

# West Middlesex Hospital Emergency Department Enter & View Report: *at a glance*

*March 2025*



# The purpose of this project

Our aim for this project was to attend the Urgent Treatment Centre (UTC) and Emergency Department (ED) at West Middlesex University Hospital (WМУH) in a series of Enter & View visits to create a snapshot assessment of the services and to identify the areas, if any, that require improvement or re-evaluation and to produce recommendations based on these.

Our previous visit to WМУH was in 2019, and we wanted to return to generally assess the service, as well as determine the impact of the UTC provider change, which occurred in late 2023.

## Background

The following data was obtained and analysed prior to our visits to WМУH to provide a background for the project.

### WМУH performance and attendance data (October 2023– August 2024)

- 78.4% of patients waited four hours or less

### WМУH FFT Data

- 75% of responses were positive for the UTC and 87% of responses were positive for the ED
- Negative themes included long wait times, a lack of communication and empathy, and an unclean environment.

### Healthwatch Richmond Patient Experience Data

- 46% of feedback provided was positive, 38% negative and 16% mixed.
- The majority of positive experiences referred to treatment.
- Negative themes included wait times, communication and referrals.

## Methodology

The Healthwatch Richmond team of staff and volunteers visited the ED and UTC departments six times between the 6th and 15th of November. We spoke to patients, carers, and staff using pre-written surveys. Observations were collected using an 'observation checklist'. Patients were also asked to share their contact details for a follow-up survey, which was completed two weeks after our visit.



*111 patients and  
carers*



*30 staff  
members*

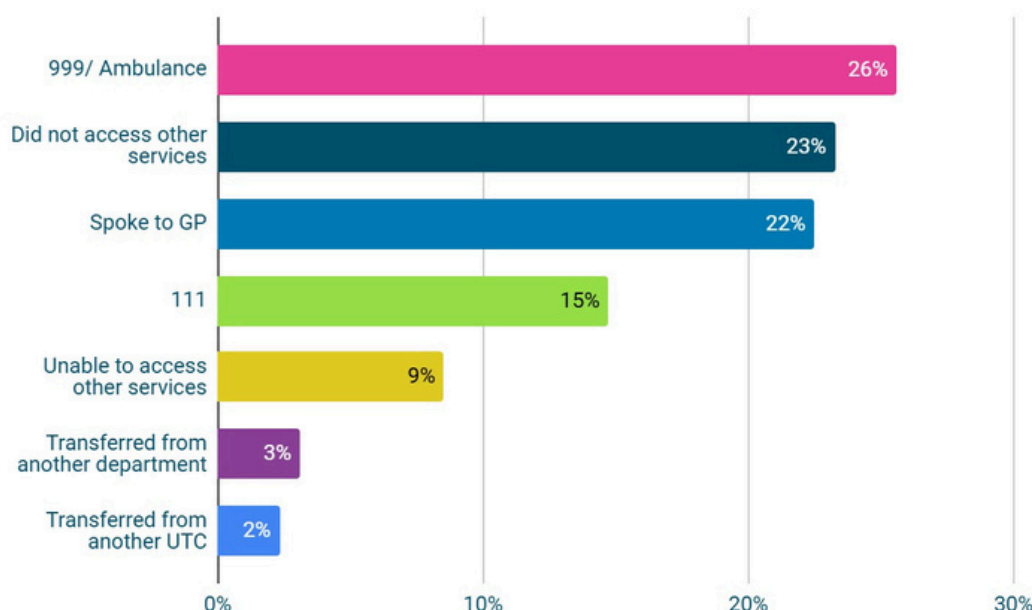


*15 responses to the  
follow-up survey*

Insights from our Enter & View visits were used to write a full in-depth report of the UTC and ED departments as well as create a series of recommendations to WМУH to improve the service. WМУH were then invited to comment on how they will address these recommendations. This document summarises the report findings, recommendations and WМУH responses.

# Key findings and recommendations

## Services accessed before attending WMUH



We asked patients what services they used before attending WMUH. This graph shows the services accessed by patients as a percentage of total patients spoken to.

## Arriving at WMUH

Patients that arrived via ambulance had mixed experiences of ambulance handover. Positive sentiments included quick handovers and staff attitudes, whereas negative sentiments described a lack of pain relief and information provision.

The ED and UTC entrance is separate to the main hospital entrance. Some patients experienced confusion around this. Volunteers in the main atrium would often direct patients to the correct entrance.



**Recommendation:** There should be clear signage in the main entrance, ideally by the main doors, about where to find the ED/ UTC entrance.

**Response:** Signage is in place.

Some patients arrived at WMUH after referral from their GP. It appeared that patients with a referral were not expected when they arrived. This was frustrating for some patients. *"I feel this has been a hinderance as the doctors have had to start again to see what is wrong with me".*

**Recommendation:** There did not appear to be a standardised process to assess patients who have been referred to WMUH by their GP. WMUH should provide clarification about what happens when a patient arrives with a GP referral.

**Response:** A standardised process has been agreed and is now in place.

## Reception

When arriving at reception, patients described a quick and efficient process, with almost universal praise for reception staff. *"All staff have been polite and helpful including reception staff. I want to make that point because they get a bad rep."*

Some patients were confused by the queueing system for the reception desk, which is set back to promote privacy. There was a marking on the floor stating 'wait here' but this was not always noticed. *"People get very confused or don't see the line on the floor to queue"*.

**Recommendation:** There should be a clearer system for patients queueing at reception. Including clearer floor markings to indicate where patients should go when they arrive as well as where they should stand in the queue.

**Response:** As part of planned refurbishments, new floors will be put in place with improved signage for the reception queue.

The reception desk is staffed by both ED and UTC admin staff. There was some concern from ED admin staff who felt that UTC staff lacked the training to sufficiently identify emergencies and stream patients effectively.

**Recommendation:** We sensed a disconnect between the ED and UTC admin teams. WMUH should introduce shared training procedures and should ensure the two teams work in a collaborative manner.

**Response:** The management structures will be combined and an engagement session will be run with both admin teams.



## Wheelchairs



We observed inconsistent storage of wheelchairs. There was a wheelchair storage area in the main atrium but this was not signposted and often there were no wheelchairs available. Wheelchairs were also stored outside of the ED/UTC entrance but this did not appear to be a secure, organised or sanitary storage area.

**Recommendation:** There should be a clearly signposted and monitored wheelchair storage area accessible to ED and UTC patients. Wheelchairs should be returned to appropriate storage areas after use.

**Response:** Wheelchairs will be monitored locally and storage and wheelchair provision will be reviewed.

## The waiting area

The waiting area is separated into a UTC area and an ED area, separated by the reception desks. There is also a paediatric ED waiting area which is in a separate room. A section of the UTC waiting area is designated for paediatric patients, but this was poorly signposted and rarely used by paediatric patients.

The UTC waiting area was significantly larger than the ED waiting area. Therefore the ED waiting area was often at capacity, with patients standing or sitting on the floor. *"A&E waiting area too small"*.

Several patients complained about the chairs in the waiting room. Patients found the chairs uncomfortable and several were in poor condition, broken or out of use. *"Terrible. Cramped, not enough seats and too narrow, you get more sick sitting on them"*.

**Recommendation:** Although we are aware of plans to replace the chairs, work should commence as soon as possible and Healthwatch Richmond should be provided with an update on this work plan.

**Response:** Chairs have been replaced with positive patient feedback.

There was a relatively consistent standard of cleanliness. Toilets were well maintained, but the floor of the waiting area appeared dirty, particularly during night visits. A cleaning schedule showed the floor is only cleaned once a day, which is insufficient.



**Recommendation:** The cleaning schedule for the waiting area floor should be reassessed with the floor cleaned more regularly. WMUH should make it clear who is responsible for monitoring cleanliness.

**Response:** A new cleaning rota is in place with the floors being cleaned more frequently.

When patients are ready to be seen in either the ED or UTC their name is called by a member of staff. Some patients were unable to hear their name be called, particularly elderly patients or those with hearing impairments. *"You are paralysed as you're scared you will miss your name, so you don't want to get refreshments or go to the toilet."* Staff also found the process frustrating.

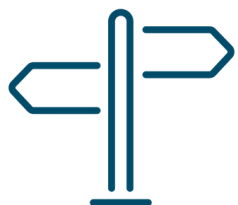
**Recommendation:** The current patient call system is unsatisfactory and inaccessible for some patients. Introducing a public address system for staff to use or using the waiting area screens to display patient names would address this.

**Response:** A bid for funding has been made for an improved patient calling mechanism as well as digital boards. Considerations need to be made around patient confidentiality.



## Streaming and triage

Streaming occurs after patients have registered at reception and ensures they are seen by the correct department. Patients described being seen quickly by pleasant staff. There were some concerns that the streaming desks offered little privacy. *"Where I am sitting you can overhear some of the streaming if patients have loud voices"*.



Patient's understanding of streaming and triage was mixed. Some patients were unaware of where they had been streamed or the difference between streaming and triage. *"The streaming nurse did basic tests and just told us to sit and wait"*, *"What's triage? I just saw the nurse in the booth over there"*.

## Experiences of care

90% of patient comments were positive. Patients went out of their way to praise staff and clearly felt safe and comfortable under their care. *"Very kind and encouraging"*. We observed an encouraging and genuine caring culture amongst staff.



A minority of patients described negative experiences. Themes included patients feeling ignored by staff, poor communication between staff and being unhappy with treatment options.

## Information provision

58% of patients felt they were provided with sufficient and understandable information. 40% of patients felt they had not been provided with enough information. A lack of clarity about care, treatment, waiting times and next steps was frustrating for patients *"There needs to be someone, or some way, that you can get information. I feel abandoned"*.

Staff members told us that patients who did not understand the department were more likely to complain.



**Recommendation:** Signage and information should be given to patients about how the department works, the differences in UTC and ED, and expected wait times for tests. Staff should make efforts to inform patients about their next steps and signage should be used to indicate pathways throughout the department. There should also be clear signage indicating the different ED and UTC waiting areas.

**Response:** The nursing team will provide patients with treatment plans. TV screens will be used to display information and messages about the department.

## Environment

Though the ED was very busy during our visits, we observed a calm and relatively peaceful environment. There were no concerns around the cleanliness within the ED space. All toilets were clean and contained paper and soap. There were some minor issues around rubbish next to patient beds.

We observed that doors to cupboards and sluices were always open, despite signs on the door asking them to be closed. We were told they did not pose an infection hazard but this was unusual practice.

**Recommendation:** Doors to cupboards and sluices should either be closed appropriately or the signage should be updated to reflect the correct procedure.

**Response:** Senior staff will continuously monitor that doors are kept closed.



In the ED we observed several features designed to support patient's needs. This included a well designed bay in Majors A to support dementia patients and adapted bays in Majors B to support mental health patients. However these rooms were quite worn with damaged walls and ripped furnishings.



**Recommendation:** Whilst we understand that these are high wearing spaces due to the nature of their use, the specialised bays in Majors B should be refurbished regularly.

**Response:** New chairs have been added. Designs have been agreed and are awaiting funding and a date for the refurbishment.

## X-ray

The current system for patients to access diagnostic imaging is unsatisfactory. Patients are expected to make their own way from the main waiting area, including entry through the locked entrance door to the ED. Floor markings direct patients but these were not always clear. The lack of clarity led to some patients waiting unnecessarily in the main ED waiting area.

**Recommendation:** Clear signage is needed 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 the ED, in order to access the diagnostic 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, as well as on the ED doors, and be large and clear.

**Response:** laminated posters are in place as a temporary measure and a funding bid has been made to improve wayfinding signage. The Estates team plans to do a 'wayfinding' exercise with patients.

## Food and drink

In the waiting area there were two vending machines, the hot drinks machine was often out of order and the food machine was often poorly stocked. *"It is annoying there are no hot drinks in the waiting area today"*.

In the ED, patients who had been provided with food and drink were satisfied with the provision. Most patient had not been offered anything, but would have liked hot drinks or something to eat. There were mixed experiences of staff offering food and drink to patients. Only once did we observe a volunteer offering food and drinks.



**Recommendation:** The provision of food in the department should be addressed. The vending machines in the waiting area should be regularly stocked and monitored to ensure they are working. If this is not possible, alternative arrangements should be made to provide food and drink to people waiting. Within the ED, volunteer presence should be improved to ensure patients are offered hot drinks and food.

**Response:** An update has been requested from the vending machine provider. There are issues with providing hot food in the waiting area. There will be ongoing monitoring of food and drink provision.

## Waiting times

Patient's perceptions of waiting times were often based on how much information they had been provided. Patients that had not been advised on their expected waiting times or what they were waiting for, were often more frustrated at the waiting times. *"There is no communication about how long you wait"*. Around 19% of patients had been advised on the expected waiting times.

In the waiting areas were two large screens displaying real-time waiting times. Patients either did not notice these screens, did not understand them, or felt they did not reflect their experiences. *"Screen was totally confusing"*.



## Insights into UTC provider change

We visited WMUH around a year after the UTC provider changed. The majority of staff felt this had led to notable improvements in integration and communication between the ED and the UTC. *"It feels more streamlined"*.

*We want to thank WMUH for their continued support, openness and collaboration on this project. We welcome their responses to our recommendations and look forward to monitoring the progress of these action plans.*

# healthwatch

## Richmond upon Thames



**Committed  
to quality**

Healthwatch Richmond is committed to providing a quality service, from how we collect data to the information we provide. Every three years we perform an in-depth audit, in conjunction with Healthwatch England to ensure we meet this high standard.

**Please contact us if you would like this report in another language or format.**

Healthwatch Richmond  
82 Hampton Road  
Twickenham  
TW2 5QS

**020 8099 5335**

[hello@healthwatchrichmond.co.uk](mailto:hello@healthwatchrichmond.co.uk)  
[www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk)