



A Report on people's experiences of using Accident and Emergency

Captured at Sheffield's Northern General Hospital
(NGH) on 11th September 2015

Healthwatch Sheffield

January 2016

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Key Findings

- The majority of people we spoke to (62.5%) had obtained medical advice before attending A&E.
- Most people we spoke to thought they were waiting for longer to be seen than they actually were.
- People who are visiting others and aren't there as a patient can be frustrated by a lack of immediate information on where to go.
- People with a hearing or visual impairment can struggle with the current system of calling patients in.
- Very vocal patients can cause distress to others. Current arrangements mean that it is not always possible to prevent them being overheard in the main waiting area.
- The main waiting area was not cleaned in the nine hours we were present. The rota in the accessible toilet was signed off ahead of time.
- Some of the seats were broken. More than half of the people we spoke to said they found the seats uncomfortable.
- One advert shown on the televisions in the main waiting area featured suggestive language which some people may find offensive.
- If there are more than two or three people using the smoking shelter it can be difficult to access the department without walking through them or stepping off the pavement.
- There are no change machines or water cooler, the water in the drinks machines ran out and some people were unable to access refreshments because they didn't have the right change or were unaware there was a nearby café.
- People who need to pray are signposted to the nearest faith room. However, it was felt by those who used it that it was a substantial distance away and signs were unclear.

Recommendations

- STH to consider the possibility of volunteer ‘meet and greet’ volunteers in A&E at busy times. Alternatively, to consider any other ways of effectively signposting friends and families looking for people already in the department without having to queue.
- A&E to trial a visual display system supplementing the current verbal system to tell people where to go to and when. While we accept that this may incur some extra cost, we believe this will improve overall patient experience and dovetail with the work that should be currently underway to comply with SCCI 1605.
- STH to assess whether there is anywhere more suitable for people experiencing severe symptoms (such as a lady hearing voices) to go than an interview room which can be overheard by people using the main waiting area.
- STH to reassess the cleaning needs of the main waiting areas and toilets, and spot check these areas to ensure rotas are adhered to.
- STH to try and fix broken seats as soon as is practicable. If there is a reason why there is a delay, (e.g. waiting for parts) this should be communicated to patients.
- STH to revisit their methods of selecting advertising content for the A&E waiting area.
- STH to consider repositioning the smoking shelter in the short term and to consult with service users around smoking areas in relation to the new entrance to ensure the current access issue is not replicated.
- STH to look into providing a nearby change machine OR free drinking water.
- STH to look at clearer signposting to the nearest café from A&E.
- STH to consider an additional multi-faith space closer to A&E. If this is not possible, to review signage to current prayer rooms and consider other methods (e.g. a message as part of the TV scrolling messages) of letting people know where these facilities are.

Why did we visit?

One of the eight key functions of a local Healthwatch is to obtain the views of local people regarding their needs for and experiences of services and make those views known. We know that when we ask people about their experiences of care in hospital, many of them tell us their first contact is through the Accident and Emergency (A&E) department. With this in mind we decided to spend some time in the A&E waiting room to see how people felt about the service.

What did we do?

On Friday 11th September 2015, a team from Healthwatch Sheffield was present in the main waiting area in A&E at the Northern General Hospital from 4p.m. until midnight. We wanted to gather people's views on the services provided and hoped to capture some experiences of people with a mental health condition as part of our wider piece of work on services available to people immediately preceding or following a mental health crisis.

The team comprised of:

Two members of Healthwatch Sheffield Staff

Two teams of three volunteers (one present from 4p.m. until 7p.m., the second present from 7p.m. until 11p.m.)

We used a standard set of questions available nationally as the A&E Survey produced by the CQC / NHS England in 2014, and chose an abbreviated set of these. We added a question about what improvements people would like to see, and captured people's ethnicity and year of birth. The full data is available as Appendix A.

Participants were not approached until after the triage process, because it was recognised that they might be less anxious after triage. The nature and purpose of the research was explained and informed consent gained verbally. Participants were told their data would be handled confidentially, would be anonymous and that individuals would not be identifiable in the final report. Participants were made aware that they could withdraw their consent at any time.

We also used a set of observations, and provided a short list of observation prompts for all volunteers. This is available as Appendix B, and is intended to

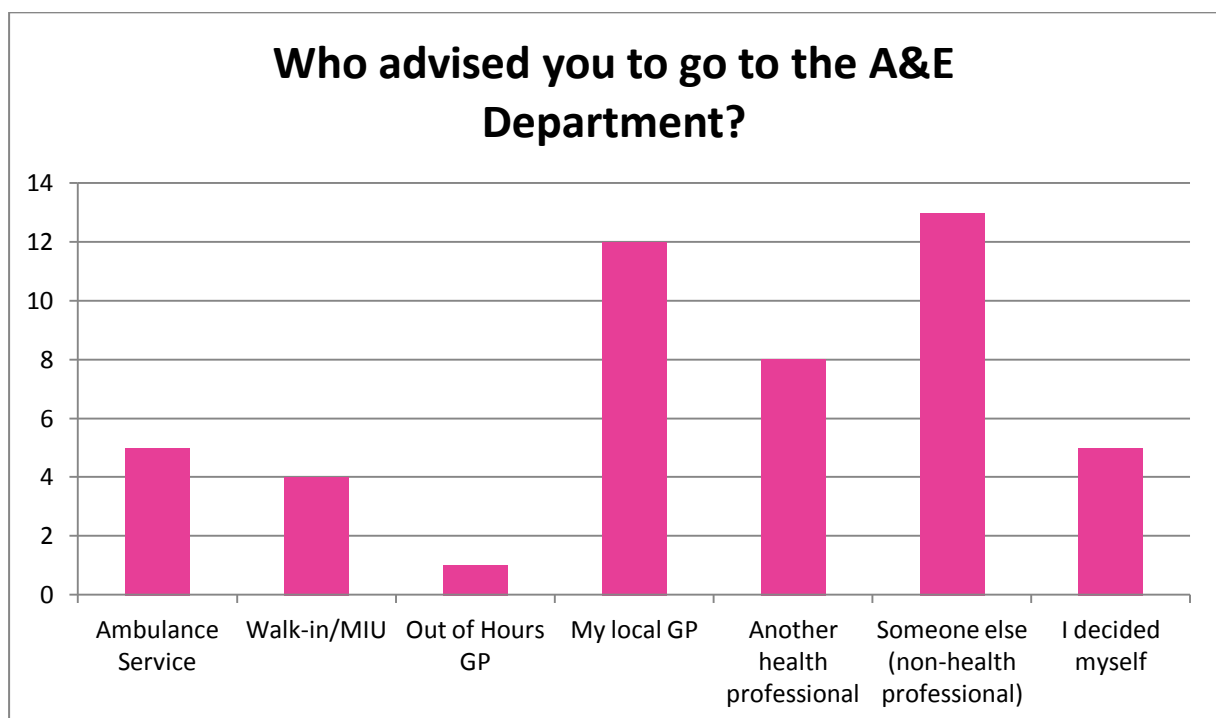
underpin or challenge the things patients told us. All of the volunteers taking part are trained Enter and View volunteers.

Lastly, we did a simple head count every half an hour of the total number of people waiting in the department and the number of people queuing. We felt this might help us understand the peaks and troughs of demand at the department.

Key themes

Getting here...

Of the 48 people that we spoke to, the largest single group of people (37.5%) had either decided themselves that they needed to go to A&E, or had been advised to go by a non-medical person (e.g. friends or family). Of the remaining 62.5%, 40% of those had been told to attend by their own GP. A further 26% had been advised to attend by 111, 17% had been brought in by ambulance, and the remainder had been referred by an out of hours GP or walk in service.



When we asked our 49 survey respondents if there was anywhere else they could have gone, 13 chose not to answer this question. Most of the people who did respond felt they were using the service appropriately.



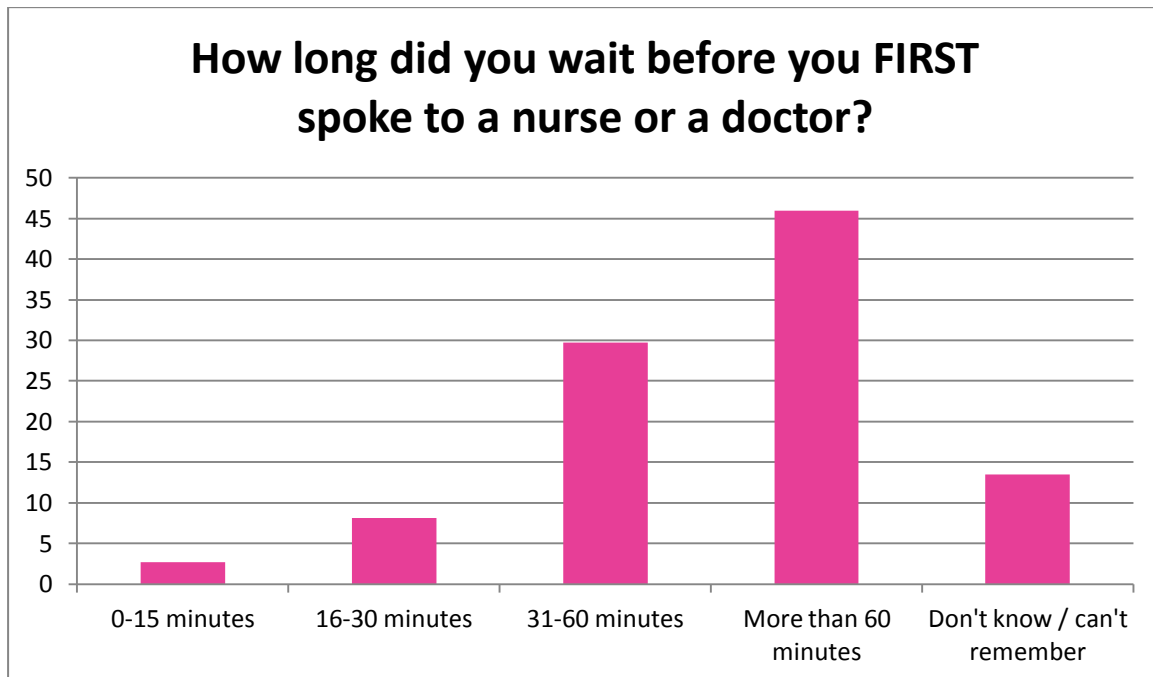
Some people told us they didn't want to be there but felt there was no choice, and others didn't know of other options.

"I could have used the Emergency Eye Clinic at the Hallamshire but I didn't know that until the triage nurse told me."

Most people (65%) came to A&E by car. Of these, 61% found convenient parking. One person told us they felt that "A&E is very poorly signposted, especially from Barnsley Road."

Another family had a blue badge and told us they found disabled parking very difficult to access, and that the actual building itself was difficult to get into because of the steep slope, or steps, but they did recognise that lots of work was being done to improve the main entrance. 28% of respondents told us that they felt there was more work to be done on signposting the way to A&E.

Waiting Times

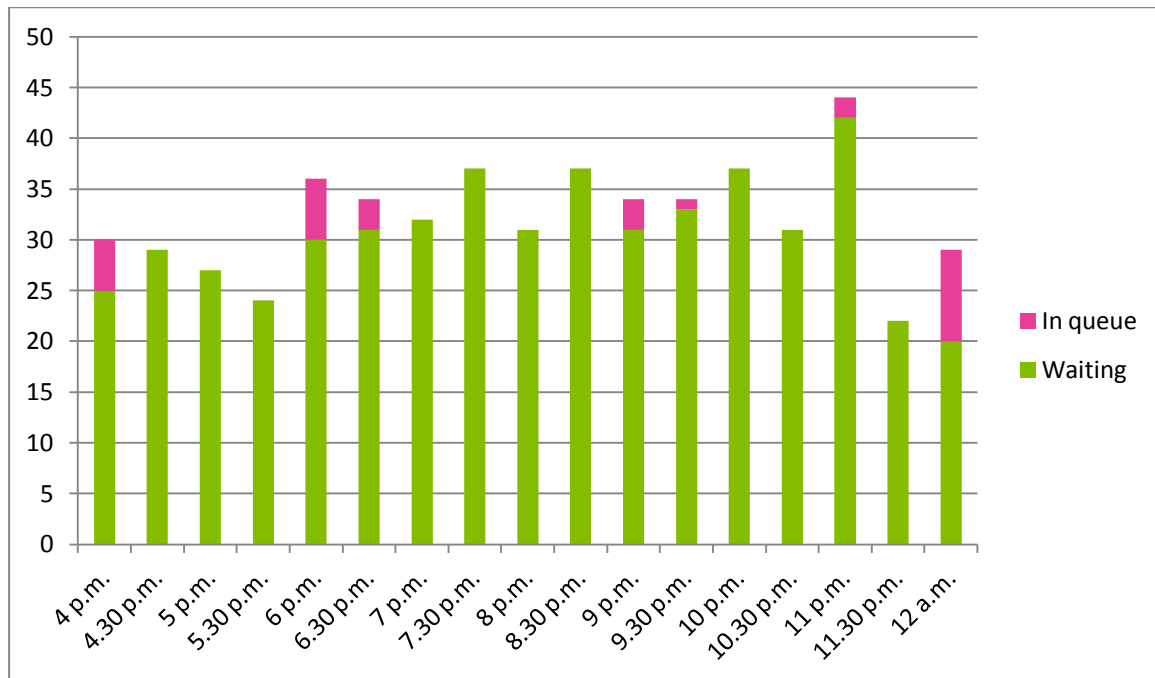


As shown in the graph above, most people told us that they had been waiting for more than an hour before being seen by any nurse or doctor. Our observations showed that the perceived waiting time was very different to the actual waiting time, and we did not observe any patients waiting longer than an hour for the triage nurse. We did note that there were waits of two or more hours for some people following initial triage, but none that breached the four hour waiting target. Despite this, one person who had waited three hours was observed shouting at reception staff as they appeared to be frustrated at the length of time they had been waiting.

The television screen showed an average waiting time of 2 hours and 30 minutes for the entirety of our visit. Some members of the public expressed concern that it wasn't a 'real' figure and told us that it always said that, though other people told us they found it helpful.

Some individuals were present inside and outside the department for the entire 9 hours that we were onsite, but it appeared that many were 'regulars' and were not actively waiting to be seen, or had already been seen and chose not to leave following their discharge. On the day we visited there was a constant police presence inside and outside the department. This upset one person who said they felt threatened by their presence.

From 4p.m. we did a quick headcount of the people waiting to be seen. This can be viewed below;



The graph shows that the waiting area was generally busiest between 8p.m. and 10.30p.m with a small spike at 11p.m. The longest queue we saw was of six people. We also observed friends or family members of people who had already been brought to the department by ambulance joining the queue to find out where that person is. This caused some distress for some people who appeared agitated as they waited in the queue. Three people approached us during the 9 hour period to ask us where someone may have been taken if brought in by ambulance, we think this is because we had ID badges and clipboards and therefore the assumption was that we were there in a ‘meet and greet’ capacity. We advised them to speak to reception.

We gave people a free text box (Question 27) with the question “If there is anything else you would like to tell us about your experiences in the A&E department, please do so here.” The largest proportion of responses (5 of 17) were complaints about waiting times.

RECOMMENDATION

STH to consider the possibility of volunteer ‘meet and greet’ volunteers in A&E at busy times. Alternatively, to consider any other ways of effectively signposting friends and families looking for people already in the department without having to queue.

People with a sensory impairment

Five of our survey respondents told us that they had a hearing or visual impairment. Both these groups of people told us that they found the system of someone appearing from a door and calling their name frustrating. One person with a sight impairment was observed finding it difficult to locate the source of the voice calling them, although the staff member did come across to them when they noticed that the person was having difficulty. People with a hearing impairment had their name called several times before responding. People who told us they had no visual or hearing impairment also commented on the current system and offered their opinions on alternatives.

“They need to speak louder when calling your name.”

“The calling of names needs to be louder/clearer. Is it possible to have a screen with your name on it?”

“Could do with a number system instead of the assessing nurse screaming.”

A 2013 report by Action on Hearing Loss ‘Access all Areas’ estimated that 14% of people with hearing loss have missed an appointment due to not hearing their name being called in a waiting area.

RECOMMENDATION

A&E to trial a visual display system supplementing the current verbal system to tell people where to go to and when. While we accept that this may incur some extra cost, we believe this will improve overall patient experience and dovetail with the work that should be currently underway to comply with SCCI 1605.

<http://www.hscic.gov.uk/isce/publication/scci1605>

People with a mental health condition

We did not speak to many people who directly told us they had come to A&E because of a mental health condition. One lady had come from a secure unit and was happy to share this with us, but was being treated for a physical injury. Another lady who had been hearing voices was placed in the interview room. She was there for five hours and was very noisy for the majority of this time. The noise from the interview room is very evident in the corner of the waiting area nearest the door, and one person sitting in this corner was observed to be visibly upset by the noises coming from behind the door. The lady who was hearing voices was eventually discharged.

It became clear from our observations and speaking to people that those displaying severe symptoms of a mental health condition did not wait in the main waiting area. Thirteen people we spoke to told us they were moderately anxious or depressed, and two told us they were extremely anxious or depressed. Of these people, five told us they had a long standing mental health condition.

RECOMMENDATION

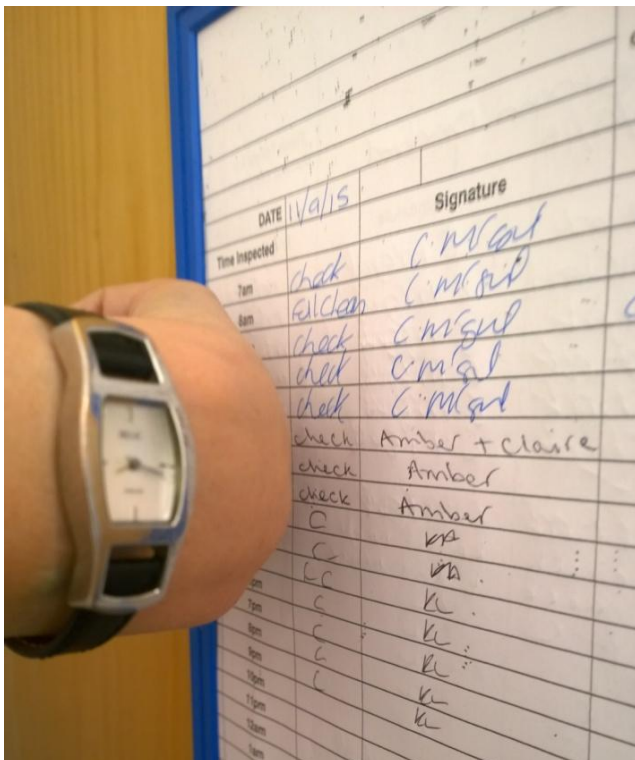
STH to assess whether there is anywhere more suitable for people experiencing severe symptoms (such as the lady hearing voices) to go than an interview room which can be overheard by people using the main waiting area.

Environment (inc. cleaning and toilets)

In the nine hours that we were in the waiting area at A&E, we observed the main area to be generally clean and tidy. However, as no member of staff was observed cleaning in the waiting area at any time, things did become less tidy by the time we left. We saw spillages which had been mopped with a towel but then left on the floor, and the area became more cluttered as wheelchairs and other walking aids were brought into the area with patients who then left the area without them. We couldn't find a cleaning rota for the main waiting area, we were unsure whether there should be one.



The majority of people when asked felt that the department was ‘fairly clean’ (58%), with a further 29% rating it as ‘very clean’.



We noted that there were cleaning rotas in the toilets, and that these had been signed off for multiple hours ahead of the allotted time. The following photo was taken in the accessible toilet at the time shown on the watch, 8.10 p.m. The rota was already signed off for the following hour.

The first cleaner we saw arrived in the department at 10.37p.m. They did sign just one (the correct) segment in the cleaning rota for the disabled toilet. Despite the observed issue of discrepancies between rotas and actual cleaning, of those who had used the toilet, 68% told us they thought the toilets were either very clean or fairly clean.

RECOMMENDATION

STH to reassess the cleaning needs of the main waiting areas and toilets, and spot check these areas to ensure rotas are adhered to.

Seating

We observed that some of the seats were broken or had parts missing. We also noticed that people tended to favour seating that faced the triage room and that these seats were taken in preference to those with their back to triage. This meant that some seats were in more consistent use than others. Just over half of the people we spoke to (52%) said that the seats weren't comfortable, and when we asked people for suggestions that would make their wait more pleasant, 8 comments were received about improving and fixing seating.

RECOMMENDATION

STH to fix broken seats as soon as is practicable. If there is a reason why there is a delay, (e.g. waiting for parts) this should be communicated to patients.

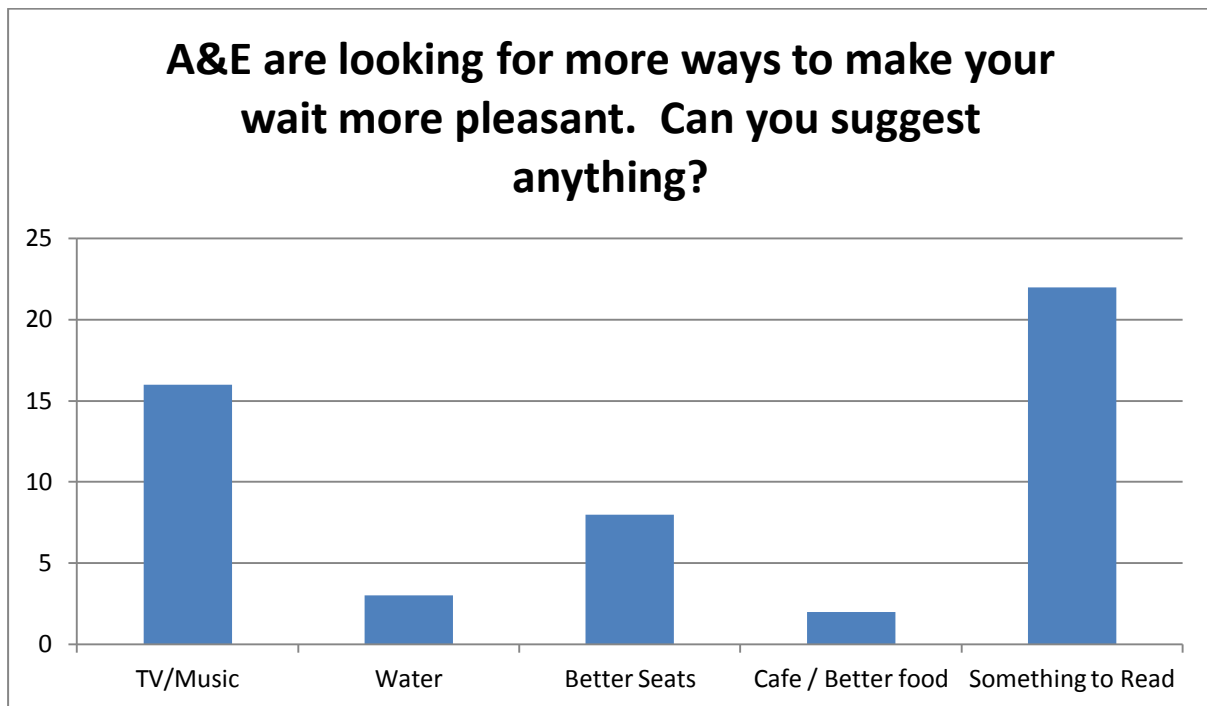
Television

The television screens in the department showed a range of scrolling adverts. We felt that these were generally suitable, although two of our observers felt that one about reporting sexual exploitation and one for weight loss supplements could be triggering for particular groups of people. We felt one advert was particularly inappropriate, which was an advert for a tattoo studio featuring words such as 'penetrate' and 'prick' in suggestive phrases which could be viewed by some as offensive.

RECOMMENDATION

STH to revisit their methods of selecting advertising content for the A&E waiting area.

When asked what would make people's stay more pleasant, being able to watch TV or listen to music was the most requested option.



“ Please fix the chairs, many are unstable or broken. Possibly put a movie on TV to stay distracted (I have anxiety). Would like a water machine.”

We also spoke to two people who were together about watching television. They thought that getting something like Sky TV might not actually be that positive a move. They felt people might get ‘too comfortable’ especially if there was something like football on.

Entrance to the Department

In the time we were at A&E we witnessed people taking drugs and drinking alcohol immediately outside the department. One person who had been around the department for the nine hours we were present was unconscious on the pavement in front of the main entrance when we left and was being attended to by two policewomen. Another person had vomited in front of the department. We spoke

to a man who is 47, has mental health issues and has taken multiple overdoses in the past. He has a history of hallucinogenic drug use. He was one of a group of 'regulars' who preferred to wait outside rather than in the main waiting room and only came in for a coffee. He told us he uses A&E frequently.

A couple of the people we spoke to in the main waiting area felt that this group of people, who were mainly based in the smoking shelter, were intimidating. One respondent asked if there could be 'a separate waiting area from drunken people' although, as noted, many of the people we saw who were taking drugs and drinking alcohol did not actually come inside other than to be treated. Another person asked for the outside environment to be improved, in particular mentioning the smokers. Because of the current position of the smoking shelter and disabled / PTS parking, people have to walk directly through smokers to get to the department if there are more than one or two people using the shelter.

RECOMMENDATION

STH to consider repositioning the smoking shelter in the short term and to consult with service users around smoking areas in relation to the new entrance to ensure this situation is not replicated.

Eating and Drinking

During our visit we noted that the only obvious place to get something to eat or drink was from three vending machines situated in one corner of the main waiting room. These were heavily used; more people would have used them but did not have the correct change. We had brought with us some petty cash to pay our volunteers' expenses, and ended up changing money for four families during our time in the department. At 5p.m. we had a conversation with a man who told us that he would really value a small cafe or a change machine. He told us he got off an international flight at 3.a.m. and hadn't eaten or drunk much since. As his injury occurred at the airport, and he had come straight from there, he did have money, but no change, and as a result had been waiting over an hour with nothing to drink, and hadn't eaten since coming off the flight. We gave him change so he could get something to eat and drink.

We also noted that later on in the evening the water in the vending machines had run out and only sugary drinks were available to purchase.

RECOMMENDATION

STH to provide a nearby change machine OR free drinking water.

When asked if they had been able to find something suitable to eat or drink, roughly a third of people said they had, a third said they hadn't and the remainder either didn't want anything or were unclear whether they were allowed anything. We know that for at least some of the time we were in the department, a nearby café was open in the Huntsman building, but we couldn't find any information in A&E to tell people that this was the case.

RECOMMENDATION

STH to look at clearer signposting to the nearest café from A&E

Quiet Rooms / Faith Rooms

Two of our volunteers needed to find somewhere to pray while in the department. They were directed by reception to the nearest prayer room, which was a Chapel on Vickers Corridor. Two dedicated Muslim Prayer Rooms in Chesterman Wing and Vickers, and a multifaith room in the Robert Hadfield building are also available.

The volunteers felt that even the nearest provision was quite a distance and believed that people who have a mobility issue could struggle to get there. We note that NHS England's Chaplaincy Guidelines (downloadable from <https://www.england.nhs.uk/about/gov/equality-hub/chaplaincy/>) state that "The provision of suitable areas for worship; prayer; contemplation; reflection; meditation; stillness and peace is required in order for human rights and equality to be observed. It is also a positive incentive in recruitment to have areas available close to clinical practice which staff can attend without difficulty."

We understand that finding suitable space can be difficult, but would ask that consideration is given to prioritising closer suitable provision, even if this is of a temporary nature, and if this is not possible, to provide clear signage to the nearest suitable space.

RECOMMENDATION

STH to consider an additional multi-faith space closer to A&E. If this is not possible, to review signage to current prayer rooms and consider other methods (e.g. a message as part of the TV scrolling messages) of letting people know where these facilities are.

People's overall Experience of the Department

Most of the people we spoke to, despite some suggestions for improvement, were happy with the care they received. For example, 74% of respondents felt they had enough privacy when discussing their condition with the receptionist, and 83% felt that reception staff did a good, very good or excellent job of being friendly and polite. The most negative responses tended to relate to the environment, such as the seating (53% of people told us the seats were not comfortable) and waiting times. The following are some examples of spontaneous positive and negative comments received in the free text boxes of our questionnaire. A full set of responses is available in Appendix A.

Positive Comments

“Staff lovely - clearly very busy and rushed off their feet which is a shame. Must be very stressful for them. Still doing excellent job. Reception area feels a little open to discuss medical stuff.”

“There was a really nice lady which was the assessing nurse.”

“Amazed by the A&E/medical staff. They're brilliant.”

Negative Comments

“At 9p.m. rubbish strewn over floor in A&E, bin in toilet overflowing.”

“Waiting times are ridiculous. Staff on reception (quite rude).”

“Nurse/doctor call is not always so loud. Possible tannoy system.”

Thanks

We would like to thank all the staff at Sheffield Teaching Hospitals who facilitated our visit. We'd like to thank our Young Healthwatch and Healthwatch volunteers who gave up their time to help gather views. Lastly we'd like to thank everyone who spoke to us on the evening of Friday 11th September. Your views are important, and we hope we have represented them fairly.

Response to this document by Sheffield Teaching Hospitals

We welcome the report, which provides helpful feedback to help us to identify areas where we can improve our services. The report has been shared with staff within A&E along with other relevant staff and the following actions are now being taken in response to the recommendations.

Recommendation 1: 'Meet and greet' volunteers

We now have volunteer welcomers in A&E and these have been extremely well received. We are in the process of designing posters to advise patients and families to look out for the volunteer if they have any non-clinical queries which the volunteer may be able to help with. **Completion date:** Posters in place by June 2016

Recommendation 2: Visual call system

The Trust is currently exploring solutions to the issue of call systems which supplement the verbal call system, as part of our work on the new Accessible Information Standard. The problem with a visual display system is that some people who have a hearing impairment will also have a visual impairment and may, for example, require a tactile alert. It may be that the visual display, along with the verbal alert, is the best option, however a decision will be made once the various options have been explored. **Completion date:** Option appraisal completed with recommendations by September 2016

Recommendation 3: Suitable area for patients with severe symptoms

Consideration is already given to the appropriate streaming and placement of patients within A&E to preserve safety, privacy and dignity. However, at times of high patient numbers, the optimum choice of placement can be compromised by the capacity of the department and competing demand for space. Plans to relocate the interview room (within the constraints of the existing footprint of the department) are being considered and this will be

taken forward through the new A&E Quality Group, which is currently in the process of being established. **Completion date:** Proposals to be agreed by October 2016

Recommendation 4: Cleanliness and spot checks

A&E is a high priority area for cleaning within our domestic services specification. Audit checks which are undertaken regularly have not highlighted any issues and have shown that cleanliness standards are being maintained. Should any issues be highlighted, these would be followed up appropriately. In addition, Friends and Family Test responses from 01/09/15-21/03/16 have been analysed and cleanliness has not flagged as an issue of concern. Out of 5249 responses, 34 comments were received regarding cleanliness, of which 20 were positive and 14 negative. Patient feedback will continue to be monitored in relation to cleanliness. **Completion date:** Ongoing

Recommendation 5: Fixing broken seats quickly

All requests for repairs are currently responded to within 48 hours, with 85% also having the necessary work completed within 48 hours of the request being received. However, the specialised repair of fixed seating is undertaken through external contractors and this can take longer, as quotes have to be obtained for both the repair and/or the purchase of new chairs (the repair may be more expensive). However, it seems the delay is due to a delay in reporting the broken seats which were identified during the HealthWatch visit, as the request for the repair was only made at the beginning of March. This was processed immediately, the quote from the contractor has been authorised and they will shortly be either repairing or replacing the seats. Staff have been reminded to report broken seats as soon as the issue is brought to their attention and action is now being taken to ensure that requests for repairs are made as soon as A&E staff are aware of a problem by **Completion date:** April 2016

Recommendation 6: To revisit methods of selecting advertising content for the A&E waiting area

This is acknowledged as an issue, however the Trust currently has in place a contract which limits the advertising content that can be displayed but also means that changes cannot currently be made to the content. This will be addressed in future contract negotiations at the end of the existing contract in 3 years' time. **Completion date:** 2019

Recommendation 7: Smoking shelter

In order to alleviate the access issues identified in relation to the smoking shelter, consideration is being given to moving some of the bollards adjacent to the shelter. In the meantime, patients using the A&E department will be consulted regarding smoking areas and actions will be planned following the consultation. **Completion date:** Patients to be consulted by August 2016. Actions to be planned depending on outcome of consultation.

Recommendation 8: Change machine/drinking water

Signs are being displayed in the waiting room to inform patients that drinking water is available and to ask a member of staff. The Housekeepers will ensure that water jugs and paper cups are readily available (once it has been established that drinking will not interfere with clinical treatment/management of individual patients). Signage to drinks facilities outside the department is to be displayed. **Completion date:** Signage in place by June 2016. Longer term options are to be considered by the new A&E Quality Group, along with other improvements to the waiting area.

Recommendation 9: Signposting to café facilities

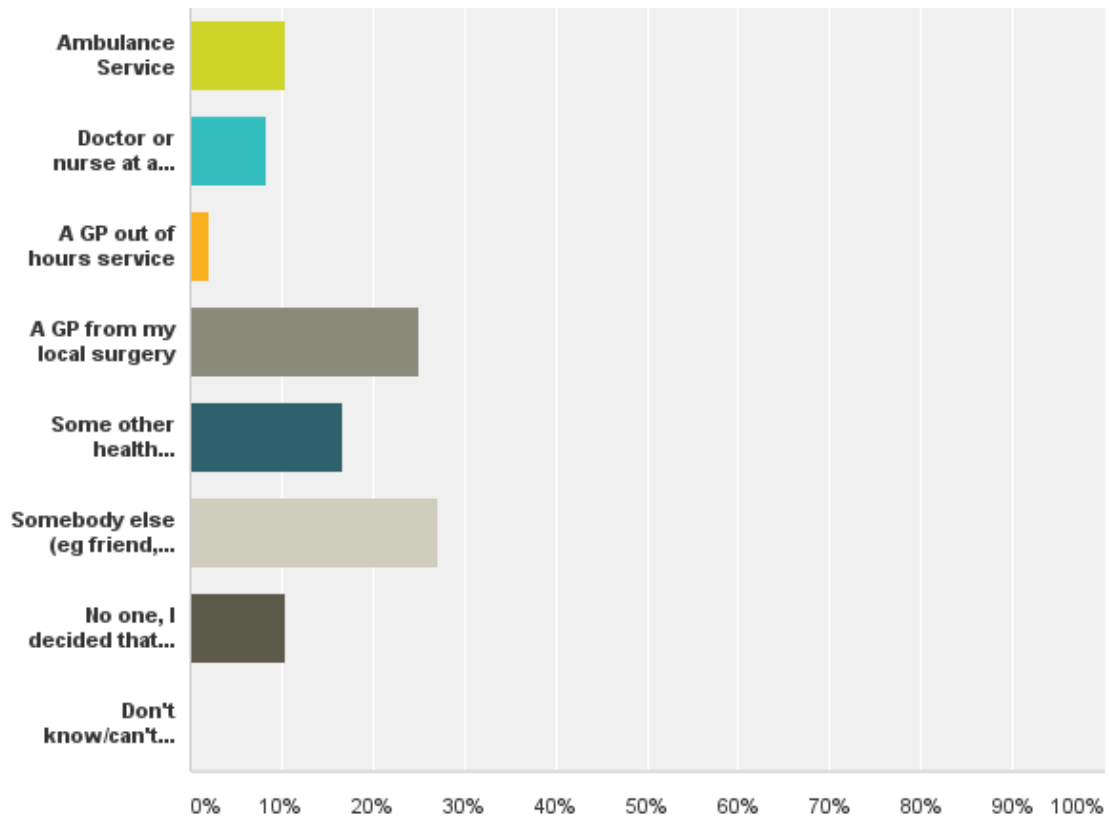
Improved signposting to nearby café/refreshment facilities is a good idea and this is now being arranged. **Completion date:** Completed.

Recommendation 10: Multi faith prayer facilities

Signposting to the existing multi faith prayer facilities is currently being reviewed. The availability of multi faith prayer rooms on the Northern General Hospital site is being reviewed generally, however this is a longer term plan and, in the meantime, signage will be improved. **Completion date:** Completed.

APPENDIX A

Q1: Who advised you to go to the A&E Department? (Circle only ONE)



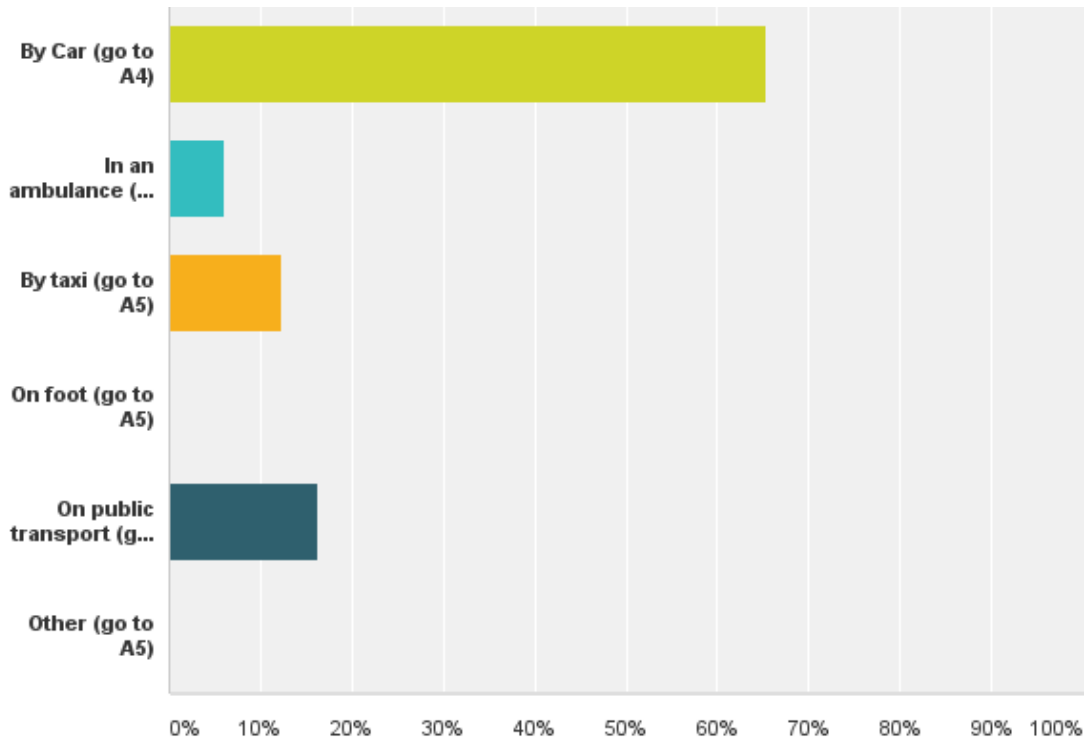
Answer Choices	Responses
Ambulance Service	10.42% 5
Doctor or nurse at a walk-in centre or minor injuries unit	8.33% 4
A GP out of hours service	2.08% 1
A GP from my local surgery	25.00% 12
Some other health professional (eg NHS 111 nurse)	16.67% 8
Somebody else (eg friend, relative, colleague)	27.08% 13
No one, I decided that I needed to go	10.42% 5
Don't know/can't remember	0.00% 0
Total	48

Q2 Was there anywhere else you could have gone? (please write in the box)

Answered: 36 Skipped: 13

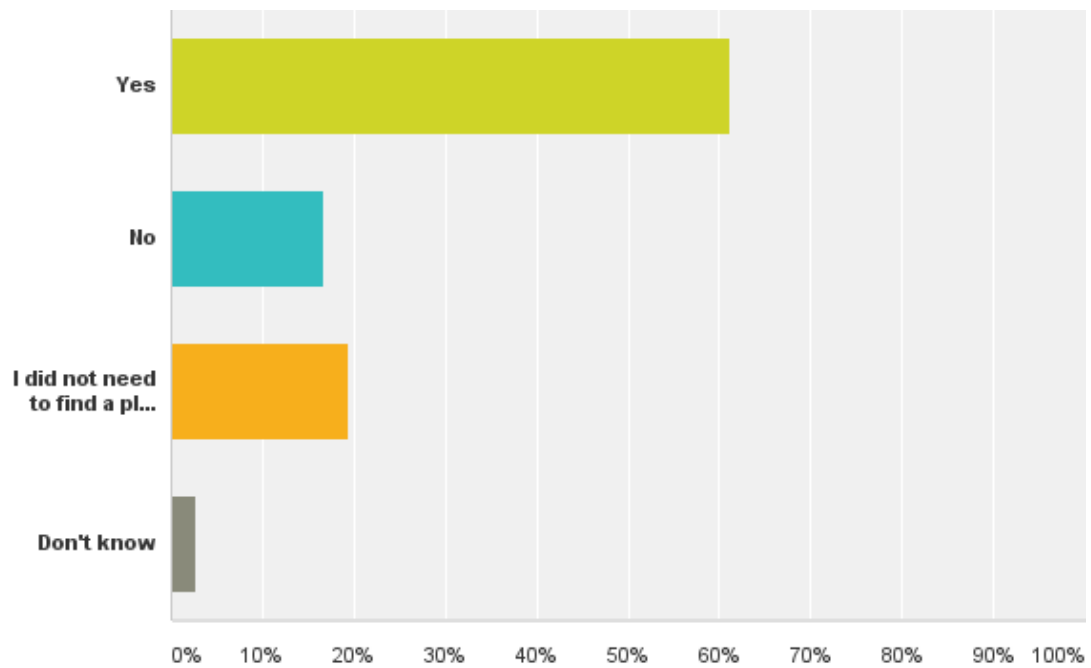
#	Responses
1	No
2	No
3	Don't think so
4	No
5	No
6	No
7	No as might need an x-ray
8	Don't think so
9	Walk-in centre
10	No
11	No
12	Walk-in centre, then minor injuries unit, Hallamshire then the bus to here
13	No
14	No
15	Home
16	No appointment Doncaster
17	Hallamshire Eye clinic in the morning
18	No
19	Eye department at Hallamshire Hospital (told by nurse in triage)
20	No - late
21	Other A&E
22	No
23	No. I did not want to access Accident and Emergency services
24	No
25	No, not for the problem I had.
26	No, minor injuries had closed.
27	No
28	GP surgery at normal opening hours
29	Don't think so. I was sent straight here.
30	Hallamshire
31	No
32	Yes, see a doctor (GP)
33	No
34	Yes, but not at this time of night
35	No
36	Walk-in centre

Q3: How did you travel to the hospital?



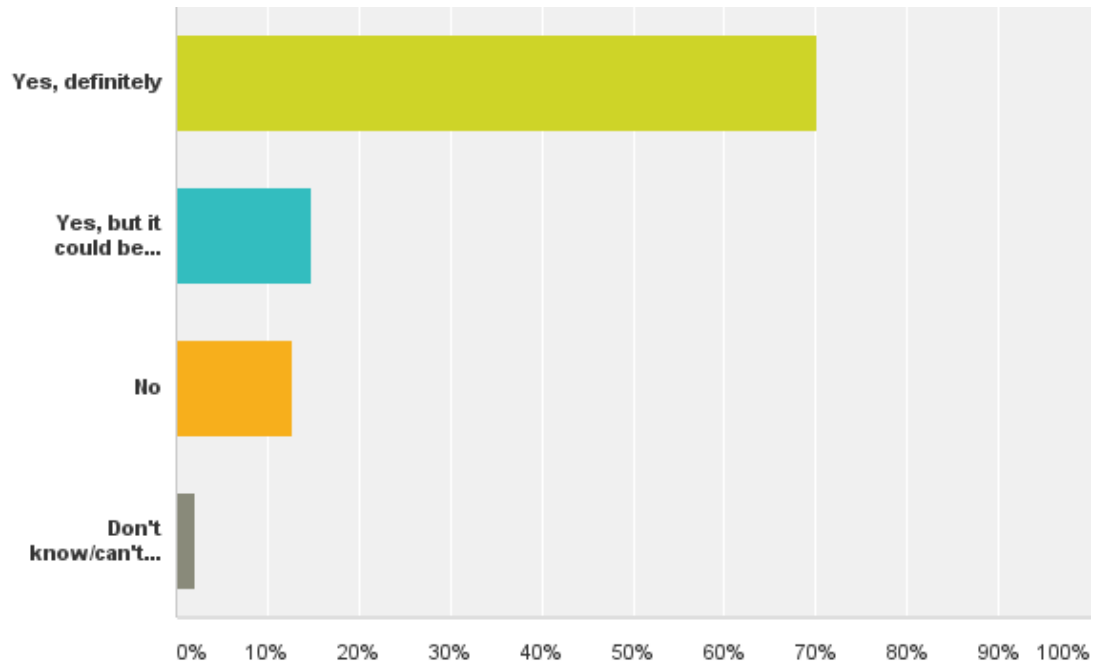
Answer Choices	Responses
By Car (go to A4)	65.31% 32
In an ambulance (go to A5)	6.12% 3
By taxi (go to A5)	12.24% 6
On foot (go to A5)	0.00% 0
On public transport (go to A5)	16.33% 8
Other (go to A5)	0.00% 0
Total	49

Q4: Was it possible to find a convenient place to park in the hospital car park?



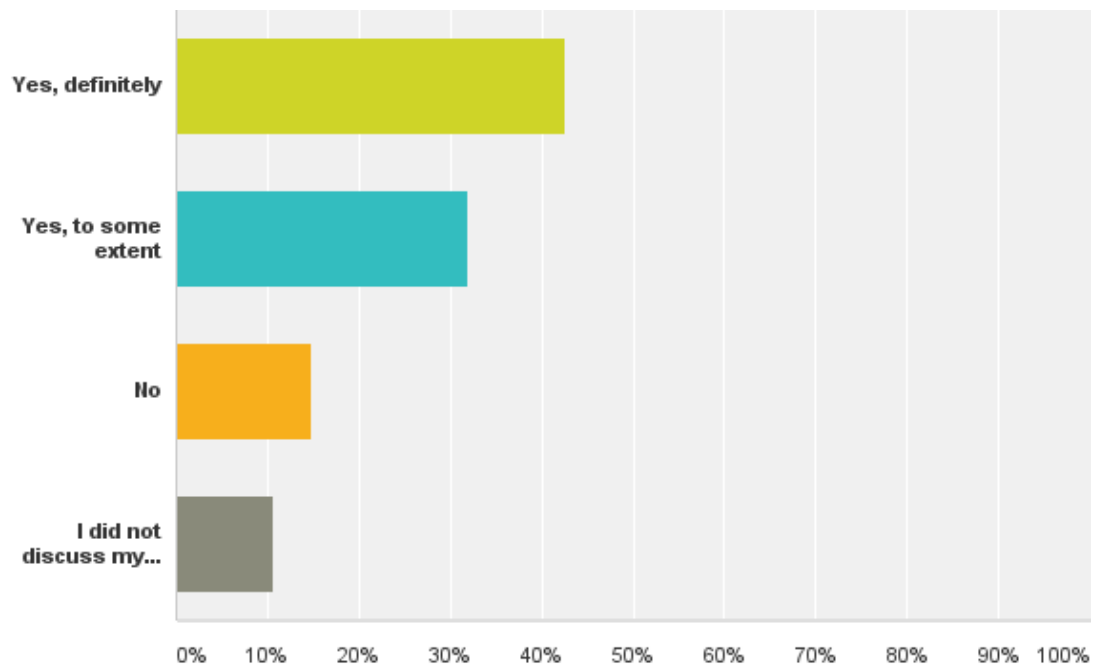
Answer Choices	Responses
Yes	61.11% 22
No	16.67% 6
I did not need to find a place to park	19.44% 7
Don't know	2.78% 1
Total	36

Q5: Once you arrived at the hospital, was it easy to find your way to the A&E Department?



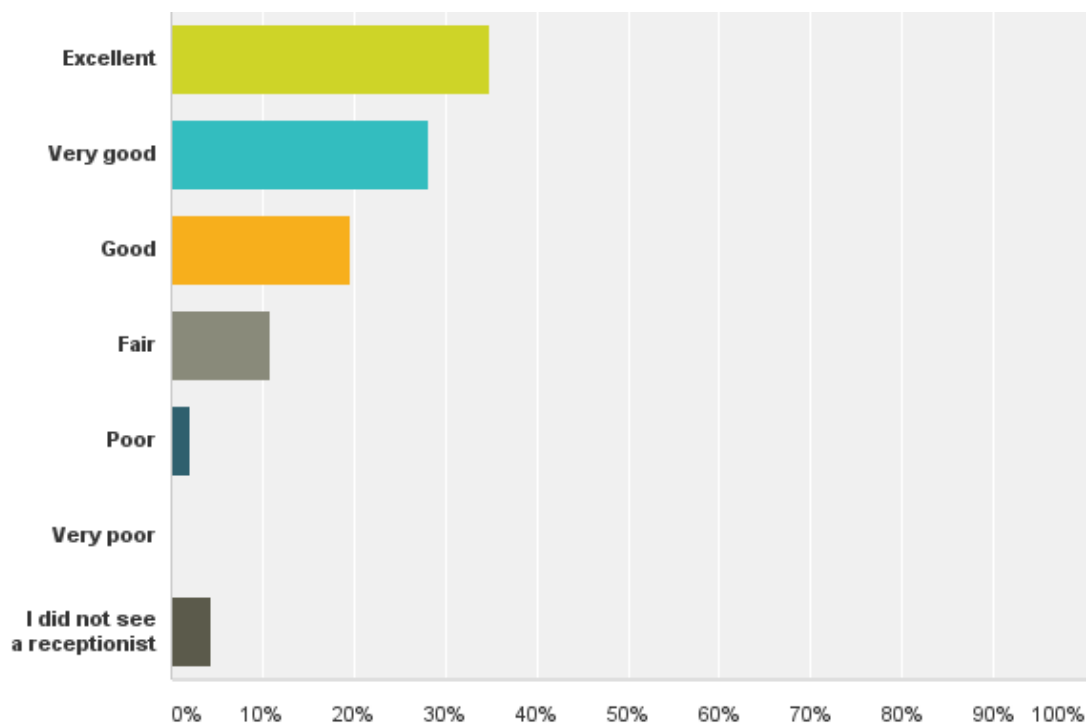
Answer Choices	Responses
Yes, definitely	70.21% 33
Yes, but it could be improved	14.89% 7
No	12.77% 6
Don't know/can't remember	2.13% 1
Total	47

Q6: Were you given enough privacy when discussing your condition with the receptionist?



Answer Choices	Responses	
Yes, definitely	42.55%	20
Yes, to some extent	31.91%	15
No	14.89%	7
I did not discuss my condition with a receptionist	10.64%	5
Total		47

Q7: How well did you think the reception staff did in terms of being friendly and polite?

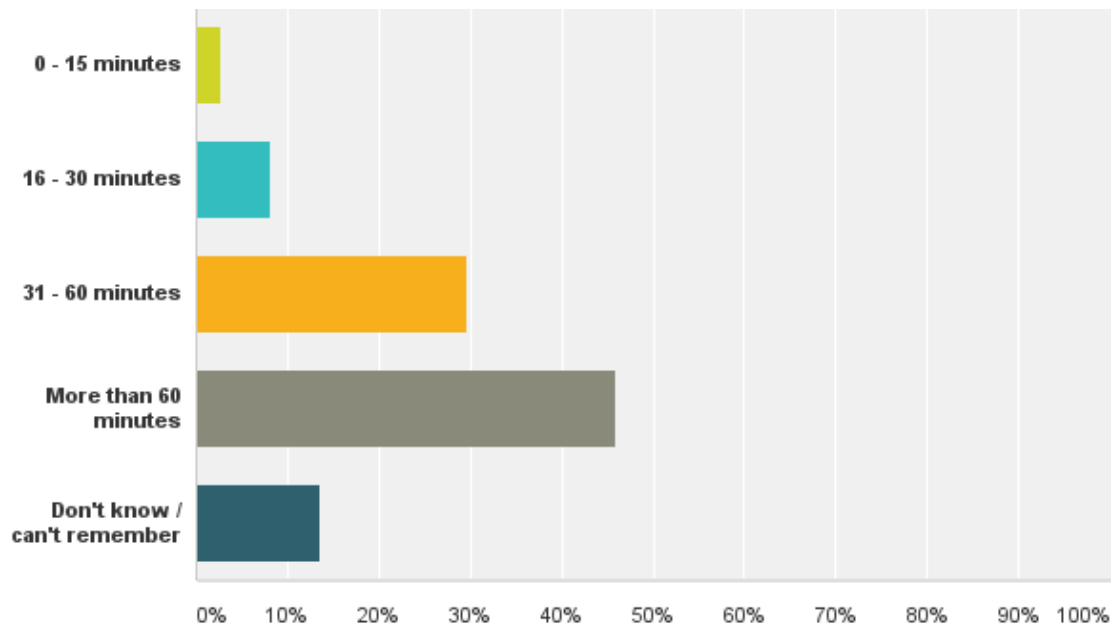


Answer Choices	Responses	
Excellent	34.78%	16
Very good	28.26%	13
Good	19.57%	9
Fair	10.87%	5
Poor	2.17%	1
Very poor	0.00%	0
I did not see a receptionist	4.35%	2
Total		46

Q8: Have you spoken to a nurse or doctor yet?

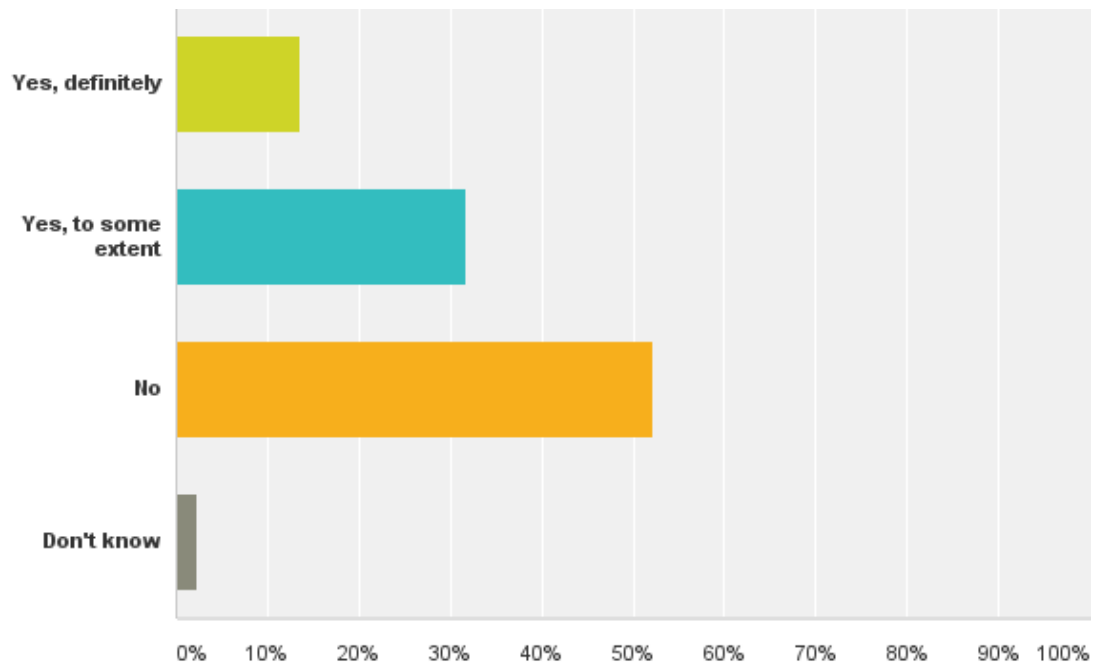
Answer Choices	Responses	
Yes - Go to A8	64.58%	31
No - Go to A9	33.33%	16
I don't know	2.08%	1
Total		48

Q9: How long did you wait before you FIRST spoke to a nurse or a doctor?



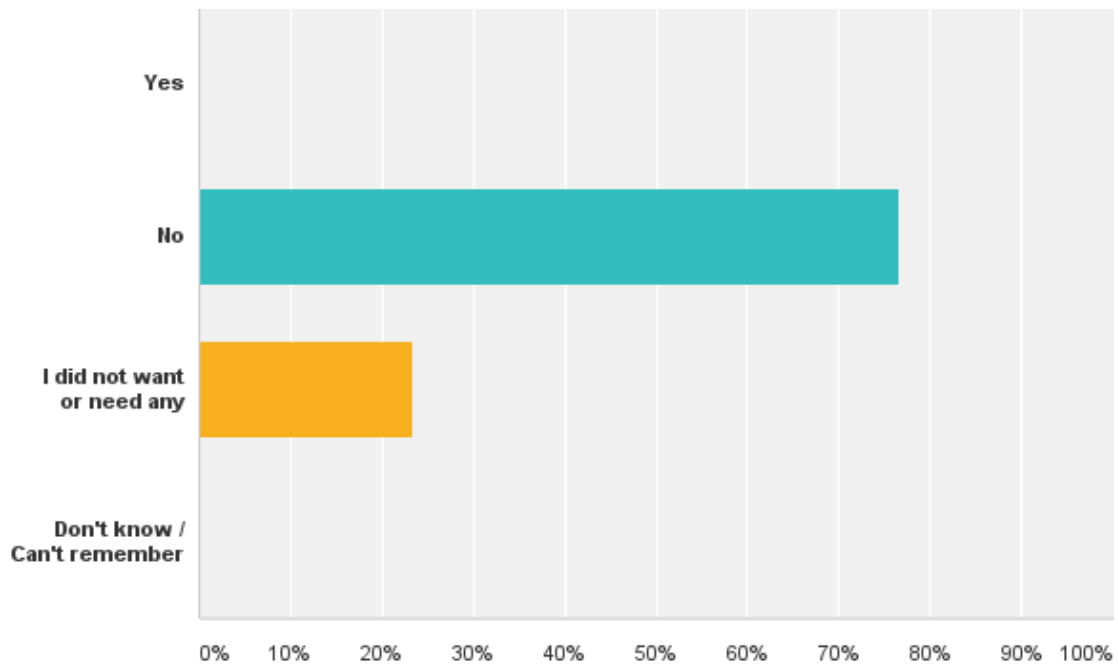
Answer Choices	Responses
0 - 15 minutes	2.70% 1
16 - 30 minutes	8.11% 3
31 - 60 minutes	29.73% 11
More than 60 minutes	45.95% 17
Don't know / can't remember	13.51% 5
Total	37

Q10: Are the seats in the waiting area comfortable?



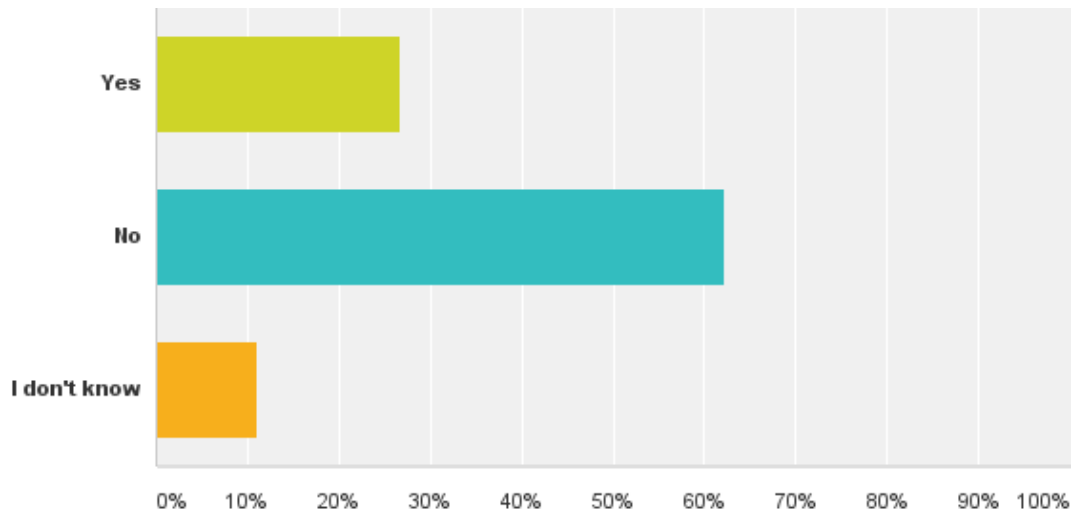
Answer Choices	Responses
Yes, definitely	13.64% 6
Yes, to some extent	31.82% 14
No	52.27% 23
Don't know	2.27% 1
Total	44

Q11: Were suitable magazines or newspapers provided in the waiting area?



Answer Choices	Responses
Yes	0.00% 0
No	76.60% 36
I did not want or need any	23.40% 11
Don't know / Can't remember	0.00% 0
Total	47

Q12: Since you've been here, have you worried that you've been forgotten about?



Answer Choices	Responses	
Yes	26.67%	12
No	62.22%	28
I don't know	11.11%	5
Total		45

Q13 A&E are looking for ways to make your wait more pleasant. Can you suggest anything? (Please write in the box)

Answered: 32 Skipped: 17

Responses

1 TV

2 More suitable temperature (air con). Better seating, radio/tv/

3 Better seats, cafe, TV's with subtitles

4 Be seen sooner

5 No

6 Immediate triage to prioritise A&E needy cases seen more quickly.

7 Nothing as yet.

8 TV in waiting room. But not working

9 Ability to bypass smoking area

10 Yes, they should have a cafe

11 TV, magazines/newspapers

12 Could do with a number system instead of the assessing nurse screaming.

13 Toilets are full of cigarette burns

14 Music

15 TV, Quiet music. Maybe water.

16 TV

17 Better seats. TV programme with subtitles

18 TV

19 Fix chairs, many are unstable/broken. Possible movie on TV to stay distracted/(anxiety) Water machine

20 Comfy chairs, change machine in case you only have notes and you don't want to miss been seen searching forchange.

21 More comfortable seats. Healthier, more varied food selection/snacks. Perhaps something more interesting on TV. ?

messages could be interspersed.

22 Seats

23 More comfortable seating. Some reading matter.

24 Television to watch/better reception for mobile phones

25 Better signage, more communication about accurate waiting times.

26 None

27 Access to water - drinks machine mainly fizzy and sugary. Water appears to have sold out. Water fountain?

28 Always do

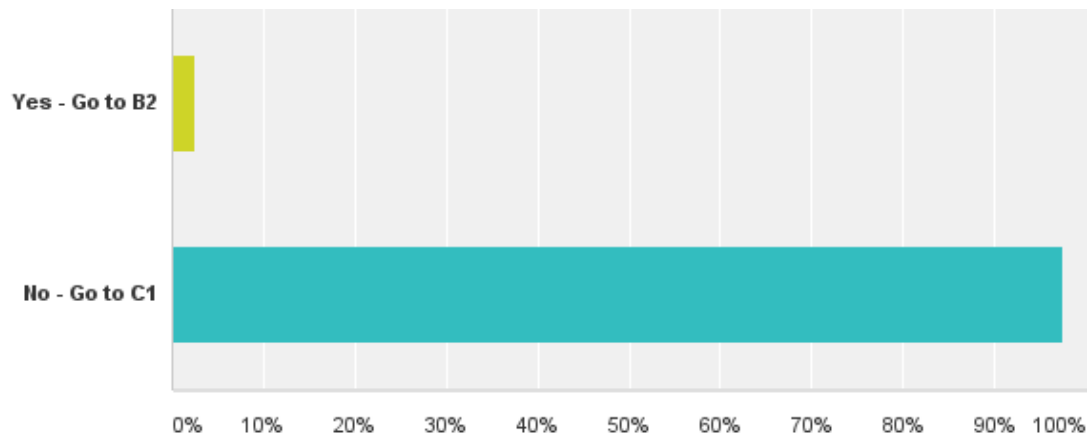
29 Music

30 Shorter waiting times Comfy seats Good TV channels

31 TV, soaps, movies etc. Polite receptionists. Member of staff giving out continuous updates.

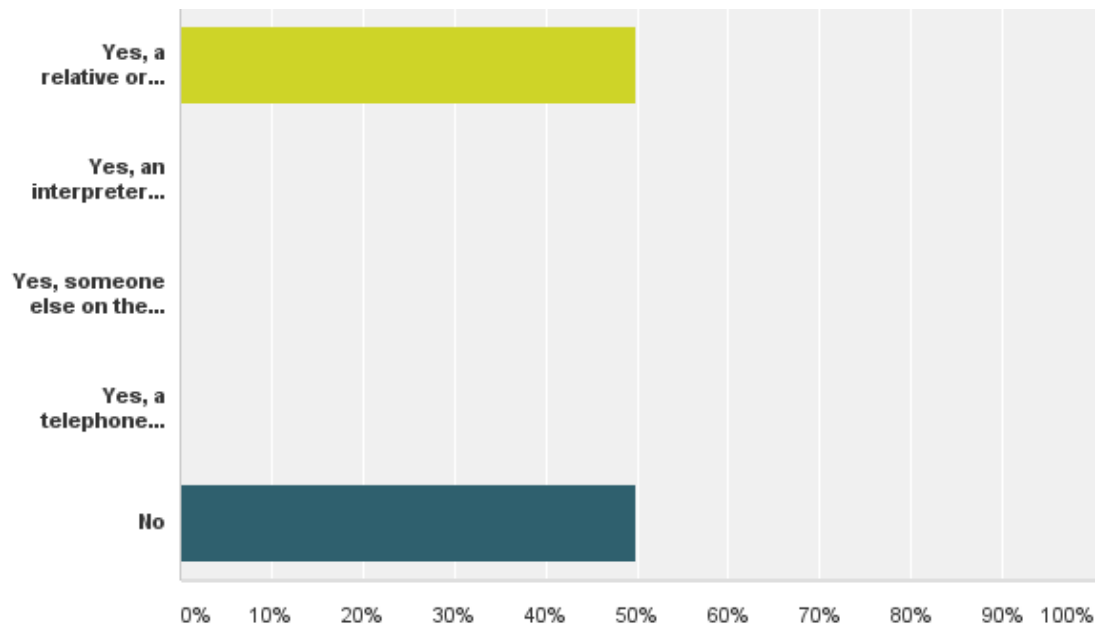
32 Option of music, aromatherapy, WiFi access (headphones)

Q14: Do you need any help understanding English?



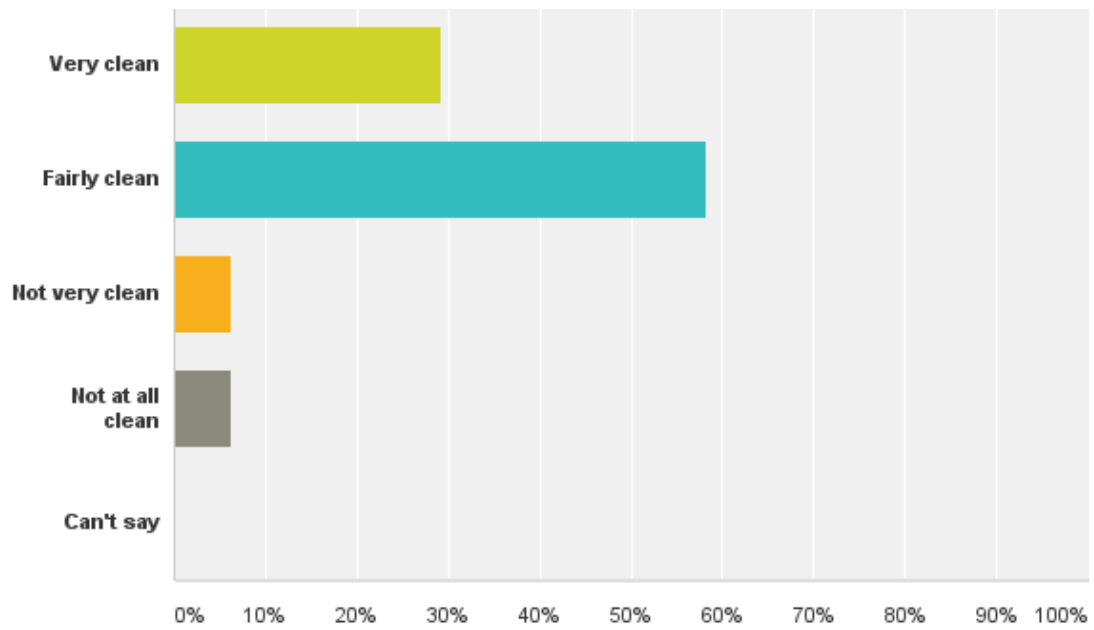
Answer Choices	Responses
Yes - Go to B2	2.56% 1
No - Go to C1	97.44% 38
Total	39

Q15: Is there someone who could interpret for you?



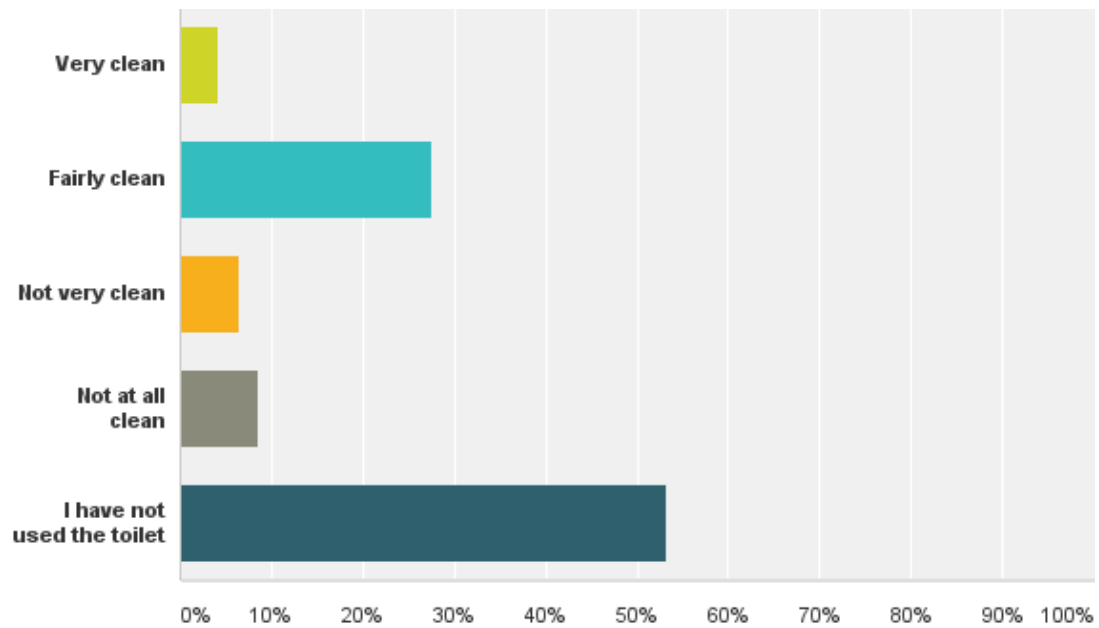
Answer Choices	Responses
Yes, a relative or friend	50.00% 1
Yes, an interpreter from hospital	0.00% 0
Yes, someone else on the hospital staff	0.00% 0
Yes, a telephone interpreter	0.00% 0
No	50.00% 1
Total	2

Q16: In your opinion, how clean is the A&E Department?



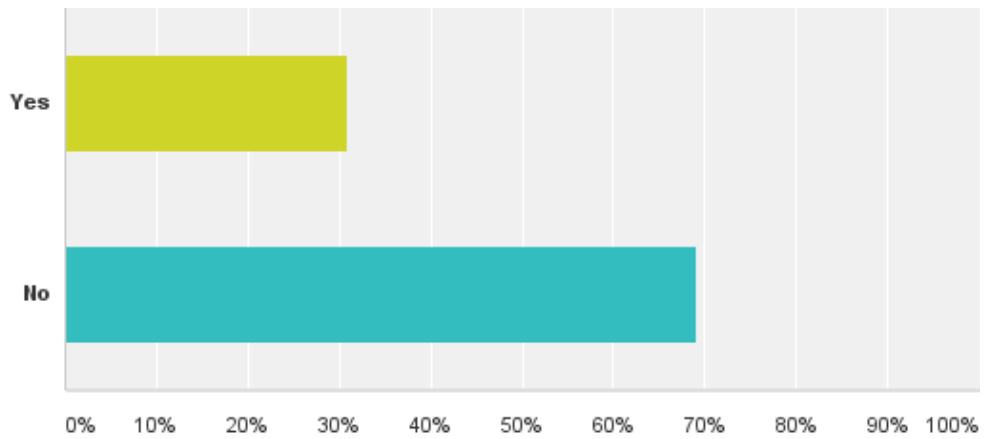
Answer Choices	Responses
Very clean	29.17% 14
Fairly clean	58.33% 28
Not very clean	6.25% 3
Not at all clean	6.25% 3
Can't say	0.00% 0
Total	48

Q17: How clean are the toilets in the A&E Department?



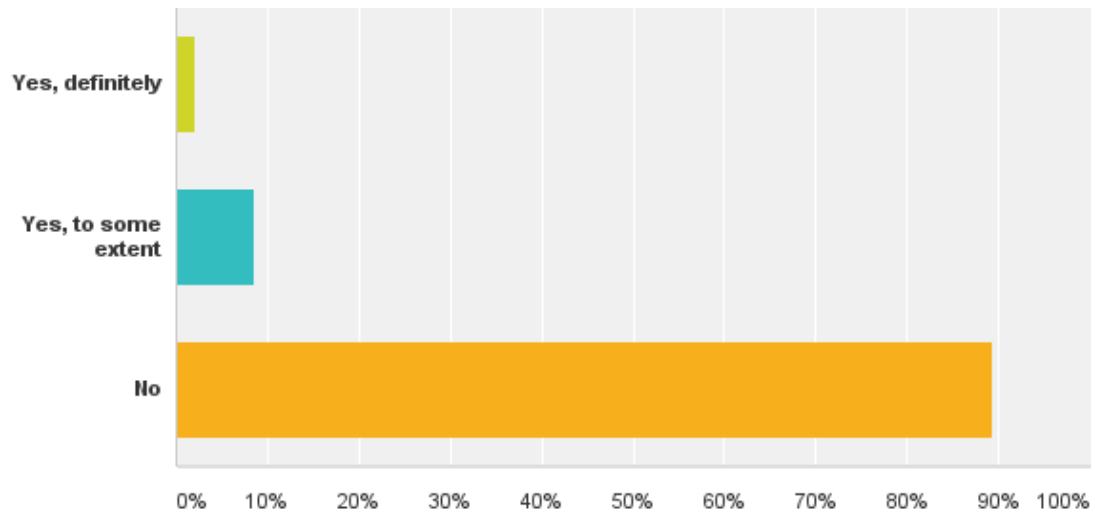
Answer Choices	Responses
Very clean	4.26% 2
Fairly clean	27.66% 13
Not very clean	6.38% 3
Not at all clean	8.51% 4
I have not used the toilet	53.19% 25
Total	47

Q18: Have you been bothered by noise during your visit to the A&E Department?



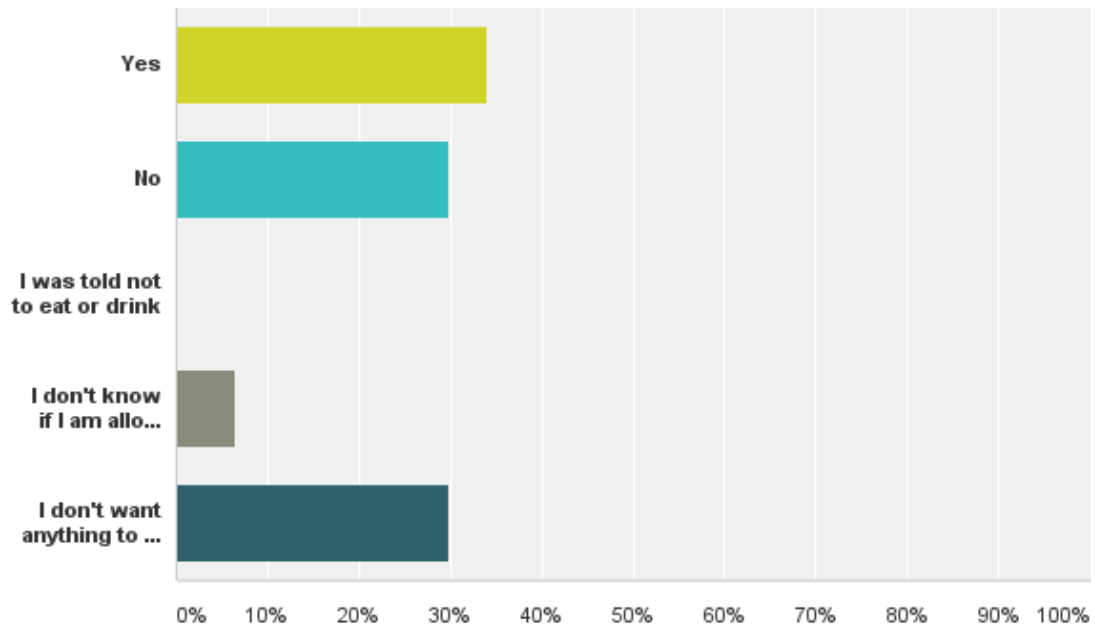
Answer Choices	Responses
Yes	30.95% 13
No	69.05% 29
Total	42

Q19: While you have been in the A&E Department, have you felt bothered or threatened by other patients?



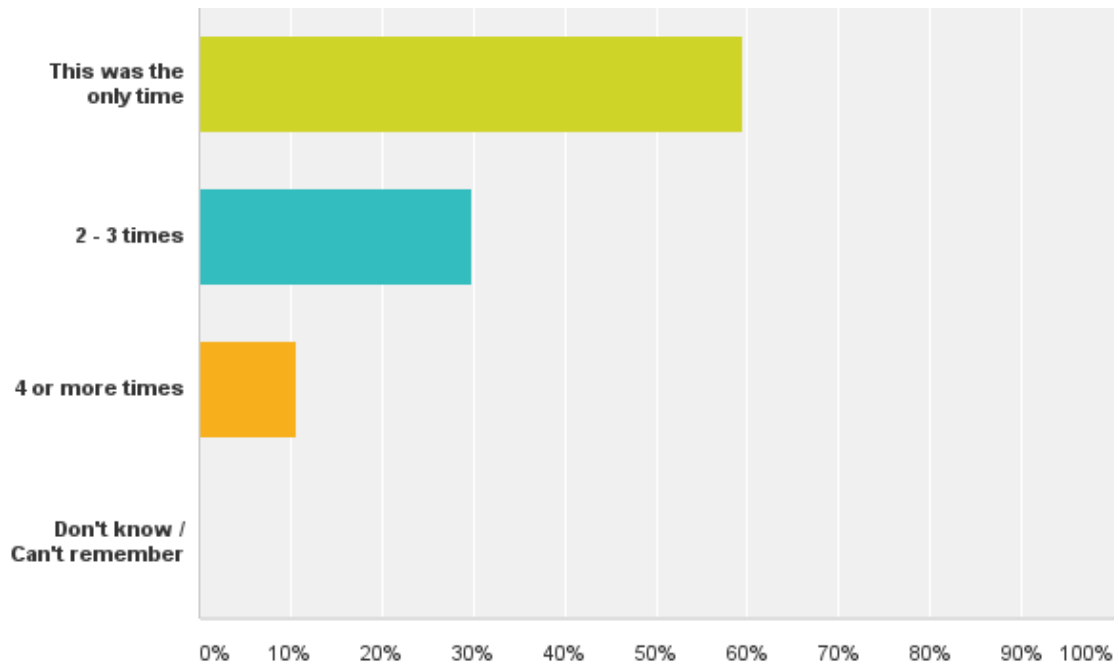
Answer Choices	Responses
Yes, definitely	2.13% 1
Yes, to some extent	8.51% 4
No	89.36% 42
Total	47

Q20: Have you been able to get suitable food or drinks when you were in the A&E Department?



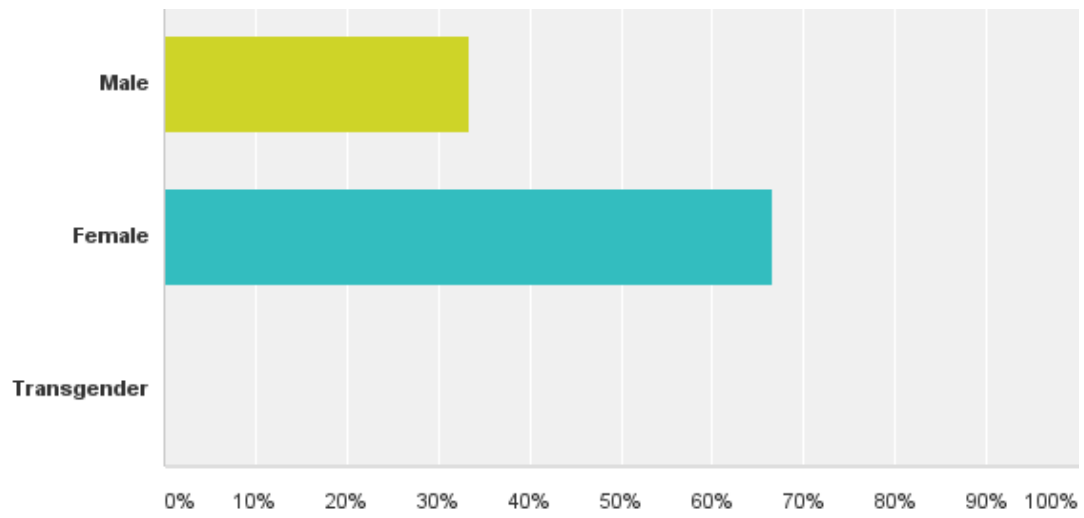
Answer Choices	Responses
Yes	34.04% 16
No	29.79% 14
I was told not to eat or drink	0.00% 0
I don't know if I am allowed to eat or drink	6.38% 3
I don't want anything to eat or drink	29.79% 14
Total	47

Q21: How many times (including this one) have you visited an A&E Department as a patient in the last 12 months?



Answer Choices	Responses
This was the only time	59.57% 28
2 - 3 times	29.79% 14
4 or more times	10.64% 5
Don't know / Can't remember	0.00% 0
Total	47

Q22: Are you male or female?



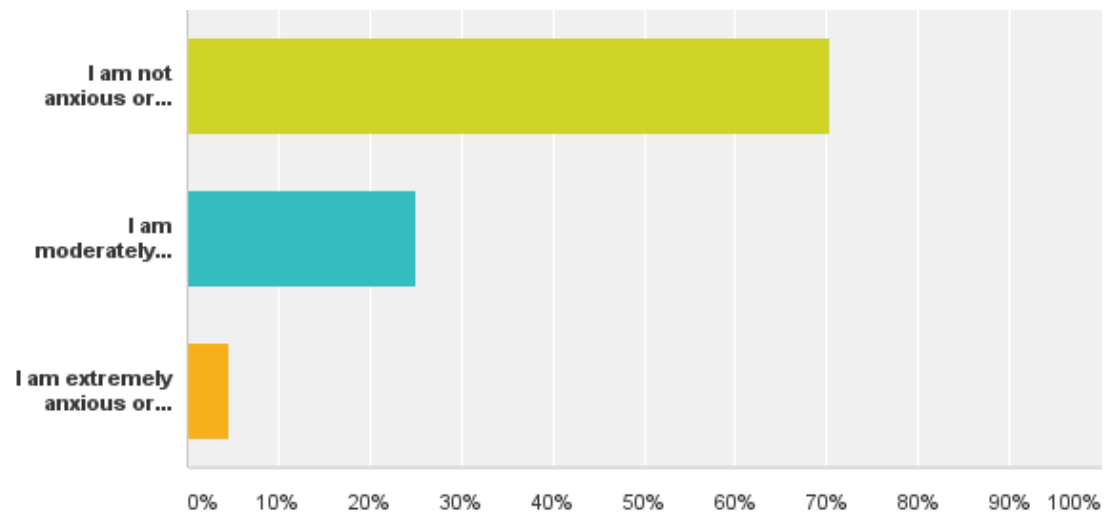
Answer Choices	Responses
Male	33.33% 16
Female	66.67% 32
Transgender	0.00% 0
Total	48

**Q23 What was your year of birth? Please
write in eg 1934
Answered: 48 Skipped: 1**

Responses

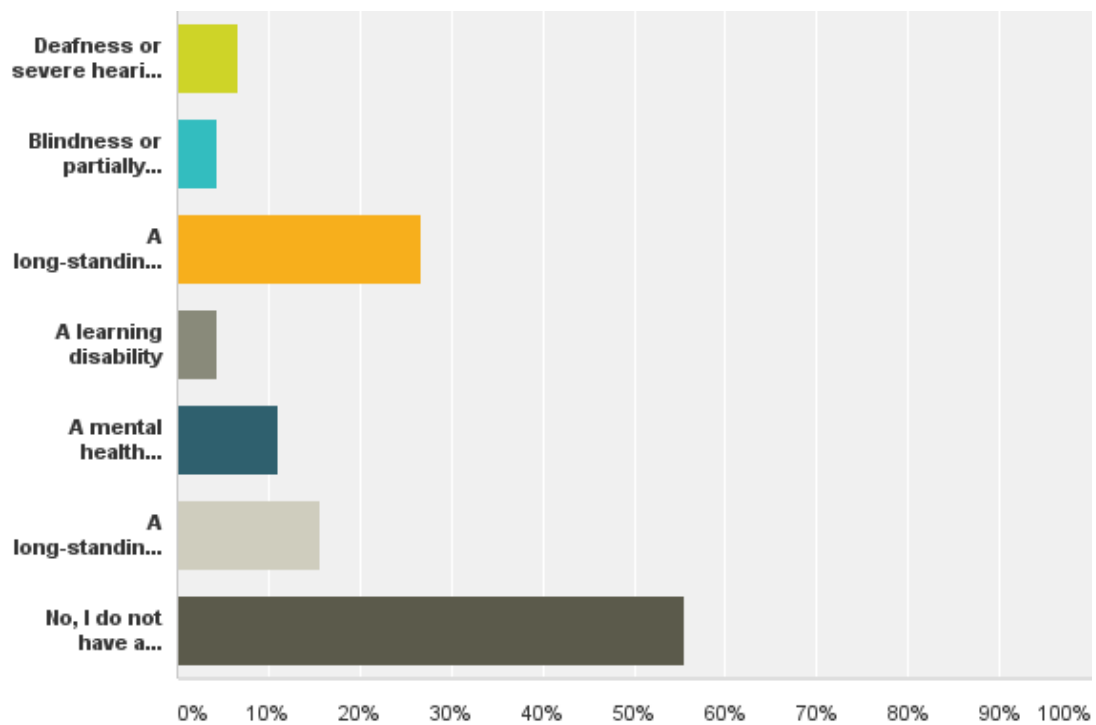
1 1959	2 1970
3 1997	4 1972
5 1950	6 1998
7 1930	8 1931
9 1962	10 1978
11 1959	12 1974
13 1939	14 1996
15 1951	16 1969
17 1985	18 1978
19 1967	20 1929
21 1960	22 1982
23 1994	24 1934
25 1928	26 1995
27 1985	28 1985
29 1997	30 1997
31 1996	32 1991
33 1985	34 1961
35 1962	36 1981
37 1985	38 1994
39 1979	40 1974
41 1991	42 1968
43 1962	44 1975
45 1991	46 1996
47 1952	48 1995

Q24: Anxiety/Depression



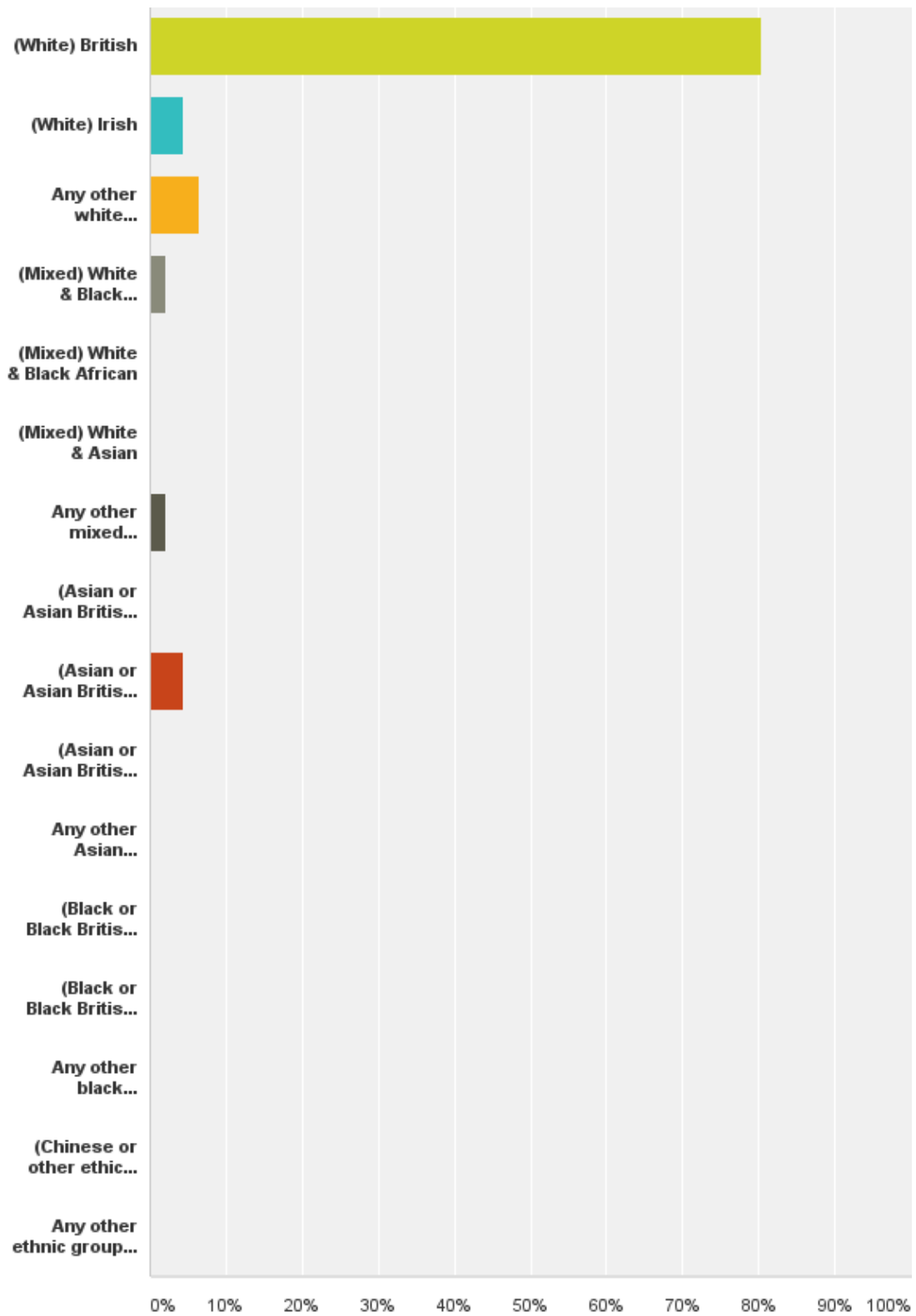
Answer Choices	Responses
I am not anxious or depressed	70.45% 31
I am moderately anxious or depressed	25.00% 11
I am extremely anxious or depressed	4.55% 2
Total	44

Q25: Do you have any of the following long-standing conditions? (Tick all that apply)



Answer Choices	Responses
Deafness or severe hearing impairment	6.67% 3
Blindness or partially sighted	4.44% 2
A long-standing physical condition	26.67% 12
A learning disability	4.44% 2
A mental health condition	11.11% 5
A long-standing illness, such as cancer, HIV, diabetes, chronic heart disease or epilepsy	15.56% 7
No, I do not have a long-standing condition	55.56% 25
Total Respondents: 45	

Q26: To which of these ethnic groups would yo say you belong? (Tick one only)



Answer Choices	Responses	
(White) British	80.43%	37
(White) Irish	4.35%	2
Any other white background (please write in box)	6.52%	3
(Mixed) White & Black Caribbean	2.17%	1
(Mixed) White & Black African	0.00%	0
(Mixed) White & Asian	0.00%	0
Any other mixed background (please write in box)	2.17%	1
(Asian or Asian British) India	0.00%	0
(Asian or Asian British) Pakistani	4.35%	2
(Asian or Asian British) Bangladeshi	0.00%	0
Any other Asian background (please write in box)	0.00%	0
(Black or Black British) Caribbean	0.00%	0
(Black or Black British) African	0.00%	0
Any other black background (please write in box)	0.00%	0
(Chinese or other ethnic group) Chinese	0.00%	0
Any other ethnic group (please write in box)	0.00%	0
Total		46

APPENDIX B

A&E Observations

Is the floor clean? What is on the floor? Any spillages?

Are the toilets clean and tidy?

What is on the walls? Anything ripped or torn?

What are your thoughts on the seating arrangement? Could anything be better?

Are the seats comfortable?

Where do people choose to sit when they come in? Are there areas of reception that are more used than others? Why do you think this might be? Where would you sit and why?

How welcoming is reception? Watch people being greeted by staff. Could this be better? How rude are people to reception staff or vice versa? Can you think of any ways in which this could be made better?

Is anyone exhibiting behaviour of;

- Being in pain that isn't adequately controlled
- Being abusive to others
- Being in distress

If so, how are staff responding to this?

Have a walk outside - is everything clearly signposted? Would you know where to go if you;

- Did not speak English as a first language
- Were blind or partially sighted
- Were hearing impaired
- Were under the influence

Watch the triage nurse (middle door) - how do they interact with patients? Would you know you were being called if you were someone from one of the above groups? What would improve this situation?

Look for name badges and people introducing themselves. Does this happen routinely?