

Kingston Hospital Emergency Department: Enter and View Report


Kingston and Richmond
NHS Foundation Trust

**Register
here**



Use one of the
screens to let us
know why you
have come to
the Emergency
Department.



Table of Contents

Introduction	3
Key Findings	4
Background	6
Methodology	9
Findings	11
Patient Interview Location	11
Journey to ED	12
Outside Entrance	13
Validation	15
Arriving by Ambulance	17
Urgent Treatment Centre	17
Main Waiting Room	18
Same Day Emergency Care	21
Majors	25
Corridor Care	29
Clinical Decision Unit	32
General	33
Follow-up Survey	36
Conclusions	37
Recommendations	38
Bibliography	41

Acknowledgements

We would like to thank the management, staff and patients of Kingston Hospital who welcomed and assisted us in carrying out our research.

We would also like to thank all the Enter and View Authorised Representatives who helped with data collection. This includes: Anjali Jain, Annette Arnold, Anthony Carraro, Alan McNab, Bethel Tezera, Colombine Nuquet, Lillian Kerns, Mike Derry, Rachana Mane, Rosanna King and Suzanne Kapelus.

Introduction

“Individually, the interactions have been outstanding. Collectively, the process must be broken.”

This quote highlights the sad reality of emergency care. The patient who gave this quote had called NHS 111 and been advised to go to Teddington Memorial Hospital Urgent Treatment Centre. From there, they were sent to Kingston Hospital Emergency Department where they had a CT scan. They saw a consultant at 8pm and stayed the night in Majors. At 3am they saw a different consultant who repeated the same information. When we interviewed them around 10:30am, they were waiting for a prescription and to be discharged. They reported feeling bad taking up a bed they didn't need when others were waiting in the corridor outside.

This is just one of the 124 patient interviews we conducted at Kingston Hospital Emergency Department in November and December 2025; nonetheless, it highlights many common themes and challenges. On the one hand, patients are extremely grateful for the care they receive and the kindness of staff. On the other hand, patients don't feel they are sufficiently informed, wonder at the lengthy wait times, and witness or experience care in corridors. In this situation, patients cannot help but feel that the processes underpinning urgent and emergency care are broken.

The challenges faced by emergency departments across the country are complex and multifaceted. They constitute a system-level issue with no quick or easy fix. Indeed, Kingston Hospital was in 'business continuity mode' where clinicians are drafted from all non-essential work to help carry out patient care during our visits. This report does not pretend to have all the answers but aims to highlight patients' journeys through Kingston Hospital Emergency Department and make recommendations that will improve patients' experiences.

We are so thankful to the patients and their loved ones who spoke to us in moments of vulnerability. We are thankful to Kingston and Richmond NHS Foundation Trust for being open to this project and transparent about the issues they are facing. We are also thankful to all Healthwatch Richmond's volunteers who gave up their time to help give patients a voice. We hope that this report offers some insights and solutions to improve patient experiences of urgent and emergency care.

Key Findings

Overall Findings

- **73% of patients gave positive feedback about staff.** This is truly noteworthy considering the strain and pressure under which hospital staff were working.
- **Patients noted problems with food and drink provision across multiple areas of the ED.** This included:
 - The vending machines in the Main Waiting Room routinely not working.
 - No food available for patients with specific dietary needs, including soft food diet, coeliac and lactose allergies.
 - The breakfast trolley arriving late, around 10:30am.
 - No food is available within the Same Day Emergency Care or Majors.
 - Fear of missing their name being called prevents patients from accessing onsite cafes and vending machines.
 - There were routinely no cups at water fountains.
- **Bathrooms across multiple locations in the ED were unclean** during our visits. This included the bathrooms in the Main Waiting Area, Majors and SDEC.

Arrival

- **85% of patients sought medical advice before going to the ED,** challenging the narrative that patients are turning up at EDs when they don't need care.
- **We have concerns about the cleaning of the area immediately outside the ED.** On all of our visits, the area outside the ED was dirty and a cooler box was left next to the bins for a week. We feel that this constitutes a possible security risk.
- **Patients overall gave positive feedback about the triage system** but pointed out that there were too many questions, the question categories didn't include their reason for visiting the ED and that they needed help to complete the form.
- **During our visits, there were times when there were no members of staff present within triage, validation or reception.** This caused delays and blockages to patients' pathways as there was no member of staff to prompt them to complete the eTriage form or to answer questions. It also posed a safety risk as there was no one to respond quickly if a patient came in with a serious condition.
- **Patients highlighted multiple issues with the yellow chair area.** It was not well-signposted from the entrance and there were not enough chairs to accommodate the number of patients directed there on busy days. The yellow chair area was located in a busy corridor and patients reported difficulty hearing their name when called.
- **Patients who arrived by ambulance reported very positive experiences.** Patients praised ambulance staff describing them as "**absolute diamonds**" and described the hand over as "**smooth.**"

Urgent Treatment Centre

- **Patients reported that the UTC waiting area felt busy and confusing** because it is shared with the validation waiting area.

- We noted that the UTC felt empty, with few patients waiting or receiving care on each of our visits. We wonder whether more patients could be directed to the UTC instead of the main waiting area or SDEC.

Main Waiting Room

- Over a third of patients described the main waiting area as “calm” and 95% said that they felt safe.
- Concerns were raised by two patients about the lack of a reliable way to signal staff in the event of an emergency. The area lacked a consistent staff presence and a visible emergency alert system.
- Healthwatch Richmond and patients noted that this area can feel warm, stuffy and at times claustrophobic due to lack of airflow.
- Almost half of patients said that they had not looked at the posters or displays. Patients requested more information about waiting time and entertainment.

Same Day Emergency Care (SDEC)

- The SDEC is hard to find from the entrance of ED due to a lack of signposting.
- There needs to be a way for patients to check-in at SDEC. Patients were told to return to the main reception to check-in on two of our visits. This caused confusion and patients with mobility issues struggled.
- We have security and data protection concerns about the SDEC out of hours. On 5th December the doors were unlocked and the supply cupboard was open at 10pm. A computer was still logged on and there were patient records on the desk.
- Multiple patients questioned why they were waiting in the SDEC. Patients were waiting for test results, prescriptions or referrals and thought they could wait at home.
- There needs to be better management of the waiting areas in the SDEC. Waiting Room A was often full, with patients becoming increasingly frustrated, while Waiting Room B was empty.

Majors

- Patients reported that Majors felt “hectic” and “chaotic”. This impacted patients’ confidence in their care and their sense of safety.
- There are particular challenges around Bay 1. Here patients were seated for extended periods of time including overnight and reported issues around privacy and comfort.

Corridor Care

- Corridor care has become normalised within Kingston Hospital ED. This is concerning because it negatively impacts patients’ dignity and privacy as well as the level of care they receive.
- Corridor care influences the perspective of any patients who witnesses it and affects patients’ confidence in the care being delivered.

Background

National Policy

Sadly, there is a national consensus that NHS Emergency Services are not meeting the standards needed to ensure safe and effective care for patients or a positive work environment for staff. This has been acknowledged by the government in both the Urgent and Emergency Care Plan 2025/2026 and 10 Year Plan. The 10 Year Plan in particular argues that the most important social contract between the public and the NHS – that it will be there for us in a time of crisis – has broken down (NHS England, 2025b 40).

One of the most visible symptoms of this breakdown are wait times. The NHS Constitution mandated in 2010 that 95 percent of patients attending Accident and Emergency (A&E) should be admitted, transferred or discharged within 4 hours. This target has not been met for years and in 2025 the Urgent and Emergency Care plan reduced the target to 78 percent (King's Fund, 2025). Kingston Hospital is not currently meeting this 78 percent target and in December 2025 almost 500 patients waited more than 12 hours after a decision had been taken to admit them. This is deeply disappointing and worrying considering that those waiting over 12 hours in A&E are twice as likely to die within 30 days compared to those who left A&E after 2 hours (Healthwatch England, 2025).

Another visible symptom of the crisis is corridor care. Corridor care refers to the practice of providing patient care in clinically inappropriate areas such as corridors, waiting rooms or other temporary spaces (APPG, 2025). This happens when hospitals lack space and resources, often due to poor patient flow and discharge delays. Corridor care lacks the privacy, dignity and safety of purpose-built treatment areas. There is also commonly a lack of facilities, including toilets, food and water (Age UK, 2025). Corridor care is a result of a system that is unable to meet patients' needs and puts patients at risk.

In response to these challenges, the government has suggested both medium term and long term solutions. In the medium term, it provided funding for Same Day Emergency Care units and for digital solutions to help manage patient flow. In the long-term, there will be more efforts to redirect patients away from hospitals towards urgent care at home or through primary care services like pharmacies and GP surgeries.

December 2025

It is widely recognised that winter brings heightened pressures for the NHS, particularly urgent and emergency care services. This is because lower temperatures increase the risk of new acute illnesses, including heart attack and stroke and may exacerbate long-term conditions like asthma and diabetes. Respiratory viruses also spread more easily during winter as more people socialise indoors. This affects not just patients but also the NHS workforce (Alarilla et al, 2025).

December 2025 proved to be an especially challenging moment for the NHS. NHS England reported in the third and fourth weeks of December that flu hospitalisations had surged and hit the highest recorded number ever. At the same time, staff absence was up almost 10

percent on the same week two years ago. This was described as the 'worst case scenario for December' (NHS England, 2025c & 2025d).

This situation coincided with our visits. On two of our visits, Kingston Hospital was in 'business continuity mode' where clinicians are drafted from all non-essential work to help carry out patient care. This can happen when there are extraordinarily high numbers of patients arriving at the Emergency Department and when the hospital is struggling to discharge patients in a timely fashion.

Enter and View at Kingston Hospital Emergency Department

Healthwatch Richmond is a charity independent from the NHS, established by the Health and Social Care Act of 2012. Our purpose is to gather patient experiences in order to inform improvements in health and social care services. As part of the legislation establishing Healthwatch, we are entitled to "Enter and View" health and social care premises.

Enter and View consists of a team of trained Authorised Representatives visiting health and social care premises to understand how services are being provided. This includes talking to patients and staff and making observations about the service. Importantly, Enter and View is not an inspection. Authorised Representatives have a lay perspective and focus on understanding the views and experiences of staff and service users.

Healthwatch Richmond has a continued interest in the services used by the residents of its London borough. Kingston Hospital, run by Kingston and Richmond NHS Foundation Trust (KRFT) represents one of two major providers of acute and emergency medicine for Richmond residents.

The Emergency Department (ED) at Kingston Hospital consists of multiple separate distinct spaces:

- **Entrance** - this includes triage screens, validation area, the reception desk, and a patient waiting area.
- **Urgent Treatment Centre (UTC)** - provides urgent medical help when it's not a life-threatening emergency, for example sprains, stomach pain, skin infections and rashes and more. It is open from 8am-8pm 7 days a week.
- **Paediatric Emergency Department** - provides emergency care for children and those under 16 years old.
- **Ambulance Hand Over** - a physical area designed for efficiently moving patients from ambulances into the ED.
- **Resus** - provides care for the most critically ill or injured patients (e.g., cardiac arrest, major trauma) who need immediate life-saving intervention
- **Mental Health Treatment Area** - provides a space for patients with serious mental health conditions
- **Majors** - provides treatment for patients with serious, but not immediately life-threatening, illnesses or injuries.

- **Same Day Emergency Care (SDEC)** – provides urgent assessment, diagnosis and treatment without admitting patients. It is open from 8am–8pm, 7 days a week.

We did not conduct Enter and View visits to Resus or the Mental Health Treatment Area as we did not want to interfere with patient care.

We gave feedback to KRFT after each visit to their ED. Where possible, KRFT responded to this feedback with action, for example putting masks in the etriage area, investigating why the vending machines were broken and fixing the screens displaying the wait times. We appreciate how responsive and open KRFT were to our feedback and applaud their speedy action.

A&E Attendances and Emergency Admissions Data

We have reviewed A&E attendances and waiting time data for Kingston Hospital across September, October, November and December 2025 (NHS England Statistics).

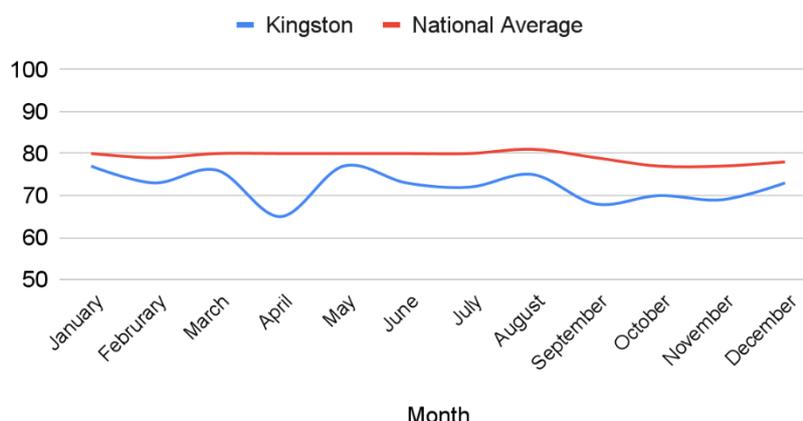
Month	Total A&E Attendances	4 Hours from Arrival to Discharge/Admission/T ransfer	Patients Spending >12 hours from decision to admit to admission
September	15,430	70.2%	320
October	15,595	72.9%	579
November	15,389	70.5%	362
December	15,300	71.8%	498

As can be seen from the data above, KRFT has consistently missed the national target of 78% of patients being discharged, admitted, or transferred within 4 hours of arriving at ED. We can also see the numbers of patients spending more than 12 hours waiting to be moved to a ward after a decision has been made to admit them are high. These figures demonstrate the challenges that KRFT ED are facing and were a key reason why we wanted to conduct visits.

Friends and Family Test Data for Kingston Hospital A&E

The Friends and Family Test is a survey that is distributed to patients who have used a relevant service. It asks patients to rate their overall experience from very good to very poor. Kingston Hospital scores consistently below the national average for patients saying they had had a good or very good experience of A&E services, demonstrating patient dissatisfaction.

A&E FFT % Positive KRFT v National Average



Methodology

Following the background research outlined above, meetings were arranged with KRFT to inform them of our intentions and open collaborative dialogue. We visited the ED on 11th November to talk through priorities and tour the site. KRFT shared the areas of the ED they needed more insight into and helped design the data collection tools for this project.

We undertook 6 Enter and View visits to Kingston Hospital ED:

- Wednesday 19th November, 12:30pm–3:00pm
- Tuesday 2nd December, 9:30am–12:30pm
- Wednesday 3rd December, 2pm–5pm
- Friday 5th December, 9pm–10am
- Monday 8th December, 10am–1pm
- Friday 12th December, 9am–12pm

Visits were conducted by a team of trained volunteers and staff. Observation checklists were used to record what Authorised Representatives saw, heard and felt about the ED. Semi-structured interviews were undertaken with patients and their carers (both paid and unpaid where relevant) within the ED. Responses were recorded anonymously. We asked patients to provide their contact details and consent for a follow-up survey.

124 people were interviewed and 27 patients completed the follow up survey. Confidentiality of responders has been retained by removing identifiable details from quotes.

Before publication a draft report was sent to KRFT, who had 20 days to respond with factual corrections and provide an action plan to address our recommendations. KRFT response is published separate to this report.

Limitations

We were only able to speak to patients who were in the ED at the time of our visits. This means we captured a snapshot of the service at particular times. We mitigated this by conducting multiple visits at different times and collecting enough patient feedback to uncover key themes and reach data saturation.

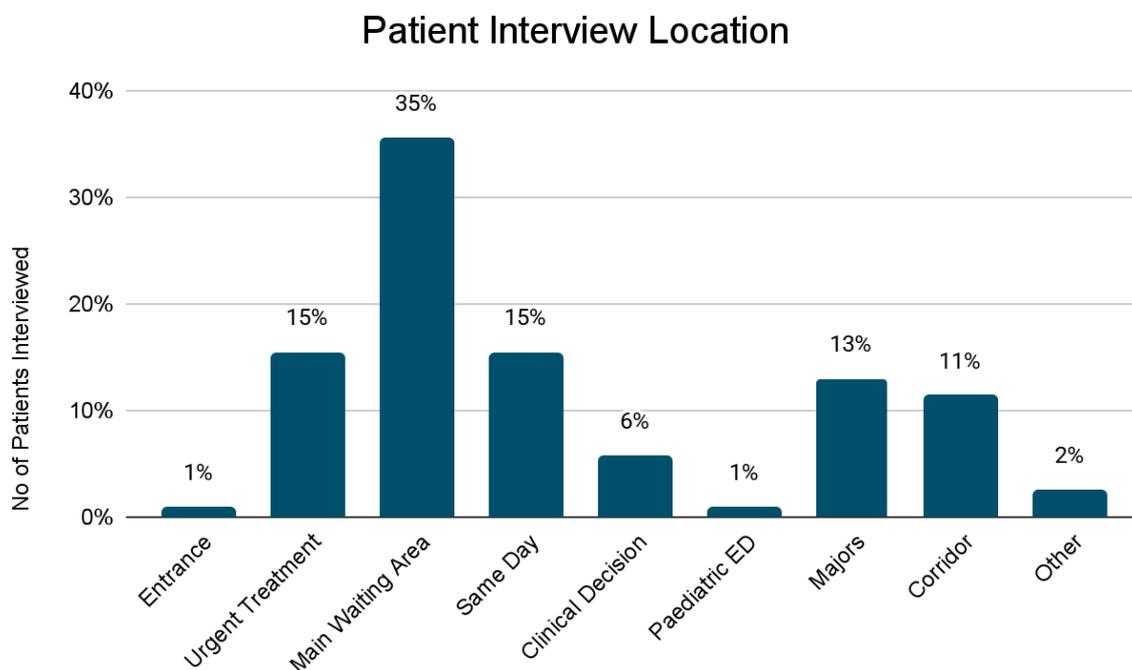
People may have edited their feedback due to the fact that we were in the hospital and they did not want their care to be affected if they gave negative feedback. There is also the matter of privacy outlined below. We mitigated this by reassuring and reminding participants that their answers were anonymous.

We visited the paediatric ED on multiple occasions but only one or two adults accompanying children were present on each occasion. As a result, we were not able to collect sufficient data to include paediatrics within this report.

Findings

Patient Interview Location

Over 6 visits, we interviewed 124 patients across the following areas of KRFT's ED.



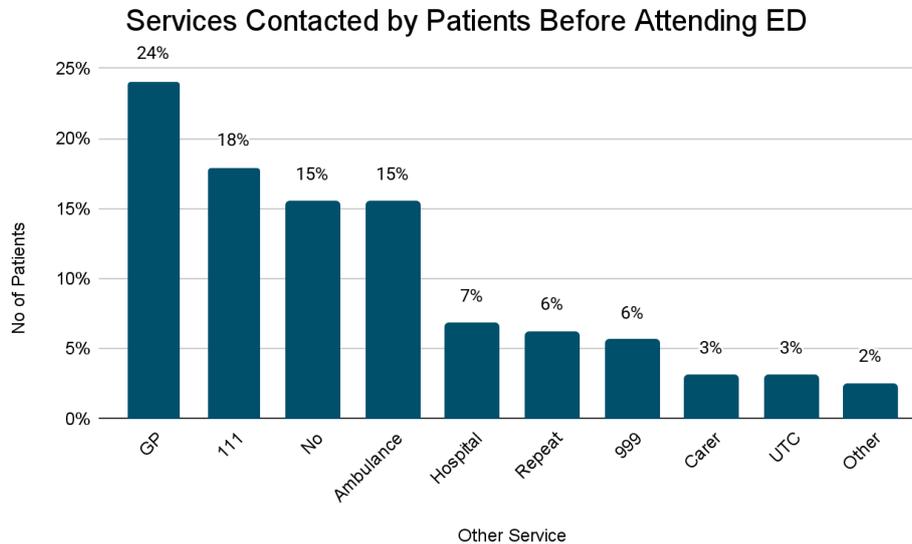
n = 124

The largest proportion of interviews took place in the Main Waiting Area. We found this a good space to interview patients as they had already gone through registration, validation and perhaps investigations, and were typically waiting for the next steps. One patient noted that conversations could be overheard and so requested to be interviewed in a more private space.

The other spaces within the ED presented challenges. The UTC does not have a defined waiting room and so it was difficult to tell whether patients were waiting for validation or to see a clinician from the UTC. The SDEC has two very small waiting rooms which impact privacy when conducting interviews. We found that many patients within Majors were experiencing confusion or actively receiving care. While it was also challenging to interview patients in corridors, we prioritised this as an area of focus for this report.

Journey to ED

We asked patients if they went to or contacted any other service before coming to the ED. Some patients contacted more than one service before attending ED and this is included in the graph below.



n = 162

As an explanation of the categories:

- Hospital includes patients were told to attend ED by a hospital, including KRFT.
- Repeat means that the patient had attended KRFT ED for the same problem before.
- Carer, we mean a paid carer arranged for the patient to attend (e.g. by calling an ambulance on the patients' behalf).
- "No" includes patients who did not contact other services before attending the ED. Some felt that ED was the right place for their needs. Only 2 attended because they were unable to access other care (e.g. GP).

It is commonly argued that one reason for poor performance in emergency departments is people turning up who don't need to be there: patients are attending EDs because they are unable to get the care they need elsewhere or patients are arriving with minor issues and think they need to be treated by emergency services (Rees & Hassan, 2023). Within this narrative, blame tends to be placed on the patients: it is the patients who are overwhelming EDs and thus leading to poor performance.

However, from the patients we interviewed the majority had spoken to a health care professional before coming to KRFT ED: over a third had been referred to the ED by their GP; almost a quarter had called NHS 111; and a fifth had arrived at the ED by ambulance. Although it could still be argued that these people did not need to attend the ED from a clinical point of view, they actively sought clinical advice and were told to attend emergency services.

Of the patients we spoke to who said no, the majority knew they needed to come to the ED because they had suffered a head injury or were experiencing symptoms related to a previous or long-term condition.

Outside Entrance

Kingston Hospital ED has a separate entrance from the main hospital and other hospital buildings. It is well-signposted from the outside.

There are steps and a ramp leading down to the automatic doors at the entrance. There are benches and two rubbish bins outside. On all of our visits, we saw litter outside the entrance. This included used paper bowls and tissues, dressing gown, soda bottles and coffee cups.

When we visited on Tuesday 2 December there was a cooler placed next to the bin outside the entrance. The same cooler was there when we visited on Monday 8 December, at which point we raised the issue with a KRFT staff member. This raises questions about the cleaning of this area and also potentially poses a health, safety and security risk.



etriage

Immediately inside the ED is a vestibule with 6 wall mounted tablets for patients to complete 'etriage' forms. 5 tablets are placed so that patients complete them while standing. Wall-mounted hand sanitisers are next to each tablet. On some of our visits, masks and wipes were also available. One tablet is lowered so that someone could fill it out while seated; however there is no permanent chair placed in front of this screen.



There is a large sign in front of the doors through to the ED which encourages patients to 'register here'. Above the doors through to the ED, there is a screen with waiting times for different areas of the ED.

The etriage system was introduced by KRFT in 2025 and is supplied by an external company. The purpose of etriage is to reduce pressure on reception and to ensure that patients are logged into the system quickly. We were told that the form takes approximately 8 minutes to complete and there are no translation options. If patients are unable to complete the etriage form, they can check in with reception.



There was a mobile clinical workstation next to the entrance but this was only staffed on one of our visits. On 2 of our visits, there was a volunteer stationed at the front door helping patients check-in and guide them around the ED.

Half of the patients we spoke to mentioned etriage (51%). Positive answers (40%) focussed on the ease and speed of filling out the form. One patient also commented that completing the etriage form gave them a feeling of autonomy:

“It felt intimidating at first but it was helpful. It was better filling it out myself than having someone else do it. I felt like I could put it into my own words.”

Another patient commented that completing the etriage form is *“more private than speaking to the receptionist.”* These are perhaps unexpected advantages of the system.

Negative (35%) and mixed (19%) experiences of etriage focused on there being too many questions and needing help to complete the form. This was made worse when patients were in pain or had trouble looking at the screen.

“When I arrived, I went to the kiosk. There's quite a lot of questions to do. At the time my pain was manageable which was why I was able to complete it, however, what about people who aren't able to?”

4 patients reported completing etriage but being frustrated that they were not able to select options that accurately reflected their condition. This included coughing up blood, a problem with their foot and blood in stool. Patients had to navigate around these issues by writing a description in the free text box.

2 patients highlighted accessibility concerns: one patient was dyslexic and another spoke English as an additional language. The patient who spoke English as an additional language used an online translation tool extensively to complete the form. 4 patients received assistance from a volunteer to complete the etriage form.

“I walked in and was immediately confused by the iPads. A volunteer came over straight away and asked if I needed help. The volunteer did the entire process with me. The volunteer was extremely helpful!!”

“I spoke to a volunteer and he helped me fill in the triage form. I am quite dizzy so I couldn't read the screen.”

Without assistance from the volunteer or member of staff these 4 patients would have gone through to reception or needed further direction to check into the ED. 18 of the patients we spoke to checked-in at reception because the etriage form didn't work (4), they didn't see the etriage area (3) or they thought it would be easier and quicker to check-in with reception (2).

After completing the triage form either on the tablet or with a receptionist, patients were directed to the next part of their journey depending on their need, including:

- Validation Waiting Area
- Yellow Chair Area
- Same Day Emergency Care

Validation

The 'validation area' is located beyond the triage vestibule. It consists of a waiting area and three 'Assessment Areas' where nurses conduct 'validation'. Our Authorised Representatives noted that this area felt cluttered and confusing due to all the facilities in this area, for example a water fountain, power bank rental, a wheelchair scale, a wall mounted paper bowl dispenser and a trolley placed next to the water fountain with cups, towels and masks. On some of our visits, there were extra chairs placed in the corridor as there wasn't enough seating for patients.

On several visits, patients asked Authorised Representatives for direction and advice in the validation area. On Friday 5th December at around 9:20pm a parent arrived with their teenage child who had suffered a head and eye injury. No staff were present within the entrance at all and our team was left to direct them towards triage. We feel that the lack of staff cover at the "front door" presents a safety issue for patients.

We were told that the validation process consists of a nurse checking the patient's triage form, doing vitals and if needed offering pain medication. The nurse will also then tell the patient where to go within the ED and even take the patient there themselves.

Of those patients who spoke about validation, 52% reported a positive experience. Positive experiences focussed on the time people waited and interactions with the nurses. Patients positively compared interaction with a nurse to the triage form:

"I liked being able to talk to a human instead of just the tablet."

"I didn't have to wait too long to see a nurse. I appreciated the human aspect of it. The nurse took my blood pressure and vitals. This is important and something I couldn't do in the triage."

"I was feeling so flustered and woozy while doing the triage. I really appreciated the assessment with the nurse. It gave me the opportunity to make sure they got a good history and that I told them everything."

We believe this shows the importance of validation with a nurse: speaking with a clinician is reassuring and instils calm in patients.

Mixed (36%) and negative experiences (12%) of validation focussed on long waits and poor communication about what would happen next.

Yellow Chair Area

Patients are directed to the yellow chair area after triage or checking in with reception if they are high priority for validation. We were told that the colour yellow was chosen because it was neutral and would not alarm patients.

The yellow chair area is located between the UTC and the A&E main waiting area. We did not see any signposting from the triage area to the yellow chair area on our visits.

This lack of wayfinding presented real challenges for patients. One patient, who was sat in the wrong area but believed they were in the correct area, told us: *"the triage told me to go to the Yellow Waiting Area but this is more orange so that was confusing."*



Other patients expressed some uncertainty with finding this area.

"I sat on the yellow chairs. I doubted that that was the area to sit in and I had to ask someone."

"I was directed to the yellow chairs. I was surprised that there were only three. No one was around to direct me so I kind of just hovered by the yellow chairs until my name was called."

On two of our visits, there were insufficient yellow chairs for the number of patients assigned to wait there. There were therefore patients standing next to the yellow chair area in the corridor waiting for validation. This created a small huddle of people in the corridor blocking the entrance and exit of the UTC and main waiting room.

Another issue raised was the noise around the Yellow Chair Area:

"A volunteer took me to the yellow chair. It felt fine to sit there. It's busy and round the corner so it's hard to hear when you are called. I had to keep my ears open. If there had been more noise it would have been hard because I have bad hearing."

The yellow chairs are located in a busy corridor between reception, UTC and the main waiting room. There is regular traffic through this area. We do question whether this is the right place to ask high priority patients to wait.

Arriving by Ambulance

We interviewed 23 patients who reported arriving by ambulance. KRFT had limited insight about this pathway and so asked Healthwatch Richmond to include this as an area of interest.

Patients were very happy about the way they were transferred from the ambulance to the ED. They trusted the staff around them to take care of them and ensure a smooth transition. 6 patients were notably effusive in their praise describing ambulance staff as “fantastic”, “absolute diamonds”, “exceptional” and “excellent”.

Patients in particular noted that that paramedic took charge of their check-in at ED:

“The person from the ambulance filled in the form for me at reception. This was all good.”

“The paramedic took me wherever I needed to go. It's been quite smooth.”

Urgent Treatment Centre

The UTC is located to the right of the yellow chair area. Within the UTC, there are a series of treatment areas. Some have curtains for privacy and some are self-contained rooms with doors. Some of the patient beds in these treatment areas were torn in places, a potential infection risk. The clock in the UTC main corridor was wrong. The patient bathroom within the UTC was in good working order during our visits.

During our visits, there were only 2-3 bays of the UTC in use and we felt there was minimal staff presence. We wondered, given the pressures in other areas of the ED, whether more patients could be redirected to the UTC, particularly from the very busy SDEC.

There are 2 waiting rooms: one for children and one for adults. The children's waiting room is self-contained with approximately 15 chairs, decorated with a mural and has a section with toys, books and games. 2 teenagers in the UTC children's waiting area commented on the “childish” displays.

The adult waiting room has a set of fold-away doors so that it can be self-contained or opened onto the validation waiting area. On all our visits, the fold-away doors were open so that the validation waiting area and the adult waiting area were combined. This made it difficult to distinguish between patients waiting for UTC or validation.

More than half of patients (57%) responded positively when asked about the atmosphere, describing the UTC as “calm” and “quiet”. Negative (21%) and mixed (22%) responses described the atmosphere as “busy”. The adult waiting area would feel particularly busy as there is a higher flow of people through the area.

100 percent of patients reported feeling safe around other patients and visitors in the UTC. 3 patients noted seeing security guards and finding this reassuring:

"I know there is security around. I know it is low-key and not in your face but it is very reassuring to know it is there."

Main Waiting Room

The main waiting area had approximately 40 seats. There were 3 bathrooms, including an accessible bathroom with an electronic door. There were vending machines and a water fountain. Across our visits, we found this space to be warm and even uncomfortably hot at times. It also became very stuffy due to limited airflow. On one of our visits there was a strong smell of urine outside of the toilets.

Cleanliness

More than half of patients (55%) said that the waiting area was clean with some patients raising issues about the cleanliness of the bathrooms:

"The toilets could do with a clean."

"The bathroom was clean but there was one of the buttons missing to flush."

"Yes it is clean but the sink in the female toilet is blocked."

The flush in the woman's bathroom was observed to be broken on the 2nd and 8th December, notably having not been fixed that week. We raised the blocked sink with reception who said they would call someone to fix the sink. Our Authorised Representatives raised other issues with the cleanliness of the toilets, including no soap in the men's bathroom. On multiple occasions, we saw cleaners come through the main waiting area but they did not act on the above problems. One patient made a comment to that effect:

"It is not clean. There is a person who does the cleaning every 1-2 hours. The toilets are awful - they are a mess every time."

Food and Drink

There are 3 vending machines in the main waiting area: one for shelf-stable confectionery, one for drinks and one for sandwiches. The vending machine for sandwiches was not working on 4 out of 6 of our visits and contained only 4 sandwiches on another visit. We witnessed trolleys coming around with free food and drink on 3 occasions. When asked about the vending machines, patients expressed mixed opinions:

"Plenty of food and drink machines. Trolley comes around and it is free!"

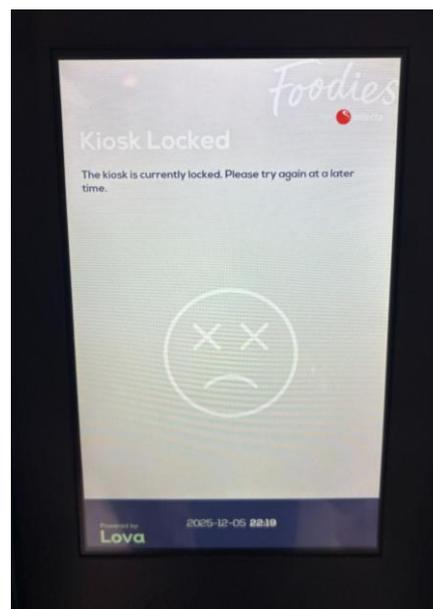


“The vending machines are expensive. And they only have unhealthy options. I expected better from the NHS.”

“There are no healthy choices in the vending machine, only crisps and candy bars. A hot coffee would have been nice also.”

We routinely found that there were no cups for the water fountain in the main waiting room. There were however cups next to the water fountain by the entrance. On one occasion, a patient asked an Authorised Representative for water and the Authorised Representative went to fetch cups from the entrance.

It is worth noting that the Costa Coffee within Kingston Hospital is open 24 hours Monday – Friday and 9am-7pm on Saturday and Sunday. This is a good option for patients who need food but it is not advertised within the ED.



Posters and Screens

In the main waiting area, a screen displays the waiting time for the ‘Major’ rather than ‘Main Waiting Area’. This is perhaps slightly confusing as the sign next to the screen refers to the area as the ‘Main Waiting Area’. This screen was not working on 2 of our visits. We go into more detail about the screen displaying waiting time later in this report under ‘Improvements’.

A second screen displayed general information (e.g. Martha’s Rule, the board, what staff uniforms mean). There is a large flow chart on the back wall with potential patient pathways through the ED. There were also posters advertising private GP weekend services.

Many patients (47%) said that they hadn’t looked at the displays.

“I am feeling dizzy so I struggle to read.”

“I don’t feel like looking at posters and consuming information right now.”

Some (22%) described the displays as “helpful”.

“The ED pathway board on the Waiting Area wall is very helpful and the Waiting Time screen.”

“They have been quite informative. They are quite good.”

Others (28%) suggested different content for this screen:

"I question the relevancy of the information about the nurses' uniforms and the Trust Board. The other information is helpful. Safeguarding and raising concerns for others was useful."

"It would be great if they could play the news or something. It's just so boring."
"They are displaying information about the hospital but we don't care about that. We want information about the waiting time."

Atmosphere

Most patients (60%) were positive when describing the atmosphere of the main waiting room, with 35% using the word "calm" in their description. Other patients raised issues (40%):

"It feels claustrophobic."

"It's too hot. Especially when you get a lot of people. I get claustrophobic."

"Horrible. It is not a place we would want to come to when ill. Last night there were police here. There was a man walking around the waiting room very aggressively. They were shouting and got angry. Last night it was really full. It felt like a cattle market. I've never seen an A&E like this ever."

In our follow up phone interviews, 2 patients remarked that they struggled to hear their name being called in the main waiting room:

"Some of the medical staff have very soft voices and if there was a screen for people's names. It is very difficult if you are hard of hearing."

"One improvement they could make would be to have a screen to say who was being called. It was very hard to hear when a nurse comes and shouts your name."

Safety

95% of patients said they felt safe around other patients and visitors in the main waiting area. Only 2 patients expressed other views:

"Yes, however there was a guy earlier in the day that was overstaying his welcome in the general waiting area. I think he was a regular patient and probably homeless. He was sleeping across a few chairs but not bothering anyone. The nurses were not being sensitive to his needs or him. They were laughing at him. Security ended up escorting him out. It was a bit sad and concerning behaviour from the nurses."

"No. I wouldn't like to be here by myself as a young person or a woman. It's quite intimidating. Outside there was someone shouting racial abuse at a security guard last night. There was a nurse saying that the person can't come into the A&E. The poor staff have to put up with really awful behaviour."

We reported this feedback to KRFT after each respective visit.

We also asked patients who they would ask if they needed help. Patients gave the following responses: reception (35%); any member of staff (30%); knock on the door of the investigation area (16%); and 'I don't know' (11%). One patient reported having gone to the investigation area to ask a question:

"We would knock on the door of the investigation area. But we did that earlier and they just said "I don't know". So I don't know what else we would do."

We asked one patient who arrived by ambulance and was sitting in a hospital wheelchair what they would do:

"I would scream or shout. I would shout to say my breathing is deteriorating and hopefully that would get people's attention."

This patient was unable to move themselves to the reception desk and had no one with them. There were no members of hospital staff around.

2 other patients recounted a story of having to call staff to help a patient in the main waiting area:

"Whilst we were waiting here, there was an elderly lady waiting alone. She was visibly distressed and needed pain killers. Staff walked past her but did not interact with the elderly lady or show any compassion. Me and another patient went to the receptionist and asked where to get a nurse. A nurse attended to the lady, gave her pain relief and kept her in the ED waiting area. A hospital volunteer provided support to the lady."

These examples demonstrate the potential risks of the main waiting area. Although there are lots of staff passing through, there are no staff stationed in this area and there is no clear way to raise the alarm. Patients have to rely on themselves or others to help.

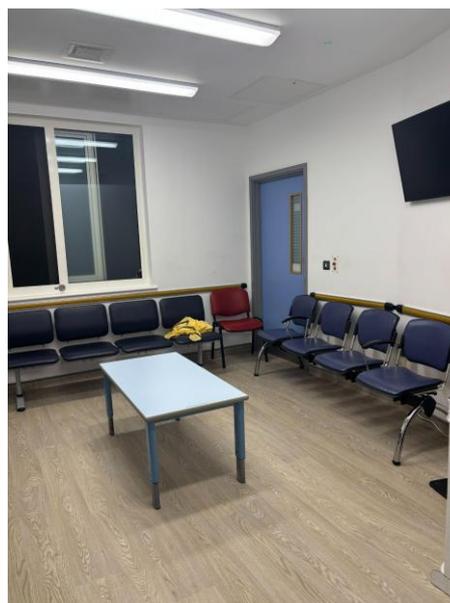
Same Day Emergency Care

The SDEC is a self-contained area of the ED. To get to the SDEC from the ED entrance you have to walk through the triage area, past the reception, UTC and yellow chairs, through the main waiting area, through a back corridor leading through ambulance handover and then down a corridor. 3 patients within the SDEC remarked that there was not clear enough signage:

"Not clear signage on how to get here from the reception area. Maybe they could put in coloured lines on the floor leading to specific areas of the hospital?"

“Some people would find navigating the corridors and signs quite difficult.”

Within the SDEC, there was a reception desk located at the front and 2 waiting rooms each with 12-13 seats. There were 6 treatment bays with curtains that can be drawn across for privacy. There were times during our visit when the curtains across the treatment areas were not fully closed and we could see ongoing treatment. There were also times where we could very clearly hear conversations between clinicians and patients from the entrance of the SDEC.



There are 2 patient bathrooms located at either end of the treatment bays but not signposted from the entrance. On 2 of our visits, the one bathroom was out of order. Multiple patients asked us where the bathrooms were during our visits. The bathrooms were spacious and were partially equipped with anti-ligature fittings meaning that the toilets did not have seats.



On 19 November, 2nd and 3rd December, there was a flipboard at the SDEC entrance asking patients to register at the main ED reception desk as there was no SDEC receptionist. On one visit, we witnessed three people, including an older person with mobility needs, asking a nurse if they could check in with her. The nurse said they would need to go back to the main reception and appeared quite frustrated at this questioning. After this conversation, the nurse moved the flipboard so that it effectively blocked the entrance. We reported this to KRFT after our visit.



We visited the SDEC around 10pm on Friday 5 December. The doors were unlocked and open despite there being no staff there. We found supply cupboards open, computers logged on, print outs with patients personal information on them, including medical information, full names, date of birth, sex, age and address.

A cleaner told us that the doors leading into the SDEC could not be locked by cleaning staff, meaning a patient could come in via the unlocked door at any point. The cleaner also pointed out a door in the

corridor leading to the SDEC which opened into the ambulance parking lot. This door was unlocked at the time of our visit meaning someone could walk straight into the SDEC without having to go past reception. We raised these security and data protection concerns with KRFT after our visit.

Reasons for Visiting

We asked patients what had brought them to the SDEC and if they knew what they were waiting for next. One patient had previously been in the Acute Assessment Unit at KRFT and had an appointment at the SDEC for a CT scan. Their spouse said:

“Honestly my husband doesn't have symptoms anymore. He was given medication 4 weeks ago and he is back to normal now. Today they need to compare 2 scans, but we feel like they could just call us with the results once they have them or send them to our GP. We are just waiting for results. We can wait at home. This is not an emergency. Why do we have to wait here?”

We also spoke to 3 patients who had been asked to return to the SDEC after a visit to the Emergency Department the day before:

“Yesterday, I came to the A&E. After waiting in SDEC for 6 hours, they told me I had to go back to A&E. I waited another 6 hours in A&E for an ultrasound. After the ultrasound they told me to come back at 11am the next morning for my results and blood thinners.”

“I was seen by a doctor yesterday who sent me home and told me to come to the SDEC today. It's been 2 hours since my CT scan today. I don't know what I'm waiting for now.”

“Over the weekend, my husband was having difficulty breathing. We came here over the weekend and today [Monday] we have come for our test results.”

We also spoke to one patient in the UTC who attended over the weekend but was asked to come back on Monday:

“I came here on Sunday and I was seen and treated and then was told to come back to UTC today [Monday] and that I would then be referred to the maxi-facial clinic at Kingston hospital for the facial 'thing' to be drained.”

These patients expressed frustration at having to return for aspects of their care they do not feel they need to be present for, including referrals, test results and prescriptions. Patients who are at risk of infection questioned why they needed to be in this environment.

We spoke to 3 patients in the SDEC who expressed frustration at lengthy waits for prescriptions:

“I am waiting for blood thinners. I have not been told wait times. I asked a nurse a while ago, and she said there were six people ahead of me. I asked again later, and she said there were now four people.”

“I think there should be a separate test for the prescriptions to speed up the queue. I hate waiting this long for a prescription, it should be faster.”

Environment

There were limited patient-facing posters or displays in the SDEC. There is a TV screen in Waiting Room A but this was turned off on all our visits. There were no masks available for patients in the SDEC. One poster outside of waiting room A had a QR code that linked to an error message. These findings were confirmed by patients:

“There is no information in this waiting room.”

“The screen is not working, and there are only minimal posters.”

“There are no posters and the ones that are showing are not really helpful. The screen is not working.”



Most patients provided negative (40%) or mixed (33%) comments about the environment:

“Hot and stuffy. Waiting Room A was warmer and has very uncomfortable seats. We moved from A to B because of how bad the seats are. Waiting Room B is slightly better.”

Patients noted that the atmosphere in the waiting area had become tense as people became frustrated with the wait times:

“Everyone is pissed off and waiting, but what can you do?”

“In the waiting area, there is a sense of general frustration. People want to be kept up to date on what is next and their category/ level of severity. People wouldn't mind waiting two hours if they just knew that.”

“Very depressing with so many people waiting.”

On Tuesday 2nd December, we observed heightened tension from both staff and patients due to how busy the space was. Waiting room A was completely full, without a single free chair, while waiting room B was almost empty. Staff made no effort to redistribute the patients to give patients more space and de-escalate the tension.

People were sitting in chairs outside the treatment areas, some had IVs and some appeared to just be waiting. It felt uncomfortable witnessing patients receiving treatment in such an open space. We wondered if this constitutes corridor care.

Food and Drink

There are no vending machines in the SDEC and the food trolley does not visit this area. 7 patients noted that they did not feel they could leave the SDEC waiting areas because they feared their name would be called:

“I am scared to leave in case my name is called.”

“There is no trolley for food. I’ve gone the entire day without food as a result.”

“I am really hungry and don’t know what to do. I am worried about leaving the waiting room.”

This is clearly a problem for patients within the SDEC. We raised the issue with KRFT who said that there are buzzers that patients can take away with them to ensure that they are notified if they are called. These were not however used during our visits nor were they advertised anywhere.

Majors

Majors is split in two sections: Majors 1-16 and Majors 20-25. A small corridor divides these two areas. Treatment area 16 is reserved for mental health patients.

Majors 1-16 is a large room with a nursing station positioned in the middle and 16 treatment areas positioned around the outside. In treatment area 1, there were 3 chairs while others contain single beds.

On one visit, we found a bathroom to be dirty and smelling unpleasant with a broken flush. Another bathroom was clean during all our visits.

Cleanliness of Majors varied with rubbish bags left in the corridor and rubbish present (e.g. medical wrappers and used face masks) in some bays. Floors were not always clean throughout with dirt and blood spots on the floor in the hallway between the 2 sections of Majors. The floor in treatment area 29 was cracked and damaged.



Majors is not designed for patients to stay longer than 4 hours, as per the national target. However, at patients are often staying in Kingston Hospital's Majors for more than 12 hours. Rather than address poor patient experience of long stays in Majors, the hospital continues to try to meet the 4 hour wait target without adapting in the meantime. This leads to challenges at night times for those bedding down in chairs and a lack of food provision over extended periods.

Environment

We didn't see any posters or displays in the treatment bays or in Majors. One patient commented to that effect:

"The only information is an advert for private healthcare at Kingston's private wing. I don't like that very much. I'm a bit of a lefty!"

We think it could be useful to have posters showing information about Martha's Rule, chaperones, and hospital facilities within Majors. This is potentially important information for vulnerable patients and their loved ones.

More than half of patients (58%) said the ED was clean; however 33% of patients raised issues:

"Dirty floors. There is rubbish on the floors. The space is cluttered and very cramped."

"It's very busy and you're very close to lots of people."

Bay 1

A particular point of feedback came from patients who had been sitting in chairs in treatment Bay 1. Bay 1 was observed to have 3 people seated in reclining chairs for extended

periods of time. Our Authorised Representative noted that these recliner chairs looked particularly uncomfortable and unsuitable for sleeping in, a sentiment confirmed by patients:

“The chairs could be more comfortable, but it is functional.”

“The recliner chairs are plastic and there is no bedding. I've been here for more than 12 hours. It's bright, noisy and I can't see myself getting any sleep.”

“I don't think I will be admitted to a ward so I am bedding down for the night here, in a recliner with no pillows or sheets on a plastic chair - which is sweaty, sticky and uncomfortable.”

In our follow-up survey, a patient who was in a bed in Majors also commented about difficulties at night, something confirmed by our observations at night:

“I slept fitfully because there was a lot of noise. It's a work station with people on computers. It wasn't comfortable. I asked for a pillow and they said no. They gave me a rolled up blanket to put my head on. They are not set up to have people sleeping overnight. I understand that. I can't say it was a nice experience.”

The bay was small and had patients of mixed gender present without the facilities that would be expected for people on wards. Patients noted their proximity with other patients and the lack of privacy created by this environment:

“It's very busy and you're very close to lots of people. There's no privacy.”

“I'm in a room with 2 other patients sitting in recliner chairs. There is no privacy. I appreciate where I am and the pressure that they are under but it's not very nice.”

“Bay 1 is just open, no screens or privacy and is very bright.”

Bay 1 presents a particular challenge around patient comfort, privacy and dignity. We make recommendations below to address these issues. In many ways, Bay 1 exemplifies the Health Services Safety Investigations Body's findings that: “concerns around normalising the use of temporary care environments can present a barrier” to trusts putting all in place all possible patient safety and experience measures when using temporary care environments.

Food and Drink

We asked patients whether they had been given or were able to access food and drink. Patients gave the following feedback:

“I am diabetic and so I asked for food. It didn't turn up because the nurse I asked got busy. I had to ask three times for food to come.”

Patients with mobility issues and those who don't have friends or family with them are reliant on hospital staff to provide them with food. In the above quotes, we see staff not being able

to meet patients' needs around food and drink or becoming too busy and forgetting. This is particularly concerning for patients with physical health needs like diabetes. Another issue is accommodating patients' dietary needs within the department:

"I haven't had any food. I can only eat soft food as I do not have any teeth. I am very hungry. I can't go to the vending machines as I've been told I need to stay here. I also arrived by ambulance and so do not have any money with me for the vending machine."

There is a soft food diet available for patients within Kingston Hospital; however the staff would have to specifically request this for a patient within Majors. This patient's obvious distress was concerning to witness and it is concerning that no food was provided that met the patient's needs.

Patients also reported long gaps between meals:

"I was offered breakfast this morning but nothing last night."

"I haven't eaten or been offered anything to drink since arriving 12+ hours ago. I'm on IV fluids but my mouth feels very dry. I don't think I'm on nil by mouth but I haven't had anything to eat."

In all of the above patient stories, we see a constant theme of inadequate food provision for patients within Majors. As highlighted above, this is part of a recurring theme of Majors not being set up for long patient stays.

Safety and Atmosphere

The majority (83%) of patients said they felt safe while one patient said no and one said maybe.

"I don't feel very vulnerable but this would be awful if you did."

"I feel safe but I feel bad about how other patients are treating staff. For example, there was a lady earlier that was pestering and being mean towards the staff. Also in the ED last night a lot of people were being rude."

When asked who they would ask if they needed help, more than half (56%) of patients said a nurse or other member of staff. However, almost 1 in 5 (19%) said they wouldn't know who to ask.

We also asked patients how they would describe the atmosphere in Majors. In contrast to other areas within the ED, we only received two positive responses to this question. Patients described Majors as "hectic," "panicked" and "chaotic". The following two responses are also of note:

"It's scary. Too scary to have my kids visit me."

“It was chaos. Too many patients. People on gurneys in the corridors all over the place.
Very concerning to see”

Whilst the Majors section of an Emergency Department is likely to be busy, this feedback is concerning. Patients are ill at ease with the hospital environment and staff, potentially impacting their confidence in their care.

Corridor Care

Corridor care or temporary care environments are spaces that are not designed, staffed or equipped for care delivery such as waiting rooms, corridors and chairs on wards, and other areas of the hospital not designed for in-patient care (HSSIB, 2026 7-8). Within KRFT ED, we witnessed patients laying on beds in the corridor leading to Paediatric ED, the CDU, Ambulance Handover and Majors.

As shown above, patients in other parts of the ED actively commented on the presence of corridor care.

“The hospital needs more beds. You can't keep people in corridors or on chairs.”

“Stretchers line the entire hallway, head to toe along 2 different corridors. It's harrowing to witness.”

It is important to note that corridor care impacts not only the patients and their loved ones who are waiting in corridors. Every person who witnesses corridor care is affected by it. For other patients, their view of the hospital and of their own safety is impacted by witnessing corridor care. This impact on patients echoes the “moral injury” that the HSSIB report is experienced by staff caring for patients in temporary care environments.

Care

Whilst the experience of witnessing people cared for in corridors was universally negative, notably, patients in corridors praised staff:

“The staff are superb. Everyone from the nurses to the assistants to the doctors. They have all been very professional.”

“Lots of staff moving everywhere, but it's not panicky. I think they are doing their best but there isn't much space.”

“The staff are busy but the atmosphere still remains calm. I am particularly impressed by the corridor care. Things are happening all the time but I do not feel rushed. I am being treated with respect and dignity.”

From patients' feedback we see that staff are actively trying to ensure that patients receive high quality care. This is particularly important given the strain and difficulties of caring for patients in corridors.

However, patients also expressed frustrations about the lack of communication and information provision:

“Staff have been polite and professional but can't tell you anything until you have seen the doctor. It's quite frustrating.”

“I feel like I was ignored for a long time. I feel like I have a voice, but if you don't have one I feel like nothing is going to happen.”

“At night time, there was no one around. It was hard to get any update at all. We would ask the nurse and they would just say: "I'm on my break." They didn't know what was happening.”

This feedback is particularly disappointing from patients in corridors as they are perhaps the most vulnerable and face the most uncertainty. As a group, they are in limbo: in a temporary space, waiting to be moved to somewhere more permanent. We think that it is especially important that this group of patients receive timely and regular communication regarding their care and journey through ED.

As well as issues with communication, patients in corridors reported delays to receiving pain medication:

“I asked for pain meds but it took them an hour and a half to give it to me.”

“We asked for pain relief. It wasn't offered. And we had to ask again hours later during the night. We then brought her medication from home this morning.”

This is an issue that Kingston Hospital raised with us as they are aware that there are delays to patients getting timely pain relief in the ED.

Another issue that was brought up by patients was the lack of privacy in corridors:

“We all know it's not the staff's fault. It's just really hard. We also think about the patient's dignity. The patient behind us had to have stitches in his abdomen. Just in the middle of the corridor. We were standing here trying not to watch. There was no privacy. The patient apologised after. He shouldn't have to apologise. It is not his fault.”

As above, in this description we see the impact of corridor care not just on the patients receiving care but everyone who witnesses it. The scenario described above demonstrated a breach in the patient's right to privacy and dignity. It is distressing for both the patient receiving care and those who have to witness it taking place in such a public setting. It is also difficult for staff who are unable to practice medicine in a way that doesn't align with their values or ethics or in safe conditions.

Environment

Similar to Majors, there are no patient-facing displays within the corridors. There are however posters aimed at staff, including information on sepsis. One patient commented to that effect:

"There are posters in this corridor waiting area, but they are for staff not patients."

We recommend below that patient-facing posters be placed in the corridors, including information on Martha's rule, chaperones and more.

Patients reported particular challenges around the environment during night times in the corridors:

"I have now been in the emergency department for 20 hours, since last night, stuck by the ambulance entrance. It is quite busy and noisy. I have not been able to sleep but at least I have been able to lie down."

"It's been very noisy. There have been lots of people coming in and out. The doors bang in the corridors. It would be good if during the night they could just take a second or two to shut the doors quietly."

"The lights are too bright. I cannot sleep."

Similar to Majors, we see that the corridors do not have adequate accommodation for night times: the lights are left on and there is so much movement and noise that patients cannot sleep. This could potentially impact and worsen their condition. Below we recommend that action be taken to improve patients' experiences of night times within ED by providing eye masks, ear plugs and blankets.

Safety and Atmosphere

Most patients (73%) in the corridor said that they feel safe. One patient recounted that there had been a patient in a trolley in the corridor shouting and throwing things:

"The patient on the trolley close to me in the corridor has been shouting and has thrown things and lay down on the floor at one point. It is disturbing but has calmed down now and there is a screen around him to keep him separate. A security staff member has been there and it is ok for now."

We asked patients how they would describe the atmosphere within the ED. Only two patients responded positively. Negative (27%) and mixed responses (55%) described the atmosphere as "hectic" and "busy". In particular, a daughter of a patient said that she had not felt able to leave her parent alone overnight:

"That's the worrying bit. There is no pull cord and the nurses are not always at their station. Mum is not someone who will shout and ask for help. We were worried about what would happen if we left her alone."

Clinical Decision Unit

The CDU is located after the main waiting area to the left. It is a small room with 6 bays, two bathrooms and a nurses' station.

We visited the CDU on the 8th and 12th December. Our observations on the 8th were generally positive however when we entered the CDU on the 12th, there were no nurses or staff present. All 6 bays were occupied and there was one patient sitting in a chair next to the nurses' station. All of the curtains around the bays were open and we felt this compromised the dignity of some of the patients, for example one patient was sleeping on their side with their underwear exposed.

Similarly, while we were there a nurse was discussing next steps with a patient and their family member. This was done with the curtain open and the conversation was easily audible from the other end of the room.

While we were there, a nurse placed a patient's discharge summary on the top ledge of the nurses station. This clearly displayed the patients' record, including name, address and prescriptions for anyone walking past.

We found that the CDU felt cluttered. There were bin bags left along the wall or placed on top of the bin, as can be seen in the photo. The water fountain was also partially broken with a paper sign taped to the front. The patient bathroom was clean but there were items placed on the sign and the chair, obstructing easy use.

Also of note was that the clock in the CDU displayed the incorrect date. Contrasting to other areas of the ED, there are windows in the CDU that can be opened. This was the one space in the ED that we felt had good airflow and was not overly warm or stuffy.

Feedback from patients in the CDU has been included in the sections above about arriving or below in General Feedback.



General

Staff Feedback

Almost three quarters (73%) of patients interviewed gave positive feedback about staff. This is truly noteworthy considering the strain and pressure under which hospital staff were working during our visits. The following quotes stood out as exceptionally positive feedback:

“The doctors and nurses are very kind, helpful and have guided and explained everything to him.”

“They are brilliant. I have nothing but praise for them. They cannot do enough for you.”

“Really good interactions. The staff are attentive, they are there for you.”

Patients also expressed empathy for the conditions under which staff are working:

“All the staff are very good. They are wonderful. We can see that they are working so hard. There is just not enough capacity.”

“The nurse was nice but you could tell that she was exhausted.”

It is particularly interesting that patients praised staff but highlighted system level challenges. These two quotes came from patients in Majors:

“This experience is not their fault. They are hardworking and smiling despite the pressures.

One person was speaking to another member of staff and it was clear that they were working overtime because of the pressures, staying on long after their shift had ended to help out with patient care.”

“Individually, the interactions have been outstanding. Collectively, the process must be broken. Why has it taken me this long to be discharged?”

Patients can see the struggles and the stress that members of staff are experiencing. We wonder how this impacts on patients’ experiences of their care and their ability to speak up for themselves: if patients see the stress that staff are under, will they still feel confident in asking for what they need to feel comfortable and safe?

Negative and mixed feedback around staff mainly centred around information provision, which we go into more detail in the next section:

“The staff at the beginning of the evening were really good. They were reassuring. But they don't keep you updated. You don't know where you are in the queue.”

“I sympathise with them. They are overworked and underfunded. However, more clarity and a better system would be nice. People sitting here in limbo and agony is not helping anyone.”

"The nurses are lovely. One doctor said she will do something but I haven't heard anything yet. I don't know if I am going for a scan or not."

There was one particularly negative story recounted by a patient experiencing a miscarriage and her mother:

"The interactions with the receptionist and with the doctor were excellent. The interactions with the two nurses was not excellent. It was quite bad actually. My daughter was called in, she told the staff member - I think it was a nurse- that she was having a miscarriage. The nurse then asked: "Are you pregnant?" We didn't know how to answer that question. It was heart-breaking. Then we were seen by another staff member - I believe another nurse- and my daughter explained again that she was having a miscarriage. The first question asked was: "Did you pick up something heavy?". We felt this was implicitly putting the blame on my daughter who was already so vulnerable in that moment."

Improvements

We asked patients what they would improve about the service. Patients said:

- Wait Times - 38%
- Nothing - 25%
- Communication - 13%
- Amenities, including food, drink, seats and phone charging - 9%
- Navigation and Signage - 8%

We asked patients what information they would have liked to receive. Notably, 37% said that they received sufficient information:

"I have had lots of information from a physiotherapist about strengthening exercise. It's very helpful. I don't think I need more information."

"I feel well informed. The displays are up to date. It's a better experience than I've had before. I feel comfortable."

"Everything has been spot-on!"

35% of patients said that they wanted more information about wait times:

"How long we would be waiting. At first I wasn't going to come because I didn't want to wait."

"The expected waiting to manage expectations as my child has gone so far without dinner."

"All I want to know is how many people are ahead of me and when I will be seen. I want a screen to say where I am in the queue so that I know I can go get a coffee."

As can be seen above, managing patients' expectations of waiting time is important and can influence a person's decision about whether or not to see urgent and emergency care. In the second and third quote, we see that not knowing waiting time prevents patients from accessing food and drink. Given the challenges with accessing food and drink in some areas of the department, this can contribute to people being unable to eat or drink for many hours.

Patients also commented on the waiting time screens in the entrance and main waiting room:

"The screen gives a waiting time but it is jammed and not working. People would have felt more reassured if this was working. This helps with managing expectations."

"Maybe getting realistic information on how long our wait might be - the screens are never realistic."

"The screens aren't accurate. We've been watching and been here longer."

Notably, when we asked follow up questions about whether it would be better to have a wait time screen or not, patients said that it was absolutely better to have something rather than nothing. While the screens are imperfect and do not always work, they are a useful component to help manage expectations.

When asked what information they would have liked to receive that they didn't, 16% of patients said that they would like more information about their health conditions:

"What's happening and when. There was a moment when I saw the doctor for the first time and he sent me down for an x-ray. I'm not sure why I needed an x-ray and no one has brought it up since... I was a bit confused by the terminology."

"Information about how long the various tests and genuinely monitoring need to take. I don't believe I needed to be monitored for 12 hours!"

"I would like more information from the doctor about what I've got wrong with me so I can understand it."

2 patients said that they would like to know more information about how severe their condition is:

"A grade/scale would be helpful to identify the severity of the condition."

"I will follow up with the hospital as information on the risk/consequence of a broken nose to weigh up whether to wait or go home and return when less busy."

Understanding the risk and the severity of their condition would help to assuage patients' anxieties, fears and also vulnerability. We understand however that this is not always possible from a clinical point of view.

14% of patients said that they would like to know more information about where they are in their journey through ED:

"There is a long time between anything happening. I had to double check with the nurse that I was meant to be getting my blood drawn."

"I would like to know where I am going next - will I be staying in Majors or go to a ward?"

"I would have liked to have been told yesterday that I was going to be kept in."

Knowing the next steps in their journey if possible is important in reducing uncertainty. This is important communication to receive from clinicians as it is reassuring and prepares patients for their next steps.

Follow-up Survey

27 patients completed a follow-up phone survey after they were interviewed in the ED. Many of the themes raised above were repeated in the responses and where appropriate we have included them.

One notable piece of feedback that was raised through the follow-up survey were delays in GPs receiving a discharge summary or updated patient records:

"Problem has been that GP had not received a letter from A&E or SDEC about the clinical findings. The GP wants to know why they prescribed medication- blood thinners. I am returning to SDEC tomorrow to follow up with this."

"I wanted to be referred into private care, which they can't do in A&E. So I was referred back to my GP. But the GP called me more than 10 days after my visit to A&E. I think there was a delay in transferring my record."

The second quote was particularly disappointing as the patient was diagnosed with cancer in the ED. The delay in transferring patient records to the GP thus ultimately caused a delay in receiving cancer treatment.

Conclusions

This report captures patient feedback about an emergency department under considerable pressure, including in business continuity measures. While patients gave lots of positive feedback, they were also very aware that the ED was facing significant challenges. Below we summarise some key conclusions and then give recommendations to KRFT about how to improve this service.

Notably, patients were positive about **staff**. Staff were described as kind and attentive. Patients frequently noted that staff went the extra mile. This is particularly remarkable given the pressures facing the system as a whole. This positive feedback should be shared with staff so that they know how appreciative and thankful patients are.

However, patients did raise issues around **communication** and information provision. Patients in the UTC, Main Waiting Area, corridors, Majors and SDEC all remarked that they would like better information about wait times.

Patients also recounted the multiple issues they faced while **waiting** extended periods in the ED. Within the SDEC, patients told us that they were waiting 8 hours for prescriptions. In Majors and in the corridors, patients told us that they had waited overnight to be transferred to a ward. These patients had not been offered pillows, eye masks or ear plugs to help them sleep. While we recognise that patients should never have to wait so long to receive appropriate care, amenities and facilities need to be put in place to ensure that they are safe and comfortable while they wait.

There were also multiple issues around **navigating** through the ED. Patients went to reception to check-in because they didn't see the triage area. The Yellow Chair Area was poorly signposted and there weren't enough seats. Patients also reported issues finding the SDEC. We saw volunteers and the validation nurses physically leading patients through the ED because it was too difficult for them to navigate on their own.

Building on this, there are **safety and security issues** within the ED. The majority of patients felt safe within the ED which is extremely positive; however patients raised issues in the corridor and Majors about the setting being hectic. The lack of staff at the entrance to the ED is also concerning; and patients remarked on a lack of staff visibility in the main waiting room and the corridors and didn't know who they would approach in an emergency. The condition in which we found the SDEC while it was closed - open cupboard and patient data lying on desks - is a cause of worry.

There were also clear issues around **food** provision in the ED. During 4 out of 6 of our visits, the vending machines in the main waiting area were not working. Patients reported a very long wait between the dinner trolley and the breakfast trolley, around 15 hours. Patients and their loved ones reported not being able to get appropriate food, including low-sugar options, gluten-free food, lactose free food or a soft food diet.

Finally, there were persistent problems with **cleanliness**. There was litter at the entrance of the ED. Patients reported issues with the bathrooms throughout but particularly the main waiting room. There were full rubbish bags left in the corridors. While we saw cleaners coming round, these issues didn't seem to be resolved.

Recommendations

KRFT have responded to the recommendations below in full. Their response can be found on our website. We will continue to monitor KRFT's progress through regular meetings.

General

- **Share positive feedback with staff.**
 - We think this is particularly important given the stress and pressure that staff are currently working under. We hope they know how appreciative patients are of their kindness and compassion.

- **Improve cleanliness of bathrooms and have prompt rubbish removal.**
 - We would like to see an action plan to ensure that bathroom cleaning and maintenance occurs regularly and is monitored.
 - We would like reassurance that rubbish bags will no longer be left in hallways in the ED.
 - We would also like to see the protocol for cleaning and rubbish removal in the entrance outside the ED.

- **Improve food and drink provision throughout the Emergency Department.** Patients in ED do not have reasonable or sufficient access to food and drink. Whilst the following would help, a thorough review of this issue should be conducted.
 - We would like reassurance that the vending machines are consistently functional and that patients are able to access appropriate food.
 - We would like to see how patients with specific dietary needs (e.g. soft food diet, coeliac, lactose-intolerant, etc) can access food within the ED.
 - Some patients experience a 15 hour gap between dinner and breakfast due to the breakfast trolley arriving so late in the morning which should be mitigated.
 - We would like improved signage in the SDEC advising patients on how they can access food.
 - We would like reassurance that the cups at every water fountain throughout the ED will be checked and replenished throughout the day.

- **Improve night times** by providing patients in Majors and Corridors with eye masks, ear plugs and bedding to help ensure that they can get sleep through the night.

- **Improve signposting in the ED so that patients can better navigate the space.**
 - Improve signposting to the Yellow Chair Area from the entrance.
 - Improve signposting to the SDEC from the entrance of the ED.

Arrival

- We recommend that a member of staff should always be present within the entrance of the ED (at triage, validation or reception).
- Provide information as to why folding doors between the Validation waiting area and the UTC waiting area are always open.

Main Waiting Room

- **Include a display of how patients can raise an alarm in case of an emergency.**
 - As there is no permanent staff presence within the Main Waiting Room, patients need to be informed which staff to contact in case of an emergency.

Same Day Emergency Care

- **Ensure that there is a way for patients to check into the SDEC without having to return to the main reception.**
 - We ask for reassurance that the flipboard will not be used to obstruct the doors of the SDEC in the future.
- **Improve security of the SDEC when it is closed.**
 - We ask for policies outlining how the SDEC is kept safe and secure when it is closed to patients.
 - We ask for reassurance that the door leading from the SDEC entrance to the parking area can be secured.
 - We ask that staff be reminded that patient details should not be left out on desks and computers will be logged off and shut down.
- **We ask for a review of why patients are asked to repeatedly attend the SDEC.**
 - This includes communicating scan and test results as well as prescriptions.
- **Improve the patient environment within the SDEC.**
 - We ask that **posters and patient-facing displays** be improved to include relevant information about amenities and functioning QR codes.
 - We ask that patients be better distributed between the two waiting areas.

Majors

- **Improve the patient environment to make it calmer and more reassuring.**
 - Add posters and displays to each treatment area, including information about Martha's rule, chaperones, amenities, and more.
- **Improve Treatment Area 1.**
 - Provide bedding to patients using the chairs at night or in the evening or replace with chairs more suitable for overnight stays.

- Provide privacy screens between chairs and ensure that patients are offered the opportunity to have conversations with clinicians in a separate area for privacy.

Corridor Care

- **Provide an action plan to detail how KRFT plans to reduce the use of corridor care.**
- **Provide an action plan for how the provision of improved care in corridors, including:**
 - Identification for staff working in the corridor so that they can be distinguished from those walking through the corridor
 - Improved information provision for patients and their loved ones waiting in corridors
 - Improve the timely provision of pain management for patients in corridors
 - Improved privacy and dignity for patients especially when receiving care
- Provide assurance that Kingston Hospital has reviewed the Health Services Safety Investigations Body investigation report on patient care in temporary care environments and has implemented improvements as a result of this. This should cover all the local level learning prompts and ensure that patients have access to appropriate facilities such as: call bells, piped suction and oxygen, privacy screens etc whilst being cared for in the corridor.

Bibliography

Alarilla, A., Cavallaro, F. et al. (2025). *Did the NHS Experience Record Pressures this Winter?* The Health Foundation. Last accessed: 05/01/2026. Available at:

<https://www.health.org.uk/reports-and-analysis/analysis/did-the-nhs-experience-record-pressures-this-winter>

Health Services Safety Investigations Body (HSSIB). (2026). *Investigation Report: Patient Care in Temporary Care Environments*. Available at: <https://www.hssib.org.uk/patient-safety-investigations/patient-care-in-temporary-care-environments/investigation-report/> Last accessed: 13/01/2026.

NHS England. *A&E Attendances and Emergency Admissions 2025-2026*. Last accessed: 22/12/25. Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2025-26/>

NHS England. *Friends and Family Test Data: Organisational Level Tables (historic)*. Last accessed: 22/12/25. Available at: <https://www.england.nhs.uk/fft/friends-and-family-test-data/fft-data-historic/#a&e>

NHS England. (2025a). *Urgent and Emergency Care Plan 2025/2026*. Last accessed: 22/12/25. Available at: <https://www.england.nhs.uk/publication/urgent-and-emergency-care-plan-2025-26/>

NHS England. (2025b). *Fit for the Future: 10 Year Plan for the NHS*. Last accessed: 22/12/25. Available at: <https://www.england.nhs.uk/long-term-plan/>

NHS England. (2025c). *NHS Facing 'Worst Case Scenario' December Amid 'Super Flu' Surge*. Last accessed: 05/01/2026. Available at: <https://www.england.nhs.uk/2025/12/nhs-facing-worst-case-scenario-december-amid-super-flu-surge/>

NHS England. (2025d). *Hospitals on High Alert Amid Strikes and Winter Viruses*. Last accessed: 05/01/2026. Available at: <https://www.england.nhs.uk/2025/12/hospitals-on-high-alert-amid-strikes-and-winter-viruses/#:~:text=Hospitals%20in%20England%20are%20%E2%80%9Con,18%25%20on%20the%20week%20before.>

The King's Fund. (2025). *What's Going on with A&E Waiting Times?* Last accessed: 23/12/25. Available at: <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/whats-going-on-with-ae-waiting-times>

Rees, S & Hassan, H. (2023). *The A&E Crisis: What's Really Driving Poor Performance?* Reform UK. Last accessed: 29/12/25. Available at: <https://reform.uk/publications/the-ae-crisis-whats-really-driving-poor-performance/>