Background scope and purpose of the review

The purpose of this review is to gain a level of understanding and insight as to what extent, the national issue of NHS Trolley waiting times effects people in East Sussex.

This is the second of two planned visits by Healthwatch Authorised Representatives to acute Accident and Emergency departments and took place the Conquest Hospital will take place during a eight day period in January 2014. The hospital provides a comprehensive range of hospital services for all ages (including acute services which were the purpose of this study).

Address: Conquest Hospital, The Ridge, St-Leonards-on-Sea, East Sussex. TN37 7RD.

The provider is East Sussex Healthcare NHS Trust.

These finding should be read along with the report published in September 2013 looking into patient pathways to urgent care. *(This report relates only to a specific study/visit (at a point in time) and is not representative of all consumers (only those who contributed within the restricted time available)*

What Information already exists?

Winter pressures sees an increasing demand on our services, especially for A & E to treat and either discharge or admit within the designated four hour period. A&E services this winter are under closer scrutiny than ever before; the BBC is even publishing weekly A&E attendance rates on their website.

How we gathered the insight?

We met with ward manager prior to the visits to talk about how the department operates as well as working out the practicalities of the visits so as not to compromise any care or get in the way.

We requested information in advance from the Trust about staffing levels. We circulated the prompt and recording sheets to be used to gather the insight ahead of the visits.

Ten volunteers visited the A & E Department over eight days from 2.00pm - 10 pm to observe up to 4 patients each on their journey through the department. The visits were carried out between the 9th January 2014 and the 15th January inclusive, except for Saturday 11th January, to replicate the previous study undertaken at the EDGH. A total of 96 individual pathways were observed during this study.

The focus for the survey was to determine the waiting times for patients arriving by ambulance to the A and E Department. The waiting time was broken down into a number of stages:
  - From time of arrival to waiting corridor
  - From time in waiting corridor to treatment bay
  - From treatment bay to discharge from A and E.

Whilst in the treatment bay, patients would sometimes be transferred for tests in other parts of the hospital, such as X Ray and occasionally would be moved to a different treatment bay. We logged, wherever possible, these movements. We liaised with hospital staff to ascertain, where possible, what was happening for each patient, in order to fully assess the patient’s pathway through A and E.

Throughout this report Authorised Representatives will be referred to as ‘ARs’.
What we found out?

Pathway from time of arrival to waiting corridor

Due to the geographical layout, the system at Conquest Hospital is different to that at Eastbourne DGH. Ambulance personnel bring the patient straight into the treatment area and inform the shift coordinator of the details of the patient. If a treatment bay is free, the ambulance personnel take the patient to the bay and transfer them onto a hospital trolley. If there is no bay free, the patient is taken to the waiting corridor. There are usually some spare hospital trolleys available and so ambulance personnel transfer the patient from their trolley to the hospital trolley whilst waiting for a treatment bay.

Pathway from time in waiting corridor to treatment bay

The time of arrival and the time the patient was transferred to a hospital trolley were recorded. The latter was generally when the patient was taken to a treatment bay. Our observations and recordings indicate that there is generally a short wait in the corridor. The results were:

- 64 of the 86 patients (75%) waited between 0-9 minutes
- 22 of the 86 patients (25%) waited between 10-19 minutes

Also, 55 patients (64%) waited less than 5 minutes.

It is important to note that some patients were taken immediately to a hospital ward. This was particularly so for children. For example, one child was taken by the ambulance personnel to Kipling Ward. Also, a few patients who had come in by ambulance were assessed as not needing urgent attention and were transferred to the waiting room, rather than transferring onto a hospital trolley and being moved into a treatment bay immediately.

The above results indicate that waiting times to be moved into a treatment bay are very low. This is despite the Conquest Hospital having fewer treatment bays than Eastbourne DGH. One factor may be that there are an additional seven bays available at the end of A and E which can be used for patients who are just waiting for results, such as blood or X ray results. Patients were sometimes observed, at the time, to be moved into this area, to free up treatment bays.

Pathway from treatment bay to discharge from A and E.

We logged the time of arrival at the hospital and the time the patient left. The results were:

- 36 of the 96 patients less than 4 hours
- 4 of the 96 patients more than 4 hours
- 56 of the 96 patients pathway incomplete
The vast majority of the latter 56 patients were “incomplete” as they were still at the hospital when ARs left, at 10pm. Some of these would have been coming to the end of their 4 hour wait, and so the number of patients being at the hospital for more than 4 hours would be higher than 4. For example patients had arrived at 15.30, 16.52, 17.05 and 17.45 and were still in A and E at 22.00, when the ARs left.

We recorded the time that a nurse or doctor went to see the patient to begin treatment. The majority of patients (60%) were seen within 10 minutes of their arrival at the hospital. 28% were seen between 11-20 minutes of their arrival.

Conversations with nursing staff outlined the reason why individual patients were still in a treatment bay and whether anything was causing a delay in making a decision about what interventions were required. Related to this were any reasons for a delay in moving the patient from A and E, such as a discharge home or to a ward. The following key factors were identified from these conversations:

- 6 patients were waiting for blood test results.
- 3 patients were waiting a psychiatric assessment.
- In several cases, patients for whom a decision to admit to a ward was made, were awaiting a porter to take the person to the ward. It was observed that the porter could take anywhere between half an hour to nearly an hour and a half. This meant that potentially the patient was in A and E in excess of 4 hours, when this could have been avoided.
- One patient arrived at 15.30 and a decision to admit to a ward had been made by 19.35. However, this had not occurred by 22.00.
- Delays in identifying a side room and once this had been done, the organisation of ensuring that the room was deep cleaned, to make it ready for new patients. The delay was in organising the deep clean.

There is a relatively efficient system to get the blood samples to pathology, using a hydraulic chute. For most of the occasions ARs were at the hospital, the chute was working. This ensured that the sample got to pathology quickly. However, there was at least one occasion when it was not being used. A and E nursing staff usually took the decision to take the blood samples to pathology themselves, rather than wait for a porter.

The A and E department has the x ray facility adjacent to the treatment bays. This meant that there was little or no delay in patients being taken for x ray. The A and E and radiology staff took patients to and from their x ray, rather than wait for a porter. This speeded up the process.
One theme from conversation with A and E staff and ambulance personnel concerned patients presenting with mental health issues. Ambulance personnel felt they had to bring someone to the hospital, as it is a place of safety, however, they were aware that A and E staff lacked the expertise. A and E staff also felt that these patients should not be in A and E and sometimes took up treatment bays unnecessarily.

Although there is a room dedicated for people with potential mental health needs, this is a distance from A and E and is not a particularly welcoming room. On one occasion, a mental health worker was with a patient in a treatment bay for about an hour. When the worker had finished, they did not update the shift coordinator as to the outcome of their meeting and intervention.

### Additional Observations

A number of additional comments and observations were made to and by ARs, some not directly related to trolley waits:

- All staff spoken with commented on the very good and positive working relationship between ambulance and hospital staff. This was observed by ARs.
- One patient required Barrier Nursing. A sign was quickly put up on this treatment bay and a relative told to put on an apron and gloves as part of the infection control procedures.
- Most patients were very complimentary of the nurses and doctors.
- ARs concluded that the vast majority of hospital and ambulance staff were very welcoming and willing to answer questions and to assist in the survey. Many asked what we were doing and were supportive.
- Both A and E staff and ambulance personnel stated that many people accessing A and E did not require such a service and should have gone elsewhere for their medical treatment. Ambulance personnel reported that they felt duty bound to offer to bring patients to A and E, even where they felt it was unnecessary. One ambulance person stated that the general public needed educating as what was deemed an emergency and what was not.
Statistical Data

Situation Reporting - for information
As outlined at the beginning of this report, there is intense scrutiny taking place around the performance of local Accident & Emergency Departments across the country, with statistical information being made readily available via the media. While this activity does provide useful points of reference for this report, the information shown is based on the cases where a ‘Decision to Admit’ was taken and is recorded across the 2 A&E departments. The observations undertaken as per section 3 of this study were made on all patient activity, including those who were discharged, left on their own and were admitted.

As such the two areas of activity are not directly comparable and the published activity data is shown as a reflection of throughput overall for the department. The observational information reflects a much wider cohort of patient activity.

From A & E weekly activity figures submitted by ESHT to inform national activity:

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Findings and Conclusions

The findings and conclusions set out in this report have been informed by actively engaging with patients, where appropriate, carers, family members, staff and ambulance crew over a period of time in both acute Accident and Emergency departments in East Sussex.

It will provide a snapshot over a specified period of time about how long any impact the waiting times affect patients using East Sussex Healthcare NHS Trust provide emergency care.

Key conclusions and possible action points

1. Waiting for the results of blood samples was one issue that delayed the diagnosis for patients and therefore played a part in delaying their discharge from A and E. This needs to be explored to identify ways of speed up the process.
2. Linked with the above, if a patient is waiting for results of blood samples, and this could take some time, it may be beneficial for these patients to be moved from the treatment bays to other areas. This will free up treatment bays for the arrival of new patients. To an extent this is already taking place, if necessary.

3. The pathway for those patients with potential mental health needs, should be explored with Sussex Partnership Foundation Trust, in order that systems can be introduced to ensure patients can be assessed quickly by the mental health team. This should not necessarily be in A and E, which is not set up for such patients.

4. The reason for the delay in the portering service responding to the request for a patient to be moved from A and E needs to be explored. Consideration needs to be given to prioritising, where possible, the A and E department, due to the need to move patients on from that area.

5. It was good to note the good and positive working relationship between ambulance staff and hospital staff.

6. It was good to observe that no patients were kept in ambulances, but came straight into the hospital. It was also good to note that there was not a long wait before patients were taken into a treatment bay.

7. The provision of extra hospital trolleys, so that ambulance personnel can transfer a patient from their trolley to hospital trolley speeds up the process and adds to the efficiency of the system.