



## **Croydon University Hospital**

### **Accident & Emergency Department**

### **Enter & View Visit**

29<sup>th</sup> March 2014

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**Healthwatch Croydon**

**Enter & View**

**Elsie Sutherland and Tony Sewell on the 29<sup>th</sup> March 2014 between 7-9pm**

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## **Healthwatch Croydon**

Healthwatch Croydon is the new independent consumer champion for those children, young people and adults who use health and social care services in the borough.

It will:

- work to ensure consumers views about services are represented both locally and nationally;
- focus on local voices being able to influence the delivery and design of local services

It has statutory powers that enable local Croydon people to influence Health and Social Care services under the Health and Social Care Act 2012.

Healthwatch Croydon finds out what people want from their health and social care services such as hospitals, GPs, care homes and pharmacies. This is referenced against information gathered from health and social care providers and commissioners and national and local research sources. Healthwatch Croydon also produces reports about services visited and makes recommendations for action.

As part of this role Healthwatch Croydon has statutory powers to undertake an Enter and View visit of publicly funded Health or Social Care premises. Enter and Views are undertaken when the Healthwatch Croydon wishes to address an issue of specific concern.

Trained authorised representatives from the Healthwatch Croydon may, in certain circumstances, 'enter and view' health and social care premises to find out the quality of services and obtain the views of the people using those services.

Our Enter and View policy is available to view on [www.healthwatch.co.uk](http://www.healthwatch.co.uk). You may also wish to look the Depart of Health Code of Conduct relating to Enter and View at [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_087285](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_087285)

## **Acknowledgements**

Healthwatch Croydon would like to thank Julia Layzelle (Associate Director of Nursing), Kevin Cairney (Head of Nursing Safety) and Jhonny Wells (A & E Matron), for helping to organise the visit and for giving their time to show the volunteers around explaining the facilities and procedures. We would also like to thank all the staff and patients who took the time to speak to us.

## **Introduction**

On Saturday 29<sup>th</sup> March 2014, two Healthwatch Croydon Advisory Group members who are Enter & View trained visited Croydon University Hospital to undertake a 2 hour Enter & View on the Accident & Emergency Department.

The A&E is designed for 70,000 patients per annum, and is currently receiving 120,000 per annum. 95% of patients are discharged within 4 hours and the remainder are progressed onto wards due to acute problems.

NHS guidelines state patients should be delivered to A&E staff within 15 minutes of arrival, with trusts facing fines if they fail to hit targets. Only North West London Hospitals NHS Trust - where 711 patients waited more than half an hour - saw more delays than Croydon over winter.

In January, the Croydon Guardian reported that Croydon University Hospital had seen a huge surge in delays compared to winter 2011/12. Since then, Croydon Health Services NHS Trust has submitted a bid for £17m to finance A&E improvements.

## **Purpose of “Enter and View”**

The reason for our visit was based on issues raised by our members and the general public relating to Accident & Emergency waiting times, environment and staffing levels. It was highlighted in the media that Croydon University Hospital was the second-worst in London for accident and emergency (A&E) waiting times. Waiting times, staffing, environment and A&E / Urgent Care joint working were raised as concerns in a recent Care Quality Commission (CQC) report.

## **Methodology**

A team of two authorised Enter & View representatives – Elsie Southerland and Tony Sewll - undertook the visit. They have all completed the relevant training, had enhanced DBS checks and authorisation to act on behalf of Healthwatch Croydon. During the visit, they asked pre-planned questions based on research and observed service delivery activity.

As outlined in the CHP Enter and View policy, in order to be as unobtrusive as possible and avoid disrupting routines or service delivery, Authorised Representatives divided into two and toured the ward as an individual and as a pair. The representatives were given a short introduction to the wards by the Matron and then had the opportunity to tour the facilities.

## **Findings**

**Observation:** When the representatives arrived at 7pm wait times at A&E appeared inconsistent; of the three patients asked they said they had waited from 1 hour being seen by the triage nurse and consultant and one patient had not been seen for 2.5hrs. He was advised by the Healthwatch representative to see the reception staff and mention that he had not been seen. On the time of arrival; the observation was that it was not as busy as a peak period. The A&E ward had 15 cubicles and 2 side rooms. There were 20 trained nurses, 4 healthcare assistants to attend to patients at the time of our visit.

On leaving the reception it was more crowded and noisy. much less crowded at 12.00pm when the Enter and View had finished.

**Car Park:** appeared not to be completely full; costs £4.50 for four hours; alternatives include off-street parking, bus, taxi, some patients arrive by ambulance. There is other parking available in the hospital but this is some distance from A&E which would be a challenge for frail or injured patients. Parking availability and costs equivalent are to other hospitals; staff members do not think parking is a problem and there are few complaints about it.

**Reception:** staffed by Virgin Assura; patients' details are taken (this process is taking longer than previously due to new computer system) and then a set of observations (proforma) completed to decide whether the patient requires urgent care or A&E. There were 2-3 receptionists on duty when we visited, but there can be up to 5 at peak periods. There are however only 3 computers at reception. Following this patients see a triage rooms nurse within 20 minutes (an issue raised by CQC). We were informed 1-2 doctors were on duty.

**Paediatric Department:** There is a separate area with beds for children. We were informed that this was a porta cabin and needed to be replaced in new build A & E. There were more staff than patients when we visited.

**Dementia Friendly:** 5 cubicles 1 member of staff, with care assistants and volunteers to help with feeding. CUH has been nationally recognised as doing excellent care for elderly; all A & E staff have been trained. There has been evidence of an improvement with regards to dementia care, the hospital had clear easy to read and understand signs and was more reality orientated towards dementia patients with colour coding for rooms. Each patient had their own cubicle and there was clear signposting for the toilets. Reactivating care packages when patients discharged – this previously has been an issue with liaison with social services. However clutter was observed in the dementia friendly area, which can present a hazard to the health and safety of the patients. An environmental risk assessment was asked for around the ward, but this was not available.

**Patients with mental health problems:** we saw the separate small room set aside with chairs and couch and psychiatrist office leading off. We were informed that they try to minimise the wait and that all mental health patients would be directed to this room (this contradicts experience a report to MHF of mental health patient and relative waiting over 7 hours in general A & E). Around five patients per day seen with mental health problems, and this is mainly in the evening. This contradicts national figures on the proportion of attendees at A&E requiring some mental health support.

**Second Language:** A number of staff spoke languages in addition to English, and there is access to interpreters. This was not identified as a significant problem.

**Emergency admissions by ambulance:** There are 5 resus stations; equipment for trauma, monitors; 1 consultant on duty 9-5. For the rest of the time this role appeared to be undertaken by an on call CUH doctor.

### **Feedback: Patient Experience**

**A (Male patient):** said they had been seen by the nurses and consultants in about an hour. Called ambulance on careline; been 3-4 times before with same complaint (bowel); positive about treatment, brought sandwich, staff helpful and friendly; not certain when she will be able to go home, not yet told; thinks she will go home by ambulance.

**B (Female patient):** Another patient said she had been waiting about 2hrs before she was seen, but said this was an improvement on the previous 4hr waiting times.

**C (Male patient):** The last person that was spoken to who was the carer of the patient and said that he had been waiting for 2hrs and had not been seen in cubicle in blue zone.

### **Positive Developments**

- Proposed new build on A&E with improved facilities and layout, planned to open in 2015.
- **Staffing:** plan to recruit a further 0.5 matron in addition to two already in place; plus paramedics. Expect A&E to be fully staffed by January 2014.
- Staff do 25 days training per year including customer service training
- Dementia services and award

- A & E participated in Listening into Action event earlier in 2013; staff suggestions included redecorating, dementia care, more wheelchairs, more equipment, and more emphasis on getting patients home safely.
- Joint event with HearUs and the Mental Health Forum again early in 2013 to increase staff awareness of mental health issues.

### **Recommendations**

- The men's toilets would need to be remedied as there were cracks in the some of the walls. Concerns are the toilets can attract vermin if it's not cleaned thoroughly. The ladies toilets could be cleaned more thoroughly and consistently as well as paying more attention to the relining of surfaces.
- The smell in the Resuscitation ward was quite bad as someone had passed. It is recommended that a thorough clean or deodorise is to be given regularly in this event, as breathing in the smell would be hazardous for patients and service users health.
- The Dementia ward had trip hazards and risks of injuries. It is advised that proper measures are taken to conduct risk assessments.

**Example of the questionnaire used:**



Enter & View Questionnaire:  
A&E Questions

**To ask the patients:**

Are you happy with how you were addressed? YES/NO

Please explain:

.....  
.....  
.....

What time did you arrive and how long have you been waiting?

.....  
.....  
.....

Have you been seen? YES/NO

Are you in pain? YES/NO

Do you have someone with you? YES/NO

Will you have someone at home to receive you when you are discharged? YES/NO

Are you hungry and are you diabetic? YES/NO  
YES/NO

When you were seen, were you comfortable and when you were waiting were you comfortable? YES/NO

Please explain:

.....  
.....

**To ask the staff:**

How often the toilets and cubicles checked and cleaned each day?

.....  
.....  
.....

How many of you are on duty today?

.....  
.....  
.....

Do you give clear advice to patients before they leave and do you provide written information for their aftercare?

YES/NO

Please explain:

.....  
.....  
.....

Do you explain to patients the purpose of the red card if given?

YES/NO

Please explain:

.....  
.....  
.....

Do you have a duty or an emergency social worker who can provide a care package to patients who were discharged?

YES/NO

Please explain:

.....  
.....  
.....

**Observation points:**

Are the staff and doctors wearing their badges? YES/NO

What is the state of environment?  
.....  
.....  
.....

Risk assessment of the ward?  
.....  
.....  
.....

Are the mental health patients seen quickly? YES/NO

How are the MH / dementia patients treated and are they given a separate room?  
.....  
.....  
.....

Is there anything else you would like to share?  
.....  
.....  
.....

Would you like to be kept informed with the outcomes of this work? YES/NO

Full Name:.....

Email: .....

Address:  
.....  
.....  
.....