

HEALTHWATCH KENT ENTER & VIEW PROGRAMME 2015

Accident & Emergency, Queen Elizabeth, The Queen Mother Hospital, Margate

July 2015

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.

Purpose of the visits

Healthwatch Kent visited two Accident and Emergency Departments in East Kent : Queen Elizabeth, the Queen Margaret, Hospital (QEQM) in Margate and William Harvey Hospital in Ashford. Both hospitals are managed and operated by East Kent Hospitals University Foundation Trust. The purpose of our visit was to talk to the patients who were present at that time about their experience of the service.

This was our second visit to both A&E departments. The return visits were designed to compare our findings from our earlier visits in order to ascertain if the Trust's development plan has resulted in improvements noticed and reported by patients, family and staff in terms of patient experience, dignity or choice.

These Enter & View visits were designed to ensure that we were hearing about the experiences of people using A&E. The visits aimed to gather views from patients, carers, families and staff about their experiences of the Accident and Emergency pathways and their understanding of possible alternative pathways.

Methodology

These visits were announced Enter and View visits and were planned in conjunction with Senior Matrons at each Accident & Emergency department.

Contact was made with the Senior Matron before the visit and information was given about the role of Healthwatch. The dates for the visits were agreed with the Senior Matrons.

A team of two Enter and View volunteers visited each A&E department. A set of questions and areas for observation were used by the teams on both visits. (Appendix A).

At each A&E, Healthwatch Kent volunteers checked with the staff working in the department if there were individuals who should not be approached or spoken to on the day.

All observations have been shared with the provider and this report is accompanied by a statement from each provider.



Queen Elizabeth, Queen Mother Hospital

Name and address of premises visited	Accident and Emergency department. Queen Elizabeth Queen Mother Hospital, Margate.
Name of service provider	East Kent Hospitals University Foundation Trust
Lead contact	Michael Walker, Senior Matron
Date and time of visits	July 6 th 2015, 2pm - 4.30
Authorised representatives	Helen Stewart & Sue Stephens

Background Information

The following information has been supplied by the hospital as a snap shot of activity on the day of the authorised visit.

- 28 patients registered in the department during the time we were there
- The average time they took from registering to being seen at Triage was 32 minutes
- The average time they stayed in the department from triage until discharge or gaining a bed if being admitted was 198 minutes

Healthwatch Kent's authorised visitors spoke with a total of 16 patients during the visit plus three carers or family members. In addition there were 4 staff. The authorised representatives spoke to people at various locations within the A&E department with an even distribution across the waiting area and the medical areas. There was one patient in resus at the time of the visit. Most patients returned to the general waiting area after triage. This has been recorded as Triage waiting area, to distinguish which patients had been triaged.

Flow through the Department

Since the last visit in December 2014, the IC24 service where a patient was assessed by an IC24 nurse and directed to a GP service on site (if necessary) has ceased. This service stopped in April 2014 when the Clinical Commissioning Group withdrew funding.

Therefore all patients within the A&E department are now serviced by the A&E staff. Patients arrive either via ambulance into the main area, where registration, assessment and treatment is completed.

If a patient brings themselves to A&E, the process is as follows:

- Patient registers at A&E reception and then waits in the waiting area
- Seen by the Triage nurse, who makes initial assessment and updates the online register
- Depending on their condition, the patient will return to the waiting room to await a Doctor or may be passported straight into majors for more serious treatment.
- Children are usually passported direct into the children's area.

What we Saw : Summary of observations

- Waiting area was clean and calm. It now has a water cooler.
- The décor has improved since our first visit. A competition with the local school children has resulted in bright positive window designs being placed on the entrance windows.
- Patients currently waiting on average 20-30 minutes before seeing a triage nurse.
- All available beds in major / minors were occupied at the start of our visit.
- The paediatric beds were all empty when we arrived, but children were admitted during the course of our visit.
- Once in a major / minor bed - waiting time appears to increase to 4-6 hours.
- Areas between the major / minor and paediatrics appeared very calm and organised.
- There were a large number of patients in the post triage waiting area, waiting to have tests or receive treatment.
- Since our first visit, the Major's area has been re-configured, reducing the beds from 7 to 6. This has meant better access, privacy and room for relatives to wait with the patients.
- The two computer station areas were more controlled since our first visit and no longer posed a pinch point.

Observations

Profile of people spoken to during the visit

- The majority of people we spoke to were under 64 years old (9) with one being under 18. We didn't speak to anyone between 65-75 years old but met with seven people over 76.
- Most patients arrived at A&E by car (9) or ambulance (5), only 2 had used a taxi and none came by public transport.
- The majority (11) were advised to come by a health professional, 2 had come straight to A&E and 1 had called 111, with 2 being advised by friends to attend A&E.

The patients experience of their journey through A&E

- Of the 5 people we spoke to in the waiting area, four had all been waiting between 60 and 90 mins but had already been triaged, whilst the latest arrival was only 20 mins .
- Of the 6 people in the post triage waiting area, 3 had been waiting between 2-3 hours and a further 3 had been waiting between 4-6 hours. All 6 were waiting for further treatment or results
- All of those we interviewed (15), except one, had seen a doctor or nurse and had either had treatment or were waiting for further treatment or doctor's analysis.

Privacy, Dignity and Respect.

- The majority of people questioned (13) thought that they had been given clear information, with only 1 patient not being given very clear information or none at all and 2 being unable to answer the question. Of the 16 patients, 14 felt that staff had given them their full attention, one did not and 1 was unable to answer the question.
- Most people (15) felt that their privacy had been respected but the majority (9) were unable to answer our question about being involved in the decisions about the care being delivered or received.

Environment

- Signage to the entrance of A&E and reception was clear. The new window murals resulting from a school competition has improved the look and feel of the A&E.
- The waiting area was clean and uncluttered, well lit and separated from the treatment areas. The patients we observed were all able to hear when their name was called, but one patient did comment that they couldn't hear the names being called because he wore hearing aids.
- There was a water cooler in the waiting area, as well as a machine dispensing refreshments.
- The Triage area was clean and separate from the waiting area.
- There is still a separate waiting area for children, which can be used by patients in the main area if they are accompanied by children of young age depending on the traffic flow current in A&E and how many child patients they have in.
- There is still a separate room for isolation or gynaecology issues.
- The major's area had received some refurbishment, being reduced from 7 to 6 beds, thus increasing the space available around each bed, increasing the level of privacy and enabling relatives to stay with the patients.

Discussions with Staff

Ambulance

- Whilst there we did not view any ambulance arriving at A&E. However there was an ambulance transfer, to collect a patient and make a transfer to another hospital.

- During our last visit in December there was an ambulance officer stationed in A&E to monitor the flow of ambulances during the busy winter period. This service is not currently operating.

Discussion with Matrons

- The current staff vacancy is between 30%-40%, which places pressure on current staff. 20 new staff were due to start in A&E within the next few weeks, which will place more pressure on the running of the unit during the induction process.
- There was a recruitment drive underway to recruit more staff from EU countries.
- The 'Culture Programme' which is part of the A&E recovery programme is well under way and is being well accepted by staff.
- 'Leadership Programme' is now under way. It supports a team approach with nurses being more involved with day to day working of the department. Matrons told us this had been a positive step and had been received well by staff.
- New monthly meeting in place with all Band 7 nurses, which discusses issues and changes planned within the A&E department. All staff now feel more involved with the successful running of the department.
- Staff restructuring where appropriate had been completed, implementing a career pathway for staff, to encourage them to stay once training completed.
- Observation bays are no longer mixed. This ensures improved dignity and privacy, but does place pressure on other areas.
- Transport continues to be an issue, particularly when trying to organise a transfer home from A&E for a patient who has received treatment and is fit to return home. Peak problem times are around 6pm, with night being the worst. If the patient is returning to a nursing home or residential home there are usually no issues. Transport seven days a week would help.
- The availability of the Discharge Lounge is inconsistent and causes delays within A&E. Sometimes patients have to wait in an A&E bed before they can be transferred to the Discharge Lounge to wait for the transport to return them home.
- The process to transfer patients to rehabilitation or intermediate care beds continues to improve.
- Mental health in respect of young people entering A&E continues to be an issue, with the lack of a space, making assessment more difficult.

Nurse Practitioner - Minors

- Since the IC24/GP service has ceased, the flow between triage and minors (see & treat) can sometimes cause delays. This is monitored regularly; with nurse practitioners moving between the two areas as required to maintain a continuous flow of patients.

- The reuse of an old GP room has supported the flow between Triage and minors.
- Recruitment and retention continues to be an issue, but the culture change programme and monthly meetings has increased staff involvement.

Reception

- A new electronic board will soon to be installed which will give customers clear information about waiting times.

Patients thoughts on what could be improved

- An announcement system in main waiting room , as patients couldn't always see the door or hear nurse calling.

Our Recommendations

- Staff vacancy rates are concerning. Work needs to continue to recruit and retain staff.
- Continue to work with the staff on the culture change programme, ensuring monthly meetings with staff are fully supported and the staff involvement in the day to day service beign provided in A&E continues to increase.
- Work with Healthwatch Kent to gather staff feedback in an anoymous and safe manner to ensure staff feel they can freely give feedback.
- During our first visit, we felt the IC24 system was helping to support the flow of patients through A&E and patients clearly felt it was a good service. Healthwatch would like further feedback about the removal of this service.
- Look at how the availability and use of the Discharge Lounge can improve the flow and therefore the experience of patients in A&E.
- Resolve the issues around discharge at nighttime. Healthwatch Kent requests a copy of the Discharge Policy.
- Monitor the reduction in beds, which was done to improve privacy and dignity, to ensure that it does not impact on waiting times



We would like to express our thanks to Mike Walker Senior Matron and all the staff of QEQM's Accident and Emergency Department for making the team so welcome and taking the time to talk to us.

Our report has been checked for factual accuracy by QEQM. They were offered the chance to publish their comments and feedback which they declined.