healthwatch
Richmond upon Thames

West Middlesex Hospital Emergency Department and Urgent Treatment Centre: *An Enter and View Report*

March 2025

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Introduction

Healthwatch Richmond has a continued interest in the services used by the residents of Richmond upon Thames. West Middlesex University Hospital (WMUH), part of Chelsea and Westminster NHS Foundation Trust, alongside Kingston Hospital, represents one of two major providers of acute and emergency medicine to Richmond residents. WMUH has an Emergency Department (ED)[1] as well as a collocated Urgent Treatment Centre (UTC), both separated into adults and paediatrics. The collocation of the UTC is part of a collective push within the NHS to reduce pressures on emergency departments.

Healthwatch Richmond's previous visit to WMUH's ED and UTC was conducted in late 2019, with the report published in early 2020. In the almost 5 years since this piece of work there have been notable changes within the NHS as well as a change in the provider of the UTC service. Until September 2023 the UTC was run by Hounslow and Richmond Community Healthcare Trust (HRCH) who subcontracted to Greenbrook Healthcare. As of the 28th of September 2023, the UTC contract has been held by Chelsea and Westminster NHS Foundation Trust and subcontracted to London Central and West NHS Trust (LCW). We were keen to return to the Emergency Department at West Middlesex Hospital to assess the general state of the service and the impact, if any, that the change in provider has had on the service provided by the UTC.

[1] Also known as Accident & Emergency departments. 'ED' is used in this report to reflect the language used by the NHS and WMUH.

Background

To provide background for the general standard of the ED and UTC services at WMUH we reviewed 3 key pieces of literature: WMUH Performance and Attendance data, WMUH Friends and Family Test (FFT) data, and Healthwatch Richmond Patient Experience Data (2018-2024) relating to the WMUH ED.

WMUH performance and attendance data (October 2023- August 2024)

- 78.4% of patients waited four hours or less, meeting the NHS target of 78% of patients being seen within four hours.

WMUH FFT Data

- 75% of responses were positive for the UTC (paediatric and adult) and 87% of responses were positive for the ED (paediatric and adult). This is consistent with national FFT data.
- Negative themes included long wait times, a lack of communication and empathy, and an unclean environment.

Healthwatch Richmond Patient Experience Data

- 46% of feedback provided to Healthwatch Richmond was positive, 38% negative and 16% mixed.
- The majority of positive experiences referred to treatment.
- Negative themes included wait times, communication and referrals.

Alongside this, as part of our membership of the Complaints and PALS (Patient Advice and Liaison Service) Scrutiny Group at HRCH, we had been made aware of some complaints made against the UTC. Though these complaints were from cases which occurred prior to the change in service provider, they raised some concern around the efficacy of patient streaming within the UTC and ED departments.

Aims

Our aim for this project was to attend the West Middlesex UTC and ED in a series of Enter & View visits. During these visits we conducted semi-structured interviews with patients and staff to create a snapshot assessment of the services and to identify the areas, if any, that require improvement or re-evaluation and to produce recommendations based on these.

Methodology

We undertook a series of six Enter & View visits to WMUH at the following dates and times:

- 06/11/24 14:00-17:00
- 08/11/24 09:00-12:00
- 09/11/24 22:00-01:00

- 11/11/24 09:00-12:00
- 13/11/24 14:00-17:00
- 15/11/24 18:00-21:00

Visits were conducted by a team of trained volunteers and staff. These Authorised Representatives used pre-written surveys to conduct semi-structured interviews (**Appendix 1** and **Appendix 2**) with patients, carers and staff within the UTC and ED departments. Responses were recorded anonymously. An 'observation checklist' was also used to record observations of the UTC and ED departments (**Appendix 3**). After speaking to patients, we asked them to provide their contact details for a follow-up survey (**Appendix 4**) to be conducted over the phone, around 2 weeks after the first visits.

During the visits we spoke to 111 patients and 30 staff members. We spoke to 15 patients for our follow-up survey.

Local Healthwatch were set up by the Health and Social Care Act 2012. This provides us with the statutory power to make observations of health and social care services and to request information and comments from service providers. How this works in practice is that following our visits we produced this report of our findings and recommendations for the service. Before publication a draft copy was sent to WMUH, who had 20 days to respond to make factual corrections and provide details about how they will incorporate our recommendations into their service improvement plans. The responses from WMUH are included in the 'Recommendations' section at the end of this report.

Deciding to attend WMUH

We asked patients if they consulted with anyone else for advice or treatment before attending WMUH. The findings are shown in Figure 1.

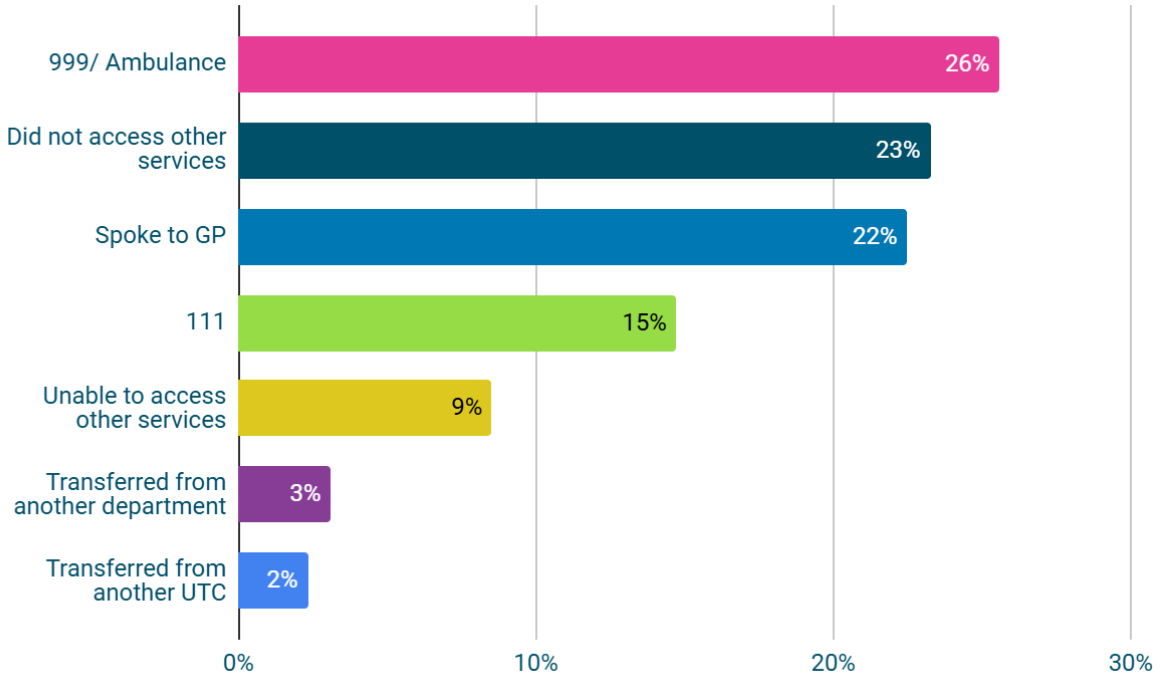


Figure 1. Services used by patients before attending WMUH as a percentage of total patients spoken to.

Did not seek alternative support first

23% of patients we spoke to did not access advice or treatment before attending WMUH. For some patients, this was due to a distrust in other services.

"I know you're supposed to call 111 but that hasn't helped in the past".

For others, this was due to recurrent health issues; one patient had a long-term heart condition and had attended the WMUH ED several times before. For other patients, they felt WMUH was the most appropriate place for their care.

"I knew it was the best place as I needed an X-ray"

"I came straight to the hospital as I am in pain and have kidney stones so I knew what was wrong".

Attended after contacting GP

22% of patients had spoken to their GP. This includes 15% of patients we spoke to who had received a GP referral, although it did not appear that patients with a referral were expected when they arrived.

"my GP did not call ahead so they were not expecting me when I arrived".

This was not an issue for some patients, as they appeared to be streamed appropriately upon arrival.

"They weren't expecting me when I arrived but I have been seen quickly as I have a heart issue".

However, for others, there was frustration that referral letters were not used or that there had been no contact between their GP and WMUH.

"I feel like this has been a hindrance as the doctors at the hospital have had to start again to see what is wrong with me"

For some patients, they had been seen by their GP, but their health issue was not resolved, or worsened, leading them to attend WMUH.

Via NHS 111

15% of patients we spoke to had initially contacted 111 before attending WMUH. There were some negative sentiments amongst patients who had been referred by 111 but found there was no priority in place.

"It was not relevant that 111 said I must come in. I am high risk so it's important that I am seen".

Four of the patients we spoke to faced long wait times to be called back by 111, therefore making the decision to attend WMUH by themselves.

"Was informed that a clinician would phone back within 2 hours. No-one phoned so we took the decision to come to West Middlesex. 111 have still not phoned back in over 5 hours".

Other patients felt that they were not dealt with appropriately by 111 or that there was a lack of knowledge or understanding from the service.

"111 was useless, I told them I had had a hysterectomy and I was asked if I was pregnant"

"I called 111, it was what I would expect. It was unethical and not providing safe or appropriate care".

No other options were available

9% of the patients we spoke to attended West Middlesex as they were unable to access care elsewhere. This included three patients who were unable to make a GP appointment.

"You can never get a GP appointment where I live".

This is also reflected in the higher patient numbers seen on Mondays, likely due to patients being unable to access services over the weekend. Other patients who required care at weekends or the evenings were not able to access other services.

"Who else can help at this time of night except the hospital?"

"only place to see a doctor on the weekend".

There was one patient that we spoke to who was pregnant, but unable to access the Early Pregnancy Unit, and also unable to access ward-based maternity care. The ED department was therefore the only service available to them. However, they found that they were not treated with much urgency, waiting for several hours without any information or staff checking on them, despite heavily bleeding.

"I just want to see someone sooner. Why do I have to wait? This is an emergency. Why is it taking so long?"

Returned to Hospital after previous treatment

Some patients had re-attended WMUH due to unresolved health issues from previous visits. One patient that we spoke to had attended the previous day, however they were asked to return as the ED did not have the correct stoma bag available. This was an elderly patient who told us they did not really understand how hospitals worked. We spoke to a second elderly patient who had attended the day before. They had waited 7 hours (from 13.00 -20.00), however their family member took them home as they were too tired and staff could not advise how much longer they would have to wait for a review by a surgeon. Although, when they returned, they were given some priority.

One patient had experienced excessively long wait times for outpatient consultants, waiting several months for a cardiology appointment, which had been scheduled for January 2025. However, their symptoms had worsened, leading them to attend the ED.

"I think the reason why A&E becomes so busy is because people are waiting too long for appointments with specialists, so they get worse and then have to come to A&E"

In our follow-up survey we heard from patients who had returned since our visits. One told us they returned due to persisting pain, but did not have a positive experience on their return. They were frustrated that they *"went through the exact same A&E process"* despite being a patient so recently. They felt there was no priority for patients, especially patients in pain.

Arriving at WMUH

999 and Ambulance

26% of patients had contacted 999 before attending WMUH, or had arrived by ambulance. This included 111 ambulances. Generally, patients had positive comments about their ambulance experience.

"Ambulance crew were amazing"

"Felt safe, very safe. Went straight in, very organised. Two thumbs up".

We also asked patients about their experience of ambulance handover. Positive sentiments included quick handovers and staff attitudes. However, a small minority of patients told us about their poor handover experience.

"When I arrived by ambulance I was dumped into A&E. I was in lots of pain so I was lying on the floor as it was the only place comfortable."

"Confusing. I wasn't really told much"

We also observed the ambulance handover process. The ambulance entrance was beside the Majors A area of the ED, where paramedics would bring patients inside for handover at the staff desk. Our visits on Saturday night and Friday evening saw higher levels of ambulance attendance. On the 15th we spoke to a paramedic who told us the wait for handover was 45 minutes, although this was unusual for WMUH. The handover process appeared efficient and organised, with information communicated to relatives and patients. However, during the busy periods, patients were waiting on trolleys in the corridor, which did become congested due to the numbers of patients and paramedics.

Reception

For patients who do not attend by ambulance, their first interaction at WMUH is their arrival at the reception desk. Both ED and UTC patients present at the same reception. We were pleased to hear from the majority of patients that the reception process was clear and understandable.

"It made sense when I arrived"

"Had a very good experience. Reception process 5 out of 5"

Patients also praised reception staff, particularly focusing on staff attitudes.

"All staff have been polite and helpful including reception staff. I want to make that point because they get a bad rep [...] I think it's because they are so busy, but these reception staff have got it under control"

There was also praise for the short wait times that patients experienced at the reception as well as staff efficiency. There were two negative comments about reception staff, however these were both referring to previous experiences.

"Very dismissing a few weeks ago and suffering from severe anxiety"

"In the past felt rushed and [reception] staff had an attitude, put you on edge particularly when you are trying provide care to your kids"

Some patients did express some confusion around the reception process. One area of concern was the 'queueing' area, which was set back from the reception desk, presumably to promote privacy for patients. One patient did not notice the 'wait here' sign and went straight to reception. When they were sent back to the queue they felt very embarrassed as they did not want to be seen as a 'queue jumper'. Another patient also had trouble with the queueing system.

"Reception was confusing [it was] not obvious where or how to queue"

This was also reflected in a conversation with one of the ISS security staff members, who told us they often need to direct patients to the reception queue.

"The queue is also an issue. Patients don't always understand the system, there should be rails"

The signage which marks the start of the queue is on the floor, and could be obscured by other patients at busier times.

"Seen some patients struggling to navigate the crowd and some confused about where to go since signage not clear and sometimes obscured by other patients"

"People get very confused or don't see the line on the floor to queue. The signs at the desk are not helpful and no one reads them"

Locating the ED & UTC

A small number of patients experienced confusion around the separate entrance to the ED and UTC departments. One patient told us they were dropped off at the main entrance but found it hard to see the signs to the ED and UTC departments, with another needing direction from the main reception. We spoke to one of the volunteers based in the main atrium who would often direct patients to the UTC and ED department. There are signs outside of the main entrance, but these were not always noticed by patients. Additional signs in the main atrium which direct to the ED/ UTC department were only visible when leaving.

Wheelchairs

Our conversations with patients highlighted some issues around wheelchairs. Patients needed to independently find wheelchairs upon arrival. A relative of one patient needed to go to the main entrance to find a wheelchair before they could bring the patient into the ED/UTC department. A patient that arrived with their child told us that it was *"a real struggle to get son from car into the hospital, random strangers helped and found a wheelchair"*.

When we spoke to a volunteer they told us *"there are not enough wheelchairs, they go missing quickly"*, though there is a 'central depot' for wheelchairs, these often are taken to wards and not returned.

We observed very inconsistent storage of wheelchairs. On some visits there were a number of wheelchairs stored in a non-signposted area near the main entrance, on other visits, particularly afternoon and evening visits, there were sometimes no wheelchairs available. There were sometimes wheelchairs outside of the ED/UTC entrance. Though this did not appear to be a secure, organised or sanitary storage area. This area was also

occasionally untidy, with old gowns or sick bowls in the area. A picture of this wheelchair storage area can be seen in Figure 2.

Figure 2. Wheelchair storage outside of the main ED/UTC entrance

The waiting area

General Observations

The waiting area consists of separate UTC and ED areas, separated by the reception desks. There is also a waiting area for the paediatric ED, a separate and private room which requires key card access. There is also a paediatric UTC waiting area, separated from the main area by a plastic screen. It is poorly signposted. We saw this area in use by adults, often when there was insufficient seating in the ED waiting area, but rarely by children.

The two waiting areas differed in size, with the UTC waiting area being significantly larger than the ED waiting area. During our visits the ED waiting area was often at capacity, with some patients standing, sitting on the floor or seated in the nearby paediatric UTC waiting area. In contrast, the UTC waiting area often had many spare seats.

"A&E waiting area too small"

"It's not good that some people are sitting on the floor to wait"

Patients also spoke to us about how busy the waiting area was. During our visits, the Friday evening and Saturday night were when we saw the waiting area at its busiest.

"The waiting room seems pretty full, maybe that is normal for Saturday night".

"The waiting area is very crowded, not good for airborne infections".

There did appear to be some confusion around the different waiting areas. This means that patients may be sitting in the wrong area and therefore do not hear their name be called. Additionally, due to the busyness of the ED waiting area, some patients were sat in the UTC waiting area as an overflow. This may have meant that patients do not hear their names being called from the ED.

Patients also spoke to us about the chairs in the waiting room. Although we are aware there are plans to replace the chairs, we did observe the current chairs to be in poor condition, with several broken and out of use.

"Terrible. Cramped, not enough seats and too narrow, you get more sick sitting on them"

"Seats can become quite hard if there for a long time".

It was also noted by patients that there was a lack of decoration or entertainment within the waiting area. During our observations it was felt that although it was a relatively well maintained environment, more could be done to provide comfort to patients, particularly through art or decoration.

"Some flowers or greenery would be nice in the waiting area. It is very grey which doesn't help when you are already feeling low".

"The waiting area should be improved and made more welcoming"

Some patients commented on the lack of a television in the waiting area, with one patient comparing this to Teddington Memorial Hospital (TMH), which does provide a TV in the waiting area. We did note however there was a TV in the Clinical Decision Unit (CDU) within the ED, an area which was often observed to function as an additional internal waiting area for ED patients.

The main doors to the department, and therefore the waiting area, opened directly to outside. Throughout our visits the doors were always opened. This made the chairs near the doors cold and uncomfortable for some patients.

"The door is always open which makes it cold"

There was also an air freshener above one of the chairs which was broken and leaking, also making this chair unusable. This was raised with a member of staff during our visit.

We observed an apparent lack of information about parking within the waiting area. The parking ticket machines were located in the main entrance, but this did not appear to be displayed to patients in the waiting area of the UTC/ED. Patients also spoke to us about their poor experiences of parking.

"car park was very busy".

One family, who had attended with their young child, found the car park full and they were unable to park. They found this quite distressing as their child was bleeding and they were unable to leave the car.

Food and drink

Patients commented on the availability of food and drink in the waiting area. At the department entrance there were vending machines offering food, drinks and some toiletries. Views on these were generally poor. On some of our visits the hot drink machine appeared to be out of order and the vending machines were poorly stocked. This was a common comment from patients in the waiting area.

"It is annoying there are no hot drinks in the waiting area today"

"No hot drinks. Not much choice of food in the vending machine"

There was limited knowledge about the availability of M&S and Costa in the main hospital; we did not observe any signs. Although these are not open overnight.

These vending machines are also designed to serve patients in the ED and UTC, however they are difficult to access from the ED department and do not contain sufficient stock for the volume of patients.

Cleanliness

Patient comments on cleanliness were also mixed, as were our observations.

"The waiting area/reception is not clean, not welcoming, and filled with broken chairs"

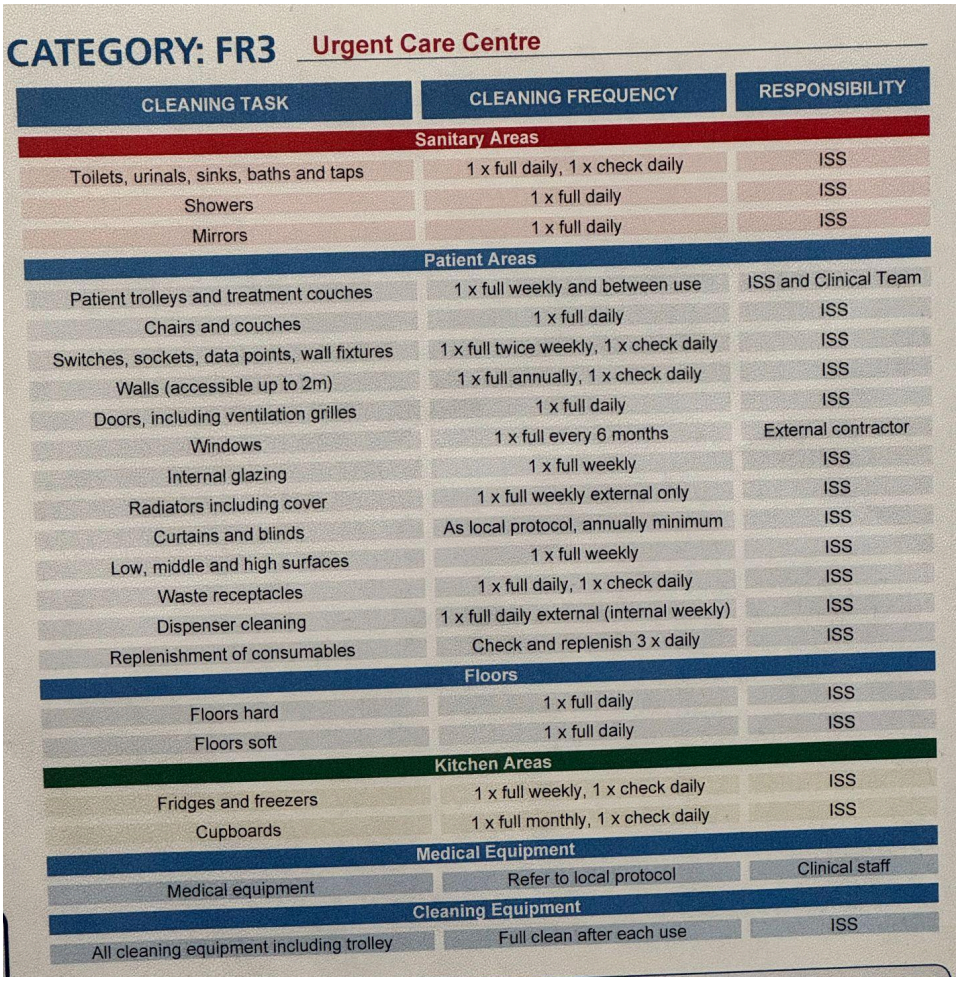
"I've seen it cleaned several times. They cleaned the posters and the floors"

"The environment is clean and comfortable"

During our visits we found there to be a relatively consistent standard of cleanliness. The toilets in particular were well maintained, all containing soap and toilet paper, and were not an area of concern. The floor of both waiting areas, however, did sometimes appear to be unclean with mud and stains present. The cleaning schedule (shown in Figure 3) appeared to show that the floor was only cleaned once a day, which is insufficient, particularly during the evening and at night where usage is high and when the floor appeared dirtiest during our visits. Another issue was a number of marks on the floor which appeared to be left over from previously installed chairs which made the floor look unclean. This is something also highlighted by patients.

"There's quite a bit of muck on the floor. I suppose they don't clean on Saturday nights".

"The floor isn't that clean".



CATEGORY: FR3 Urgent Care Centre

CLEANING TASK	CLEANING FREQUENCY	RESPONSIBILITY
Sanitary Areas		
Toilets, urinals, sinks, baths and taps	1 x full daily, 1 x check daily	ISS
Showers	1 x full daily	ISS
Mirrors	1 x full daily	ISS
Patient Areas		
Patient trolleys and treatment couches	1 x full weekly and between use	ISS and Clinical Team
Chairs and couches	1 x full daily	ISS
Switches, sockets, data points, wall fixtures	1 x full twice weekly, 1 x check daily	ISS
Walls (accessible up to 2m)	1 x full annually, 1 x check daily	ISS
Doors, including ventilation grilles	1 x full daily	ISS
Windows	1 x full every 6 months	External contractor
Internal glazing	1 x full weekly	ISS
Radiators including cover	1 x full weekly external only	ISS
Curtains and blinds	As local protocol, annually minimum	ISS
Low, middle and high surfaces	1 x full weekly	ISS
Waste receptacles	1 x full daily, 1 x check daily	ISS
Dispenser cleaning	1 x full daily external (internal weekly)	ISS
Replenishment of consumables	Check and replenish 3 x daily	ISS
Floors		
Floors hard	1 x full daily	ISS
Floors soft	1 x full daily	ISS
Kitchen Areas		
Fridges and freezers	1 x full weekly, 1 x check daily	ISS
Cupboards	1 x full monthly, 1 x check daily	ISS
Medical Equipment		
Medical equipment	Refer to local protocol	Clinical staff
Cleaning Equipment		
All cleaning equipment including trolley	Full clean after each use	ISS

Figure 3. Cleaning schedule for the UTC and waiting area.

There were two instances where prompt cleaning was observed. A patient had bled on the floor and this was cleaned within 30 minutes, and another patient was sick on a chair, which was also cleaned promptly. Though we were not aware whose responsibility it was to notify cleaning staff. One patient told us they were uncomfortable being around patients who were being sick.

"There should be a separate area for people who are being sick. Some people are not hygienic, putting their bare feet on seats."

We also observed that there was one set of bins located near the entrance doors. These were presumably emptied frequently as they never appeared to be full or overflowing. Generally, we observed little rubbish within the waiting area other than some discarded masks.

Paediatric waiting area

As previously mentioned, there is a separate paediatric waiting area for the paediatric ED. This provided a quieter and calmer space for paediatric patients and their families. However, it was observed that the space is limited, and patients often attend with several family members, making the space feel cramped.

"It would be good to be more spacious, there are a lot of people in a small space"

We observed on some occasions that patients and family members were standing in the corridor. Similarly to the main waiting area, there was little entertainment or distraction aside from a sensory screen showing fish.

"There are no toys but I wouldn't want them here because of infection risks. The fish screens are nice"

"There is nothing to occupy children"

The seating was arranged in such a way that patients could lie down, which was appreciated by the parents of young children, particularly at night. It was unclear if UTC patients were able to use this space.

Patient call system

Currently, when patients are ready to be seen, a member of staff will call their name from the doors to either the UTC or ED departments. Some patients were unable to hear their name called, concerns were raised in particular by elderly patients who spoke to us about their hearing impairments. For some patients this gave them a level of anxiety; reluctant to use the toilet or get refreshments for fear of being called when they are not present.

"It would be better if they have your name up on a screen rather than calling you. My hearing isn't very good and it is hard to hear sometimes".

"You are paralysed as you're scared you will miss your name, so you don't want to get refreshments or go to the toilet."

Another patient with a hearing impairment told us they were confused about where to sit, as they didn't understand what the waiting areas were for. They therefore felt *"frightened"* to move from their seat. A parent attending with their child also felt they needed more information regarding where to sit as they were worried if they sat in the wrong area they would not hear the call.

Indeed, during our visits, there were occasionally times we heard staff calling patients who then did not materialise.

These challenges were also highlighted by members of staff. A streaming nurse told us that particularly when the waiting areas are very busy it is difficult to call patients or for patients to hear their name being called. They also told us that it can be difficult to pronounce patient's names correctly, sometimes leading to patients being unaware their

name had been called. Staff often need to walk around the waiting areas to find the patients. In a department as these clearly are, this is likely a frustrating use of time.

Streaming and triage

Streaming

After patients have registered at reception they are called for streaming. This is an important step as it ensures patients are seen by the correct departments, including paediatrics, depending on their medical need.

Patients can be escalated straight into the ED from reception if there is an emergency. A member of ED staff told us that recently a patient had presented with stroke symptoms to the UTC reception. The stroke symptoms were not immediately picked up by UTC staff so ED staff intervened and the patient was referred directly into ED. It was suggested to us that staff working at reception receive a different level of training depending on whether they were employed via the ED or UTC; despite operating effectively the same roles.

Streaming is performed by UTC or ED nurses who take alternating shifts. Generally, staff felt that streaming was effective and well managed.

"It is an effective way to filter patients"

"Streaming is the most important job here and the most challenging"

However, there were some concerns raised about the ability of staff to effectively stream patients, particularly around the level of experience or training.

"Nurses with more experience and A&E experience are better streamers, nurses with less experience could be a risk"

Another staff member felt that monitoring patients can become disjointed after the streaming process, as it *"became someone else's problem"*.

Patient streaming occurred at desks situated to the side of reception in the UTC waiting area. Although screens and dividers are present, these provide very limited privacy and confidentiality.

"Where I am sitting you can overhear some of the streaming if patients have loud voices".

"There needs to be private spaces for Streaming and Reception".

A nurse who was currently streaming patients told us that when the waiting area is very busy, it can be difficult to maintain confidentiality. This particularly concerned them if the patient was discussing a sensitive injury or psychiatric issue. As a result, sometimes they would try to take the patient into the UTC department for streaming. On some of our visits, we did observe a room in the UTC being used for streaming. It appeared to be an appropriate set-up.

The majority of patients had a positive experience of streaming. Positive sentiments referred to efficiency and short waiting times in particular.

"Very quick and very pleasant staff"

"Saw nurse outside within 2 minutes"

However, a minority of patients had more negative experiences with streaming. Three patients spoke of poor staff attitudes.

"Staff not interested in reading GP referral letter [...] staff not very helpful"

"The nurse said something insensitive about my scars which made me upset"

"The nurse told me off for taking pain killers"

One patient who completed our follow-up survey recounted a particularly poor experience of streaming and triage. They felt that the streaming nurse did not listen to what they had to say, describing this as *"unacceptable"* and *"disgusting"*. The patient required specific blood tests and after a 5-hour wait found that the streaming nurse had not sent off the blood test request.

Other negative sentiments focused on a lack of information from streaming staff, or a lack of understanding of next steps. We found that understanding of the streaming process was rather mixed.

"The streaming nurse did basic tests and just told us to sit and wait"

"They are not allowed to say what might be wrong"

"Have been streamed but I don't know where"

Although patients spoke positively of seeing streaming staff quickly, not knowing their next steps or the expected wait times was a common theme when talking to patients in both waiting areas.

Conversely, there were some comments from patients who felt they were sufficiently informed by streaming staff and knew where they had been streamed.

"Seen quickly, booked for an x-ray and seen in x-ray within about 5 minutes. Very efficient at that point"

"Helpful and explained everything"

Triage

Triage occurs after patients have been streamed into the correct department. Similarly to patient perceptions of streaming, patients also demonstrated confusion around triage.

"Is Triage when the ED nurse calls you in? It seemed to duplicate with streaming"

"What's triage? I just saw one nurse in the booth over there"

There appeared to be significant variation in the time waiting for triage, although most patients appeared to be triaged within 1 hour. Generally, patients appeared to be satisfied with the wait times. The only negative comment relating to waiting times referred to a previous visit.

"Quick this time, compared to really long 2 days ago"

Some patients described a lack of communication and poor information provision at triage.

"Observations taken but no information as to the what and when"
"no next steps explained"

Staff told us that after basic tests were conducted, doctors see patients in order. Outside of this, patients who were more unwell are prioritised. However, this is not something which appeared to be communicated to patients, leading to frustration around priority.

"Unfair. Lack of organisation and no priority of cases"

The Emergency Department

This discussion includes patients who have arrived by ambulance as well as patients who have been streamed to the ED from reception.

Positive experiences of Care

90% of the comments we received from ED patients were positive. One of our most consistent findings across all of our visits was praise for staff. Patients described the kindness of staff, and clearly felt safe and comfortable under their care.

"First class, respectful and good at answering questions"
"Very kind and encouraging"

During our observations we felt that there was a genuine caring culture amongst staff, reflecting the praise we heard from patients. Patients, and making the department better for them, were always the main priorities for Staff. We observed thoughtful and kind interactions, with staff making an effort to include patients.

"The doctors saw me straight away (20 minutes) and asked so many questions. Felt like they really cared about what was wrong with me."

We observed a doctor in Majors A providing clear explanation to a patient who was under observation. On another occasion, we observed the relative of a patient explain to a doctor that the patient's shoulder pain had subsided and suggested an X-Ray may not be required. This appeared to illustrate they had received information on what symptoms to be monitored and raised with the doctor. The mental health nurses working in Majors B

also demonstrated this professional patient centred care and clearly took a lot of pride in their work.

Our Enter and View representatives encountered approachable and welcoming staff who were always happy to speak to us and help us during our visits. This was a real pleasure to witness and is one of WMUH's assets.

In our follow-up survey, 9 of the 15 patients described their care as *'excellent',* compared to just one patient describing their care as *'poor*'. Alongside the praise for staff, patients described their care as thorough and effective.

"The treatment was exactly what we needed"

"Good, very thorough. Lots of checks"

Negative experiences of care

Though negative comments were a minority, themes amongst them included poor staff attitudes. One patient told us on a previous visit to the paediatric ED with their child, a nurse was *"very angry"* that they had brought both of their children with them, which was due to a lack of childcare.

"It made me feel really guilty as it was the middle of the night"

Another patient told us that although the staff are currently good, they had a poorer experience the night before.

"They were a bit offish last night and there was a delay in treatment"

We also heard from a patient who felt they had been ignored by some staff members. One nurse, who was supervising a student, talked across the patient and would talk to the patient's relatives, rather than the patient themselves.

Another patient had a cannula inserted, but expressed they were unable to consent to this. Although, it did not appear that the patient did not want a cannula, more that their consent was not sought.

"1 hour wait for cannula insertion. Others were seen first and consented. I am unhappy as I feel I was overlooked for the consent process"

They also told us the nurse who was inserting the cannula had difficulty, so that it became *"unbearable"* to the patient.

Other comments suggested that there was poor communication between staff in the department, as patients were asked the same questions, or there was no progress to their care.

"Saw 3 nurses asking the same questions but nothing moved forward. […] After this saw 2 doctors. Frustratingly, they all asked the same questions like 'what brought you here today'"

We spoke to one patient who had become quite distressed that they could not find a staff member to assist them to use the toilet. As a result, they were scared to drink any water, despite being thirsty, as they were worried about the toilet. Our Enter & View representatives found a staff member to support them.

In our follow up survey one patient expressed unhappiness with their treatment options.

"I was not happy with the treatment options I was given because I either have to wait 6 weeks for a laser procedure or have an invasive surgery right now"

This same patient also had a poor experience of pain management.

"I was in a lot of pain and not getting treated"

"Very bad waiting time for pain relief"

However, they did praise the clinical staff, describing them as *"sympathetic"*, and they were happy with the level of information they were given.

Despite encountering some negative experiences, the overarching findings from this report were that WMUH had a caring, open and supportive staff culture. Patients praised staff and recognised the pressures staff were facing.

"The NHS is lacking everything so I appreciate it's difficult"

"I have so much respect for the people who work here"

Information provision

58% of patients felt they had been provided sufficient and understandable information about their care.

"Given all the information needed. Always aware of what's happening next. Obviously I won't know the outcome until the consultant reviews the results but otherwise I know what I need to know"

Providing sufficient and clear information was clearly valued by patients. One patient in Majors C had been provided with printed information sheets about their treatment options, which helped them reduce their worries about their health. Another on Majors A had received some medication and despite having an adverse reaction, reported that everything had been explained to them, and their doctor had taken the time to explain their next steps. It was clear that these patients were well informed about their care and were comfortable and happy as a result.

40% of patients felt they were not provided with sufficient information. However, our data did not suggest that patients did not understand the information that had been provided to them. Patients experience a lack of clarity about care, treatment and next steps. This was a point of frustration for some patients.

"I have been here about 2 hours and no information"

"There is little to no information about next steps and what is going on".

Several patients felt they should have been given more information. For patients who had not received information, this led to a sense of abandonment and increased anxiety.

"A little bit of information as to how things were progressing would go a long way to feeling supported"

"There needs to be someone, or some way, that you can get information. I feel abandoned"

One patient was told that their blood was to be tested for HIV, but staff were unable to tell them why, resulting in the patient refusing to have their blood tested.

We spoke to a nurse who felt that patients do not understand the department and that a more accurate guide should be provided about how the department works. They told us that a lack of information leaves patients frustrated at staff, who receive complaints from patients who feel 'skipped'.

Patient needs

Patient needs include care needs as well as the provision of food, drink and pain relief. Patients were offered appropriate pain relief whilst in the ED, however we did hear from some patients who had experienced delays. This included a carer who had to ask staff several times before pain relief was provided.

"There was a long delay in pain relief. I had to try 4 different pain reliefs before one worked"

When speaking to patients in the waiting area, very few mentioned the provision of any pain relief. However, we were made aware that there were pain killers available at the streaming desks.

We heard mixed experiences of food and drink provision in the ED. There is a kitchen located in the Observation Bay, which contains a fridge as well as a tea and coffee trolley. Patients that had received food and drink appeared moderately satisfied with the provision.

"Had to ask for food and drink. It was ok"

"I was given a coffee and it isn't too bad, drinkable. Would have liked some biscuits though"

Most of the patients we spoke to had not been provided with food and drink. This included patients who were not offered anything to eat or drink despite wanting it.

"Not been offered anything but would be nice to have a cup of tea"

A patient in Majors A was diabetic and had not eaten anything that day.

"I have only had water, and I have diabetes so I get quite thirsty. They are not very good at offering water so I need to ask. It is 4pm and I haven't eaten all day, and I would like to have something to eat as I am diabetic and hungry."

However, some of the patients we spoke to in the ED did not feel that they wanted anything, due to being unwell.

"I have no appetite"

"Been offered water but I don't really want anything"

A member of admin staff who was working at the ambulance reception told us that they often make tea and coffee for patients in this area, as the area can be missed by volunteers doing drinks rounds.

There was a sentiment from patients that they didn't want to ask clinical staff for food or drink, feeling this would be inappropriate, or wanting them to focus on their care. During our visits we only observed a volunteer providing patients with food and drink on one occasion.

Some patients we talked to spoke English as a second language, however none had used the 'Language Line' translation service. Most patients preferred to have a family member translate, however one patient, who was not offered translation, would have liked it.

"I would have liked a translator. Sometimes I don't understand when they are talking about drugs"

Staff told us that 'Language Line' can cause unnecessary delays.

"We use language line but it is a waste of time as it makes the time talking to the patient longer, almost 1 hour"

We did observe a member of admin staff use Language Line to talk to a patient who did not speak English. We felt this was a respectful and efficient process. On some occasions, staff members who spoke the patient's language supported translation.

We appreciated observing measures to promote patient's privacy and dignity. Next to every bay in the ED were signs reminding staff not to open cubicle curtains, as shown in figure 4.

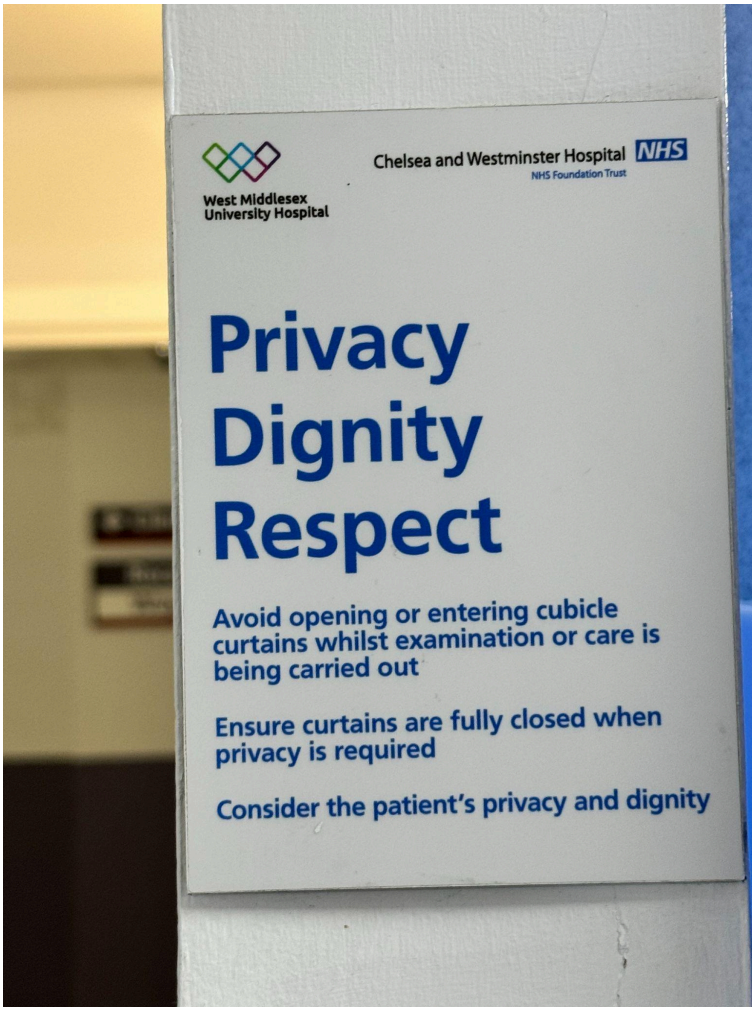


Figure 4. Signs in the ED reminding staff to promote patient's dignity and privacy

Staff

Most staff felt valued, respected and supported in their roles. An ISS cleaner working in the ED told us that all staff, from the most junior to the most senior, were really nice to them and showed them respect, always thanking them for their work.

"I like the fact I am still contributing to people's health"

It was felt that staff valued each other, supporting a friendly working environment.

"[we] work very well together as a team to support each other"

Staff also told us it was easy to engage with management and there was always someone senior available to offer support.

"Very supported in ED and other hospital areas"

"Yes, management is very responsive and available. They show their gratitude towards all of the staff"

Although generally staff expressed praise for management and colleagues, a small minority of comments came from staff who did not feel supported. This included a lack of support around complaints or staff concerns going unheard.

"Management don't listen"

"When there's complaints management always think it is the clinicians at fault but sometimes the patient is at fault. Patients can have a false sense of confidence and can bully us"

We also asked staff about the staff mix. Many staff felt there were appropriate staffing levels and they felt the environment was a safe place to work.

"The patient doctor ratio is good. I am really happy here"

A staff member on Majors C commented on the lack of a Healthcare Assistant (HCA) within the department. Work normally performed by HCAs, such as monitoring blood pressures, temperatures and 1:1 support, have now increased the workload of nursing staff.

"This puts added pressure on nurses"

During our visits to Majors C, there were times where there were no staff at the reception desk, presumably as staff were attending to patients. Normally not an issue, there was an occasion where a patient came up to us in distress as they could not find a member of staff and were supported to find a staff member by our team.

Within the paediatric ED there is no dedicated doctor, instead doctors are shared with the main adult ED. Therefore, during busy periods, doctors are often needed in the adult department, which can cause a backlog within paediatrics. There were some general requests from staff that increased staffing levels across the ED and UTC would be useful, but there was not a sense from staff that there was a major issue with understaffing.

"Not understaffed in comparison to other areas of the hospital"

The department also had a number of agency staff which some staff found more difficult to work with.

"When there are agency staff it takes up the nurses' time. There are usually lots of questions and need for directions"

Agency staff who have worked in the department for a long time were preferred.

Some patients were not aware which staff members they had seen.

"It is hard to tell who is who here. Lots of different coloured uniforms"

"It is hard to tell if someone is a doctor or a nurse, but they seem to know what they are doing"

Incident reporting

Staff appeared to have a good understanding of incident reporting and all staff we spoke to knew how to use the Datix system and how to complete an incident report.

Other staff members told us that they would report any incidents or concerns to the clinician in charge, who was then able to escalate as necessary. It was encouraging to see staff comfortable to raise incidents with managing staff.

"Yes, feel supported in reporting and learning from incidents"

We also heard from staff that communication about incidents and learnings has improved since the UTC provider change. A nurse we spoke to at the streaming desks told us there were more regular emails between the UTC and ED where learnings from incidents could be discussed.

Staff also talked to us about their experiences of dealing with patient complaints which come via PALS. There appeared to be some frustration from staff in the ED who felt that patients were addressing their complaints to the 'A&E' when actually their complaint was about the UTC.

ED environment

The ED environment was certainly a busy space, particularly during our evening and night visits. However, staff remained confident and calm, and patients were as peaceful as could be expected.

During our visits there were no concerns about the level of cleanliness encountered. It was clear that the department maintained a good standard of cleanliness. A sign from a recent cleanliness audit showed an 98.67% adherence to cleanliness standards, this was consistent with our observations.

Toilets were observed to be clean and contain soap and toilet paper. Patients reported that the ED was clean and tidy, with several observing the housekeepers cleaning the space which helped them to feel more comfortable whilst in the ED.

"I will say hygiene was good, I saw them mopping the floor"

There were occasions where we saw rubbish in the bays and on patient's side tables, often empty food and drink containers. The specialised mental health bays in Majors B often had rubbish in them.

Doors to storage rooms and sluices in the ED and UTC were often propped open, as shown in Figure 5, therefore accessible to anyone. We were informed that there was no infection

risk, and they appeared to be clean and organised, but it is unusual practice especially given the doors had signs stating that they should be kept closed.

Figure 5. Door to sluice in the UTC being propped open, despite a sign asking to keep the door closed.

Throughout the department there were features designed to support patient needs. This included a bay in Majors A designed for patients with dementia (Figure 6). However, one bay was insufficient for the number of patients with dementia.

Figure 6. A bay in Majors A adapted for people with dementia.

Majors B had two specially adapted rooms for patients with mental health needs. These were fully enclosed rooms with doors, soft furnishings and lower lighting. The spaces were quite worn, with significant rips in the furnishings and damaged walls. In one of the rooms there was only one door, which may have made staff vulnerable without an alternative exit. The nearby toilet was also adapted to contain no ligature points, such as no taps and no toilet seats.

The CDU was a small space, containing a small desk, a TV screen, a curtained off bed and several chairs. The chairs were cushioned armchairs, making the space more comfortable for patients. Some patients were receiving treatment via IV drips, others were awaiting discharge and transportation services. As a consequence, this space was often very busy. On our first visit, the CDU was full, leading to relatives standing in the corridor outside which was very congested. Although, we did hear regular announcements asking doctors to assess their patients in the CDU. On our last visit it appeared that most of the chairs had been removed, but we were unable to work out why.

WMUH has a limited space for the ED, but the space is well utilised. There were times however when equipment made it cluttered. For example, a slide board was leant against the wall in the observation bay, which could have become a trip hazard. There was a cabinet obscuring the entrance to the isolation room, near the ambulance entrance, which had not been removed despite a member of staff booking a removal 11 days before our visit.

X-ray

Patients were expected to make their own way to x-ray, a journey of which required patients to go through locked doors to the ED, through the ED and navigate the sizable Diagnostic Imaging Department. During our daytime visits, the Imaging Department was relatively busy with visible staff members. However, at night it was difficult to navigate with many dark and unlit corridors, no visible patients or staff and unattended scanners and beds in the corridors. A second entrance to the x-ray department through the main atrium exists and we found the doors to be unlocked, effectively permitting access from the atrium and unstaffed main hospital entrance to the Imaging Department and on to the ED.

'Dots' on the floor marking the route from the main waiting area to the x-ray department were present (Figure 7) however, this was not always clear and it was not obvious to patients that they were required to wait in a different area.

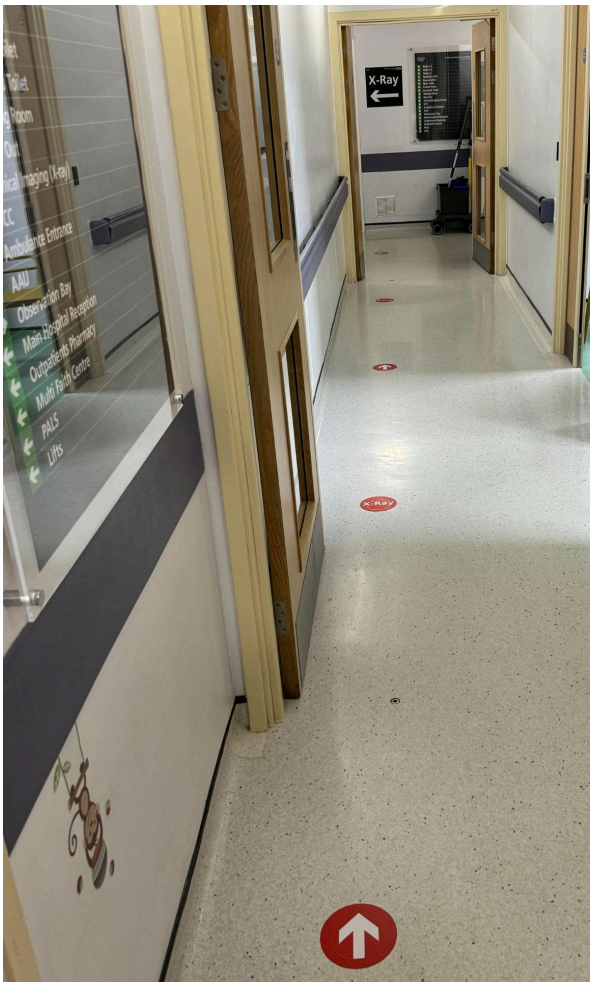


Figure 7. Floor markings indicating the route to the x-ray department after the locked door in the ED.

Access through the door is controlled by the ED receptionist. Signage however did not provide this information and most people in the waiting room were waiting to be called to ED. Whilst some patients asked staff to give them access through the locked door, we spoke to several patients in the waiting area who incorrectly understood that they needed to wait to be called through to X-ray, in the same way as others were waiting to be called to ED. Some patients had waited for an extended period of time.

Waiting times

Patient perceptions and experiences of their waiting times was a key theme emerging throughout our visits. This is unsurprising given the attention around NHS waiting times more generally. Upon arrival, most patients had anticipated a long wait at the department.

"No problem with the wait I expected to be in the hospital for some time"

"I have a very low expectation of waiting times"

For several of these patients, their expectations were low following long wait times on previous visits.

"Today it is good. However I came with my child about a year ago at night and we were waiting for 13 hours"

"It is always a long wait here"

We heard from patients who felt they had experienced particularly long waiting times. Many expressed frustration about facing a long wait for treatment or said that long waiting times made them less likely to see help when they needed it.

"I was waiting two and a half hours. I knew I would be waiting but not that long"

"The big problem is the wait. Five or six hours. Long time to wait with a baby"

"Such a long time to wait […] the waiting means illness will increase"

"I wish we had not come, but now we've waited this long, it would be best to be seen, for reassurance"

However, we found that most of the negative comments we received were from patients who were more concerned about the lack of information regarding what they were waiting for. This lack of clarity about patient care leads patients to feel frustrated and anxious, leading to greater discontent with long wait times.

"Don't really know what we are waiting for except for seeing a doctor. There is no communication about how long you wait. It would be good if there was a list and you could see where you are"

One patient expressed concern about their unknown wait times in *"what is probably an unhealthy environment"*. This was echoed by another patient who felt at risk of infection, and would have liked to have been put in a separate cubicle right away, rather than sitting in the waiting area.

"I would rather not have to wait in reception for one and a half hours at the risk of infection. I was really scared"

Where patients were aware of what they were waiting for and had been given sufficient communication about their next steps, many expressed less concern about waiting times. Having clarity about their care made patients feel less lost in the system, and gave them confidence that their care was progressing within the department.

"I am waiting for my medicine and discharge. I am not concerned about the wait times"

There was quite a disparity in patient's perceptions of the length of waiting times. One patient had been waiting for 3 hours, but appeared to be quite happy with this, as they had been reviewed by a doctor. However, another patient had been waiting for two and a half hours, but felt this was too long. Other patients felt happy with the waiting times they had experienced, with 12 patients experiencing, in their opinion, short waiting times

"It's fine, very quick"

"No waiting, seen immediately [...] very good experience"

In our follow-up survey we asked patients how long it had taken from arrival to discharge (or transfer to a ward). Our follow up survey is a relatively small data set so we cannot generalise about average waiting times at West Middlesex ED from it. However, as shown in Figure 8, 70% of respondents report more than 4 hour waits. This is not assuring.

One patient was waiting for over 8 hours. They found this long wait time particularly difficult as they had serious mental health conditions. They had subsequently reported their experience to the WMUH PALS. Another patient told us that they self-discharged due to waiting time and the need to return to childcare duties.

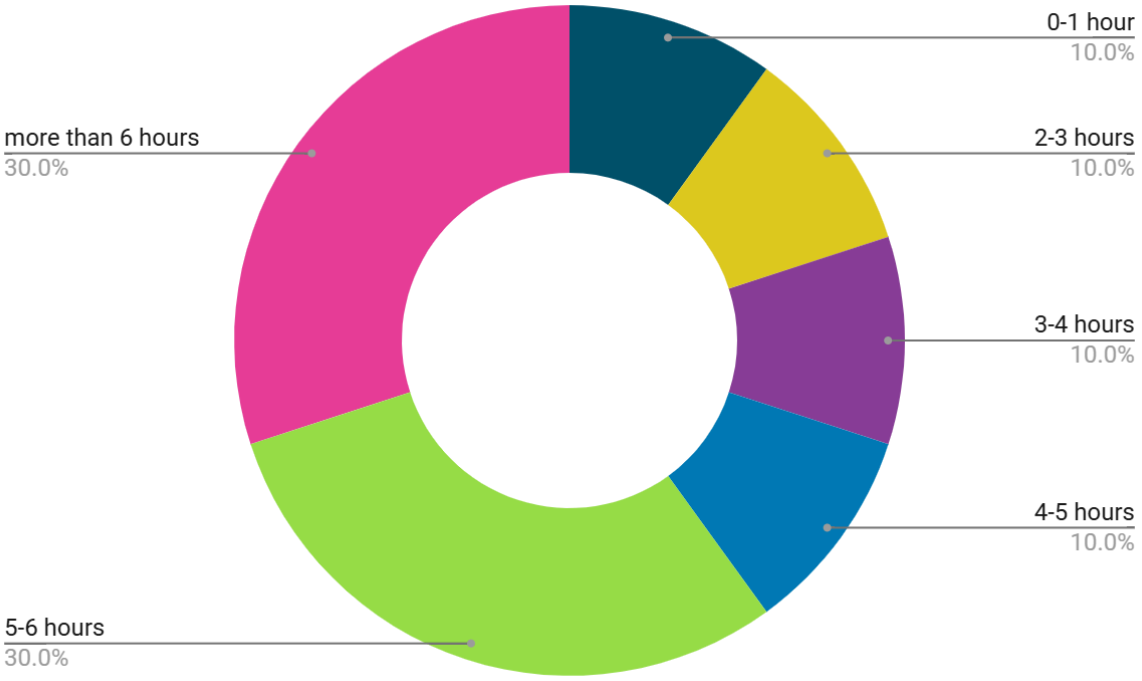


Figure 8. Time that patients stayed at WMUH from arrival to discharge as percentages of total patients spoken to. Data collected from the follow-up patient survey.

It also appeared in conversations with patients that few, about 19%, were advised about the expected wait times. For others, waiting times were not advised beyond 'a long time'.

Within the waiting areas there are two screens which display the average wait times to be seen in the various departments (The UTC, The ED, Paediatric UTC and Paediatric ED). A picture of these waiting screens, is shown in Figure 9.

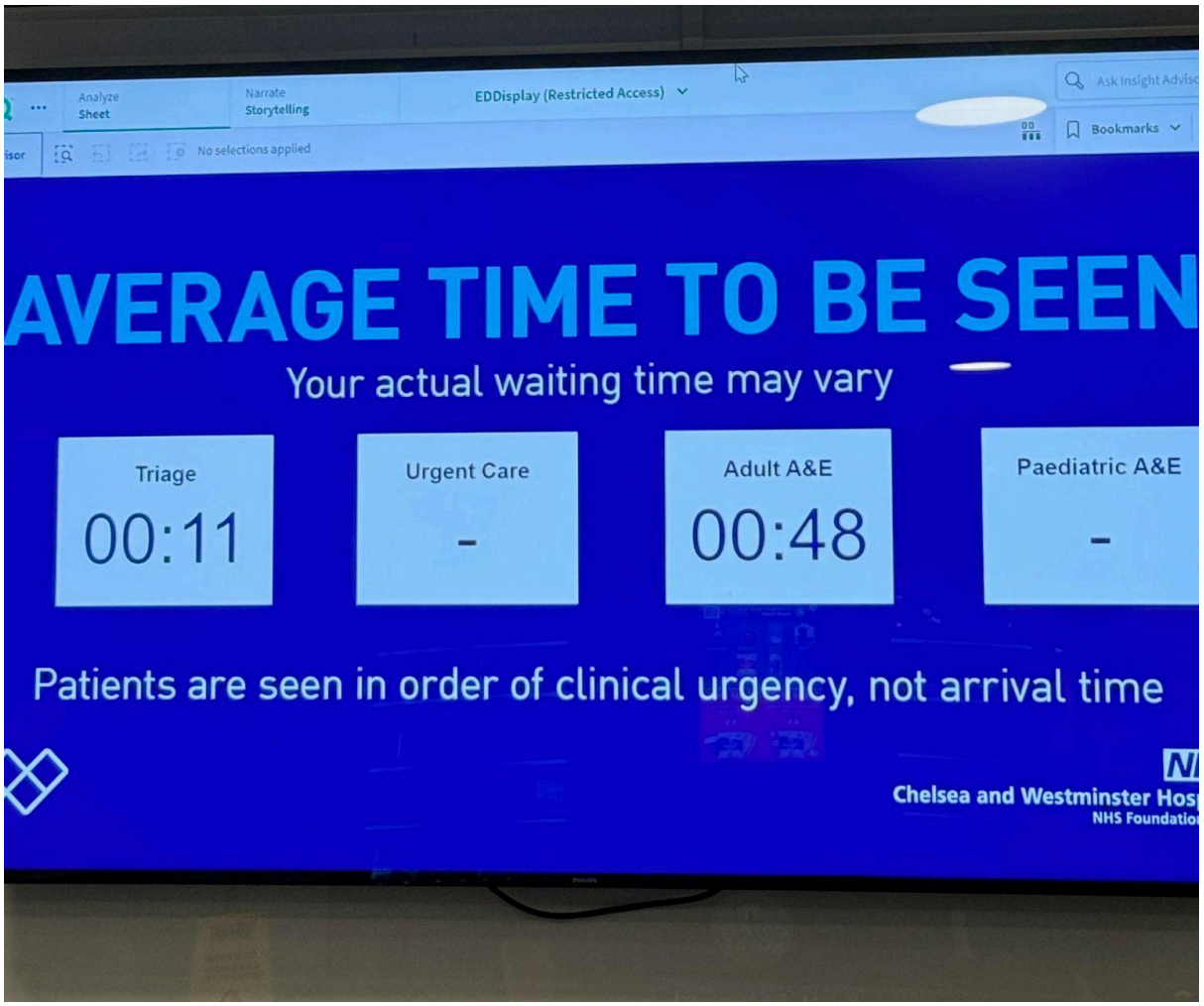


Figure 9. The waiting time screens in the waiting area. Image taken 9:41 08/11/24.

Some patients told us that these screens were confusing, and they did not understand what the timings indicated or why the information did not match their experiences.

"There is a board about waiting times but everybody has been in this area longer than it said"

The screens were not always noticed by or visible to patients. There were also occasions when the screens were not working. Or, as Figure 8 shows, there was no waiting time information for all departments.

"Screen was totally confusing"

"The electronic screens are not accurate"

Staff members appear to also share these sentiments.

"People get very confused […] most patients do not notice the waiting time screen"

There was sentiment amongst patients that there should be better management of their expectations, partly by ensuring accurate waiting times are being communicated.

"Greater management of people's expectations by stating realistic timelines"

Poor management of patient expectations led to frustration amongst patients. In our follow-up survey the parent of a paediatric patient told us that they felt their child was given *"unreachable expectations"* expectations of waiting times, leading to disappointment.

Blood tests

A number of people that we spoke to who were experiencing long wait times for results, notably from blood tests. During our visits, we spoke to several patients who were in the waiting room and waiting for blood test results. Four patients told us they wanted to be told why blood tests took so long to analyse.

"I am waiting for a blood test. I haven't been told how long I will wait but I expected a long wait as it is the evening"

Some patients did struggle with the long wait times. One patient was waiting over three hours for their results, which frustrated them as they felt they were in an emergency. Another patient who had a series of blood tests had been waiting for over eight hours in the CDU of the ED. It appeared that waiting times for blood test results increased at night, but it was unclear if this information was communicated to patients.

Some patients in the follow-up survey, self-discharged from the ED after waiting many hours for blood test results. One patient received their blood tests results via their NHS app the following day, despite a nurse telling them their results would be deleted if they were to self-discharge. Another patient self-discharged and did not receive their results and felt this was *"unfair"*.

The quality of care around blood tests was also referenced. Some patients shared their poor experiences. One patient had previously fainted when their blood was taken and therefore requested to lie down. However, they were told that was not possible, and subsequently fainted during their blood test. A nurse later apologised for this. Another patient experienced unpleasant attempts to have blood taken.

"The phlebotomist was very good but did not work across the whole day and some staff could not take bloods very well."

Poor experiences were by no means universal, one patient was very impressed with their experience, praising the skill of the ED staff.

"Very impressed that staff were able to take blood first time."

The Urgent Treatment Centre

General patient feedback and observations

Almost all of the comments we heard from UTC patients describe positive sentiments about UTC staff. Nurses were described as *"very pleasant"* and *"polite"*. Although, similarly to our findings of staff in the ED, there was an issue of communication, with some patients feeling they had not received enough information about their care or next steps.

"No information. In a way it would be good if the nurse we saw just said don't worry, and go home."

Another UTC patient told us they were very unsure of what they were waiting for. Although they had been to the UTC before and knew how the system works, they still felt they did not have enough information about their care.

"I feel very unheard and would want this improved"

Environment

The UTC is a small space and made smaller by equipment stored in corridors which made it difficult to walk through, and potentially inaccessible to wheelchair users. However, we were pleased to see lots of clear information signage for patients including posters informing patients of their right to a chaperone and information for patients experiencing abuse and routes for support.

Insights into provider change

One of the key reasons we were keen to return to WMUH is to assess the impact of the change in UTC provider, and to see how the UTC department was currently functioning. Previously, patients requiring care in the ED had to report to both the UTC reception and the ED reception separately and there was little oversight of this or communication between them. Only one member of staff felt that the change in UTC provider had a negative impact. Currently there are two admin teams; one run by WMUH and one run by LCW. It appeared there was a disconnect between the two teams, who receive different levels of training. The ED admin staff member suggested that all admin staff should be run by WMUH to create a standardised level of training and procedures.

The majority of staff we spoke to felt that the UTC provider change had led to notable improvements, particularly around improved integration and communication between the UTC and ED. Whereas previously two separate IT systems were used, it is now easier for staff to find information about patients in the different departments. This has led to marked improvements in patient monitoring and escalation, particularly for streaming staff.

"It feels more streamlined"

Another staff member felt that since the provider had changed there had been an improvement in waiting times.

It appears that the change in UTC provider has led to vital improvements in the integration of the computer systems and transfers of patients between ED and UTC without creating any significant challenges to the overall functioning of the department.

One staff member in the UTC we spoke to had worked at the hospital for over 20 years, and although they had not felt much difference in the change in UTC provider, they were more concerned with the increased patient numbers and pressures placed on the UTC.

"I didn't notice a change but the UTC is just constantly busy"

"patients also come here if they can't make a [GP] appointment as they know they will be seen face to face".

Ambulatory Emergency Care

Ambulatory Emergency Care (AEC) operates as part of the same-day emergency care provision. The space is separate to the main ED/ UTC department but is well signposted from the main atrium.

The department was quiet when we visited but appeared to be a well maintained space with a good amount of seating in the waiting area. A pager system was in use for patients to let them know when they were called to their appointment, allowing them to leave the department to get refreshments. A member of admin staff noted that, whilst this was a good system, the pagers were often lost or mistakenly taken home by patients. When we visited there were three pagers available.

We also saw a poster in the department outlying a patient's 'journey' through the AEC, as shown in figure 10. It was felt this was a clear and useful display for patients to better understand their waiting times and what they were waiting for.

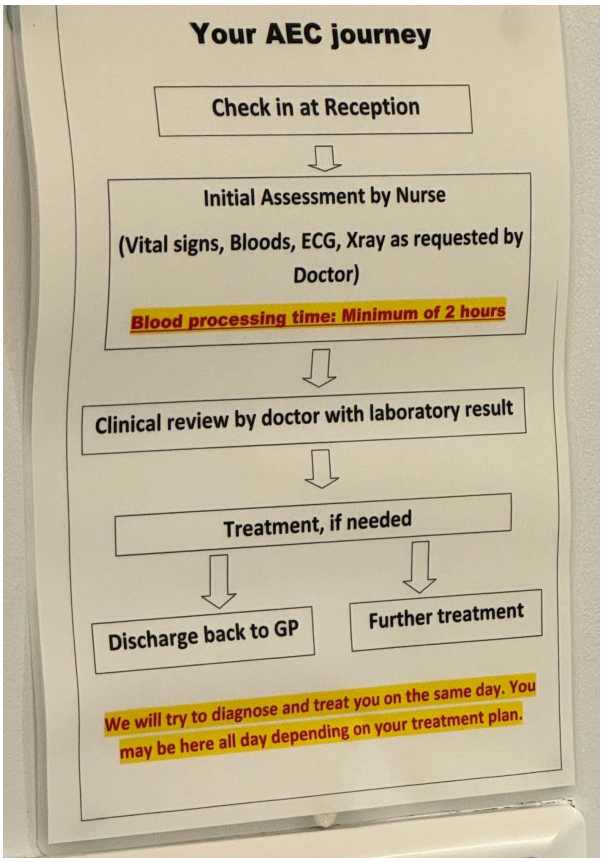


Figure 10. A poster from the AEC outlying the patient's journey.

A patient in our follow-up survey told us of their poor experience with contacting the AEC. Following a visit to ED, a follow-up appointment was arranged at ambulatory care. The patient was unable to attend on the planned date due to another appointment and despite calling ambulatory care *"half a dozen times"* was unable to get through to cancel or rearrange their appointment. A new appointment was arranged, however the patient became unwell

and was unable to attend. Due to their previous experience, they did not contact ambulatory care to tell them.

Discharge

In the follow-up survey 80% of respondents had a positive experience of their discharge from the department, with 33% describing it as "excellent". Common themes focused on the efficiency of the process, and information provision. One patient who had been given a plaster cast shared with us their particularly reassuring experience of discharge.

"Discharge was very good on the cast. Physio checked that I was OK on crutches, then came back to check. They were very thorough"

Other patients described the speed of the process.

"It was perfect. It took 10-15 minutes from the time the doctor told me I could go home to when I was walking out."

One patient had waited an hour with little information, before being sent home as the cast room had closed and *"they can't do anything now"*. There were also two patients who self-discharged due to the waiting times. There were also some patients that we spoke to who had experienced delays to discharge due to non-emergency transport issues, with one patient waiting around 4 hours in the CDU.

Conclusions

Overall, we were very impressed with our visits to the ED and UTC departments at WMUH. We found a warm and welcoming staff culture where staff clearly felt a lot of pride in their work. This was something also appreciated by our Enter and View Representatives. Staff would go out of their way to greet us and talk to us, happily and honestly answering our questions. We were pleased to see staff who felt comfortable talking and being candid with us. We felt this is reflective of the positive staff culture.

It was a pleasure to hear patients keen to share praise for the staff looking after them. Patients felt well cared for by kind and helpful staff, both clinical and non-clinical.

Part of the aim of this report was to assess the impact of the change in UTC provider. For the most part, staff and patients had not noticed a change to the service. This lack of disruption is encouraging. Staff who had noticed a change, had noticed a change for the better. There had been an improvement in the IT and patient monitoring systems, as such we did not feel there was any issue of patients being incorrectly streamed into the ED or UTC.

Patients were often unsure of what they were waiting for, why they were waiting, or how long they would need to wait. Although we appreciate that it may be difficult for staff to

know a patient's exact next steps, patients who had been provided with information about their care were more positive about their waiting times. Improved information provision would greatly enhance patient experience.

There are constraints within the space, and this is something recognised by senior staff members. More could however be done to address the concerns of patients when they were in the waiting areas. The seating was worn, uncomfortable and a large number of seats were unusable, missing or in urgent need of repair.

It is clear that the lack of space creates challenges, particularly when the departments are experiencing high patient numbers. Cleanliness in clinical areas of both departments was good. There were some isolated areas of concern, such as the floor cleaning schedule and the condition of the specialised mental health bays, but these concerns can be addressed.

The patient calling system in the waiting area also needs to be addressed. Patients struggle to hear when names are called, leading to anxiety and discontent. Staff also struggle with this system.

Despite the obvious pressures, this review finds improvements over our previous visit to the department. We trust that the hospital will welcome this report and that the findings will be used to improve patient experience in the ED and UTC departments at WMUH. These findings should also be shared with staff to ensure that they are aware of the value that patients place on them.

We want to extend our thanks to WMUH and their continued support, openness and collaboration on this project. Their approach, together with the feedback we heard about staff embodies the values of their organisation. We look forward to working with WMUH in the future to see our recommendations addressed and implemented.

We also want to thank our team of Enter and View Representatives who volunteered their time and expertise to support our visits to WMUH:

Alan McNab, Annette Arnold, Caroline Snow, Estelle Laybourne, Malia Henert, Natalie Rimmington, Phil Bunnell, Rachana Mane, Rosanna King, Katie Rogers, Mike Derry, Suzanne Kapelus, Columbine Nuquet.

Recommendations

Based on the findings of this report, we created 16 recommendations in order to address the areas of the service which required improvements. These recommendations are outlined below alongside the responses from WMUH, which include actions and acknowledgements of these recommendations.

Recommendation	MWUH Response
1. **Patients are unclear about how the department works and what to expect from it.** • Clear information should be provided by signage and staff about the differences between UTC and ED. • Staff should make efforts to inform patients about their next steps. This should include expected waiting times for different tests, particularly blood tests. • Signage should be used to indicate simple and clear pathways throughout the department.	*The nursing team will provide patients with a treatment plan.* *The introduction of a TV screen to display digital messages and information about the department is being considered.*
2. **The current Patient call system is unsatisfactory. It is inaccessible to patients with hearing impairments and leaves patients worried that they cannot go to the toilet in case they miss their call.** • A public address system should be introduced for staff to call patients and the waiting room screens should be used to display names of patients being called.	*A bid has gone in for capital funding for an improved mechanism of calling patients as well as some digital boards. The scope of improvements will depend on the outcome of the funding bid.* *This will be reviewed at the next governance meeting.* *Considerations need to be made around the confidentiality issues and risks about putting patient's names on screens and public address systems in the ED waiting rooms.*

3. **The system for patients accessing diagnostic imagery, particularly at night, is unsatisfactory. Particular challenges for patients include both the locked door from ED to Imaging and the unclear pathway beyond the door.** • Clear signage should be placed in the ED waiting area to inform patients that they need to ask receptionists to buzz them through the secure door between the waiting room and ED so that they can access the Imaging Department. • Wayfinding markings to the x-ray area should also be improved. These signs should be in both the ED and UTC waiting areas.	*A bid has gone in for capital funding to improve wayfinding signage.* *Laminated posters are in place to request reception staff to enable patient access through the secure door to imaging as an interim measure.* *A plan is in place for Estates to do a 'wayfinding' exercise with patients to identify how changes can be made.*
4. **The screens displaying waiting times are confusing for patients or do not display waiting times which match patient's experiences.** • The screens should clarify what the waiting times refer to. • The screens should also be repurposed to additionally display information to patients, cycling through a slideshow of information screens.	*Capital bid is awaiting confirmation to introduce additional digital message boards.*
5. **The provision of food and drink within the department was inconsistent and should be addressed.** • The vending machines in the waiting areas should be regularly stocked and monitored to ensure they are working. If this is not possible, alternative arrangements should be made to provide access to food and drink whilst people wait. • Within the ED, volunteer presence should be improved to ensure patients are offered hot drinks and food.	*An update about the vending machines has been requested from BYWEST, who hold the lease agreement and a request has gone in for the Service Level Agreement.* *Frail patients in the waiting area are offered hot food, but there have been some complaints about the smell from patients who were nauseous.* *There will be ongoing monitoring of the provision of food and drink.*

6. **The waiting area floor is not cleaned frequently enough.** • The cleaning schedule for the floor in the waiting area should be reassessed with the floor cleaned more regularly, particularly at night. • WMUH should also make it clear whose responsibility it is to monitor cleanliness.	*A new cleaning rota has been put in place. The floors in the waiting area will be cleaned more frequently.*
7. **The chairs in the waiting areas exhibit significant signs of wear and tear.** • Although we are aware of plans to replace these, work should commence as soon as possible and Healthwatch Richmond should be provided with an update on this work plan. • In future such work should be completed before winter pressures make maintenance difficult.	*The chairs have been replaced and have received good feedback from patients who find them more comfortable.*
8. **There did not appear to be a standardised process to assess patients who have been referred to WMUH by their GP.** • WMUH should provide clarification about what happens when a patient arrives with a GP referral.	*A standardised process has been agreed with the ED team and has been put in place.*
9. **On all visits, doors to sluices and storage cupboards were often left open.** • WMUH should Either ensure the doors to cupboards and sluices are closed appropriately or update the signage to reflect the correct procedure.	*This has been completed and senior staff will continuously monitor that sluice and cupboard doors remain closed.*
10. **Whilst we understand that these may be high wearing spaces due to the nature of their use, the specialised mental health bays in Majors B were heavily worn.** • They should be refurbished regularly.	*New chairs have been added for relatives and patients. Designs for the cubicles have been agreed and are awaiting capital funding bid and a date for the refresh to be undertaken.*

11. There were concerns around wheelchair access and storage. • Wheelchair storage should be clearly signposted, monitored and accessible to ED and UTC patients. • Wheelchairs should also be returned to appropriate storage spaces after use.	*Wheelchairs are to be monitored locally and the wheelchair storage and provision is to be reviewed.*
12. There were some differences of opinion between the ED and UTC admin teams. WMUH should strengthen the link between the teams. • Shared training and supervision would ensure that the two teams work in a more collaborative manner.	*The management structures of the admin teams will be combined.* *There will be engagement sessions with both admin teams run by the ED matron.*
13. Patients experienced some uncertainty about where to queue at reception and where to sit afterwards. • Clearer floor markings to indicate where patients should go when they arrive as well as where they should stand in the queue. • There should also be clear signage which indicates the different ED and UTC waiting areas, including the separate paediatric UTC waiting area. The use of differently coloured wall paint for each area should also be considered during the next planned renovations.	*As part of the upcoming waiting room refurbishment new flooring is to be added which will include improved signage on the floor to indicate the queueing area.*
14. Some patients entered the main hospital whilst looking for the ED/UTC. • Clearer signage in the main entrance, ideally at the main doors, about where to find the ED/UTC department entrance would address that.	*Signage is already in place.*
15. There was a faulty air freshener in the UTC waiting area which dripped on patients. • This air freshener should be fixed. • Dispensers, including air fresheners and hand sanitisers, should be regularly monitored and refilled.	*The issue was reported to the Estates team to be fixed.*

16. The entrance doors to the waiting area remained open. This made patients cold and chairs near the doors unusable. • Either close the entrance doors or, if the doors need to remain open, install an air curtain to ensure the air is warmed. This can also be used as an air conditioner in summer.	*There is a meeting planned with estates to discuss options to address the temperature in the waiting area.*

Other suggestions

The following suggestions do not feel need to be implemented immediately, however we feel these would be positive additions to the ED and UTC and should be considered.

- The paediatric waiting area: The introduction of engaging wall art to entertain paediatric patients (such as an interactive mural). Additionally, a TV screen could be introduced to show children's TV shows.
- ED and UTC waiting areas: Introduce more art and decoration into the waiting areas
- The adapted dementia bay is a useful accommodation in the ED. More bays should be refurbished with these adaptations to accommodate multiple dementia patients at once.

Appendix 1: Patient questions

1. Why did you choose this service?	Before attending the ED/UCC did you see/ speak to anyone else for advice or treatment? If yes: Who and when? If no: Why not?
2) Arrival	When you arrived, did you know what to do and where to go? What were the reception staff like? What information were you given? If relevant: what was the ambulance handover process like?
3) Streaming	What was the streaming process like? Do you feel you were streamed correctly into the UCC or A&E? Were you told your next steps after streaming?
4) Triage	How long did you have to wait to see the triage nurse? What was the triage process like? Were you told your next steps?
5) Dignity and respect	Do you feel you have been treated with dignity and respect? Has your privacy been respected?
6) Waiting times/ delays to results	Do you know what you're waiting for next? E.g. test results, seeing a consultant, for a bed on a ward, medicines before discharge etc. Have you been advised about wait times? Did this meet your expectations?
7) clinical Staff	Tell me about the people who have looked after you. Who have you seen? How have you found your interactions with staff?
8) Information provision	Have you been given information about your condition? Do you understand the information you have been given? If not: What changes would have made this information more understandable?
9) Environment	How do you feel about the facilities (seating, layout, cleanliness)?

	Would you know where to get food/drink if you needed some? Do you feel safe and comfortable here?
10) Individual needs	Did you need any support to meet your individual needs? Were you given the support that you needed? For example pain relief, food and drink, a chaperone, assistance with mobility, sensory, communication or cultural needs?
11) Improvements & good practice	What would you improve about this service? Is there anything that has gone particularly well?
12) Conclusion:	Is there anything else I should have asked you that you'd like to say about your experience or more broadly about your care?

Appendix 2: Staff questions

Topic	Suggested Questions
UCC provider	What was your experience of the change in UCC provider?
Patients with unique needs	Do you feel equipped to support patients with learning disabilities, dementia, mental health issues and non-English speakers?
Staff mix	Do you feel that the department has enough experienced, permanent staff?
Streaming/triage	Do you feel the streaming/triaging system works well?
Monitoring systems	Is there a system in place for monitoring if a patient is deteriorating or their pain level? What do you think about this?
Support for staff	Do you feel supported by senior staff in your role? Is there anything that would help make your role easier?
Incidents	How do you find the process of recording incidents? Do you feel that the department is good at supporting staff and learning from incidents or complaints?

Topic	Suggested Questions
General improvements	What changes could be made to help you/the department provide a better service? Is there anything else you would like to add?

Appendix 3: Observation checklist

Staff

What do you observe about the staff? Including business, uniforms and infection control measures.

What are staff interactions like? Including interactions with patients, relatives and other staff members.

Patients

What do you observe about the patients?

Do patients have their privacy and dignity respected?

Have you observed any accessibility measures? Including hearing loops, mobility aids and translation services.

The environment

What is the area like? Including business, cleanliness and seating.

What is the general state of the facilities? Including cleanliness and upkeep.

Information

Have you observed any observation displays? Including waiting time information and direction signposts. [**Take pictures**]

Appendix 4: Patient follow-up survey

1. When did you attend West Middlesex Hospital?

2. Where were you seen?

Urgent Care Centre

Emergency department (A&E)

Paediatric A&E

Don't know

3. How long did it take from your arrival to being sent home?

0-1 hour

1-2 hours

2-3 hours

3-4 hours

4-5 hours

5-6 hours

More than 6 hours

Admitted to ward

If more than 6 hours, how many?

4. Did the waiting time meet with your expectations?

Yes

No

Why?

5. How would you describe your overall experience?

Poor

Fair

Excellent

Why?

6. How would you describe the treatment you received?

Poor

Fair

Excellent

Why?

7. How would you describe the information you were given whilst at the hospital?

Poor

Fair

Excellent

Why?

8. How would you describe your discharge experience?

Poor

Fair

Excellent

Why?

9. What happened after you left the department?

Sent home

Admitted to ward

referred to an outpatient department

referred to community health service

referred to GP

referred to another service

returned to ED/UCC

Other (please specify):

10. Is there anything else you want to share about your experience?

healthwatch
Richmond upon Thames

Committed to quality

Healthwatch Richmond is committed to providing a quality service, from how we collect data to the information we provide. Every three years we perform an in-depth audit, in conjunction with Healthwatch England to ensure we meet this high standard.

Please contact us if you would like this report in another language or format.

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