

HEALTHWATCH KENT ENTER & VIEW PROGRAMME 2016

Darent Valley Hospital Emergency Department Winter Pressures Visit 25th February 2016

Acknowledgements

Healthwatch Kent would like to thank the service providers, patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

This report relates to findings observed on the specific dates identified in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

About Healthwatch Kent

Healthwatch gives people a powerful voice locally and nationally. In Kent, Healthwatch works to help people get the best out of their local health and social care services. Whether it's improving them today or helping to shape them for tomorrow. Local Healthwatch is all about local voices being able to influence the delivery and design of local services. Not just people who use them, but anyone who might need to in future.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel

uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Disclaimer

Please note that this report only relates to what we observed during our visit. Our report does not claim to be representative of all service users, only of those who contributed within the restricted time available.

Purpose of the Visit

To look at the impact, the new building has had on patients' experience of the Emergency Department since the previous visit in July 2014 and to see what effect the measures put in place by the hospital to cope with Winter Pressures have had on the patients' journey through the department at this busy time.

Aims and Objectives

- To determine what effect the new building has had on patients' experience of the Emergency Department.
- To see if the recommendations made by Healthwatch Kent in a previous visit in July 2014 have been implemented.
- To find out whether the measures put in place by the hospital to address Winter Pressures have been effective from the patients' perspective.

Method

This was an announced Enter and View visit and was planned in conjunction with the staff in the Emergency Department at Darent Valley Hospital.

The visit was planned with Will Fleetney, A&E Lead Nurse to accommodate ward routine and would last for approximately three hours.

A team of two trained Healthwatch Kent members visited the ward.

The team also recognised that the number of patients seen would very much depend on the situation on the ward on the day and could not be prescribed in advance.

The team checked with the staff working in the department if there were any patients who it would not be appropriate to speak to.



All our observations have been shared with the organisation who provides the service. They have checked it for factual accuracy and they have been offered the chance to make a comment.

Name and address of premises visited	Darent Valley Hospital Darent Wood Road, Dartford, DA2 8DA
Name of service provider	Dartford and Gravesham NHS Trust
Purpose of the premises/service	Acute Hospital
Lead Contact	Will Fleetney, A&E Lead Nurse
Date and Time of Visit	25 February 10.00am- 13.00pm
Authorised Healthwatch representatives undertaking the visit	Patricia Still Theresa Oliver
Healthwatch Support Team	Theresa Oliver and Robbie Goatham

Background Information

Darent Valley Hospital serves a large, densely populated area and is situated close to several motorways, Bluewater shopping centre and the Dartford tunnel so is accessible to Kent, Medway, Essex and some of the London boroughs.

The following information has been provided by Darent Valley Hospital as a snapshot of the activity within the A&E department during our visit:

Number of patients booked in from 10am-12pm: 37 patients

Average time to Triage: 22 minutes

Average time patients spent in the department: 3 hours and 52 minutes

Summary of Findings

- We spoke to 22 patients in various areas including 12 in the Reception/Waiting area, 3 in Majors, 2 in Minors, 2 in the Ambulance handover area and the 3 in the Children's section.
- One patient was called to see a doctor so did not complete all questions.
- Out of the 21 patients; 3 were under 18 and included a very young baby, 13 were aged between 18-64, 2 were between 65 and 74 and three were over 75.
- All, except one (BR8), were from DA postcodes.

General Observations

The entrance to the Department was well signposted from the outside and from the car parks. The reception/waiting area was clean and bright with well-spaced seating which allowed good access and some degree of privacy. Noise levels were low although some patients found that the large space made hearing difficult. The toilet facilities were clean, accessible and well signed.

There was no method for informing patients about current waiting times. Covered water jugs and disposable cups were available but there was no facility for patients to purchase hot drinks. Although there is a branch of Costa Coffee next to the department.

Hand washes in the clinical areas were not clearly marked.

Experiences of Service Users

Reasons for coming to the Emergency Department (ED)

4 people were at A&E with chest pains. Two people had had a fall, 3 had injuries and 12 patients had other issues including one with a mental health condition.

Arriving at the ED

8 people came to the department by ambulance and 12 came by car with 2 patients travelling by public transport.

12 people came straight to the ED including 4 who called 999. 9 others were referred by a GP or other health professional and one patient with mental health issues was referred by Samaritans. No-one we spoke to had contacted 111 but one patient said that they had used them previously and they were “useless, a waste of time”.

When asked if they knew where the minor injury clinics were, 11 people said they did know but 8 said they didn't. 1 patient thought there was one at Erith but that it was now closed.

18 people didn't consider any alternative to coming to the ED.

Waiting Times

10 people questioned had waited less than an hour, 9 had waited between 1-3 hours, 1 between 3-4 hours and 1 between 4-6 hours. 1 person had been in the Emergency Department for 15½ hours.

19 patients were waiting to see a doctor.

13 had been seen by a professional (triage) within 20 minutes and out of these 11 said that the professional had introduced themselves and explained what they were going to do.

1 person had only been waiting 15 minutes and 1 was seen at 30 minutes. 3 people had been waiting between 30 minutes and 1 hour but had not yet been triaged.

Only 6 people were aware of the current waiting time before they arrived at the department, 2 of these found that information from the media.

No-one had been informed about current waiting times but one person, who had asked, was told an hour and that time had well passed.

Ongoing conditions and Falls

5 people had ongoing conditions although one had come to the department because of falling. 4 of these had had been to the ED on previous occasions with issues related to their condition.

3 people were attending because of falls but none of these had occurred in a care home.

General issues

12 people had received some treatment when we spoke to them.

7 patients had been offered pain relief. Pain relief wasn't appropriate for 8 other people questioned.

9 people were waiting for test results. These seemed to be mainly blood/urine and x-ray.

Communication

Although 14 people felt that the information they had been given was very clear and easy to understand, 5 people felt that it was not very clear with 2 people saying it wasn't clear at all.

The patient who had been waiting for over 15 hours had been given little information about the delay or what she was waiting for. She overheard a nurse saying that they were trying to find her a bed but she hadn't been told that directly. She had waited on a trolley all night.

Most patients we spoke to felt the nurses gave them their full attention with the majority having a good experience but a small number had a very different experience.

10 people felt that they had been involved in decisions about their care whereas 7 people didn't although, some of these were waiting for results and to see a doctor.

Privacy

14 patients felt that their privacy had been very respected with 4 saying it was quite respected. 2 people felt that their privacy had not been respected at all or not very much.

1 patient, although generally happy that their privacy had been respected, said that when providing a urine sample, they had to walk from the toilets with the sample bottle through the waiting area which made them feel uncomfortable.

1 patient suggested that if there were several people queuing at the reception desk it was possible to overhear what people were saying so a means of directing people to queue behind a line or board would improve privacy.

Patient Comments

- Generally, most people we spoke to seemed to think that the department was providing a good service and were tolerant about waiting times.
- 1 patient with an ongoing condition said "this hospital is gold star".
- Another who had brought an elderly relative in on several occasions said "they are always really good here"
- One of the people who was in with a child said "They are very good with children here they are always seen quickly; it is a good service"

Discussions with Staff

As the staff in the department were all quite busy we were not able to talk to them on this occasion

Ambulance Staff

We spoke to 2 of the ambulance crews who were waiting to transfer patients. One crew had been waiting about 30 minutes for the patient to be triaged and then they have to wait for the patient to be transferred to the ED trolleys. As they were waiting to transfer their patient they had not been able to attend a nearby emergency call that had just come in.

They said that since Christmas there has not been an Ambulance Liaison Officer (also known as HALOs) at Darent Valley which has slowed ambulance handovers down. The week before they had waited for 3 hours before a bed was available for their patients. These long waits were having significant impact on their ability to respond to ambulance calls.

The other ambulance crew were from Tonbridge and had only arrived a few minutes before so they weren't able to comment on the handover times at Darent Valley.

Recommendations:

The new building seems to have resolved the issues we found previously with signage, privacy and safety.

Most people we spoke to on this visit were able to hear their names called although for some this was still an issue.

No-one mentioned parking as an issue this time but that may be down to the time of day of our visit.

Our Recommendations

- All staff are reminded about the need to introduce yourself, explain clearly what is happening and be aware of respecting people's privacy. Although the majority of patients we spoke to had positive experiences some felt their privacy hadn't been respected at all.
- Patients who need to provide urine samples should be offered something to conceal the same when they are walking through the waiting area.
- A large banner/display board should be placed in the waiting area with information about 111, local minor injury clinics and other places for treatment. This could also show the waiting times at the minor injury clinics.
- Patients need to be better informed about waiting times. There needs to be an easy to understand system to display information.
- Where patients are waiting for excessive times, these patients need to be identified and provided extra support and information. No patient should have to wait for over 15 hours.
- Develop a contingency plan for times when patients have to remain in the department for long periods due to lack of beds.
- Identifying patients with long term conditions who could perhaps be directed to the Ambulatory Care pathway rather than coming to the ED

- Provide information about local Crisis Centres to organisations who may have may have contact with people with mental health issues.
- Ensure that handwash stations are clearly visible in all areas.
- Privacy at reception should be reviewed as many patients felt it was not acceptable.
- Ambulance handovers needs to be urgently reviewed.

Conclusions

Generally, the department seemed to be coping with the large numbers of patients associated with this time of year with staff busy but calmly dealing with patients and overall giving them good attention and care.

The majority of patients were being triaged within 20 minutes although for a small number there was some delay before they were seen.

The delay in hand over of patients from ambulance crews is having a significant knock on effect on their response times.

There is no provision for people who are in the department for long periods due to shortage of beds.

Most patients we spoke to were appreciative of the service provided and felt that the hospital was doing a good job.

Acknowledgements

Healthwatch Kent would like to thank the patients and staff from the Emergency Department at Darent Valley Hospital for their co-operation and assistance during this visit.

RESPONSE FROM DARENT VALLEY HOSPITAL

There are several changes planned that will be implemented at Darent Valley Hospital. I have every confidence that the next time you visit (and I hope to meet you all) the Emergency Department will be in a very different position.

- **Communication deficits:** We are investing in clinical leadership at band 6 level and have plans to take our band 7 out the numbers from July 4th. This will ensure our staff are supported through periods of peak pressure when I think even basic communication can be a casualty. I attend departmental quality rounds with our Lead Nurse about once a week and from this we generate some quick-wins and monitor our staff in a variety of ways; the presence of a Matron level nurse has a very significant and positive effect on all team members.
- **Urine samples:** We will ask the staff to consider this in his Streaming / See and Treat workstream, so we will have a better system by the 4th July 2016;
- **Waiting Time Display:** There is no plans for this, but I think there needs. Again I will ask the staff to explore a solution and I will fund it;
- **Exit-Block:** I know there is emphasis being placed on our 'stepping stones' and that bed occupancy has to come down to 92% for us to achieve Emergency Department standard. This is endemic across the NHS but A&E is the barometer. Nevertheless, while it exists, we will do all we can to make patients comfortable, however accept that patients will have to wait longer for admission;
- **Mental Health:** We have set-up a mental-health sub-committee that will meet once a month to discuss matters relating to Mental Health, Safeguarding and so forth. This is very multi-disciplinary and involves partners from the police, Kent County Council and mental health team. The first session is next week so we can highlight the single mental health number, Crisis and so forth. Also our mental health room is on the agenda as it really needs to be refreshed.

There is a high-level plan for Emergency Care and we have of course internal sub-committees that look at each area of ED and how we can make things better. You are very welcome to attend any of these sub-committees to give you a flavour of where we are going, and would welcome any thoughts you have on the above.

Kevin Cairney
Directorate General Manager for Emergency Care at Darent Valley



Appendix 1 - COPY OF QUESTIONNAIRE

RAW DATA SUMMARY A&E ENTER & VIEW VISIT Winter Pressures

Darent Valley Hospital 25 February 2016

	Number of people interviewed
Waiting Area	12
Minor Injuries	2
Majors	3
Children's area	3
Ambulance hand over area	2

Q1 Reason

	No of people
Chest pains	4
Fall	2
Mental Health	1
Injury	3
Other	11

Q2 How did you get to A&E today?

	No of people
Ambulance	8
On foot	
Car	12
Public Transport	2
Taxi	
Other	

Q3: Who did you contact first



	No of people
Came straight here	8
GP/Health professional	9
111	
999	4
Other	1

Q4 : If 111 how was your experience of 111?

Q5:Who advised you to come to A&E?

	No of people
Self	8
111	
999	4
Minor injuries clinic	
GP Health Professional	9
Other	1 Samaritans

Q6 Do you know there are minor injury clinics and where they are?

	No of people
Yes	11
No	8



Q7: Was the need to come to A&E explained by the ambulance crew?

	No of people
Yes	7
No	1 not sure about question

Q9 Did you consider an alternative to A&E before coming here?

	No of people
Yes	4
No	18

Q10 What alternative? 2 GP, 1 Samaritans, 1 Walk-in but decided quicker to A&E Chest pains

Q15 How long have you been waiting?

	No of people
Less than 1 hour	10
1-2 hours	4
2-3hours	5
3-4 hours	1
4-6 hours	1
>6 hours	1 15.5 hours

Q16 16b Were you seen by a professional within 20 minutes and did they introduce themselves and explain what they were going to do?

Yes	13	16b Introduced themselves	yes	11
No	4		no	2

1 only been waiting 15mins

1 seen at 30mins

3 waiting from 30 mins -1hour not yet seen anyone

Q17 Were you aware of the current waiting time before you came? Q18 Was it l easy to find that information? Q19 where did you find that information?



17	Yes	6	18	Yes	2	19	2 found information in media
Aware of w/ time	no	16	Easy to find information	No			

Q20 Since you arrived have you been informed about waiting times?

Yes	0
No	21

One person asked about waiting times and was told about 1hour but already exceeded that

Q23 Do you have an ongoing condition which has meant that you need to come to A&E?

Yes	5
No	16

Q24 Is this the first time you've been here for this issue?

Yes	15
No	5

One person didn't want to answer

One person had been before with chest pains told to go home and see GP but had returned because pains had persisted.

Q25 Are you here because of a fall? Q26 If yes was it in a care home?

Q25	Yes	3	Q26	Yes	
	No	18		No	3

Q28 Are you confident you will hear your name called?

Yes	18
No	3*

*Older patients "Big space People talking Give out tickets?"

Q29 Have you received any treatment?

Yes	12
No	9

Q30 Have you been offered pain relief



Yes	7
No	6
Not applicable	8

Q31 Have you been told what happens next?

Yes	14
No	7

Q32 Are you waiting to see a doctor?

Yes	19
No	2

Q33 Are you waiting for test results?

Yes	9
No	12

Q 34: Since you arrived, have you been given information that is clear and easy to understand?

	No of people
Not at All	2
Not very	2
Quite	3
Very	14
Don't know	

Q35 Do you feel staff have given you their full attention?

	No of people
Not at All	2
Not very	2



Quite	3
Very	14
Don't know	

Q 36 Do you feel your privacy has been respected?

	No of people
Not at All	1
Not very	1
Quite	4
Very	14
Don't know	

Q 37 Do you feel you have been involved in decisions about your care?

	No of people
Not at All	3
Not very	1
Quite	3
Very	10
Don't know	4

Q138 : How old are you?

Under 18	18-64	65-74	75+
3	13	2	3



Q39 Post codes

DA17	DA13	Da10	DA1
DA8	BR8	DA12	DA9
DA9	DA2	DA8	Da12
DA11	DA8	DA11	
DA11	DA17	DA8	