

# Visits to hospital urgent and emergency care services

## Summary report



August 2024

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## Why we did the research

Our role as Healthwatch Coventry is to understand and hear people's experiences of health and social care in Coventry and to work for better care.

We wanted to find out about experiences of local hospital urgent and emergency care services because we heard concerns from local people about how busy the services are and about waiting times.

Recently £1.5 million was spent on the layout of A&E and minor injuries unit at University Hospital Coventry (UHCW) to make it more efficient, we wanted to see the impact for patients.

We also wanted to see how people flowed between different services within urgent and emergency care as part of the 'streaming process' to get people to the most appropriate place for their medical needs.

### What is Streaming?

**Streaming is a way to manage people by sending them to the right practitioner with the rights skills and treatment, so they can be seen as early as possible.**

# How we did the research

We visited A&E, Minor injuries unit and same day emergency care areas at University Hospital between 9 February and 10 April 2024

We met with managers and toured the units to understand the layout and get information about how they worked

We visited 8 times at different times of the day.

We spoke to 67 patients and 12 relatives waiting with patients. We also observed the areas.

We gathered more experiences of A&E through an online survey

We also visited the short stay and frailty wards.

- **We shared our findings with Univerity Hospital Coventry and Warwickshire and Coventry and Warwickshrie Integrated Care Board. We asked for actions in response to our recommendations.**
- **We met with managers at the hospital to discuss the findings and the actions they will take.**

# About the areas we visited

## Accident and emergency department (A&E)

Provides Emergency care for life-threatening illnesses or accidents which require immediate treatment.

The Accident and Emergency is on the first floor of UHCW, accessed by a ramp that leads up from the road for ambulances to enter, and a walkway into A&E from the Helicopter pad. There is a staircase leading to the A&E department from the left of the main entrance.



## Minor Injuries and Illness Unit (MIU)



The unit provides 24/7 access providing treatment for patients urgent but not life-threatening conditions including broken bones, sprains and fractures, minor burns or skin infections.

It is on the ground floor to the left of the hospital's main entrance. It has a waiting area for adults and a separate waiting area for children.

## Same Day Emergency Care, Medical Assessment Unit, short stay wards

### SDEC and MAU

People are sent for medical assessments and management of acute medical illness. Patients can be streamed through A&E, their GP, NHS 111 etc.

### Short Stay ward and frailty unit

People stay for up to 72 hours while assessments and plans are made for them for further treatment or return home. Occupational Therapists and Physiotherapists help in this area.

# What we learnt

## Urgent and emergency care

Most people told us they had been in touch with other NHS services before arriving at A&E or at other parts of emergency care. Other NHS services play an important role in sending people to urgent and emergency care, so it is important that this works as well as possible.

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*"Last night spoke to NHS 111 and GP, this morning told to come to A&E. I went to George Eliot and transferred to UHCW"*

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Once at the hospital the journeys to different areas through streaming are complicated and difficult to understand. People did not like having to repeat information or being triaged again. We saw things which held people up such as capacity to do tests in SDEC.

Patients said that communication could be improved to let people know what to expect, what was happening and how long it would take.

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*"No one is communicating with us; they just send us from one area to another."*

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Most people we spoke to knew which area they were in but were not necessarily aware of the areas they may go to for treatment or further tests.

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*"[I was] given impression that we'd wait in waiting room until bed was being arranged. In fact, dad needed to be handed over to medical team and we were actually waiting to be assessed again" A&E*

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75% of people interviewed did not feel that the waiting times had been explained to them.



45% of people said their experience of A&E/urgent care was okay



22% said it was bad  
22% said it was good

38% people said their experience was bad in SDEC



Overall, when we asked how informed do you feel about your treatment?  
Rating scale 1-10

Average 5.1

People wanted more information about what would happen and when



This is a very busy area and people described experiences that they found difficult because of the size of the waiting area and the number of people in it.

There were things happening that people felt uncomfortable with, such as police bringing in prisoners, and people being sick.

People described and we saw a lack of privacy and dignity in this area.

People shared experiences of times when all those who were waiting with patients were asked to leave the waiting area because there were too many people in the space. This included people who were with vulnerable patients such as people who have dementia. Under hospital policy people supporting vulnerable patients can stay.

There was also praise for staff and understanding of how difficult their jobs were.

The relative's room felt clinical, with pure white walls and strong overhead lighting with little furniture. It felt a cold environment especially for families recently bereaved.

## **Moving between floors**

**A&E is on the first floor and the rest of emergency care is on the ground floor.**

**There is no lift between A&E and the Minor Injuries Unit on the floor below.**

**To move between floors patients must either be escorted through a back route inside the hospital, use a flight of steps outside the building, or in some cases a ramp outside that is next to a road.**

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***“The department got fuller and fuller with people sitting on the floors, some in extreme pain”.***

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***“The doctor called me through to discuss findings of my tests there was nowhere for her to do it so had to be done in a doorway”***

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***“Long queue of people many relatives unable to sit while waiting. Had to stand for many hours. Forced to stand in the corridors for many hours”.***

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***“More communication - you feel like you are just another number on a screen”***

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***“[Staff] are friendly and helpful”***

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## Minor Injuries Unit

The feedback about the Minor Injuries Unit was positive.

Our overall impression of the Minor Injuries Unit was that it was well organised, and patients moved quite quickly between areas.

We also saw staff communicating well with patients.

There was a trial of using a portable X-ray machine in this area so that patients did not need to go upstairs to the A&E X-ray area. This helped with patient flow.

## SDEC

There are different ways people can access Same Day Emergency Care – these include through their GP, NHS 111, or via A&E.

Some GPs who referred people to SDEC sent patients with a letter. These letters contained times when people should arrive. Therefore, people expected they would be seen immediately rather than going into the triage and waiting system like everyone else.

The SDEC waiting area was at times crowded. We observed 40 plus people waiting in this area. On some visits we observed the area being quite untidy. People who were unwell were very visible to everyone in the room.

Patients rated SDEC lower than other urgent and emergency treatment areas. Patients did not feel the area was meeting its aim of improving patient experience of urgent care.

Waits could be very long and were on top of previous waiting in other areas of the hospital.

We spoke to people who had been sent away from SDEC and told to come back the next day. □

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***“Doctor explained and I felt listened too”.***

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***“Not waiting too long, Seen quick in minor injuries”***

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***“Said it wouldn’t be long I had a letter from my GP, but people have gone in before us”***

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***“Bit stressful, want to get out, had observation for bloods, and I am waiting for blood results”***

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***“I have been waiting for 4 hours already. I was brought into A&E at 5 am via ambulance from Rugby, and I have been waiting 14 hours in total”.***

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***“Not a lot of communication goes on”***

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## Short stay wards

The Short Stay ward was busy, staff were doing lots of activity, but the atmosphere was positive and calm, with staff moving purposefully around.

There were examples of positive care and good practice in terms of use of noticeboards and staff communication.

People valued the care, but wanted to know more about what was happening to them.

We spoke to 20 people during our visits to the short stay wards. The overall opinion was positive with fourteen patients saying their experience was good, and six saying it was ok.

People described journeys through other areas of the hospital which took hours or days before arriving on this ward.

People we spoke to had been on the ward for longer than the intended 72 hours.

We asked patients whether the doctors explained the treatment they were giving, and 16 out of 22 people said they did.

Some people did not feel informed about plans for their discharge.

There were mixed reviews of the food and drink on the ward.

"Yes - kept me up to date – I am waiting to go to Rugby Rehab".

"Spent 20 hours in A&E due to a fall - on a bed in A&E. Feel comfortable in own room".

"I've not been given any idea of when I am going home."

"Mum has been looked after and we have been kept informed"

"Be more understanding of older people."

**The REACT Team is a specialist team that help people to safely leave the hospital to go home, making sure that everything is in place at home to ensure that they have the correct therapy and support available if needed.**



# What happens next?

Based on what we saw and heard from people we made recommendations for changes:

## We asked for:

### Safe access between floors

Make sure people disabled people and those with mobility issues can access A&E on the first floor and move down to the ground floor safely. People should be made aware they can have help if needed and have this help accessible to them.

### Privacy and Dignity

Consider how to support privacy and dignity in the busy A&E waiting environment and if more people can be located within A&E rather than being in the waiting room on drips etc.

### Purpose of SDEC and MAU

Review how people are referred to this area especially from GP practices to further understand the nature of GP referrals and if this is the best place for patients to be seen

Look at patient communication in relation to GP referrals into SDEC, MAU e.g. what should letters given to patients say, what information is helpful for patients

Review flow once people arrive to understand bottle necks and pressure points - for example are blood tests a bottle neck.

### Communication and support

In A&E and SDEC provide more communication about waiting times to manage people's expectations and ensure that public information boards are kept up to date.

Make sure information is gathered about patients' communication support needs and that this information follows the patient on their journey in the hospital

Make sure staff and visitors are aware of the Trust's policy about enabling relatives/carers to wait and be with vulnerable patients

Staff should be supported to be aware of the need to consider reasonable adjustments for a carer/family member, to support a person through their journey in A&E.

### Share good practice

A model of good practice on the Short Stay ward should be shared with other wards. This was a display board recording targets, current focus, and how this will be monitored.

### Facilities and the building

Should further funding opportunities be available a lift between A&E and Minor Injuries Unit should be a priority

Adding an X-ray machine within the Minor injuries unit should also be a priority.

## Making a change



We have discussed with managers at UHCW what they can do in response to what you told us and the recommendations we made.

This has been very positive, and the hospital has committed to making changes. These include:

### ➡ Safe access between floors

- Work with volunteer service in the daytime to make it easier for people to get support to go from one area to another.
- Review of signs to make sure the ways to the A&E department are clear and show how patients can access any support they need.

### ➡ Privacy and dignity

- A commitment to making sure that confidential and private conversations are undertaken in a confidential space where others can't hear.

## **Purpose and business of Same day Emergency care (SDEC)**

- Review of communication between hospital and GPs and look at how people are referred from their GP practices and look for themes.
- New process of a senior member of staff, a consultant, at the beginning of the process for patients to make sure investigations and discharge to other services happens earlier
- Looking at the possibility of having a blood service within MAU and SDEC to make the process quicker.
- Money from the Hospital Charity to improve the environment in the SDEC waiting area and to put in TVs that show the up to date waiting times and other information.

## **Communication and support**

- Hearing loops to be installed in reception areas to help people to hear.
- Patient information will be supplied in different languages.
- Looking at visual aids to help patients to say what their needs are.
- To make sure that people know they can stay with relatives who are vulnerable e.g. have dementia. When there is less space and relatives are asked to leave.

## **Sharing good practice**

- Continue to build on good practice “huddles” where staff can share information and create ideas.

## **Facilities and the building**

- The portable X ray machine is back in Minor Injuries so that patients can get quicker imaging and diagnosis
- A lift between A&E and Minor Injuries Unit has been added to the 10 year estates plan.

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