



# West Middlesex University Hospital

## Urgent and Emergency care Executive Summary

Healthwatch Richmond  
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January 2020

## Introduction

In August 2019, Healthwatch Richmond conducted four Enter and View visits to the Emergency Department (ED) and Urgent Care Centre (UCC) at West Middlesex University Hospital. This document summarises the feedback from patients/relatives and staff, as well as our observations, and the responses that the providers made to our recommendations.

## Background & Method

The ED and UCC at West Middlesex University Hospital is open 24 hours a day, seven days a week. ED is for seriously ill patients with critical or life threatening emergencies and if you are less seriously ill, but still require urgent treatment, you will be seen in the UCC.

Our primary aim was to gain an understanding of service quality based on patient feedback. Secondly, we aimed to find out why people choose to attend these services and whether they are aware of the alternatives.

We coordinated our four visits to be during busy days/times. We carried out semi-structured conversations with patients and staff based on a list of prompts. We anticipated that some patients in the waiting room would be at the start of their visit in the Department, therefore to ensure we could collect the patients' full experience we prepared a follow up survey. We sought consent from patients to send them a survey through post, email or telephone one week after the visits. Staff were additionally able to fill out a paper survey and return this anonymously through a lockable post-box in their staff room.

In total we spoke to 40 patients and 7 staff members from UCC, and 38 patients and 9 staff members from ED. For the follow up survey, we gained consent from 18 patients to which we had nine responses.

## Environment

The department was clean and well presented. Patients were positive about the environment of the Department. Quality improvement projects have been completed in the Department with more planned, including the renovation of the relative's room.

We raised concerns about the seating in the waiting room as a considerable number of seats (nine seats) were broken and out of use for the duration of our week long review. The Hospital has put additional seating in the ED waiting room, and this is a welcome change as the broken chairs exacerbated the already limited seating in this area. However it still remains unclear if a process to enable chairs to be fixed in a timely manner has been put in place. We have further recommended that the providers work to address this.

The department is accessible to wheelchair and mobility aid users. However a patient and a member of staff highlighted that wheelchairs and mobility aids were not always available for patients that required them. We asked the provider to take steps to ensure mobility aids can always be obtained in the department. The response from the provider did not provide assurance of this, therefore we made a further recommendation to ask for action to be taken to ensure sufficient wheelchairs/aids are securely stored in the Department.

## Clinical Streaming assessment

Patients walking into the Department register first with the co-located UCC desk and are then either sent through to the ED if they are critically unwell or seen by an Emergency Nurse Practitioner for 'clinical streaming'. Clinical streaming is a process where the patient is assessed and based on seriousness of illness/injury either streamed to the UCC for minor illnesses/ injuries or streamed to the ED if they are seriously unwell.

63% of patients were positive about the clinical streaming process with compliments given to reception staff. Patients reported clear understanding of what they needed to do upon arrival in the Department. Almost all patients were streamed within the 20 minute target.

We noted that the open nature of the streaming desk did not allow patients to sit down or provide sufficient privacy for patients. We asked the provider to review the use of the streaming desk and as a result side panels and a chair have been added to improve comfort and privacy for patients.

For patients streamed to the ED it was not always clear that they needed to re-register at the ED reception. This caused frustration for some patients, and in one case a delay in treatment. The providers told us that different coloured paper is now in use to minimise the risk of patients sitting in the ED waiting area without re-registering. After reflecting on the provider's response we felt that this did not sufficiently address the challenge and further recommend that providers set out signage, perhaps with a floor or eyelevel trail, to a clearly signposted ED reception point.

Some patients in the waiting area were unclear about the next steps in their journey through the department, particularly after completing their streaming assessment. In response the providers will explore an option of additional roller banner displays and add announcements to the large TV screen in the waiting area. We noted these improvements but we further ask the providers to remind staff to explain the next steps to the patient and audit the compliance with this.

## Waiting times

It was clear from patient feedback that being given an estimated waiting time when patients arrive at the department would be valued by patients. The ED has committed to ensuring that the triage nurse will give patients an estimated wait time once they have been triaged. Work to introduce a sign providing the estimated waiting time in the waiting room is in the early stages, and we encourage the providers to pursue this to completion as it would go a long way to improve the experience of patients in the Department.

Some patients reported that it was difficult to hear their name being called in the waiting room. Patients suggested that a sign could flash up the patient's name when they are being called. We made a recommendation for the Hospital to consider if this function could be incorporated into the planned estimated waiting time sign. The response from the providers did not address the need for a visual cue to help patients who struggle to hear when they are called. We therefore further recommend that the providers combine the two systems.

## Feedback about Urgent Care Centre

We wanted to understand how people were using the UCC. There was a 50-50 split in patients contacting a health service before attending the UCC compared to those that didn't. Patients attending Out of Hours reported having no choice but going to the UCC. This suggests patients were not well informed about alternative Out of Hours services.

The majority of patients were positive in their feedback about UCC clinical staff but the feedback we were able to collect is limited. The negative staff feedback stemmed from the patient feeling overlooked and treated as low priority. We identified a patient who was regularly attending for post-operative dressing changes as their GP surgery did not have an appointment available. This does not appear to be an appropriate use of the service and involves a long wait for the patient who is still recovering from surgery. After raising this with the providers we have been told that when patients do attend, the UCC will attempt to book subsequent appointments in the community before the patient leaves.

Staff felt there was a good system for monitoring patients but we felt the support, particularly for distressed patients, could be improved by enhancing the Patient Champion job role. The provider told us that our feedback will be incorporated into the on-going development of this role.

Staff feedback indicated concerns about staffing capacity with difficulty recruiting, and a reliance on agency/bank staff for the Emergency Nurse Practitioner role being highlighted. The provider responded that they run bespoke University accredited training courses and plan to shortly advertise for a consolidation post.

## Feedback about Emergency Department

Unlike the UCC the majority of patients (~80%) had contacted a service before attending (most commonly their GP) suggesting patients preferred to get medical advice before using ED services. After a patient is streamed to ED they have a triage assessment, and most patients provided positive feedback of their triage experience. Staff felt able to triage patients effectively but did suggest that an ED technician should, during busy periods, be assigned directly to triage, and not shared with Majors C as is the situation currently.

The environment of the Department was well proportioned and functional, and great thought had been taken with the refurbishment of mental health rooms. The patient feedback was positive and indicated their privacy and dignity had been respected.

Patients felt they were given good information on what was happening and what would happen next. Most patients gave positive feedback about ED clinical staff and felt they had good communication with them. The negative comments related to staff busyness and a wish for more regular contact with staff. Several patients told us that they were not aware that call bells were available and would have welcomed having one. We recommended that staff should be reminded to routinely give patients call bells on admission to the unit.

It was clear from our visit that there is a challenge in supporting patients who attend ED with mental health concerns, and the Hospital has acted to try to meet these challenges. These patients face long waits in the Department and their care involves the coordination with inpatient mental health providers. A mental health patient spoke very positively about the staff and the support they were given, and how this made the wait for the psychiatric liaison team easier.

A small number of staff identified a possible issue around having adequate staffing capacity to meet patient's needs. This appeared to be in the context of the increasing demand on the ED as there is currently a zero vacancy rate in the Department. What was clear was there was good support from senior staff, and staff had confidence in raising incidents, including safeguarding concerns.

## Conclusions

Whilst the findings of the review are generally positive, the provider's initial response to our recommendations did not fully address all of these concerns, leading us to make six further recommendations.

Improvements were made to the streaming desk and seating was increased in the ED waiting room however no work has yet been completed to reduce the time it takes to repair broken seating. We felt another estate issue needed further attention and we have asked the providers to ensure secure wheelchair storage in the Department to give staff consistent and reliable access to wheelchairs/mobility aids.

The providers committed to a strategy to identify patients streamed to the ED who have not re-registered at the ED reception, however we do not feel the confusion around re-registering has been fully addressed, and we have asked the providers to consider a floor or eyelevel signage trail to clearly signpost the ED reception point. The Department will have additional signage and announcements will be added to the large TV screen in the waiting area to ensure patients know the next steps. We have also asked providers to make sure staff are routinely explaining the next steps to patients.

The provider is planning a sign to inform patients of the estimated waiting times. We have additionally requested that providers consider combining this sign with the need for patients to have a visual cue when they are being called for assessment/treatment.

Several ED patients were not aware of the call bells in the Department and would have benefitted from them. Therefore we recommend that staff be reminded to alert patients to their presence to ensure, when required, they can urgently alert staff.

We trust that the providers of the ED and UCC at West Middlesex University Hospital continue to deliver the promised action plan in order to improve the experience of patients in the Department.

This report completes our work reviewing Urgent and Emergency services available to residents in the Borough of Richmond upon Thames. Previous work has reviewed the Kingston Hospital ED and the Urgent Treatment Centre at Teddington Memorial Hospital (reports available at [www.healthwatchrichmond.co.uk](http://www.healthwatchrichmond.co.uk)).