



## **Enter and View Visit Report**

**4 August 2011**

**Agnes Armstrong, Pauline Crathorne, John Hudson**

### **Service Visited**

Accident and Emergency (A&E)  
Darlington Memorial Hospital  
Hollyhurst Road  
Darlington  
DL3 6HX

**Date of Visit:** Thursday 28 July 2011



## Contents

|                                  | Page(s) |
|----------------------------------|---------|
| Introduction                     | 3       |
| Purpose of Visit                 | 3       |
| Limitations of Visit             | 4       |
| Method                           | 4       |
| Data Collection                  | 4       |
| Sample                           | 4       |
| Collation and Report Development | 4       |
| Findings                         | 5-13    |
| Enter and View Reps Observations | 5-6     |
| Patient and Carer Questions      | 6-10    |
| Staff Questions                  | 11-13   |
| Conclusion                       | 14      |
| Recommendations                  | 15      |
| Acknowledgements                 | 16      |

## **A&E at Darlington Memorial Hospital**

### **1. Introduction**

County Durham and Darlington NHS Foundation Trust is an integrated Acute and Community Trust providing healthcare across County Durham and Darlington and surrounding areas. The Trust delivers its healthcare services in Community, Home and Hospital settings.

General Hospital services are provided from three main sites; Bishop Auckland General Hospital, Darlington Memorial Hospital and University Hospital North Durham. At two of these sites an Accident and Emergency service is available; Darlington Memorial Hospital and University Hospital North Durham.

The Enter and View reps visited both A&E Departments spending two hours at each. University Hospital North Durham was visited on Monday 25 July at 10.00am and Darlington Memorial Hospital on Thursday 28 July at 2.00pm.

This report sets out the finding and recommendations of the reps regarding the service provided at Darlington Memorial Hospital. A separate report has been written for University Hospital North Durham.

### **2. Purpose of Visit**

The aim of the visit was to look at the overall service provided to the patients attending A&E.

To achieve a balanced view, once the Enter and View reps were shown around the unit, they split into two groups. Two reps talked to Patients and Carers and one spoke with staff members.

### **3. Limitations of Visit**

No judgements have been made in relation to the clinical effectiveness of the service. The reps focussed their attention on the overall quality of the service from an operational view.

### **Method**

#### **4. Data Collection**

The information contained in this report was collected by

- Semi structured interviews with patients
- Semi structured interview with staff
- Observations made by the reps
- A pre visit pack relating to the service. This included:
  - Complaints Leaflet
  - Trust's Complaint Procedure
  - A tour of the unit by Matron Potter

Copies of the interview questions are available upon request.

#### **5. Sample**

A total of 11 Patients were interviewed in the waiting area while they progressed through the Triage System.

#### **6. Collation and Report Development**

The completed questionnaires and handwritten general observations were handed to one Enter and View representative for collation and development of the first draft report. It has then been refined with the contribution of the other two reps. Finally the Service provider was asked for comments relating to accuracy.

## **Findings**

### **7. Enter and View Reps Observations**

The reps focussed their observations on the environment and access, not only to the site but to information. Each rep made their own assessment. There was close agreement in the observations made.

#### **7.1 Signage**

Entering the site – Rated as Good

Parking areas and drop off points were easily identifiable. The department's entrance was cramped and gloomy, but the receptionists are welcoming and helpful.

#### **7.2 Information provided to users**

Waiting times were displayed on a notice board; however there was no date on the board, so we could not tell if this was up to date.

There was information on how the “See and Treat” systems works, however patients found it confusing and the systems did not appear to be in use during our visit, as only one person had been given a colour coded card.

#### **7.3 Waiting area**

- Condition and Decoration – Rated as Good. The children's waiting area is good however more activities for children are needed
- Cleanliness – Rated as Good
- Comfort – Adequate. Rather cramped and the seats are hard.
- Temperature – Good. It was a hot day and there is air conditioning
- Lighting – Good, although the lighting could be improved in the reception area
- Noise – Good
- Accessibility – Good

- Facilities – Good. The seating area was clean and tidy. Although there were no signs to say drinks can be taken into the waiting area and there was a lack of reading material

No actual space has been made for wheelchair users in the waiting areas, meaning that they have no option but to park up on the edge of the waiting area / corridor.

#### **7.4 Hand Gel Dispensers**

There were dispensers, however, some were empty. Despite their prominent position, no-one was observed using them and there were no notices to encourage people to use them.

#### **7.5 Parking facilities**

Not enough provision.

### **8. Patient and Carer Questions**

Consent to interview attendees was obtained prior to the visit.

In total 11 Patients and Carers were interviewed over a period of 1 hour and 20 minutes. The waiting time on the day ranged between 5 minutes and 3 hours. Please note that some patients were called in for assessment/treatment during their interview.

**8.1. Were you told how long you would have to wait?**

|     |    |
|-----|----|
| Yes | No |
| 3   | 8  |

**8.2 Were you directed to the information boards for updates?**

|     |    |
|-----|----|
| Yes | No |
| 0   | 11 |

**8.3 Were you encouraged to use the Hand Gel dispensers?**

|     |    |
|-----|----|
| Yes | No |
| 0   | 11 |

**8.4 How long did you have to wait to be initially assessed?**

Patients waited between 45 - 90 minutes for the initial assessment.

**8.5 How did you get to A&E department?**

|               |                  |      |
|---------------|------------------|------|
| Own transport | Family or Friend | Taxi |
| 4             | 5                | 2    |

(Other options were available, but not selected.)

**8.6 How are you going to get home?**

Own transport, family or Taxi

**8.7 In your opinion, how clean is the A&E Department?**

|            |              |                |
|------------|--------------|----------------|
| Very clean | Fairly clean | Not Very Clean |
| 5          | 5            | 1              |

(Other options were available, but not selected.)

**8.8 Were you able to locate the unit easily?**

|     |    |
|-----|----|
| Yes | No |
| 11  | 0  |

**8.9 How would you rate the reception you received when booking in? (More than one option could be selected)**

|              |           |                  |          |
|--------------|-----------|------------------|----------|
| Professional | Organised | Calm and relaxed | Friendly |
| 9            | 6         | 4                | 7        |

(Other options were available, but not selected.)

**8.10 What do you think of the waiting facilities?**

|      |         |      |
|------|---------|------|
| Good | Average | Poor |
| 6    | 2       | 3    |

(Other options were available, but not selected.)

**8.11 What if any, improvements would you like to see?**

- More comfortable seats
- Provide magazines to read
- Chilled water dispensers in the waiting area or somewhere to get a drink without having to leave A&E
- Information boards placed in the waiting area on the left
- Better communication – was not told what to expect
- Shorter waiting time / more speed in the assessment process.

**8.12 Were you informed where the toilets were?**

|     |    |
|-----|----|
| Yes | No |
| 1   | 9  |

**8.13 Were any support needs identified when you came in?  
(wheelchair, interpreters, etc)**

|     |    |
|-----|----|
| Yes | No |
| 3   | 5  |

**8.14 Have you used the toilets and how clean were they?**

3 Patients used the toilets, 2 rated them as “very clean” and 1 as “not very clean”.

**8.15 Was anyone accompanying you told where to go for refreshments/comfort breaks?**

|     |    |
|-----|----|
| Yes | No |
| 0   | 9  |

**8.16 Did any of the staff talk in front of you as if you weren't there?**

|     |    |
|-----|----|
| Yes | No |
| 0   | 6  |

**8.17 Did the staff protect your privacy when discussing your condition?**

|     |    |
|-----|----|
| Yes | No |
| 6   | 0  |

**8.18 Did the staff introduce themselves?**

|     |    |
|-----|----|
| Yes | No |
| 4   | 5  |

**8.19 Do you feel you were treated with respect and dignity while visiting the A&E Department?**

|     |    |
|-----|----|
| Yes | No |
| 11  | 0  |

**8.20 Do you know who to contact if you have a complaint about the service?**

|     |    |
|-----|----|
| Yes | No |
| 3   | 8  |

**8.21 Do you have any other comments regarding your experience?**

- Lots of staff walking around with paperwork and they look like they aren't doing anything this frustrates patients who are waiting
- Long waiting times
- Not enough communication about what is going on – verbal or board updates
- Waited too long for pain relief

## **9. Staff Questions**

### **9.1 Triage System**

Triage system used is called the Manchester Triage Tool which is a widely used tool in all ED depts. The initial sift determines whether the patient needs to go on be triaged or whether they can be seen by the nurse practitioner without further assessment

The target is 15 minutes for first contact; however this is determined by workload.

Darlington uses a colour coded card system entitled See and Treat. On arrival to the department you should receive a card, but only one person interviewed had received a card.

### **9.2 Staffing Levels**

- 2, 12 hour shifts
- 6 full time equivalents, 2 Auxiliary nurses
- Staff absences cause a problem. It is very time consuming arranging cover. Staff provided by bank nurses, agency staff and off duty staff

### **9.3 Monitoring waiting times**

- Boards are used to show the updated waiting times
- The updates rely on verbal feedback from staff – done verbally and strategies which have been put in place

### **9.4 Security for staff and patients**

- Peer support and personal alarms
- Emergency call bells in each room
- A Balfour Beatty Security Officer on call
- Ring 999 if required

### **9.5 Has the abolition of Government Targets changed the monitoring of waiting times?**

No, targets are good; it focuses staff and avoids 12 hour trolley waits. Staff members take pride in their work and the scores are good.

### **9.6 Did the opening of Urgent Care centres reduce attendance at A&E?**

No.

### **9.7 What impact has the 111 call system had?**

The number of patients coming to A&E has increased.

### **9.8 How do you deal with patients who are deaf/visually impaired and do not speak English?**

- Interpreters can be accessed via language line
- Staff can access the Mental Health Crisis Team and Alcohol Services
- Loop System installed for Deaf and hard of hearing
- The biggest problem is identifying and supporting patients

### **9.9 What is the Care Pathway for stroke patients?**

- Contact is made with the stroke team
- A Scan is conducted on site, (the scanner is brand new)
- Clot busting drugs are administered
- On site Stroke Unit, Ward 52 has 8 beds

### **9.10 Where do you direct patients if they are unhappy with their treatment or have a complaint?**

The first referral is to the staff matron, then to Patient Advice and Liaison Service (PALs). There are complaint leaflets and information on display. There is also a compliment system in place which is regularly used by patients.

A questionnaire is also regularly sent to people who have accessed the service to gain their feedback.

Information about complaint and compliments are fed back to the staff members. We were given examples of this information.

### **9.11 Do you have sufficient equipment?**

There are no problems. The Unit has enough monitors and its own bladder scanner.

### **9.12 Are GPs informed of any treatment a patient receives during a visit to A&E?**

Patients who attend the dept have their records forwarded to the GP as to what has happened and why they attended the dept.

## **10. Conclusion**

Matron Potter showed us around the department. The corridors were clear with no patients in beds waiting to be seen to. We were also shown and given up to date information from the many audits carried out within the department which relate to Patient experience. It was clear that the department and staff take pride in their work

On average 1,170 people attend this A&E Department per week, approximately 60,000 per year.

Ringing around and arranging replacement staff to cover those staff members off sick can be time consuming for clinical staff, when it's required.

Pressures on bed occupancy and bed blocking increases the pressure on A&E and influences the service.

The introduction of 111 has been felt by the staff members who have seen an increase in their workload.

Children have their own waiting area and the decoration and cleanliness is excellent.

## **11. Recommendations**

- 11.1 A more customer focused approach should be adopted. Patients would appreciate more status up-dating; they feel that there is a lack of communication.  
They are fully aware of the pressures within the department and verbal updates would go a long way to reassuring them. The board also needs to be kept up to date.
- 11.2 The present card / triage system needs to be reviewed. It was not actively being used on the day of our visit and people did not understand it.
- 11.3 Delegation to a non clinician regarding contacting staff at times of sickness would release Senior Nurses for clinical duties.
- 11.4 Children's waiting area could benefit from more toys / activities.
- 11.5 The hand gel dispensers need to be monitored more closely and members of the public should be encouraged to use them.

## 12. Acknowledgements

Darlington Memorial Hospitals A&E Department is a very busy area of activity.


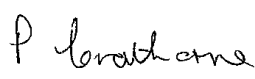

Matron Potter was open and obliging and the staff attitude was good and well intentioned.

Our comments and observations are those of critical friends and we appreciate their sterling efforts on behalf of the public.

We feel that many attendances and referrals made to A&E are questionable and place an extra burden on a very willing service.

We thank all the staff for assisting us in our visit.

## 13. Signatures of Authors

|         |   |       |                  |
|---------|---|-------|------------------|
| Signed: |  | Date: | 9 September 2011 |
| Signed: |  | Date: | 9 September 2011 |
| Signed: |  | Date: | 9 September 2011 |