

June
2016

healthwatch
East Sussex

24 hours in East Sussex
acute hospitals,
the patients' view

Round the
clock care

"It takes a minute to feedback, but the difference could last a lifetime"

Contents

Executive summary	6
Key findings	6
Details of the visit	7
What is Enter and View?	8
Purpose of the visit	8
Background	9
Methodology	10
Our findings	11
Eastbourne District General Hospital	12
08.00 - 12.00 hours (Thursday 21 st April 2016)	12
Accident & Emergency Department	12
Day Surgery	13
Outpatients Department	13
Fracture Clinic	13
Cuckmere Ward	14
Hailsham 3 (Ward)	14
Hailsham 3 (Ward)	14

Hailsham 4 (Ward)	14
Notable observations	15
12.00 - 16.00 hours	15
Folkington Ward	15
Seaford 1 - Medical Assessment Unit	15
Outpatients Department	16
Reception area	16
Back in the Accident & Emergency Department	17
16.00 - 20.00 hours	18
Seaford 1 Medical Assessment Unit	18
Discharge Lounge	18
Seaford 4 Ward	18
Accident & Emergency	18
18.20 - 20.00 hours	19
Accident & Emergency	19
20.00 - 23.59 hours	19
Accident & Emergency	19
00.01 - 04.00 hours (Friday 22nd April 2016)	21
04.00 - 08.00 hours	21

Results of the Questionnaire	22
Pharmacy Department - a case study	23
The hospital at night - a case study	24
Conquest Hospital, Hastings	25
08.00 - 12.00 hours (Thursday 21 st April 2016)	25
Day Surgery	25
Accident & Emergency	25
Eye Clinic	26
Ambulatory Assessment Unit (AAU)	26
12.00 - 16.00 hours	27
Day Surgery	27
Accident & Emergency	27
Accident & Emergency main waiting room.....	27
Richard Ticehurst Ward	28
Tressell, Baird, Newington and Wellington Wards	28
16.00 - 20.00 hours	28
Accident & Emergency	28
20.00 - 23.59 hours	29
Checking in with rest of the hospital	29

Accident & Emergency	29
00.01 - 04.00 hours (Friday 22 nd April 2016)	29
04.00 - 08.00 hours	29
Results of the Questionnaire	30
The hospital preparing to start another day - a case study	31
Accident & Emergency survey	32
Overarching findings	33
Conclusions	34
Healthwatch East Sussex - comment	35
East Sussex Healthcare NHS Trust - comment	35
Appendix 1	36
Appendix 2	40
Appendix 3	41
Contact us	47
Disclaimer	47

Executive summary

This report is presented as a timeline of interactions with patients, relatives, carers and some staff, over 24 hours in both the acute hospitals in Hastings and Eastbourne. The report describes how patients experience various departments, commissioned services or pathways; and importantly the interplay between them.

252 people shared their views and experiences with our trained volunteers over a 24 hour period across both acute hospitals.

Healthwatch East Sussex volunteers who are trained as authorised representatives, spent 24 hours in both acute hospitals from 08.00 hours on Thursday 21st April 2016 through until 08.00 hours on Friday 22nd April 2016.

They talked with patients, carers, relatives and some staff to gather their views and experiences.

We asked people to rate the care and treatments they received, whether their care met their expectations and how well they were communicated with.

Key findings

- The experiences of patients, carers and relatives during the 24 hours were largely positive, and comments were complementary about the care received, with them rating it as very good or excellent.
- Authorised representative's observations of care during the 24 hours were also positive and complementary.
- The waiting room at Accident & Emergency (A&E) department at Eastbourne District General Hospital resembled a waiting room in a GP Practice at various times of the day, due to the inappropriate attendance of some patients.
- Proactive communication with patients around waiting times in A & E needs to significantly improve.
- More public information and education is required to deter inappropriate attendance at A & E.

Healthwatch East Sussex will continue to work with the Trust and other key stakeholders to address the recommendations from this activity.

Details of the visit

Date and time of the visit

08.00 hours 21st April 2016 – 08.00 hours 22nd April 2016.

Service Provider

Eastbourne District General Hospital and the Conquest Hospital in Hastings

East Sussex Healthcare NHS Trust

Trust headquarters

St. Anne's House

729 The Ridge, St. Leonards-on-Sea, East Sussex TN37 7PT.

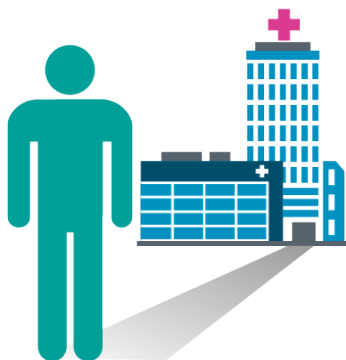
Tel: (01424) 755255

Authorised Representatives

John Curry, Margaret Stanton, Anthony Moore, Phil Hale, Paula Cohen, David Tattam, Diana Reddie, Rosemary Boucherat, Kate Cushnam, Joan Welling, Timothy Sayers, Ivy Elsey, Sarah Hickey, Pamela Keen, John Sensier, Angela Davis, Glwadys Mabb, Peter Dacombe and Christine Marks.

Acknowledgements

Healthwatch East Sussex would like to thank our volunteers, the service provider, service users, visitors and staff for their contribution to this 'Enter and View' programme.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being delivered, promote positive experiences, and make recommendations where observations highlight areas for improvement.

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers, on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but equally, they take place when services have a good reputation, so we can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch East Sussex safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will in turn inform the service manager who will end the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

Purpose of the visit

The purpose of these concurrent visits is to engage with patients, carers, relatives and staff to gather their views and experiences of using both the local acute hospital services over a 24 hour period. This also includes making observations about the quality of care patients, carers and their relatives receive.

This work is part of a programme of support agreed with East Sussex Healthcare NHS Trust (ESHT). The aim of this programme of support is to strengthen the role that patient and public involvement contributes to the quality improvements the Trust is required to make following its Care Quality Commission inspection.

The evidence gathered will provide insight into how patients rate the care and treatment they received and how well they are communicated with. Our report contains recommendations based on what people told us could improve the patient experience and flow through the hospital in the future.

Background

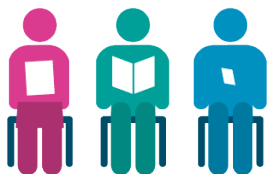
This report describing patients' views over a 24 hour period is the last in a series of three reports Healthwatch East Sussex (HWES) will publish, as part of the programme of support agreed with East Sussex Healthcare NHS Trust (ESHT).

Everyone will experience a visit to a hospital at some point in their lifetime. Irrespective of who we are in our day to day lives, a visit to hospital can involve feelings of vulnerability and reliance on others. The experience of patients and their families is an invaluable element of insight into any episode of health care.

Patients are the only people who experience the whole of the acute care pathway, and each patient will have their own very unique view. It is important not to assume that healthcare professionals alone know what patients want or what is important to them.

Do the services provided by the Trust always work for every patient? Absolutely not, it cannot meet the wants and needs of every patient. What it can do is listen and learn from what patients are saying about how they experience the service and their views on the quality of the care and treatment they receive to inform their quality improvement plan.

WAITING ROOM



Methodology

This programme of visits was planned and delivered using Healthwatch enter and view methodology. A total of 19 authorised representatives covered six four hour sessions, starting at 08.00 hours on the 21st April 2016 concluding at 08.00 hours on Friday 22nd April 2016.

A short 'Friends and Family Test' style questionnaire (See **Appendix 1**) was designed so that authorised representative could speak to as many people as possible. This questionnaire followed a quantitative approach, with limited opportunity for individuals to qualify their responses.

The survey was designed to be completed face to face with patients and included questions on their expectations of care, experiences and quality of care and in Accident & Emergency departments, specific questions relating to behaviours and decisions they made when looking to identify the right service to attend. (The surveys can be viewed in **Appendix 2**)

At the end of the interview, every patient spoken to was given information about Healthwatch East Sussex together with details of how to share more detailed feedback with either Healthwatch East Sussex or the Trust.

Healthwatch East Sussex trained authorised representatives spoke with **252 people during the 24 hour period.**

The average daily number of patients through:

Area	Total
A&E	292
Outpatients	1200
In-patients	150 (elective and non-elective)
Day treatment areas	123 (day cases)

Source: *East Sussex NHS Healthcare Trust*

Our findings

Our findings are based observations and conversations:

- Observations made by authorised representatives when present at both acute sites during the 24 hours visit.



- Observations made during two night walks, presented as case studies, completed by the project lead for Healthwatch East Sussex and the Director of Nursing from ESHT.



- A case study summarising a visit to the pharmacy department at Eastbourne District General Hospital by authorised representatives.



- Results of the questionnaire and survey, what people told us.



Eastbourne District General Hospital

08.00 - 12.00 hours (Thursday 21st April 2016)

Accident & Emergency Department

The department was very quiet and there was plenty of staff available to deal with patients. All interactions observed between staff and patients were kind and caring, patients also reported no complaints in this respect. All those spoken with were extremely happy with the care they had received.

- A total of 16 people who completed the A & E survey said they were in the, “right place for their treatment”.
- Of the total of 19 people spoken with during this time; there was only one person who was admitted, the remainder were described as, walk in patients, once seen by the doctor they left the department.
- 12 of the people spoken to had not tried to contact their GP.

Some reasons given included:

- “Just couldn’t get an appointment”.
- “Every time I phone they say I am too late for an appointment although it took me 20 minutes to get through”
- “...it would be two weeks before I could be seen”
- “I just couldn’t get an appointment”
- No patients had visited a Walk in centre or a Minor Injury Unit (MIU) with their current symptoms, and without exception, all felt that Accident & Emergency was the right place to go.
- A four hour waiting time was displayed which did not change although from observations, the waiting time was approximately 30 minutes.

08.00 – 12.00 hours

Day Surgery

- On arrival the receptionist was very helpful and the department was ready for the first appointments.
- One patient was seen within two minutes of arriving, another was patient still waiting after 50 minutes.
- During the period of observation; very kind and caring interactions between nursing staff and patients were observed. Especially noted as outstanding was an interaction between an Anaesthetist and a small child.
- All the patients that were due to attend did so. There were no, Did Not Attend (DNAs). It was reported that DNAs are very infrequent.

Outpatients Department

- Patients started to arrive at 08.10 hours; one arrived at 07.00 hours so as not to be caught up in the queue. The outpatients department opened at 08.30 hours with the greeting, “Welcome to outpatients” Clinics 1, 2, 3 – no delays
- At 08.30 hours the ophthalmology clinic, – Clinic 1, reported, delays expected, no explanation was given as why this was.
- A patient and carer/relative spoken with commented that they were very satisfied with the service, “don’t usually have to wait”, they were frequent visitors.
- There was a process in place to ensure patients did not miss their appointment if they had checked in.
- At 11.40 hours the eye clinic screen was still reporting “delays expected”, with no indication of how long patients could expect to wait.

Fracture Clinic

- At 09.30 hours, the department was running well with delays of 20 – 25 minutes, a nurse explained that only one doctor was on duty.
 - At 11.43 hours, the department was busy and running with a 30 – 45 minutes delay.
 - There were still delays in the afternoon.
-

08.00 - 12.00 hours

Cuckmere Ward

- The staffing chart on display related to the previous day, it seemed that there should be nine staff on duty but the ward appeared to be running on six.

Hailsham 3 (Ward)

- Authorised representatives observed very kind interactions between staff and patients. Two examples noted involved one member of staff holding a patient's hand reassuringly and compassionately, and another giving a hand massage.
- The senior staff commented at the time of the visit that the ward is under staffed, and that they have had capacity increased to relieve winter pressures. (This is part of an ongoing review process).
- They also commented that the ward ethos was "always patients first", authorised representatives noted that, "it looked that way too". Good observations were noted too around hydration, patients were helped to drink and have water poured into glasses for them.

Hailsham 3 (Ward)

- Authorised representatives observed very kind interactions between staff and patients. Two examples noted involved one member of staff holding a patient's hand reassuringly and compassionately, and another giving a hand massage.
- The senior staff commented at the time of the visit that the ward is under staffed, and that they have had capacity increased to relieve winter pressures. (This is part of an ongoing review process).
- They also commented that the ward ethos was "always patients first", authorised representatives noted that, "it looked that way too". Good observations were noted too around hydration, patients were helped to drink and have water poured into glasses for them.

Hailsham 4 (Ward)

- Arrived on the ward at 10.50 hours, spoke with two patients; both commented they had been waiting for the date of an outpatient's appointment since 09.00 hours before they could go home.

08.00 – 12.00 hours

Notable observations

- One authorised representative described Accident & Emergency waiting area as similar to a GP waiting room, because of some patients attending inappropriately.
- One outpatients department started the day with 'delays expected'.
- Interactions between staff, nurses and doctors and patients were positively noted and these observations triangulate with patients responses to the questionnaire.

12.00 – 16.00 hours

On the wards patients enjoy protected mealtimes and this was observed during the visit. Following a rest period for patients, it was visiting time and the hospital was really busy.

Folkington Ward

- Observed good levels of interaction between staff and patients i.e. one member of staff offered to read to a patient, and another was playing Dominos. The ward staff appeared responsive to the needs of patients. Although there was plenty of evidence of friendly staff, however some patients looked a little unkempt. For example, some parts of the body were exposed, giving rise to question about privacy and dignity, and crumbs were visible on pyjamas. This was at approximately 13.15 hours.

Seaford 1 - Medical Assessment Unit

- At 14.15 hours visited Medical Assessment Unit (MAU). There were many relatives on the unit, visiting time from 14.00 hours.
 - Lots of activity, including a physiotherapist assisting a patient to walk, calls for help were heard several times for help and were responded to.
 - There were plenty of staff around and responding to patients.
 - A challenge for the unit is to provide single sex accommodation.
 - There were six patients waiting to be assessed at 14.40 hours, because of maintaining single sex accommodation, patients had to be moved between bays. The service manager and the sister were discussing bed management.
-

12.00 – 16.00 hours

Outpatients Department

- Checking in again at 14.00 hours at Waiting Area A, there were a handful of patients who had not been seen, waiting a long time, this was still the same at 14.35 hours.
- Waiting Area B, very busy indeed, nearly all seats were taken, still very busy at 14.30 hours. Waiting times recoded at 0 hours for clinics 1 and 2, but 30 minutes for Clinic 3.
- 14.30 Orthopaedics department, very busy, again most seats taken.
- 14.40 Waiting Area D, waiting room approximately quarter full, patients are being called for appointment on time. One doctor was observed greeting each patient in a very friendly manner and shaking their hand upon introduction.
- 15.00 hours, Outpatients B still very crowded, but only one clinic reporting delays up to 30 minutes.

Reception area

- At 15.00 hours the main reception area was reported as quite busy, but not chaotic.
- It appeared tidy and people seemed to know where they were going.
- The information desk was well-staffed/supported.
- At 16.15 hours one patient in a wheelchair was observed to be waiting in the reception area, they appeared to be unsupported. Following further observation and with no evidence of a companion, Healthwatch representative approached the patient to enquire if they required any assistance. The patient had been discharged from a ward and was waiting in the reception area for a taxi (timescales unclear) which unfortunately, they had missed. After communicating with the ward, action was taken to reinstate a taxi and the Healthwatch representative, remained with the patient until the taxi arrived 17.45 hours.

12.00 – 16.00 hours

At 15.00 hours visited the Discharge Lounge, members of staff were commenting about the new provider for Patient Transport Services (PTS), Coperforma, and shared examples where the service was not working. Examples included:

- “can’t get them on the phone”
- “outpatients can’t get in for appointments”
- “...it’s an absolute nightmare” “private crews using taxis”
- “turning up for patients who passed away years ago”

Staff member was helpful on arrival. A total of three patients were in the lounge waiting to go home. There were comfortable chairs available for patients and a television. The Quality and Safety Board was less than 50% completed and not updated. There was one bay empty.

Back in the Accident & Emergency Department

- The department was very quiet for first two and half hours. The waiting time was advertised as four hours and then reduced to three hours at 15.00 hours.
- The charge nurse reported adequate staffing levels of 10 qualified staff and four healthcare assistants during the day and a six and four ratio at night with only one agency staff.
- At 13.30 hours 13 people in waiting room, none in the children’s waiting area. Four hour waiting time advertised on screen.
- At 15.11 hours Accident & Emergency department reporting a three hour wait and 23 persons in waiting room.
- An off-duty member of staff chose to express concerns within the trust around not being able to ‘talk to middle management’ – they felt middle management were a problem. A patient also commented that ‘more cohesion between staff and management was needed’; and
- Generally patients were happy with the staff and the service.

16.00 – 20.00 hours

A last check in on the wards.

Seaford 1 Medical Assessment Unit

- Patients looked comfortable, water jugs full and patients appeared hydrated and pain free; and
- The ward appeared clean with adequate staffing levels, free from noise and smell. One patient with mental health needs appeared to find explanations of care difficult to understand.

Discharge Lounge

- All patients discharged by 19.08 hours, delays due to pharmacy and letters to GP detailing medications dispensed at discharge.

Seaford 4 Ward

- Patients looked comfortable, water jugs full and patients appeared hydrated and pain free.
- The ward appeared clean with adequate staffing levels, free from noise and smell.

All the clinics, outpatients departments and the discharge lounge have closed. The wards are starting to prepare patients for the night time and for the staff handovers.

Accident & Emergency

- The screen says waiting time of three hours from arrival. Two patients arrived by ambulance were waiting in the corridor to be checked in. Ambulance crew reported that handover times/check in times had improved over the past few weeks.
- Most people spoken with had been to A & E before and came expecting to have a long wait. Many of the patients had friends or family with them. Lots spent time on their phones or getting food from the café or machines to consume in the waiting area.
- The x-ray department was busy but the flow was very fast. Both x-ray areas appeared clean and dust free.
- It was also reported by a member of security staff that there appeared to be insufficient budget to maintain adequate security staffing levels. Concerns were voiced when one site was left unsupported if assistance was required elsewhere.
- During this observation period one patient went missing from the department following medication administered to relieve

their anxiety levels. This was reported to the police who returned the patient approximately one hour later. This patient is a frequent user of Accident & Emergency and the ambulance service.

18.20 - 20.00 hours

Accident & Emergency

- Walk in patients were triaged within 20 minutes if not sooner, most walk in patients appeared not to require a senior clinician so did not move from triage to a treatment bay.
- One patient who required an x-ray received this within 20 minutes. The department was viewed as not very busy and there were plenty of bays available in A & E unit and MAU.
- The waiting time on the screen was displaying four hours, which was incorrect, but often reception staff will leave it at this level to discourage inappropriate use of A & E departments. The actual waiting time was approximately two hours.
- Staffing levels appeared adequate during the period observed along with good patient care and patients were offered meals when they were in the A & E cubicles and assessment unit.
- The flow through the department for patients arriving by ambulance was viewed as excellent. No waiting times, clear handover between ambulance staff and A & E staff direct to a cubicle.
- Any patient documents were passed direct to reception staff to process; and
- Staff appeared caring towards patients and relatives.

20.00 - 23.59 hours

Accident & Emergency

At the start of the shift authorised representatives were made aware that there was a shortage of Doctors on duty. Towards the end of the shift one/possibly two further doctors were identified and arrived to assist with the backlog. This shortage contributed significantly to the delays in seeing patients and the patient experience.

- Representatives reported they observed staff acting in a caring and very professional manner. This included an example where a patient was making unrealistic demands on the service i.e. demanding alcohol instead of a hot beverage which had been offered, which was dealt with very effectively by the member of staff.

Impact of waiting times on the patient experience

- One patient who had been in the department since 16.00 hours was in considerable pain. They had received strong pain relief, morphine, however at 21.40 hours, the patient indicated that he had no idea when they might get to see a doctor and commented that they would have gone home if it was not for the intense pain. They were called through for treatment at 22.10 hours.
- One young person, who was accompanied by an adult, arrived with an allergic reaction. Arrived at 20.10 hours and went home at 21.30 hours. They had observed the four hour advertised waiting time on the screen and did not think it worthwhile to wait another two and half hours.
- A third person, a patient with a broken nose experienced a long waiting time and there were further issues around the quality of information about what treatment they might or might not receive.
- Two 'walk in' patients appeared very unwell. They were seen very promptly by the triage nurse and rapidly transferred to a trolley following a quick assessment. It was evident doctors were prioritising patients.
- One patient self-discharged as they had not been seen within four hours.

It was observed that patients with more serious symptoms were seen speedily by the doctor and the situation improved when another doctor came on duty.

Communication with patients

- The screen consistently showed a waiting time of four hours. No explanation about delays or reasons for delays appeared on the screen or was offered verbally to patients in the waiting room, unless they went and asked staff. This resulted in a great deal of frustration building amongst, and being expressed by patients.
- There was also a long wait for x-ray results. No communication was observed informing patients of the delays. There was one patient who had been 'waiting for hours' for stitches to a head wound.
- There is a sharp contrast, as reported by patients, between the patients' experience of care once in the treatment area and the lack of information and poor communication with patients in the waiting area, this is also part of the care pathway and needs to be improved significantly.

Staffing levels

- Full complement of nursing staff, short of two doctors until 22.15 hours.
- The level of care observed in the minor treatment was reported as good and patients seemed very satisfied.
- Ambulance crew handover times at 20.12 and 22.15 hours reported no delays.

00.01 - 04.00 hours (Friday 22nd April 2016)

Accident & Emergency appeared to be very calm.

- On arrival a number of patients, had been waiting quite a long time due to two doctors reporting in sick.
- One patient had been in the department since 15.00 hours waiting for results, and was finally discharged at 01.00 hours.
- One patient arrived from the custody suit accompanied by two police officers, was admitted at 01.00 hours and discharged back in to custody of the police at 03.25 hours.
- Another patient had been in the department since 11.30 hrs. They had been seen by the triage nurse and the doctors at approximately 03.00 hours and discharged at 03.30 hrs with instructions to return in the morning.
- The department was visited by two patients, one is a regular attendee, who visits the department, sleeps for a while and then leaves, the second patient only stayed for approximately one hour before leaving. Both were seen by doctors.
- Another patient left the department refusing to wait for treatment.
- The monitor was saying four hour waiting time. There was only one person in the waiting room.

Further observations included

- Ambulance crew handover times, there was no longer than five minutes before a patient was admitted to the assessment unit. Lots of compliments and praise for ambulance staff from patients.
- Evidence of patients with alcohol related problems were observed, one patient described as a frequent user of the service with other associated clinical problems arrived, underwent tests and fell asleep in the waiting area. The patient was discharged at 03.30 hours, left the department but was seen outside rifling through bins and picking up cigarette ends.
- The needs, as observed, of any frail and elderly patients were handled with consideration and care. Overall the staff were excellent 'could not fault anybody', a further observation also noted A & E staff were 'really great'; and
- The cleaning routine, as observed, was very impressive, cubicles, beds, floors, cupboards etc.

04.00 - 08.00 hours

- There was one walk in patient and six patients on trolleys during this period. None were waiting in the corridors; all patients were transferred by ambulance staff into the treatment rooms on arrival, where they were treated immediately by the staff.
 - The atmosphere in the department was very calm, caring and professional. Children are offered a new teddy bear which is sealed until given to the child, to help distract from what is happening to them. They can take the teddy home with them.
 - The cleaning staff were present during the observation period and the waiting area and toilets were very clean.
-

Results of the Questionnaire

(See table in Appendix 3)

76 questionnaires were issued, of which 70 were completed with the patient, five with a family member and one was left blank.

- 74% of patients rated their care and treatment during the 24 hours as very good and excellent. (19%) rated their care as average, with (3%) poor and (4%) very poor.
- 53% of patients were visiting the hospital for the first time (47% had visited the hospital on a previous occasion).
- 86% of patients said their visit met (56%) or exceeded (30%) their expectations. (14%) of patients their experiences had not their expectations.
- 92% of patients felt their experience was about the same (50%) or better (42%), with (8%) recording a worse experience than on previous visits.
- 73% of patients felt they received very good (48%) or excellent (25%) communication during their visit. (17%) viewed their experience as average, with (9%) poor and (2%) very poor.
- 66% of patients felt they had been kept reasonably (23%) and very informed (43%) about their visit. (16%) reported they had some information, whilst (13%) commented they had very little and (4%) had no idea what was happening.
- 88% of patients were either waiting on a decision (32%) or had been told they were going home (56%) on the same day. (11%) patients were not sure and one was left blank.
- 74% of patients felt confident (44%) and (30%) very confident, that the hospital listens to patients, (19%) were not very confident and (7%) had no confidence, although one patient did add, they were not confident patient feedback is acted upon.
- 90% of patients believed they were in the right place for treatment; (6%) patients said no they did not believe they were in the right place whilst (4%) did not know there were alternative options.
- 12% of patients accessed patient transport services.



Pharmacy Department - a case study

On arrival at the pharmacy department authorised representatives were welcomed by the acting chief pharmacist. There were approximately 20 members of staff on duty performing various tasks including: screening scripts to check they were accurate; dispensing; providing education and monitoring prescriptions. It was a very impressive operation which looked to be very carefully thought through.

The opening times for the pharmacy department are:

Monday – Friday 09.00 – 17.30 hours, Saturday 09.00 – 12.30 hours, on Sunday there is currently an on-call service. Although some staff reported they often stay later on Saturdays.



There is also an on-call pharmacist available 24/7. There is a patient help line in the department which has an answer machine and also a medicines information page on the internet these are also available 24/7. Details of the help line and the internet page are provided to patients with their medicines on discharge.

It was reported that the dispensing ‘turn around’ was pretty good. Orders are received electronically. There had been issues with porters, but that is now resolved at both Eastbourne District General Hospital and Conquest hospital and the acting chief pharmacist said that this will improve delivery times. The medicines shoot is now working and back in use. The department is continuing to consider how further improvements can be made.

At times, there may be some delays with doctors writing orders as prescriptions are written after the end of a ward round. However, there are nurse led discharges with nurses preparing the orders for drugs for discharge and the pharmacy checking the charts. They are trying to get pharmacy technicians involved at ward level in discharge. This involves putting a business case together. There are more pharmacists working at ward level than before. Pharmacist prescribers will be a good thing, to further improve turnaround times, but it is difficult to recruit them as there are not many of them as yet.

The department has also been buying electronic cabinets to improve availability and access to medicines on the wards.

Challenges identified: improving the quality of discharge information and trying to ensure GPs receive an accurate copy of the prescription for discharge medications.

The hospital at night – a case study

An Accident & Emergency department receives patients 24 hours every day; the remainder of the hospital is either closed or 'sleeping'. To experience the hospital at night, the Director of Nursing and the Healthwatch East Sussex Project lead met up to view the hospital.

At 23.00 hours they started in the Accident & Emergency department. This had been a particular stressful shift for patients and staff owing to two doctors being off sick. The situation was beginning to ease as a replacement doctor had come on duty approximately one hour ago. The department was coping and patients, whilst frustrated, once they were made aware of the situation, were more accepting of the waiting times. The main contributing factor to patients' level of frustration was the lack of communication pro-actively being given. If patients asked, some update was offered regarding the waiting times and the screen was adjusted, but it was not consistent.

As they progressed on to the wards, the night staff were busy attending to the needs of patients and making sure they were comfortable for the night.

Two wards had already 'settled down' for the night and their doors were closed and the lights were switched off. These wards were not disturbed. Some wards had left the main corridor lights on through the night for patients who wake and are confused, as having some lighting assists them in being able to orientate where they are.



On another ward visited, they were greeted by a member of staff who explained that this was not their usual ward, that they had covered a shift the previous night due to staff sickness and for continuity of care, they offered to cover the same ward for this shift.

There were a number of patients calling out, not necessarily for staff, but because they were experiencing bouts of confusion. The night staff were attentive to their needs and offered reassurance to the patient and other patients who were still awake.



On one ward, the Director of Nursing observed an unlocked medicine cabinet and quickly dealt with the matter with a member of staff.

The two stroke wards had a total of six vacant beds, five on one ward, and one on the other. This was a rarity. The charge nurse was very welcoming and keen to show them around whilst being very mindful of patients who were asleep. The walk concluded at 00.30 hours as the hospital was settled for the night.

Conquest Hospital, Hastings

08.00 - 12.00 hours (Thursday 21st April 2016)

Day Surgery

- At 08.00 hours the session started in Day Surgery with 20 patients waiting for procedures, initial observations highlighted the waiting area could be bigger as there were seven operating theatres running.
- Patients had been arriving since 07.30 hours and were at various stages of preparation i.e. consultation with anaesthetist and surgeon.
- One patient was concerned over the length of time he had been without food because of his diabetes.

Accident & Emergency

- On arrival, the first impressions were that the department was experiencing some pressure and it was still quite early in the morning.
- At 08.30 hours there was a patient who had been waiting four hours to see a doctor another patient who was elderly arrived at 04.00 hours and was eventually seen at 08.30 hours.
- It was observed that elderly patients received compassionate care.
- 08.40 hours some patients had been delayed longer than the three hours shown on the display screen.
- One patient commented they believed there was no doctor on duty from 04.30 hours, only saw a nurse during this particular timeframe.
- An ambulance crew (two persons), were delayed in A & E from approximately 11.00 - 11.45 hours awaiting a bed becoming available.
- At 12.00 hours a further three more ambulances arrived to join the queue.

As the morning went on the department remained very busy, creating a 'crowded impression', however everyone seemed satisfied.

- 11.00 hours the department was becoming really busy, unable to speak to many patients as they were unwell.
- 11.20 hours ambulance staff unable to hand over patients; they have been waiting for 20 minutes.
- 11.45 hours checked again; same ambulance crew still waiting plus one other waiting.

Eye Clinic

- One elderly patient commented, "Can't fault it, treated with respect and dignity", in the waiting area there were children's toys, books and a mission statement displayed.
- Appeared to be a very slow throughput, staff very good though did not seem harassed.
- Patients also commented that this was the last clinic at the Conquest hospital, and in future patients will have to go to Eastbourne.

Other feedback shared involved an 84 year old patient taken to A & E the previous weekend by a neighbour because they were having recurrent falls, memory loss and could not get a GP appointment until 14th May 2016, (date of visit 21st April 2016). They had to wait five hours but commented, the people we saw were excellent, very thorough, friendly and nice to the neighbour.

- Elsewhere in other areas of the outpatients departments i.e. for vascular conditions, it was noted the general set up was good; just the management of appointments created backlogs.
- Patients reported that the nurses and doctors were very nice, "treated me with dignity and respect".
- 10.50 hours patient not happy due to the delays and the pressure of mounting car parking charges.

Ambulatory Assessment Unit (AAU)

This is a small designated treatment area that will be expanded. Ambulatory Assessment Unit, sometimes called AAU, is a service which provides same day emergency care to patients at our hospitals. This means that patients are assessed, diagnosed, treated and are able to go home the same day, without being admitted overnight.

- This treatment area sometimes becomes blocked; this was not the case during this visit.
- Quick referrals noted, GPs make referrals; some come via A & E and some patient's self-refer.
- The AAU unit is staffed by 1 X Associate Practitioner, 1 X Consultant, a Specialist Registrar for two days.
- A Nurse Practitioner.
- It is not an acute assessment unit.
- Staff reported space is a problem and many patients seen are inappropriate and could have been treated by GP.

12.00 - 16.00 hours

Day Surgery

- At 12.40 hours three patients spoken to were all very complimentary about their care and treatment.
- One patient did say that their first operation did not work, they had been advised this could be the case, however when called back for repeat surgery, it was cancelled twice at the last minute; first occasion due to lack of beds, the second due to the doctors strike. They found two postponed procedures very stressful but grateful to have finally had it done.

Accident & Emergency

- There were no patients waiting on trolleys.
- All 'walk ins' had been triaged by a nurse or nurse practitioner and were waiting further treatment.
- The information board announced a further three hour wait to be seen by a specialist, which seemed rather long as the department appeared to be less busy.
- Patients spoken with were generally happy with the treatment they had received so far; although
- One elderly patient, in poor health having already waited one and half hours, with the prospect of further wait to see the doctor; did wish that he had been offered a drink.
- Patients had received initial assessment (triaged) but waiting time for treatment was approximately three hours plus.
- There were a further eight patients waiting to be assessed in the waiting room.
- No patients were waiting on trolleys.

One elderly patient on dialysis had been waiting one and half hours due to an urgent eye problem, would have appreciated the offer of a drink of some sort.

Accident & Emergency main waiting room

- One patient commented "the initial triage with a nurse was quick, and then waited two hours to see a doctor"
 - Other patients shared similar experiences; investigations ordered by the doctor - blood test and scan; a further two and half hours to get blood test, further waiting at four and half hours for scan to be completed.
 - 'Delays' follow triage.
 - Good levels of essential nursing care were observed.
-

- Main areas of concern involved waiting times and appropriateness of some people attending A & E i.e. one patient commented they had spoken with their GP that morning who advised them to go to A & E, because of their condition which the GP was aware of. Their condition had worsened because the GP had not followed up or acted upon earlier tests conducted.

Richard Ticehurst Ward

- There were plenty of staff on duty; the ward was quiet and calm. There were only two - three patients awake but resting, so were not disturbed.

Tressell, Baird, Newington and Wellington Wards

- The overall impression gained from visiting the above named wards based on what patients and or their relatives, during visiting time said, was of gratitude for the high level of care and treatment.
- There were water jugs available. In one case there seemed a confused situation as to who would sign the patients as fit to be discharged and where they would go. However, there were some anxieties with regard to patients with dementia i.e. in wards with higher number of patients with dementia, the staff appeared tenser, and one thoughtful carer commented that they felt the staff on their relatives ward appeared to lack insight into the particular needs of patients with dementia and queried whether special training could be given.
- Other notable observations made in the medical wards included the occasional lack of explanation as to why certain tests were being requested and one patient would have appreciated more information in those instances. The nurse taking blood tests for example did not know and could not help.

16.00 - 20.00 hours

Accident & Emergency

- Waiting room fairly full, there was a lot of through traffic going into the treatment part of A & E.
 - No information about waiting times visible.
 - Patients were being triaged quite quickly and then sat waiting to be called in to the treatment area.
 - After being seen patients were seated back in the waiting room for follow up i.e. someone to look at x-rays, to read results of blood tests etc.
 - One patient with a query fractured wrist had been waiting for over two hours for a doctor to read the results of the x-ray. The patient was in a lot of pain and getting fed up!
-

- Staffing levels appeared to be quite good and the staff were very helpful and co-operative.
- A senior sister explained the 'handover screen' which is a system used by the Trust staff and the Ambulance Trust to check in patients arriving by ambulance, which appeared to be working well at the time of the visit.
- Patients had been arriving via ambulance steadily throughout the afternoon, which authorised representatives did not interview as their needs took priority as did the impact on the waiting times.

20.00 – 23.59 hours

Checking in with rest of the hospital

All of the departments and clinics were closed. The last few visitors were leaving and the hospital was preparing for the night shift. The following 12 hours would be spent in the A & E department.

Accident & Emergency

On arrival, the general feel was that the department was busy but calm with eight beds available at that time, however it was noted that these could be filled quickly if need.

- At 20.00 hours two hand overs were observed which were very efficient, less than 15 minutes before the patient was admitted to the department. A paramedic did add, that earlier, around teatime, that there were trolleys waiting for a bay.
- It was particularly noted 'how quiet' the department was which is reflected in the volume of patient feedback.
- Those who were in the waiting room were happy to complete the questionnaires.

00.01 – 04.00 hours (Friday 22nd April 2016)

- At 24.00 hours only friends and relatives were in the waiting room.
- It was very quiet in the early hours of the morning, especially for walk in patients.
- When patients and visitors are entering or returning to A & E having been outside, it is not always apparent that the hand cleanser is being used.

04.00 – 08.00 hours

- There were only four patients in the waiting area, all were satisfied with their care and treatment and did not take part in the survey.

Results of the Questionnaire

(See table in Appendix 3)

93 questionnaires were completed. 71 were completed by the patient, 4 by a carer, 15 by a family member and 3 left blank.

- 84% of patients rated their care and treatment during the 24 hours as very good (49%) and excellent (35%). (12%) rated their care as average, with (2%) Poor and 1(%) very poor.
- 59% of patients were visiting the hospital for the first time. (41%) had visited the hospital on a previous occasion.
- 79% of patients said their visit met (47%) or exceeded (32%) their expectations. (21%) reported their visited was not what they expected.
- 87% of patients felt their experience was about the same (59%) or better (28%), with (13%) recording a worse experience, based on their previous experience.
- 78% of patients felt they received very good (58%) or excellent (20%) communication during their visit. (16%) gave a rating of average, with (3%) poor and (2%) very poor.
- 77% of patients felt they had been kept reasonably (30%) and very informed (47%) about their visit. (14%) of respondents had some information, (9%) reported they had very little information and (1%) had no idea what was happening.
- 87% pf patients were either waiting on a decision (19%) or had been told they were going home (68%) same day, with (13%) unsure.
- 48% patients commented that they were confident with the decision, whilst six were still waiting, unsure of the delay with three, not sure.
- 79% of patients felt confident (38%) the hospital listens to patients' feedback and (41%) very confident. (16%) were not very confident and (4%) commented they had no confidence; the hospital listens to patient feedback.
- 92% of patients said Yes they believed they were in the right place for treatment, with (2%) recording No and (5%) were not aware of any alternative options; and
- 9% of patients accessed patient transport services.

The hospital preparing to start another day - a case study

At 05.45 hours Director of Nursing and Healthwatch East Sussex Project lead met to experience the hospital as it starts to get ready for another day.

They started in the Accident & Emergency department which was very quiet and had been so throughout the night. As they moved out on to the wards, the hospital was beginning to wake up and staff were starting to arrive for the day shift.

There was one particular entrance on the lower level of the hospital that was very dirty. The Director of Nursing acted immediately to make sure this area was added to the daily cleaning schedule marked urgent.

It was very apparent upon meeting some of night staff that they were familiar with the Director of Nursing undertaking such visits from time to time. All the staff too appreciated a visitor! It was an opportunity to talk to staff about the role of Healthwatch and how they can increase patient engagement. Although as it started to get busy with patients waking up, the conversations were kept short.

It was reported that when the concept of 'quality walks' during the night were first introduced, it was not viewed as positively as this experience. However over a period of time, this practice has become more accepted and is welcomed by staff.

It was an opportunity for night staff to engage with a member of senior management team and they embraced that opportunity openly. There was some challenges shared around maintaining consistent staffing levels and the use of agency staff, but all wards we visited, with one exception had their full complement of staff.

There were also opportunities to talk about any particular challenges with patients during the night, some patients can become more confused, some call out and can disrupt other patients and staff have to work hard to ensure all patients can have quality sleep time to aid their recovery.

The hospital was not under any specific pressure regarding the number of beds available. By the end of the night there was one bed available.

To have a presence in the hospital during these times of the day, not normally experienced unless you are a patient, in which case they are most likely sleeping, was extremely informative and contributed to understanding the patient experience over 24 hours. It is also an added benefit to share these observations with the public.

Accident & Emergency survey

- A total of **93** surveys were completed of which **67** (72%) were completed at the Eastbourne District General Hospital (EDGH) and 26 (28%) at the Conquest hospital in Hastings. This is a fair representation given the proportion of walk in patients at EDGH compared to patients requiring more clinical support at the Conquest Hospital that are transferred straight through to the treatment area.
- Overall, **70%** of the patients in A & E, (67% at EDGH) (79% at the Conquest) had not seen a GP in the last two weeks to discuss an issue relevant to their visit today.
- When asked if patients had tried to obtain a GP appointment in the last two weeks, **71%** of patients did not try to get a GP appointment. (67% at the EDGH) (23% at the Conquest hospital).
- When asked if they sought advice from NHS 111, overall **77%** of patients did not seek advice (56% at EDGH) (21% at the Conquest hospital).
- When asked whether they had visited a Minor Injury Unit (MIU) in the last two weeks, overall **87%** of patients said No, (63% EDGH) (24% at the Conquest hospital).
- Finally, people were asked if they believed they were in the right place for their treatment today, overall **78%** patients said Yes, (57% EDGH) (21% Conquest).



Overarching findings

- Patient and relative experiences of care during the 24 hours were largely positive and complementary.
- Authorised representative's observations of care during the 24 hours were also positive and complementary.
- The operational differences between the Accident & Emergency departments are well reflected in these observations as patients requiring more clinical interventions are treated at the Conquest Hospital.
- The waiting room at the Accident & Emergency department at Eastbourne District General Hospital appears to resemble, and is often treated like a GP Practice due to inappropriate attendances.
- Communicating pro-actively with patients around waiting times in Accident & Emergency and outpatients departments needs to significantly improve.
- More public information and education is required to deter inappropriate attendance at A & E.

There are also some gaps in care and practice that require addressing by the Trust which include ensuring that:

- Patients, (including the frail and elderly), who experience long waiting times in the Accident & Emergency department are offered sufficient hydration.
- Patient dignity is respected at all times, especially elderly patients, and across all wards and departments.
- Staff caring for patients with dementia, receive appropriate training.
- Nursing staff make sure medicines are stored behind locked doors; and
- Main reception staff/hospital volunteers need to be made aware of any patients that are unsupported and waiting for transport to arrive, to ensure they are not forgotten (especially after 16.00 hours when the reception desk closes).

Conclusions

The overall levels of patient satisfaction captured during the 24 hours activity was largely positive. However further focus and attention is required to ensure the proportion of patients, rating their care and treatment as average, poor and very poor remains a priority to address as part of a sustained and consistent improvement plan.

Whilst the key findings regarding the number of inappropriate attendance at A & E will come as no surprise as an outcome of this activity, it is unacceptable for the whole system to simply note this recommendation and allow it to continue.

Further work is also required within the outpatients departments to improve communication around waiting times to patients.

The front of house arrangements need to include more cover out of hours for patients and visitors.

This independent activity has achieved a base line of patient engagement and involvement which Healthwatch East Sussex would recommend is replicated at regular intervals. This will ensure patient feedback is continually monitored alongside the Trust's current patient and involvement activity.



Healthwatch East Sussex - comment

Firstly I would want to say thank you to ESHT for allowing HWES to be so innovative in undertaking this unique approach to enter and view activity; without their willingness to allow 20 of our trained volunteers essentially to 'walk the patient journey' over a 24 hour period in their hospitals, it would not have been possible to gather this insight.

This is an interesting read for patients and relatives, in that it provides a snapshot of acute settings through the day and also the night which most people do not experience. For commissioners there are pointers in the report to actions relating to whole system issues and to individual pathways and we will work with commissioners as they implement changes going forward.

Finally I hope this report provides reassurance to members of public. Most of the people who spoke to us during this visit rated their care and treatment as very good and excellent. We will continue to collect patient experiences and please do share your feedback with us. It takes a minute to feedback, but the difference could last a lifetime.

Julie Fitzgerald - Director, Healthwatch East Sussex

East Sussex Healthcare NHS Trust - comment

As a trust we are pleased to work with Healthwatch East Sussex and are delighted to receive this report.

The outcomes of this report will form part of our ongoing commitment to developing the journey of improvement and our patients perspective is a critical part of this work. To have the valuable observations of patients and visitors within the trust over a 24 hours period means that we can build on what really matters to individuals who use our services. It will be our intention to build on this work and to make changes where necessary but more importantly to test out the change with our colleagues from Healthwatch. The trust remains grateful to the commitment and support of Healthwatch and its volunteers - thank you!

Alice Webster - Director of Nursing, East Sussex Healthcare NHS Trust

With special thanks to the East Sussex Healthcare NHS Trust staff for being so welcoming, to the Healthwatch East Sussex Authorised Representatives for their time and skills, and to the service users who provided such valuable insights.

Appendix 1

Date:

Time:

Hospital:

Department:

Ward: (if applicable)

Are you :

Patient

☐

Carer

☐

Family Member

☐

Other

☐

If you answered Other please tell us here:

Q1: Thinking about your experience today, how would you rate your care and treatment?

Excellent

☐

Very Good

☐

Average

☐

Poor

☐

Very Poor

☐

Please briefly explain your rating:

Q2: Is this your first visit to hospital for this treatment?

Yes

☐

No

☐

Prefer not to say

☐

Q2a: If you answered Q2 'Yes' -Has your treatment met your expectations so far?

Exceeded my expectations

☐

Yes, met all my expectations

☐

Not what I expected

☐

Please briefly explain your rating:

Q2b: If you answered Q2 'No' -Would you rate this experience as?

Better ☐ About the same ☐ Worse ☐

Please briefly explain your rating:

Q3: Thinking about how you experience communications during your visits, how would you rate communication with you today?

Excellent ☐ Very Good ☐ Average ☐ Poor ☐ Very Poor ☐

Please briefly explain your rating:

Q4: What is your experience of being kept informed about your visit/stay today?

Very informed ☐ Reasonably informed ☐ Some information ☐ Received very little information ☐ Have no idea ☐

Please briefly explain your rating:

Q5: When are you expecting to go home?

Same day/today ☐ Waiting on decision ☐ Not sure ☐

Q5a: If you answered Q5 "Same day/today" - are you confident to go home?

Yes ☐ No ☐ Prefer not to say ☐

Q5b: If you answered Q5 "Waiting on decision" - do you know of any delay?

Yes ☐ No ☐ Prefer not to say ☐

Q5c: If you answered Q5 "Not sure" - have you tried to obtain this information?

Yes ☐ No ☐ Prefer not to say ☐

Q6: How confident are you the hospital listens and responds to patient feedback?

Very confident Confident Not very confident No confidence
☐ ☐ ☐ ☐

If you answered Other please tell us here:

Q7: Do you think you are in the right place to receive your treatment today or could you have received the same treatment elsewhere?

Yes No Don't know the alternatives
☐ ☐ ☐

Q8: Did you use the Patient Transport Services today?

Yes No Prefer not to say
☐ ☐ ☐

To help us ensure that we are seeking the views of everyone and understand the makeup of communities in the county, we would like to ask you some questions about yourself. All of these details are treated confidentially and will not be used to identify you in anyway. You do not have to answer any of these questions if you do not want to.

Q1: Are you?

Male Female Transgender Unknown Wasn't Asked Prefer not to say
☐ ☐ ☐ ☐ ☐ ☐

Q2: How old are you?

Under 18 18-24 25-34 35-44 45-54 55-64 65-74 75+ Prefer not to say
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Q3: What is your marital status?

Single Married Divorced Civil Partnership Co-habiting Wasn't Asked Prefer not to say
☐ ☐ ☐ ☐ ☐ ☐ ☐

Q4: What is your ethnic origin?

White British <input type="checkbox"/>	White Irish <input type="checkbox"/>	Black African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Gypsy / Traveller <input type="checkbox"/>	Mixed White & Asian <input type="checkbox"/>	Mixed White & Black African <input type="checkbox"/>	Mixed White & Black Caribbean <input type="checkbox"/>	Any other Mixed background <input type="checkbox"/>	Unknown <input type="checkbox"/>
Chinese <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	Wasn't asked <input type="checkbox"/>

Q5: What is your religion or belief?

Christian <input type="checkbox"/>	Jewish <input type="checkbox"/>	Muslim <input type="checkbox"/>	Buddhist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Sikh <input type="checkbox"/>
All <input type="checkbox"/>	Other Religion <input type="checkbox"/>	None <input type="checkbox"/>	Wasn't Asked <input type="checkbox"/>	Unknown <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

The Equality Act 2010 describes a person as disabled if they have a longstanding physical condition or mental condition that has lasted or is likely to last at least 12 months and this condition has a substantial adverse effect on their ability to carry out normal day to day activities. People with some conditions - cancer, multiple sclerosis and HIV/AIDS, for example, are considered to be disabled from the point of diagnosis.

Q6: Do you consider yourself to be disabled, as set out in the Equality Act 2010?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
---------------------------------	--------------------------------	---

Q7: What is your sexuality?

Heterosexual <input type="checkbox"/>	Gay <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Unknown <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
--	---------------------------------	-------------------------------------	--------------------------------------	-------------------------------------	---

Appendix 2

Hospital:			
Department: Accident & Emergency			
Date:		Time:	
Are you :			
Patient <input type="checkbox"/>	Carer <input type="checkbox"/>	Family Member <input type="checkbox"/>	Other <input type="checkbox"/>
If you answered Other please tell us here:			
Q2: Have you seen a GP in the last two weeks relating to your symptoms today?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
If you answered Q2 'Yes' Please briefly explain your rating:			
Q3: Did you try to obtain a GP appointment in the last two weeks regarding your symptoms today?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
If you answered Q3 'Yes' Please briefly explain:			
Q4: Did you seek advice from NHS 111 and what was the outcome of that call?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
If you answered Q4 'Yes' Please briefly explain:			
Q5: Have you visited a walk-in centre in minor injury unit in the last two weeks?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
If you answered Q2 'Yes' Please briefly explain:			
Q6: Do you think you are in the right place to receive your treatment today or could you have received the same treatment elsewhere?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know the alternatives <input type="checkbox"/>	

Appendix 3

General Survey Tables

Hospital	Responses
EDGH	76
CONQUEST	93
Total	169

Are you:	Patient	Carer	Family Member
EDGH	70	0	5
Conquest	71	4	15
Total	141	4	20

Q1: Rate your care		EDGH	Conquest		EDGH	CON	Overall
Excellent		25	28	%’s	33%	35%	34%
Very Good		31	40		41%	49%	46%
Average		14	10		19%	12%	15%
Poor		2	2		3%	2%	3%
Very Poor		3	1		4%	1%	3%
Blank		1	12				
		76	93		100%	100%	100%

Q2: First Visit		EDGH	Conquest		EDGH	CON	Overall
Yes		39	54	%’s	53%	59%	57%
No		34	37		47%	41%	43%
Prefer not to say		0	0		0%	0%	0%
Blank		3	2				
		76	93		100%	100%	100%

Q2a: Met expectations		EDGH	Conquest		EDGH	CON	Overall
Exceeded expectations		15	15	%’s	30%	32%	31%
Met expectations		28	22		56%	47%	52%
not what expected		7	10		14%	21%	18%
blank		26	46				
		76	93		100%	100%	100%

Q2b: Repeat experience?		EDGH	Conquest		EDGH	CON	Overall
Better		11	11	%’s	42%	28%	34%
Same		13	23		50%	59%	55%
Worse		2	5		8%	13%	11%
Blank		50	54				
		76	93		100%	100%	100%

Q3: Communication during visit		EDGH	Conquest	Overall		EDGH	CON	Overall
excellent		16	17	33	%’s	25%	20%	22%
very good		31	50	81		48%	58%	54%
average		11	14	25		17%	16%	17%
poor		6	3	9		9%	3%	6%
very poor		1	2	3		2%	2%	2%
blank		11	7	18				
		76	93	169		100%	100%	100%

Q4: Kept informed about your visit		EDGH	Conquest	Overall		EDGH	CON	Overall
very informed		30	41	71	%’s	43%	47%	45%
reasonably informed		16	26	42		23%	30%	27%
some information		11	12	23		16%	14%	15%
very little		9	8	17		13%	9%	11%
no idea		3	1	4		4%	1%	3%
blank		7	5	12				
		76	93	169		100%	100%	100%

Q5: Expecting to go home?		EDGH	Conquest	Overall		EDGH	CON	Overall
same day-today		35	63	98	%s	56%	68%	63%
waiting on decision		20	18	38		32%	19%	25%
not sure		7	12	19		11%	13%	12%
blank		14	0	14				
		76	93	169		100%	100%	100%

Q6: Hospital listens to feedback?		EDGH	Conquest	Overall		EDGH	CON	Overall
very confident		17	28	45	%s	30%	41%	36%
confident		25	26	51		44%	38%	41%
not very confident		11	11	22		19%	16%	18%
no confidence		4	3	7		7%	4%	6%
blank		19	25	44				
		76	93	169		100%	100%	100%

Q7: Right place for treatment?		EDGH	Conquest	Overall		EDGH	CON	Overall
yes		62	84	146	%s	90%	92%	91%
no		4	2	6		6%	2%	4%
don't know alternatives		3	5	8		4%	5%	5%
blank		7	2	9				
		76	93	169		100%	100%	100%

Q8: Have you used PTS today?		EDGH	Conquest	Overall		EDGH	CON	Overall
yes		8	8	16	%s	12%	9%	10%
no		57	80	137		88%	91%	90%
Prefer not to say		0	0	0		0%	0%	0%
blank		11	5	16				
		76	93	169		100%	100%	100%

Responses by timeframe (where time frame given)

Start	End		EDGH	CON	Overall
00:00:00	03:59:00	→	1	0	1
04:00:00	07:59:00	→	1	5	6
08:00:00	11:59:00	→	19	25	44
12:00:00	15:59:00	→	22	25	47
16:00:00	19:59:00	→	16	12	28
20:00:00	23:59:00	→	14	17	31
			73	84	157

Q7 - Are you in the right place for treatment (answers given by time marker)

		EDGH	Conquest	Overall
Start	End	Yes	Yes	Yes
00:00:00	03:59:00	1	0	1
04:00:00	07:59:00	1	5	6
08:00:00	11:59:00	16	24	40
12:00:00	15:59:00	18	20	38
16:00:00	19:59:00	14	11	25
20:00:00	23:59:00	11	15	26

A&E specific survey responses

Survey Responses:		
EDGH	67	72%
Conquest	26	28%
Overall	93	

Are you:	Overall	EDGH	CONQ	%s	Overall	EDGH	CONQ
Patient	68	48	20		73%	72%	77%
Carer	7	4	3		8%	6%	12%
Family Member	14	12	2		15%	18%	8%
Other	4	3	1		4%	4%	4%
Blank	0	0	0				
	93	67	26		100%	100%	100%

Seen GP last 2 weeks?	Overall	EDGH	CONQ	%s	Overall	EDGH	CONQ
Yes	27	22	5		30%	33%	21%
No	63	44	19		70%	67%	79%
Prefer not to say	0	0	0		0%	0%	0%
Blank	3	1	2				
	93	67	26		100%	100%	100%

Tried to get GP appointment In the last 2 weeks?	Overall	EDGH	CONQ	%s	Overall	EDGH	CONQ
Yes	26	22	4		29%	33%	17%
No	64	44	20		71%	67%	83%
Prefer not to say	0	0	0		0%	0%	0%
Blank	3	1	2				
	93	67	26		100%	100%	100%

Did you seek advice from 111?	Overall	EDGH	CONQ	%s	Overall	EDGH	CONQ
Yes	15	11	4		16%	16%	16%
No	77	56	21		84%	84%	84%
Prefer not to say	0	0	0		0%	0%	0%
Blank	1	0	1				
	93	67	26		100%	100%	100%

Have you been to an MIU in last 2 weeks?	Overall	EDGH	CONQ		Overall	EDGH	CONQ
Yes	2	2	0	%s	2%	3%	0%
No	87	63	24		97%	95%	100%
Prefer not to say	1	1	0		1%	2%	0%
Blank	3	1	2				
	93	67	26		100%	100%	100%

Do you think you are in the right place?	Overall	EDGH	CONQ		Overall	EDGH	CONQ
Yes	78	57	21	%s	88%	88%	88%
No	6	4	2		7%	6%	8%
Don't know the alternatives	5	4	1		6%	6%	4%
Blank	4	2	2				
	93	67	26		100%	100%	100%

Contact us

Address:

(Freepost)
RTTT-BYBX-KCEY
Healthwatch East Sussex
Barbican Suite
Greencoat House
32 St Leonards Road
Eastbourne
East Sussex
BN21 3UT

Phone: 0333 101 4007

Email: enquiries@healthwatcheastsex.co.uk

Website: www.healthwatcheastsex.co.uk

Disclaimer

This report relates to findings observed on the specific dates set out in the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

We will be making this report publicly available by 30 June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

© Copyright (Healthwatch East Sussex 2016)