healthwatch Cheshire West

healthwatch Cheshire East

A&E Watch – 12 Hours in A&E

11th February 2019

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Introduction

What is Healthwatch?

Healthwatch Cheshire, consisting of Healthwatch Cheshire East and Healthwatch Cheshire West, is an independent consumer champion for health and care across Cheshire East and Cheshire West and Chester, forming part of the national network of local Healthwatch across England. Our role is to make sure that those who run health and care services understand and act on what really matters to local people.

Healthwatch Cheshire East and Healthwatch Cheshire West undertake continuous engagement activities with the public to hear about concerns and compliments regarding health and care services. The information we gather is then analysed so that we can identify and act upon trends and common themes by presenting our findings to decision makers in order to improve the services people use. We also share people's views locally with Healthwatch England who make sure that the government put people at the heart of care nationally.

What is A&E Watch?

A&E Watch is designed to gain a snapshot view of the three NHS Accident and Emergency (A&E) departments in Cheshire. Healthwatch Cheshire undertake A&E Watch periodically to gain experiences of patients and understand why they attended and how they thought services could be improved. The purpose of A&E Watch is to explore themes emerging from the comments we have received about A&E during our regular general engagement activity.

What happens at A&E Watch?

The Healthwatch Cheshire team of staff and volunteers visit the three A&E departments in Cheshire at the same time on one particular day in order to gain a snapshot of what is happening in our hospitals. On 11th February 2019, eight members of staff, including our Service Lead, Communications and Research Officer, Volunteer Coordinator, and Community Engagement and Project Officers, as well as 20 of our volunteers, assisted in engaging with people in the A&E departments across 12-hours from 9am until 9pm. This was possible through a shift pattern covering 9am until 3pm and 3pm until 9pm for staff with a changeover held half-way through, and volunteers asked to attend for four hours in a morning, afternoon or evening shift.

To inform our research, we conduct two surveys based upon conversations with people attending A&E, as well as producing an Enter and View report on each department.

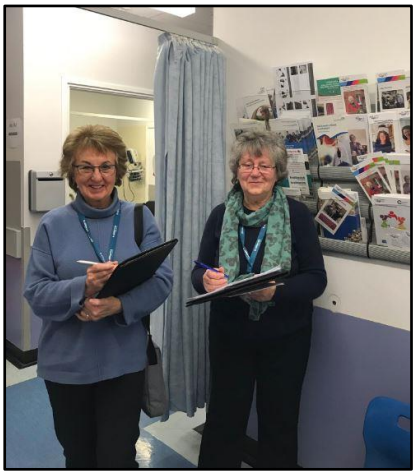
Firstly, an A&E Watch questionnaire to be completed whilst the patient is in A&E to find out why they attended, how frequently they have visited, and their experiences whilst in A&E. This is included at the end of this report as Appendix 1. A post-visit survey to be returned on exit or by Freepost entitled 'After your A&E visit', is designed to find out about the

patient's experience after being treated in A&E. This is included at the end of this report as Appendix 2.

On the day of our visit, we also conduct an Enter and View and produce subsequent reports which are available publicly on our websites and sent to the A&E departments themselves for their feedback on the recommendations made within the report. Our Enter and View visits provide a snapshot in time of the services being provided and allow us to see, hear and feel what it is like within the department for the people who use services, their families and staff.

This report details our findings from A&E Watch conducted on 11th February 2019. Copies of the questionnaires and total responses are included later in the report.

Findings from our previous report



Our previous A&E Watch took place on 22nd January 2018. At the time we visited, the three A&E departments all appeared far less busy than had been expected. At all times there was a prevailing atmosphere of calmness, professionalism and control regardless of how busy the department became during the day, which is quite the opposite of the chaos described by the media over the winter period. Our findings suggested suggests that the three A&E departments at the time we visited were largely able to offer a quick, efficient and quality service to patients, with 71% of responses across the three hospitals rating the service received as four or five stars out of five.

The report concluded that during the time we visited, it appears that a considerable amount of people considered using other services before going to A&E, but that a decent majority did not consider going anywhere else other than A&E because they believed their problem to be too urgent to wait. At the time we visited, contrary to common assumption, the majority of people we spoke to did not visit A&E regularly and for most people attendance was an infrequent occurrence.

Hospitals visited for A&E Watch:

Our February 2019 A&E Watch took place in each of the A&E departments in Cheshire West and Chester and Cheshire East:

- Countess of Chester Hospital
- Leighton Hospital
- Macclesfield Hospital.

To give a consistent snapshot of A&E departments, A&E Watch was conducted on the same day at the same time across Cheshire. The design of the questionnaires was based on that of the previous report last January, but for this visit we made amendments and additions in order to ascertain a wider range of people's experiences.

Our A&E Watch coincidentally corresponded with the 90-day workstream at Leighton Hospital that aims to

make the streaming process for patients more efficient, i.e. what happens to patients when they arrive at A&E; how they are assessed, where they are sent, and deciding by whom they will be treated. More information on the streaming process as we found it on 11th February 2019 is included in our Enter and View Report included in Appendix 4.

The scale of being able to reach all three departments was achievable in part thanks to the fantastic support of 20 Healthwatch Cheshire volunteers who took part in A&E Watch, ensuring that there was enough resource and expertise to engage with patients across all of the hospitals over a 12-hour period.

When was A&E Watch?

Last year, A&E Watch took place in two sessions from 10am until 12pm, and 2pm until 4pm to cover the morning and afternoon. However, A&E at all three hospitals appeared to be getting busier at around 4pm when the school and working day was finishing. We therefore decided to conduct our A&E Watch over a 12-hour period from 9am until 9pm this time, to ensure we also captured people attending in the evening.

The visits again took place on a Monday in line with previous A&E Watch activity. Anecdotally Healthwatch has evidence to suggest that this is a busy day for A&E departments - this can be after people become ill or injured over the weekend or decide that they have not gotten any better over the weekend, and so decide to go to A&E on the Monday.

Summary of Findings

The A&E Watch was carried out over a 12-hour period, commencing at 9am. This was designed to reflect quieter and busier times throughout the day across the three hospitals.

At Macclesfield Hospital A&E Department there was a steady flow of people throughout the course of the survey period. At Leighton Hospital A&E Department it was relatively busy, certainly busier than the time of our last visit, but this was tempered by a sense of calmness and organisation rather than any feeling of the department being overstretched. At the Countess of Chester Hospital A&E Department, it felt busy throughout the period, however it is likely to have been impacted by the temporary smaller size of the waiting areas available, as work on extended and improving the A&E Department is completed. Regardless of how busy the departments were the staff at all three hospitals were extremely helpful and supportive to Healthwatch staff and volunteers.

More information on our experience of the three departments is featured in our Enter and View reports included in Appendix 3, Appendix 4 and Appendix 5 at the end of this report. These reports are also available to view on our Healthwatch Cheshire East and Healthwatch Cheshire West websites.

As a result of the responses from 209 people to our 'A&E Watch' survey across the three A&E departments, the major findings were:

- Across the three A&E departments, a slight majority of people had tried to visit another service before attending A&E, at 52% of people overall. This is an increase on the January 2018 report, when only 41% had tried going elsewhere first.
- Significantly, at the Countess of Chester Hospital the number of people visiting another service first has increased by 28% year on year. However, at Leighton Hospital, as the 2018 survey, there is still a larger number of people not attending another service before A&E – 42 people (56%) in 2019, and 20 people (57%) in 2018.
- Of those who had visited another service before attending A&E, two-thirds had attended their GP Practice first, whilst one in five people had tried the NHS111 service.
- Two-thirds of people who had first attended their GP Practice said that they were advised by their GP to attend A&E.
- At the Countess of Chester Hospital and Leighton Hospital, the most common reason people gave for attending A&E without going elsewhere was that 'It was too urgent/it was an emergency' (65%). This is in line with the findings of our previous A&E Watch reports.
- Across all three hospitals the second most common reason was 'because it is more convenient' (21%), which suggests A&E is more accessible for some people than other services.
- The majority of people we spoke to arriving at A&E by ambulance were at Leighton Hospital. There was a 95% five-star response rating for the care given by ambulance staff for people being taken to Leighton Hospital.
- When asked whether they were being kept informed of timings and delays, there was a mixed response, with slightly more respondents at the Countess of Chester Hospital and Macclesfield Hospital saying that they were not being kept informed.
- Across all three hospitals people over half of people (54%) who responded rated their A&E experience as either 4 or 5 out of 5. Comparatively, in the January 2018 report 71% across the three hospitals rated the service as a 4 or a 5.

- 47% of people at the three hospitals stated that they had visited A&E in the last 12 months. This an increase on the 39% in 2018 and 36% in 2017.

'After Your A&E Visit' survey:

There was a low response rate to the 'After Your A&E Visit' survey, with only 23 completed overall, and none completed by those initially surveyed at the Countess of Chester Hospital.

- Of those who did respond, when asked about their overall treatment times, almost 56% of people who responded at Macclesfield Hospital were treated and sent home within two hours, and at Leighton Hospital 38% were treated and sent home between 1-3 hours,
- 46% of people who responded at Leighton Hospital waited over 4 hours to be seen.

Survey Results - A&E Watch Survey

The A&E Watch survey that informs much of this report received 209 responses from people who attended A&E between 9am and 9pm on Monday 11th February 2019 across Cheshire East and Cheshire West and Chester. The number of survey responses we received at each hospital are:

A&E Department	**Number of responses**
Countess of Chester Hospital (CoCH)	73
Leighton Hospital (LH)	77
Macclesfield Hospital (Macc)	59
Total	**209**

The following is a breakdown of the results received by question. Note that in some cases patients chose more than one response to the questions or failed to answer certain questions.

What made you come to A&E today?

This is a new question added since our previous A&E Watch, and was intended to get an idea of the types of issues people were presenting with.

The types of issues people described as to why they attended A&E at the **Countess of Chester Hospital** included:

- Suspected fractures, including arm, hand, and ribs.
- Child with epilepsy having seizures.
- Abdominal pain.
- People with chest pain, and others with difficulty breathing or high blood pressure and palpitations.
- People who had injured their legs, hands, fingers, arms and shoulders from accidents such as falling over, car accidents, playing sport, at work, or doing DIY.
- People who generally felt unwell and like they could not continue with everyday tasks, for example those with a temperature or somebody with a "*severe headache and fever*."
- Some who had eye ache, problems swallowing or a swollen ear.
- People who were advised to attend by another health or care professional. For example, by a GP, physio, first aiders, a carer, or a person who was advised to attend by their dentist as they required antibiotics.
- Somebody who came for a dementia check-up, another who came for a check-up following an ear operation, and another who had a swollen arm following a hernia operation.
- Other reasons included somebody attending following a head injury the week before, and another who had an issue with fluid on the brain.

- A parent also told us that they had to wait too long to be seen with their son the night before so had to come back today as they had other children to care for.

The types of issues people described as to why they attended A&E at **Leighton Hospital** included:

- Nose bleeds.
- Burns or cuts.
- Somebody who needed to be reassessed and was given an appointment for the day we attended.
- A person who was taken to ambulance to another A&E but was redirected to Leighton as it was their local hospital.
- Somebody who had been attacked at work and referred to A&E by GP.
- Possible fractures, including to the nose, thumb and ankle.
- People with back, leg, ankle, foot, finger, knee, arm, eye or toe pain, usually from impact injuries including falls, playing sport, a dog bite, or dropping something onto their foot.
- Abdominal pain and vomiting, including somebody who collapsed due to the pain.
- Chest pain, including one man who made his own way home from work before his wife called an ambulance.
- Somebody with a suspected heart attack.
- People who had been knocked out, had suffered a head injury, or had difficulty in breathing.
- Those who had been advised to attend by another health and care professional, including somebody who had been sent home from hospital but was having difficulties keeping their eyes open and their head was rolling, and was advised by their consultant to attend A&E for a blood transfusion.
- Another person who had a contact lens stuck in their eye had been advised to go straight to A&E.
- Another was advised by their GP to attend for assessment including a cancer patient, whilst two other people had ambulances called for them by GPs.
- Another was referred by a GP due to temperature and dizziness, whilst another was because the GP sent them to have an ECG and blood tests urgently.
- Another person was advised to attend by NHS111 after their GP Practice had no emergency appointments for a child who had difficulty breathing.
- Another person was sent to Leighton as there were no X-ray facilities at Victoria Infirmary.
- Somebody was also brought in by the police following a motorcycle accident after the police nurse felt the foot injury and swelling meant they needed to attend A&E.
- A care home resident was also brought in with their condition described as deteriorating.
- Somebody who had a flare up of rheumatoid arthritis.
- Others included dizziness, numbness, or collapsing; including a person with Parkinson's.
- Swallowing foreign objects, including a magnet or fishbone.
- Suspected nut allergy, a rash, a temperature or a possible infection.

The types of issues people described as to why they attended A&E at **Macclesfield Hospital** included:

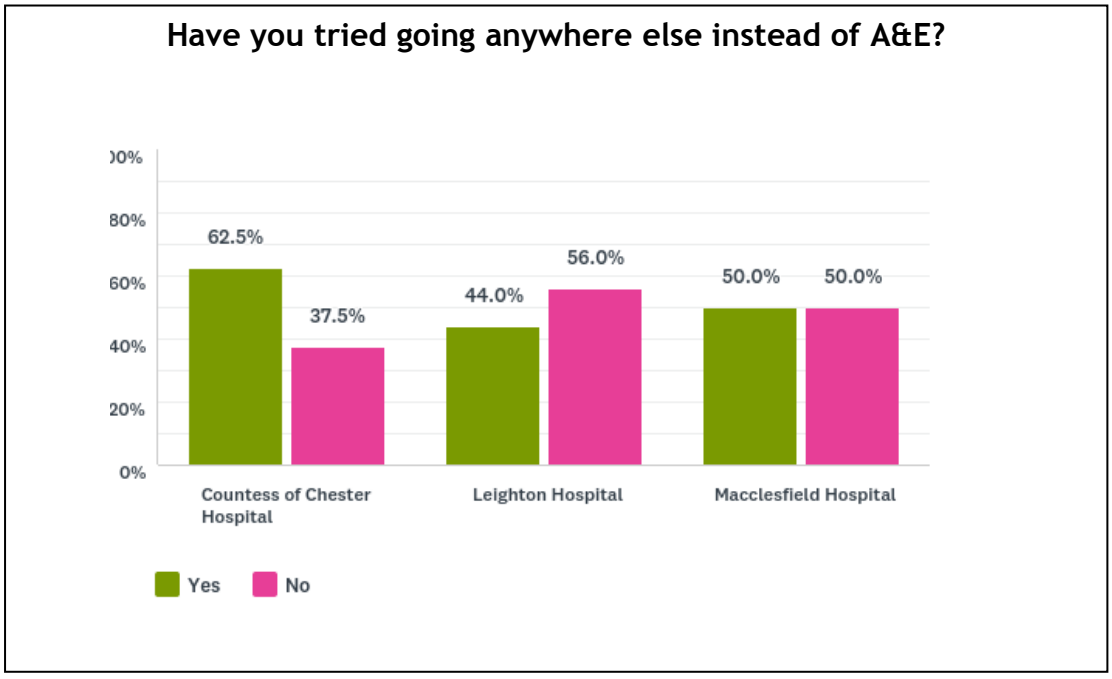
- Suspected fractures, including to the ankle.
- Injuries to the head, back, foot, finger, wrist, elbow, ribs, shoulder, eye, knee. These include from accidents walking, cycling, and playing sport. These cover impact

injuries, cramps, sprains, infection, weeping wounds following surgery on a fracture, and cuts.
- Abdominal pain.
- Chest pain, headaches, dizziness and difficulty breathing.
- Infections including to eye, nail, chest, pneumonia, and urinary.
- Others included somebody with eczema, another with a hearing problem, a foreign object in the ear, somebody vomiting blood, another who inhaled fumes from a gas leak, and a dementia patient who was malnourished.
- People were also sent to A&E by other health and care professionals, including by GPs, a consultant who advised someone to attend due to a prior DVT, and because someone was not able to be seen at the Cottage Hospital in Buxton.

Have you tried going anywhere else instead of A&E?

The purpose of this question is to gain an idea of people's perceptions and knowledge of the alternative services available to them other than A&E.

	Yes	No	Total
CoCH	45	27	72
LH	33	42	75
Macc	29	29	58
Total	107	98	205



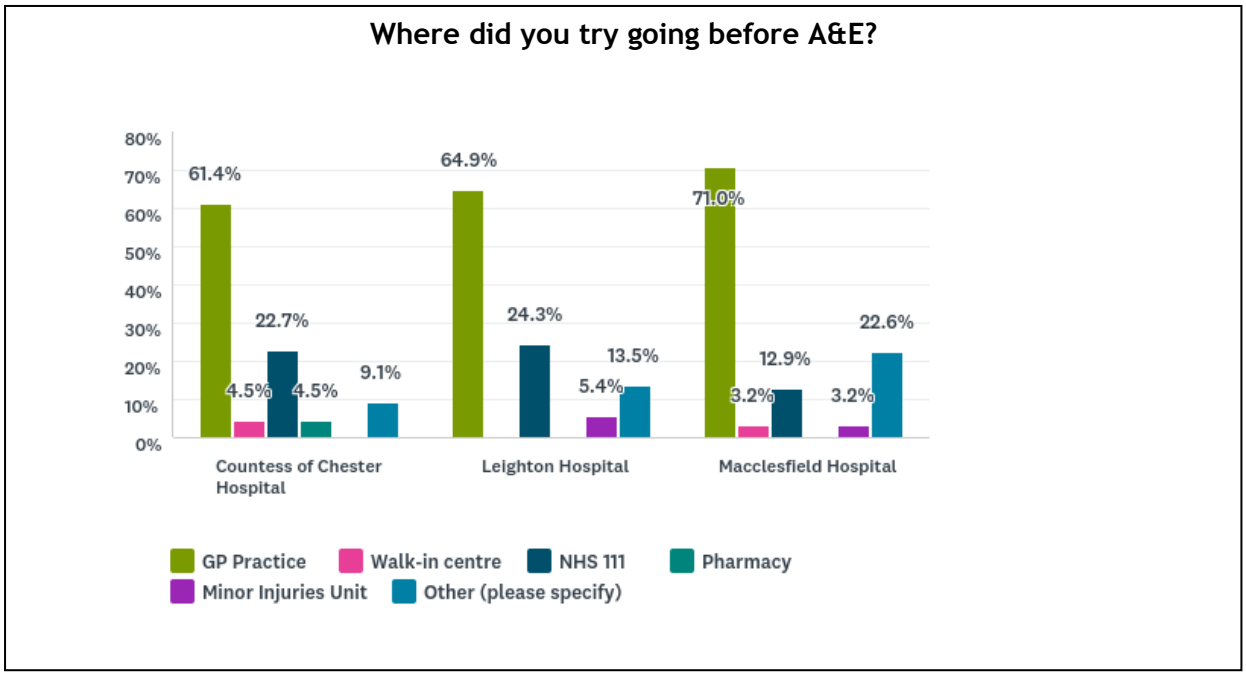
- Across the three A&E departments, a slight majority of people had tried to visit another service before attending A&E, at 52% of people overall. This is an increase on the January 2018 report, when only 41% had tried going elsewhere first.
- This figure has increased by around 2% at both **Leighton and Macclesfield Hospitals**, but has increased by 28% at the **Countess of Chester Hospital,** where only 34% had tried to get treatment elsewhere before A&E at the time of our January 2018 report.

- **Leighton Hospital** is the only A&E department where the majority of people we spoke to had gone straight to A&E rather than trying elsewhere first. A common reason people gave us for this was an assumption that their GP or Victoria Infirmary would advise them to go to Leighton anyway as they perceived they would require an X-Ray on an injury.

Where did you try going before A&E?

Those people who had tried elsewhere before attending A&E were then invited to tell us which services they had attempted to access first.

	GP Practice	Walk-in Centre	NHS 111	Pharmacy	Minor Injuries Unit	Other	Total
CoCH	27	2	10	2	0	4	45
LH	24	0	9	0	2	5	40
Macc	22	1	4	0	1	7	35
Total	73	3	23	2	3	16	112

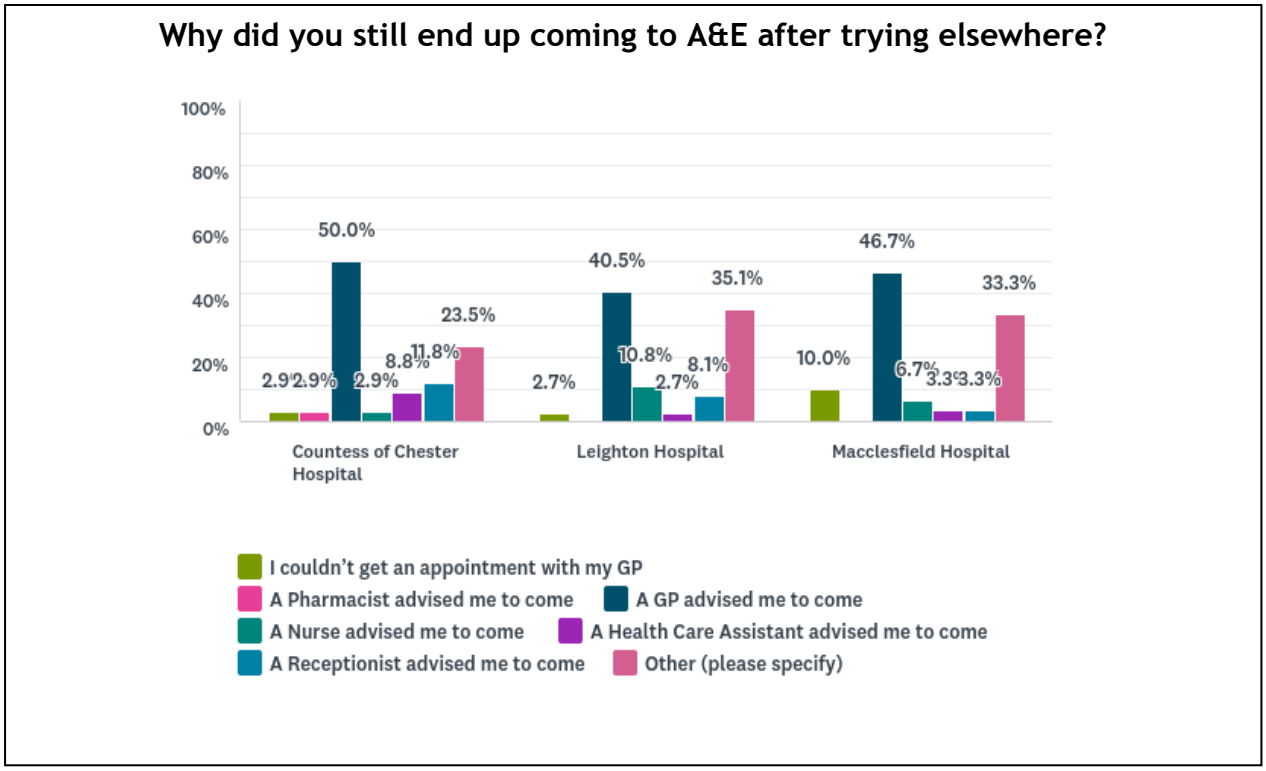


- Of the people who tried to go elsewhere before A&E across the three hospitals, nearly two-thirds (65%) had been, or had attempted to go, to their GP Practice first.
- The second most common answer was NHS111 at just over 20%.
- At the **Countess of Chester Hospital**, people who answered 'Other' had been or had tried to go to their dentist, Wrexham Hospital, triage at Clatterbridge Hospital, and their midwife.
- At **Leighton Hospital**, people who answered 'Other' had been or had tried to go to another A&E, the school nurse, the eye centre and one person who had been brought in by the police.
- At **Macclesfield Hospital**, people who answered 'Other' had been or had tried to go to their midwife, school first aider, chemotherapy nurse, Out of Hours, the Early Pregnancy Unit, and the Cottage Street Hospital at Buxton.

Why did you still end up coming to A&E after trying elsewhere?

This question is useful to help to establish why people still attended A&E after going elsewhere first. The question had set categories for respondents to choose from.

	CoCH	LH	Macc	Total
I couldn't get an appointment with my GP	1	1	3	5
A Pharmacist advised me to come	1	0	0	1
A GP Advised me to come	17	15	14	46
A Nurse advised me to come	1	4	2	7
A Healthcare Assistant advised me to come	3	1	1	5
A Receptionist advised me to come	4	3	1	8
Other	8	13	10	31
Total	**35**	**37**	**31**	**103**



- The majority of people we spoke to who had been elsewhere before visiting A&E were advised by a GP to attend A&E.
- 31% of people across the three hospitals categorised 'other' reasons for attending A&E after going elsewhere. These reasons included - being advised by school, midwifery, first aider and paramedics.
- Being told to attend A&E by NHS111 was also prevalent as an 'other' reason – most of those who contacted NHS111 first however did not categorise the person they had spoken to as a health professional as indicated in the question.

People who had gone elsewhere first were also asked to elaborate on why they were now attending A&E. The most common themes (40%) were around severity and

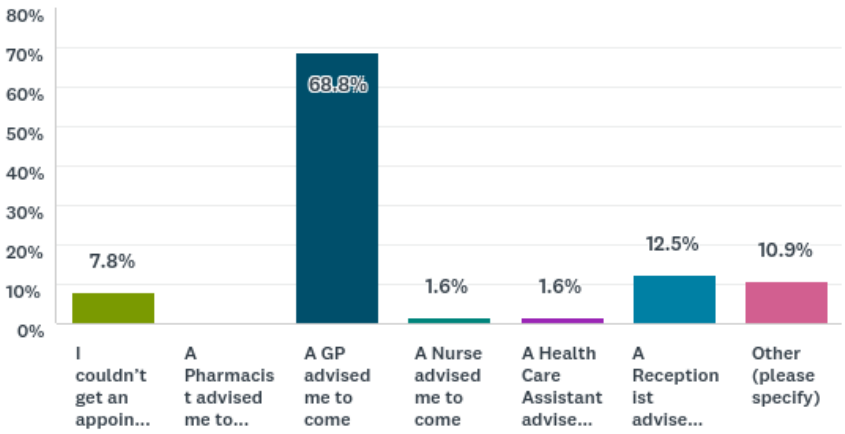
presentation of symptoms, 25% were advised to attend, 12% stated they needed an x-ray.

Attendance at A&E after visiting the GP Practice

As the most prevalent reason for attending A&E after going elsewhere is those who have attended a GP Practice first, it is useful to look at who within the GP Practice directed the person to A&E and why. This is a new question based on feedback from health professionals on the January 2018 report.

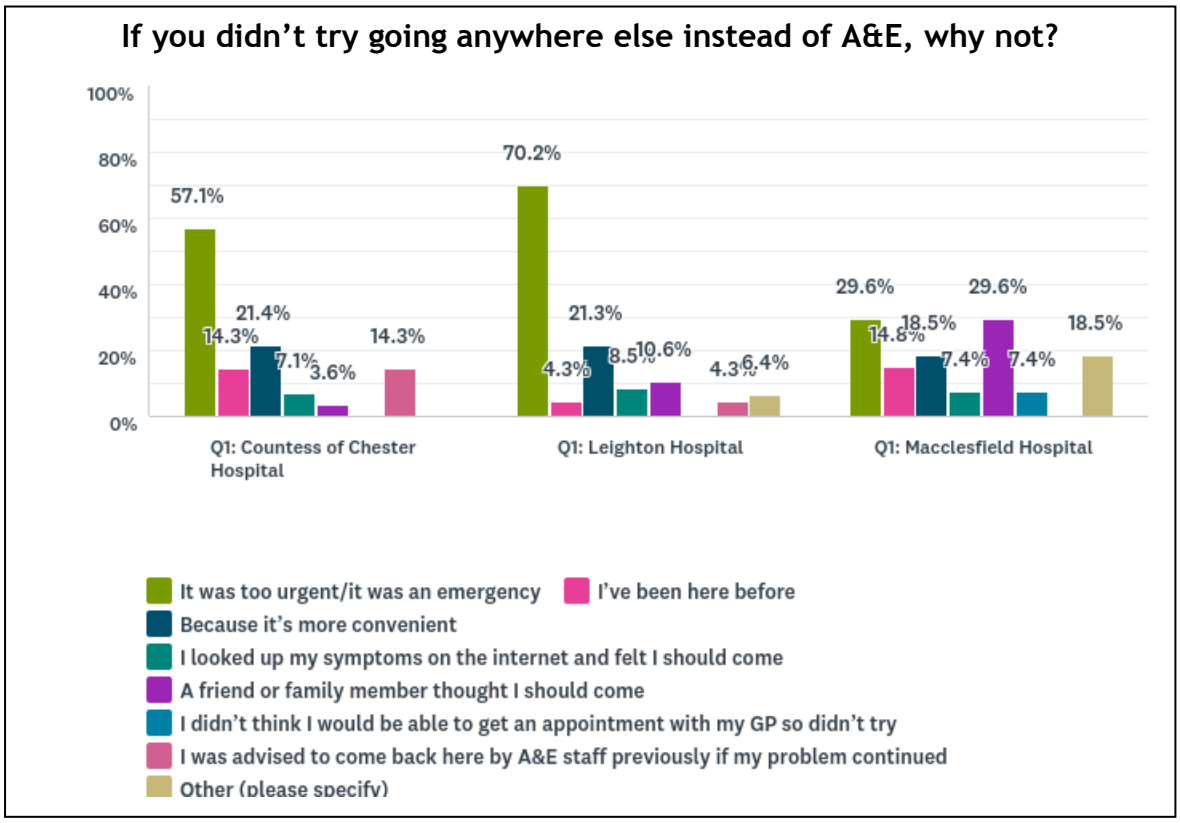
- Of those who visited a GP Practice first before attending A&E, 44 people (69%) across the three hospitals were advised by their GP.
- Across all three hospitals, 8 (12%) people who attended a GP Practice first were advised by the Receptionist to attend.
- Reasons provided included, severity of symptoms, requiring an x-ray and delay in seeing a GP.

Reason for attending A&E after visiting GP Practice first



If you didn't try going anywhere else instead of A&E, why not?

The purpose of this question is to ascertain why people attend A&E instead of going elsewhere first. Respondents were provided with set category answers to this question.



	CoCH	LH	Macc	Total
It was too urgent/it was an emergency	16	33	8	57
I've been here before	4	2	4	10
Because it's more convenient	6	10	5	21
I looked up my symptoms on the internet and felt I should come	2	4	2	8
A friend or family member thought I should come	1	5	8	14
I didn't think I would be able to get an appointment with my GP so didn't try	0	0	2	2
I was advised to come back here by A&E staff previously if my problem continued	4	2	0	6
Other	**0**	**3**	**5**	**8**
Total	**28**	**47**	**27**	**102**

- At the **Countess of Chester Hospital** and **Leighton Hospital** the most common reason people gave for attending A&E without going elsewhere was that 'It was too urgent/it was an emergency' (65%). This is in line with the findings of our previous A&E Watch reports.
- At the **Countess of Chester Hospital** and **Leighton Hospital,** nobody cited perceiving that they would be unable to get an appointment with their GP as a reason.

- At **Macclesfield Hospital** 'It was too urgent/It was an emergency' and 'A Friend or family Member thought I should come' had an equal response (30% each).
- Across all three hospitals the second most common reason was 'because it is more convenient' (21%), which suggests A&E is more accessible for people than other services.

Why was this the case?

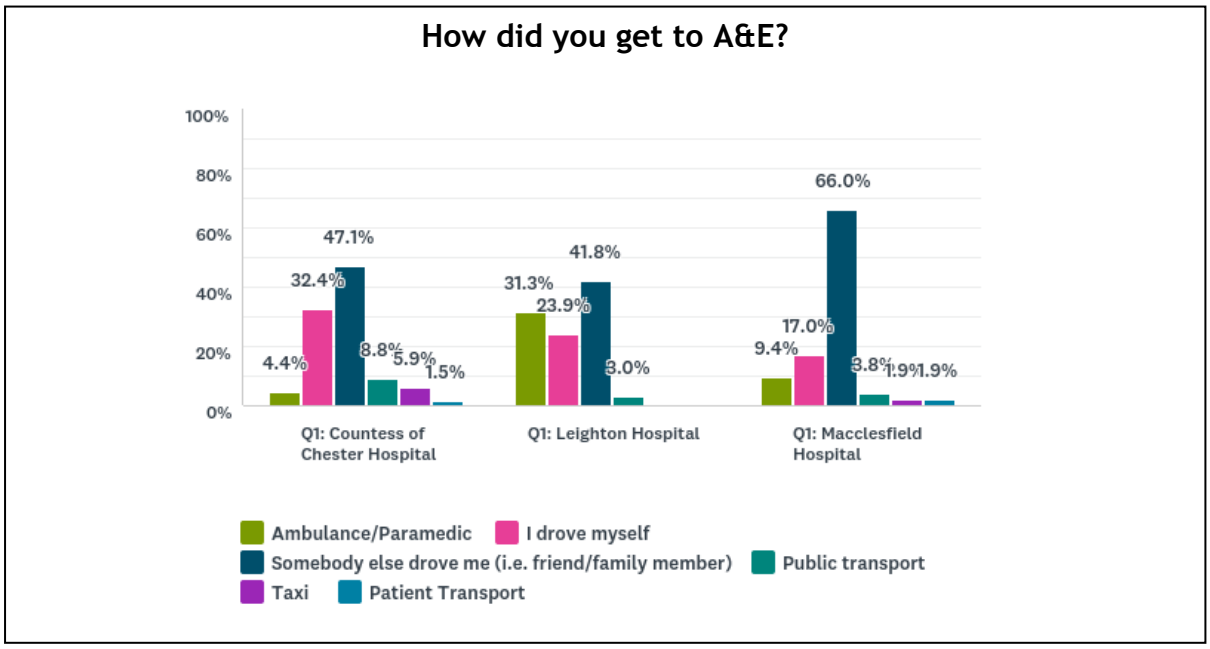
When asked to elaborate on reasons why respondents did not try somewhere else first, answers were varied:

- For those who were attending because of convenience, responses were generally concerned with proximity to home/work and a perception that the GP would have directed them to A&E anyway.
- For those who cited that 'It was too urgent/it was an emergency' responses were generally concerned with severity/presentation of symptoms, such as; "she was in pain so best to get her to A&E", "no better after five days on medication" and "dislocated elbow last year and it's the same symptoms".

How did you get to A&E?

This question is useful in establishing how people travel to A&E.

	CoCH	LH	Macc	Total
Ambulance/Paramedic	3	21	5	29
I drove myself	22	16	9	47
Somebody else drove me (i.e. friend/family member)	32	28	35	95
Public transport	6	2	2	10
Taxi	4	0	1	5
Patient Transport	1	0	1	2
Total	**68**	**67**	**53**	**188**



- The most common means of accessing A&E on the day we visited was to be driven by a friend or family member. Overall, across the three hospitals this option accounted for 51% of all respondents.
- Across all three hospitals, the **Countess of Chester Hospital** had the highest number of people who drove themselves to A&E, accounting for 32%.
- At the time of visiting **Leighton Hospital** there were significantly more people surveyed who had arrived by ambulance than at the **Countess of Chester Hospital** and **Macclesfield Hospital**. However, this is not necessarily indicative of a trend but more a reflection on the people that were surveyed that day.

If you came by ambulance, how would you rate the care you received (1 being poor and 5 being excellent)?

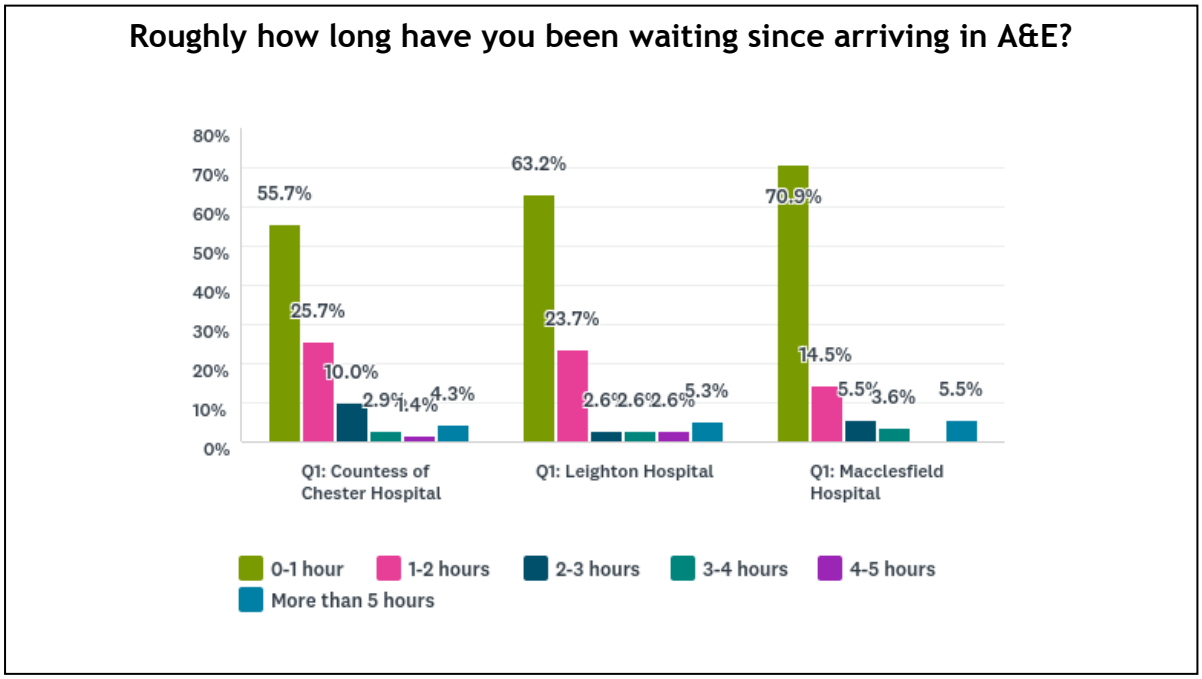
	Rating					
	1	**2**	**3**	**4**	**5**	**Total**
Countess of Chester Hospital	0	1	1	1	2	5
Leighton Hospital	2	0	0	0	19	21
Macclesfield Hospital	0	0	0	0	5	5
Total	**2**	**1**	**1**	**1**	**26**	**31**

- **Leighton Hospital** had the highest number of people surveyed who arrived by ambulance and the satisfaction rating indicates that 95% found this service to be excellent (rated 5 out of 5).
- Although the **Countess of Chester Hospital** had the most varied response to this rating, the sample size was relatively small. One person fed back that this relatively poor rating was due to the long waiting time for an ambulance to arrive.
- People were also asked to provide feedback on why they rated the ambulance service in this way. Responses included: “looked after me, explained what they were doing as they went along”, “very kind and efficient”, “attention and efficiency”.

Roughly how long have you been waiting since arriving at A&E?

The nature of the question does not reflect the total length of time before being seen and dealt with by a health professional as a good proportion of people were surveyed whilst in the main waiting room, so this is not necessarily reflective of total waiting times.

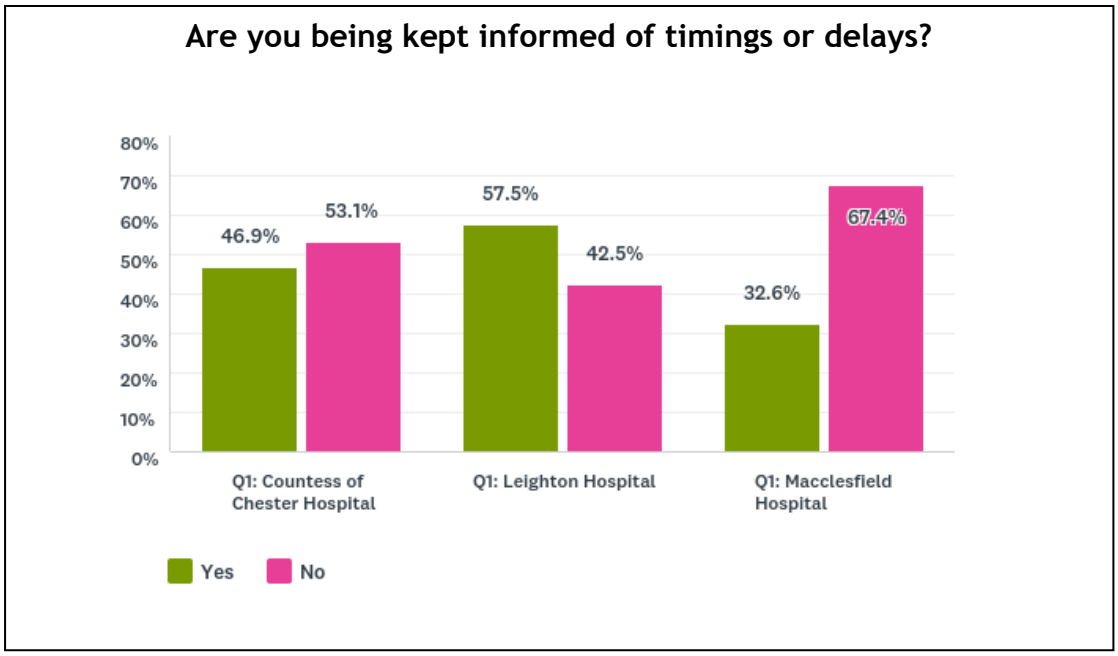
	Waiting Times						
	0-1 hour	**1-2 hours**	**2-3 hours**	**3-4 hours**	**4-5 hours**	**More than 5 hours**	**Total**
CoCH	39	18	7	2	1	3	70
LH	48	18	2	2	2	4	76
Macc	39	8	3	2	0	3	55
Total	**126**	**44**	**12**	**6**	**3**	**10**	**201**



- Across all three hospitals, 63% of people asked had been waiting for 0-1 hours.
- The number of people waiting reduced significantly as time elapsed, with those waiting 4-5 hours showing the smallest number at 1.5%.

Are you being/have you been kept informed about timings or delays at each stage?

This question is important in contributing to a view of the patient experience, i.e. to what extent they are kept informed as they wait.



- At both the Countess of Chester Hospital and Macclesfield Hospital more people responded that they were not being kept informed of timings and delays (53% and 67% respectively), though the majority of people at Leighton Hospital (57%) said that they were being informed.

If they answered 'yes' to this question, people were also asked how they were being informed:

- Of those that provided a qualitative response, 60% of those at the **Countess of Chester Hospital** said that the screen in the waiting room kept them informed and 12% were kept informed by staff, whilst at **Leighton Hospital** the most common response was being informed of timings/delays by staff (55%) and 26% by referring to the screens in the waiting room.
- At **Macclesfield Hospital** however, all respondents who were kept informed stated that they had been kept informed by staff. As noted in our Macclesfield Hospital A&E Enter and View Report, although there is a television in the waiting area it does not display any information for patients around waiting times.

Do you know why you have been waiting this amount of time?

The purpose of this question is to ascertain how well-informed patients were with regards to the reason for delays. This is a new question added in from last year in order to provide a more rounded picture in regard to waiting times.

- Across all three hospitals, of those who responded to this question, 60% stated that they did have a good idea as to why they had been waiting this long with the majority stating that this was due to how busy the department was and that they were

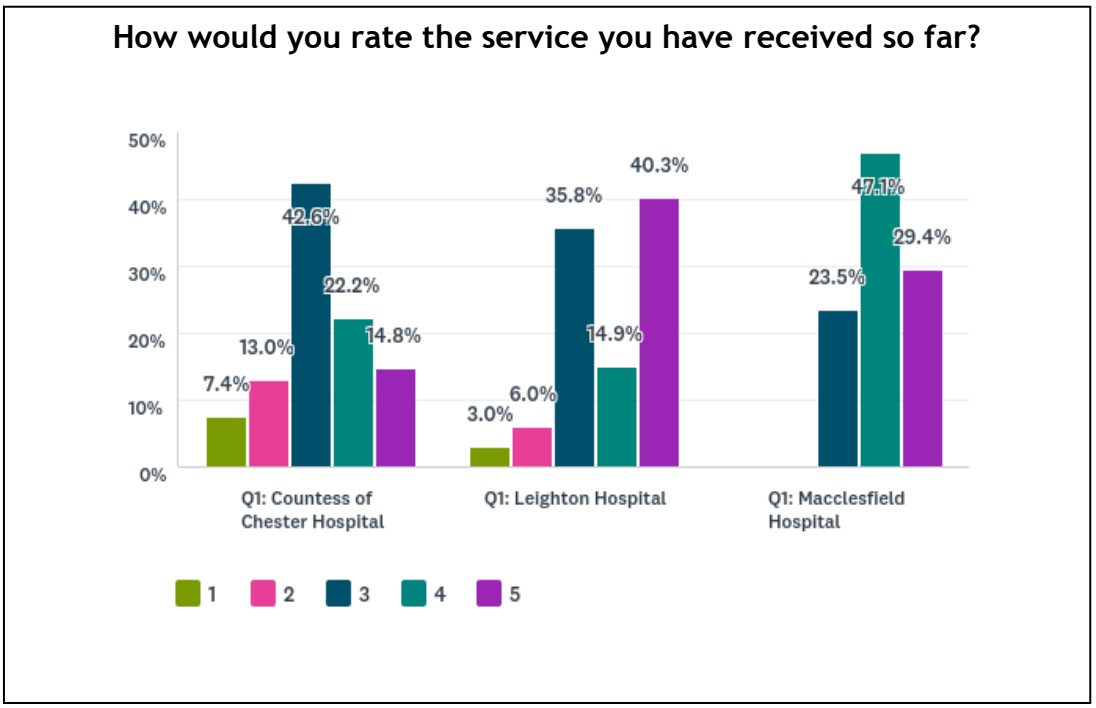
"waiting in a queue". However, it is unclear if they have been informed of this directly or are guessing at this due to the busyness of the waiting room.

- 40% indicated (across all three hospitals) that they did not know why they had been waiting so long.

How would you rate the service you have received so far in A&E?

People were asked to rate the service that they had received so far in A&E that day - with 1 being poor and 5 being excellent.

	Rating					
	1	**2**	**3**	**4**	**5**	**Total**
Countess of Chester Hospital	4	7	23	12	8	54
Leighton Hospital	2	4	24	10	27	67
Macclesfield Hospital	0	0	8	16	10	34
Total	**6**	**11**	**55**	**38**	**45**	**155**

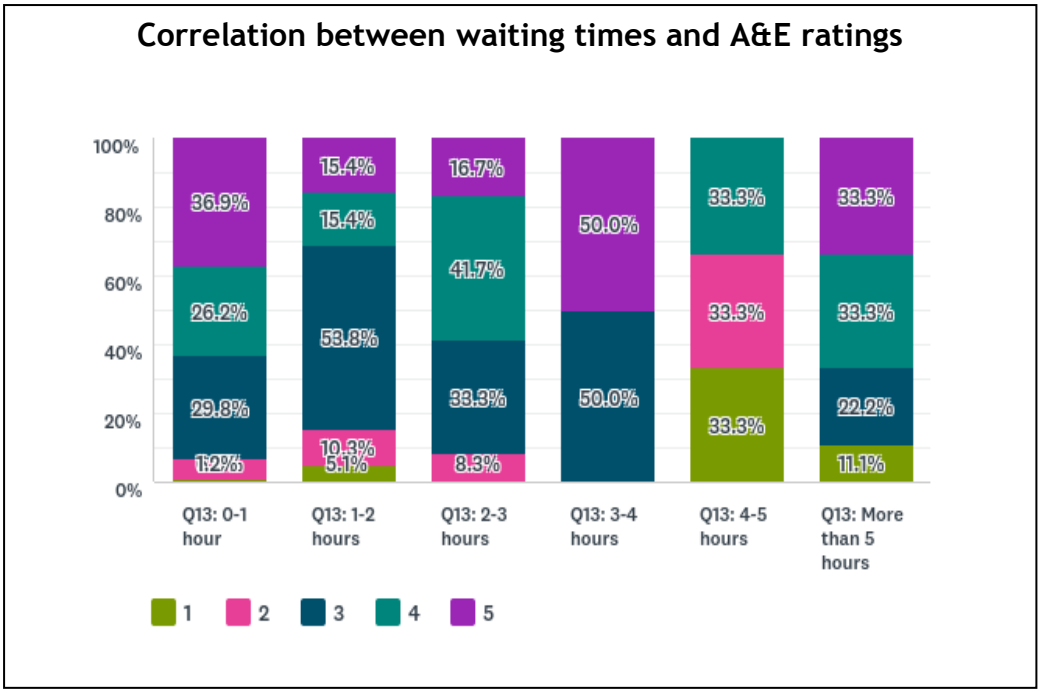


- Across the three hospitals, 35% of people rated the A&E service as good (3 out of 5).
- Across all three hospitals the A&E service was rated as either '4' or '5' ('5' being excellent) by over half of people who responded (54%).
- At **Leighton Hospital,** 40% rated the service as excellent (5 stars), the highest rating for any of the three hospitals.
- At **Macclesfield Hospital,** a '4' rating scored the highest at 47%, the highest rating for this hospital. Nobody scored the service as a '1' or a '2'.
- At the **Countess of Chester Hospital**, the most prevalent rating was '3' at 43%, with 20% rating the service as a '1'or a '2'.

Correlation between waiting times and star rating at A&E

It is useful to look at a comparison between waiting times and rating of the service to see how far it can be suggested that a long wait effected people's experience. It is worth noting that when surveyed people were at different stages in their A&E journey, e.g. waiting to be triaged, already triaged and waiting to be called, waiting to see a further doctor/x-ray.

- Across all three hospitals a rating of excellent ('5') did not show a pattern that was dependent upon how long people had to wait, suggesting that how long they had to wait was not necessarily indicative of how they rated the service that they received.
- At 3-4 hours there was no rating below '3'.
- Although a poor experience ('1' and '2') accounted for two-thirds of those who had been waiting 4-5 hours, this dropped to 11% at more than 5 hours.



Correlation between star rating and being kept informed of waiting times

Star Rating (1 is poor, 5 is excellent)	Yes, I have been kept informed of waiting times	No, I have not been kept informed of waiting times
1-2 stars	47%	53%
3-4 stars	43%	57%
5 stars	75%	25%

- It is interesting to note that there is little correlation between those who have been kept informed of their wait and star rating awarded. For those who rated a poor experience ('1' and '2'), 47% had been kept informed and 53% had not. Whilst of those rating their experience as good ('3' and '4'), 43% had been kept informed and 57% had not.
- However, of those who rated their service as '5' (Excellent), 75% had been kept informed of their wait.

What have you found positive about your experience in A&E?

This question invites qualitative responses from people with regards to any positive experiences they have had in A&E:

- Two-thirds of those who attended the **Countess of Chester Hospital** responded to this question. The most popular theme was positive comments around 'staff', such as; "*care of customers makes you feel better. Pleasant staff*", "*few visits already and the care given each time has been exceptional*". The second most common theme was around the 'atmosphere', i.e. "*good to have a separate area for children and not sit with adults.*"
- At **Leighton Hospital,** again the most common positive theme was around 'staff', for example; "*Polite staff, efficient sharing information is effective.*"
- At **Leighton Hospital** 'atmosphere' again scored second highest as a theme, i.e. "*Understand it's not the staff it's the fact that there are so many people to be seen.*"
- At **Leighton Hospital** and the **Countess of Chester Hospital** the theme of 'waiting times' received both positive and neutral comments. For example, "*very little waiting time and being kept informed about what is happening*", "*doing their best… busy*".
- 'Staff' again proved the most common positive theme at **Macclesfield Hospital**, i.e. "*Impressed with their awareness of autism.*"
- The 'ticketing system' was the second most common positive theme at **Macclesfield Hospital**; "*Booking-in system is easy and straightforward. Also, the ticket (number) system seems a good idea.*"

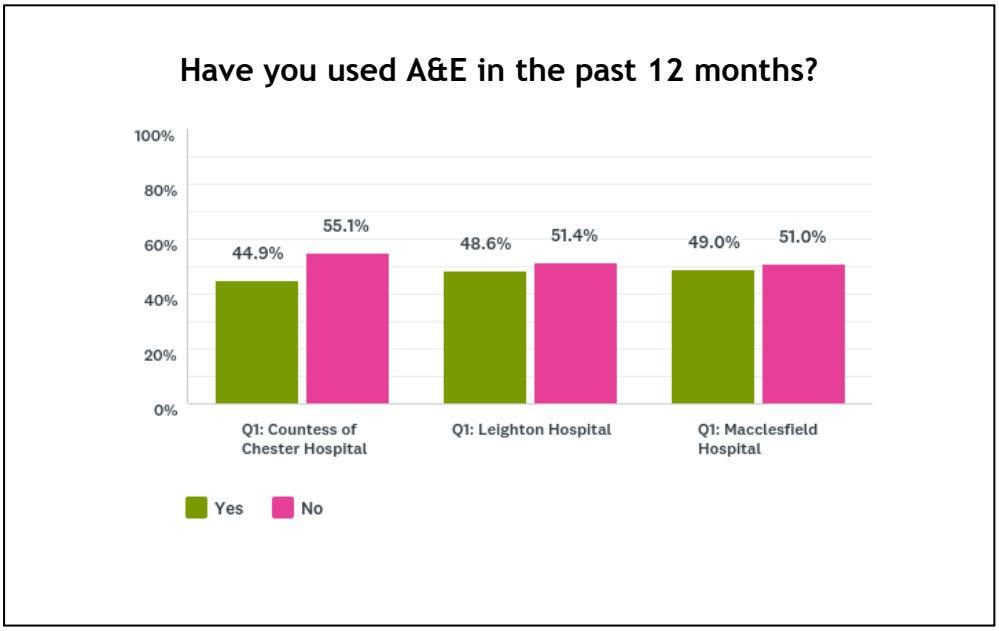
What could be improved about your experience in A&E?

People were also asked to reflect about anything that they feel could be improved about their A&E experience.

- At the **Countess of Chester Hospital**, the most common response to this was themed around 'space'. For example, "*the waiting room is so hot because it is so small.*"
- At the **Countess of Chester Hospital** there were also comments regarding the lack of refreshments and lack of good signage.
- It was also felt that 'information' could do with being improved at the **Countess of Chester Hospital**; "*System is wrong, somebody giving updates would be really important and improve the quality.*"
- At **Leighton Hospital** 'waiting times' proved to be the most common theme, followed by 'signage and information'. Comments included; "*I missed the triage nurse and went straight to reception - no signs to tell you where to go.*"
- At **Macclesfield Hospital,** themes around 'parking', 'information' and 'waiting times' were equally mentioned. "*Car park is horrendous, doesn't seem to be enough spaces*", "*maybe install a system where number comes up on a board/screen*", "*been advised to go and see my GP after waiting this long*".

Have you used A&E in the past 12 months?

	Yes	No	Total
Countess of Chester Hospital	31	38	69
Leighton Hospital	36	38	74
Macclesfield Hospital	24	25	49
Total	**91**	**101**	**192**

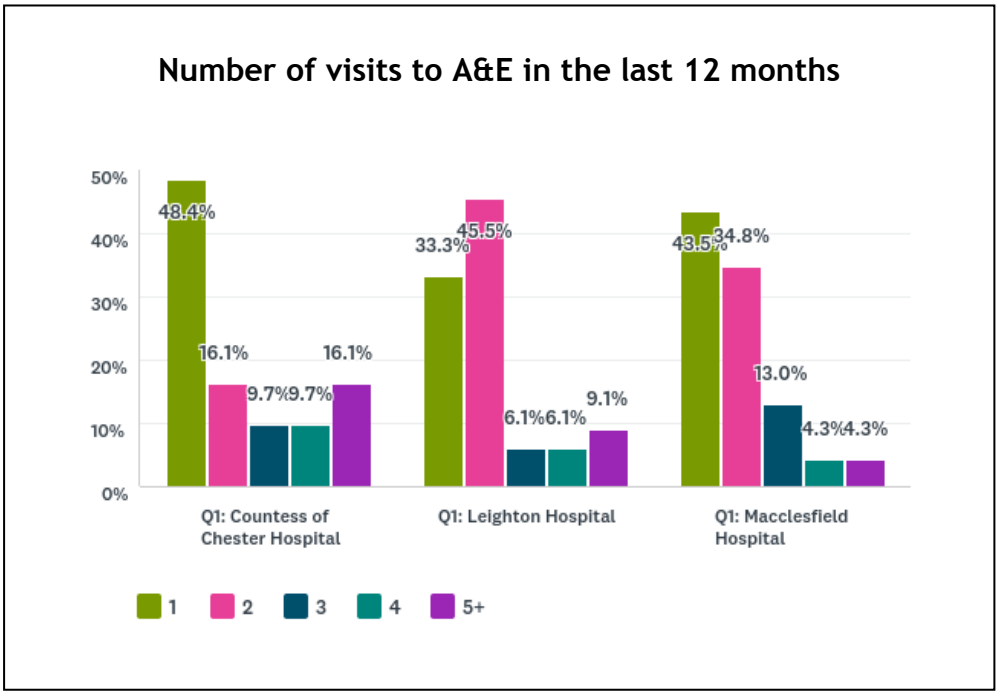


Of those who attended A&E and responded to the survey overall across all three hospitals, responses were mixed.

- Across all three hospitals, 47% stated that they had visited A&E in the last 12 months. In comparison to our January 2018 survey when 39% had visited in the last 12 months, and our 2017 survey when 36% had visited in the last 12 months, showing an increase in those surveyed year on year.

In terms of those who had visited A&E in the last 12 months, it was also useful to ascertain how frequently they had visited A&E during this period:

	Number of visits					
	1	**2**	**3**	**4**	**5+**	**Total**
Countess of Chester Hospital	15	5	3	3	5	31
Leighton Hospital	11	15	2	2	3	33
Macclesfield Hospital	10	8	3	1	1	23
Total	**36**	**28**	**8**	**6**	**9**	**87**



- Across all three hospitals the most common response was those who had visited once in the past year (41%). This is lower than last year's figure of 57%.
- Across all three hospitals, 40% had visited 2 or 3 times in the last 12 months, this is higher than the figure of 31% in 2018. This suggests a slight increase in the number of people attending A&E on multiple occasions.

Age Profile of Respondents

We asked survey respondents to tell us their age. Of all survey respondents, 204 provided this information (97%). Although an open field, ages have been grouped for ease of reference:

	Under 16	**16-25**	**26-35**	**36-50**	**51-65**	**65+**
Countess of Chester Hospital	10	6	16	16	11	7
Leighton Hospital	11	16	11	14	7	21
Macclesfield Hospital	7	12	8	8	8	14
Total	**29 (14%)**	**34 (17%)**	**35 (17%)**	**38 (18%)**	**26 (13%)**	**42 (21%)**

- The largest grouping occurred in those aged 65+ (21% across all three hospitals)
- Those aged under 25 accounted for just under a third of respondents

Survey Results – After Your A&E Visit Survey

- There were 23 respondents to the 'After your A&E visit' survey across the three hospitals visited.
- The low response rate likely correlates to the nature of the surveys having to be completed after the A&E visit and sent to Healthwatch via freepost rather than collected in person.
- This is the same response to those received following the January 2018 A&E Watch. This is probably not a large enough sample to take away definite conclusions, although it does provide a snapshot of the experiences of people using A&E at the time we visited.

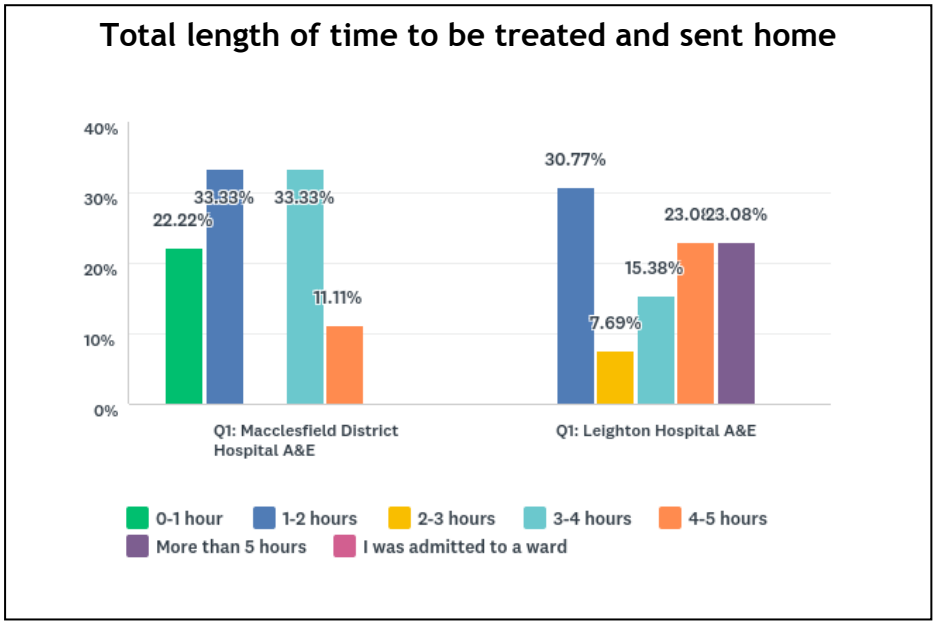
These responses were split between:

A&E Department	Number of responses
Countess of Chester Hospital (CoCH)	0
Leighton Hospital (LH)	13
Macclesfield Hospital (Macc)	10

There were no responses to the 'After Your A&E Visit' survey from those who were initially surveyed at the Countess of Chester Hospital.

How long has it taken from your arrival in A&E to be treated and sent home?

Although a small sample size this question can provide an indication as to average total waiting times of people who attended A&E on the day.

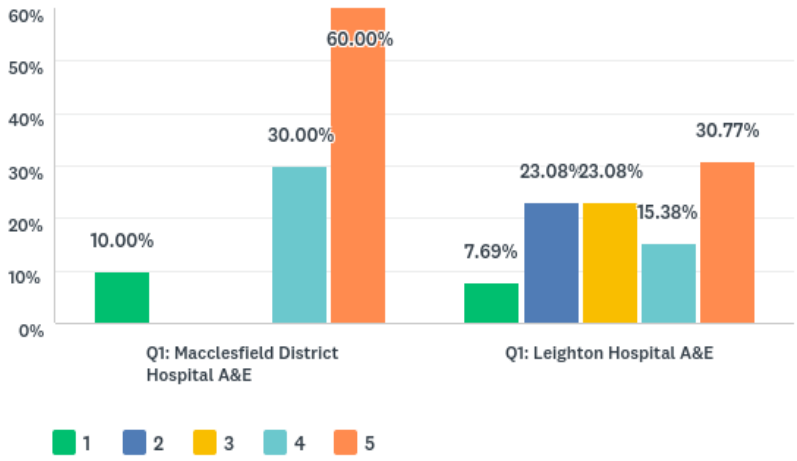


- There was a mixed response to this question and a small sample size (9 people at Macclesfield and 13 people at Leighton responded to this question).
- At Macclesfield Hospital, almost 56% of people who responded were treated and sent home within two hours.
- At Leighton Hospital 38% were treated and sent home between 1-3 hours, but 46% took over 4 hours.

How would you rate your experience of A&E (1 is poor and 5 is excellent)?

People who responded were also asked to rate their experience of A&E on the day:

How would you rate your experience of A&E (1 is poor and 5 is excellent)?



- Overall 90% of respondents from Macclesfield Hospital rated their A&E experience as either a '4' or a '5' (with 5 being Excellent). In the main survey the A&E service rating for Macclesfield was 76% for 4 and above.
- At Leighton Hospital there was more of a mixed response across the ratings, though a rating of 5 was the most common at 31%.

Are there any other comments about your experience today?

Of those who responded to this question, comments were generally positive.

At Macclesfield Hospital:

- *"It took 1.5 hours to see doctor, but once seen x-ray was very quick."*
- *"Apart from slight delay in seeing a doctor everything was great."*
- *"Can't praise the staff enough when I came here."*

At Leighton Hospital:

- *"Excellent, helpful, friendly staff, but keep in mind I didn't visit at a peak time."*
- *"The children's waiting room was so hot with only one window. It needs more ventilation, especially if you're in there for 5 hours like we were."*
- *"Amazing people and service. Thank you."*

Conclusion

On Monday 11th February 2019, Cheshire's three A&E Departments were busier than our previous A&E Watch in January 2018. However, all departments retained a sense of calmness and control akin to last year. On this occasion, we conducted A&E Watch across 12 hours form 9am until 9pm in order to ensure that we captured evening attendance as well as morning and afternoon. This enabled us to note that attendance at A&E increased around the time that the school and working days were finishing.

For this survey we added in various new questions added since our previous A&E Watch. The first question was designed to open up conversation get an idea of the types of issues people were presenting with at A&E, before asking them why they chose to attend A&E rather than elsewhere. As the most prevalent reason for attending A&E after going elsewhere is those who have attended a GP Practice first, it is useful to look at who at the GP Practice directed the person to A&E and why. This was a new question added based on feedback from health professionals on the January 2018 report. Questions regarding whether and how people were kept informed about waiting times was also added in from last year in order to provide a more rounded picture in regard to waiting times.

At Macclesfield Hospital A&E Department there was a steady flow of people throughout the course of the survey period. There was praise for the ticketing system used for streaming when people booked-in to A&E.

At Leighton Hospital A&E Department it was relatively busy, certainly busier than the time of our last visit, but this was tempered by a sense of calmness and organisation rather than any feeling of the department being overstretched. Since our last visit, the waiting area had been renovated and is now open plan with the addition of a streaming desk. The presence of a streaming nurse in the waiting room area meant that people had spoken to a health professional very soon after arrival which people told us helped to keep them informed. However, the position of the streaming desk combined with the lack of signage, did result in some confusion as to whether people should first go there or to reception.

At the Countess of Chester Hospital A&E Department, it felt busy throughout the period, however it is likely to have been impacted by the temporary smaller size of the waiting areas available, as work on extending and improving the A&E Department is completed. This resulted in standing room only for people waiting at various points during the day.

Regardless of how busy the departments were, the staff at all three hospitals were extremely helpful and supportive to Healthwatch staff and volunteers.

Why do people attend A&E?

A slight majority of people (just over half overall) had first attended non-urgent care services before attending A&E, encouragingly this is an increase on the January 2018 report. Particularly of note is that this has increased by 28% year on year at the Countess of Chester Hospital. However, at Leighton Hospital it is important to note that (as per the 2018 survey), over half (56%) were still attending A&E first and not using a non-urgent care service first.

Our research also showed us that the most common non-urgent care service accessed was the GP Practice with two-thirds of those who had been elsewhere first accessing this service. The reason for then attending A&E following this visit was predominantly due to the GP

advising them to do so, for a number of reasons, such as severity of symptoms and x-rays being required. It is important to note that when looking specifically at those who attended their GP Practice, 69% were advised to attend A&E by their GP rather than other staff members at the Practice. Our 2019 report shows that across all non-urgent care services (so inclusive of walk-in centres, NHS111, etc) 44% had been advised by an actual GP to attend A&E, whilst in the 2018 report this figure was much lower at 16%.

Also, of significance is the increase in the number of people accessing the NHS111 service which account for a fifth of all those who had been somewhere else first (23 people).

Of those who came straight to A&E and did not try anywhere else first, 65% stated that their reason for doing so was that it was too urgent with 21% saying that it was more convenient to do so. Comparatively, 'it was too urgent/it was an emergency' has shown a slight increase from our 2018 report. It is important to highlight also that nobody surveyed at the Countess of Chester Hospital or at Leighton Hospital cited that the reason for this was because they couldn't get an appointment with their GP, and only 2 people surveyed at Macclesfield gave this reason.

We can conclude from those surveyed that although there are still a significant number of people attending A&E first, the number trying to seek treatment or advice elsewhere first is rising, and the number then being referred by their GP has also significantly increased.

How often do people attend A&E?

The number of people attending A&E in the last 12 months has shown an increase year on year, and a pattern of increase over the last three surveys. This year 47% stated that they had visited A&E in the last 12 months, compared to 39% and 36% in respective surveys. Also, of note is there has been an increase in the number of people who have attended two or three times – 41%, compared to 31% last year.

What are the waiting times like in A&E?

This is an important question to try to establish waiting times and although useful, was influenced by where and how people were surveyed. As the majority of people were surveyed in the main waiting areas, they may have only yet been triaged or awaiting triage, and so the question is limited in terms of providing us with a clear indication as to total waiting times. Despite this, 15% still told us that they had been waiting for two hours or more. The After Your A&E Visit survey however, provides a better indication as to total waiting times as it was completed after the person had left A&E, despite a small survey sample. Of those who responded at Leighton and Macclesfield Hospitals, over half at Macclesfield Hospital had been treated and sent home within two hours and at Leighton Hospital over half took four hours or more.

However, more significantly is the question concerning if and how people were kept informed about timings and delays whilst waiting. Comparatively, the number of people who said that they had been kept informed was a similar pattern to that of the January 2018 report for both the Countess of Chester Hospital and Leighton Hospital (47% and 57% respectively). At Macclesfield Hospital there has been an increase since our January 2018 of those who stated they had not been informed, rising from 23% to 67% year on year. It is unclear as to why there has been this shift in communication. In terms of how people were communicated to at Macclesfield it was staff who kept people informed in both cases (there is no information screen in the waiting room), so the shift may be due to the busyness of staff on the day.

What are people's experiences of A&E?

People were asked to rate the service they had received in A&E at both initial survey stage and as part of the 'After Your A&E Visit' survey. Across all three hospitals the services were rated as four or five-stars (with 5 being excellent) by over half of all respondents. This is lower then the January 2018 report which showed a four- or five-star rating of 71%. However, it is important to note that a rating of three stars and above was recorded across all three hospitals by 88% of people. Additionally, of those who responded to the 'After Your A&E Visit' survey, 65% rated the service as four or five-stars, reflecting the findings of the main report.

Although the Countess of Chester Hospital received the largest number of people rating the service as 1 or 2 stars which has increased form last year, which could be attributed to the work currently being carried out in the A&E department. This is reflected in the responses to the open-ended question about what could be improved in A&E, with a common theme at the Countess of Chester being around the environment, such as needing more space and the waiting room being too hot.

To further gain an idea of people's experiences of A&E we asked people to reflect on this by providing us with examples of what they found positive about their visit to A&E and also what they felt could be improved.

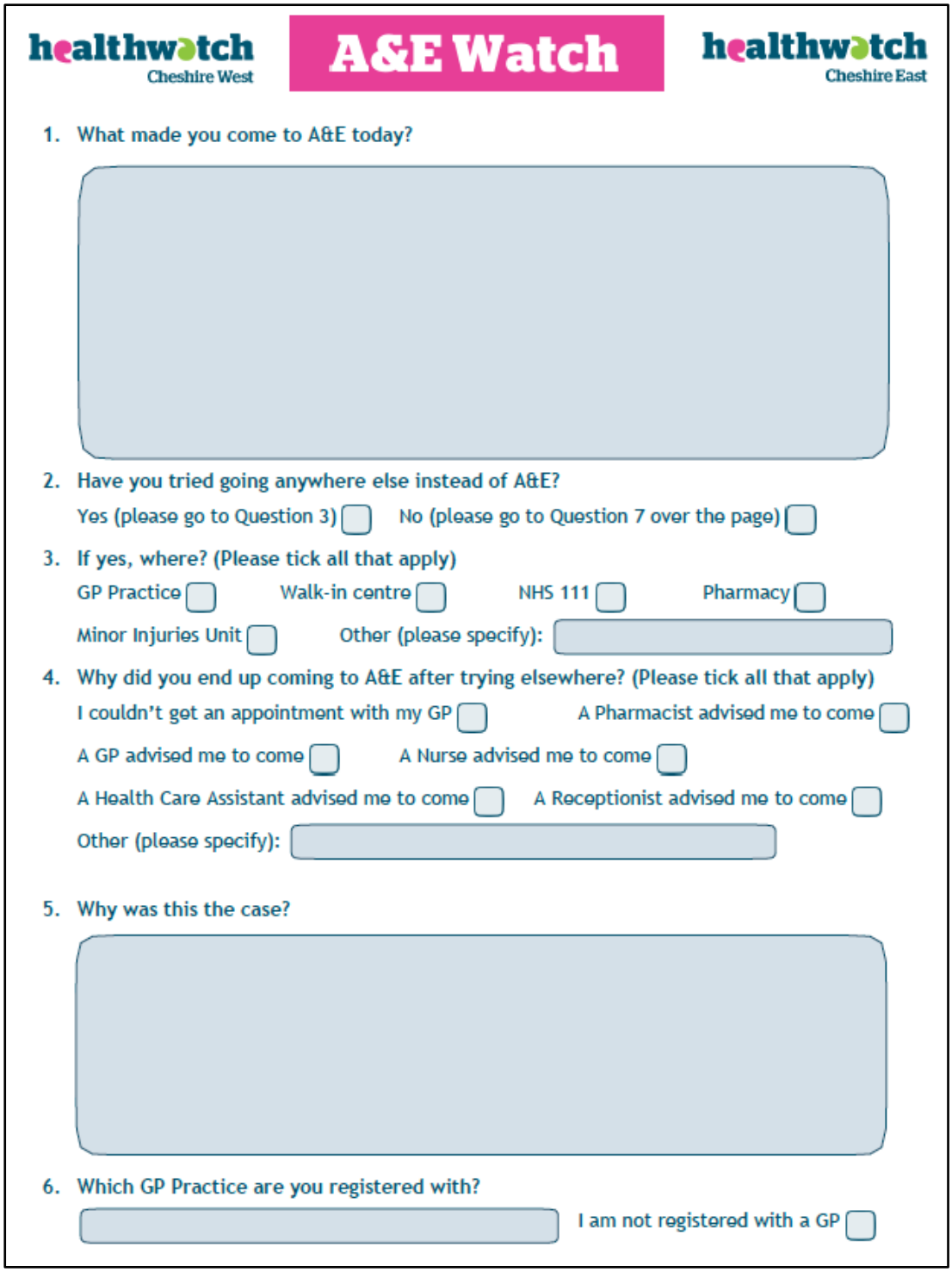
In terms of themes, positive comments about staff were noted, such as:

- *"Care of customers makes you feel better. Pleasant Staff."*
- *"Few visits already and the care given each time has been exceptional."*
- *"Ambulance staff so helpful they assisted me with pushing my son as I couldn't do it so helpful and friendly."*
- *"Polite staff efficient sharing information is effective."*

The atmosphere across all three hospitals was also viewed positively as was the ticketing system and its effectiveness at both the Countess of Chester Hospital and Macclesfield Hospital. At Leighton Hospital, waiting times and how they were managed also received positive praise.

In terms of feedback regarding what could be improved, there was a mixed response across the three hospitals. As expected, due to the current building work being carried out at the Countess of Chester Hospital, 'space' was the most prevalent theme, which correlates to the current smaller space that is available for people due to the building work. However, lack of provision of information and signage was also a popular theme at the Countess of Chester Hospital. Although there was no standout theme at Macclesfield, comments around parking, information and waiting times were all common.

Appendix 1 – A&E Watch Survey



healthwatch Cheshire West

A&E Watch

healthwatch Cheshire East

1. What made you come to A&E today?

2. Have you tried going anywhere else instead of A&E?

   Yes (please go to Question 3) ☐ No (please go to Question 7 over the page) ☐

3. If yes, where? (Please tick all that apply)

   GP Practice ☐ Walk-in centre ☐ NHS 111 ☐ Pharmacy ☐

   Minor Injuries Unit ☐ Other (please specify):

4. Why did you end up coming to A&E after trying elsewhere? (Please tick all that apply)

   I couldn't get an appointment with my GP ☐ A Pharmacist advised me to come ☐

   A GP advised me to come ☐ A Nurse advised me to come ☐

   A Health Care Assistant advised me to come ☐ A Receptionist advised me to come ☐

   Other (please specify):

5. Why was this the case?

6. Which GP Practice are you registered with?

   I am not registered with a GP ☐

7. If you didn't try going anywhere else instead of A&E, why not? (Please tick all that apply)

It was too urgent/it was an emergency ☐ I've been here before ☐

Because it's more convenient ☐

I looked up my symptoms on the internet and felt I should come ☐

A friend or family member thought I should come ☐

I didn't think I would be able to get an appointment with my GP so didn't try ☐

I was advised to come back here by A&E staff previously if my problem continued ☐

8. Why was this the case?

9. How did you get here?

Ambulance/Paramedic (please go to Question 10) ☐ I drove myself ☐

Somebody else drove me (i.e. friend/family member) ☐

Public transport ☐ Taxi ☐ Patient Transport ☐

10. If you came by ambulance, how would you rate the care you received (1 being poor and 5 being excellent)?

☐ ★
☐ ★★
☐ ★★★
☐ ★★★★
☐ ★★★★★

11. Why would you rate your ambulance experience as you have above?

12. Roughly how long have you been waiting since arriving at A&E?

0-1 hour ☐ 1-2 hours ☐ 2-3 hours ☐ 3-4 hours ☐

4-5 hours ☐ More than 5 hours ☐

13. Are you being/have you been kept informed about timings or delays at each stage?

Yes ☐ No ☐

If yes, how?

14. Do you know why you have been waiting this amount of time? (Please specify)

15. How would you rate the service you have received so far in A&E (1 being poor and 5 being excellent)?

☐ ★
☐ ★★
☐ ★★★
☐ ★★★★
☐ ★★★★★

16. What have you found positive about your experience in A&E?

17. What could be improved about your experience in A&E?

18. Have you used A&E in the past 12 months? Yes ☐ No ☐

If yes, how many times? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5+ ☐

We would very much like to know how your visit goes. If you would like to share any comments with us about your care or waiting times, please send back our After Your A&E Visit survey via FREEPOST

Some details about you:

First part of your postcode: Age: Gender:

For Healthwatch Use:

Hospital: Completed by:

Thank you for taking part in this survey!

Appendix 2 – After Your A&E Visit Survey

healthwatch Cheshire West

After your A&E visit

healthwatch Cheshire East

Thank you for taking part in the first part of our survey. We would appreciate it if after your visit you could answer the questions below and return the survey in the attached FREEPOST envelope.

1. Which hospital A&E did you visit?

   Macclesfield District Hospital A&E ☐ Leighton Hospital A&E ☐

   Countess of Chester Hospital A&E ☐

2. How long has it taken from your arrival at A&E to being treated and sent home?

   ☐ 0-1 hour
   ☐ 1-2 hours
   ☐ 2-3 hours
   ☐ 3-4 hours
   ☐ 4-5 hours
   ☐ More than 5 hours
   ☐ I was admitted to a ward

3. On a scale of 1 to 5 (1 being poor and 5 being excellent), please rate your experience today.

   ☐ ★
   ☐ ★★
   ☐ ★★★
   ☐ ★★★★
   ☐ ★★★★★

Any other comments about your experience today? (e.g. What was good? What could be improved?)

First part of your postcode (e.g. CW2, WA6 etc.)

This survey and your comments are confidential. You do not need to give your name. However, if you would like us to contact you to talk about your situation you can share your details below:

Name:

Telephone or email:

Please return this slip using the FREEPOST envelope attached.
Thank you for taking part in this survey!

Appendix 3 - Enter and View Report

Countess of Chester Hospital A&E Department

Healthwatch Cheshire East Enter and View Report	
Enter and View Visit to	Accident & Emergency Department Countess of Chester Hospital Liverpool Road Chester CH2 1UL
Date and Time	11th February 2019 9am
Authorised Representatives	David Crosthwaite
Staff Present	Matron Jo Windsor

Background

Healthwatch Cheshire CIC is the consumer champion for health and social care services. It works as an umbrella organisation for both Healthwatch Cheshire East and Healthwatch Cheshire West. We gather the views of local people and look at information about how well local services are performing. We then use that information to assist residents and communities to be listened to by the organisations that provide, fund and monitor services.

What is Enter & View?

Enter and View is part of the local Healthwatch Cheshire CIC programme. The Health and Social Care Act (2012) grants local Healthwatch representatives' power of entry, allowing them to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, dental surgeries and GP practices.

Purpose of the visit

As part of its work plan this year Healthwatch Cheshire CIC continues to work in observing health care provision across the area. This work has the full support of health and Local Authority commissioners.

With this in mind, throughout the year we visit a number of establishments with the intention of observing settings and gathering feedback from patients, relatives and staff. This report is based on these observations and conversations at the time of the visit.

Key observations from the visit

The Accident and Emergency department at the Countess of Chester Hospital is currently going through a phased refurbishment. The hospital is currently in the first phase of the work to improve A&E, with a new waiting area being created with more modern and comfortable facilities. The first phase of the building work is expected to continue into spring and, during that time, there is an alternative entrance to A&E that is clearly signposted. Additional car parking spaces will also be provided as part of the project.

The above information is provided by the hospital.

- https://youtu.be/sq5mpnzAyF8 provides a link to the update explanation.
- Healthwatch Cheshire was warmly greeted by all staff at the hospital
- Clear enthusiasm displayed by staff to help as many people as possible in a professional and respectful manner
- The ward was extremely busy with a mixed age range of patients attending including children and people with disability and other needs
- Excellent children's waiting room away from main reception
- Lack of signage to indicate location of ward.

Environment

The Accident and Emergency ward is undergoing refurbishment which is extensive work. The nearest car park is about 800 yards away although spaces cannot always be guaranteed. The other car parks are further away but walkable. The ward is not well signposted.

To access the reception/waiting room for accident and emergency, due to the refurbishment you are directed along a narrow path.

Following the signs you arrive at the entrance to the main entrance into the accident and emergency ward.

Waiting Room Entrance.

This door is heavy to push open and also difficult to use if in a wheelchair. There is width for the chair but there is a small ridge at the base of the door that makes entry difficult. The representative witnessed on two occassions when wheel chair users struggled and one incident when a lady with a damaged arm, had difficulties in entering the unit due to the weight of the door .

The reception desk is clearly identifiable and patients/visitors can access it to gain information and advice. In order to stream patients there is a ticketting process in operation whereby visitors claim a ticket then wait to be called up to reception to be booked in. They are subsequently called to see the Streaming nurse. However as the area is quite small this led to some confusion with some patients reporting straight to reception, bypassing taking a ticket.

There is a system in place to highlight the expected time of waiting and also a television, however with seating at a premium some seats are under this screen and therefore cannot view. There is a television situated on the wall of the main waiting area which displayed information regarding staff on duty on that day and the anticipated waiting times. There is a hand sanitiser in the entrance corridor for patients, and plenty of dispensers throughout the ward.

Waiting areas

The main waiting area faces directly onto reception. The area was busy when visited and appeared cramped, particularly when wheel chair users were also present. We felt there was insufficient seating and that the area was small. There was a little natural light provided by the door and a side window which made the environment appear dark. There is artificial light however. One of the patients we spoke with told us “They need to hurry up as there is no room here.”

There are no vending machines in this location so people requiring food or beverage had to attend to the café at the main entrance where they could find a selection of food and drink choice. There is information available in a number of formats, hearing loop, large notice information and how if required to raise complaints and or concerns. It must be mentioned that the Hospital web page is informative and links to the Patient Advisory Liaison PALS.

Children's Waiting Room
The children's waiting area was totally different, being away from the reception it appears a new facility. It is much brighter with artificial lights, with a small area for toys and also a television. There were however 2 bins by the access door to the room.

Information is displayed throughout the ward and staff were always available to assist where possible. Staff did on occasion have to ask people attending if they had taken a ticket with a number on it. This identifies that the process maybe isn't as clear as it should be?

Toilets
There is a toilet facility but due to the amount of people attending it didn't seem suitable for the numbers, however it must be remembered that there is ongoing work to improve the facilities, they were however clean and had alarm safety cords for emergencies.

Reception area
This area, as stated, is within the main waiting room. The staff we met were polite and cheerful. Healthwatch Cheshire had been introduced to the reception staff in the morning and had explained what was taking place. The staff provided their full support even allowing the storage of bags. There were signs displayed advising patients to make staff aware if they have any learning difficulties (see remarks) or if their complaint is of a sensitive nature to enable them to allocate the appropriate staff and environment for the patient concerned.

Streaming
On entering the waiting room patients are expected to take a ticket which contains a number. Once the number is called by the receptionist a patient approaches reception to be booked in. They will then be called to see the streaming nurse, who would then after consultation direct you to the relevant service. There was space for patient and family member/carer to be present.

On leaving the main waiting room you would follow through a small door normally directed by the staff into a Minors ward which also contained the Children's waiting room. There were cubicles with pull round screens for privacy. This area on the day was busy but staff were calm and effective having time for patients and to answer family/friend's questions. Members of public praised them by commenting "They are busy but so helpful."

Although we did not access the Majors ward, we were able to talk to patients waiting in Ambulatory Majors and in the Majors ward waiting area. Due to the current building work this area was particularly busy as there is currently limited space available.

Outpatients:
There is an outpatient facility as well as a number of satellite outpatient clinics situated at Ellesmere Port, Deeside and Tarporley.
On the day this was a busy unit with people being directed to the unit from A+E waiting and for arranged appointments.

Staffing

Healthwatch Cheshire representatives attended to the Accident and Emergency department to conduct and Enter and View visit. On arrival they were met by the Matron Jo Windsor. The Matron was friendly and informative and suggested a tour of the A+E department. She explained the streaming process.

She provided access to minors/majors and the children's areas of the facility. The matron also provided access to the EMU – Emergency Multi-disciplinary Unit.

The matron then introduced the Authorised Representatives to a mental health practitioner who was there and available if and when required. The Authorised Representative was informed that they could access all areas and that staff were aware of the visit. This was so valuable and was a great way of making the Healthwatch members feel welcomed and we would like to thank the Matron and all staff.

All staff throughout the department were smart and wearing identity badges, they were also so helpful to the constant flow of people through their department. There appeared to be sufficient staff and even though it was a busy day they displayed calmness and a great manner when talking to patients/family and friends.

Waiting Times

People were accepting of the waiting times. It was clear to anyone using the service that it was very busy and the times being indicated within the waiting room assisted. As always more information would be beneficial.

The waiting times were displayed on the television screens, although some of the patients spoken to had not noticed this.

One of the issues observed was that some patients waiting had their head phones playing music on and when their number was called, they failed to recognise this and delayed the appointment process. Staff had to come out into the room and locate the person.

When patients arrived by ambulance because of the design of the ward a different door had to be used, however it was observed some arrivals by ambulance used the hospital main entrance then travelled along the corridors to the ward. Also, people were observed to be smoking outside of the doors causing obstruction.

By accessing the unit via this door it did provide some privacy and a capability of handover in less crowded/busy area.

Parking

Healthwatch staff arrived at 09:00am and there was extensive parking available. Other staff arrived during the day and stated that there was sufficient parking. The car parking payment machine was easily accessible in A and E and there was also a further machine in the main entrance as well as near the car parks. The payment consoles where accessible to all at the time of visit.

The problem identified by members of the public and expressed to Healthwatch was that from the car parks the signage to get to A+E was not very good. Many people had struggled to find their way. Also because access was limited due to the refurbishment people with walking concerns struggled to get to the ward due to a lack of wheel chairs.

Feedback

Number of people commented regarding the construction/building work one said with regards to the waiting area.

- They need to hurry up as there is no room here
- There are no clear signs to get here to A+E
- People smoking outside of the A+E waiting area
- Do I need a Ticket before someone sees me?

Most people where understanding with regards to the waiting time commentating.

- It is busy so we have to wait, it isn't anyone's fault
- The staff work so hard
- They are busy but so helpful.

One lady attended with her daughter who has learning disabilities. The mother had with her a yellow card that is used to flag up to staff that they have a patient with Learning Difficulties and that reasonable adjustments should be made to accommodate them when attending. When presented to the reception area they had no knowledge of the card and therefore no reasonable adjustments were made at that time.

It was noted that there was little information around the NHS Long Term Plan.

Suggestions for improvement

- Staff to be made aware of the reasonable adjustment card
- Display a large poster explaining the process of streaming/treatment
- Signposting for the department needs to be enhanced so it is easy to access by members of the public
- Main door to the waiting room/reception is heavy and needs easing to assist entry
- Increase provision of wheelchairs
- Waiting times or reason could be communicated more clearly
- Signs indicate the wearing of ear phones be prevented so people can hear their appointment calling
- The request for NO SMOKING to be enforced.

Feedback from Provider of Service

No comments received at the time of publication.

Appendix 4 - Enter and View Report

Leighton Hospital A&E Department

Healthwatch Cheshire East Enter and View Report	
Enter & View Visit to	**Accident & Emergency Department Leighton Hospital Middlewich Road Crewe CW1 4QJ**
Date and Time	**11 February 2019 9.00am - 12.00pm**
Authorised Representatives	**Mark Groves & George Gibson**
Staff Present	**A staff member from A&E gave Authorised Representatives a guided tour of the department.**

Background

Healthwatch Cheshire CIC is the consumer champion for health and care services. It works as an umbrella organisation for both Healthwatch Cheshire East and Healthwatch Cheshire West. We gather the views of local people and look at information about how well local services are performing. We then use this information to assist residents and communities to be listened to by the organisations that provide, fund and monitor services.

What is Enter & View?
Enter and View is part of the Local Healthwatch Cheshire CIC programme. The Health and Social Care Act (2012) grants Local Healthwatch representatives powers of entry, allowing

them to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, dental surgeries and GP practices.

Purpose of the visit

As part of its work plan Healthwatch Cheshire CIC continues to work in observing health care provision across the area. This work has the full support of Health and Local Authority commissioners.

With this in mind, throughout the year, we visit a number of establishments with the intention of observing settings from a family perspective and gathering feedback from service users, relatives and staff. This report is based on observations and conversations at the time of the visit.

Observations from the Visit

- Authorised Representatives were pleased to see some of the recommendations from a previous visit had been implemented.
- Authorised Representatives were given a warm welcome by all the staff with whom they spoke.
- Authorised Representatives observed patients being spoken to politely and dealt with in a kind but professional manner.
- During the visit there was a steady flow of patients arriving, including several young people under 16.
- At the time of our visit, most of the areas appeared to be well staffed. There were several trolleys in the corridor outside the Clinical Decisions Unit.
- Waiting times for patients to be seen were mixed. The majority of people went through the streaming/triage process very quickly within 15 minutes. However, once assessed and moved into Minors and Majors the waiting time increased.
- Signage for the Streaming Desk was inadequate.

Environment

Extensive building work was undertaken in the A&E area in the Spring and Summer of 2018. This has greatly improved the environment in the A&E Department compared to the previous Healthwatch visit in January 2018.

As you enter from the car park there is still some ambiguity for patients as to the entrance to A&E. Currently most people access the area via the main A&E entrance which faces the car park, however this is not very clear and during our visit several patients entered via the ambulance access doorway.

When patients arrive by ambulance a different entrance is used, this means for relatives there can be a slight delay on where they go.

Streaming, Reception and Waiting Area - The waiting room in the A&E reception is a light and bright area. The area has been made completely open plan as part of renovation work carried out since our last visit in January 2018. The reception desks are large and at the time of the visit there were two receptionists on duty.

There are approximately 45 seats for patients and two additional highbacked seats with fixed arms seats for people with mobility issues. Refreshments in the main reception area are provided by three vending machines; one provides hot drinks, one provides cold drinks and one sandwiches etc. Representatives overheard multiple people expressing discontent about having to pay what they regarded as high prices for a drink while waiting in A&E.

Information for patients in this area is quite limited. The waiting times displayed on a monitor in one corner of the waiting room showed Triage up to one-hour, Minor Injuries up to one hour and Majors over eleven hours. The screen did not update throughout the time we were there but we were told by staff that this did not replicate the true waiting time which should have been around 3-4 hours for Majors. When Authorised Representatives spoke to patients throughout the morning and asked if they had been told of waiting times, most were unaware.

To the right-hand side of the reception area as you enter A&E there is a large Streaming desk (pictured). Unfortunately, this is not well signposted and there does not appear to be an area for private discussion.

Several people attending seemed unclear about the term 'Streaming'. Authorised Representatives observed a lack of clarity on which desk people were supposed to go to, either Streaming or Reception; when we spoke to people, they were unclear what Streaming meant. After speaking to hospital staff, we were told that patients should book in at reception and then wait to be called by the streaming nurse.

The Streaming desk was staffed by one triage nurse apart from a crossover during the afternoon. This meant if they had to leave the desk there was no one to take over resulting in a delay for patients to be seen.

The signage is clear when you move to the triage which is in the next waiting room.

Notice boards in the waiting area were not utilised, no information was available on them (pictured). Representatives thought that posters and information on issues such as domestic abuse, substance misuse, or even information on NHS111 or alternatives for A&E could be beneficial to patients.

Toilets – Just off the main A&E reception are the toilets, all are labelled accessible. These facilities were clean and fitted with safety alarm cords. At the time of the visit one of the toilets was out of order.

Minors area and X-Rays – This area is approached by double doors from the main reception and Streaming area. There are six cubicles for treatment. There seemed to be a regular turnover of people as they were seen and treated. There was a separate room available at the ambulance entrance which can be used as a waiting room. At the time of the visit this was being used by a patient who had cancer and a reduced immune system.

Majors – There are ten beds in the Majors. These were full throughout the morning. In addition, at times there were up to five patients on trolleys in the corridor. During the morning this area became quite full.

Ambulance arrivals - There was a steady flow of arrivals and at one stage there were five patients on trolleys in the corridor.

Out of Hours area – There was a small waiting area at the end of the corridor past the A&E reception area.

The Out of Hours service is provided by Mid-Cheshire Trust and allows people to be treated by GPs rather than by the A&E service. People can book directly through 111 or are referred in through the Streaming Nurse and/or triage.

This area was clean and tidy. During our visit we saw the Streaming Nurse direct people to this area.

Patients in that area seemed to have no indication of how long their wait would be.

Children's waiting room – This room is well furnished and bright with good seating and a selection of toys and a television. The television was however showing BBC1 and not children's programmes. The front of the room has floor to ceiling glass. This makes it a pleasant atmosphere for young children. On the day of our visit, some children were brought in by their parents. Authorised Representatives spoke to parents about the experience. One parent who was in the Children's waiting room explained how useful the room was but did feel that it got uncomfortably hot. Authorised Representatives could confirm that during their visit the room was very warm.

Staffing

Staffing appeared good with at least two receptionists on duty during our visit but only one streaming nurse. The walk-in Majors appeared to be adequately staffed. There was an air of calm efficiency and professionalism.

A staff member from A&E gave Authorised Representatives a guided tour of the department. It was explained to Healthwatch that the staff member who had originally arranged to show us around was unavailable due to how busy the department was at the time we visited.

Waiting Times

During the morning the flow of people into A&E seemed steady, approximately one person every few minutes. Ambulance teams use a separate entrance and came in at a regular pace.

The monitor in the main reception area displayed the following waiting times:

- Triage up to one hour
- Minor Injuries up to one hour
- Majors - 11 hours.

When Authorised Representatives discussed waiting hours with the streaming nurse, he told us that actually the wait for Majors was closer to four hours. This should have been changed on the monitor to reflect updated waiting times during the day.

Service and Organisation

Patients are assessed on arrival by the streaming nurse to decide by whom they need to be seen.

The streaming nurse spoke to Representatives to provide more information on the Streaming process. There are four options as to where to direct a patient; A&E (Majors), Minors, Urgent Care (GP), or to offer advice. The streaming nurse filters using exclusion criteria; the example was given that if a person presented with chest pain which was present on arrival and the patient was over 40-years-old they would be referred to A&E, otherwise they would be directed to the GP situated within the department. It was explained that there is no separate elderly and frail unit, but that a frailty team was based around the Majors and Clinical Decisions Unit to link with social care and start the discharge process as soon as someone appeared at A&E.

It was observed that although there was some confusion around where to go for patients in regard to streaming, that it did seem to be making the whole process more efficient, and that people had been engaged and communicated with by staff in good time, in many cases around 15 minutes.

For those patients arriving by ambulance, they enter through a different entrance and into a specific handover area just off the main A&E reception.

Parking

On arrival at 8.30am there were some car parking spaces available in the car park outside the Accident and Emergency Department. It was noted that by 10.00am there were no spaces available and people were driving around the car park waiting for spaces. Throughout the day of our visit many people commented on the difficulty of parking.

No-one commented on parking charges. At the time of our last visit pay machines would only take coins which caused inconvenience for people wishing to pay. This has been

corrected now, with new machines outside the entrance that accept cash or card, with the option to pay on departure.

Feedback

- *"Felt I had to wait too long."*
- *"No signs to tell you where to go."*
- *"I was booked in straight away."*
- *"Haven't been here before and it was hard to find a parking space."*
- *"Staff have been great so far."*
- *"Not been told what's happening."*
- *"Couldn't get parked."*
- *"Had to come back three times because of the waiting times."*
- *"Food in the waiting area could be better."*
- *"Waiting far too long."*
- *"Better communication of what's going on."*
- *"Heat in children's area is awful."*
- *"I'm waiting to go on a ward but I haven't been told anything."*
- *"Very clean and staff very polite and helpful."*
- *"Understand that it's not the staff there are just too many people to be seen."*
- *"Better idea of how long 'not long' is."*
- *"Informative staff, triaged quickly."*
- *"Found this A&E much cleaner than Stoke."*
- *"Provision for cancer patient on chemo to be away from other people was helpful."*
- Authorised Representatives received large numbers of concerns about the waiting times and lack of car parking.
-

Suggestions for improvement

- There is still some confusion about where the entrance to A&E is. Improved signage should be considered.
- Signposting to A&E reception could be improved to explain how the Streaming process operates and where to go after registering at reception.
- The children's waiting room is a pleasant area but becomes increasingly hot and stuffy during the course of the day.
- More information for patients should be available, for example on the waiting room noticeboard which is currently under-used; this would support the self-care agenda.
- Waiting times on the waiting area monitor should be updated during the day to more accurately reflect the actual waiting times.
- The introduction of a numbering system so that patients knew when they would be called. This could be displayed on the monitors.

Feedback from the providers

Were you happy with the arrangements/requests prior to the visit?
Yes.

The Healthwatch representatives visited the department the week prior to their visit to introduce themselves. They explained what would happen on the day, where they would like to be based and the amount of time they would be in the department.

The Healthwatch representatives were unobtrusive and respectful of patient's privacy and dignity throughout the day. They did not interrupt staff and allowed them to get on with their work.

This report provides useful positive feedback and we take on the board the recommendations to see where we can make improvements to our patient's experience.

Signage and streaming – since the visit the Head of Nursing and Matron have been working closely with the volunteer team and an ED meet and great role has been introduced. This has been a huge success and the team are currently dealing with 30+ enquiries within a 2.5 hour session. The Matron is currently looking for a suitable area so we can introduce an enquiry desk for the volunteers. This will provide a focal point for patient and their relatives. This initiative is in its infancy and there are currently only 3 volunteers who support the department. The voluntary service manager is actively recruiting more volunteers so this role can be further developed.

The ED team have been working on improving information and signage within the department. As part of this work a review of the area, including speaking with patients, has been conducted. We acknowledge that information provision can be improved – as example please find below embedded a draft example of potential information which would help support the understanding of the patient journey in the department. We are also exploring how best to improve the process for streaming at the front of hours as we acknowledge this can be confusing to patients.

81704 item 01 (A&E journey).pdf

We have also requested the installation of a water vendor in the waiting room.

Children's waiting area – the temperature within this area has not been highlighted as concern before. This will be monitored by the department's housekeeper in the future and solutions to the temperature will be considered if this is found to be an ongoing issue.

Waiting room notice board –we are planning a clear the clutter day in the department. A part of this work is to review all of the patient's notice boards to ensure that they provide relevant information to our patients and their relatives/carers. The team has been working on patient information leaflets to further support this work.

Waiting times – It was disappointing to read that the waiting times were not updated throughout the day. Currently the system requires updating manually – however in March the service has introduced an electronic dashboard which automatically calculates wait time. We are currently testing this, and hope this will allow live wait times to be displayed. This will be monitored by the senior management team in the department going forward to ensure that our patients are kept fully updated.

Healthwatch Cheshire CIC values any comments or suggestions that would improve future Enter and View visits. Please use this space to make a comment on how you feel the arrangements could be improved.

A quicker turn around on the report would be beneficial.
A night visit would beneficial if this could be considered.

Appendix 5- Enter and View Report

Macclesfield Hospital A&E Department

Healthwatch Cheshire East Enter and View Report	
Enter & View Visit to	**Accident & Emergency Department Macclesfield Hospital Victoria Road, Macclesfield, SK10 3BL**
Date and Time	**11 February 2019 9.00-12.00noon**
Authorised Representatives	**Ros Haynes & Jem Davies**
Staff Present	**Liz Owen A&E Matron & Alison Proctor**

Background

Healthwatch Cheshire CIC is the consumer champion for health and care services. It works as an umbrella organisation for both Healthwatch Cheshire East and Healthwatch Cheshire West. We gather the views of local people and look at information about how well local services are performing. We then use this information to assist residents and communities to be listened to by the organisations that provide, fund and monitor services.

What is Enter & View?
Enter and View is part of the Local Healthwatch Cheshire CIC programme. The Health and Social Care Act (2012) grants Local Healthwatch representatives powers of entry, allowing

them to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, dental surgeries and GP practices.

Purpose of the visit

As part of its work plan Healthwatch Cheshire CIC continues to work in observing health care provision across the area. This work has the full support of Health and Local Authority commissioners. With this in mind, throughout the year, we visit a number of establishments with the intention of observing settings from a family perspective and gathering feedback from service users, relatives and staff. This report is based on observations and conversations at the time of the visit.

Observations from the Visit

- Authorised Representatives were pleased to see that some of the recommendations from a previous visit had been implemented.
- Authorised Representatives were given a warm welcome by all the staff with whom they spoke.
- Authorised Representatives observed patients being spoken to in a polite manner and dealt with kindly and professionally.
- During the visit there was a steady flow of patients arriving, including several young people under 16.
- At the time of our visit, most of the areas appeared to be well staffed. There were no trolleys in the corridor; however there was only one Streaming Nurse so when they left their desk no one replaced them causing a slight delay.
- Waiting times for patients to be seen were mixed. The majority of people went through the Streaming/Triage process very quickly, within 15 minutes. However, once assessed and moved into Minors and Majors the waiting time increased.
- Autism awareness - good use of posters and named designated staff to support people on the autistic spectrum
- Frailty team operate within A & E to assess patients and offer physio and other support whilst still in hospital.

Environment

Extensive building work was undertaken in the A & E area in late 2017. At the time of the last visit there were still some items to be completed as part of the snagging, including the signage, this has now been put in place.

As you enter from the car park there is a laminated sign directing you to a large entrance door. Behind one of the glass windows in the A & E reception there is a large banner showing the CQC rating for the hospital.

The waiting room in the A&E Reception is a light and bright area. There is frosted glass by the streaming area to give privacy and also a large privacy screen. A sign above the window indicates "Streaming Nurse" and to the side of this there are two reception desks, again well signposted.

There are approximately twelve seats for patients and an area behind the seating for wheelchairs which are available for those patients having mobility issues.

Information for patients in this area is quite limited; there is a large board providing information about the Emergency Department, staffing and number of people seen during December. There are also several posters throughout offering support for people with autism and the names of designated staff who can assist.

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As noted last year, several people attending seemed unclear about the term 'Streaming.' A small trolley at the entrance has cards with numbers on for people to take and then wait to be seen when their number is called. Authorised Representatives observed a lack of clarity by people on which desk they were supposed to go to either Streaming or Reception; when we spoke to people they were unclear what Streaming meant.

The signage is clear when you move to Triage which is in the next waiting room.

What is not so clear is how long patients are expected to wait. There is a television in the Triage waiting room but this provides no patient information. There are no boards either in this area or the A & E Reception area that state waiting times. When Authorised Representatives spoke to patients throughout the morning and asked if they had been told of waiting times most were unaware. One of the patients in walk-in Majors we spoke to told us they had been there for five hours, this was due to having blood tests, scans and other investigative tests . Reception staff were unclear about waiting times when asked.

When patients arrive by ambulance a different entrance is used, this means there can be a slight delay for relatives as to where they go. We observed a family member going to reception and waiting while their relative was located.

Currently most people (about two thirds, similar to last year) access the area via the main A & E entrance which faces the car park, however, some people also come through the main hospital corridor via X-ray which can be confusing as this means they come to the reception desk first, bypassing the trolley with number cards and the Streaming desk. We spoke to a member of staff about this but they said hospital signs in the main corridor direct them to that route.

Streaming & Reception Area - The Streaming window was staffed by one triage nurse. This meant if they had to leave the desk there was no one to take over resulting in a delay for patients to be seen. There are two chairs at the Streaming window allowing for patient and family member however this was not replicated at the reception desk where there was one chair per reception desk. Another chair would allow for patient and family member to sit.

We asked a member of the Reception team about refreshments and they told us about the café in the main part of the hospital. Currently there appear to be no refreshments in A & E for either patients or their relatives.

Toilets –Just off the main A&E Reception are male and female toilets, both of which were also labelled accessible. These facilities were clean and fitted with safety alarm cords and a number to call if not up to standard.

Minors area and X-Rays –This area is approached by double doors from the Streaming area. There seemed to be a regular turnover of people as they were seen and treated. There are two areas for waiting with magazines on tables, there is also a portable screen behind which people are seen and assessed again.

Majors –There are two areas for Majors; a standard section just off the Triage waiting areas with curtains and trolleys/beds. These were full throughout the morning. In addition, on the other side of the corridor, the walk-in Majors is a separate area where there are chairs for people to sit in while waiting to be treated. There are also some curtained areas with trolleys if required, during the morning this area became quite full.

Ambulance arrivals - There was a steady flow but probably less than on our previous visit, no trolleys were in the corridors. Staff informed us that ambulance crews come from North West Ambulance Service, West Midlands Ambulance and sometimes air ambulances. As they arrive, a button is pressed indicating whether it is critical care/emergency or routine; a VDU monitor highlights where the patient has come from and the nature of the incident.

Out of Hours area – There was a small waiting area sectioned off with glass from the main A&E.

The Out of Hours service is provided by the Trust and allows people to be treated by GPs rather than by the A&E service. People can book directly through 111 or are referred in through Streaming Nurse and or Triage. This area was clean and tidy. During our visit we saw the Streaming Nurse direct people to this area. When Authorised Representatives spoke to Reception staff, we were told that on being assessed some patients will be sent to see the Out of Hours GP, however some people seemed to be waiting without being seen. We were told by Reception staff that the GP had gone out on visits which meant that hospital staff then contact the patient's own GP for an appointment at their own surgery. One patient we spoke to told us they had been to A & E the previous week with an injury and were told to come back to be checked, however this person was sent to the Out of Hours GP, but as the GP wasn't in, they went back to the Triage area and then back again to the A & E waiting area. When Authorised Representatives spoke to them later they told us as the GP was not in and no one was available in Minors they had been told to go and see their own GP later in the day. There was only one GP on duty that day, and they appeared to be out for most of the morning and it was not clear if the Streaming nurse was aware of this.

This area would benefit from some information and leaflets for patients to look at whilst waiting, and some indication of how long their wait is likely to be.

Children's waiting room – This room is well furnished and bright with good seating and a selection of toys. This makes it a pleasant atmosphere for young children. There are two treatment rooms. On the day of our visit, some children were brought in by their parents. Authorised Representatives spoke to parents about the experience; one parent who was in the Children's waiting room had been to A & E before and told us "Staff are really good here and the room is good, but a bit of a walk". The room is situated off the main corridor of the hospital meaning that you have to walk through the Minors area and along the corridor to access it. It wasn't clear why some of the children were taken there and some were not. Likewise one of the families in the children's waiting room was taken out for treatment rather than using one of the treatment rooms in that area.

Staffing

Staffing appeared good with at least two Receptionists on duty during our visit but only one Streaming Nurse. The Walk-in Majors was well staffed with two members of staff treating the patients. The waiting area for Minors seemed to flow steadily; we observed patients coming back to this area as they waited for further tests.

Waiting Times

During the morning the flow of people seemed steady into A&E, approximately one person every couple of minutes. Ambulance teams from North West and West Midlands Ambulance Services use a separate entrance and came in at a regular pace. The TV screen that shows ambulances arriving showed that all the cases were being treated or allocated.

Service and Organisation

Patients are assessed on arrival by the Streaming Nurse to decide whether they need to be treated in Minors or Majors or whether they need to see the Out of Hours GP service.
Patients arriving by ambulance go through a different entrance and into a specific handover area just off the main A & E Reception. This offers privacy for medics to hand over before the patient is moved for treatment.

Parking

On arrival at 9.00 a.m. there were some car parking spaces available, but as the day went on spaces became more difficult to find. A couple of people commented on the difficulty of parking.
No one commented on parking charges. Pay machines take cash or card, with the option to pay on departure.

Feedback

- *"It would be helpful to know how long you have to wait"*
- *"Streaming - never heard of it, do I check in at reception"*
- *"Very helpful, been here before"*
- *"Have a hearing problem and lip read, so didn't hear my name being called"*
- *"Haven't been here before and it was hard to find a parking space"*
- *"Excellent treatment here"*
- *"Pleasant staff"*
- *"Couldn't get parked, looked like it was all for the staff"*
- *"Always very kind".*

Suggestions for Improvement

- Signposting to A&E Reception could be improved. A welcome sign with arrows inside the glass may be helpful
- The children's waiting room is a pleasant area but is some distance from the main A & E involving walking through other areas; is there anywhere closer that would be more appropriate?
- No refreshments; a machine or water cooler would be a useful addition for patients and their relatives
- Consider options for waiting times to be communicated effectively
- As there is still some confusion about what to do as you enter A & E – perhaps a simple 1,2,3 steps poster explaining what to do would help or a pictorial sign
- Another seat at the reception windows would allow relatives or family members to be able sit alongside the person they accompanied
- Information for patients should be available and would support the self-care agenda

- A sign indicating if the Out of Hours GP was in or out would assist the Streaming Nurse and Reception staff.

Feedback from the providers

Were you happy with the arrangements/requests prior to the visit?
Yes – the lead leader met with members of the nursing and management team prior to the planned visit. This was particularly helpful as it provided an opportunity to discuss the purpose of the visit and for us to update the team on actions from the previous visit. It also meant that we could show and explain some of the developments that are underway and meant we could provide the staff on the department with sufficient information for them to help the visiting team.

The team were discreet but visible and were approachable.
There was no disruption to patient care and no staff reports of feeling scrutinised.
The team were approachable and understanding of the clinical and operational pressures faced by the department. This was a very positive experience

Signposting to A&E Reception could be improved. A welcome sign with arrows inside the glass may be helpful

We agree with this suggestion and are working with Estates to try to improve signage and flow. We have patients attending from the front and back entrances and are trying to encourage patients to enter from the front of ED. This also links with considerations about increasing the number of car parking spaces outside ED to further encourage entering from the front of the department. An estates scheme will shortly be underway to develop more car parking spaces subject to planning agreement.

The children's waiting room is a pleasant area but is some distance from the main A&E involving walking through other areas; is there anywhere closer that would be more appropriate?

Unfortunately, space is very limited within the department. With the current layout, we have no opportunities to move the children's waiting room. This room also has direct access to the treatment rooms which means that children do not have to enter the main department in order to be taken to a treatment room. It is recognised that busy emergency departments can be stressful for children and it was with this in mind that the decision was taken to design a room that was accessible to the main area, but provided audio and visual separation.

No refreshments; a machine or water cooler would be a useful addition for patients and their relatives

There is a machine in the waiting room that provides a range of hot drinks. The machine has intermittent problems. We will investigate this.
Previous water cooler suggestions have been declined by the Infection control team due to the risk of cross contamination from some types of water cooler. For other types there is a large cost implication.
The staff are happy to provide water and/or direct patients to the nearest facilities in the main part of the hospital.
In addition, at certain times we have a volunteer who approaches relatives and patients (where appropriate) to offer drinks.

Consider options for waiting times to be communicated effectively

Waiting time display screens have been purchased and we awaiting installation.

As there is still some confusion about what to do as you enter A & E – perhaps a simple 1,2,3 steps poster explaining what to do would help or a pictorial sign

Agreed - This is being considered as part of the signage work.

Another seat at the reception windows would allow relatives or family members to be able sit alongside the person they accompanied

Agreed – This is being addressed by the provision of additional seating.

Information for patients should be available and would support the self-care agenda

Agreed – The ED Service Manager will liaise with the clinical lead and Matron regarding suitable patient information being made available to aid self-care.

A sign indicating if the Out of Hours GP was in or out would assist the Streaming Nurse and Reception staff.

Action has been taken to ensure the Nurse in GPOOH will inform ED reception when the GP leaves and returns. This will enable the Streaming nurse to make informed decisions and can manage patient expectations.

Thank you for your comments and feedback on how we can improve the experience of our service users. The pre-visit meeting was most helpful and we would like that to be a feature of future visits if possible.