



Unannounced Visit

Enter and View Report

Hinchingsbrooke Health Care NHS Trust

Services: Emergency Department (A&E) - waiting area, treatment cubicles and Ambulatory Care Services

Dates: Wednesday 5th October and Saturday 8th October 2016

Times: 4pm to 7:45pm and 2pm to 3:30pm

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Acknowledgement

Healthwatch Cambridgeshire would like to thank the staff and patients at Hinchingsbrooke Health Care NHS Trust who made us feel welcome and took the time to complete our questionnaires.

Thank you also to the Director of Nursing, Midwifery and Quality; the Quality Matron for Medicine; and the Patient Experience Lead 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 and enthusiasm. This includes Susan Dowling, one of our Enter and View volunteers. Susan has spent many hours helping us with analysis and report writing.

This report relates to the observations from the 15 Steps Challenges and the completion of the questionnaires on the 5th and 8th October 2016, between 4:00pm to 7:45pm and 2:00pm to 3:30pm.

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.



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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 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 team. It helps them make changes that could help improve care and build patients' confidence in the service; and, praise what they do well.



The 15 Steps Challenge team simply walk through the department and stop to observe patients and staff in the public areas and the 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 Appendix 1 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 visits

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

In consultation with Hinchingsbrooke Health Care Trust (HHCT) we gave a two-week window when we would conduct the visits, giving no detail of dates or times. The visits were planned with the knowledge and input of senior staff. They wanted our input to help them improve care within the department which was assessed as 'requiring improvement' in the Care Quality Commission report published in August.

We were asked by HHCT to include the treatment cubicles within the Emergency Department and the Ambulatory Care services on our visits, and to undertake the 15 Steps Challenge in all these areas.

HHCT welcomed Healthwatch Cambridgeshire staff and volunteers. They worked with us to develop the questionnaire that was used as a framework to talk to patients. The findings of these visits will help HHCT see how their systems are working and highlight any areas that are good and those that may need some improvement.



What we did

15 Steps Challenge

Authorised Enter and View Representatives of Healthwatch Cambridgeshire conducted the 15 Steps Challenge independently on arrival at the hospital. 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.

Questions refer to A&E as this is the terminology most patients and some staff use. The terms Emergency Department and A&E are both used throughout the report and, for the purposes of this report only, should be considered as interchangeable.

Please note that percentages in the report may not add up to 100 due to rounding.



Summary of findings

What we found out

Almost half of the patients we spoke to had not contacted another service before coming to the Emergency Department. Nearly a third had contacted their G.P.

Many patients told us they wouldn't mind being referred to a different hospital or service for the right treatment. However, a significant minority of patients stated they would prefer to remain locally.

40% of patients who had completed a questionnaire had visited an Emergency Department with the same or a different concern in the previous twelve months.

Most patients coming to the Emergency Department when it was quiet were seen promptly.

When the reception desk was not staffed, patients were confused and mistakenly queued at the triage desk when other patients were talking to the triage nurse.

Triage generally happened at a desk in the waiting area where patients were afforded no privacy and possibly confidential information could be overheard by those in the waiting area.

Patients were seen within the four-hour target, with about half being seen within one hour. There was one exception in Ambulatory Care, where a patient was waiting to see a doctor before being discharged.

At the time of our visit, we were told there were no empty beds in the hospital so new patients could not be admitted to the wards. This put considerable pressure on the Emergency Department. Patients who were waiting to be admitted were being nursed in the treatment cubicles; this then impacted on waiting times. We observed that some patients had to remain in ambulances until there was an available space.



Waiting times were displayed on a board in the waiting area. Some patients were observed to wait considerably longer than the times displayed.

Some delays appear to be compounded by long waits for information/records from other departments.

In both the treatment cubicles and ambulatory care most of the patients we spoke to had been informed about what was happening with their treatment.

40% of patients in the treatment cubicles and 93% patients in Ambulatory Care who had completed questionnaires had been offered refreshments.

Patients made several positive comments about the staff and quality of care in the treatment cubicles and the Ambulatory Care Unit.

The Emergency Department waiting area and treatment cubicles were clean, bright, welcoming and well maintained. The Ambulatory Care Unit would benefit from refurbishment.

Patients made some recommendations to improve care in the waiting area, treatment cubicles, and the Ambulatory Care Unit.

You can find the full findings of the survey and the 15 Steps in appendices one to four.



Ideas to take forward

From what patients tell us, we recommend:

1. Look at ways in which the reception desk could be staffed at all times.
2. Consider confidentiality and patients' privacy, particularly during triage.
3. Ensure that accurate waiting times are displayed. Tell patients why their wait may be longer than someone coming to the department after them.
4. Look at ways to reduce the delay in obtaining records / test results / information from other departments.
5. Consider making the entrance 'Dementia Friendly'.
6. Ensure that all patients are offered refreshments when in the treatment cubicle and Ambulatory Care.
7. Display information on parking, parking charges and concessions so that it is easily accessible to patients.
8. Display information and information leaflets in languages other than English and Polish and represent community languages.
9. Reduce delays for patients awaiting discharge in Ambulatory Care.
10. Ensure that patients are kept informed whilst waiting in the department.
11. Give patients information on alternatives to A&E for urgent and emergency care treatment, to help reduce un-necessary visits.

The Trust has developed an action plan to address our recommendations. In three months' time, we will ask them to tell us what they have done against this plan.



Response from the hospital

Hinchingbrooke Healthcare NHS Trust has welcomed this Enter and View visit to our Emergency Department and our Ambulatory Care Unit by the Healthwatch Cambridgeshire team.

Hinchingbrooke Health Care NHS Trust provides high quality health care for the people of Huntingdonshire and surrounding areas. More than 160,000 people rely on our district general hospital for a range of services and we are renowned locally for our warm and friendly approach.

At Hinchingbrooke, we put our patients at the heart of everything we do - any patient coming to us for treatment should feel confident that they will receive high quality, safe care. This report has provided HHCT with the opportunity for real time feedback from our patients and their views and opinions on our current services and systems provided. The report has acknowledged the areas that work well and identifies any areas for us to improve upon.

At Hinchingbrooke Hospital we are aware of the challenges that we face day to day in ensuring all of our patients receive a high-quality service.

We shall take this opportunity to review our current practice and identify areas upon which we can improve so that the patients are more informed regarding their plan of care and are aware of any possible delay or challenge to that plan.

You can find the full action plan in appendix five.



Appendix 1 - Emergency Department waiting area

What the questionnaires told us

Emergency Department (formerly A&E) - waiting area

Thirty-five patients completed questionnaires in the Emergency Department waiting area. Of these, seven patients were identified as children.

Question 1 - Why have you come to A&E today?

Patients attended the Emergency Department for a variety of reasons including: injuries, following a visit or admission to another department, eye problems, severe pain and referral from their GP or another hospital department.

Question 2 - Did you try to use another service before coming to A&E?

- Twenty patients (57%) had contacted another service before attending the department. One patient having tried two services before doing so.

This suggests that over 40% of patients are either unaware of other services or prefer not to use them.

Question 3 - If yes, which service?

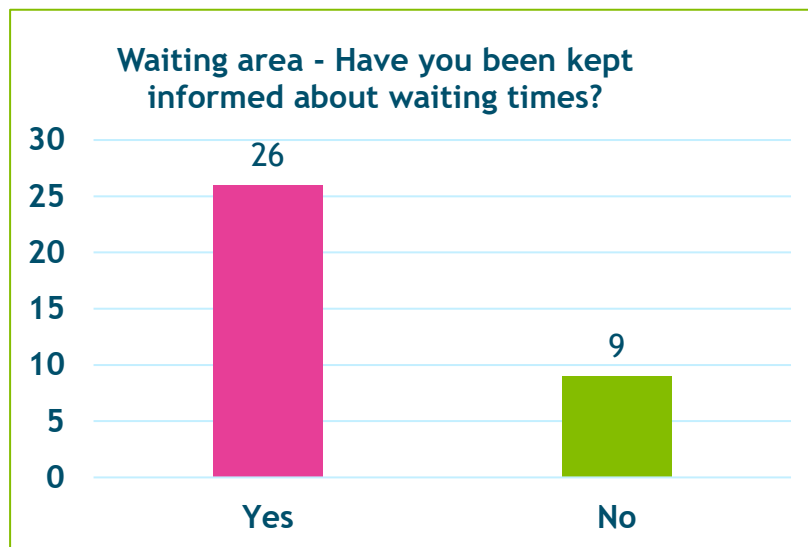
- Ten patients (29%) had contacted their GP.
- Seven patients (20%) had contacted the 111 service (one of whom had tried to contact an optician first).
- Two patients (6%) had attended an Out of Hours service.
- Two patients (6%) had contacted the 999 service (one as a result of an initial visit to their GP).



Question 4 - If staff in A&E said you could be treated by a different part of the health service and you needed to go somewhere else, would this be okay?

- Nineteen patients (54%) said they would attend elsewhere.
- Nine patients (26%) said they would not be treated elsewhere.
- Seven patients (20%) were unsure.

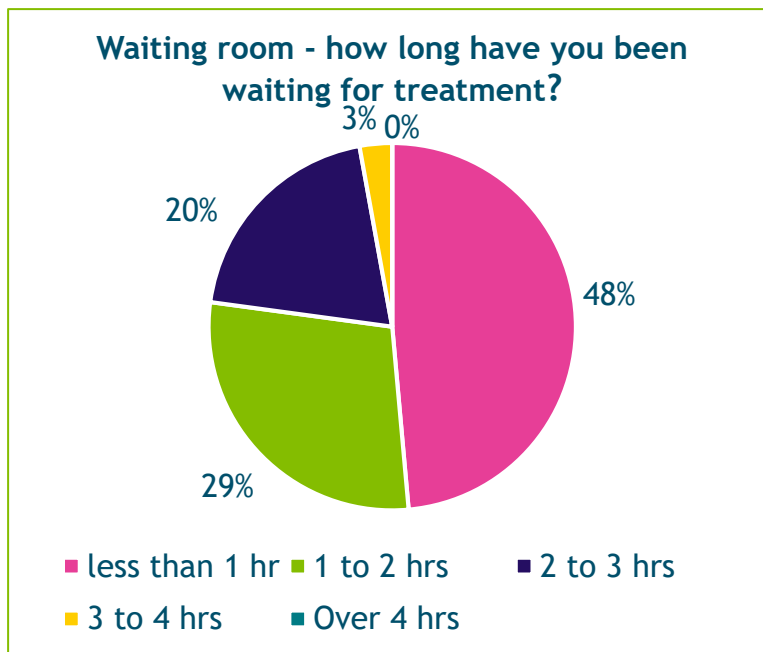
Question 5 - Have you been kept informed about waiting times?



- Two patients stated that the triage was done *“very quickly”*, with waiting times for x-ray, x-ray results or further treatment being unknown.
- Nine patients (26%) said that *“they had not been informed about waiting times”*, five of whom said that *“the only information on waiting times that I have had is that on the noticeboard”*.
- One patient also commented *“that the wait to go home could be longer than the waiting times displayed”*.



Question 6 - Since arriving at A&E, how long have you been waiting for treatment? (This question relates to waiting after triage.)



All patients were seen within the 4-hour target, with nearly half being seen within 1 hour.

Question 7 - Have you been kept informed about what is happening with your treatment?

- Fourteen patients (40%) said that *“they had been kept informed about what was happening with their treatment”*, one patient stated that *“they had had an x-ray and were now waiting to see a doctor”*.

Most patients in the waiting area said that they would not expect to know about their treatment options until they had seen a doctor.

Question 8 - Have you visited A&E or any other A&E in the past year?

- Fourteen patients (40%) had visited an A&E department in the previous 12 months.
- Twenty-one patients (60%) had not visited an A&E department in the previous 12 months.



Question 8a - If yes, how many times?

- Ten patients (29%) had made one other visit to an A&E department in the previous 12 months.
- Four patients (11%) had made more than one other visit to an A&E department and one patient did not say.

Most visits had been made to Hinchingbrooke hospital, with two patients having visited Addenbrooke's hospital and one patient having visited Peterborough City hospital.

Question 8b - Was it with the same concern?

Of the fifteen patients who had visited an A&E department prior to this visit in the past twelve months, three patients were attending with the same concern; eleven patients were attending with a different concern.

Question 9 - Do you have any suggestions to improve care at the hospital?

Patients had several suggestions to improve care at the hospital:

- Greater clarity about waiting times.
- Explanations for why some patients appear to be seen sooner than those who have been waiting for longer.
- Some patients in considerable pain after triage - **waiting for pain relief to be offered (if allowed)**.
- More staff needed - patients were concerned that staff are working in stressful circumstances due to understaffing.
- A nurse to be on call for people waiting - *“as feel neglected (when left to wait) and there are a lot of poorly people”*.
- Staff to ensure that they have the relevant information from other departments or hospitals to assist with decisions about treatment.

Some positive comments were also made:

- One patient really liked the children's area.
- One patient felt that they would be treated more quickly at Hinchingbrooke than at Addenbrookes.
- One patient stated that they were *“really happy with the A&E department”*.



- One patient felt that staff had been “*helpful so far*”.
- One patient said that the “*care was always good*”.

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

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

We observed that:

- Staff were friendly and helpful; they were approachable and spoke in soft clear voices.
- The sister in charge was very helpful during one of the visits.
- The department was well maintained, bright, clean and smelt fresh. There was a separate play area for children, which is light and spacious.
- Toilets were clean and tidy with baby changing facilities.
- The seating areas were spacious.
- Plasma screen showed HHCT statistics and had information scrolling around; these also welcomed patients to the Emergency Department.
- A TV screen (no sound, but subtitles) showed the news.
- There was an information point notice board, which included information on infection control.
- Information leaflets were well organised.
- There was a free phone for a Taxi service.
- There was clear signage.

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

- Waiting times for triage were short during one of the visits, but on the 8th of October there was a wait of 35 - 40 minutes with no explanation as to why. Could patients have been informed?
- The whiteboard behind reception/triage desk showed updated approximate waiting times, but it was unclear what they referred to; presumably treatment?



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- There was a children and young people's notice board in the play area which included information about mental health concerns and underage drinking. It would be helpful if this could also be displayed in the main waiting area.
 - The air conditioning ensured a cool environment, but some patients were too cold.
 - Problems with the vending machine delivering items on 5th October visit had been resolved by the visit on the 8th October. Could patients be directed to another machine elsewhere if this one is out of order?
 - The black carpet at the entrance may make it difficult for patients with dementia to enter the department.
 - A pillar just inside the entrance leaves no space for queuing to check in.
 - On entry to the department, it is not clear which desk to approach when it is staffed by only one person. Patients arriving at the department were queuing at the triage desk, which then affected patients' privacy / confidentiality.
 - Details being given at the triage desk can be overheard by those in the waiting room, affecting privacy/confidentiality.



Appendix 2 - Emergency Department (formerly A&E) - treatment cubicles

What the questionnaires told us:

Fifteen patients completed questionnaires in the Emergency Department treatment cubicles. Of these patients, three were identified as children.

Question 1 - Why have you come to A&E today?

Patients attended the Emergency Department for a variety of reasons and were processed through to the treatment cubicles. These included injuries or falls, severe pain, visitors to the area and referral from another department or treatment centre.

Question 2 - Did you try to use another service before coming to A&E?

- Nine patients (60%) tried to use another service before attending A&E, with one patient having used two services.

Some patients may not know of other services available to them or prefer not to use them.

Question 3 - If yes, which service?

- Six patients (67%) had used the GP service prior to attending the A&E department, one of whom had also attended an out of hours' service.
- One patient (11%) had used the 111 service. They had been referred to Doddington Hospital who were '*unable to treat*', and as no GP was available they were sent to Hinchingsbrooke.
- One patient (11%) had been brought to the department following a 999 call.
- One patient (11%) did not say.

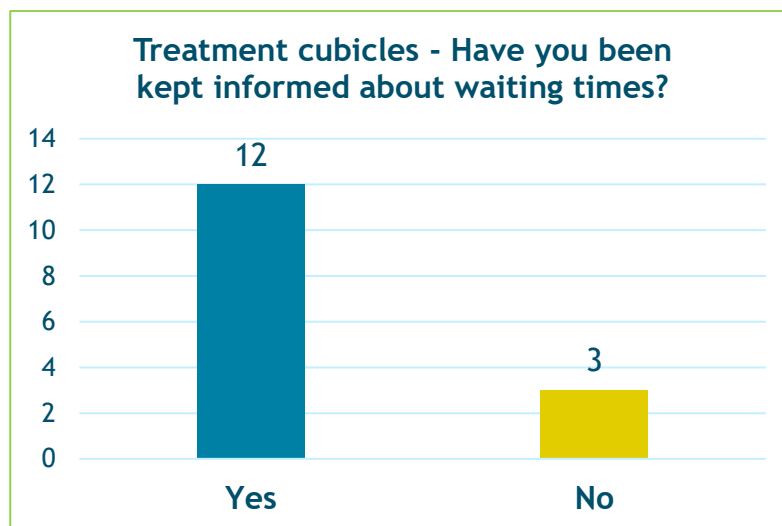


Question 4 - If staff in A&E said you could be treated by a different part of the health service and you needed to go somewhere else, would this be okay?

- Four patients (26%) said that they would be happy to go elsewhere for treatment if necessary.
- Six patients (40%) said that they would not be happy to go anywhere different with one patient stating that they *“want to stay locally”*.
- Two patients (13%) were uncertain.
- Three patients (20%) did not respond to this question.

The responses suggest a preference for remaining with their local hospital.

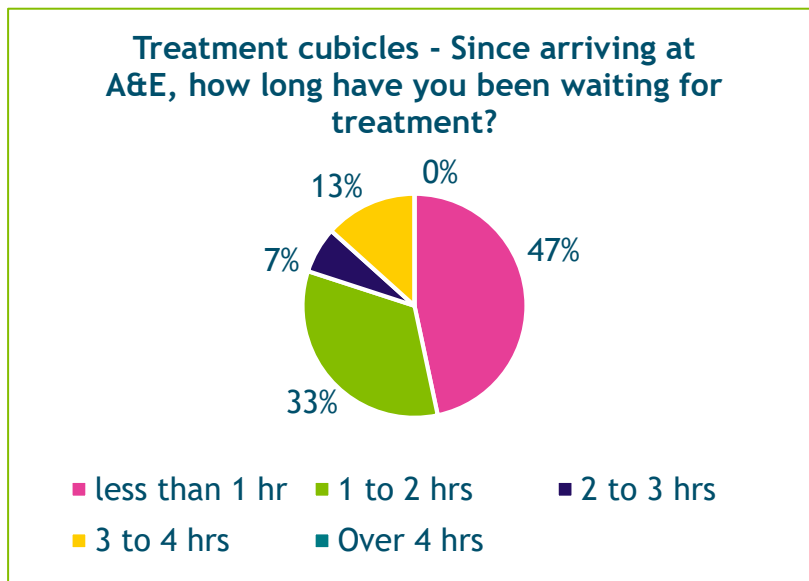
Question 5 - Have you been kept informed about waiting times?



Most patients said that they had been kept informed about waiting times, but this is something to keep under review.



Question 6 - Since arriving at A&E, how long have you been waiting for treatment? (This question relates to waiting after triage).



At the time of completing the questionnaire all patients had been seen within the 4-hour target and almost half had been waiting for less than 1 hour.

Question 7 - Have you been kept informed about what is happening with your treatment?

- Fourteen patients (93%) had been kept informed about what was happening with their treatment at this point of their visit to the A&E department. Two patients stated that they were waiting for x-ray and one that they were awaiting the results of bloods and other tests.
- One patient (7%) did not feel informed.

Question 8 - Have you been offered refreshments?

- Five patients (33%) were offered refreshments, though one patient said that this *“was only after two hours of waiting”*.
- Seven patients (47%) said that they *“had not been offered refreshments”*. One patient (7%) stated that they were *“nil by mouth”*.
- Two patients (13%) did not respond.

It would be helpful if all patients could be offered refreshments, particularly those who have had a long waiting time.



Question 9 - Have you visited A&E or any other A&E in the past year?

- Seven patients (47%) had visited an A&E department in the previous 12 months.

Question 9a - If yes, how many times?

- Six of the seven patients (33%) stated that they had made one other visit to an A&E department in the previous 12 months.
- One of the seven patients (7%) had made multiple visits to an A&E department.

Question 9b - Was it with the same concern?

Two patients attended the A&E department with the same concern, four attended with a different concern and one did not say.

Question 10 - Do you have any suggestions to improve care at the hospital?

Patients had several suggestions to improve care at the hospital.

- Explanations for why some patients appear to be seen sooner than those who have been waiting for longer.
- Could there be more regular updates on progress?
- Could there be a choice of refreshments?
- More privacy - some doors would not stay closed during consultations.
- Staff name tags to be clearer.
- Signage for long term parking costs.
- Patients should not be discharged unless ready to be sent home, as having to return to A&E shortly after discharge is **“very traumatic”**.

There were also some positive comments:

- Praise for the staff.
- Praise for the speed the patient was seen for a real **‘emergency’**.



Summary of the 15 Steps Challenge in the Emergency Department Treatment cubicles

We found that our 15 Steps Challenge observations matched patients' views. We found that:

- The area was calm, clean, bright and welcoming.
- Staff were polite and helpful.
- This was a particularly busy area on the second visit, 8th October. Staff were effective when looking after patients and providing nursing and care until they could be moved to a ward.
- Patient leaflets on treating injuries were available.
- There was a feedback form box.
- Clear signage.
- A clock was visible over the nurses' station.
- Drinks machine available.
- Patients had access to water.
- There was good security and we were escorted for access to the treatment cubicles. Staff noticed us and there was friendly questioning about who we were and what we were doing. We were told that the Senior in the department should have been informed in advance of our visit; we were under the impression that the Senior Department Heads had been briefed about our impending "unannounced" visits.
- Hand wash gel was available in each treatment bay, but they needed refilling.
- We noted an alarm at the nurses' station was bleeping for a long time before being switched off. This was a central monitor and we were told that it can be silenced temporarily; however, it would not be turned off as it triggers an alarm caused by a potential abnormality in a patient's condition.



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

- On 8th October, patients were on trolleys in the corridor. This caused problems for patients in wheelchairs.
- The clock in the treatment bay was not working.
- Is the sanitised equipment stored in the corridors safe?
- A patient calling out in pain wasn't visited by a professional during the time of the visit.
- Information on car parking and fees was not easily accessible to patients and family members.
- Patients are not always asked if they need refreshments.

Appendix 3 - Ambulatory Care Unit

What the questionnaires told us:

Fourteen patients completed questionnaires in the Ambulatory Care department.

Question 1 - Why have you come to the Ambulatory Care today?

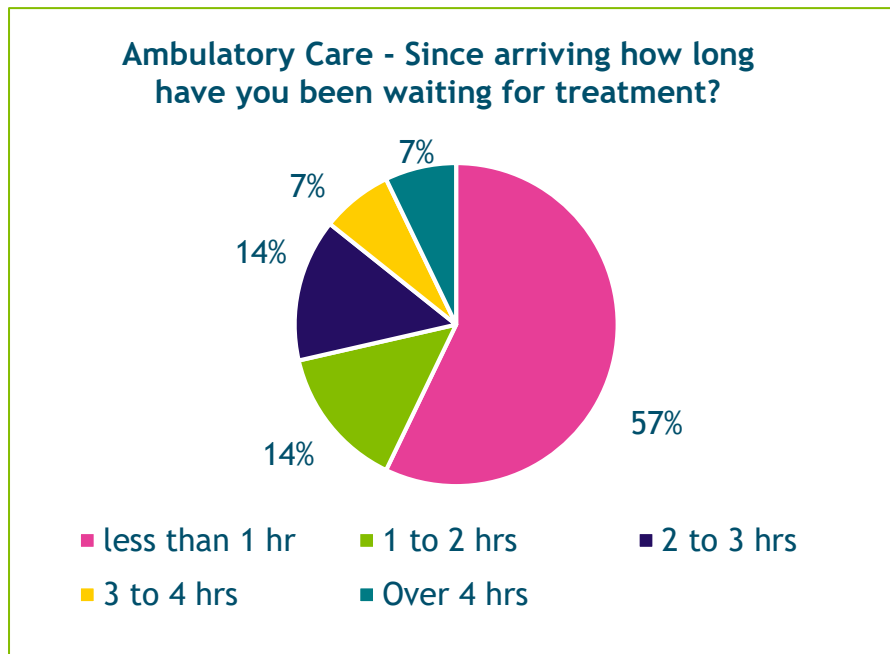
Patients attended the Ambulatory Care for a variety of reasons, including: referral from another department or hospital, scheduled appointments, awaiting changes in medication and being brought to the department by ambulance.

Question 2 - Have you been informed about waiting times?

- Three patients (21%) said they had been informed about waiting times.
- Four patients (29%) said they had not been informed about waiting times; however, one patient told us there had been a miscommunication from one department to another.
- Seven (50%) patients did not respond.



Question 3 - Since arriving how long have you been waiting for treatment?



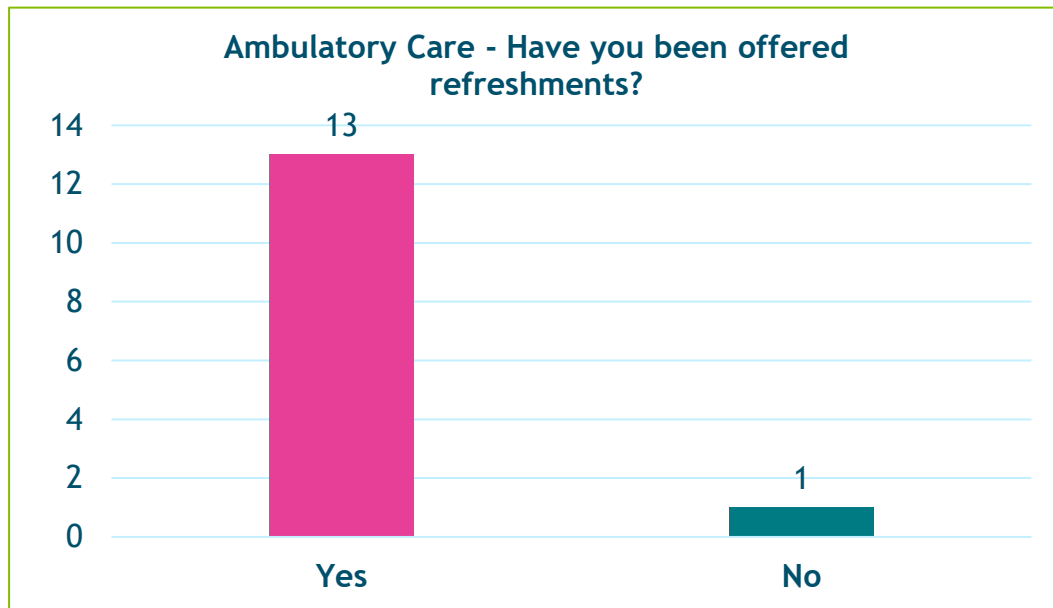
Most patients were seen within the 4-hour target, with eight patients (57%) waiting for less than one hour. However, one patient had been waiting for over four hours following transfer from another hospital.

Question 4 - Have you been kept informed about what is happening with your treatment?

- Most patients (86%) had been informed about what was happening with their treatment, though one commented on the length of wait to see a doctor, suggesting that a “*satnav to find me*” might be helpful.
- Two patients (14%) did not feel informed about their treatment.



Question 5 - Have you been offered refreshments?



The majority of patients (93%) in the Ambulatory Care were offered refreshments.

Question 6 - Do you have any suggestions to improve care at the hospital?

Patients had several suggestions to improve care at the hospital:

- Improve the speed with which information in other departments/areas of the hospital is transferred to the Ambulatory Care Unit, so that patients are not delayed unnecessarily.
- Improve the speed with which results from tests are transferred to the Ambulatory Care Unit.
- Make sure relatives are given accurate information to support the care of relatives on discharge. One family attended an evening session having been informed that they would be able to carry out treatment at home if they did so, only to be told that this wasn't the case at the session.
- Improve the lighting/temperature in the ACU treatment room.
- Improve signage for parking and parking costs and where to access information about concessions for those in hospital for lengthy periods of time.
- More staff and more equipment to support the overworked staff
- Improve the environment with pictures/information.



Six patients complimented the staff, saying that they were friendly and helpful, whilst acknowledging that they were overworked.

One patient, who said they were “*confused*” when brought to the unit, commented on “*feeling very safe*” as they were reassured by staff.

One patient commented that “*the food was excellent.*”

Two patients said that they were “*very satisfied*” with the treatment they had received.

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

We found that our 15 Steps Challenge observations matched patients’ views. Our observations noted some other areas for consideration too.

- The area was well lit, clean - clocks were visible.
- There was a sense of calm - even though it was busy at times.
- All drugs were in locked cabinets.
- Trolleys were neatly stacked and safe.
- There was a high proportion of staff.
- Aprons, gloves and sanitisers freely available.
- Good information re staffing - clearly marked on the whiteboard.
- Patient leaflets / information available.

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

- Staff were friendly and were interacting with patients, although one member of staff was brusque with a confused patient and showed little empathy.
- The waiting area is spacious, but it is dreary, dull and nondescript. It would benefit from refurbishment and/or pictures/information to make it more welcoming.
- Staff told us that there are no toilet facilities for visitors/relatives.
- There was no information about long term car parking or any schemes that may apply to patients.



Appendix 4 - General Observations

General observations in the waiting area on Wednesday 5th October from 6:30 p.m. - 7:45 p.m.

The waiting time displayed read two hours. We were unsure what this referred to as some patients had been waiting for 3.5 hours; and some patients were waiting from before 4:00 p.m. when we first arrived.

Triage was usually conducted within ten minutes of a patient checking in at the reception desk. Patients were sent to x-ray and then returned to the waiting area to await their results and, if needed, treatment.

The triage desk is next to the main reception desk and when the reception desk was not staffed, sometimes for quite long periods at a time, queues began to form. It looked like the reception desk was closed. This affected patient privacy and confidentiality as people queuing could listen to what was being discussed.

Two older patients in wheelchairs told us they had not been updated on what was happening. They were calling out to the reception desk as they thought they had been forgotten. A member of staff leaned over the reception desk and in a loud, clear voice told one of them that they hadn't been forgotten, that they had had an x-ray and would be seen soon. The person was complaining that they were cold, that no one had told them what was wrong or when they would be seen. There was little consideration/dignity/confidentiality for these patients.

A clinician came into the waiting area and, standing over the patient, proceeded to discuss their diagnosis with them, with no privacy or thought for confidentiality.

Vibrations / drilling could be heard from the floor above. This was intrusive to patients already feeling unwell or uncomfortable in the waiting area.

A&E has been renamed the Emergency Department and has new signage; however, telephone callers were greeted with "Hello, A&E".



General observations in the waiting area on Saturday 8th October from 2.00 p.m. - 3.30 p.m.

There was a queue at reception when Enter and View Representatives arrived in the department.

Signage for the “Assessment Waiting Area” is placed behind the door after entry and is not, therefore, easily visible to patients.

The waiting time displayed on our arrival in the department at 2pm was two hours. Twenty minutes later this was updated to 2.5 hours and then to 3 hours after a further 20 minutes.

Patients were initially called to the triage desk. As the waiting area got busier a separate room was used, which afforded patients privacy and confidentiality.

The telephone was not answered during busy periods at the reception desk.

We observed ambulance staff liaising and sharing information and working together with the Emergency Department staff at varying times during our visit.

The Emergency Department was very busy. Two ambulances were waiting to bring patients in, however, the treatment area (bays and cubicles) was full. The staff were nursing patients who needed admitting to the wards; however, the hospital had a bed crisis. The Site Manager was trying to free up beds.

Ambulatory Care was relatively empty but well-staffed.



Appendix 5 - Hinchingsbrooke Health Care Trust Action Plan

Action Plan for system improvement in the Emergency Care Centre following findings of Healthwatch Cambridgeshire report. December 2016

Supporting Information:

Following an unannounced visit by Healthwatch Cambridgeshire in October 2016 of the Emergency Department and Ambulatory Care Centre, a report has been published regarding the findings of the visit and our patients' perceptions of the services that we deliver. HHCT invited Healthwatch Cambridgeshire in to undertake the audit, but we were unaware of the exact dates that it would take place.

The action plan detailed below, which addresses the areas for improvement, will commence with immediate effect and will be owned by the Department's Senior Sister and the Departments Matron.

Review and monitoring of the Action Plan:

The action plan will be reviewed monthly by the Department's Senior Sister and Matron. An update on the action plan will be provided to the Associate Director of Nursing for Medicine during the monthly 2:1 meeting and at the department's monthly clinical governance meeting. Any actions for escalation that cannot be solved locally within the Division will be raised at Quality and Safety Committee.

Rag Rating key	
	Action not complete
	Action partially complete
	Action complete



Patient Concern:	Action:	Outcome	Completion by date:	Lead:	Update including completion and evidence:
Look at ways in which the reception desk could be staffed at all times.	Ensure that the staff rota provides 24 hours a day, 7 day's week coverage.	The reception desk will be manned at all times so that patients arriving in the department are attended to and supported effectively.	December 16	ECC Matron	The Rota is in place with a receptionist covering 24 hours a day, seven days a week. The receptionist on duty must ensure that if they had to leave the desk at any time that another member of staff replaces them.
Consider confidentiality and patients' privacy, particularly during triage.	To look at options for partitioning off the assessment area from the waiting room or to look at relocating the receptionist from current position.	Patients will be assessed in a confidential area on arrival in the department.	January 17	ECC Matron	There is a room that can be utilised for a confidential triage assessment and patients will be reminded that this is an option if they wish. Solutions for screening off the current area are being investigated.
Accurate waiting times need to be displayed.	Current waiting times need to be displayed on the electronic screen behind reception.	Patients will have up to date information regarding waiting times.	November 16	ECC Matron	The current electronic screen that has rolling information regarding waiting times is out of operation - currently escalated to IT. There is a whiteboard located behind reception where waiting times are written.



Patient Concern:	Action:	Outcome	Completion by date:	Lead:	Update including completion and evidence:
<p>Look at ways to reduce the delay in obtaining records/test results</p>	<p>The department is looking to invest in point of care testing equipment which will ensure more timely analysis of some results</p>	<p>Results will be obtained in a timely manner and the patients will be updated with their results in a timely manner</p>	<p>January 17</p>	<p>ECC Matron</p>	<p>A Business case is in the process of being completed with a view to either buying or renting the equipment.</p>
<p>Consider making the entrance 'Dementia Friendly'.</p>	<p>Admiral nurse to review the entrance environment to see if improvements can be made regarding dementia friendly notices etc.</p>	<p>The environment at the entrance to ED will be suitable for patients with dementia.</p>	<p>February 17</p>	<p>ECC Matron</p>	<p>Dementia friendly assessment report and evidence of change in accordance with the report.</p>



Patient Concern:	Action:	Outcome	Completion by date:	Lead:	Update including completion and evidence:
<p>Ensure that all patients are offered refreshment when in the treatment cubicles and ambulatory care.</p>	<p>Regular drinks rounds are offered in ED cubicles and ambulatory to those patients that are not Nil by Mouth. Department to look at purchasing hot water jugs for patients to help themselves to facilities.</p>	<p>All patients will report that they have been offered refreshments at regular intervals in accordance with their clinical needs.</p>	<p>December 16</p>	<p>House - keeper</p>	<p>Patient feedback will demonstrate an improvement in being offered refreshments.</p>
<p>Display information on parking.</p>	<p>Parking information leaflet will be displayed in the department in a way that the patients are able to see the information.</p>	<p>Patients will be aware of the parking information.</p>	<p>November 16</p>	<p>ECC Matron</p>	<p>Patient feedback will demonstrate an improvement in the knowledge of parking information.</p>



Patient Concern:	Action:	Outcome	Completion by date:	Lead:	Update including completion and evidence:
<p>Display information and leaflets in languages other than English and Polish.</p>	<p>The Emergency Department will work with the equality and diversity lead to ensure that appropriate levels of patient information is displayed/ available in the most common languages for this health district and that there is information in multiple languages which directs patients on how to get information in a language of their needs.</p>	<p>Information is available to patients in a language that they understand.</p>	<p>November 16</p>	<p>Senior Sister</p>	<p>Evidence of posters/patient information.</p>



Patient Concern:	Action:	Outcome	Completion by date:	Lead:	Update including completion and evidence:
<p>Reduce delays for patient awaiting discharge in Ambulatory care.</p>	<p>Trust is currently looking at developing Physician assistant roles to support medical staff in Ambulatory care to ensure that processes are delivered and results are followed up in a timely manner.</p>	<p>Prompt response once patients are declared fit for discharge.</p>	<p>December 16</p>	<p>Ops Manager</p>	<p>Patient feedback demonstrates no concerns with length of time waiting for discharge.</p>
<p>Give patients alternatives to ED for urgent and emergency care treatment.</p>	<p>Explanation to be given to patients regarding other avenues to seek assistance.</p>	<p>Patients will be streamed to see other providers or to stay in ED.</p>	<p>November 16</p>	<p>Ops Manager</p>	<p>Patients are advised appropriately if their needs could be met by another health care provider.</p>



Patient Concern:	Action:	Outcome	Completion by date:	Lead:	Update including completion and evidence:
<p>Some patients were found to be in pain after triage.</p>	<p>All of the initial assessment staff are able to administer basic analgesia to patients. Need to ensure that this is offered to patients in the waiting room if there are no contradictions to them being administered. This will be tested by an audit of patients.</p>	<p>All patients will receive analgesia following triage if this is what is required.</p>	<p>November 16</p>	<p>Senior Sister</p>	<p>Audit results demonstrating that patients received appropriate analgesia.</p>

Action:	Outcome	Completion by date:	Lead:	Update including completion and evidence:
<p>Patients have access to a nurse/support at all times whilst in the waiting room. Volunteer support to be provided for the Emergency Department waiting room during routine hours. Nurse/Health Care Assistant support to be provided out of hours when patients are in the waiting room.</p>	<p>Patients have access to a nurse/support at all times.</p>	<p>January 17</p>	<p>Senior Sister / Volunteer's manager</p>	<p>Patients' feedback demonstrates that they feel they have been supported by staff whilst in the waiting areas.</p>
<p>Ensure that signage directs patients effectively.</p>	<p>Clear direction for patients so that they know where to book in once in the department.</p>	<p>November 16</p>	<p>ECC Matron</p>	<p>Signage now separates the triage area and the booking in area making it clearer for patients to establish where to go.</p>
<p>Ensure signage directs visitors to the nearest toilet facilities.</p>	<p>Patients' visitors are aware of the location of the nearest toilet.</p>	<p>November 16</p>	<p>ECC Matron</p>	<p>Signage now displayed demonstrating where the nearest toilets are.</p>





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