly.

There was a separate area for patients with a mental health condition, including an anti-ligature room. This space felt dark and dull, with nothing on the walls and a window which only looked out onto another window, which would not help to support patients who were in an active mental health crisis.

Accessibility and Communication

We felt this space was lacking in patient information and would be a great space to include information on local support services. We felt the addition of calming images or positive messages would help patients who were spending time waiting within the space. The treatment rooms were rather lacking in personality as well; some really small changes in this space could make a big difference for patients in crisis.

Same Day Emergency Care (SDEC)

Environment

Upon walking into the Same Day Emergency Care centre, it was noticeably overcrowded with patients waiting to be seen. The centre has 12 bays for patients to be seen, 6 of which are assessment areas. This unit was popular with GPs and with patients brought in by ambulance. At 11.15 am on this day, SDEC had to stop taking patients because of the number of patients that were already waiting to be seen. The staff staggered the arrival of new patients, when possible, to try and ease the burden on the medical staff throughout the day.

SDEC sees 100-120 patients a day, most are ambulatory, and the expectation is that patients will be treated and sent home after being seen at the centre. It was said that only about 7-8% of patients are admitted to the hospital after being assessed.

During our visit to the hospital on this day, SDEC was by far the busiest area. When we first entered, patients were seen standing and waiting in the hallway outside the service due to a lack of available seating. There was a refreshment stand, and when we returned to speak with patients about their experiences, a tea and coffee, and lunch cart came through, offering patients sandwiches.

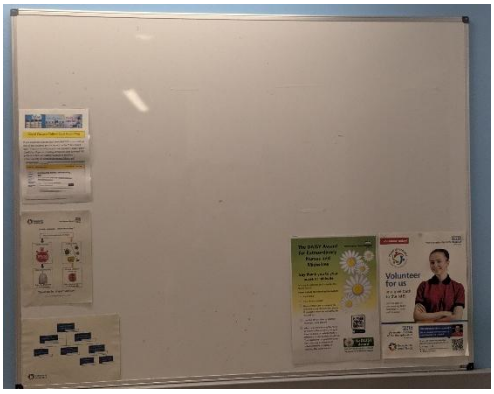
The environment was slightly dreary, and the noisy environment and overcrowding made visiting feel stressful. We did notice that, unlike the other departments, most of the chairs in the waiting area had added cushioning for comfort, which would help the patient experience during long waits.

This is another service which is running at full capacity and would ideally be better functioning with additional room for assessments and patient care. During our visit, many patients were receiving vitals checks in the waiting area amongst other patients and were asked to confirm personal details, which left patients

without much privacy and raised concerns for patients' data privacy and GDPR. The waiting area, which likely had approximately 40 patients, had nothing available to keep them entertained or occupied. There were no TVs or information to interact with.

Accessibility and Communication

We found the signage guiding patients to the care centre was lacking and whilst navigating our way out of SDEC our team had patients asking us for directions to the care centre. We felt the signage could be improved to help patients navigate to the department and the colours of the available notices by the entrance of the centre did not stand out. There was a need for a better display of information and details of the service. We noted that the notice boards were empty and in need of additional resources for patients. The waiting room was without notices and information on the walls for patients to access. There was nothing to communicate expectations or what the department's functions were.



We did see a Patient Safety Board, which detailed how many staff were working on the day, and this showed what levels of nurses were working as well. There was some patient feedback information displayed, which was around the long waiting times and the lack of available food and drinks for patients.

The floor plan of the waiting room was open and would allow patients with disabilities to move around easily, with movable chairs and open spaces at the end of the rows of chairs.

We did not see any information about how to access information in other languages, which was a concern for accessibility. We felt that the environment would be overwhelming for those with neurodiversity or learning disabilities and autism, which was related to the bright lights and noise within the department.

What People Told Us

We spoke with staff and patients within the Accident and Emergency areas at NGH to ensure that we gathered a comprehensive understanding of their experiences and feedback, both from working in and being patients of the department. When speaking to patients and staff, we informed them at the beginning of the interviews that their identities would be kept anonymous. We were able to speak with a total of 13 patients and 5 staff members.

Due to the condition of the patients within the A&E Units, our team focused on speaking to patients waiting for treatment in Springfield Urgent Care, Same Day Emergency Care, and the first and second waiting areas within the Streaming Hub. We spoke to fewer staff than planned; this was due to the high demand on the service and the respect for staff's time during this busy working day.

Service User Feedback

Experience

We asked patients about their experience so far within the A&E department, which included how long they had been waiting.

In SDEC, Patients reported having been waiting between 3 hours and over 24 hours, but for some patients, this wait time would have included a journey that started at the Streaming Hub, while some were sent by their GPs. In Springfield, it was between 1 and 2 hours. In the Streaming Hub, one patient in the initial waiting and assessment area was waiting for 3.5 hours, and a patient in the main A&E department had been in the Streaming Hub for 1.5 hours and in the treatment waiting area for the rest of the time (10 hours).

Patients were asked how their interactions with staff had been during their time within A&E, and all patients reported having had good interactions with staff. Patients said the following:

> *"The staff we have seen have been really nice (SDEC)."*
>
> *"The staff are 10/10, we admire all the work that they do, and they are hard-working and nice people, but the system is broken (Main A&E)."*
>
> *"The staff are nice and polite, very approachable (SDEC)."*

Patients were asked if there was anything that they wanted to highlight as a good experience regarding their experience so far. Some patients said no and some said yes. The responses were:

"The staff have always been great (SDEC)"

"The care has been good; bloods were taken within 10 minutes (SDEC)"

"The signing in process was good, but now waiting (Springfield)"

Patients were asked if there was anything that could be improved about their appointment; the majority of feedback surrounded the long wait times. The themes we heard from patients on what could be improved were:

- A poor experience of the environment they were waiting in
- Issues around the long waits experienced during their treatment pathway
- The process of their care and steps in their journey
- Not being offered food or drinks during long periods of time, including a lack of food options for those with specific needs
- Issues around a lack of privacy

Patients shared the following with our team:

Environmental Issues…

"The seats in the area were not comfortable for sitting for such a long time, and it was very draughty as the doors to the outside opened automatically whenever anyone walked near them or pressed the button to come in. They could not move to a warmer part of the room, as a nurse had been very insistent that we stay in the same seats. (Streaming Hub) "

"The doors were constantly open, and it was chilly. We felt that we were just left waiting and did not know what was happening (Streaming Hub)"

"The waiting areas need to be better, the seating is not comfortable, and we need better tea and coffee machines to use while we wait. (SDEC)"

Waiting Time Issues…

"You see people being treated right in front of you and it is frustrating, especially when we have been waiting such a long time! (SDEC)"

"The waiting time is difficult. I would like some pain management and to know what is going to happen next and how long it will be. There were a lot of people and staff walking backwards and forwards, it is not a calm atmosphere (Streaming Hub)"

"I spent the night in the portacabins with no food and no drink in an uncomfortable chair. I still have not seen a proper cardiologist and I am so tired. If I don't get seen by 4:30 this afternoon, I will just go home. It has just been a nightmare, and nothing is resolved. (Streaming Hub and SDEC)."

Process of Care Issues…

"They need to streamline the process; it is disjointed and they need to cut time down between the different areas and the waiting between visits (SDEC)."

"We felt like we were left waiting and not knowing what was happening until the day staff came in (Main A&E)"

Food and Drinks Issues…

"It was a long time before they we been brought a sandwich although a nurse had brought coffee. I was given a cup of tea in the morning, but my spouse had not. (Main A&E)"

"I am coeliac and there were no sandwiches available I could eat (Streaming Hub)."

"I have spent over a day in waiting areas and no food or drink was offered to me through the night (Streaming Hub & SDEC)."

"More accessible drinks and food (SDEC)."

"A vending machine (Springfield)."

Privacy Issues…

"A bit of privacy, please (SDEC)."

Communication

We asked patients about the communication they had experienced so far within the area of A&E they were in, and whether they knew what the next steps were in their care. Patients shared the following:

> *"Better communication on what to expect from my GP, we did not know how long it would take to be seen and what to expect here (SDEC)."*
>
> *"No, I suspect maybe some medication (SDEC)."*
>
> *"My GP sent me, and I am waiting for blood tests and next steps (SDEC)."*
>
> *"I am not clear what is happening (SDEC)."*
>
> *"No, I have not been seen yet (Springfield)."*
>
> *"I would like more information to be given to me, with regular updates (Main A&E)."*
>
> *"I would like some pain management and to know what was going to happen next and how long it will be (Streaming Hub)."*

Based on this feedback, we feel that patients would benefit from better communication from the care teams and better information on what to expect from a journey through A&E and at specific departments. We think this could be displayed in the waiting areas for patients to view while waiting.

Access

We asked patients how they arrived at A&E and whether it was easy to access and find their appointment's location.

The method of transport for patients was a mix of coming to the hospital by taxi, by bus, by car and by being dropped off by others. Patients shared some feedback which related to the struggle to find parking, and this was the reason why some patients said they chose to take a taxi. Patients shared some feedback around this:

"We came by car and parking was horrendous, we tried over 8 times to get a space, you would think they would have a multi-storey car park! (SDEC)"

"We had to come in by taxi because it can be difficult to park and expensive, even though we have a blue badge. (A&E Streaming Hub)"

"I had to circle for such a long time and there is not enough parking (SDEC)"

We asked patients if it was easy to access and find the clinic/ area they needed, and this question received mixed sentiments. A few patients found it easy to find and access the area they needed, saying:

" It was easy to access (SDEC)"

"It was easy to find my way here (SDEC)"

"I was shown how to get over to this building (Springfield)"

For the majority of patients, they stated they did not find it easy to access and find their appointment's location, which was mainly due to a lack of signage. Patients said:

"No, I was told to follow a blue line to SDEC, but I couldn't see one anywhere. I had to ask someone at the help desk to help me find where to go. Signage is poor."

"Not easy to find, lack of signs to SDEC".

"Needed to be shown where the building was (Springfield)"

Patient feedback showed us that there is a need to improve signage for patients accessing the various areas of A&E, especially SDEC. This may involve assessing the current signage to see if it is easy to read and easily visible for incoming patients. We learned that they need to be improvements in the parking at the hospital, we found that even our staff and volunteers attending the visit found they could not park, giving our team first hand experience. This is frustrating and upsetting for patients who are already in stressful situations.

Staff Comments

We spoke to staff about their experience of working within the different departments. We asked about the best part of working within their department, as well as what they think could be improved, and asked about support and training. Staff were assured that this information would be kept anonymous for staff privacy.

Training and Support

We asked staff if they felt adequately trained to handle and understand the services offered in this department; all staff said yes.

We asked staff if there has been any training that has benefited them since working at the clinic. No specifics were shared, but one staff member stated that they had good training offered to staff.

We asked staff about the support they receive from the team. All of the staff said they felt supported, with staff members saying:

> *"Yes, I definitely feel supported here."*
>
> *"It was a nice team and the staff help each other."*

The Good and the Bad

We spoke with staff and asked them what the best part is about working within the A&E Department. Staff said the following:

> *"In SDEC, every day is different, and that makes it exciting."*
>
> *"It is such a small team, which is a benefit because you build relationships with the staff on your team and have each other's backs."*
>
> *"I love my position here, it would be great to have a progression programme for being a health care assistant, with professional development in the role and something of a graduation opportunity for those who don't want to train to be nurses, but skilled HCAs."*

Overall, the staff were complimentary of the team in which they work, which leads us to conclude that there is a good sense of teamwork and pride in the work and care they deliver.

We asked staff members if there was anything that could be improved within the A&E Department and wider within Northampton General Hospital.

For their departments, staff shared the following:

> *"I think we need more space; it is a big issue, and due to the number of patients, there is a lack of patient privacy."*
>
> *"There has to be a way to improve the flow and long waits, a way to streamline the service. Too many patients ask me, 'What is next?'"*
>
> *"The current IT system in our department does not show times for some critical medications; it is written on paper, but sometimes this gets lost."*
>
> *"Lone working could be an issue."*

For improvements to NGH as a whole, staff shared the following:

> *"Car parking is an issue for patients."*
>
> *"We need a bigger hospital that is fit for purpose."*

Other Staff Discussions

One of our team members spoke to the senior initial assessment nurse in the Streaming Hub and a conversation was had around the topic of sickle cell. The discussion focused on the community's misunderstanding of this illness. The nurse has introduced some training in the Emergency and Acute Wards within NGH. They stated that there is a need for special Care plans and want to develop more staff training, including for Health Visitors. They are keen to reach out to communities, including churches and have started organising a Patient Advocacy Group.

Commissioner and Provider Responses

Northampton General Hospital was grateful to West Northamptonshire Healthwatch for the recent Enter and View visit, building on previous visits to the Emergency Departments.

Building on some of the recommendations from West Northamptonshire Healthwatch and other sources of patient and relatives feedback, Northampton General Hospital have recently opened some new services to improve the patient experience and their clinical pathway. In November 2025, the Acute Assessment Unit (AAU) on Nye Bevan and the Rapid Assessment Unit (RAU) opened as part of improvements to patient flow for Urgent and Emergency Care services. These units also enable us to improve ambulance handovers, thereby releasing ambulances in a shorter timescale.

Northampton General Hospital is also excited to be building a new Urgent Treatment Centre on the grounds where the streaming hub was situated. Building work commenced at the end of November 2025, and this facility is expected to open in late summer 2026. It will be a major development consolidating the Urgent Treatment Centre (UTC) and Emergency Department entrance, aiming to improve urgent and emergency care access.

Acknowledgements

Healthwatch West Northamptonshire is grateful for the time, efforts, and cooperation of Northampton General Hospital's Accident and Emergency team and Patient Experience team. We appreciate the ability to be allowed into the different A&E Facilities to evaluate and assess the premises, as well as being able to speak with staff and patients to better understand their experiences.

Thank you to our volunteers for their hard work and time dedicated to gathering the data and valuable information needed for this Enter and View. Special thanks to Des, the lead Matron of the A&E Department, Chris Johnson, the Head of Patient Experience and Engagement at NGH and Sara Francis, the Deputy Head of Patient Experience & Engagement. Healthwatch West Northamptonshire's volunteers, Susan Hills, Morcea Walker and Mark Vincent.

About West Northamptonshire Healthwatch

Healthwatch West Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision-makers and make the case for improved services where we find there is a need for improvement.
- We strive to be a strong and powerful voice for local people, and to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using many different ways to discover views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch West Northamptonshire and the people whom we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at https://www.healthwatchwestnorthants.com/

healthwatch West Northamptonshire

About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch West Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures

Connected Together CIC is a social enterprise. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at www.connectedtogether.co.uk

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We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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