healthwatch East Sussex

Observations of patient care at Eastbourne District General Hospital

Published: October 2026

Contents

1 Executive Summary 3

2 Context and aims 5

3 Methodology: What did we do? 7

4 Findings and themes 10

5 Conclusion 18

6 Recommendations 20

7 Response from ESHT 21

8 Appendix 1: Observations Form 22

9 Appendix 2: Engagement Questions 28

About Healthwatch East Sussex

Healthwatch East Sussex is your local health and social care champion.

We make sure NHS leaders and local council decision-makers hear your voice and use your feedback to improve care.

We can also help you to find reliable and trustworthy information and advice.

East Sussex Community Voice

Healthwatch East Sussex is delivered by **East Sussex Community Voice CIC**
www.escv.org.uk
01323 403590

1 Executive Summary

1.1 Purpose

During September 2026, Healthwatch East Sussex staff and volunteers undertook eight observational visits across two wards located at Eastbourne District General Hospital. The purpose was to independently explore how these spaces were operating and share the findings to support East Sussex Healthcare NHS Trust in their delivery of care.

We observed the quality of care, nutrition and hydration support, communication, discharge processes, and ward environment, and spoke to patients, family members, and staff about their experiences.

1.2 Key findings

Patient feedback and our observations identified staff were generally working collaboratively to deliver good quality care, which was consistently patient-centred, and adapted to meet their needs. Staff demonstrated a strong commitment to patients despite operational pressures and environmental limitations.

Patients were overwhelmingly positive about the quality of care and staff interactions they received, both on the two wards, and from other staff in the hospital. Food was also praised for its quality, including adaptations for those with dietary requirements.

Key Strengths

Patient experience and care

- Consistently positive feedback from patients and relatives
- Strong staff-patient interactions observed across both wards
- Effective multidisciplinary and teamwork observed

Nutrition and hydration

- Good quality food with extensive patient choice
- Effective assistance provided to patients requiring support at mealtimes
- Water generally available and accessible to patients

Person-centred care

- Staff routinely encouraged, supported and engaged patients
- Positive examples of dignity, patience and individualised care

However, systemic challenges relating to inappropriate patient placement, discharge processes, staffing pressures and operational infrastructure require attention.

Areas for consideration

Inappropriate placement of patients

- High numbers of medically fit patients remaining on wards
- Patients living with dementia and patients with mental health needs occupying acute beds despite limited health needs

Communication and care planning

- Inconsistent patient understanding of diagnosis, treatment and discharge plans
- Opportunities to improve communication and involvement in discharge planning

Legal and safeguarding processes

- Implementation of Deprivation of Liberty Safeguards (DoLS) processes in line with internal procedures, best practice and legal requirements

Staffing and operational pressures

- Staffing lower than planned levels
- Potential impacts of discharge delays on workforce capacity

Environmental and infrastructure issues

- Limited ward storage resulting in clutter
- Multiple broken dishwashers creating inefficiencies

1.3 Conclusion

Overall, our activity identified caring and committed ward teams delivering good quality care in challenging circumstances. Areas to review include communications with patients, the use of ward space, pre-meal hand cleansing and DoLS implementation.

The most significant issues we heard and saw related less to frontline care delivery, but often to wider system pressures, particularly inappropriate patient placement and issues moving people to more suitable settings for their needs due to a lack of capacity elsewhere.

Addressing these challenges will improve patient experience, release acute bed capacity, support staff wellbeing and help ensure patients receive care in the most appropriate setting for their needs. Section six of this report identifies our recommendations for steps that may address the issues identified.

2 Context and aims

2.1 Background and context

Independently listening to people's experience of local health and social care services supports commissioners and providers to understand patient perspectives and identify changes that may improve their experiences of those services.

As the main acute NHS Trust providing services utilised by residents in East Sussex, public and patient experiences of the services provided by East Sussex Healthcare NHS Trust (ESHT) are a key focus for our work.

Healthwatch East Sussex have previously collaborated with ESHT on several initiatives to explore patient experiences, including:

- Children's experiences of Hospital Care
- Pathways to Emergency Departments and Urgent Treatment Centre's
- What we heard about local Paediatric services
- Experiences of the Bexhill Community Diagnostic Centre
- Patient Experiences of the Sussex Surgical Centre

In mid-2026 we proposed further collaboration with the Trust to undertake observational visits to patient settings to support our understanding of patient experiences and the Trusts priority of providing high-quality care.

Our visits were not inspections, and did not observe or assess clinical practice, but aimed to support the Trust in understanding how key aspects of basic care are delivered, and any areas where patients felt changes may be valuable.

Our visits sought to:

- Identify what is working well from the patient perspective
- Highlight areas where improvements may be needed
- Provide evidence-based recommendations to ESHT
- Strengthen patient voice in local health and care decision-making

2.2 Our aim and objectives

2.1.1 Aim

Our primary aim was to gather independent insights into the quality of basic patient care, the environment, and overall patient experience within selected wards at Eastbourne District General Hospital (EDGH).

2.1.2 Objectives

Our objectives were to:

1. Observe the hospital environment, staff–patient interactions, and general patient experience
2. Speak with patients, carers, and staff (where appropriate) to understand lived experience of using ESHT services
3. Produce a concise clear, accessible and timely Healthwatch report summarising findings and recommendations
4. Share findings with the hospital trust, commissioners, and the public

3 Methodology: What did we do?

3.1 The services we visited

In consultation with ESHT staff, we identified two wards at EDGH to carry out our observational visits. One was primarily for older people and the other for people with medical needs.

We focused on multiple visits to the same two wards on different days and at different times to gather a snapshot of how each operated. This allowed a picture to be built of patient care on each ward and enabled a comparison of how similar tasks were completed on different wards during the same timeframe.

Four visits were made to each ward within a two-week window, with visits undertaken simultaneously to each ward to support direct comparison.

Each observational visit lasted two hours, with timings allowing the periods before and after meals to be observed, as well as staff shift changes. Our visits took place during September 2026, on different days of the week (including weekends), between the following times: 8am until 10am; 11am until 1pm; 4pm until 6pm; and 7pm until 9pm.

We acknowledge that visits made to the same wards in close succession may have led observations to focus on the same or a similar cohort of patients.

3.2 The focus of our observations

An observational form to record ward observations and an engagement form to guide and record our conversations with patients and carers were used during the visits (see Appendix 1 and Appendix 2). These ensured consistency in our observational and engagement approach. Both were shared with ESHT staff before the visits.

Aspects of the observational form were aligned to the Patient Led Assessments of the Care Environment [PLACE] criteria. Our focus included:

- The nature of settings
- Information sharing and communication between clinicians and patients
- Food and drink provision
- Cleanliness
- Continence management

- Dignity and privacy

Briefings with participating Healthwatch staff and volunteers were held before the visits and these outlined:

- the focus of our observations and the recording sheets
- practicalities and logistics for the visits
- being sensitive to the needs of all patients and the operational priorities of staff
- the importance of 'bare below the elbow' and infection control precautions

3.3 Our observational approach

A lead volunteer was appointed as the project co-ordinator. They were the primary point of liaison with the trust, led the briefings, and participated in all the observational visits. They also collated observational feedback after each visit and shared a headline summary to a nominated ESHT contact so urgent issues could be addressed immediately (if applicable).

There were four volunteers at every visit, with two volunteers attending each ward. As most visits were at protected mealtimes, we ensured we met with patients either before or after their meals. Our observation form was completed during mealtimes.

On entering wards, the staff/volunteers identified themselves to the staff present. Volunteers asked if there were any areas of the ward that it would be best to avoid (e.g. any patients experiencing barrier nursing) and any patients who may be distressed by the volunteers visiting.

During the visits we engaged with approximately 25 patients and their families and a wide range of hospital staff including:

- Sister/charge nurses
- Nurses and CSWs (Clinical Support Workers)
- A Consultant
- Doctors
- Housekeeping staff
- A Phlebotomist
- Staff carrying out an audit of equipment to identify what additional items were needed to be resupplied.

3.4 Collating our feedback

Volunteers met briefly at the end of each visit and provided immediate written and verbal feedback to the lead volunteer on key issues identified. The completed recording forms were passed to the lead volunteer for review and collation.

A debriefing meeting took place following the last observational visit to:

- Ensure volunteers had the opportunity to reflect further on their visits
- Collate and summarise the key issues from the visits, including priority themes
- Agree priorities and recommendations
- Identify operational learning to support any future activities or projects

3.5 Acknowledgements

We would like to thank all the ESHT staff involved in organising our visits, the very welcoming and helpful staff on the wards, and the patients, carers and family members who shared their views and experiences.

We greatly appreciate the contribution of our volunteers in developing, co-ordinating and undertaking our observational visits.

4 Findings and themes

Two key themes were identified as priorities in our findings. These were feedback from patients and relatives about their experiences of care, and concerns about the appropriateness of the placement of some patients on the wards we visited.

Our observations on these themes are presented first, with the remainder of this section following the structure of our observational recording sheet (see Appendix 1).

4.1 Feedback from patients and their relatives

Feedback from patients and relatives was overwhelmingly positive about the staff on the two wards, and those from other departments who had supported them during their stay. This was particularly so for the nursing and care staff.

People used the following words to describe the staff:

- "Brilliant"
- "A&E care was outstanding"
- "Very kind"
- "Cannot beat them"
- "Matron and healthcare support workers are really good"
- "They are very good"
- "Attentive"
- "Very good skill levels in the staff team"
- "Nursing is excellent"
- "TVN (Tissue Viability Nurse) has been very good"
- "Couldn't get any better"
- "Exemplary care"

However, one patient, who had a bed in the corridor of the ward described their care as "adequate" and a couple of patients referred to disruptions from others with dementia, especially at night.

4.2 Possible inappropriateness of some patients being on the ward

During our visits, we observed some patients being present on the two wards, which having engaged with them, having heard from other patients, and having discussed their situation with staff, we feel may be inappropriately placed in these settings.

We acknowledge this may be beyond ESHT's control, but feel this worth highlighting, as it may place additional pressure on the staff, and impact the experiences of other patients.

4.2.1 Patient A

Staff identified one patient was being detained under Section 2 of the Mental Health Act 1983. For someone to be sectioned under this Act, the person must have a mental disorder and pose a risk to themselves and/or others. Ordinarily, the person should have been admitted and detained at a mental health unit, such as the Department of Psychiatry in Eastbourne. However, we were informed that no bed was available and they had to remain on the ward at EDGH.

Whilst this patient was always accompanied by a security officer, we were concerned about the potential impacts to others on the ward, especially the other three patients in their bay, two of whom had dementia. The individual was calm during our visit, but we were informed the previous day they exhibited a level of disturbance and agitation that required sedatives to be administered.

We recognise the very difficult situation the staff faced, and the hospital was managing the situation as best they could. This potentially highlights the impact on the Trust of pinch-points in other parts of the NHS.

4.2.2 Patient B

We met a patient who explained they had been on the ward for just one day but been in the hospital a few days. They confirmed they had mental health issues and were in EDGH as there was no bed available in the mental health unit. They confirmed they receive daily visits from the mental health team who have been providing support for some time, including at times the crisis intervention team. They were unsure whether they would receive this support over the weekend but were very appreciative of the support they were receiving from the ward staff.

Like the example above, this is another patient located at EDGH with no apparent nursing or medical needs who requires a placement at a mental health unit so their needs can be appropriately met.

4.2.3 Patient C

We identified a patient subject to a Deprivation of Liberty Safeguard (DoLS) who was always accompanied by a security officer. They had been on the ward for approximately seven weeks.

We met with the patient and their relatives who visit most days. The family were quite critical of some aspects of the patient's hospital experience. Although there have been several tests carried out, the family/patient told us they had not been informed of any diagnoses.

There is a code of practice relating to DoLS, set up under the Mental Capacity Act. This sets out how DoLS should be assessed and carried out. It makes it clear that people who know the person should be involved in the process, especially the part which assesses whether depriving someone of this liberty is in the person's best interest. The process also includes a mental health assessment to assess whether the person has a mental disorder.

From discussions with family members present, they said they had not been involved in the process, as set out in the code of practice. They did not know the details of the DoLS in terms of how long it will be in place, any conditions, and the conclusions of any mental health assessment, which they did not think had been completed. We do acknowledge it was unclear whether any other family members had been involved in the process.

4.3 Patient experience: dignity and respect

All bays on both wards were single sex occupancy, and this was being adhered to.

Curtains were mostly used whenever personal or nursing care was given and patient privacy was maintained. There were a few occasions when curtains did not meet and for one bed, the curtains were not fully attached to the rail, which posed a potential risk to the dignity of the patient.

Some residents were fully dressed, and others were in hospital gowns. The latter are tied at the back and unless they are checked regularly, they can become loose. This meant if a patient was mobile, their dignity may not be fully maintained.

We observed one patient whose bed was in the corridor area of a ward, which reduced the privacy and dignity of the patient. It was reported they were due to be discharged later that day. We also observed a side room on the same ward that had been made into a sharing room for two patients, instead of the usual one. It was extremely cramped and difficult for patients and staff to manoeuvre, and for each patient to have privacy, as they were only separated by a curtain.

We observed a member of staff supporting a patient to the toilet. They interacted well with the person, checking they were alright and ensuring their dignity by holding the person's gown closed when it slipped. This member of staff then cleared the patient's table ready for their meal. Another patient was observed to be provided with a clothes protector at mealtimes, to assist them to keep their clothes clean.

4.4 Patient experience: communication

Generally, staff were observed wearing name badges or their job title was evident on lanyards. On one occasion some staff did not have name badges and so it was not possible to know what role they had. At times it was difficult to identify the job role of staff due to a lack of consistency in the uniforms being worn for set roles. For example, one housekeeper had a different colour uniform to others in the same role. This may confuse patients or family members.

From observations and talking with patients, call bells were in reach of patients. During our visits, call bells went off very rarely, so it was not possible to assess if these were always answered promptly.

Most patients said they felt listened to and hospital staff answered any questions they had. Some patients felt some staff listened better than others. Patients also generally felt staff gave them time and were good at explaining things. Where necessary, most patients also indicated their families had been involved in discussions about their care.

However, we received a mixed response in terms of whether patients knew what was going on related to diagnoses, treatment and discharge.

Examples of situations described to us by patients included:

- A patient knew exactly what was happening for them, the diagnoses and were expecting to be discharged the following day. This person felt they had "most definitely" been listened to.
- A patient said they knew about the diagnosis and the treatment but not the discharge from hospital. Conversely, we heard from a patient who stated that they were going home the following day but said they did not know about their treatment or the diagnoses. One patient told us they had "no idea" about their diagnoses or discharge.
- One patient said they knew about the diagnosis and the treatment but not the discharge from hospital. They didn't understand why they cannot return home as they are walking on their own using their walking frame.

- A patient fold us they have been fast tracked to end of life care at home and are keen to return home. The problem has been the delay in the discharge.

- One patient had been on the ward for three to four days. They hoped to return home, and staff had spoken to them about the Joint Community Rehabilitation Team, which they were anticipating may help them to get home sooner.
- Several patients told us they were aware of aspects of their diagnoses, treatment and discharge, but were not always clear on all the aspects, or the timings or next steps.

We heard from one patient with diabetes who felt they weren't being listened to about the monitoring of their blood sugar, and how and when changing levels needs to be acted on by staff. Whilst staff were undertaking regular checks, they felt they knew their own body and what worked for them.

4.5 Environment and Facilities

On all visits, wards were observed to be running well, in a calm and relaxed manner. We observed staff getting on quietly and efficiently with their jobs.

Storage is often an issue for hospitals. As a result, there is a wide array of medical equipment located on wards. These are generally in corridors and similar spaces due a lack of alternatives. From observations, this is managed as well as possible under the circumstances. Equipment was nearly always to the side of corridors to minimise its intrusion into walkways.

There was some clutter on both wards, especially in corridors. For example, on one ward, a fan had been left on the floor in the corridor, and this provided some obstruction for people to move around the ward. Similarly, on two visits to one ward, a door marked 'Fire door, keep shut' was partially blocked by waste and then by a trolley. These examples were resolved by staff but highlight the challenges for space.

Generally, both wards were clean and tidy. There were a few exceptions, such as one visit to one ward when a bay was observed as in need of cleaning.

Housekeepers informed us that many of the dishwashers used by the wards are broken. This was the case on one of the wards we visited. Housekeepers explained that as a result, they had to take such items as beakers and water jugs to another area where a dishwasher was known to be working. Often there may be a queue of housekeepers to use these, as so many dishwashers are broken.

4.6 Staff Interactions and Culture

Patients and relatives provided very positive feedback on the staff, as stated above.

During one visit, a patient began to choke on their food. Staff responded very quickly and effectively, and the matter was effectively resolved.

We observed good communication between staff and patients. For example, a Clinical Support Worker (CSW) was overheard supporting a patient with continence care. Another gently woke a patient and prepared them for their breakfast. This CSW was observed to interact with multiple patients in a very effective and congenial manner, whilst meeting their individual needs and consistently washed their hands between supporting different patients, following good infection control procedures.

Other CSWs were observed, on the same ward, encouraging patients with their independence and supporting a patient with a jigsaw puzzle to help occupy them. Patients were observed not to be left unattended.

Volunteers concluded there was a friendly atmosphere on the wards with nursing and care staff working well together as a team and effectively meeting patient needs in a thoughtful, patient and caring manner.

4.7 Food, Drink and Nutrition

Overall, patients were supported with their food and drink requirements.

Generally positive mealtime support

- We saw several examples of staff and volunteers providing patient-centred support, including helping patients prepare for meals, offering encouragement, engaging in conversation, and assisting at the patient's pace.
- However, one Care Support Worker was observed feeding a patient without interaction, explanation, or eye-level engagement, demonstrating a task-focused rather than person-centred approach.

Good menu choice and effective support for communication and dietary needs

- Most patients praised the quality and variety of food, with comments such as "the best hospital menu I've ever seen" and "excellent."
- Staff actively consulted patients about meal choices, and pictorial menus supported people living with dementia or communication difficulties.
- The hospital was also commended by a patient for adapting meals to meet their complex dietary requirements.

Good hydration practices, with appropriate individualised adjustments

- Water was generally available and within reach of most patients.
- One patient living with dementia had water temporarily placed out of reach during meals because they were known to pour drinks onto food; staff returned water once the meal was finished and provided prompts and supervision to support eating.

Some concerns about meal preparation and infection control practices

- Most patients were appropriately positioned and prepared for meals, but one patient had to pull their meal onto their lap because their table had not been cleared beforehand.
- No hand wipes were provided on meal trays, and patients were not observed being encouraged or supported to clean their hands before mealtimes.

Instances where nutritional support and monitoring could be improved

- One patient appeared asleep with an untouched meal; although staff explained they encouraged them to eat and were regularly offered alternatives.
- Another patient was left with food placed nearby but received no observed assistance or encouragement to eat, and a fan directed at the meal caused it to cool more quickly, potentially reducing its appeal.

4.8 Additional observations and comments from patients and relatives

One patient had been an inpatient at the EDGH about four years ago. Their conclusion was their experience was much better this time and stated “there have been massive improvements since four years ago”.

Some patients thought that one area for improvement would be the provision of a television on the ward, as no televisions were seen on either ward, and some patients told us they were bored and lacked mental stimulation.

We asked senior staff on the ward about any patients ready for discharge and they confirmed that many were but remained in the hospital for a range of reasons. For example, on one day on one ward, we were informed that of the 23 patients, 11 were medically fit and ready for discharge.

On the ward designated for general medical needs, at the time of our visits’ patients had varied diagnoses. This meant staff were seeking to cater for a range of different

patient needs and requirements, whilst some awaited a bed on specialist wards or a transfer to other settings.

4.9 Staffing levels

We checked with senior staff about the staffing levels on duty on some visits.

On our weekend visit, both wards reported a full complement of nursing and care staff. However, on other days, there were some shortfalls. We heard that on occasion staff were transferred from other wards to ensure staff the numbers and mix were sufficient.

5 Conclusion

Patient feedback and our observations from visits to both wards indicate a largely positive picture of compassionate, patient-focused care being delivered by committed staff working under significant operational pressures.

Patients and relatives consistently described care in positive terms, and our observations identified multiple examples of respectful, caring and effective interactions between staff and patients. Nurses, care support workers and other staff were frequently observed working together to support patients' physical, emotional and nutritional needs, demonstrating a team approach and a commitment to person-centred care. Despite some staffing shortages and varied patient needs, the quality of day-to-day care observed remained high.

The most significant concern identified was the number of patients who appeared to be inappropriately placed within the wards visited. Several patients living with mental health needs, appeared to have little or no ongoing acute medical requirement but remained due to difficulties securing appropriate alternatives. This may have implications for the wellbeing of those individuals but also place additional demands on ward staff and reduce capacity for others requiring acute hospital care. Staff reported patients medically fit for discharge continuing to occupy beds for extended periods, highlighting wider system pressures beyond the control of ward teams.

Communication with patients regarding diagnosis, treatment and discharge planning was variable. While some patients demonstrated a clear understanding of their care journey, others remained uncertain about their diagnosis, treatment plans or likely discharge arrangements. Improving consistency in communication and involving patients and families earlier and more effectively in discharge planning may enhance patient experience and support informed decision-making. Similarly, ensuring Deprivation of Liberty Safeguard assessments are completed in line with internal processes and best practice may support compliance and ensure legal safeguards are fully implemented.

Several environmental and operational challenges were observed, including limited ward storage, broken dishwashing facilities and staffing levels that were occasionally below planned establishments. Whilst staff generally adapted well to these constraints, they may create inefficiencies and place further pressure on already stretched teams.

Overall, our visits found dedicated staff providing good quality, compassionate care in challenging circumstances. The principal areas identified as requiring attention do not

relate to the commitment or quality of frontline staff, but rather to systemic issues around patient flow, discharge delays, placement availability, communication processes and operational infrastructure. Addressing these challenges will be essential to sustaining the high standards of care observed and ensuring patients receive the right care, in the right place, at the right time.

6 Recommendations

6.1 East Sussex Healthcare NHS Trust

1. Maintain strategic level discussions with Sussex Partnership NHS Foundation Trust (SPFT) to understand and act on the issues of people experiencing mental health symptoms and people living with dementia occupying beds at EDGH (and other acute sites), so people receive care and support in the most appropriate setting for their mental health and physical needs.
2. Undertake periodic reviews to assess the way in which information is communicated to patients and their families, to ensure they are fully informed and involved in their care, treatment and discharge.
3. Work to ensure the Deprivation of Liberty Safeguard (DoLS) process currently in place in ESHT is consistently implemented and reflects best practice, especially the appropriate involvement of family members.
4. Seek to maintain the dignity of patients through double gowning (where appropriate) and by encouraging patients to get dressed.
5. Undertake regular unannounced spot checks on all wards to ensure fire doors are not blocked and are functioning appropriately.
6. Ensure staff pro-actively encourage patient hand hygiene in advance of mealtimes and make cleansing wipes available.
7. Audit all dishwashers to assess how many are broken and develop a programme to repair and maintain these facilities or develop alternatives to minimise disruption to housekeeping provision.

6.2 Healthwatch East Sussex

8. Explore with ESHT further opportunities for collaboration to observe patient care and gather patient experiences at Eastbourne District General Hospital or other patient settings operated by the Trust.
9. Continue to monitor feedback from users of ESHT acute and community services and share insight with the Trust, NHS Surrey and Sussex, Healthwatch England and other stakeholders as appropriate.

7 Response from ESHT

East Sussex Healthcare NHS Trust welcomes the Healthwatch East Sussex report and thanks the authorised representatives for taking the time to observe and speak with patients during the visits to EDGH.

We are pleased that the overall findings were largely positive and reflected compassionate, patient-centred care. We also welcome the areas identified for further improvement and will use these findings alongside our wider patient-experience and governance information to support continued learning.

In response to the recommendations, we propose to highlight the following:

- Patients requiring mental health support: ESHT will continue its joint working with Sussex Partnership NHS Foundation Trust (SPFT) to review pathways, escalation arrangements and the experience of patients who may be cared for in an acute hospital setting while awaiting more appropriate mental health provision. Existing ESHT–SPFT discussions provide a route for concerns to be escalated and opportunities for improvement to be identified jointly
- Quality walks, will now include hand hygiene, ensure the process has been followed for Deprivation of Liberty Safeguard and where possible patients are dressed or appropriately dressed to maintain their dignity
- Dishwashers: The observations relating dishwashers has been shared with the relevant facilities teams
- Learning and assurance: Actions arising from the report will be shared with the appropriate operational and governance teams

Overall, the Trust values its collaborative relationship with Healthwatch East Sussex and the independent insight these visits provide.

We welcome the opportunity to continue this work and to discuss future observational activity in 2027.

8 Appendix 1: Observations Form

Hospital Observations: Recording Sheet 2026

1. Visit details

Date of visit	
Time (start–end)	Start: End:
Hospital name	
Ward name	
Ward type/service speciality	
Ward manager on duty	
Healthwatch Authorised Representatives (names)	

2. First Impressions

	Yes	Mostly	No
Clear signage displayed	☐	☐	☐
Ward tidy and free from clutter	☐	☐	☐
Space feels calm and safe	☐	☐	☐
Staff visible and approachable	☐	☐	☐
Additional observations:			

3. Patient Experience

Dignity and respect

	Yes	Mostly	No
Is the ward/bay single sex occupancy	☐	-	☐
Curtains/screens used appropriately	☐	☐	☐
Privacy maintained during patient care	☐	☐	☐
Are all patients dressed / covered in a way that protects their dignity at all times?			
Any clinical/medical patient data on view?	☐	☐	☐
Additional observations:			

Communication

	Yes	Mostly	No
Staff have name and role badges	☐	☐	☐
Call bells within reach	☐	☐	☐
Call bells answered promptly	☐	☐	☐
Staff adapt communication for cognitive impairment or dementia?			
Communication aids used e.g. translation/interpretation tools *(if applicable)*	☐	☐	☐
Additional observations:			

4. Environment and Facilities

	Yes	Mostly	No
Lighting appropriate	☐	☐	☐
Comfortable temperature/ventilation	☐	☐	☐
Bed areas clean	☐	☐	☐
Toilets/bathrooms clean	☐	☐	☐
Mobility aids accessible to patients	☐	☐	☐
Ward/bay tidy and no obstructions	☐	☐	☐
Additional observations:			

5. Staff Interactions & Culture

	Yes	Mostly	No
Staff responsive to patient needs	☐	☐	☐
Staff approachable to patients/carers	☐	☐	☐
Good teamwork observed	☐	☐	☐
Additional observations:			

6. Food, Drink and Nutrition

	Yes	Mostly	No
Patients always have access to fresh drinking water	☐	☐	☐
Drinks within reach	☐	☐	☐
Menu choices provided to patients	☐	☐	☐
Patients supported to order meals	☐	☐	☐
Patients' areas clearly readied for the meal service e.g. all unnecessary items removed from the table top, table top cleaned where necessary?	☐	☐	☐
Patients offered the chance to wash/clean their hands prior to the food service?	☐	☐	☐
Were patients made ready for the meal service, i.e. helped to sit up in bed, or sitting out?	☐	☐	☐

Did all patients in the ward/bay receive their meal at the same time?	☐	☐	☐
Are packaged foods opened and placed on a plate for patients identified with having difficulty opening packages?	☐	☐	☐
Were suitable crockery and cutlery (includes adapted where appropriate) provided that, where appropriate, contrasts with tables and trays?	☐	☐	☐
Patients supported to eat/drink	☐	☐	☐
Protected mealtimes observed	☐	☐	☐
Staff were active and involved in the delivery of the food	☐	☐	☐

Additional observations:

7. Feedback

Number of staff spoken to	
Number of patients spoken to	
Relatives/carers spoken to	

Patient feedback

Relatives and carers feedback

Staff feedback

8. Summary of observations

Strengths:

Areas for improvement:

Themes emerging:

9 Appendix 2: Engagement Questions

Patient engagement questions: Hospital observation project 2026

Visit details

Date of visit	
Time (start-end)	**Start:** **End:**
Hospital name	
Ward name	
Ward type/service speciality	
Ward manager on duty	
Healthwatch authorised representatives	

1. How long have you been in hospital and on this ward?

2. Have staff spoken with you about your diagnosis/treatment and when you are likely to be discharged from the hospital?

3. Do you feel you have been listened to and your views have been taken into account?

4. How happy are you with the care you have received whilst being in the hospital, both on this ward and prior to moving into the ward?

5. Are you offered a choice of food, and what's your opinion of the quality of the food?

6. What aspects of the hospital and the ward have been very good?

7. What aspects of the hospital and the ward could be improved?

healthwatch East Sussex

Healthwatch East Sussex
The Old Printworks
Commercial Road
Eastbourne
East Sussex
BN21 3XQ

www.healthwatcheastsussex.co.uk
t: 0333 101 4007
e: enquiries@healthwatcheastsussex.co.uk
@HealthwatchES
Facebook.com/Healthwatcheastsussex