

Enter and View - Visit Report

Cambridge University Hospitals NHS Foundation Trust

Services: Addenbrooke's Emergency Department,
Clinical Decision Unit and Ambulatory Care Unit

Dates: Sunday 2nd December 2016 at 1:30pm and Tuesday 6th
December 2016 at 4pm

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Acknowledgement

Healthwatch Cambridgeshire would like to thank the staff and patients at Cambridge University Hospital NHS Foundation Trust who made us feel welcome and took the time to complete our questionnaires.

Thank you also to the Assistant Director of Nursing (Patient experience and e-Hospital); Deputy Operations Manager, Operations Manager and Senior Staff in the Emergency Department, Clinical Decision Unit and Ambulatory Care Unit for helping us to arrange the visits and giving us the information we asked for.

Finally, we would like to thank our Authorised Representatives for their time, support and enthusiasm to complete this work.

This report relates to the observations from the 15 Steps Challenge and the completion of the questionnaires on the 4th and 6th December 2016, at 2:15pm and 4pm. Our report is an account of what was observed and contributed at the time.

Whenever we visit a local service, we send a draft copy of the report to the organisation so they can fact check it and feedback on any issues raised. We include a copy of any responses received in the final report.

Report recommendations updated 21st March 2017. See page 9 for details.



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Introduction and methodology

What is Enter and View?

Part of Healthwatch Cambridgeshire's work programme is to carry out Enter and View visits to health and social care services, to see and hear how people experience care. The visits are carried out by our Authorised Representatives. We can make recommendations and suggest ideas where we see areas for improvement.

The Health and Social Care Act allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service. Equally, they can occur when services have a good reputation so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues; however, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies.

What is the 15 Steps Challenge?

The 15 Steps Challenge is a way of looking at first impressions of the care provided, to help understand how it might be seen by people who use the services.

It is undertaken by a team of people who visit the department and make notes of their first impressions. Everyone looks at the area through a fresh pair of eyes and helps to see what may be overlooked.

The impressions gained by the 15 Steps Challenge are fed back to each department. It helps them make changes that could help improve care and build patients' confidence in the service; and to praise what they do well.



For this visit, the 15 Steps Challenge team comprised of our Authorised Representatives. They walked through each department, stopping to observe patients and staff in the public areas, as well as noting the care environment. The team observe what it is like to be there from a patient's perspective.

Observation guides are used to help structure their thoughts and observations; the guides encourage thoughts and discussion. See the Appendices for details.

The indicators noted in the Observation Guides are aligned with the Care Quality Commission's fundamental standards

<http://www.cqc.org.uk/content/fundamental-standards> .

Purpose of the visit

We work closely with all local health and care providers, welcoming all opportunities to gather opinions and experiences that could help to improve services.

In consultation with Cambridge University Hospitals NHS Foundation Trust (CUHFT), we gave a two-week window when we would conduct the visits. The visits were planned with the knowledge and input of senior staff.

CUHFT welcomed Healthwatch Cambridgeshire staff and volunteers. They worked with us to develop the questionnaire that was used as a framework to talk to patients.

We were asked by CUHFT to include the waiting areas within the Emergency Department including x-ray and paediatrics, the Clinical Decision Unit and the Ambulatory Care Unit on our visits; to undertake the 15 Steps Challenge in all these areas and to include the minor and major treatment areas.

There are some aspects of this work, at both CUHFT and Hinchingsbrooke Hospital earlier in 2016, that have highlighted some system wide learning. Healthwatch Cambridgeshire will bring these to the attention of the Sustainability and Transformation Plan Urgent and Emergency Care Delivery Board.



What we did

15 Steps Challenge

We conducted the 15 Steps Challenge independently on arrival at the hospital. The findings were then collated and used to help us understand people's experience within the department.

Questionnaires

We invited patients to complete a questionnaire about their experiences in the area we met them in. Help in recording answers to the questionnaire was given when required. Over the course of our two visits the total number completed was fifty-one.

The Emergency Department was very busy during our first visit and this made it difficult to talk with patients, due to lack of space.



Summary of findings

What we found out

Staff were welcoming to people entering the emergency department. We observed them speaking in a clear quiet voice, and being respectful and caring.

We spoke to 42 people in the X-ray, Paediatrics and Emergency Department waiting areas, 17 of these had not contacted another service before coming to the hospital. This highlights the lack of information patients have on alternative health services and the availability of these services.

Of the 25 patients that had contacted another service before coming to the hospital, some had seen their G.P, the 111 service, visited a walk-in-health centre, or told to return if still concerned. The services contacted advised patients to attend their local Emergency Department. (Please see pages 13, 18-19, and 23-24 for details).

When we asked patients if they wouldn't mind being referred to a different hospital or service for their treatment, 28 were happy for this to happen. Five said this would not be acceptable and nine patients were not sure what they would prefer.

At the least busiest times, most patients received treatment within 30 minutes; during busy periods 20 patients were seen within one hour; 15 were seen within two hours; five within three hours and one within four hours.

Waiting times were displayed on a board at the entrance to the department, on the plasma screen in the waiting area and on a poster in paediatrics.

28 patients stated this was their first visit to the Emergency Department in the last six months.

Triage and an infection control check are completed at the entry point into the Emergency Department.



Several triage stations are set-up when the department is busy. All walk-in patients are triaged and signed in at reception prior to receiving treatment.

We spoke to eight people in the Clinical Decision Unit and one person in the Ambulatory Care Unit, all had been referred from the Emergency Department.

Most of the patients we spoke to in the Clinical Decision Unit and the Ambulatory Care Unit had been offered refreshments, the exception being one patient who had just arrived.

Wait times were mixed for most of the patients in both Clinical Decision Unit and the Ambulatory Care Unit, with one patient being seen on arrival and another patient waiting four hours for a scan.

We noted the waste bins in the main waiting area and public toilets were overflowing and not emptied during our visits. With paper cups and food wrappers dropped on the floor and the toilet area had nappies and paper towels on the floor.

Patients made some recommendations to improve care in the Emergency Department waiting areas and the Clinical Decision Unit.

Most of the patients that completed the questionnaires spoke highly of the staff, praising them for their caring and compassionate attitude.

You can find the full findings of the questionnaire and the 15 Steps in the appendices.



Ideas to take forward

From what patients tell us, we recommend:

1. Look at how waiting times are displayed. Where possible, update display systems regularly and ensure patients are kept informed whilst waiting in the department.
2. Check electrical sockets and remove any 'safety covers' to ensure they all conform to the BS 1363 safety standard. *
3. Ensure patients' dignity and care is maintained when they are left on trolley beds outside the x-ray department.
4. Review the cleaning rotation of toilets and public areas within the different areas of the Emergency Department, ensuring waste/nappy bins are checked and emptied on a regular basis.
5. Review the signage for hand washing and ensure that it is clearly visible to patients and visitors to the Emergency Department, Clinical Decision Unit and the Ambulatory Care Unit.
6. Check and, where possible, replace the waste/recycle bins that are not hands free.
7. Ensure patients and visitors know where to go when arriving on the site; review the signage for car parking and services making sure it is clear and easy to understand.

The Trust has agreed to look at the recommendations and we will ask for an update in six months' time.

*This recommendation was updated on 21st March 2017 after an Emergency Department staff member told us that socket covers were a safety risk. The electrical sockets in the hospital are required to conform to BS 1363 socket standards and safety covers should not be used on them. At the time of our visit, some sockets had covers on and others didn't.



Response from the hospital

Cambridge University Hospitals NHS Foundation Trust (CUHFT) would like to thank Healthwatch Cambridgeshire for working with us on this valuable visit, including the 15 Steps to our Emergency Department.

CUH comprises of Addenbrooke's and the Rosie Hospitals in Cambridge. The Trust provides accessible high-quality healthcare for the local people of Cambridge, together with specialist services, dealing with rare or complex conditions, for a regional, national and international population.

Addenbrooke's provides emergency, surgical and medical care and is the Major Trauma Centre (MTC) for the East of England. It is also a regional centre of excellence for specialist services such as transplantation, cancer, neurosciences, paediatrics and genetics. Based on the same site as Addenbrooke's, the Rosie hospital is a regional centre of excellence for maternity care. CUH also provides satellite and outreach services at other locations to meet the needs of patients e.g. in other hospitals; GP practices, patient homes etc.

In 2015/16 CUH Emergency department saw 108,972 patients which was an increase of 3% from the previous year. The number of attendances has continued to increase this year and is placing significant pressure on these critical services. To have an Enter and View visit, offered CUH the opportunity to receive objective feedback on the views of patients using the service to help us understand how we can improve the service we offer.



Action Plan:

Review of cleaning in the Emergency Department

The department has cleaning 24 hours a day and keeping such a busy department clean can be a challenge, especially when activity is so high. The time of the day where this was identified as an issue was later in the evenings and we have now implemented regular walks in the Emergency Department between the cleaning staff and the team in the emergency department. Our cleaning team have put in extra resource later in the evening, one of the busiest times of the day, and we plan to review cleaning arrangements.

Displaying of waiting times

There are currently a number of points where waiting times are displayed including the entrance foyer, the waiting room of Emergency Department, main reception and the paediatric waiting area. The triage nurse also advises patients of any delays in the initial assessment.

In light of the feedback we have reviewed the display of waiting times across the department and are currently assessing the potential for an additional screen displaying waiting times in the main waiting room. We have also talked to our team about updating the screens and aim to update these at least every hour.

Check the electrical sockets and make safe with covers in all public areas, especially in the paediatrics waiting area.

A request to add electrical socket covers for all sockets in the paediatric area and across the department has been made and we are awaiting delivery of these.

Ensure patient dignity and care is maintained when they are left on trolley beds outside the x-ray department.

Privacy and dignity in the department, including the x-ray waiting area, will be the topic of focus in a forthcoming team newsletter to raise staff awareness of the issue and concerns. Additionally, this will be a focus area for senior nursing spot checks so we can monitor privacy and dignity in this area.



Review the signage for hand washing and ensure that it is clearly visible to patients and visitors to the Emergency Department, Clinical Decision Unit and the Ambulatory Care Unit.

A review of the locations of hand gels has taken place in Emergency Department, every cubicle will have a hand gel fitted at the entrance of the cubicle shortly to make it clearly visible. We aim to replicate the best we can in the Clinical Decision unit and the Ambulatory Care unit.

Check and where possible replace the waste/recycle bins that are not hands free. We have shared the feedback with our cleaning service, Medirest, and the Estates and Facilities team and will work with them to address this.

Ensure patients and visitors know where to go when arriving on the site; review the signage for car parking and services making sure it is clear and easy to understand.

We are currently in the process of replacing all signage across the Emergency Department internally, to improve visibility.

Our Estates and Facilities team are looking at the wider signage raised in this report to see how we can improve this and plan to include the feedback into our strategy that is being produced for the site.



Appendix 1

Emergency Department - waiting area

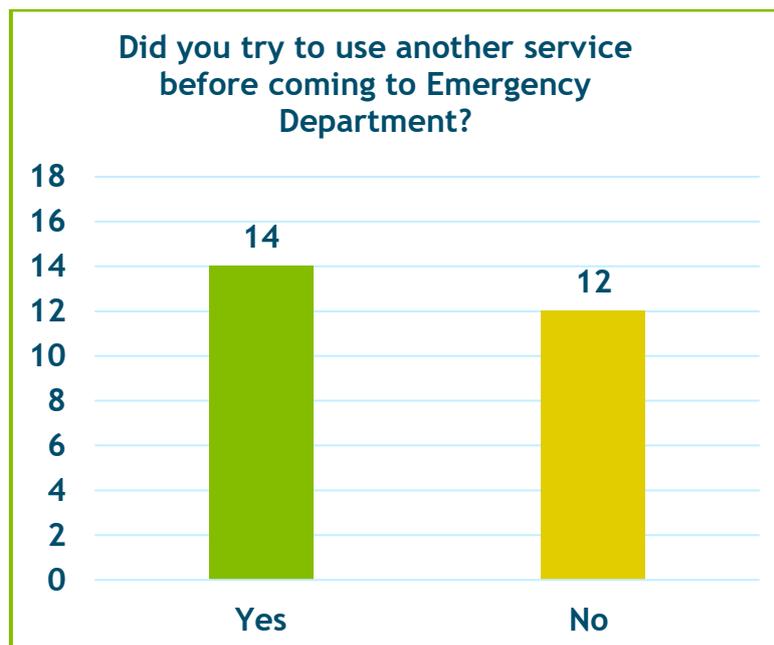
What the questionnaires told us:

Emergency Department - waiting area

Twenty-six patients completed questionnaires in the Emergency Department waiting area.

Question 1 - Did you try to use another service before coming to the Emergency Department?

- Fourteen patients had contacted another service before attending the department.
- Twelve patients did not contact other services.



Question 2 - If yes, which service?

- Four patients had contacted the 111 service.
- Six patients had contacted their GP.
- Two patients had attended a Walk-in Centre.
- One patient had been brought by the 999 service.
- One patients had been advised by another hospital in the County.



Question 3 - If staff in the Emergency department said you could be treated by a different part of the health service and you needed to go somewhere else, would this be okay?

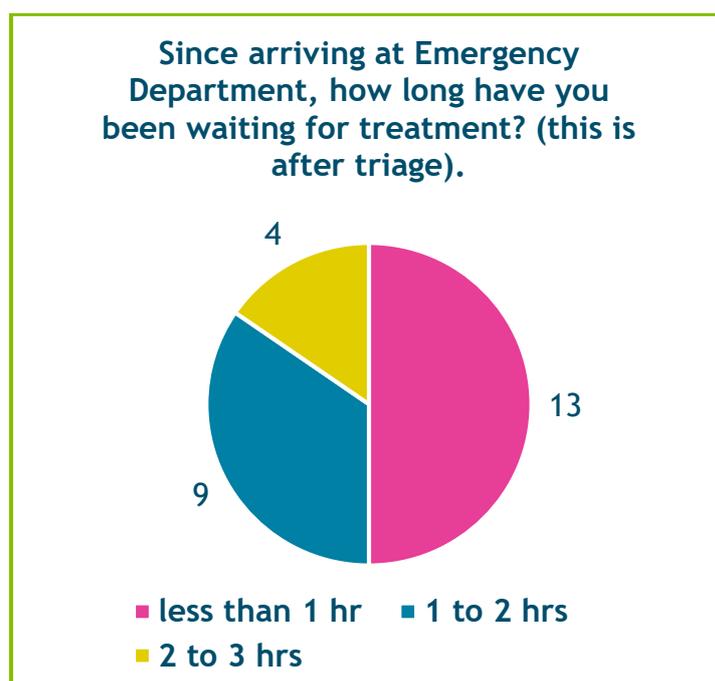
- Fifteen patients said they would attend elsewhere. With two patients stating *“it would depend on how far it was”* and *“only if it was closer to home”*.
- Three patients said they would not be treated elsewhere.
- Eight patients were unsure.

Question 4 - Have you been kept informed about waiting times?

- Sixteen patients said that they had been informed about waiting times. One patient commenting that the triage was done *“very quickly”*.
- Ten patients said that they had not been informed about waiting times. Two of whom said that *“the only information on waiting times that I have had is that on the noticeboard”*.

Question 5 - Since arriving at the Emergency Department, how long have you been waiting for treatment? (This is after triage).

- Thirteen patients said that they had received treatment within an hour of arriving.
- Nine patients had waited up to two hours for treatment.
- Four patients had waited up to three hours for treatment.





Question 6 - Have you visited this Emergency Department before? (within the last six months).

- Six patients had visited the Emergency Department within the last six months.
- Twenty patients had not visited the Emergency Department in the previous six months.

Question 6a - If yes, where and how many times?

- Four patients had made one other visit to the Emergency Department in the previous six months.
- One patient had made three visits to the Emergency Department and one patient did not say.

All the patients we spoke to had only visited the Emergency Department at Addenbrooke's hospital.

Question 6b - Was it with the same concern?

Of the six patients who had visited the Emergency Department prior to this visit in the past six months, four patients were attending with the same concern and two patients were attending with a different concern.

Question 7 - Do you have any suggestions to improve care at the hospital?

Patients had several suggestions to improve care at the hospital:

- One patient told us they *“would like an app on my phone to show waiting time”*.
- Updating patients with waiting times. Be quicker, more efficient if possible.
- More staff, at busy times.
- We could be informed more about what is going on, I was told - *“they won't come and fetch you to X-ray, you have to go there”* by another patient.
- Improve signage to show waiting times.

Some positive comments were also made:

- *“Marvellous staff - top marks”*.



Question 8 - Would you recommend this Emergency Department to your family and friends?

- Twenty-three patients would recommend visiting the Emergency Department and two patients (8%) thought that they would not; with one patient (4%) advising they were not sure.

Question 8a - Why?

Patients told us:

- *“Staff are friendly”.*
- One patient described the department as *“very calm and controlled, always efficient even though very busy. There seem to be procedures that are followed very well”.*
- *“You get good service”.*
- We were told *“staff are very punctual, honest and they are here for you. They look after you very well”.*
- *“I feel confident with it, my local hospital”.*
- One patient who would not recommend the Emergency Department told us that *“the staff were not very pleasant; they had been questioned about their walking aids rather than their injury and had not been asked about their medication at reception”.*

Question 9 - If you had to visit this Emergency Department with the same concerns / same condition, would you recommend them to your family and friends?

- Twenty-three patients would recommend visiting the Emergency Department and two patients thought that they would not; with one patient advising they were not sure.



Summary of the 15 Steps Challenge in the Emergency Department - waiting area

We found that our 15 Steps Challenge observations matched some of the patients' views.

We observed that:

- The department was very busy on our first visit though it remained quiet and calm.
- Patients were seen on entry - this was effective in assessing urgency and checking infection control.
- The entrance was easy to find for some patients and not so easy for others.
- All staff were friendly and smiling; they were approachable and spoke in soft clear voices.
- The senior staff in charge were informative and helpful.
- The department was well maintained, bright, clean and smelt fresh.
- The seating areas were spacious and plentiful, colour coded to reflect the treatment area being attended.
- Free drinking water was available.
- Hot drinks and vending machines available; one of which went out of service on our first visit and was fully working for our second visit.
- There was good, clear, signage in the department directing patients to the various areas.
- Hand hygiene wash gel was available, though this signage was easily missed.
- Clear signage and information for voluntary organisations and the PALs, but when the space was crowded this could be hard to see.

There were some areas where improvements could be made.

These included:

- Toilets were equipped with baby changing facilities. On our first visit they were clean and tidy; however, our second visit highlighted the need for regular checking and cleaning. The area was smelly and the bin was overflowing with paper towels and dirty nappies.
- The open waste bin for refuse and paper cups was full and overflowing by the hot drinks machine. There was no sign of cleaning during our visit.



- A plasma screen showed the waiting times, however, this was never updated and displayed the same waiting time throughout our visit. The waiting time was showing two hours. Patients were being seen within 30 minutes. Review how often the boards and plasma screens are updated.
- Review the signage for the hand hygiene making it clearer and more prominent.

Appendix 2

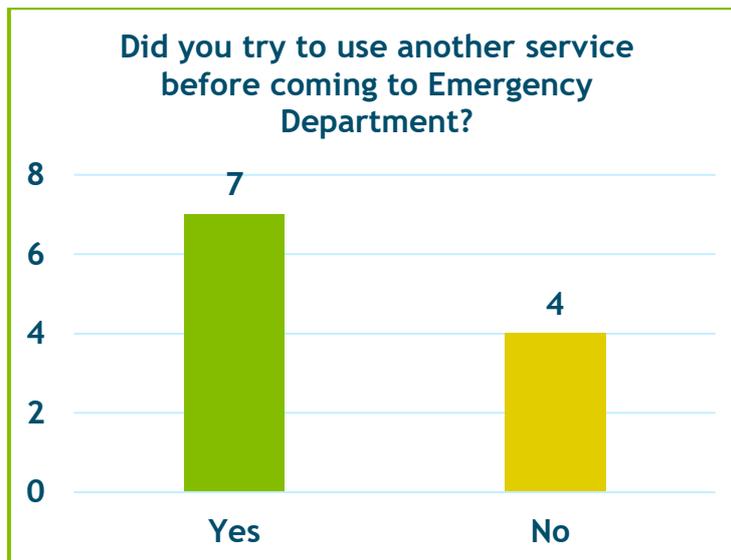
Emergency Department - Paediatrics treatment and waiting areas

What the questionnaires told us:

Eleven patients completed questionnaires in the Emergency Department paediatrics waiting area.

Question 1 - Did you try to use another service before coming to the Emergency Department?

- Seven patients had contacted another service before attending the department.
- Of the four patients who had not contacted another service, one had been advised by the school and one was a GP who made the decision to come to the hospital.



Question 2 - If yes, which service?

- One patient had contacted the 111 service.
- Two patients had contacted their GP.
- One patient had been advised to attend by their Optician.
- Three patients had visited the day before and told to return if concerned.

Question 3 - If staff in the Emergency department said you could be treated by a different part of the health service and you needed to go somewhere else, would this be okay?

- Eight patients said they would attend elsewhere.
- Two patients said they would not be treated elsewhere.
- One patient was unsure.

Question 4 - Have you been kept informed about waiting times?

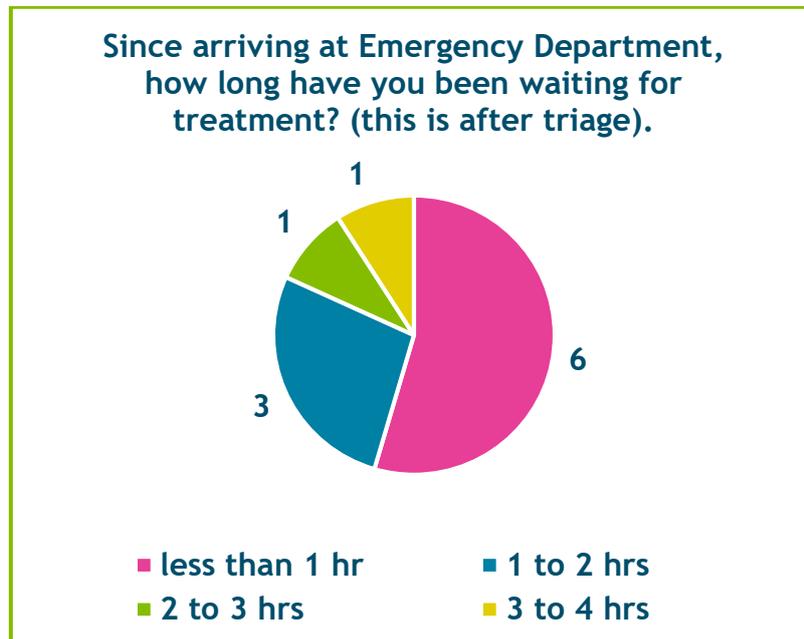
- Six patients said that they had been informed about waiting times.
- Three patients said that they had not been informed about waiting times, apart from the sign on the front door. Two patients had just arrived in the waiting area.

Question 5 - Since arriving at the Emergency Department, how long have you been waiting for treatment? (This is after triage).

- Six patients said that they had received treatment within an hour of arriving.
- Three patients had waited up to two hours for treatment.



- One patient had waited up to three hours for treatment.
- One patient had waited up to four hours for treatment.



Question 6 - Have you visited this Emergency Department before? (within the last six months).

- Five patients had visited the Emergency Department within the last six months.
- Six had not visited an Emergency Department in the previous six months.

Question 6a - If yes, where and how many times?

- Five patients had made one other visit to the Emergency Department in the previous six months.

All the patients we spoke to had only visited the Emergency Department at Addenbrooke's hospital.

Question 6b - Was it with the same concern?

Of the five patients who had visited the Emergency Department prior to this visit in the past six months, one patient attended with the same concern and four patients were attending with a different concern.

Question 7 - Do you have any suggestions to improve care at the hospital?

Patients had several suggestions to improve care at the hospital:

- More chairs, we were told families would prefer to sit together.



- Larger waiting area that can accommodate wheelchairs and baby carriages.
- One relative told us the location of the waiting room made it very difficult to observe staff, they did not know what was happening or if the waiting time has changed, it would be good have updates.
- More staff - nurses and doctors.
- TV switched on please.
- A water machine would be great.

Some positive comments were also made:

- *“All staff do their best, but if still here in six hours I might think differently”.*
- *“Pretty good service, my GP rang CUH and spoke to the Consultant, who was a bit reluctant for us to come here. Bit worrying about the Consultant”.*
- *“Waiting times can be annoying, but are understandable. Everything done yesterday was fine”.*

Question 8 - Would you recommend this Emergency Department to your family and friends?

- Eleven patients would recommend visiting the Emergency Department.

Question 8a - Why?

Patients told us:

- *“You get the right care, the most serious are seen first, which is a fair way of working”.*
- We were told *“helpful, friendly and concerned staff”.*
- *“All my friends and family have been treated well”.*
- *“Staff try their hardest, even when very busy”.*
- *“If there was more help in the community, there would be no need to come to the Emergency Department”.*

Question 9 - If you had to visit this Emergency Department with the same concerns / same condition, would you recommend them to your family and friends?

- Ten patients would recommend visiting the Emergency Department and one patient thought that they would not.



Summary of the 15 Steps Challenge in the Emergency Department - Paediatrics treatment and waiting areas

We found that our 15 Steps Challenge observations matched some of the patients' views.

We observed that:

- Calm and organised, relatively quiet with staff smiling and talking with patients.
- Staff were visible in the treatment area, updating patient notes on screens. Curtains provided privacy areas around patients.
- All drugs were in locked cabinets.
- Clinical staff were seen and heard introducing themselves with *'hello, my name is'*.
- The waiting area had a welcome sign.
- The area was very busy on our first visit and parents and children were overflowing into the waiting area for x-ray.
- On our first visit, information about the high volume of patients and asking *'please be patient'* and *'sorry for any inconvenience'* was displayed.
- Posters were displayed in the waiting area explaining the stages of assessment and treatment.
- The areas were clean and bright.
- Hand wash gels and hygiene poster was prominently placed in the waiting area, with latex gloves freely available.
- Refuse bins were clearly labelled for recycling different materials.
- The children's play area had a mixture of toys, books, games and chalk board. There was a gated secure area for smaller children to play safely.
- During the busy visit, children were seen to be playing and running around the waiting area.
- There was a leaflet stand which was relatively empty, and magazines for adults.
- A baby feeding room was available and this was clean and tidy.
- Some patients waiting for x-ray were on beds in the corridor, making the space seem small, there was enough room to walk past.



- On our second visit, it was very quiet and patients were called within ten minutes of arrival. No information was displayed about waiting times as this was not needed.
- A comment box was available with forms for patients to complete.
- A clock was visible from the corridor.

There were some areas where improvements could be made. These included:

- On our first visit the toilet area was dirty and smelly, with paper towels scattered on the floor.
- On our second visit the nappy bin was overflowing and in need of emptying.
- Noted electrical sockets in the children's play area without protective covers.
- The television screen was not in use during both visits.

Appendix 3

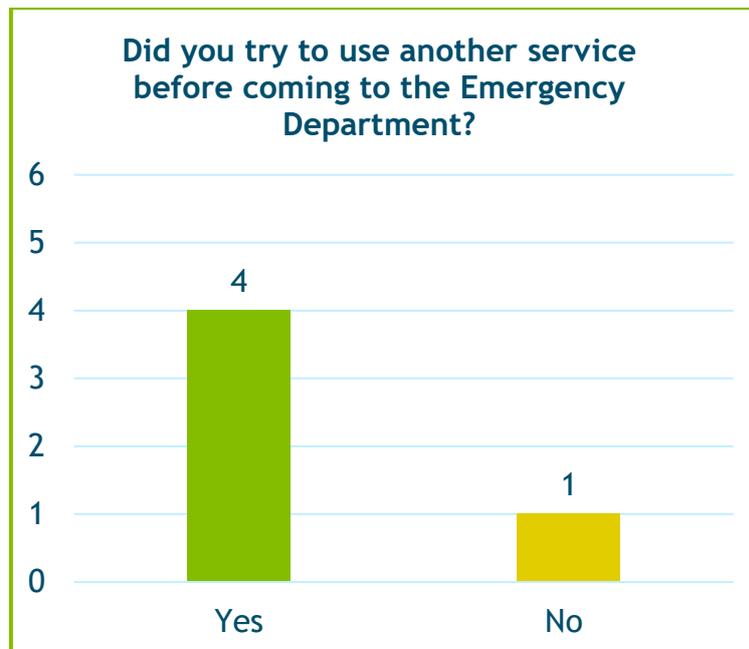
Emergency Department - X-ray waiting area

What the questionnaires told us:

Five patients completed questionnaires in the Emergency Department x-ray waiting area.

Question 1 - Did you try to use another service before coming to the Emergency Department?

- Four patients had contacted another service before attending the department.
- One patient told us that they knew they needed an x-ray and had just called in on their way home.



Question 2 - If yes, which service?

- One patient had contacted the 111 service.
- Two patients had contacted their GP.
- One patient had been brought by the 999 service.

Question 3 - If staff in the Emergency department said you could be treated by a different part of the health service and you needed to go somewhere else, would this be okay?

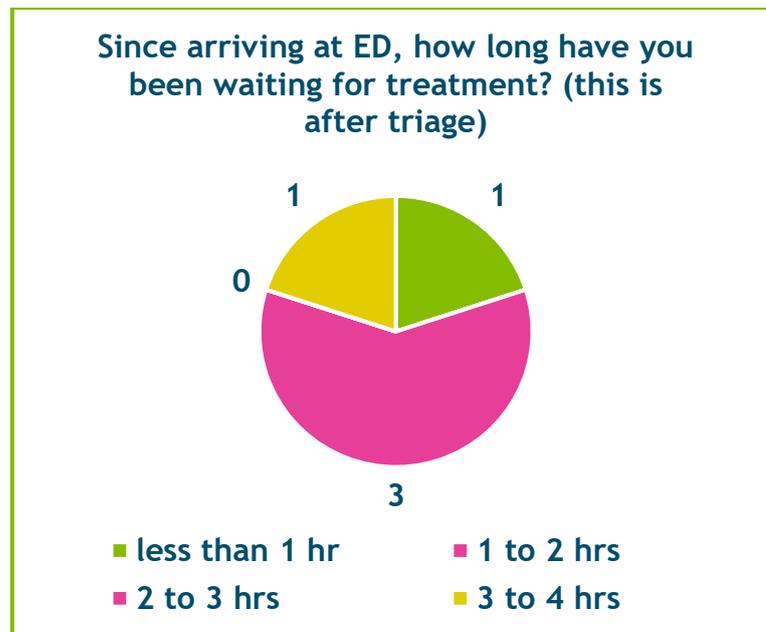
- Five patients said they would attend elsewhere.

Question 4 - Have you been kept informed about waiting times?

- Four patients said that they had been informed about waiting times.
- One patient told us they were unsure.

Question 5 - Since arriving at the Emergency Department, how long have you been waiting for treatment? (This is after triage).

- One patient said that they had received treatment within an hour of arriving.
- Four patients had waited up to two hours for treatment.
- One patient had waited up to four hours for treatment.



Question 6 - Have you visited this Emergency Department before? (within the last six months)

- Three patients had visited the Emergency Department within the last six months.
- Two patients had not visited an Emergency Department in the previous six months.

Question 6a - If yes, where and how many times?

- Three patients had visited the Emergency Department in the last six months. Of these, one patient had visited once, another had made three to five visits, and one had made five visits to the Emergency Department in the last six months.

All the patients we spoke to had only visited the Emergency Department at Addenbrooke's hospital.

Question 6b - Was it with the same concern?

The three patients who had visited the Emergency Department prior to this visit in the past six months, were attending with a different concern.

Question 7 - Do you have any suggestions to improve care at the hospital?

Patients had suggestions to improve care at the hospital:

- *“Improve signage to show waiting times”.*
- *“Give more information about what my treatment is”.*



- *“More nurses would help”.*

Some positive comments were also made:

- *“Very good, staff are friendly and helpful. Couldn’t fault them”.*
- One patient told us they were *“always completely satisfied”.*
- One patient also commented that it was *“good today, we have known where to go and what is going on, we have been kept informed”.*

Question 8 - Would you recommend this Emergency Department to your family and friends?

- Five patients would recommend visiting the Emergency Department.

Question 8a - Why?

Patients told us:

- *“Staff are very helpful, caring and friendly”.*
- *“This is our local hospital, world renowned and very good. We always come here with Mum”.*
- *“Local and confident I will be treated well”.*
- *“Staff are especially friendly and kind. I am kept informed and my companion is kept informed too. Always good here”.*

Question 9 - If you had to visit this Emergency Department with the same concerns / same condition, would you recommend them to your family and friends?

- Five patients would recommend visiting the Emergency Department.

Summary of the 15 Steps Challenge in the Emergency Department: X-ray waiting area

We found that our 15 Steps Challenge observations matched some of the patients’ views.

We observed that:

- Staff were seen chatting with patients and introducing themselves with *‘hello, my name is’* before taking patients through to the x-ray area.
- Staff were welcoming and friendly, smiling and putting patients at ease.



-
- A male member of staff was seen showing a female patient in a wheelchair how to use the disabled toilet, his manner was very respectful and courteous.
 - We noted patients on trolley beds at various times waiting in the corridor.
 - The area was calm, clean and relatively quiet even when it was very busy.
 - The waiting area was in the corridor and was small with five chairs, situated opposite the paediatrics waiting area.
 - A clock can be seen on the wall of the paediatric treatment area.
 - Patients were seen within ten minutes.
 - Hand wash gel was available.
 - Small signs are on the x-ray room doors and a push-bell was in use to let reception know you were waiting.

There were some areas where improvements could be made.

These included:

- Signage - this is quite poor and it is not obvious that this is the x-ray area. We saw patients wandering up and down the corridor looking for x-ray. The reception bell for x-ray is not easily noticed.
- We noted one patient on a trolley bed waiting outside the x-ray door, was on their own and visibly upset. They kept hiding their face when anyone walked passed.
- We also saw one elderly patient waiting on a trolley bed in the corridor, wearing only a short nightshirt with no covers/sheet.
- We noted no signage or leaflets in other languages.



Appendix 4

Emergency Department - minor and major treatment areas

Summary of the 15 Steps Challenge in the Emergency Department - Minor injuries treatment area

We observed that:

- Staff were helpful, quiet, calm and purposeful, assisting patients and chatting with relatives.
- We noted on our first visit how busy the area was and all the treatment bays were in use.
- The team were challenged and asked who they were and what they were doing.
- The area was organised, clean, bright and tidy.
- The bays were cleaned as soon as they were vacated, and in use again shortly afterwards.
- The layout of the area did not seem ideal being a long-cramped corridor, staff were seen to be coping well with these conditions.
- Latex gloves and masks were available for use.
- There was a good selection of crutches available and all were polythene wrapped.
- Toilets were accessible and clean.
- Fresh water was available.

There were some areas where improvements could be made.

These included:

- The plaster room was not in use on our second visit. Whilst the area was generally clean, we noted there were dirty paper towels on the floor and work surfaces.



Summary of the 15 Steps Challenge in the Emergency Department - Major injuries treatment area

We observed that:

- We were challenged on both visits by medical staff and porters. We were asked who we were and what we were doing.
- Signage for the area was very good, clear and easy to read.
- There was a notice at the entrance identifying the staff uniforms and current levels of staffing.
- The area was clean, bright and tidy.
- We noted there was a sense of confidence.
- The area was busy, but organised, quiet and calm.
- Staff were based in the centre of the bays and were accessible to patients and relatives.
- Patients were visible to staff, but not to each other. Privacy curtains were available and in use.
- Staff were welcoming and positive, speaking in low voices with patients.
- We observed a staff member showing empathy with an elderly and confused patient. They were explaining in simple terms and being respectful, we felt they were in tune with the needs of this person.
- Hand wash gel, latex gloves, aprons and masks were available.
- Cleaning notices were on display.
- Toilets and showers were clean and tidy.
- Various refuse pedal bins for recycling and other materials were in use.
- Specialised equipment was on hand in the corridor.



Appendix 5

Emergency Department - Clinical Decision Unit

When asked why people go to the Clinical Decision Unit we were told 'It is a twenty-four-hour facility that is used for patients who require a short period (<24 hours) of observation and / or treatment. It is also used for patients who need a short admission in order for the diagnosis or exclusion of specific conditions, enabling appropriate placement of patients. It is not a holding or overflow area'.

What the questionnaires told us:

Eight patients completed questionnaires in the Clinical Decision Unit.

Question 1 - Have you come for an appointment today or were you referred from another department?

- Eight patients were referred to the Clinical Decision Unit from the Emergency Department.

Question 2 - How long have you been waiting for treatment, since the time of your appointment / referral?

- Two patients were seen on arrival.
- Two patients were seen within thirty minutes.
- One patient was seen within one hour.
- One patient was seen within two hours.
- One patient was seen within three hours.
- One patient was seen within four hours.

One patient told us their GP told them to go to the Emergency Department and they had arrived at 11am and came into the Clinical Decision Unit at 16:45pm.



Question 3 - If there has been a delay, do you know why?

- Five patients said they had been told there may be a delay. These ranged from waiting for scan results, waiting for a doctor and it being a Sunday with not many staff on duty.
- Three patients said they did not know why there was a delay. The remaining patient was already receiving treatment.

Question 4 - Have you been offered refreshments?

- Seven patients said that they had been offered something to drink.
- One patient told us they had just arrived in the department.



We were told by a relative that they had requested more drinks and this was not a problem.



Another relative told us that they were *“offered hot and cold foods, drinks and snacks”* - and had been there since early morning.

One patient commented that they had arrived in the Emergency Department very early in the morning and had been moved to the Clinical Decision mid-afternoon and they had been told that *“there was no food available after lunch time, but tea and biscuits could be provided”*.

Question 5 - Do you have any suggestions to improve care in the Clinical Decision Unit?

- We were told *“it would be helpful to be told what the tests are for”*.
- One patient told us that they *“would have liked a little more information about my condition and instead of lots of different people coming in and out, some asking the same questions; it would be better to have one nurse or a dedicated person assigned to me”*.

Question 6 - Would you recommend the Clinical Decision Unit to your family and friends?

- Five patients said they would recommend the Clinical Decision Unit.
- Three patients were unsure, one of which hoped they would not have to.

Question 6a - Why?

- One patient told us that this is their local hospital and they visit regularly with an elderly relative *“Staff and the Unit are just fantastic, nothing is too much trouble. They cannot do enough for you, staff are solicitous, caring and really good. They are always friendly and helpful”*.
- Other patients told us that *“staff were pleasant, helpful and efficient, and giving pain relief when requested”*.

Summary of the 15 Steps Challenge in the Emergency Department - Clinical Decision Unit

We found that our 15 Steps Challenge observations matched some of the patients' views.

We observed that:

- Clear signage to the Unit.
- Very quiet and calm, not very busy.



- The area was warm, bright and cheerful.
- Staff were helpful and friendly. We were greeted with a smile and welcomed into the Unit.
- Staff were attending to patients talking quietly.
- Staff names were displayed in the reception area.
- Hand basin and wash gel available.
- Privacy curtains in use.
- There was a notice with daily updates about the Unit.
- Equipment was stored in the corridors.
- Fresh drinking water was available and refreshments were offered to patients.

There were some areas where improvements could be made.

These included:

- Clear signage for hand hygiene and infection control.
- We noted the green bin for recycling waste did not have a pedal and required the lid to be lifted to dispose of waste.

Appendix 6

Emergency Department - Ambulatory Care Unit

When asked why people go to the Ambulatory Care Unit we were told 'It covers a wide range of health care services that are provided for patients who might not benefit from being admitted overnight to hospital. Our aim is to provide a safe, efficient and caring service which allows patients more flexibility than the in-patient model. It helps to provide urgent medical care in the most appropriate clinical setting with rapid access to senior clinicians and diagnosis'.



What the questionnaire told us:

One patient completed the questionnaire in the Ambulatory Care Unit.

Question 1 - Have you come for an appointment today or were you referred from another department?

- The patient was told to attend the Emergency Department by their GP and was subsequently referred to the Ambulatory Care Unit.

Question 2 - How long have you been waiting for treatment, since the time of your appointment / referral?

- The wait time was less than one hour.

Question 3 - If there has been a delay, do you know why?

- There were no delays.

Question 4 - Have you been offered refreshments?

- The patient told us they had been offered a cup of tea.

Question 5 - Do you have any suggestions to improve care in the Clinical Decision Unit?

- The patient told us *“the seating in the Emergency Department could be more comfortable for the elderly - who have posterior problems and are ill and uncomfortable”*.

Question 6 - Would you recommend the Clinical Decision Unit to your family and friends?

- The patient told us yes, they would.

Question 6a - Why?

- *“the staff are confident and friendly, and I get the help I need”*.



Summary of the 15 Steps Challenge in the Emergency Department - Ambulatory Care Unit

We observed that:

- This was a secure unit, with a locked outer door and a buzzer for entry.
- Staff were helpful and friendly, smiling and asking if they could help us.
- The waiting area was bright, clean and peaceful.
- The seating was varied with different chair heights.
- Information leaflets for PALs and voluntary organisations were on display.
- We noted the poster explaining 'car parking discounts' was in plain view for patients and visitors to see.
- A drinking water machine and various squashes were freely available.
- Equipment was tidy and organised for ease of access.
- The five treatment bays had various sitting and bed chairs. Beds and mobile screens were used to protect the privacy and dignity of patients.
- A side consulting room was also available.
- There was a notice about the unit's statistics - dated August 2016.
- Hand wash gel and a basin, soap and paper towels were available in the waiting room. We noted a wash hand gel notice in the treatment area of the unit.

There were some areas where improvements could be made.

These included:

- Update the statistical information on display.
- The signage for hand washing in the waiting area was not very clear.



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