

**Enter & View Visit:  
Emergency Department  
Kingston Hospital NHS  
Foundation Trust**

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Report & Recommendations

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Healthwatch Kingston upon Thames

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23/3/2015

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## 1. Introduction

### **1.1 About Healthwatch Kingston upon Thames**

Healthwatch Kingston upon Thames (from hereon referred to as Healthwatch Kingston) is the local, user-led organisation for involving local people in the design and development of local health and social care services and help improve patient experience. It was established in April 2014 under the Health and Social Care Act 2012, following on from the work of the Local Involvement Network (LINK) for Kingston upon Thames.

It provides reports and updates about local services to Healthwatch England, a body that campaigns on national issues and raises concerns to the NHS and the Department of Health.

Healthwatch Kingston gathers information and feedback from patients and service users about the experiences they have of health and social services, and use this to make improvements and influence the development of those services. It works with health and social care services to make sure that the voice of local people is heard, and it goes out into the community to listen to what people have to say.

In addition, Healthwatch Kingston signposts people to local health and social care services and provides information on how to make a complaint or give feedback about those services.

Healthwatch Kingston is a registered charity (no. 1159377), funded by the Department of Health through the local authority, the Royal Borough of Kingston upon Thames. It is independent, and led by a Board of Trustees, who are local people with a keen interest in improving the health and social care system for local people.

It is supported in its work by Parkwood Healthcare Ltd, which employ the staff and provide HR, finance and office support.

### **1.2 Enter & View**

One of the methods Healthwatch can use is Enter & View, which is a statutory function. This means that Healthwatch can visit any health or social care service in the borough of Kingston upon Thames or any that serves people in the local borough and observe how this service is delivered.

During an Enter & View visit, Healthwatch will talk to patients or service users and members of staff and make observations of the environment to ensure it is safe and clean. After a visit, Healthwatch will prepare a report which will list its findings and any recommendations made.

Where there are serious concerns, such as a health and safety issue or a safeguarding issue, this will be reported immediately to the service provider, the commissioner of the service or a relevant body such as the Care Quality Commission.

Enter & View participants receive full training, based on recommendations from Healthwatch England, and are DBS (Disclosure and Barring Service) checked.

### **1.3 The Enter & View Team**

For this visit, we sent a team of 9 people to visit Kingston Hospital. One was a member of staff, one was from Healthwatch Richmond, along with 7 volunteers from the Hospital Services Task Group. The team members were:

- Jenny Pitt, Research & Information Officer, HW Kingston member of staff (lead)
- Mary McLaren, Outreach, Projects & Communications officer, HW Richmond member of staff
- Nigel Spalding, Board Trustee & volunteer
- Graham Goldspring, Chair of the Hospital Services Task Group & volunteer
- Jo Boxer, volunteer
- Marianne Vennegoor, volunteer
- Raghad Al-Ugaily, volunteer
- Marita Brown, volunteer
- Glenn Davies, volunteer



Volunteers Raghad and Marita

Graham and Mary

The visit took place on the 23<sup>rd</sup> March between 9am and 11am and this report reflects the views and observations gathered for this specific date and time only.

## 2. Methodology

Our main focus was patient experience, covering subjects such as waiting times, reasons for attending, knowing what was happening next and quality of care.

The Hospital Services Task Group designed a survey which comprised 9 questions with an opportunity to add notes and observations, where relevant. An Equalities Monitoring form was also completed by some of the patients (not all were well enough or wanted to).

### 2.1 Patients

The team was introduced to the Sister in charge and lead consultant by Fergus Keegan, Deputy Director of Nursing. Sister in charge Emma Smith took the team on a tour of the units, introducing us to staff.

We ensured that we did not interrupt anyone being examined or treated and that we did not disturb other patients who might be resting.

We introduced ourselves to each patient and where applicable to their family members or carers, and explained the purpose of our visit. A brief overview of Healthwatch Kingston was provided, and we gave each patient a factsheet with further information.

We used the same set of questions for each patient (see appendix 1). We provided each patient with a factsheet (see appendix 3) and with the option to contact us by phone or email in case they wished to provide us with further information about their visit to the Emergency Department afterwards.

## 2.2 Hospital Environment

As well as speaking to individuals, we also looked at the environment and made observations about cleanliness, signage, how staff interacted with patients and safety.

## 2.3 Programme and Areas Visited

Teams of two volunteers visited Majors, Minors, Reception and the Emergency Department Outpatient Unit.

We visited the units between 9am and 11am and we spoke to 19 patients. On average we spent 10-15 minutes with each patient.

The hospital did not announce the visit to ward staff or patients.

## 3. Findings

### 3.1 Patients

#### 3.1.1 Waiting times to see the doctor

**Reception:** on average patients were waiting between 15 and 45 minutes to see the triage nurse/doctor.

**Minors:** all the patients we spoke to were seen quickly, with only one waiting 45 minutes.

**Majors:** out of the 5 patients we spoke to, only one was seen straight away by a doctor. Patients had started to arrive in the unit from 6.30am.

**Emergency Department Observational Unit:** of the 2 patients we spoke to, one was seen immediately by a doctor, while the other was not applicable.



Volunteers Glenn and Nigel  
with a relative of a patient

#### 3.1.2 Reasons for attending the Emergency Department

**Reception:** our team noted that all of the patients they spoke to could have been dealt with by their GP. Examples of conditions ranged from a bleeding finger to a medication conflict. Most patients reported they couldn't get an appointment with their GP or weren't registered with one, which is why they were there.

**Minors:** 2 of the patients had a pre-booked appointment, while others had been advised by relatives or paramedics to attend.

**Majors:** Out of the five people surveyed, 3 were brought in by ambulance and one was advised to attend after calling 111, while one attended after calling the Careline Service.

**Emergency Department Observational Unit:** the patients we spoke to came in because their families and carers called ambulances.

### 3.1.3 Quality of Care

**Reception:** out of the 6 patients we talked to, not all could comment on the care as they were waiting to be seen. One patient reported to be happy with the care.

**Minors:** all 6 patients we spoke to gave a positive comment about the care they had received.

**Majors:** all 5 patients gave a positive comment about the quality of care although our volunteers noted that 2 were dehydrated.

**Emergency Department Observational Unit:** both patients reported they thought the quality of care was good. Carers of one patient were unable to raise the bed to help the patient drink water. (These carers also reported that on a previous visit they felt their relative wasn't fed properly, because of a lack of assistance. They also felt that a previous transfer to a care home lacked a flow of information.)

### 3.1.4 Being told what is happening next

**Reception:** all the patients were waiting to be seen by the triage nurse.

**Minors:** all patients we spoke to knew what was happening next.

**Majors:** 2 patients did know what was happening next, while 2 didn't and 1 was unable to answer.

**Emergency Department Observational Unit:** both patients we spoke to didn't know what was happening next. Carers for one patient reported that blood test results had been "lost" and that their relative was due to go for testing again.



Left: Marianne and Jo with a member of staff in Majors

## 3.2 Observations

### 3.2.1 Signage

**Reception:** we noted that there was no Exit sign from the unit. For those who are disorientated we felt this might be an issue.

**Minors:** the sign isn't big enough to identify the ward, or in the correct place. We felt it should be above the doorway to the unit. The paper notice in Reception is also not big enough, especially for visually impaired patients.

**Majors:** we felt the signage was good.

**Emergency Department Observational Unit:** the signage was good.

### 3.3.2 Cleanliness and Obstructions

**Reception:** the unit was clean and tidy.

**Minors:** the unit was clean, with no obstructions.

**Majors:** the unit was clean and tidy and all bays were well organised. It was noted that in 2 cubicles the hand cleansing foam had run out.

**Emergency Department Observational Unit:** although this is a small busy unit, we felt it was clean and tidy without any obstructions.

### 3.3.3 Safety and Environment

**Reception:** we noted that out of 3 toilets, only one was in working order, and that men and disabled users had to find alternative toilets elsewhere in the hospital. This issue was alerted to us at 8am and was still the case when we left at midday. There was also no soap in the working toilet. There were no safety issues to report.

**Minors:** there are no issues around safety or environment that caused us concern.

**Majors:** we didn't note any issues around safety or environment and were pleased to see 2 isolation cubicles and 1 allocated for mental health patients.

**Emergency Department Observational Unit:** this unit felt quite cramped with a number of visitors and relatives in attendance, but we didn't note any safety issues.

### 3.3.4 Interaction between Staff and Patients

**Reception:** we observed that although there were two receptionists, only one was dealing with the queue of patients. We would like to know why this is the case.

**Minors:** we noted that there was a good level of interaction between staff and patients and their carers.

**Majors:** this was difficult for us to judge, but we weren't alerted to any problems from the patients. One of our team members commented that it wasn't clear who the consultant was as they were wearing "scrubs" and that the Sister in charge had a different uniform from other nursing staff, but no name badge.

**Emergency Department Observational Unit:** we observed that there was only one member of staff with this unit, but that they interacted well with patients.

#### **4. Equalities Monitoring Information**

All patients were asked to give Equalities Monitoring information if they were well enough and 15 were willing to share their information, but not all wanted to answer every question. Here are the results:

**Ethnicity:** 7 British, 1 Irish, 1 Any Other White Background, 1 Chinese, 1 Traveller, 2 Any Other Ethnic Group.

**Disability:** 3 Physical, 1 Sensory.

**Religion:** 6 Christian, 1 Muslim, 1 Other, 3 None, 2 Did Not Wish To Disclose.

**Age:** 18-24 =1, 25-49 = 6, 50-64 =1, 65-79 = 3, 80+ = 4

**Gender:** 7 Male, 8 Female

**Marital Status:** 7 Married, 1 Single, 4 Widowed, 1 Co-habiting, 2 Did Not Wish To Disclose

#### **5. Recommendations**

The overall feedback we received was positive. We would like to return to the Emergency Department within 6-8 months (Sept/Oct 2015), visiting each unit separately as it became clear to us that each one was busy at different times of the day. For example, Reception and Minors will be busier in the afternoon and evenings. We would also like to return after the planned refurbishment due in 2016.

There were a number of issues were raised that we feel could be improved and we would like to make the following recommendations

- We were advised on a previous visit that plans were in place to have a consultant carrying out triage as patients entered the Reception area. This was not in place when we visited. We would like to know when this will happen.
- We expect that all the toilets in Reception to be working as a priority and that there is adequate signage where alternative toilets may be found. Also ensure that there is always enough soap.
- Provide a clock for reception.
- Provide clear information on expected waiting times in Reception.
- Make it clear to queuing visitors and patients why only one receptionist is taking information while there are two present.
- Improve signage to Minors Department from Reception and upon entry to the unit itself.
- Ensure that there is always a supply of hand cleanser in the cubicles.
- Make staff identification clearer on uniforms.

- Have volunteers checking on patients in cubicles in Majors, as most were vulnerable and alone.
- Explain to carers/relatives how to operate the beds to raise them to assist patients when drinking

## **6. Next Steps**

This report will be presented to Kingston Hospital NHS Foundation Trust, giving 7 days to correct factual errors, with a further 21 days to respond. We expect that not all recommendations will be implemented straight away, but we anticipate that the management will provide us with a plan to address these issues.

We will return to Kingston Hospital to see the units at other times of the day, and to assess whether our recommendations have been implemented.

## **7. Acknowledgements**

Healthwatch Kingston would like to thank all the patients and their families/carers who we spoke to during our visit. We very much appreciate their time and recognise that without their valuable input we would not be able to produce this report. Their comments and insights have helped us to build a picture of the patient experience in the Emergency Department.

Secondly, we wish to thank Kingston Hospital NHS Foundation Trust for full cooperation during our visit and ensuring our visit went smoothly. In particular, we wish to thank Sister in Charge Emma Smith, and Nicola Burgess, Admin Manager for ED, AAU and AEC.

We would also like to thank Dr Charles Bruce, Interim Deputy Chief Executive, and Duncan Burton, Director of Nursing and Patient Experience for their time in meeting with us immediately after our Enter & View visit finished for a debrief.

## **8. Further details**

This report was produced by Healthwatch Kingston upon Thames and will be made available to the public on our website, and hard copies will be made available on request. Should you require this report in a different format, please contact the Healthwatch Kingston office at:

Healthwatch Kingston  
Kingston Quaker Centre  
Fairfield East  
Kingston  
KT1 2PT  
Phone: 020 8974 6629  
Email: [info@healthwatchkingstonuponthames.org.uk](mailto:info@healthwatchkingstonuponthames.org.uk)  
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## **The Healthwatch Brand**

Healthwatch Kingston upon Thames Ltd is licensed to use the Healthwatch trademark (which covers the logo and the Healthwatch Brand) as per our licence agreement with Healthwatch England and the Care Quality Commission.

## Kingston Hospital

For further information about Kingston Hospital, please contact:

Kingston Hospital NHS Foundation Trust  
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Kingston upon Thames  
Surrey KT2 7QB

Main Switchboard: 020 8546 7711  
Email: [enquiries@kingstonhospital.nhs.uk](mailto:enquiries@kingstonhospital.nhs.uk)  
Website: [www.kingstonhospital.nhs.uk](http://www.kingstonhospital.nhs.uk)

**9. Appendices**

**Appendix A**

**Questions for Patients**

What time did you arrive in A&E?	
Are you registered with a GP?	
Did you consult your GP Out of Hours service or 111 before coming here?	
Why did you decide to come to A&E rather than go to another service?	
Were you seen immediately by a doctor, if not, how soon were you seen?	
Has anyone told you what is happening next?	
What do you think about the care and treatment you have received today?	

<p>Is there anything else you would like to tell us about your experience in A&amp;E today?</p>	
<p>Could we contact you at a later date to follow up? What are your contact details?</p>	

**Additional Notes/Observations:**

Appendix B

Observations

Premises: Kingston Hospital	Date: 23/3/15
A&E	Observations
Is the ward properly signposted? Is it easy to identify where the toilets/ exits are?	
What is your first impression upon entering (i.e. well organised, chaotic, clean/ messy)? Does it look safe?	
How do members of staff come across - are they busy, efficient, organised?	
How do members of staff communicate with patients and relatives? Do they listen? Do they involve the patient? Does the patient get the opportunity to decide for themselves?	
Are relatives/ carers involved in discussions about treatment/ procedures/ next steps?	
Do staff treat patients with respect and dignity?	
Any other comments/ observations?	

## Appendix C

# Healthwatch Kingston upon Thames - Factsheet

### What is Healthwatch?

All health and social care services must give the people that use those services the opportunity for their views to be heard, and take them into account when they review and plan them.

Healthwatch is the independent consumer champion created to do just that; we gather and represent the views of the public and use this feedback to influence, improve and shape services. Healthwatch England is the national body that works on government level, and each area has a local Healthwatch that focuses on local services.

Healthwatch Kingston upon Thames is the local body that works with services in and around Kingston.

### What do we do?

Healthwatch has a number of ways of working.

- Gathering feedback & evidence- we collect views and evidence to help improve services
- Representation - we represent the view of local people on health and social care committees and contribute to strategic health and social care work
- Involving local people - we have local people involved in our work including task groups, research, Enter & View and to help gather feedback
- Task Groups - we invite local people to join us to use their experiences of specific health and social care issues to work towards making improvements
- Information - we keep local people informed of developments in health and social care through newsletters, website, outreach work and meetings
- Engagement in the community - we go out in the community to promote what we do, gather feedback and get people to join us

- Signposting - we signpost people to local health and social care services, and provide advice about how and where to make a complaint

### Who runs Healthwatch Kingston?

- Healthwatch Kingston is an independent charity (registered no. 1159377) and receives funding from the local authority.
- It has a board of trustees, who are volunteers, which is responsible for setting the strategy.
- There is a small staff team that carry out the day-to-day work and who provide support to the board, the volunteers and people involved in our activities.
- It is a local organisation of and for local people.

### About Enter & View

Enter & View is one of the mechanisms that we use to get feedback; it allows us to go into any health and social care service to observe what happens and to talk to patients and service users about their experience.

It is less about the clinical treatment, and more about making sure that people are treated with respect, that they are safe and that they are given options and choices about the services they need to access.

We will share our findings with the service provider, their commissioner and the public and make recommendations for improvement or share good practice.

### Want to know more?

Joining us is free and you can decide how much involvement you want.

### Contact details

Healthwatch Kingston  
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