



**A&E**

# Listening Event

Whiston Hospital

11 December 2024

**healthwatch**  
Halton

**healthwatch**  
Knowsley

## Table of Contents

Introduction .....	3
Why people attended A&E rather than other services.....	5
How did people get to A&E.....	5
Demographic insights.....	6
People’s experiences of attending A&E.....	6
Our observations.....	7
Corridor Care.....	8
Privacy and Dignity:.....	11
Communication : waiting times and delays .....	11
Communication : treatment and care.....	12
Patient Feedback summary.....	12
Conclusion.....	14
Recommendations.....	15
Mersey and West Lancashire Teaching Hospitals NHS Trust response .....	16
Survey Results .....	18

# Introduction

## What is Healthwatch

Healthwatch is your champion for health and social care services.

Wherever you live in England, you'll have a local Healthwatch nearby (there are over 150 across the country). Healthwatch is here to listen to the issues that really matter to local communities and to hear about your experiences of using health and social care services. We're entirely independent and impartial, and any information you share with us is confidential.

## What is a Healthwatch A&E Listening Event?

A&E Listening Events are designed to gain a snapshot view of the Accident and Emergency (A&E) departments at our local hospitals.

As people from Halton, Knowsley and St Helens can all make use of services available at Whiston Hospital it makes sense for local Healthwatch to work in partnership on certain activities.

Healthwatch Halton & Healthwatch Knowsley come together to undertake these Hospital Listening Events periodically. The purpose of the visits is to explore any themes emerging from patient feedback comments and feed these back to the hospitals, and service commissioners, to help improve services in the future.

## **A&E Listening Event – Whiston Hospital A&E Department, 11 December 2024**

This visit was arranged in advance and took place primarily to understand the reasons why people were attending and specifically whether they had attempted to access any other services prior to going to A&E.

## **When was the Listening Event?**

The visit took place to Whiston Hospital A&E department on Wednesday 11 December between 9.30am and 4.30pm.

## **Our Approach**

Building on the established relationships both Healthwatch Halton and Healthwatch Knowsley have with Mersey and West Lancashire Teaching Hospitals NHS Trust, we made contact with the Trust's Deputy Director of Governance to help arrange the visit.

Four members from the Healthwatch Halton and Healthwatch Knowsley teams took part in the visit, splitting the visit into two sessions, one in the morning, 9.30am until 12.30pm, and one in the afternoon from 1.30pm until 4.00pm, with two team members at each session.

Throughout the visit, we were made to feel welcome by Trust Staff and Managers.

## **Who will this report be shared with?**

This report has been produced based on the responses from the 47 people who completed our survey.

A copy of the final report will be published on the websites of Healthwatch Halton and Healthwatch Knowsley, and will be sent to the Trust, Healthwatch England, CQC and various stakeholders covering Halton, Knowsley and St Helens.

# Summary of findings

The Listening Event provided valuable insights into patient experiences in the A&E department at Whiston Hospital. We gathered feedback from 47 patients, revealing both positive aspects of care and areas needing improvement.

## Why people attended A&E rather than other services

- 27 people, (57%), had looked for help elsewhere before attending A&E. GPs and NHS 111 (phone) were the most frequently contacted services.
- Of these 27 people, 18 had spoken to someone for advice or treatment on the same day as attending A&E.
- 20 people who sought help or advice prior to attending A&E had then been advised to attend A&E. Three people said an ambulance had been sent to bring them to A&E. One person said they had been brought to A&E by a paramedic.
- 12 people who were told to attend A&E weren't sure or didn't know if A&E would be expecting them.
- Of the 20 people who chose not to seek initial help elsewhere, thirteen cited urgency or a belief that A&E was the best place to treat their symptoms as the reason for coming to A&E.

## How did people get to A&E

- 21 people had been brought to A&E by a friend or relative, eleven drove themselves to A&E. Ten arrived by ambulance or paramedic. One person arrived by taxi.
- The majority of patients were driven to A&E by someone else (46%) with just over one in five driving themselves to A&E (22%).
- Of the 10 people who arrived by ambulance, four waited less than 30 minutes for the ambulance, while another five said it took between 30

minutes and one hour to arrive. One person waited between one and two hours for the ambulance.

## Demographic insights

- **Age Range:** 35% of people were aged 65 or older, with another 31% aged 50 to 64 years old. 13% were aged 16 to 24, while 25 to 49 year-olds made up the remaining 22% of the patients we spoke with.
- **Gender:** 73% women and 27% men.
- **Ethnicity** was predominantly White British.
- **Disabilities/Conditions:** 48% had a disability or long-term condition.

## People's experiences of attending A&E

- The care provided by staff was highlighted as the main positive experience.
- 66% of people said they had not been kept regularly informed about waiting times or delays
- 48% said they were kept updated about their treatment and care
- 84% said they had been treated with dignity and respect all the time at A&E and 83% felt their privacy had been maintained as much as possible.
- 54% thought the service they received at A&E was 'good' or 'excellent'. There was a significant number of patients who were less than satisfied with their experience with just under one in four (22%) rating their experience as being poor or very poor.
- 44% told us they had been to A&E more than once in the previous 12 months. Of those more than 1 in 4 had been five or more times.

# Our observations

We arrived at Whiston Hospital A&E at 9.30am. Lynn Evans, Deputy Divisional Director met our team and gave an update on the department. At the time we arrived Lynn told us there were approximately 130 patients in the department. The previous day around 380 patients had been seen.

During our visit we made the following observations:

- A&E was consistently busy during our visit.
- The patient information screen displayed an eight to nine hour wait for the duration of our visit. (The main waiting area was getting busier as we left, with all seats pretty much full.)
- One patient told us the screen had displayed a six to seven hour wait when she had arrived in the early hours of the morning.
- Some patients told us they had not noticed the screen was displaying waiting times. (It was only on a small section of the TV.)
- The waiting time for triage was not displayed or explained by reception.
- Many people told us they were pleased with how quickly they were triaged and had tests performed, but some other patients appeared to have long waits for triage.

## Corridor Care

- Corridor care was in use during our visit. Eight patients were on the corridor at the back of the main waiting room. People were also in bays, in a back waiting area with more comfortable armchairs, and some patients were also getting corridor care behind this waiting room.
- The Red Line Toolkit<sup>1</sup> was not used, but the Trust has developed its own audit version which they felt worked better.
- We saw observations and care being delivered on the corridor and people being moved in and out of the corridor during our visit. A doctor also came out to update a family.

During the day, our two teams observed the care and treatment being provided on corridors and made the following observations.

### **Does the corridor environment appear clean and tidy?**

The area was clean, but it seemed very cramped, and staff and visitors kept having to move against the wall to let beds and equipment pass.

### **Is privacy and dignity maintained during examinations/personal care?**

No. There were no curtains on the corridors, and we didn't see any privacy screens being used. There wasn't really the room.

### **Do patients have access to toilet facilities nearby?**

There were some single toilets on the same corridor. These are also used by the waiting room patients.

---

<sup>1</sup> The Cheshire and Merseyside Red Lines Toolkit has been developed with the aim of ensuring the safest and best possible care for any patient who does not reside within the main Emergency Department when escalation occurs. The toolkit has been co-produced by various healthcare professionals, senior leaders across PLACES, North West Ambulance Service, members of the Care Quality Commission and Healthwatch.



### **Have patients been given pillows and blankets?**

Patients had pillows and some had blankets too.

### **Are patients appropriately dressed to receive corridor care?**

Patients were covered with most wearing hospital gowns.

### **Are regular hot and cold drinks offered?**

Patients had been given bottled water, and we were told they are offered hot drinks too.

### **Do patients have access to a choice of both hot and cold meals?**

We saw a choice of sandwiches being given out at lunchtime to patients on the corridor. Hot meals were being delivered but we didn't see these being offered out. One gentleman given a sandwich on the corridor was offered a choice of fillings and then the sandwich was placed on him, in bed. He was not given an opportunity to wipe his hands or offered help opening the sandwich, which was not easy for him.

Tea and toast rounds are offered six times a day. We didn't see one during our visit.

We were told hot meals are now given to patients staying a long time on trolleys, in addition to the soup and sandwiches given out. We saw hot meals arriving for lunch during our visit.

Due to the amount of time that patients are waiting in A&E, 6 hostess visits are made throughout the day with hot meals and drinks for corridor patients and they are going to start offering sandwiches for patients in the waiting area.

### **Are patients, relatives/carers aware of the visiting policy within the A+E department?**

Relatives and carers seemed free to come in and out and sit with people on the corridor. Some patients had two visitors with them.

## **Do visitors have access to seating whilst maintaining safe access to patients?**

Some people on the corridor had visitors with them and a chair was available by some of the trolleys.

## **Are visitors aware of facilities, i.e. toilets, access to food and drink**

Toilets were open to everyone. It was unclear if visitors were offered food.

The main waiting room has a water dispenser and cups. Juice was available in the back waiting room, in jugs with plastic cups.

Bright signage on the walls of the main waiting area clearly displayed other options to A&E, such as Urgent Treatment Centres.

The hand gel and mask dispenser in the porch area, by front door, were both empty.

Masks and sick bowls were available in the main waiting room.

Staff explained that they now use *'boredom boxes'*. As some patients can stay in the department for days, they can become bored and this offers some stimulation. They also give out care bags with toiletries, such as hand cream. We didn't see any being used during our visit.

Vending machines are available for hot drinks, cold drinks, chocolate and crisps. These accepted card payments only. We did not see any *'healthier'* snack options in the vending machines.

There is a Patient Experience board on a wall through the double doors that lead to the corridor. This board had a *'You Said' 'We did'* poster, a Service Report from Sept 2024 and PALS info displayed on it. It was quite high up so not overly clear to see. A phone to call for taxis was also situated through these double doors.

We were told that plans for phone chargers and sandwiches for the waiting area are being put in place to improve patients' waiting experience.

## **Privacy and Dignity:**

Most patients (84%) said they had been treated with dignity and respect and had their privacy maintained during their time in A&E. One patient told us, *'The lady on reception was lovely'* while another also said, *'They are considerate at reception.'*

Another patient said, *'The only thing I did not like was the triage door was open so people in the waiting area could hear.'*

Some patients told us their privacy and dignity had not always been, with one person telling us, *'I've been moved around and not spoken to.'* Another said, *'There's no privacy on the corridors.'*

## **Communication : waiting times and delays**

Two thirds of patients told us they hadn't been kept informed of any waits or delays. One patient told us, *'I haven't been kept informed. I was triaged at about 6.00am and they said they would just take my blood again as I was in recently, but they still haven't taken them now at 10.00 am.'* Another patient said, *'I had an x-ray two hours ago. I don't know how long I will wait now.'*

One person said, *'When I checked in, I was told the wait was three to four hours, but on the TV screen it says eight to nine hours and I don't know which it is.'*

Many patients told us they had relied on the TV information screen for information. Some patients waiting for triage said they were unsure of the waiting times with one person saying, *'I can see the TV screen says an eight hour wait. I don't know what triage waiting times are.'*

Another said, *'The TV screen says the wait is 8-9 hours. I was not told how long I would need to wait when I arrived, and I didn't want to ask.'*

## Communication : treatment and care

Just over half of the people we spoke with said they were being kept up to date on their treatment and care. During our time in A&E we observed some patients being updated on their treatment by staff.

Other patients told us they received initial updates but no further information. One person said, *'I had a lovely triage and have had a canular put in and bloods done but I don't know what is happening now. I asked for painkillers and an anti-sickness pill, but they haven't given me any. I don't know if I can take my own painkillers.'*

Another patient said, *'I was triaged and told we were going to minor injuries but told to wait so I am unsure. We have been here four hours already.'*

## Patient Feedback summary

### Positive experiences included

- Prompt triage and thorough initial assessments were mentioned as positive experiences several times.
- Many patients praised the friendliness, professionalism, and dedication of staff, often working under significant pressure. One person told us, *'Staff are doing their best. Once you go through to the back you can have a drink and biscuits which is nice.'* Another patient said, *'The triage and obs nurse were both lovely.'* Other comment on staff included, *'Friendly', 'Warm', 'Courteous', 'Great'*.
- Initiatives such as offering hot meals, 'care bags' and 'boredom boxes' for long-staying patients were noted, demonstrating attention to patient well-being.

## Areas for improvement included

- **Long waiting times** were highlighted as a negative by most people. Some patients also highlighted delays in receiving pain relief or prescribed medication.
- **Corridor care beds:** Some patients and family members told us these were not ideal for care.
- **Corridor Care conditions:** Patients receiving care in corridors noted issues with privacy, cramped spaces, and limited use of privacy screens. While some patients received blankets and pillows, others reported gaps in comfort and support, such as assistance with meals.
- **Communication** was highlighted as a negative by many patients. One carer told us, *'Communication from the GP to the hospital, and the hospital back to the GP is poor. We are asked to report falls but the two services never know what has happened as the other one. Four months after a fall our GP had not been sent any information from the hospital at all.'*
- **Crowded and uncomfortable waiting and treatment areas:** Overcrowding in waiting areas and corridors, along with a lack of adequate seating, was a common complaint, particularly for elderly and disabled patients. Patient comments included, *'There's nowhere to sit', 'The chairs are uncomfortable, there's no space, it's a really bad environment', 'More chairs needed, particularly for the elderly.'* One patient said, *'I have now been put in a chair which makes my pain worse... I was originally put on a bed when I arrived and then put in a chair.'*
- **Hand gel and mask dispensers:** During our visit we noted some empty hand gel and mask dispensers.

## Conclusion

Our Listening Event at Whiston Hospital provides a snapshot of the experiences of patients attending A&E. The feedback highlights both positive aspects of care and areas for improvement that may reflect the experiences of the wider patient population.

From our observations it was clear that the staff in A&E had a strong commitment to providing effective and compassionate care, which reflected the Trust's ongoing efforts to support patients in a challenging healthcare landscape.

Patients frequently praised the dedication and professionalism of staff. Triage was also praised by many patients, but after that feedback was much more mixed.

Inconsistent communication about waiting times and treatment updates left many patients feeling uncertain and frustrated. Overcrowded waiting areas and corridor care further compounded the challenges for patients and their families. Difficulties in maintaining privacy and dignity during corridor care, were also highlighted as areas needing attention. Corridor care, while necessary due to system pressures, raises concerns about privacy, dignity, and the adequacy of facilities.

## Recommendations

- 1. Information on waiting times:** Review the suitability of the current information screens. Ideally waiting time updates should be prominently displayed on larger, well-placed screens or signage throughout the waiting areas and corridors.
- 2. Communication:** Clearly communicate the next steps post-triage, to ensure patients are kept informed of the 'next steps' on their journey through A&E. Staff should be encouraged to give regular updates to patients and their families, particularly for those in corridors or less visible areas
- 3. Corridor Care:** We observed a lack of privacy for some patients receiving corridor care. While we fully understand the current constraints, we would recommend the use of portable privacy screens for examinations and personal care on corridors when possible.
- 4. Facilities:** Review the suitability of the current vending machines. The machines available in the A&E department provided hot drinks, cold drinks, chocolates, and crisps, but they only accepted card payments and appeared to have no 'healthier' snack options. This may limit accessibility for some visitors or patients.
- 5. Hand gel and Mask dispensers:** Consider the addition of signage near dispensers to encourage usage and to remind staff and visitors to report empty dispensers.

## **Mersey and West Lancashire Teaching Hospitals NHS Trust response**

Firstly, we would like to thank Healthwatch for undertaking the listening event with our patients in ED in December 2024. This report has provided the senior team with an additional method of feedback that has highlighted both the positive feedback we receive during times of heightened activity to enable us to share the gratitude of our patients with the wider team, as well as affording us the opportunity to make ongoing improvements within our Emergency Department where required.

We were pleased to see evidence in the report that the strong commitment to providing effective and compassionate care was noted, that patients frequently praised the dedication and professionalism of staff and that the triage processes were acknowledged positively. The feedback received regarding the processes following triage will form key priorities in our overall improvement plans, areas such as effective communication with our patients around waiting times and treatment updates.

Feedback that is particularly useful to us in the report was from patients around corridor care. As an organisation we appreciate the additional challenges this brings for our patients and their families, particularly around the difficulties that can be faced privacy and dignity. Whilst we acknowledge it is not position that we strive to be in, it is not unique to this organisation, and we will continue to work towards making the required improvements to support a more positive patient journey for those receiving care in the corridor of our department.

Although listening Events only offer a snapshot of the experiences of patients who attend ED on a given day, they allow us the additional opportunity to receive, acknowledge and incorporate feedback from our patients into our robust improvement plans. All staff are committed to making the improvements needed to ensure a positive patient experience is achieved in ED and it was reassuring to see that this was reflected in high number of responses received.



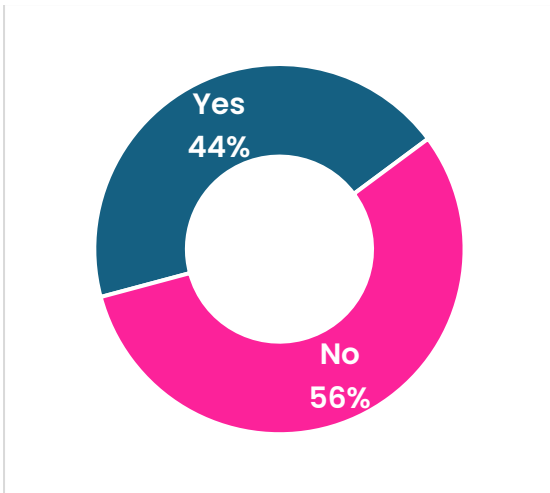
We look forward to welcoming Healthwatch again in the future to work collaboratively in the support of a positive experience for our patients.

**Yvonne Mahambrey**

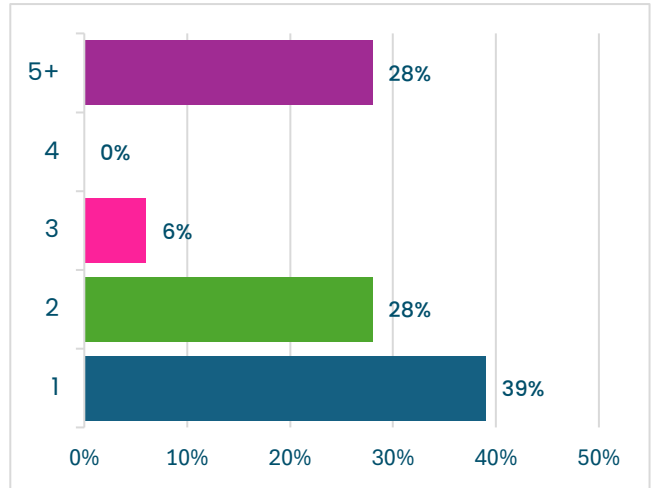
**Quality Matron – Patient Experience**

# Survey Results

### Have you used A&E previously in the past year?

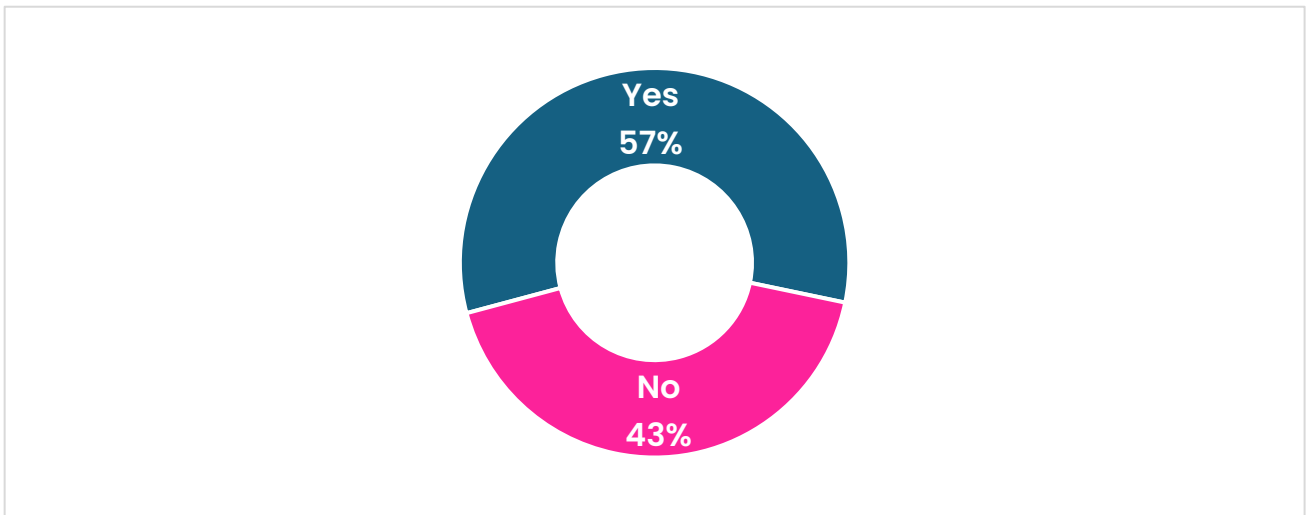


### If you've used A&E more than once, how many times have you been ?

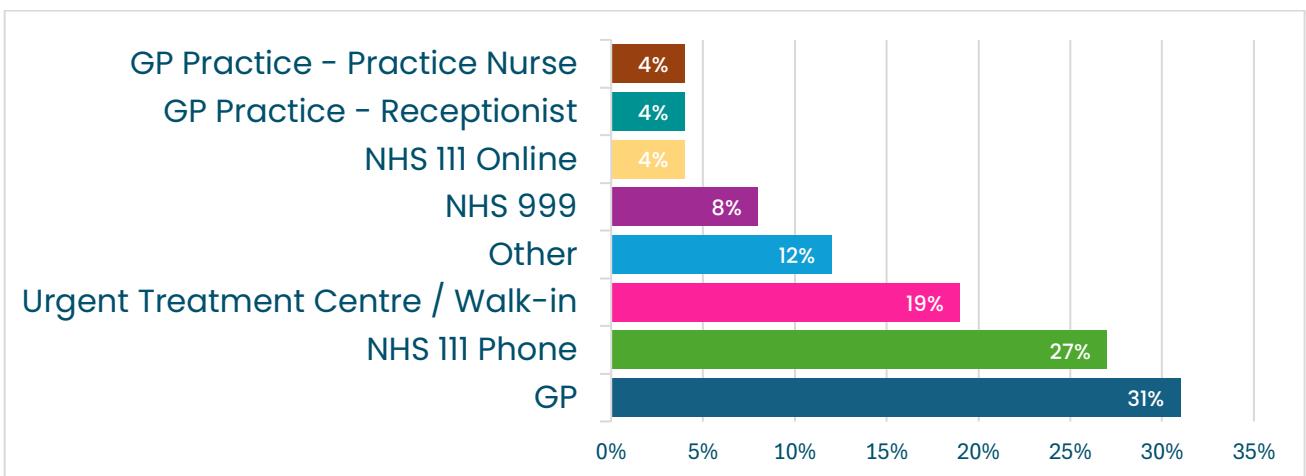


44% of patients said they'd used A&E more than once in the past year. Of these more than one in four had attended A&E on more than five occasions.

**Before coming to A&E today, did you try speaking to anyone else, or try to go somewhere else for advice or treatment?**

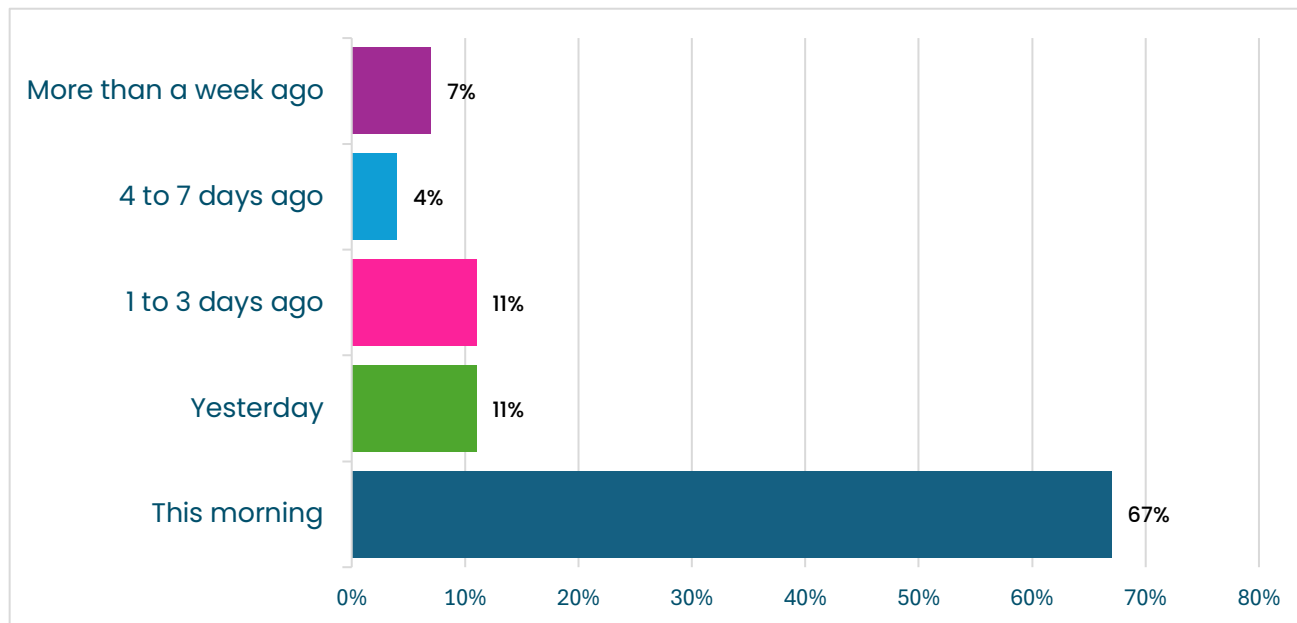


**If yes, who/where? (Please tick all that apply)**

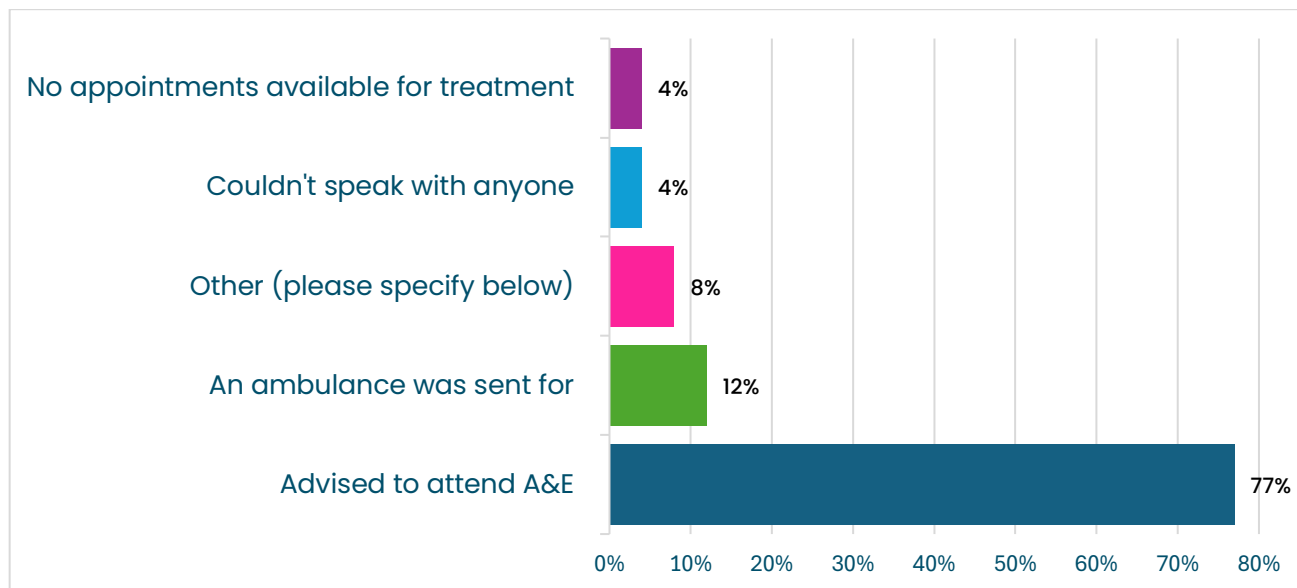


*'I tried to call the cardiac specialist nurse, but it was an answer machine and it said to come to A&E if urgent.'*

## When did you try speaking to anyone else, or try to go somewhere else for advice?

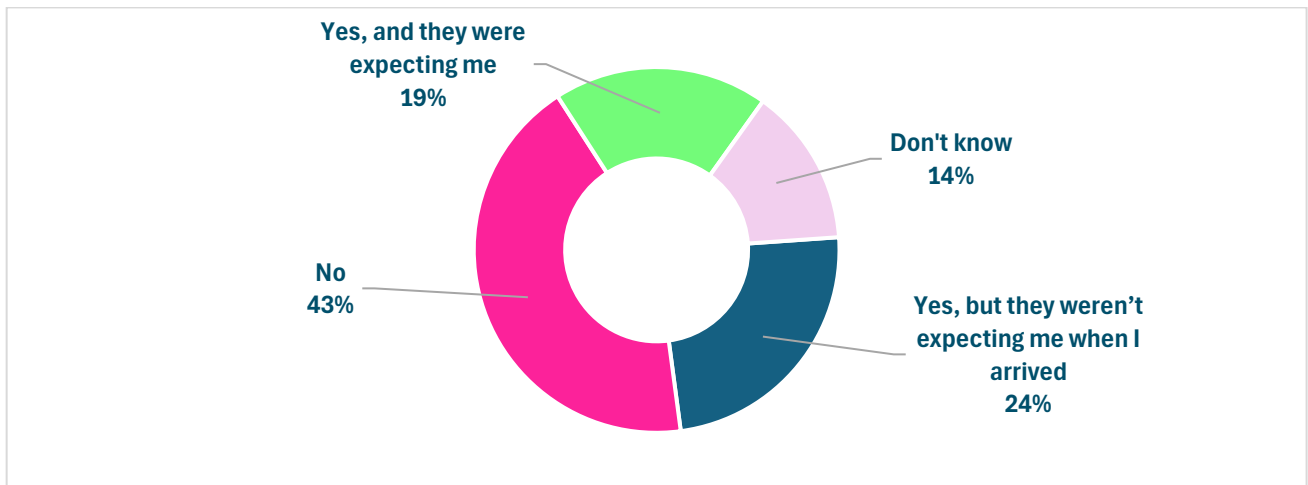


## What was the outcome?



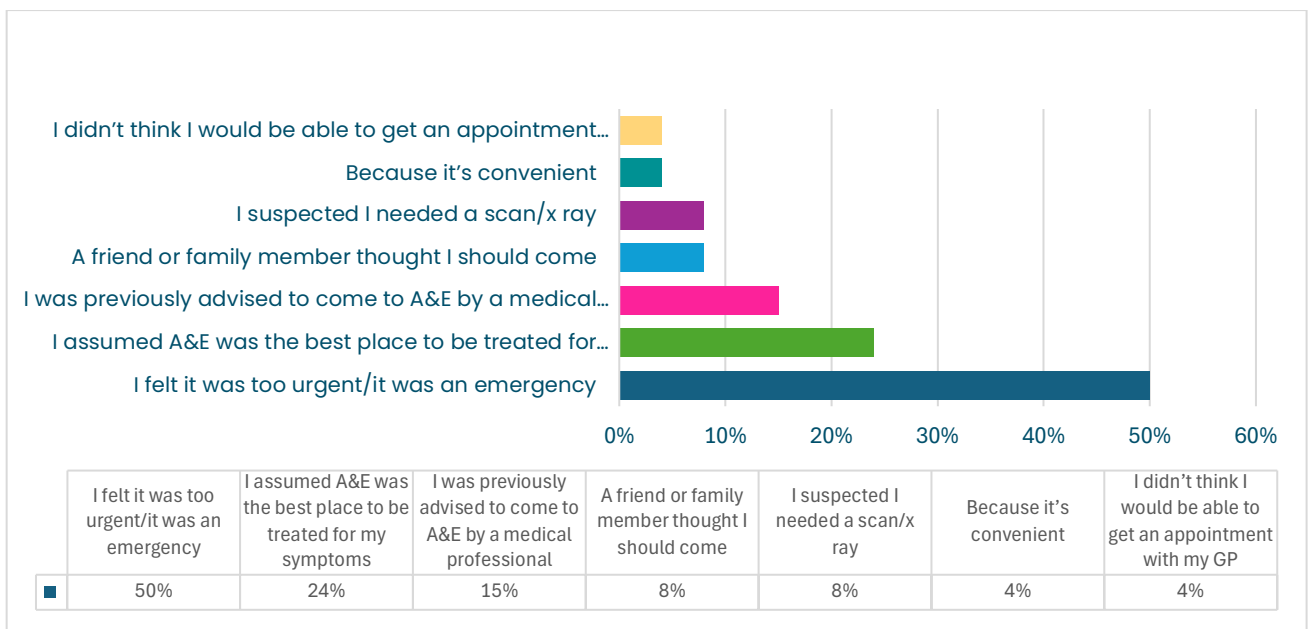
*'I called an ambulance this morning. An hour later they called me back and said I needed to make my own way to A & E as they were not going to get to me.'*

## If you were told to attend A&E, were you advised that A&E knew you were coming?



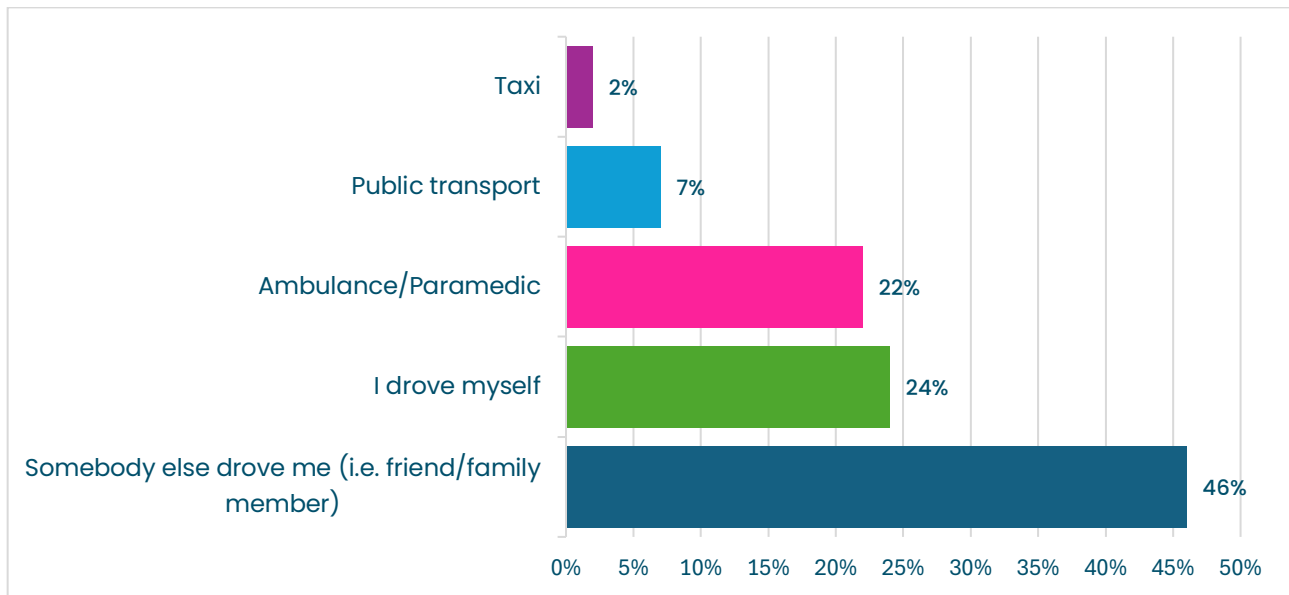
*'They said they would send a letter via email but when I arrived no one knew anything about me, and they hadn't received anything.'*

## If you didn't try going anywhere else instead of A&E, why not?

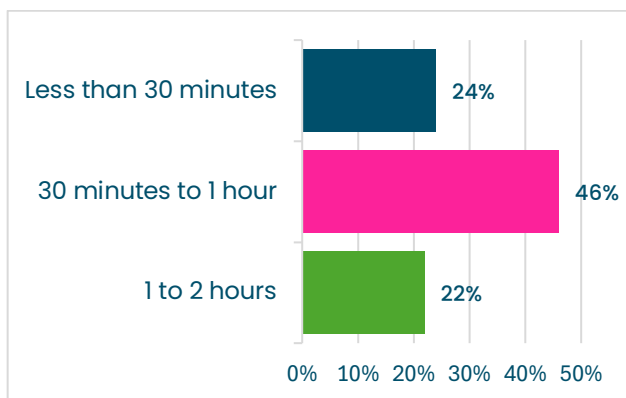


*'I had an operation 10 weeks ago. I was advised to come to A and E if I became ill. I was in for a couple of days just a day ago, but I became very ill again and came back this morning. On my last visit I was in the waiting room for around day and then a side room for a day.'*

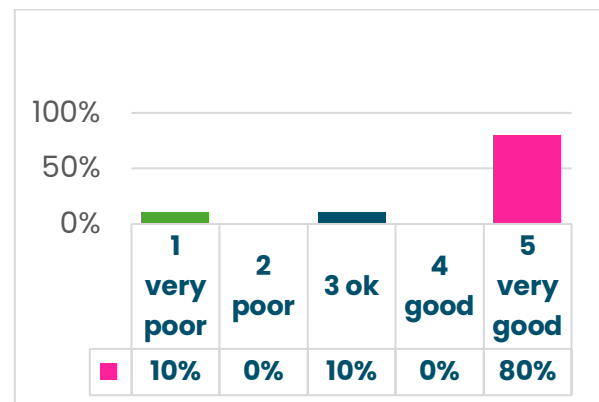
## How did you travel here today?



## If you came to A&E by ambulance, how long did you have to wait for it?



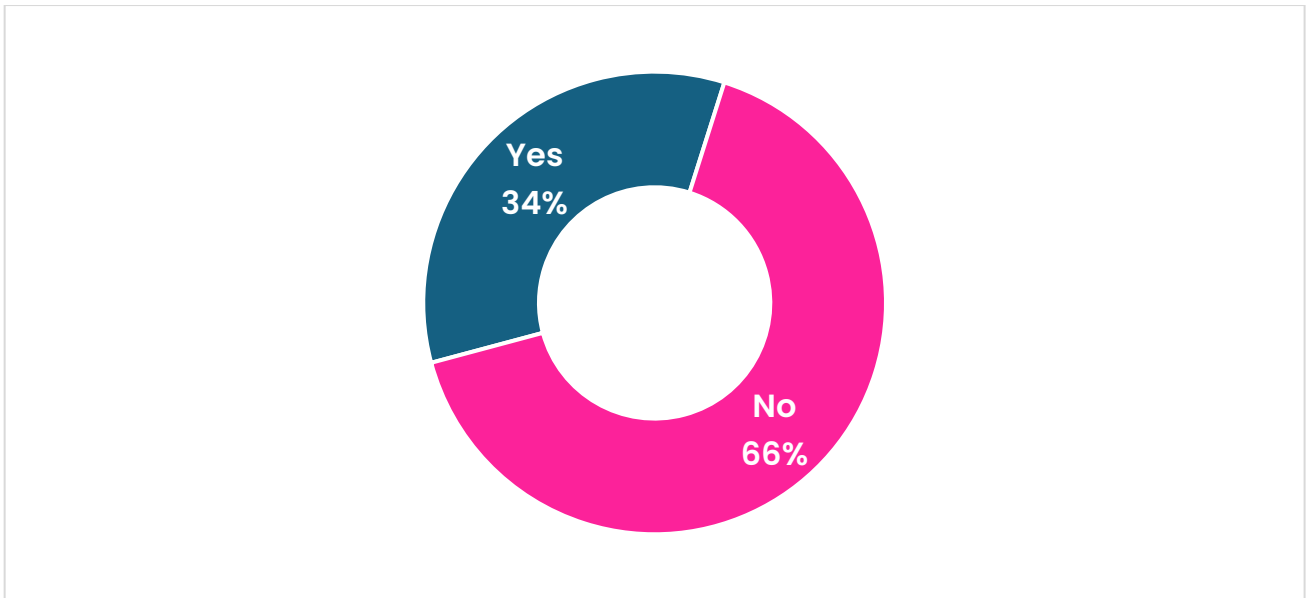
## If you came by ambulance, how would you rate the care you received?



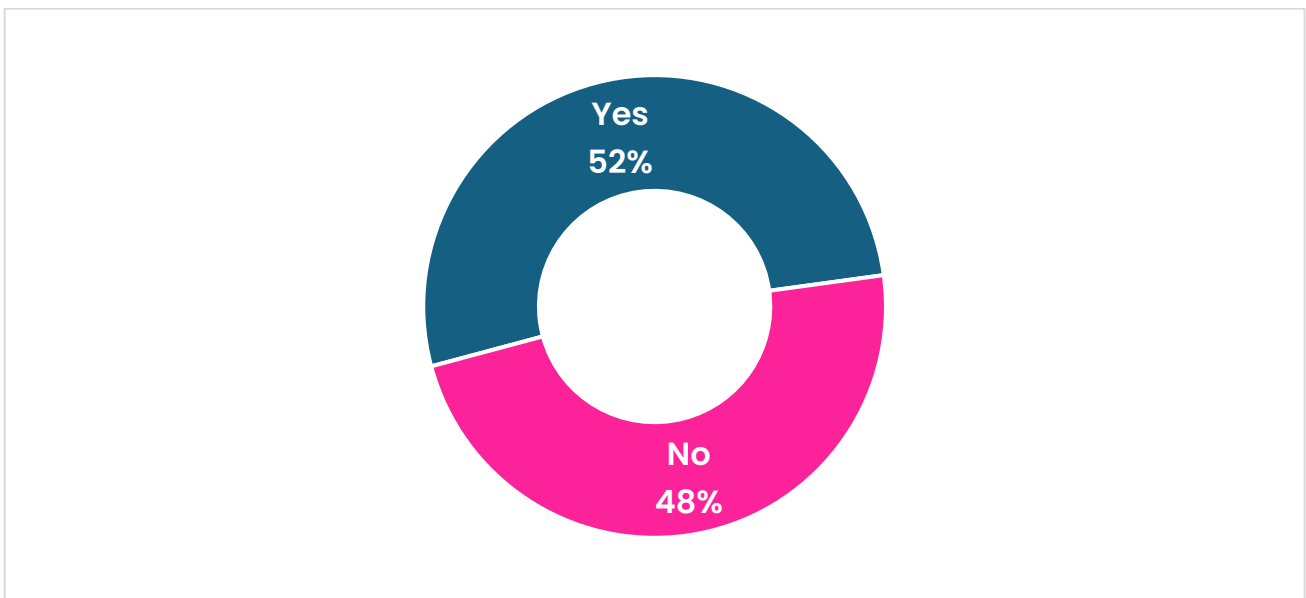
*'I was brought to A&E at 10.00am and the ambulance driver spoke to triage but failed to register me at reception. I was still sitting in the waiting room until 3.30pm.'*

*'The ambulance staff were very good. I was picked up from my care home. They checked the best hospital to bring me to before coming to Whiston.'*

**Whilst in A&E, are you being/have you been kept regularly informed about waiting times or delays?**

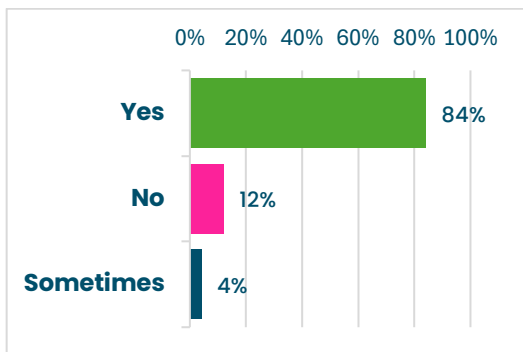


**Whilst in A&E, are you being/have you been kept up to date regarding your treatment and care?**

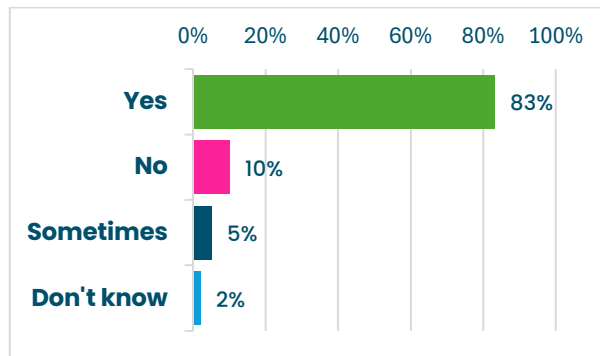




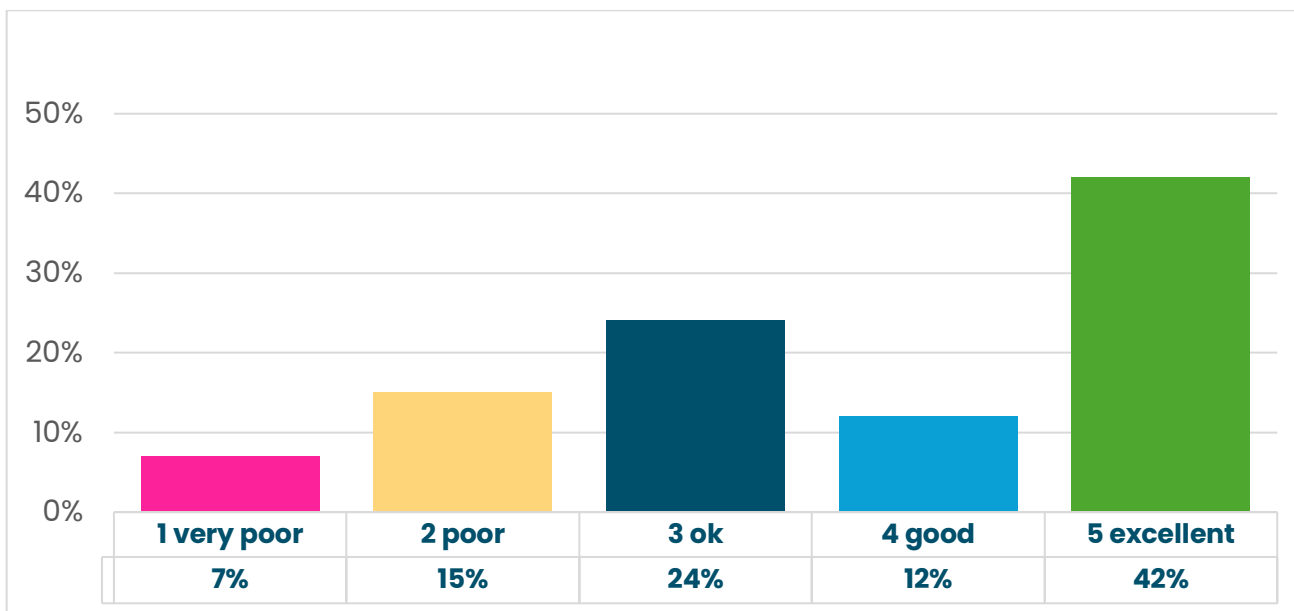
**Do you feel you have been treated with dignity and respect during your time at A&E?**



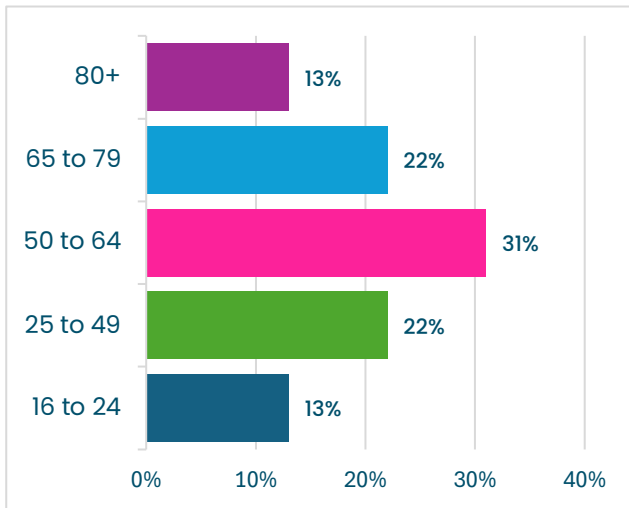
**Do you feel your privacy has been maintained as much as possible, during your time at A&E?**



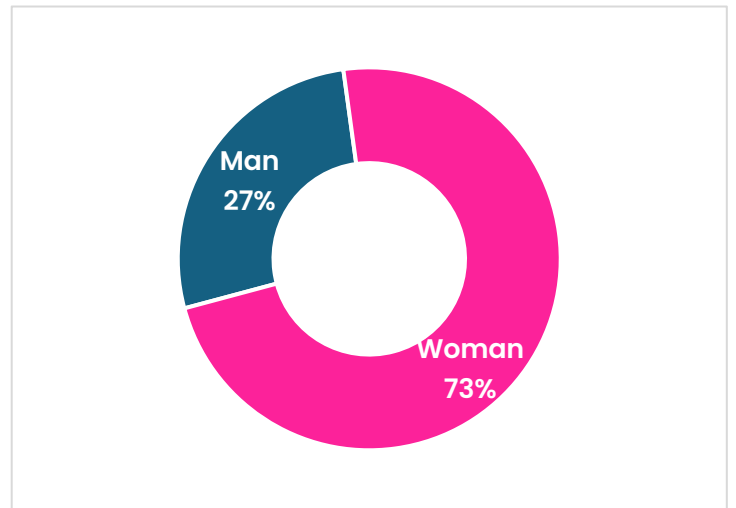
**How would you rate the service you have received so far in A&E?**



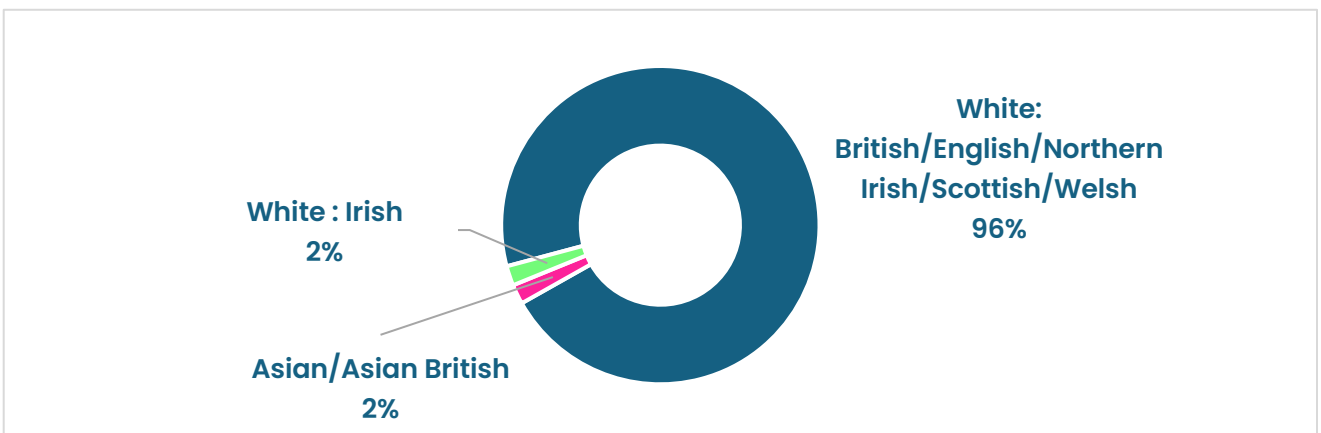
## Age ranges



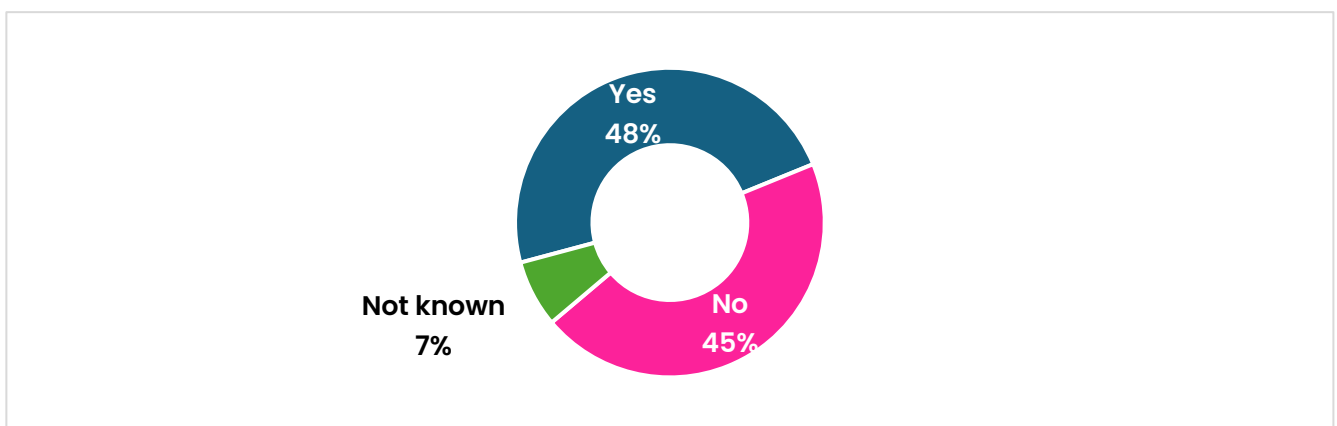
## Gender



## Ethnicity



## Do you consider yourself to have a disability or long-term health



This page is intentionally left blank.



**healthwatch**  
Halton

A.R.T. Centre  
Tan House Lane  
Widnes  
Cheshire  
WA8 0RR

[www.healthwatchhalton.co.uk](http://www.healthwatchhalton.co.uk)  
t: 0300 777 6543  
e: [enquiries@healthwatchhalton.co.uk](mailto:enquiries@healthwatchhalton.co.uk)

**healthwatch**  
Knowsley

The Old School House  
St Johns Road  
Huyton  
Knowsley  
L36 0UX

[www.healthwatchhalton.co.uk](http://www.healthwatchhalton.co.uk)  
t: 0151 449 3954  
e: [enquiries@healthwatchknowsley.co.uk](mailto:enquiries@healthwatchknowsley.co.uk)