

healthwatch

Kingston upon Hull



Hull Royal Infirmary

Enter and View Report - Accident and Emergency Departments

Premises visited during February & March 2016

by Healthwatch Kingston upon Hull Enter & View Ambassadors

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Purpose of visit

Healthwatch Kingston upon Hull, (HWKuH) received contact from a number of patients regarding A&E facilities at Hull Royal Infirmary (HRI). These contacts related to delays in A&E treatment over the winter period. After significant investment and a programme of modernisation to the A&E infrastructure, the purpose of this visit was to ascertain reasons for delays in patients treatment and gather patient opinion of the Accident and Emergency process. For clarity historically the department has been known as A&E (Accident and Emergency) or Casualty to patients, HEYH (Hull & East Yorkshire Hospitals) refers to the Emergency Department (ED).

Healthwatch Kingston upon Hull, (2015) and Healthwatch East Riding of Yorkshire, (2015) have previously undertaken two surveys at HRI to collect patient feedback on both the discharge process and A&E processes producing reports that can be located at <http://www.healthwatchkingstonuponhull.co.uk/enter-view> and <http://www.healthwatcheastridingofyorkshire.co.uk/resources/hospital-enter-view-reports>. It was agreed that in order to collect patient feedback within the Emergency Departments, we would undertake four visits to the Accident and Emergency Department.

Subsequent to any visit a report is prepared, factual detail agreed by the manager of the facility visited, and then shared with the HWKuH Board before distribution.

The visits were pre-arranged. We used prepared questionnaires to find out relevant facts, observed all aspects of the premises or specific areas and spoke to staff, residents and visitors as relevant.

Disclaimer: This report relates only to the service viewed on the date of the visit, and is representative of the views of the service users who contributed to the report on that date.





Background

Hull Royal Infirmary (HRI) is one of two sites currently operated by Hull & East Yorkshire Hospitals NHS Trust. At the time of writing Hull Royal Infirmary has 709 beds in total and is the main Emergency Department (A&E) for the region seeing over 130,000 people per annum.

The Care Quality Commission (CQC) recently carried out a further series of inspections, including the Emergency Department. Their most recently published report (13th October, 2015) refers to their inspection in May, 2015. The report for the emergency services graded as 'Requiring Improvement' raised a number of further concerns and areas for improvement. Whilst not exhaustive the areas of improvement centred on deteriorating 4 hr targets, continuing challenges around staffing levels and concerns over major incident training and medicines management and storage.

Deteriorating 4 hour targets had previously been reviewed by HRI through its 'Perfect 10' pilot addressing working practices. The Perfect 10 pilot operated between July 15th and July 24th, 2015 and was an initiative to bring all staff together to improve patient flows, performance and experience through a Trust wide concerted effort to meet the 4 hr target.

In addition a recent £12m investment programme into the buildings and infrastructure facilities for A & E opened in April 2015 with a 3,000 sq metre department including 10 resuscitation bays, 8 assessment units and 24 cubicles for analysing patients.

Given the recent CQC inspection and changes above, Healthwatch Kingston-Upon-Hull (HWKuH), felt it an appropriate time to conduct an Enter and View visit to find how such changes were impacting upon the experience of patients. This report represents a snapshot in time offering the views and experiences of patients and their families surveyed during our visits.





Introduction

HRI is situated on Anlaby Road, a main route leading into the city, slightly west of the City Centre and is very close to bus routes and within walking distance of Hull central Paragon bus and train station.

Operating 709 beds, the HRI site also houses the Emergency Department, Women & Children's department (including maternity), Renal, Surgery, the eye hospital and a large amount of outpatient facilities. Hull York Medical School and HEYHT administration are also housed on site.

The site is made up of a large tower block with 13 floors, and an additional 3 story building making up the rear wing of the tower block. A number of new buildings have been added to the site over recent years with much of the adjacent land being utilised. There are a number of 3 story Victorian wards towards the rear of the site which are no longer used. The main tower block was opened in 1967 and replaced the old infirmary in the city centre.

The Emergency Department (A&E) at Hull Royal Infirmary is subdivided into three main areas, all of which are included within this Enter and View report. The new 'Majors' unit, as it is referred to, comprises of a resus area with 10 new fully equipped trauma beds and a separate 24 major injury beds. Most patients arrive at 'Majors' via ambulance at a dedicated ambulance entrance to the rear of the HRI tower block. The 'Minors' unit accepts most 'non emergency' or ambulanced patients who present themselves to A & E accessible via a marked corridor leading from the hospital's main entrance. A separate Children's Emergency Department with its own entrance and ambulance entrance is located directly behind the 'minors' unit.

Many Thanks to Sarah Bates, Assistant Chief Nurse, and Louise Beedle and her team and for providing us with the opportunity to meet patients, freely ask questions and to enable us to explore the opinions of patient's experiences of the Emergency Departments highlighted above. Health watch Kingston-Upon-Hull spent a total of 8 hours speaking to patients and accompanying family/friends over 4 agreed dates and times between February and March 2016. We used a survey to gather peoples' opinions of the service and conducted 43 completed interviews. A copy of the survey is attached at Appendix i.





The Environment

Pediatric A&E

The Children's emergency Department is easily located and has its own separate entrance which is gained by two large automatic doors. The reception desk is large and situated to the left of the department and was staffed during all our visits.

The area is warm, calm and pleasant and is adorned with child friendly decorations and a TV playing children's and family movies. The department also provided children's toys and books.

Majors Unit

Having very recently undergone a substantial multi million pound refurbishment programme, the majors unit offering has 10 observation or 'Resus' bays with their own room / curtains for added privacy. These are accessed from the ambulance entrance located towards the rear of the tower block.

The Major injury unit consists of 24 individual 'rooms' all accessed via a glass door and containing a bed and internal curtains, all positioned around an internal hub containing patient electronic whiteboard.

Minors Unit

The minors unit is located via the front main tower block entrance and then via a coloured and patterned corridor leading away to the far right of the main reception area. The entrance to the Minors Unit is prominent with handwashing facilities to the front of the entrance.

Upon entrance the Minors unit employs two self-check in booking in points, one of which was broken during one of our visits, there is also a reception to the rear of the waiting area, which was staffed during 3 of our 4 visits.

Toilets are easily accessible and are situated adjacent to the entrance of the minors unit. Whilst we encountered no issues with use, both the female and gentleman's toilet were extremely dirty during two of our visits.





Survey Responses

We used a survey (Appendix i) to gather peoples' experiences of the Emergency Department. During the course of our four visits to the accident and emergency department, we spoke at length to a large number of patients. Of the patients spoken to 43 completed our discharge survey and 3 patients terminated our survey during interview as a result of being called through for treatment or patient transport.

Despite their prominence at the entrance to the 'minors unit', only (64%) of our respondents were aware of the check in system and (46%) had preferred to use the receptionist if available. Most of our respondents detailed that they had been seen promptly by reception staff and whilst a TV was available detailing estimated wait times, many respondents were unaware of their estimated wait times. Many of our respondents (46%) offered suggestions as to why they did not wish to use the checking in system and preferred the reception staff and a few examples are given below :-

“Didn't like it, not personal, not the right questions, reason for attending is not even an option”

“Long Winded, hope it worked, I prefer people”

“Did not know how to use the machine”

“Stupid thing was not working properly, questions like why are you here ?”

The majority of people who responded to our survey had used their own transport and had driven into A&E (32%), with (23%) attending by bus and a further (13%) taking a taxi. A significant percentage (44%) of our respondents declared there was no charge to get to the hospital and whilst this was in part made up of smaller cohorts of respondents who had walked into A&E, been ambulated or had been driven by a friend or relative, many respondents could not 'estimate' a cost based on their own vehicle and petrol costs to attend. The remaining (56%) of our respondents did indicate a cost attached to their attendance with the majority (33%) stating their journey costs would be between £2 - £5.



The Journey was very stressful. I was driving around for 1.5hrs trying to find a parking space. I arrived at 9.00a.m and arrived at E.D at 10.25





Of all our respondents interviewed the costs associated to 22% of the patient journeys identified would increase due to respondents being unable to determine the total cost of car parking at Hull Royal Infirmary until exiting. The majority of comments received indicated that this would be a minimum further £3 with several respondents stating dependant on time spent at A & E this could be as high as £5.

In addition to Hull Royal Infirmary A&E covering a relatively small metropolitan area, it also serves a much wider geographical population into the East Riding of Yorkshire, therefore many patient journeys may well be from well outside the City of Hull boundary. Of the people who completed our survey exactly (50%) had experienced journey times of a maximum of 20 minutes. The largest cohort (41%) stated their journeys' had taken between 20-30 minutes, however 3 respondents declared their journey had been 50 minutes leading one to state 'I had to take 2 buses'.

When injury / illness occurred

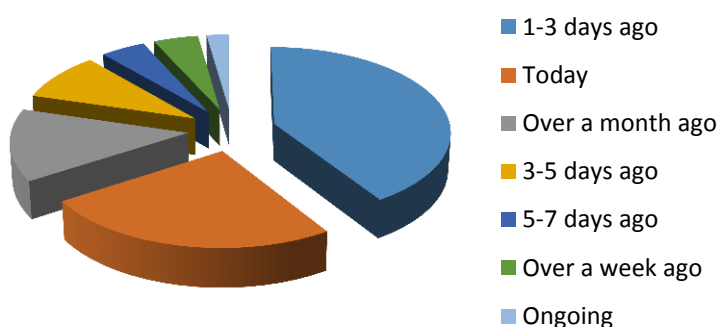


Figure 1

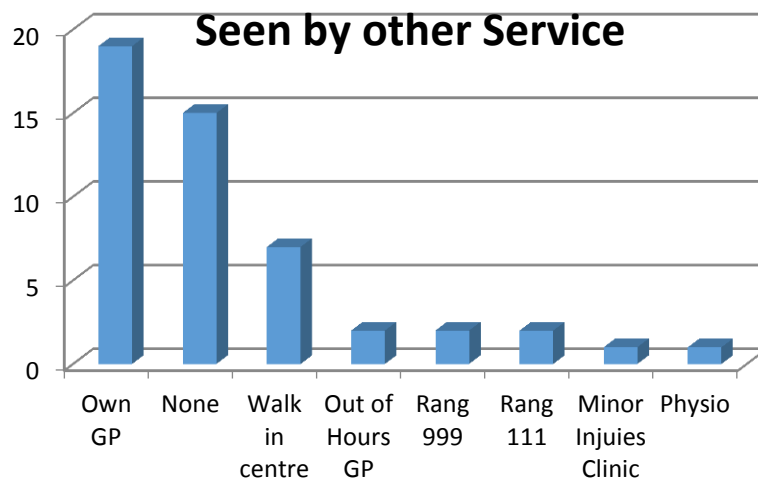
declared their injury / illness occurred 1-3 days ago with further (25%) experiencing symptoms on the day interviewed. The largest number of respondents we spoke to during our round of visits had attended after a consultation with their own GP (39%).

We asked all of our respondents to detail when they had first noticed symptoms of their illness or when their injury had occurred that had resulted in their need to attend A&E. Figure 1 (left) illustrates that the largest number of respondents (41%)





Although (31%) of the respondents commented they had not contacted any other services before attending A&E, (14%) of people surveyed had attended a walk in clinic. Only (2%) of the respondents had received guidance from the NHS 111 helpline (see figure 2 below).



Whilst we asked whether alternative provision may have helped them to avoid A&E, many respondents expressed difficulties in gaining an appointment at their own GP, a lack of MIU (Minor Injuries Unit) near to their home, or referrals directly from attending a walk in centre as a reason for attending. A number of comments received regarding Walk in Centres included:

‘I do not know where minor injuries clinics or walk in centres are’
‘The walk in centre, I know if I went there they would send me straight to A&E’
‘At this time the walk in centres are usually full’.

Of the 43 completed interviews from our respondents over the 4 different dates and times, (60%) or 26 people stated that they had been within A&E for less than 1 hour, with the remaining (40%) or 17 people having attended longer. During our visits we did not interview anyone who had exceeded the 4 hour wait, with the longest wait being recorded at 3hrs 30 minutes.

We asked all our respondents whether their waiting time had been over a mealtime with an overwhelming (81%) declaring their wait had not been over a mealtime with an identical number (81%) or 35 people stating they had not eaten. Whilst attempting to identify if A&E waiting times and not eating could impact on associated medical complaints such as Diabetes, Gastric complaints or the requirement to take medication with food, two respondents provided further detail. One declared that they been advised not to eat or drink due to a gastric complaint, with the second respondent stating 'If I wait much longer, I will need to eat in the canteen to take meds'.

By and large most people reported a positive experience within A&E corroborated that of all 43 interviewed none had exceeded the 4hr wait time. Through our 'additional comments' section (44%) or 19 people chose to express they had a 'good' experience, with 8 people wishing to praise the staff for their efforts. Only 4 (9%) respondents indicated a negative experience and two of these when questioned felt it was due to 'being able to hear other conversations' and a feeling of empathy to staff for being 'understaffed'. A significant proportion of respondents (28%) wished to make comments on the seating in particular within the minors unit with comments ranging from 'functional' to 'uncomfortable' to 'merely meets a purpose'. Many respondents discussed the seating as exacerbating their illness or injury and wished for a little more comfort.



Recommendations

Further to our visits we would make the following recommendations:

- It is recommended that HEYH look at additional signage for the Emergency Department
- It is recommended that HEYH consider additional signage notifying patients of alternatives to A&E
- HEYH to indicate via reception staff or through the booking in point estimated time to treatment or be seen to patients.
- HEYH to consider whether alternative seating arrangements could be established for the comfort of patients.

Appendix 1.

Enter & View Observation visit HRI Emergency Department

Postcode	
Time of discussion	
Arrival time at the ED	

Journey to Hull Royal Infirmary						
How did you get to the hospital today ?						
Bus	Taxi	Lift	Drove	Walked	Ambulance	Other
Was there a cost to your journey?						
Less than £2	£2- £5	£5 - £7	£7 - £10	Over £10	Travel pass	No cost
Was there any additional cost e.g parking ?						
How long did your journey to the hospital take?						
Less than 10 minutes	10 - 20 minutes	20-30 minutes	30-40 minutes	40-50 minutes	50-60 minutes	More than 1 hour
Any additional information about your journey today?						

History

When did this injury / illness occur?

Today	1 - 3 days ago	3 - 5 days ago	5 - 7 days ago	Over a week ago	Over a month ago

Have you been seen by any of the following services regarding this illness / injury?

Own GP	Walk in Centre	Out of hours GP	Minor Injury centre	Other

Where you directed to come to the ED today ?

Directed by minor injuries	Directed by GP	Directed by 111 / NHS Direct	Directed by Walk in Centre	Directed by Pharmacy	Directed by Police

Where you aware of the alternatives to visiting the ED today ?

Any additional information around your experience prior to ED today ?

Experience today	
Has your wait so far been over a normal mealtime ?	
Yes	No
If Yes, do you have any health conditions this may effect?	
Have you had anything to eat or drink during your wait today?	
Yes	No
Any comments / observations / experiences regarding food & drink available?	
Where you aware of the self check-in facility available?	
Yes	No
Any additional comments regarding the self check-in facility?	
Any comments / observations about the waiting area	
Any additional comments about your experience today	

Journey Home

How are you planning on getting home from hospital today ?

Bus	Taxi	Lift	Drive	Walk	Other

Does your journey home depend on time? If yes, why ?

Are there any time restrictions for your visit today ? e.g school pick up times

Any additional comments about your planned journey home

Appendix 2.

Demographic Breakdown

Servicing a metropolitan population of over 250,000 and supporting a further rural population in excess of 200,000, at the time of writing Hull Royal Infirmary has 709 beds in total and is the main Emergency Department (A&E) for the region seeing over 130,000 people per annum. To provide clarity and to support the assertions that Hull Royal Infirmary supports a wide demographic area Figure 1 below gives a breakdown by postcode of the 45 respondents interviewed.

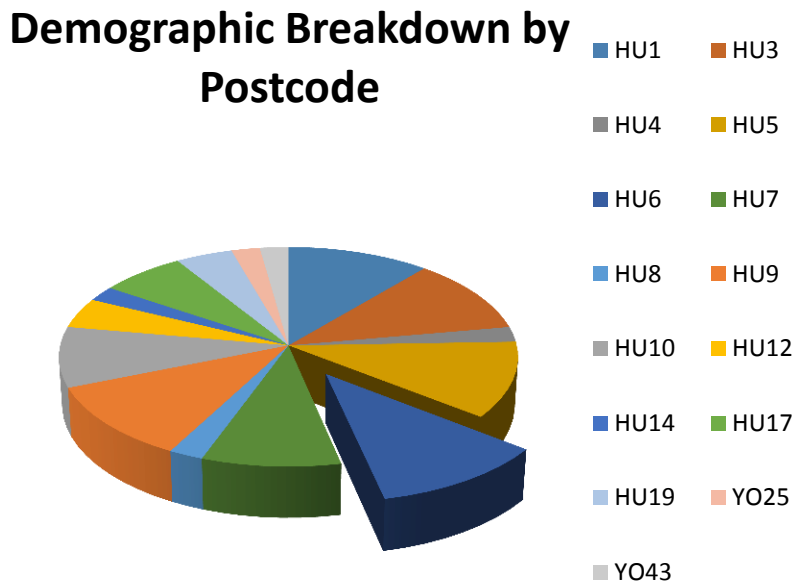


Figure 1

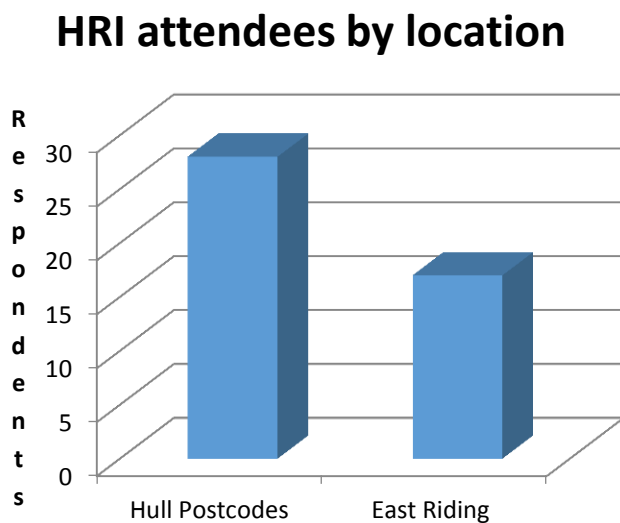


Figure 2 (left) highlights that from the entirety of the respondents spoken to (45) the majority who attended A&E came from within the Kingston Upon Hull postcode boundary area (HU1-HU9), namely 28 respondents. The remaining 17 respondents had travelled from the East Riding catchment area.

Figure 2

Enter & View Visit Information sheet

Visit Details

The visits were carried out by the following Healthwatch Kingston upon Hull Enter & View Ambassadors:

John Wilkinson
Norma Waugh
Jennifer Nicole

Accompanied by Healthwatch Kingston upon Hull Insight & Intelligence Officer:

Jason Hewitt.

Or by Healthwatch Kingston Upon Hull Delivery Manager:

Gail Purcell

All Enter & View Ambassadors are fully trained in accordance with Healthwatch policy and have undertaken Disclosure & Barring service (DBS) checks.

The visits were carried out on Tuesday 9th February, Wednesday 10th February, Saturday 13th February and Tuesday 1st March, 2016 and our representatives were at the premises for approximately 120 Minutes.