
Aneurin Bevan Community Health Council

Visiting Report

The Grange University Hospital:
Emergency Department

October 2022



Why did we visit the Emergency Department?

As a Community Health Council, with a statutory duty to monitor and scrutinise health services, we are committed to undertake several face-to-face ward visits, to gain feedback from people at the point that they are receiving care. This report recounts what we heard from people about their experiences at the Grange University Hospital, Emergency Department.

Our volunteer members attended the Emergency Department at the Grange University Hospital on the 10th and 17th October 2022. The purpose of these visits was to establish the level of patient satisfaction, the quality and effectiveness of the environment and observe staff interaction with patients.

The CHC remain significantly concerned about patient experiences in the Emergency Department at the Grange University Hospital. We last visited the department in August 2021. Therefore, it was important for our members to revisit this department to gain feedback from patients at the point that they were receiving care.

It must be noted that during both visits to the Emergency Department, the visiting team observed the department to be extremely busy. However, on Monday 17th November the department saw 340 patients in one day, which resulted in many patients with non-life-threatening conditions having to wait up to 12 hours to be seen by a doctor.¹

To complete the visits, information was collected via patient surveys, a department environment form and mealtime observation form. To maintain the safety of everyone involved, CHC members carried out a lateral flow test on the morning of the visit.

The Emergency department treats the most seriously ill patients, or those who have significant injuries.²

¹ <https://www.facebook.com/AneurinBevanHealthBoard>

² <https://abuhb.nhs.wales/healthcare-services/the-grange-university-hospital/>

What we found

Emergency Department information:

On Monday 10th October the Emergency Department at the Grange University Hospital was extremely busy, with approximately 96 patients checked into the department during the time of our visit.

Similar numbers were found when visiting on Monday 17th October, with approximately 66 patients in the waiting area of the department.

What we found:

During the visit to the Emergency Department, members spent time observing the department and speaking with patients about their experience.

1. The Department:

When arriving at the Emergency Department the visiting teams ID badges were checked by staff before entering the department.

The Emergency Department was easy to find with adequate signposting and it was also accessible to people who may have mobility issues.

Fire exits were clear and fire notices were clearly displayed.

The visiting team noted that there was a "triage priority" static information board on display, and there was also "Your journey through the Emergency Department" information board.

It was noted that the waiting room in the department was very small, especially for the number of patients that were checked into the department, on both days our visiting team attended.

The department had a hearing loop, but staff were not trained to use it. If a patient's first language was not English, staff use Language Line, which is a translation service agency³.

The visiting team reported that hand hygiene facilities were readily available, and the noise levels were found to be satisfactory. The department was clean, as were the toilet facilities, which were well stocked.

Staff informed the visiting team that volunteers from the British Red Cross attend the department to help support patients in the department. Also, where appropriate the British Red Cross can help support patients to return home and connect them into other support services to avoid the risk of readmission/presenting to the Emergency Department again⁴.

Clinical waste bins which were in public areas were not locked, however, sharps boxes were. The medication room was locked and is only accessible via staff fingerprint. Even though the medication trolley was open, it was always in use by a member of staff. Patient notes trolleys were not left unattended in a public area.

The visiting team highlighted that there was a patient flow issue in the department. For example, a patient had waited four days and seven hours for a bed to become available on a ward. It is often that patients are waiting 24 hours to be moved from the Emergency Department to a suitable ward.

The department had an adequate supply of linen, which was stored in a clean environment. The quality of the linen was satisfactory. However, a shortage of pillows was still evident throughout the department.

³ LanguageLine UK is a translation service agency that provide a wide range of interpreting, translation, and localisation agency services. <https://www.language.com/uk>

⁴ <https://www.dewis.wales/ResourceDirectory/ViewResource.aspx?id=27343>

1.1 Staff:

Staff in the department were not gathered but readily available to patients, wearing appropriate uniform and wearing name badges.

Members were unable to identify if any members of staff were able to communicate in Welsh.

The visiting team noted that staff were very helpful and friendly.

Staff raised their concerns to the visiting team about the size of the waiting area in the department.

1.2 Patient areas:

The following information was observed on Monday 10th October:

It was clear that patients who were being treated in a cubicle, were in a clean and tidy environment, with no potential trip hazards. Buzzers/cords were available to the patients and there was enough room for visitors around the patients' beds.

Patients did not have access to lockable storage space, although there was sufficient room to store their belongings.

There was also enough privacy for patients who were being treated in a cubicle.

Of the 14 ring-fenced beds in the department, only one bed was available.

Patients also told the visiting team that they were satisfied with the facilities they were able to use to shower and wash.



1.3 Mealtime observation:

On Monday 10th October, the visiting team observed that there was a calm atmosphere during mealtime and staff on the ward were ready to receive the food trolley and assist patients with their meals.

Staff supported patients into a comfortable position to eat and helped assist patients with their meal.

The food trolley remained plugged in during the mealtime.

However, it was noted that staff did not encourage the use of hand hygiene before the food was being served.

Seven patients gave us the following feedback regarding the food on the ward:

	Very good	Good	Ok	Poor	Very poor
Quality of the food	2	3	2		
Temperature of the ward	2	3	1		
Presentation of the food	2	2	3		
Portion sizes	3	2	2		
Choice of food on the menu	3	1	1		

Most patients told us that they were not encouraged to use hand hygiene facilities before eating their food.

Patients reported they always receive the meal they had ordered and were happy with the level of support they received to eat and drink.

Patients also had access to snacks during the day and night and they felt that their water jug was changed often enough.

Patient feedback

During both visits to the department, the visiting team spoke with patients in the waiting area and observed that the area was very crowded, and patients told them that the chairs they were sat on were uncomfortable.

The visiting team also spoke with patients who had been in the department since the evening before.

On Monday 17th October, most patients in the department told us that they had not contacted Out of Hours/111 Service before attending the Emergency Department. We also asked patients if they had contacted another healthcare professional, such as their GP before attending the department, but most had not.



However, a small number of patients who had been advised to attend the Emergency Department by their GP on this day, were told to travel to the hospital themselves as the wait for an ambulance was too long. One patient was told that the wait for an ambulance was going to be between 8-12 hours, therefore, they attended the department via car.

Patients who travelled to the department in an ambulance told us that they waited a very long time before being brought into the department. One patient waited 13 hours in an ambulance.



Patients in the department also told the visiting team that they had not been told how long they were going to have to wait to be seen by medical staff.

Most patients had access to refreshments during their wait and all patients told us that the toilet facilities in the department were adequate for their needs.

Unfortunately, most patients did not feel that they had enough privacy in the waiting area, as the department was overcrowded.

On Monday 17th October, we asked patients the following questions:

Did they feel they were kept informed about their wait/treatment?



Were doctors/nurses discreet when discussing their treatment?



Were they able to communicate in their chosen language?



Did they feel listened to by staff?



YES NO

On the same day, we also asked patients to rate the following:

	Very good	Good	Ok	Poor	Very poor
Their visit to the ED	3	3	6	0	3
The length of time they had been waiting	0	0	3	8	2
The treatment they had received	4	6	1	1	0
The helpfulness and friendliness of staff	8	4	2	0	0

It's important to note that patients were very complimentary of the staff in the department during both of our visits and told us the following:

"Staff are brilliant! Once you are in, it's very good!"

"Nurses are good as gold and friendly. The level of politeness and support is excellent. They are overrun but their manners make up for it. I feel safe, the food service is really good. The staff aren't praised enough!"

"Staff have been good and friendly. My daughter stayed the night and staff brought her a blanket and a meal"

"Staff have been great, I'm able to ask questions and the staff are very informative."

"Thanks to the paramedics who have helped."

"Can't fault today."

When we asked patients to tell us of any improvements or comments they had, we were told the following:

"No papers – really bored. I have no idea what is happening."

"I had to wait 9 hours to see a doctor, the wait was bad. The waiting room was bedlam yesterday (Sunday 9th October)."

"Comfy chairs are needed and more pillows for patients."

"More beds for patient comfort."

"Just the waiting"

"Better triage system to quicken the process"

"Better waiting room facilities"

"If a risk assessment was done, it would close this place. It is overcrowded and not safe. There are no Doctors between 2am and 8am. The chairs and temperature of the department are not suitable for patients."

"Can't hear my name being called, crowded and hot."



Issues identified at the Emergency Department

On Monday 17th October our visiting team stated the situation within the Emergency Department was upsetting, as well as reporting that patients in the department were visibly worried. It was reported that the emergency department was extremely busy, which was also highlighted by the Health Board to its social media platforms, which was referenced at the beginning of this report.

The following issues have already been highlighted to the Health Board for comment:

- There were concerns regarding the environment of the department which could incur a health and safety risk due to it being very overcrowded.
- A patient noted that there was a lack of doctors in the department between the hours of 2am and 8am.
- It was noted that the security guard of the department was asking all non-patients to leave the department due to safety concerns caused by overcrowding. However, relatives did not feel they could leave their relative (the patient) on their own.
- The temperature and the chairs in the department were reported to being not suitable or appropriate.
- Patients reported there were long waits in the department and complained they could not hear their names when they were being called.
- Patients experiencing long waits for an ambulance, sometimes up to 8 hours, meaning they had to make their own way to the department.

Recommendations

- 1) The CHC would be pleased if the positive comments in this report could be shared with staff in the Emergency Department. High praise for staff effort, approach and care is regularly highlighted to us.
- 2) The Health Board are asked to ensure that clinical waste bins located in patient areas, are locked.
- 3) The Health Board is asked to consider patient feedback regarding comfort in the department being described as “unsuitable” due to the temperature and chairs. It was also highlighted that a lack of pillows issue, remains.
- 4) The Health Board is asked to ensure that staff encourage hand hygiene during mealtimes.
- 5) The Health Board is asked to review patients’ feedback regarding the lack of privacy in the waiting area of the department.
- 6) The Health Board is asked to consider comments given by patients who had not been kept informed about their treatment and the waiting times.
- 7) The Health Board is asked to continue to regularly circulate advice to the public regarding which hospital or health care service to attend or seek advice from when they require NHS assistance.

Contact details



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CIC Aneurin Bevan CHC

Appendix 1 – Equality and Diversity Survey Results

Number of people who filled in the Equality and Diversity Questions: 0

Preferred Language								
English			Other			Not answered		
10			1			10		
Gender								
Woman/Girl	Man/Boy	Non-binary	Prefer not to say	Other	Not answered			
11	10	0	0	0	0			
Do you consider yourself to be a trans person?								
Yes		No		Prefer not to say		Not answered		
0		21		0		0		
Sexual Orientation								
Asexual	Bisexual	Gay	Lesbian	Heterosexual/Straight	Pansexual	Prefer not to say	Other	Not answered
0	0	0	0	20	0	0	0	1
Month and Year of birth								
Jan	Feb	Mar	Apr 1945-48	May 1945-48	Jun 1965-75	Jul 2000-10	Aug	
0	0	0	1	1	1	1	0	

Sept	Oct 1920- 94	Nov	Dec	1934- 98	Not answ ered		
0	2	0	0	14	0		
Ethnicity							
Asian or Asian British:							
Bangla deshi	Chine se	Indian	Pakistani			Other	
0	0	0	0			0	
Black or Black British:							
African		Caribbean			Other		
0		1			0		
White:							
Welsh/English /Scottish/Nort hern Irish/British		Gypsy of Irish Traveller		Irish		Other	
17		0		0		0	
Other Ethnic group:							
Arab		Prefer not to say			Other		
0		0			0		
Religion or belief							
Buddhism	Christianity		Hinduism	Islam	Judaism		
0	8		0	1	0		
Sikhism	Atheism		No Religion	Prefer not to say	Other religion or belief		
0	0		8	2	0		

Not answered	2		
Do you consider yourself to have a disability?			
Yes	No	Prefer not to say	Not answered
8	10	0	3

Do you look after, or give any help or support to a family member, friend, or neighbour because of a long-term physical disability, learning difficulty, mental ill-health or problems related to old age?			
Yes	No	Prefer not to say	Not answered
6	14	0	2

Are you currently pregnant or have you been pregnant in the last year?			
Yes	No	Not answered	Prefer not to say
0	19	2	0

Appendix 2

Equality Impact Assessment

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the **CHC policy/activity/report** or that it will have no affect at all

Impact	None	Negative	Positive	Comments
Protected Characteristics				
Age	x			
Disability	x			
Sex	X			
Race	X			
Religion/Beliefs	X			
Sexual Orientation	X			
Gender reassignment	X			
Marriage and civil partnership	X			
Pregnancy and maternity	x			

Other characteristics to consider

Welsh Language			x	Reports & Surveys published bilingually
Other Languages		x		Reports & Surveys can be published in required language on request
Human Rights	x			
Poverty level	x			
Persons with dependents	x			
Rural residence	x			
Gypsy and traveller communities	x			
Digitally vulnerable	x			

Risk Assessment

Are there any risks arising from the implementation of this policy?

N/A

What measures are in place to manage or remove these risks?

N/A

Welsh Language

This document/policy/report has been assessed in line with our Welsh language requirements for standards:

- i) 37,38
- ii) 69,70,71

In coming to our impact determination, we can evidence that:

All CHC public facing documents are available in Welsh & English.

The CHC undertakes an Equality Impact Assessment for all public documents and identify them as positive for Welsh translations.

Outcome

Positive impact –

Standards 37, 38 – All public documents are produced and published bilingually in Welsh and English.

Standards 69-71 - We undertake Equality Impact Assessments for all public documents and identify them as positive for Welsh translations

Negative Impact – None

Accessible Formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.