

We said, they did.

This table shows Healthwatch Richmond's recommendations to improve the Emergency Department and Urgent Treatment Centre at West Middlesex University Hospital, as well as the response received from WMUH about how these recommendations will be addressed. We thank WMUH for their responsiveness to our recommendations and look forward to seeing the positive outcomes following the implementation of our recommendations.

Recommendation	MWUH Response
<p>1. Patients are unclear about how the department works and what to expect from it.</p> <ul style="list-style-type: none"> • Clear information should be provided by signage and staff about the differences between UTC and ED. • Staff should make efforts to inform patients about their next steps. This should include expected waiting times for different tests, particularly blood tests. • Signage should be used to indicate simple and clear pathways throughout the department. 	<p><i>The nursing team will provide patients with a treatment plan.</i></p> <p><i>The introduction of a TV screen to display digital messages and information about the department is being considered based on awaiting confirmation of capital bid.</i></p>
<p>2. The current Patient call system is unsatisfactory. It is inaccessible to patients with hearing impairments and leaves patients worried that they cannot go to the toilet in case they miss their call.</p> <ul style="list-style-type: none"> • A public address system should be introduced for staff to call patients and the waiting room screens should be used to display names of patients being called. 	<p><i>A bid has gone in for capital funding for an improved mechanism of calling patients as well as some digital boards. The scope of improvements will depend on the outcome of the funding bid.</i></p> <p><i>This will be reviewed at the next governance meeting.</i></p> <p><i>Considerations need to be made around the confidentiality issues and risks about putting patient's names on screens and public address systems in the ED waiting rooms.</i></p>

<p>3. The system for patients accessing diagnostic imagery, particularly at night, is unsatisfactory. Particular challenges for patients include both the locked door from ED to Imaging and the unclear pathway beyond the door.</p> <ul style="list-style-type: none"> • Clear signage should be placed in the ED waiting area to inform patients that they need to ask receptionists to buzz them through the secure door between the waiting room and ED so that they can access the Imaging Department. • Wayfinding markings to the x-ray area should also be improved. These signs should be in both the ED and UTC waiting areas. 	<p><i>A bid has gone in for capital funding to improve wayfinding signage.</i></p> <p><i>Laminated posters are in place to request reception staff to enable patient access through the secure door to imaging as an interim measure.</i></p> <p><i>A plan is in place for Estates to do a 'wayfinding' exercise with patients to identify how changes can be made.</i></p>
<p>4. The screens displaying waiting times are confusing for patients or do not display waiting times which match patient's experiences.</p> <ul style="list-style-type: none"> • The screens should clarify what the waiting times refer to. • The screens should also be repurposed to additionally display information to patients, cycling through a slideshow of information screens. 	<p><i>Capital bid is awaiting confirmation to introduce additional digital message boards.</i></p>
<p>5. The provision of food and drink within the department was inconsistent and should be addressed.</p> <ul style="list-style-type: none"> • The vending machines in the waiting areas should be regularly stocked and monitored to ensure they are working. If this is not possible, alternative arrangements should be made to provide access to food and drink whilst people wait. • Within the ED, volunteer presence should be improved to ensure patients are offered hot drinks and food. 	<p><i>An update about the vending machines has been requested from BYWEST, who hold the lease agreement and a request has gone in for the Service Level Agreement.</i></p> <p><i>Frail patients in the waiting area are offered hot food, but there have been some complaints about the smell from patients who were nauseous.</i></p> <p><i>There will be ongoing monitoring of the provision of food and drink.</i></p>

<p>6. The waiting area floor is not cleaned frequently enough.</p> <ul style="list-style-type: none"> • The cleaning schedule for the floor in the waiting area should be reassessed with the floor cleaned more regularly, particularly at night. • WMUH should also make it clear whose responsibility it is to monitor cleanliness. 	<p><i>A new cleaning rota has been put in place. The floors in the waiting area will be cleaned more frequently.</i></p>
<p>7. The chairs in the waiting areas exhibit significant signs of wear and tear.</p> <ul style="list-style-type: none"> • Although we are aware of plans to replace these, work should commence as soon as possible and Healthwatch Richmond should be provided with an update on this work plan. • In future such work should be completed before winter pressures make maintenance difficult. 	<p><i>The chairs have been replaced and have received good feedback from patients who find them more comfortable.</i></p>
<p>8. There did not appear to be a standardised process to assess patients who have been referred to WMUH by their GP.</p> <ul style="list-style-type: none"> • WMUH should provide clarification about what happens when a patient arrives with a GP referral. 	<p><i>A standardised process has been agreed with the ED team and has been put in place.</i></p>
<p>9. On all visits, doors to sluices and storage cupboards were often left open.</p> <ul style="list-style-type: none"> • WMUH should Either ensure the doors to cupboards and sluices are closed appropriately or update the signage to reflect the correct procedure. 	<p><i>This has been completed and senior staff will continuously monitor that sluice and cupboard doors remain closed.</i></p>
<p>10. Whilst we understand that these may be high wearing spaces due to the nature of their use, the specialised mental health bays in Majors B were heavily worn.</p> <ul style="list-style-type: none"> • They should be refurbished regularly. 	<p><i>New chairs have been added for relatives and patients. Designs for the cubicles have been agreed and are awaiting capital funding bid and a date for the refresh to be undertaken.</i></p>

<p>11. There were concerns around wheelchair access and storage.</p> <ul style="list-style-type: none"> • Wheelchair storage should be clearly signposted, monitored and accessible to ED and UTC patients. • Wheelchairs should also be returned to appropriate storage spaces after use. 	<p><i>Wheelchairs are to be monitored locally and the wheelchair storage and provision is to be reviewed.</i></p>
<p>12. There were some differences of opinion between the ED and UTC admin teams. WMUH should strengthen the link between the teams.</p> <ul style="list-style-type: none"> • Shared training and supervision would ensure that the two teams work in a more collaborative manner. 	<p><i>The management structures of the admin teams will be combined.</i></p> <p><i>There will be engagement sessions with both admin teams run by the ED matron.</i></p>
<p>13. Patients experienced some uncertainty about where to queue at reception and where to sit afterwards.</p> <ul style="list-style-type: none"> • Clearer floor markings to indicate where patients should go when they arrive as well as where they should stand in the queue. • There should also be clear signage which indicates the different ED and UTC waiting areas, including the separate paediatric UTC waiting area. The use of differently coloured wall paint for each area should also be considered during the next planned renovations. 	<p><i>As part of the upcoming waiting room refurbishment new flooring is to be added which will include improved signage on the floor to indicate the queueing area.</i></p>
<p>14. Some patients entered the main hospital whilst looking for the ED/UTC.</p> <ul style="list-style-type: none"> • Clearer signage in the main entrance, ideally at the main doors, about where to find the ED/UTC department entrance would address that. 	<p><i>Signage is already in place.</i></p>
<p>15. There was a faulty air freshener in the UTC waiting area which dripped on patients.</p> <ul style="list-style-type: none"> • This air freshener should be fixed. • Dispensers, including air fresheners and hand sanitisers, should be regularly monitored and refilled. 	<p><i>The issue was reported to the Estates team to be fixed.</i></p>

16. The entrance doors to the waiting area remained open. This made patients cold and chairs near the doors unusable.

- Either close the entrance doors or, if the doors need to remain open, install an air curtain to ensure the air is warmed. This can also be used as an air conditioner in summer.

There is a meeting planned with estates to discuss options to address the temperature in the waiting area.