

Enter & View Visit Report

Premises visited: Emergency Department Hull Royal Infirmary Anlaby Road Hull HU3 2JZ	Date of Visit: 29/07/2015	HW Reference: 20150729
	Duration of visit: 2½ hours	
	HWERY Representatives: Lindsay Cunningham, Matt Fawcett, Caroline Frost, Steve Mottershaw	Staff met during visit: Sarah Bates (assistant chief nurse)

PURPOSE OF VISIT

The purpose of our visit was assess the experience of patients using the Emergency Department at Hull Royal Infirmary, particularly in light of recent investment in the buildings and facilities available and changes to working practices (e.g. Perfect 10 initiative). The visit was pre-arranged.

BACKGROUND

Hull Royal Infirmary is operated by Hull and East Yorkshire Hospitals NHS Trust. It has 709 beds in total and is the main centre for emergency work in the area. The Emergency Department (A&E) sees around 120,000 people each year.

The Care Quality Commission (CQC) have recently carried out a series of inspections of the hospital, including the Emergency Department. The most recently published report ([27th July 2015](#)) refers to their inspection in February 2015. This report raised a number of concerns and areas for improvement. These were largely around staffing levels, training and skills and maintaining good patient flow around the hospital. The CQC have conducted further investigations but are yet to publish their findings.

The hospital recently reviewed its working practices and conducted a pilot called “Perfect 10”. The Perfect 10 pilot was an initiative designed to bring all staff together with the common purpose of improving patient flow, performance, and experience. Between 15th and 24th July 2015, all staff made a concerted effort to support staff working in the Emergency Department to meet the 4 hour target, in whatever way and however best they could do that. The idea has been tried in other Trusts around the country with much success. In the hospital’s words: “it’s not rocket science, it’s about focusing on doing things the way they should be done; by being positive, proactive and open”.

In addition, a £7.5million investment programme in the buildings and facilities for A&E is nearing completion. Given these recent changes, Healthwatch felt that it was an

appropriate time to conduct an Enter and View visit to find out how these changes were impacting on the experience of patients. This report presents a snapshot in time. It summarises the views and experiences of the patients and families that we surveyed during our visit.

INTRODUCTION

The Emergency Department (A&E) at Hull Royal Infirmary is subdivided into three key areas or units, all of which are including as part of this Enter and View report. The “Majors” unit, as it is referred to, is comprised of a resus area with 10 fully-equipped trauma beds and a separate area with 24 major injury beds. The majority of patients arrive at the Majors unit by ambulance and enter through a dedicated ambulance entrance. The “Minors” unit accepts the majority of ‘walking wounded’ patients and those who present themselves to A&E. This area is accessed via a series of corridors from the hospital’s main entrance and the route is marked with signs on the floor. Finally, there is a separate Children’s Emergency Department. It has its own entrance and can also accept ambulance traffic through the dedicated ambulance entrance.

During our visit we were given a tour through all the areas listed above by the hospital’s Assistant Chief Nurse Sarah Bates. Ms Bates updated us on the recent changes to the department. After this, we spent around 2 hours speaking to patients and accompanying family/friends, two of us in the Children’s waiting area and two in the Minor injury waiting area. We spoke with around 4 parents and 3 children in the Children’s Emergency Department and around 12-15 people in the Minors waiting area. We also used a survey to gather peoples’ views of the service and left a number of these in the Children’s Emergency Department reception to be given out to patients throughout the following week. A copy of the survey is attached at Appendix 1.

PHYSICAL ENVIRONMENT

Children’s A&E

The Children’s Emergency Department was easy to find with its own separate entrance. The hand wash station was prominent and height-appropriate. The reception desk was easily identifiable and staffed by a friendly receptionist. The toilets were extremely clean and well-signed.

The waiting area was very pleasant with colourful, child-friendly decorations on the walls and hanging from the ceiling. Nevertheless, one child we spoke to in the waiting area told us he thought it was “a bit grey”. There were lots of toys, books and other activities, particularly for younger children. The treatment areas were also brightly decorated with an animal theme. The decorations on the ceilings along the corridors and above trolleys in the treatment rooms were a very nice addition. Dignity and privacy has been well maintained throughout.

One area of concern for us was the main entrance to the department. It is made up of two large automatic doors that lead out into passing ambulance traffic. Whilst a button needs to be pressed to exit, due to the size of the doors and time they take to close both doors

are wide open for sufficient time for a young child to run out as we witnessed during our visit. In addition, there was no water fountain/dispenser in the waiting area.

Majors Unit (including resus area)

This area has recently undergone significant refurbishment to radically change the scale and type of facilities on offer. The 10 High Observation/Resus bays each have their own room with glass doors and internal curtains which can be drawn for added privacy. They are accessed directly from the ambulance entrance allowing for swift transfer of patients.

In the Major injury area there are 24 beds each in their own room with glass doors and internal curtains. Patients' surnames and initials were written on a whiteboard outside their room but the (electronic) board with full patient details is situated within their main hub area not visible to members of the public passing by. We were told that board rounds were conducted several times a day to ensure all staff members are aware of where patients are and what is happening with their treatment, in particular to ensure communication between the Major injury area and the resus beds.

Whilst we felt that the facilities are much improved for patients' privacy and dignity, we were concerned that if a patient didn't have someone with them it may be difficult for them to get help if their condition deteriorates. We didn't find out if there was a minimum nurse to patient ratio for this area, although we were told that the hospital had authorised the recruitment of additional nurses who would hopefully start in September/October.

Minors Unit

The Minor injury area is accessed via a series of corridors from the hospital's main entrance. There were red circles saying "Emergency Department" on the floor but these were not always consistent. The route to the minors unit was somewhat dark in places and has clearly not yet been included in the refurbishment programme. Once arriving at the Minor injury area, however, it was bright and airy with prominent handwashing facilities and clear signage.

The unit uses self check-in machines to allow patients to register their own arrival. These were only in use for part of the time we were there and an engineer was working on them. We were told by the Assistant Chief Nurse that they were experiencing some issues with the software that needed to be resolved.

We noticed a number of issues with the toilets next to the Minors waiting area. The emergency call cord in the accessible toilet was tied up making it difficult for someone to reach in an emergency situation. In the ladies toilet the bin next to the toilet was overflowing, which was reported to staff but nothing was done whilst we were there and the gents toilet was "very smelly" according to one person we spoke to.

PATIENT EXPERIENCE

Children's A&E

It was a quiet morning with approximately 5-6 patients coming through A&E during our visit. Almost everyone we spoke with was positive about their experience. One parent said that the care her daughter had received was "spot on". They had been there for less than 1 hour and had already been seen by a nurse, a doctor and had X-rays taken. She also commented that she had used the children's A&E many times in the past and that their experience had been positive every time.

Another parent we spoke to was concerned about the wait to see the doctor. Her daughter had been seen very quickly for an initial assessment (within 15-20 minutes) but had then been sent back to the waiting room. The parent was frustrated by her wait (at that point approx. 1 hour) because she could see the unit was quiet and therefore couldn't understand why they were waiting.

The children we spoke with were generally quite content. One, who was too young to tell us, was clearly getting bored. Another, who had not long arrived, said he was happy and even a little excited as this was his first trip to A&E (a relative then corrected him to say it was his second visit).

Minors Unit

The Minors area was not particularly busy and most patients had not been waiting long. Those that had been waiting more than a couple of hours were still content because they had expected to wait. The majority of patients and companions we spoke to were happy with the service and almost all said they found the staff friendly and helpful.

Some patients raised concerns with us about signage. One gentleman we spoke to, who had recently arrived in the UK, had real difficulty finding the area he needed. Another patient told us they were "confused by signs" and that the Minors area was particularly difficult to find due to an eye injury.

In addition, a couple of people had problems with the self-check-in system. It took one lady 15 minutes to sign in. She told me she was not computer literate and did not realise you could "scroll down". Her difficulties were picked up on by the IT person who was working on the self-check-in computers at the time who said this would help them adapt the system to make it more user-friendly.

We discovered some inconsistencies in the way in which patients are referred from Minor Injury Units to A&E. Most of the patients we spoke with had either been to or considered going to their local Minor Injury Unit (MIU). However, since the MIUs do not have X-ray facilities, they had either made the decision to come straight to A&E or been sent there by someone they saw at the MIU. Some of those referred from MIU were simply told to present themselves at A&E and wait to be seen. One patient, however, had been referred by a doctor at her Minor Injury Unit directly to the X-ray department so she had a considerably shorter wait than those who had presented new. Even still, she was going to have to come back the following day as the fracture clinic had no space left that day (by 12 noon).

Majors Unit (including Resus/trauma area)

We were not able to speak to any patients who had been treated in this part of A&E without interfering with their treatment.

SURVEY RESPONSES

We used a survey to gather views about peoples' experiences of the Emergency Department. In addition to surveying the people we met during our visit, we left our comment box and a number of surveys with the receptionist in the children's department for a week following our visit. During this time a further 28 people completed our survey. The following section gives a brief summary of the responses to all completed surveys (40 in total).

The majority of people who responded to our survey found the check-in process either "brilliant" (51%) or "ok" (41%). Most (85%) were seen promptly at reception and nearly all (90%) were given clear instructions of what to do and where to wait. However, only 18% of respondents (7 people) were given any indication of how long they might have to wait, one of whom commented that she was only given an indication after she asked.

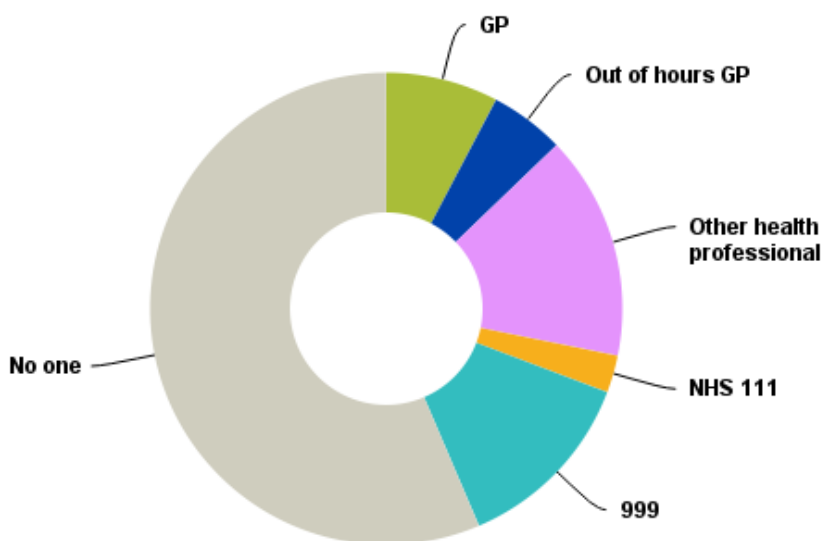
Staff at reception were almost universally described as "delightful", "friendly" and "helpful". One respondent, who attended children's A&E late at night, gave negative feedback. She told us that the receptionist was "abrupt" and when they left at 12 midnight there was not visible sign to tell others that the reception was closed.

"Staff are polite and welcoming"

"Receptionist very nice and helpful"

Most of the people who completed our survey had been waiting for less than an hour at the time they filled it out (62%). Only four respondents (10%) had been waiting for more than 4 hours and all four had been seen by both a nurse and a doctor in that time. Only one of the four respondents was negative about their experience.

Who, if anyone, advised you to come to A&E?



We asked our respondents who, if anyone, had advised them to come to A&E. The majority (56%) of attendees had self-referred, others had been advised to go to A&E by various other health professionals (see chart opposite).

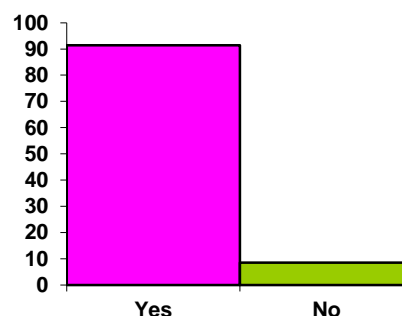
We also asked whether any alternative provision might have helped them to avoid A&E. 23% of respondents said they could have avoided their trip to A&E if a Minor Injuries Unit (MIU) was available near

their home, but for some this was conditional on X-ray facilities being available at the MIU. 13% (5 respondents) believed they could have avoided a trip to A&E if they had been able to see their GP the same day.

By and large, people told us of positive experiences at Hull Royal A&E. 91% of respondents said they were happy with the care they had received. Comments included: “Spot on”, “Absolutely fab staff and all-round great service”, “Excellent 1st class care”, “very satisfied”. One respondent commented on the “Great facilities” and “Child-centred approach”. Others commented that it was “A pleasant experience”, “very clean and child-friendly.”

Those who said they were not happy with the care they had received (3 respondents in total) included one family who had been referred by an out of hours GP with a note saying the child should be admitted but were still in the department after approximately 6 hours. They had been seen by both a doctor and a nurse but were waiting for a further assessment of the child’s condition. Another wrote: “Customer service poor. Waiting time poor.”

In general, are you satisfied with the care you have received?



RECOMMENDATIONS

That Hull Royal Infirmary:

- Review signage for the Minor injuries area to make it easier to find.
- If it is not possible to maintain an open reception for children’s A&E beyond midnight, ensure there is clear and adequate signage to direct people appropriately.
- Consider measures to stagger the opening/closing of the entrance doors to children’s A&E in order to improve safety for toddlers and young children in the waiting area.
- Install a water fountain/dispenser in all waiting areas.
- Consider what measures could be taken to give patients an approximate waiting time upon check-in to help manage expectations around waiting.

That East Riding of Yorkshire and Hull CCG’s:

- Review with providers policies around Minor Injury Unit referrals to ensure a consistent approach across all MIUs and a clear and consistent message to patients as to where to go if they suspect a fracture.

CONCLUSION

The facilities and physical surroundings at Hull Royal Infirmary Emergency Department are much improved and offer, as far as is possible, a pleasant and comfortable experience for those attending A&E. We were particularly impressed by the prominent hand-washing facilities across all areas of the department and the murals in the children's department, particularly those on the ceilings above treatment areas.

“Keep up the good work guys and good luck to the future”

(survey respondent)

By and large we received positive feedback from the patients and families we spoke to and those who subsequently filled out our survey. There were some negative experiences and these were largely related to expectations around waiting times and mixed messages from referring health colleagues. We have suggested a number of areas where we believe improvements could be made to improve the patient experience further.

Disclaimer: This report relates to the service viewed on the date of the visit and is representative of the views of the people we spoke to who contributed to the report on that day.

Signed on behalf of Healthwatch East Riding	<i>T. Smith</i>	Date: 27/08/15
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