



Enter and View Visit Report

4 August 2011

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Service Visited

Accident and Emergency (A&E)
University Hospital North Durham
North Road
Durham
DH1 5TW

Date of Visit: Monday 25 July 2011



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A&E at University Hospital North Durham

1. Introduction

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

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

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. Three 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 focused 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 Gordon

5. Sample

A total of 14 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 Adequate

- The parking areas are not readily accessible and the directions were confusing to those unfamiliar with the hospital
- The entrance to the department is clearly sign-posted and DDA compliant (Disability Discrimination Act)

7.2 Information provided to users

The waiting times are displayed on a notice board. On the day of the visit the notice board had the wrong date on it.

The categories for waiting, e.g. urgent and non-urgent, is at best not clear and it is not self evident to the patients, which can lead to unrest. The board must be up-dated regularly to provide information and reassurance. Unfortunately this does not happen if staff members are very busy.

7.3 Waiting area

- Condition and Decoration – Rated as Good. The children’s waiting area could be improved by the addition of activity equipment
- Cleanliness – Rated as Good
- Comfort – Adequate. The seating is hard and rather cramped
- Temperature – Good. It was rather on the hot side on the day of the visit

- Lighting – Good
- Noise – Good
- Accessibility – Good
- Facilities – Good. Although there were no signs to say drinks can be taken into waiting area and there is a lack of reading material

7.4 Hand Gel Dispensers

There were dispensers however, some were empty and no-one was observed using them.

7.5 Parking facilities

Not enough provision

8. Patient and Carer Questions

Consent to interview attendees was obtained prior to visit and confirmed by Matron Gordon on arrival.

In total 14 Patients and Carers were interviewed over a period of 1 hour and 20 minutes. The waiting times on the day ranged between 5 minutes and 1 hour and 30 minutes.

Please note that some patients were called in for assessment/treatment during their interview and where unable to complete the interview.

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

Yes	No
3	9

8.2 Were you directed to the information boards for updates?

Yes	No
3	11

8.3 Were you encouraged to use the Hand Gel dispensers?

Yes	No
0	14

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

Patients waited between 5 - 40 minutes for their initial assessment.

8.5 How did you get to A&E department?

Own transport	Family or Friend
10	4

(Other options were available, but not selected.)

8.6 How are you going to get home?

Own transport and family or friend.

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

Very clean	Fairly clean
6	8

(Other options were available, but not selected.)

8.8 Were you able to locate the unit easily?

Yes	No
12	2

Those patients that struggled to locate the unit felt that a larger sign on the entrance at County Hall roundabout would have made it easier to locate.

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

Professional	Unprofessional	Organised	Calm and relaxed	Friendly
9	1	1	3	8

(Other options were available, but not selected.)

8.10 What do you think of the waiting facilities?

Good	Average
10	4

(Other options were available, but not selected.)

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

No one had any suggestions or comments

8.12 Were you informed where the toilets were?

Yes	No
0	14

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

Yes	No
1	10

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

5 Patients used the toilets and rated them as Very Clean

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

Yes	No
2	11

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

Yes	No
0	1

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

Yes	No
11	0

8.18 Did the staff introduce themselves?

Yes	No
6	4

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

Yes	No
10	0

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

Yes	No
1	9

8.21 Do you have any other comments regarding your experience?

- Problems parking
- Long waits
- Not enough communication – verbal or board updates

9. Staff Questions

9.1 Triage System

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

9.2 Staffing Levels

- 2 shifts
- 7 qualified staff, 1 care assistant and bank staff
- Staff sickness causes a problem. The Senior Sister has to spend a substantial amount of time ringing around to arrange cover

9.3 Monitoring waiting times

- As per work load
- Notice boards are not regularly updated

9.4 Security for staff and patients

- Peer support

- 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. The process has not changed. The aim is to provide the best service to the patient.

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

No, there has been no noticeable reduction. It is possible that there has been an increase in the numbers attending A&E.

9.7 What impact has the 111 call system had?

There has been a marked increase in the number of attendees. Ambulances are being directed unnecessarily to the A&E department with patients whose needs could be met by other departments/services.

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

- There is a book of useful phrases
- Staff can access the Mental Health Crisis Team and Alcohol Services
- Most people are accompanied by helpers

9.9 What is the Care Pathway for stroke patients?

Patients are seen by the Consultant led Acute Stroke Team. Patients are scanned within an hour on site and there is an on call radiologist. Ward 2 is the stroke unit and 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 senior person in charge. There are complaint leaflets and a compliment system. We also refer patients to the consultant's secretary.

9.11 Do you have sufficient equipment?

Generally yes. There is a good porter system for locating wheelchairs and there are enough monitors when all are functioning. But there are no spare Blood Pressure (BP) machines and a bladder scanner has to be borrowed.

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

All patients' GP's receive a discharge letter.

10. Conclusion

The welcome from the Matron and staff members was excellent. Staff introduced themselves and each other to our reps.

On average 1,200 people attend this A&E Department per week, approximately 60,000 per year. This number does not fluctuate much with the seasons, although last winter was made difficult by the heavy snowfall and high rate of staff absence, due to sickness. Ringing around and arranging replacement staff to cover those off sick is very time consuming for clinical staff.

We had an extensive tour of the department which was enlightening. The use of short stay beds e.g. overnight was surprising to our members.

Pressures on bed occupancy are worse in the winter months and influence the A&E service.

The increased workload generated by 111 service was reported as being substantial.

An emergency response to a collapsed patient in the car park was observed during our visit. The response was rapid with many staff going to the person's aid.

11. Recommendations

- 11.1 Communication both verbal and written could be improved. The patients are well aware of department pressures, but would have appreciated more status up-dating.
- 11.2 Delegation to a non clinician regarding contacting staff at times of sickness would release Senior Nurses for clinical duties.
- 11.3 Provision of a Bladder Scanner would assist the through put of patients.
- 11.4 Children's waiting area could be improved we acknowledge that work is under way. Charitable donations/fund raising could be utilised / accessed to improve the surroundings for children.
- 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

University Hospital North Durham A&E Department is a very busy area of activity.

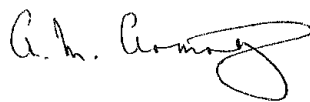
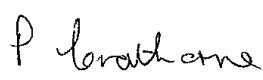


Staff members are professional, friendly, open and communicative. Matron Gordon was extremely helpful and leads well with the welfare of patients and staff very much in evidence.

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
Signed:		Date:	9 September 2011

