

# **Enter and View 2023: ESHT Emergency Departments and Urgent Treatment Centres**

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# 1. Context and aims

## 1.1 Background

In August 2023, Healthwatch East Sussex (HWES) sent 19 authorised representatives (a mixture of both HWES staff and volunteers) to engage with and hear from patients who accessed care at East Sussex Healthcare Trust (ESHT) Emergency Departments (ED) and Urgent Treatment Centres (UTC), located at Eastbourne District General Hospital (EDGH) and at Conquest Hospital (CQ) in Hastings.

Our authorised representatives heard from **138 patients** over two 22-hour periods, asking patients about their experiences using either the ED or UTC.

In addition to engaging with patients, hourly observations of the departments were made, taking note of the number of people occupying the waiting room, waiting at reception, and any other significant information that our authorised representatives felt should be recorded.

This activity was undertaken as part of a larger, rolling programme of activity that HWES is working on in partnership with ESHT during 2023 and 2024.

It was undertaken as an **Enter and View**. Local Healthwatch organisations have the power to 'Enter and View' health and care providers so that our authorised representatives can observe matters relating to health and social care services. The purpose of an Enter and View visit is to collect evidence of what works well and what could be improved to make people's experiences better.

HWES would like to thank all the ESHT staff who supported this piece of work and who work to care for patients using the ED and UTC.

## 1.2 Context

During 2022/2023, ESHT treated **152,068** patients in ED and UTC, there has been a steady rise in the number of patients accessing ED and UTC over the past two years.

Urgent and Emergency Care (UEC) services play a critical role in ensuring that the people in East Sussex can access care when they need it the most. UEC services are divided into two essential but different services: ED, and UTC.

**Emergency care** services respond to life-threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and at an **Emergency Department**.

**Urgent care** services involve any non-life-threatening illness or injury needing urgent attention. These may be dealt with by phone consultation through the NHS 111 service, pharmacy advice, out-of-hours GP appointments, and/or a referral to an **Urgent Treatment Centre (UTC)**.

## 1.3 Our aims

Healthwatch East Sussex's aims were:

1. To establish which pathways are leading patients to the ED and to the UTC.
2. To gain insight into patients' experiences of using the recently introduced 'electronic self-check-in' service used to check patients in to the ED and UTC.
3. To better understand what could be done to improve patients' overall experience when using the ED or UTC.

In addition, **ESHT** were keen to know what patients' thoughts were on:

1. The waiting area **environment**
2. What 'quality of care' means to patients

## 2. Methodology – what did we do and how?

It was agreed with ESHT that our authorised representatives would visit the ED's and UTC's at EDGH and CQ during August 2023.

Each site provides both an ED and a UTC.

Authorised representatives spent 22 consecutive hours in each ED's and UTC (16 August and 17 August 2023 8am start and 6am finish).

A continuous period was spent in the departments to allow us to gather experiences from patients attending at different times of day and night and to observe how services operated over a single extended block of time.

At both sites, our authorised representatives engaged with patients waiting in dedicated waiting spaces for the ED's and UTC's.

Patients were asked 17 questions in an informal discussion style format, where our authorised representatives verbally asked patients our questions and recorded their responses. The questions can be found at the end of this report in Appendix B.

We chose to undertake engagement in this manner for three main reasons:

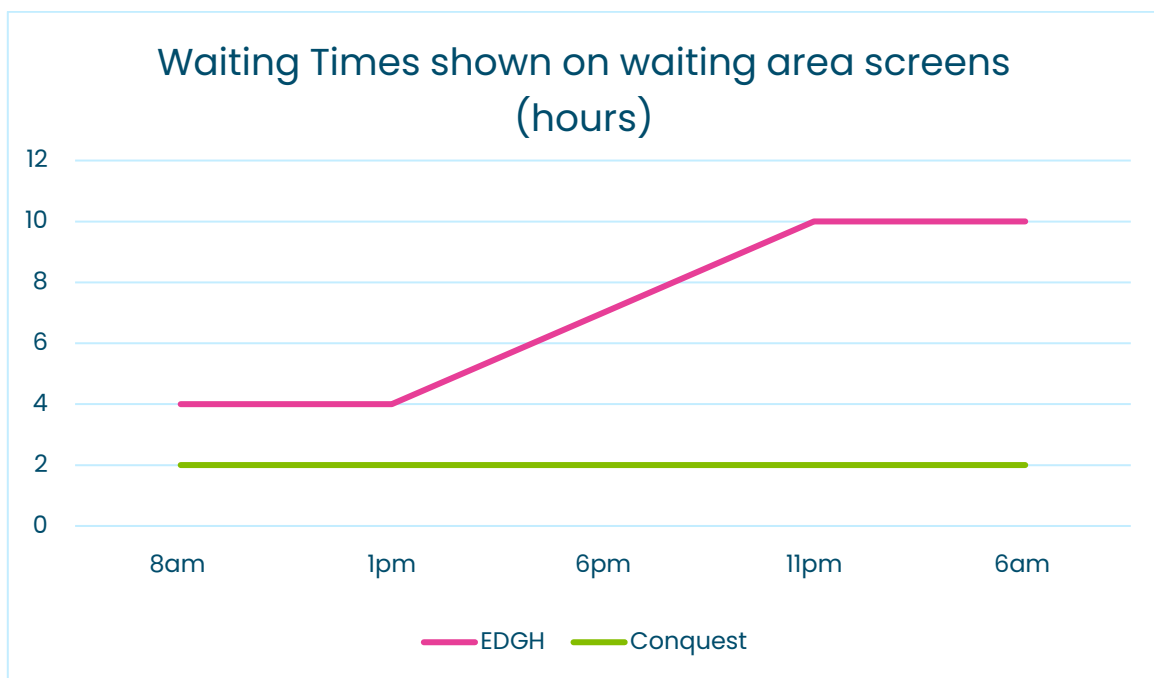
1. We felt that we would be able to gather more detailed information from patients this way (including quotes about their experience).
2. We understood that many patients attending the department may be too unwell to potentially complete a survey themselves and we did not wish to cause any further harm or distress.
3. We understood that some patients may not be comfortable or able to complete a survey themselves due to a number of potential issues, such as low literacy levels, language barriers etc.

Unless specified, all percentages shown are a percentage of 138, the total number of **people we engaged with**. Please note that not all patients answered every question posed. For clarity, the number of patients who answered each question has been included in Appendix B.

# 3. Site observations

During our visits to the two departments, our authorised representatives made hourly observations of the waiting areas dedicated to both the ED's and UTC's.

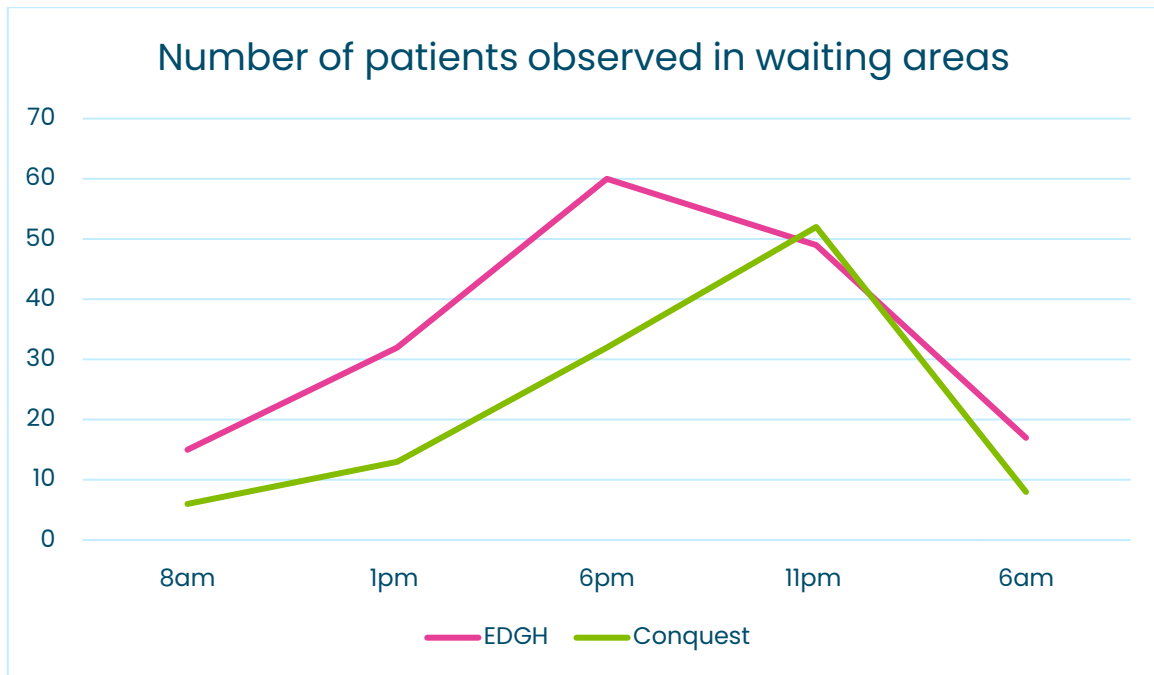
They noted the waiting times shown on the electronic screens in the waiting areas, as well as the number of people they observed in those spaces. They also recorded observations on when cleaners were seen in the department, when and how many security staff were present and anything else they felt should be recorded which may have affected patient experiences and perceptions.



The waiting time shown at EDGH gradually rose throughout our visit, starting at 4 hours at the beginning of our visit at 8am, and rising to 10 hours at 11pm and staying there until the end of our visit at 6am.

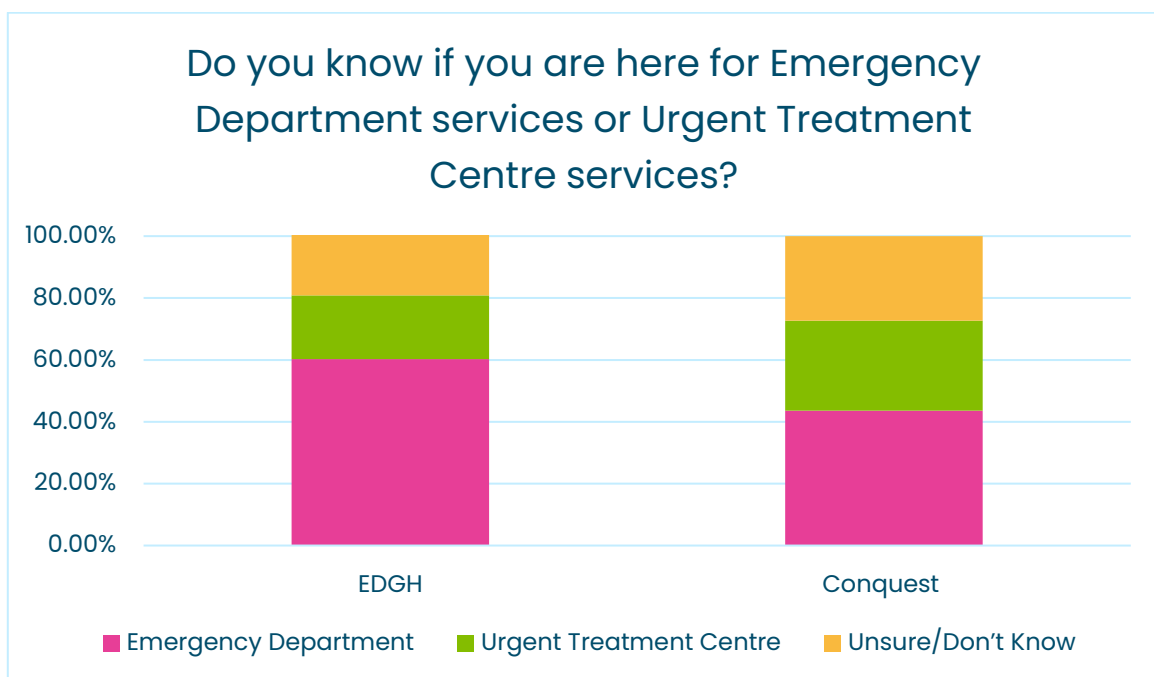
In contrast, the waiting time shown at the CQ stayed at 2 hours for the entirety of our visit. Our authorised representatives queried this with department staff and were informed that the waiting time displayed on the screen was not being updated.

Our authorised representatives were unsure if the waiting time shown referred to wait until seen, or wait until discharge, and when we queried this with hospital staff, they were unsure of the answer.



The number of patients observed in the waiting areas followed a similar trend at both EDGH and the CQ, with the highest number of people being observed in the department during times when other healthcare services (e.g. GPs, pharmacies) are generally less or not available (5pm to 11pm).

Across both sites just over half, **52.1% (72)**, of patients engaged with told us that they were attending the hospital for Emergency Services. A further **23.1% (32)** told us that they were attending UTC, and the remaining **22.4% (31)** patients were unsure which pathway they were on. The below table shows the breakdown by site.





## 3.1 What else did we see/hear?

A number of other issues were flagged by both patients and authorised representatives that we felt were important to include in our report. These included:

1. Patients presenting to the ED with mental health concerns had to wait for extended periods of time before a mental health bed was available for them. Mental health needs are met by Sussex Partnership Foundation Trust (SPFT) rather than ESHT. To meet the needs of patients waiting to be seen by SPFT, ESHT do have a small, dedicated space on each acute site within ED but this space is often being used and therefore mental health patients are required to wait in the waiting room. One patient told us that they had been waiting more than 12 hours.
2. There was confusion at both sites around who was able to use the smaller paediatric waiting areas. Some carers assumed that these were dedicated children's waiting areas, but staff informed our authorised representatives that this is not the case, and only patients and carers signposted there by staff should use these spaces.
3. Our authorised representatives raised concerns over the hygiene levels in the waiting rooms and the patient toilets in both departments. During the 22-hour period cleaners were only observed twice cleaning the bathrooms, and not observed cleaning the waiting rooms at all. ESHT is required to undertake regular cleaning audits and score are monitored.
4. The number of toilets available for patient use is very low considering the high number of people attending the department. Our authorised representatives also noted that the bathrooms were not particularly clean (most notable at EDGH), nor did they feel very safe. For example, at the CQ the bathrooms are located outside of the department's waiting area, down a corridor which is used to store equipment, and this makes it feel somewhat unsafe for patients, particularly when they are alone at nighttime, as it is out of the view of either staff or patients.
5. There were concerns that the department did not have staff trained in supporting children and young people's mental health. It was observed at the CQ that a young person attended the department after a suicide attempt and was sent home to wait for psychiatric support later as there was not a staff member on site with the training needed to support them. Although ESHT have paediatric nurses available in the departments, SPFT would be responsible for meeting the

needs of any patients requiring mental health support.

6. Patients were waiting for results in the waiting areas for a significant amount of time. Several patients told us they had waited between 4 and 6 hours to get test results. During our time at EDGH, hospital staff made an announcement (at roughly 11pm) asking all patients waiting for results to go home, unless they had chest pains.

# 4. Key findings

We identified **5 key themes** which were repeatedly raised by the patients we heard from; these were:

## 4.1 The Patient Pathway

### 4.1.1 Why choose the ED/UTC?

With increasing numbers of people attending ED's and UTC'S, both locally and nationwide, we felt it was important to explore why patients were using these services instead of another health or care service.

We wanted to hear if people had used other services before going to the hospital, or if it was their first choice.

The main reasons patients told us they chose to attend the ED or UTC were:

1. They felt it was the most appropriate service for them to use.
2. They were referred by a healthcare professional.
3. They were unable to get an appointment with a GP or access another service.

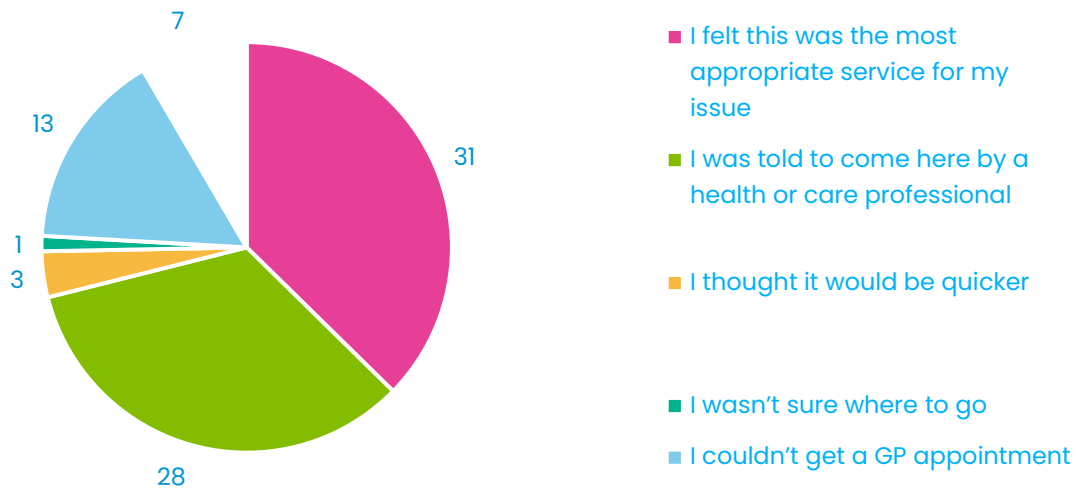
Of the patients surveyed over both sites, **30.4% (42)** were referred to the ED or UTC by a health care professional, with the largest proportion being referred by NHS 111 at **19.5% (27)**, and the second largest proportion, **13% (18)** being referred by a GP.

A somewhat higher proportion of patients were referred to the departments by health care professionals at CQ – **40.4% (21)** compared to EDGH, **29.2% (21)** – although we did not collect any information on why this was.

**9.4% (13)** of patients chose to come to the hospital as they were unable to get a GP appointment and felt that they needed to be seen.

*“There were no doctors at my (GP) practice.” / “My GP surgery was closed for training.”*

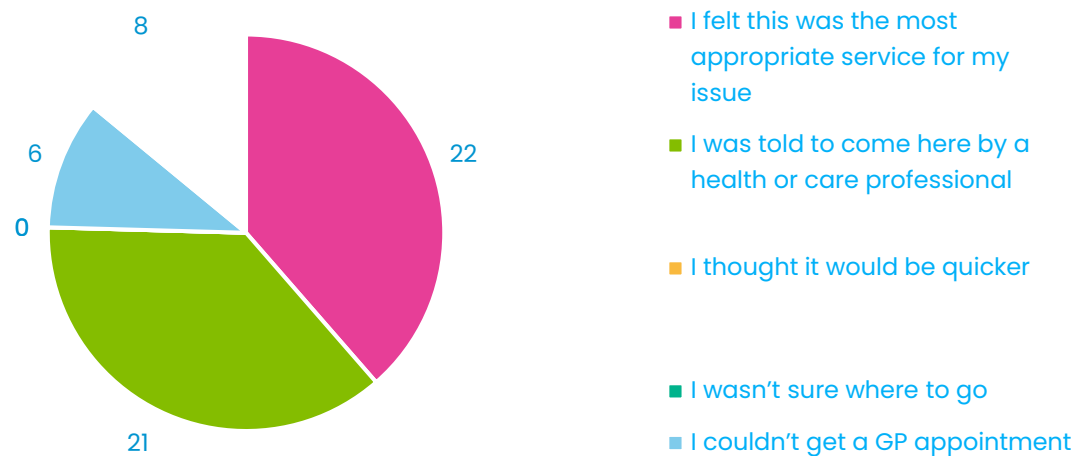
### Why did you come here today instead of another health service? – EDGH



Other (please specify) included:

- No dentist appointment
- couldn't stop bleeding

### Why did you come here today instead of another health service? – CQ



Other (please specify) included:

- On holiday
- Not registered with a GP
- From out of area

While **38.8% (95)** of the patients surveyed at both sites felt that the ED or UTC was the only place they could receive the right treatment for their problem, **13% (18)** felt that they could have been seen elsewhere, for example at a GP practice, if that service had been available to them.

*“If there was another service, I would've used it, but there wasn't”  
/ “I tried the emergency dentist, but there was no answer.”*

## **4.2 NHS 111 referrals to the ED**

Of the patients we spoke to, **19.5% (27)** were referred to the ED or UTC by NHS 111.

Multiple patients we spoke to told us that NHS 111 had either told them not to sign in using the electronic check-in system and speak directly to reception, or that NHS 111 had booked them an appointment and that they did not need to sign in at all, but simply wait in the waiting area.

Unfortunately, this created confusion with patients and hospital staff as ESHT have informed us that NHS 111 are not able to organise appointments for patients. This led to patients spending several hours waiting to be seen when they were not in the system/queue due to not 'checking in'.

## **4.3 Electronic self-check-in service**

Both HWES and ESHT were keen to explore patients' experiences of the electronic self-check-in service which is now in use in both EDGH and CQ ED.

The electronic self-check-in service is a system which allows patients to check into the departments using a tablet. The tablet asks patients to input their personal details and details of the issue which has brought them to the department. The electronic self-check-in system is now the primary way in which patients are asked to check in, rather than to engage with a member of staff on reception.

Unfortunately, due to a technical fault, the electronic self-check-in system was not available for patient use at EDGH from 8:00am to 4:00pm, so we were only able to gather limited feedback at this site.

Due to its unavailability for the first 8 hours of our visit, only **12.1% (7 out of 58)** of patients at EDGH used the self-check-in system. In contrast, whilst the self-check-in system was

functional for the entire 22-hour duration of our visit at the CQ, only 41.9% (23 out of 55) of patients used it.

26% (36) of respondents across both sites felt that they required some support to use the self-check-in system. This included peoples' experiences of using the system on previous visits.

Patients told us that there were several issues which hindered their ability to use the system:

- Some were in too much pain or felt too unwell to sign themselves in
- Some felt the system was confusing and lengthy and that it would be simpler to check in at reception
- Some patients told us that they tried to sign in with the self-check-in system, but it was unable to identify their details and they then had to speak to reception staff anyway
- Some patients found it difficult to use the self-check-in system due to a support need, such as a physical, sensory, learning difficulty or language barrier

*"I tried to check in but it couldn't find my details" / "It's very lengthy" / "I'm in too much pain to use it."*

Patients raised their concern that the questions within the self-check-in system are rigid. Patients felt that they did not appear to consider the fact that patients may present with multiple medical issues.

It was also raised by several patients that the system failed to consider patients' potential disabilities or sensory impairments. For example, the tablets used to access the self-check-in system were **not easily accessible to patients using wheelchairs**. At both sites, it was noted that there was only one wheelchair height tablet which was not adjustable, making using the system fundamentally inaccessible to some patients.

Also, when signing in using the system, patients were not given the opportunity to disclose any disabilities, sensory impairments, or additional needs that might affect how staff need to support them or communicate with them.

Parents/guardians attending with patients under the age of 18 told us that the system was difficult to navigate when signing a child in. They told us that the questions jumped from parent to child and back at several intervals.

Hospital staff told us that they did **not** feel that the electronic self-check-in system was working effectively and that they were triaging patients a second time, after they had signed in using the electronic check-in system. This meant that patients were effectively being triaged twice, creating ineffective working practices, and potentially wasting both staff and patients' time.

## 4.4 Communication

### 4.4.1 Patient calling system

A major theme raised by patients during this activity was the perceived **inefficiency** of the system used to call waiting patients to be seen. Hospital staff, often clinical, would enter the main waiting area to verbally call patients by name to call them into the appropriate room to be seen.

At both sites, the layout of the waiting rooms made it difficult for staff to find their patients, as there were multiple areas in which patients could seat themselves to wait. This meant that clinical staff were having to spend significant amounts of time looking for their patients.

This was a particular issue at EDGH, where due to the limited capacity of the waiting room, patients were sometimes forced to seat themselves in adjacent departments' waiting areas when the ED waiting area was at maximum capacity.

Other issues with the patient calling system identified by patients during our visits were:

- Noisy waiting rooms made it difficult for patients to hear their names being called.
- Some patients had additional needs which made it difficult for them to hear or respond to their names being called, for example, deafness or dementia.
- Some patients found it difficult to understand the different accents of hospital staff, particularly when noise levels were high.

Another issue flagged by patients and authorised representatives, was that the calling system essentially trapped patients in the waiting area for hours on end without adequate access to food and drink. Although vending machines are located close to the waiting room, the options were limited and did not appear to offer healthy choices or cater to those with dietary needs. This meant that if patients left the waiting area to visit the café, they risked missing their name being called and being removed from the system without them knowing.

## 4.5 Understanding the different pathways

Many of the patients spoken to during our visits expressed confusion over the differences between ED's and the UTC's.

Patients told us:

1. They did not know the differences between ED and UTC
2. They were unsure which service they were assigned to for their care and treatment.

They did not understand why waiting times were long, or how patients were prioritised.

*"I was told to come by GP, but unsure if it's UTC or ED"*

*"I would like more information on what's happening, when it will happen, who I will see etc"*

## 4.6 Communication with patients

Patients told us that they felt there should be **better communication** between staff and patients.

Many told us that although their initial triage and preliminary tests were done very quickly, afterwards, some patients did not speak to a member of staff for as much as 4 hours with no updates on what would happen next in their treatment.

*"I want to be kept up to date, not knowing what comes next is hard."*

*"I want to be informed of where I am in the queue, I've just been left"*

Not all patients felt that communication was poor, some told us that they felt that staff had been very supportive and helpful in their journey through the department.

*"Been triaged and now seen doctor who explained what was happening and what test will be carried out"*

*"Wait was far too long, but care is brilliant when seen".*



## 4.7 Patient expectations

During our visit, we asked patients 'did your visit meet your expectations today?' and 58.9% (81) patients told us that their visit **did** meet their expectations.

Unfortunately, we did not gather enough information around what patients' expectations were in order to make any observations or recommendations on how patients' expectations could be better managed.

## 4.8 An improved patient experience

We asked patients 4 questions about how the patient experience could be improved in the ED's and UTC's.

When asked "What would a good experience of the ED look like to you? Could anything have improved your experience today?" patients told us they wanted:

*"More accurate idea of waiting times"*

*"Should be quick, we should be listened to, given the correct advice and sent in right direction after discharge."*

*"Staff should be understanding, meet our needs, be autism aware, listen, not be condescending and be caring"*

*"Shorter waiting times"*

*"More doctors and better communication"*

*"More information on what's happening, when it will happen, who will see etc. better communication."*

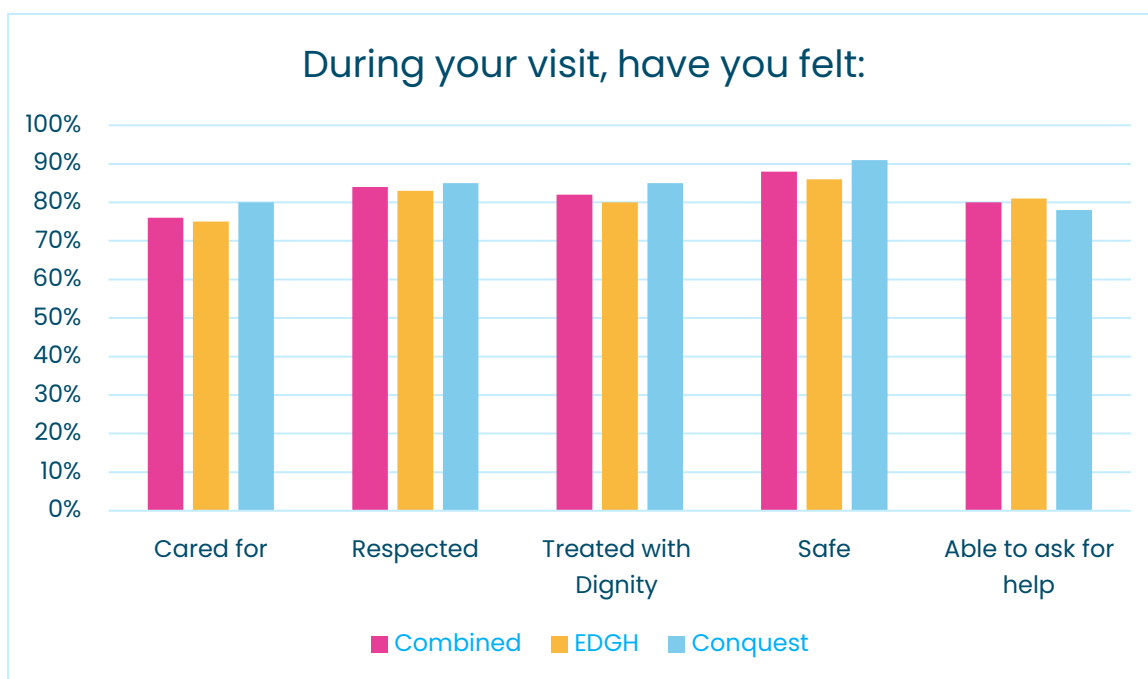
When asked "What do you think about the waiting area? How could it be improved?" patients said:

EDGH:	CQ:
What works well: "The children's waiting room"	What works well: "Enough room" "Light, airy, clean"
What could be improved: "More space between chairs"	What could be improved: "Waiting room is very loud"

<p>"More chairs"</p> <p>"Chairs could be more comfortable"</p> <p>"More privacy"</p> <p>"Better facilities in the waiting room"</p>	<p>"More vending machines available"</p> <p>"Chairs uncomfortable"</p> <p>"The waiting room could be more colourful"</p>
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We asked patients *"During your visit, have you felt cared for, respected, treated with dignity, safe and able to ask for help or support from staff?"*

Over 70% of patients across both sites felt cared for, respected, treated with dignity, safe and able to ask staff for help or support.



We asked, *"What does quality of care (or good quality care) mean to you?"* and patients identified three main areas which they felt affected the quality of the care they received the most. These were: **environment, staff, and expectations.**

- Patients wanted an environment that felt safe and comfortable
- Patients wanted staff to be helpful and caring, thoughtful, honest, who listened, were compassionate, empathetic, and respectful
- Patients wanted their expectations to be managed. They want better communication so that they know what is happening with their care, they want to be seen quickly and get the right diagnosis and treatment

## 4.9 Keeping patients safe

It was clear to our authorised representatives and the patients we spoke to that the staff in the ED's and UTC's were doing the best they could with the resources available to them.

*"Far too long, but care is brilliant when they are seen"*

*"Staff have been great"*

Although staff worked tirelessly to ensure patient safety, our authorised representatives observed several incidents where they became concerned about the deterioration of a patient during our visits.

# 5. Conclusion

We undertook this activity in order to:

1. Establish which pathways are leading patients to the ED's and UTC's.
2. Gain insight into patients' experiences of using the recently introduced 'electronic self-check-in' service used to check patients in to the ED's and UTC's
3. Better understand what could be done to improve patients' overall experience when using the ED's or UTC's
4. Understand what patients think of the waiting area environment.
5. Understand what 'quality of care' means to patients.

From the information we gathered, we were able to conclude that:

1. The majority of patients were attending the two departments either because they felt it was the most appropriate place for them to be or that another healthcare professional told them to attend.
2. Patients found the electronic self-check-in system to be too lengthy, confusing and overall, ineffective.
3. Patients felt that their experience could be improved by enhancing the physical environment of the waiting areas, Patients found the waiting area environment to be uncomfortable, crowded and noisy.
4. the interactions between patients and hospital staff and the level and accuracy of information that patients are given about their care.
5. Patients felt that 'quality of care' was about being listened to and respected by hospital staff and getting the correct care for their needs.

Our findings were consistent across both sites, with few differences noted between EDGH and the CQ.

HWES believe that, in order to improve patient experience, ESHT should strive to ensure that they are:

- Providing a safe, comfortable, and easily navigated department.
- Ensuring that every contact between hospital staff and patients is welcoming, empathetic, and respectful.
- Keeping patients informed on their care and managing expectations to the best of their abilities.

It was clear to us that while ESHT appear to be striving to meet these aims, improvements could be made in order to achieve these consistently.

While most patients felt safe within the departments, they were not able to wait comfortably, and they did not find the departments easy to navigate without significant support. Patients also told us that they did not have enough interactions with hospital staff to feel informed about their care or their journey through the departments. On a positive note, patients told us that the interactions they did have with staff were usually helpful.

*Healthwatch East Sussex shared three case studies with ESHT to help illustrate the patient experience.*

## 5.1 Learnings

After completing this activity, it was clear to us that there were improvements we could make to future Enter and View activities with ESHT.

For future activity we would ensure that:

- The same authorised representatives visit both sites in order to help us to establish a better, comparative view, of the differences between the two sites
- We have dedicated time and resources to engage with hospital staff in a more meaningful way, to ensure we capture a wider picture of the department and how it operates.

# 6. Recommendations

As a result of the activity, HWES would like to make the following recommendations for improvement for both ESHT and HWES to take forward.

## Recommendations for HWES:

1. HWES will share this report with **South East Coast Ambulance Service NHS Foundation Trust (SECAMB)** for comment and work with ESHT to support SECAMB to improve the way in which patients are referred by NHS 111 to ED across East Sussex.
2. HWES will continue to work with ESHT to understand the experience of patients using the ED's and UTC's.

Using the information that we gathered from patients, HWES recommend that ESHT:

3. Improve the way in which patients check in to the department. This should include:
  - 3.1 **A systematic review of the electronic check-in system** used at both sites. This should include a review of not only the questions asked, but of the overall effectiveness of the system over a face-to-face check-in system.
  - 3.2 Making the tablets used to access the electronic check-in system more **accessible to all**, including making the tablets fully adjustable. **Patients should be able to tilt the screen and adjust the height as needed.**
  - 3.3 Ensure that there are enough **staff available** in the department to support patients to check in appropriately when entering the department.
4. Make changes to the **patient calling system**. HWES can support ESHT to explore different avenues to improve the current patient calling system and make it more efficient and effective.
5. Ensure there is a way in which patients can leave the waiting areas (for example to access the café or bathrooms) without potentially missing their call and losing their place.
6. Ensure that patients are informed of the **pathway** they are on.

- 6.1 Patients should be told if they are waiting for **Emergency Treatment or Urgent Care Treatment** by staff upon triage and it should be explained how this will affect their experience.
  - 6.2 **The opening and closing times** of the different services, such as the Urgent Treatment Centre, should be clearly displayed in the waiting areas.
7. Improve **communication** between staff and patients. Have **staff available** to keep patients informed about how their visit/treatment is progressing and what they should expect next. Navigators could be made available for extended periods or across the whole 24 hours or reception staff could be given the resources to better support patients.
8. **Make improvements to the waiting areas.** At both sites, patients felt that improving the waiting areas would improve patients' experience.
- 8.1 The type of seating used could be improved to remain easily cleanable but be more **comfortable**.
  - 8.2 **Better facilities**, such as more choice of food and drink and toilets which were **clean, safe, and easily accessible**, should be made available.
9. Ensure there is clarity with both staff and patients on who can/should use the '**paediatric/children's waiting area**'. If the space is only available to be used by patients who have been signposted there by staff, there needs to be **clear signage** stating that the area is not open to all young patients and their carers.

Additionally, based on observations by the HWES staff and authorised representatives who undertook the activity, HWES would also recommend that ESHT:

Consider how staff can be available to check on **patient safety**. This could include having staff, such as Navigators or volunteers, regularly check areas that are out of sight of staff (such as the bathrooms) and routinely check on patients in the waiting area who may have been identified as being at increased risk during check-in or triage

- Work with HWES to develop a better way to gather and **review patient feedback** on a regular basis to support continued improvement of the patient experience at the ED and UTC
- Improve signage throughout the department to make patients' journeys clearer and easier to navigate. This could include:
  - a. Ensuring that it is clear to all patients on arrival at the ED how they should check in with **clear signage** (at multiple height levels) at both entrances to the department.

- b. **Signage** should be incorporated into the waiting areas which inform patients of the differences between the ED and UTC
- c. Provide **signage or information** in the waiting areas on how patients are prioritised and what a journey through each department looks like



# 7. Response from ESHT

We'd like to thank Healthwatch East Sussex for working with us on this review which supports our objective to continue to work in partnership to improve our services for local communities.

Work has already begun to address some of the recommendations, and Healthwatch revisited our departments to explore further the concerns raised regarding signage within our emergency departments and urgent treatment centres.

We have reviewed our contract with the vending machine providers who have been asked to explore how the contents of the vending machines can include healthier options and meet dietary requirements.

There are new roles within the department which will help to assist patients with the self-check in queries or provide support to check in and manage the waiting areas.

The report will be regularly revisited by our emergency department team to inform any suggested changes to the layout of the department.

# Appendix A: Equalities data

Equalities data for Conquest:

What is your age?		
Answer Choice	Response Per cent	Response Total
1 Under 18	16.0%	8
2 18 to 24 years	8.0%	4
3 25 to 34 years	12.0%	6
4 35 to 44 years	18.0%	9
5 45 to 54 years	6.0%	3
6 55 to 64 years	8.0%	4
7 65 to 74 years	16.0%	8
8 75+ years	14.0%	7
9 I'd prefer not to say	2.0%	1
<i>answered</i>		<b>50</b>
<i>skipped</i>		<b>7</b>

Are you?		
Answer Choice	Response Per cent	Response Total
1 Woman	60.0%	30
2 Man	40.0%	20
3 Neither of the options	0.0%	0
4 Prefer not to say	0.0%	0
<i>answered</i>		<b>50</b>
<i>skipped</i>		<b>7</b>

Is your gender identity the same as the sex you were assigned at birth?		
Answer Choice	Response Per cent	Response Total
1 Yes	97.9%	47
2 No	0.0%	0

3	Don't Know	0.0%	0
4	Prefer not to say	2.1%	1
<b>answered</b>			<b>48</b>
<b>skipped</b>			<b>9</b>

**Please describe your ethnicity:**

Answer Choice		Response Per cent	Response Total
1	White British	80.0%	40
2	White Irish	2.0%	1
3	Black African	0.0%	0
4	Caribbean	0.0%	0
5	Gypsy/Traveller	0.0%	0
6	Mixed White and Asian	2.0%	1
7	Mixed White and Black African	0.0%	0
8	Mixed White and Black Caribbean	2.0%	1
9	Chinese	0.0%	0
10	Bangladeshi	0.0%	0
11	Indian	0.0%	0
12	Pakistani	0.0%	0
13	Any other Asian Background	6.0%	3
14	Any other Black Background	0.0%	0
15	Any other White Background	6.0%	3
16	Any other Mixed Background	2.0%	1
17	Unknown	0.0%	0
<b>answered</b>			<b>50</b>
<b>skipped</b>			<b>7</b>

**Please describe your religion or beliefs:**

Answer Choice		Response Per cent	Response Total
1	Christian	47.9%	23
2	Jewish	0.0%	0
3	Muslim	4.2%	2
4	Buddhist	2.1%	1
5	Sikh	0.0%	0
6	Atheist	10.4%	5
7	None	29.2%	14
8	Unknown	0.0%	0

9	Prefer not to say	4.2%	2
10	All	0.0%	0
11	Other	2.1%	1
<b>answered</b>			<b>48</b>
<b>skipped</b>			<b>9</b>

**Please describe your marital or civil partnership status:**

Answer Choice		Response Per cent	Response Total
1	Single	44.9%	22
2	Married	32.7%	16
3	Divorced	8.2%	4
4	In a civil partnership	4.1%	2
5	Widowed	4.1%	2
6	Prefer not to say	6.1%	3
<b>answered</b>			<b>49</b>
<b>skipped</b>			<b>8</b>

**Equalities data for EDGH:**

**What is your age?**

Answer Choice		Response Per cent	Response Total
1	Under 18	10.4%	7
2	18 to 24 years	7.5%	5
3	25 to 34 years	6.0%	4
4	35 to 44 years	13.4%	9
5	45 to 54 years	11.9%	8
6	55 to 64 years	10.4%	7
7	65 to 74 years	20.9%	14
8	75+ years	17.9%	12
9	I'd prefer not to say	1.5%	1
<b>answered</b>			<b>67</b>
<b>skipped</b>			<b>14</b>

**Are you?**

Answer Choice		Response Per cent	Response Total
1	Woman	58.8%	40

2	Man	41.2%	28
3	Neither of the options	0.0%	0
4	Prefer not to say	0.0%	0
<b>answered</b>			<b>68</b>
<b>skipped</b>			<b>13</b>

### Is your gender identity the same as the sex you were assigned at birth?

Answer Choice		Response Per cent	Response Total
1	Yes	98.5%	66
2	No	1.5%	1
3	Don't Know	0.0%	0
4	Prefer not to say	0.0%	0
<b>answered</b>			<b>67</b>
<b>skipped</b>			<b>14</b>

### Please describe your ethnicity:

Answer Choice		Response Per cent	Response Total
1	White British	89.6%	60
2	White Irish	0.0%	0
3	Black African	0.0%	0
4	Caribbean	0.0%	0
5	Gypsy/Traveller	3.0%	2
6	Mixed White and Asian	3.0%	2
7	Mixed White and Black African	0.0%	0
8	Mixed White and Black Caribbean	0.0%	0
9	Chinese	0.0%	0
10	Bangladeshi	0.0%	0
11	Indian	0.0%	0
12	Pakistani	0.0%	0
13	Any other Asian Background	1.5%	1
14	Any other Black Background	0.0%	0
15	Any other White Background	3.0%	2
16	Any other Mixed Background	0.0%	0
17	Unknown	0.0%	0
<b>answered</b>			<b>67</b>
<b>skipped</b>			<b>14</b>

Please describe your religion or beliefs:

Answer Choice		Response Per cent	Response Total
1	Christian	58.3%	35
2	Jewish	0.0%	0
3	Muslim	1.7%	1
4	Buddhist	0.0%	0
5	Sikh	0.0%	0
6	Atheist	5.0%	3
7	None	30.0%	18
8	Unknown	0.0%	0
9	Prefer not to say	5.0%	3
10	All	0.0%	0
11	Other	0.0%	0
		<i>answered</i>	<b>60</b>
		<i>skipped</i>	<b>21</b>

Please describe your marital or civil partnership status:

Answer Choice		Response Per cent	Response Total
1	Single	32.3%	21
2	Married	33.8%	22
3	Divorced	9.2%	6
4	In a civil partnership	6.2%	4
5	Widowed	16.9%	11
6	Prefer not to say	1.5%	1
		<i>answered</i>	<b>65</b>
		<i>skipped</i>	<b>16</b>

# Appendix B: Survey questions

## Emergency Department Survey

Hospital:	
Time:	
Volunteer/Staff Name:	

Observations:

1. Do you know if you are here for **Emergency Department Treatment** or **Urgent Care Treatment**?

Emergency Department	
Urgent Care	
Unsure/Don't Know	

Any comments:

2. Are you here as a:

Patient	
Family/Guardian	

Carer	
Friend	
Other (please specify)	
Any comments:	

**3. Do you have any support needs? (such as language, dementia, physical, learning or sensory disability etc)**

Yes	
No	

If yes, have you requested any support from staff today? Were staff able and willing to support you?

**4. How did you get here today?**

Car, I drove myself	
Car, I was driven by someone (who?)	
Public Transport	
Ambulance	
Patient Transport	
Other	

Any comments:

What city/town/village do you live in?

**5. Roughly how long ago did you arrive at the Emergency Department?**



Less than 1 hour	
1 to 2 hours	
3 to 4 hours	
5 to 6 hours	
6+ hours	
Any comments:	
If you are still at the early stages of your wait/treatment, would you be happy to speak with us again later on in your care pathway?	
Yes	No

#### 6. Did another health or care service refer you here today?

GP	
Pharmacy	
NHS 111	
999	
Other	
Not applicable	
Any comments:	

#### 7. Why did you come here today instead of another health service?

I felt this was the most appropriate service for my issue	
I was told to come here by a health or care professional	
I thought it would be quicker	
I wasn't sure where to go	
I couldn't get a GP appointment	
Other (please specify)	

8. Do you feel you could have been treated elsewhere?

Yes	
No	
Unsure	
Any comments:	

9. Did you check in using the electronic check in service today?

Yes, I was asked to by a member of staff	
Yes, I knew to use it or had used it before	
No, I checked in with reception	
No, I did not check in	
Do not know what self-check in system is	
Not applicable	
Other (please specify)	

10. Did you need support to check in?

Yes	
No	
If yes, what kind of help did you need? did anyone help you? Who?	

11. If you used the self-check-in service, how did you find the experience? (Was it easy? challenging? clear?)



12. Has your visit met your expectations today?

Yes

No

What expectations did you have?

Large light blue rectangular area for providing answers to question 12.

13. What would a good experience of the Emergency Department look like to you? Could anything have improved your experience today?

Any comments:

Large white rectangular area with a black border for providing answers to question 13.

14. What do you think about the waiting area? How could it be improved?

Any comments:

Large pink rectangular area for providing answers to question 14.

15. During your visit today, have you felt:

Cared for

Respected

Treated with dignity

Safe

Able to ask staff for help or support

Any comments:

16. What does quality of care (or good quality care) mean to you?

Any comments:

17. Is there anything else you would like to share with us today?

Any comments:



# Appendix C: Answer breakdown

Number of participants who answered or skipped each question – both sites combined

**Do you know if you are here for Emergency Department Treatment or Urgent Care Treatment?**

<i>answered</i>	134
<i>skipped</i>	5

**Are you here as a:**

<i>answered</i>	138
<i>skipped</i>	1

**How did you get here today?**

<i>answered</i>	137
<i>skipped</i>	2

**What city/town/village do you live in?**

<i>answered</i>	129
<i>skipped</i>	10

**Roughly how long ago did you arrive at the Emergency Department?**

<i>answered</i>	134
<i>skipped</i>	5

**If you are still at the early stages of your wait/treatment, would you be happy to speak with us again later on in your care pathway?**

<i>answered</i>	43
<i>skipped</i>	96

**Did another health or care service refer you here today?**

<i>answered</i>	113
<i>skipped</i>	26

Why did you come here today instead of another health service?

<i>answered</i>	125
<i>skipped</i>	14

Do you feel you could have been treated elsewhere?

<i>answered</i>	123
<i>skipped</i>	16

Did you check in using the electronic check in service today?

<i>answered</i>	114
<i>skipped</i>	25

Did you need support to check in?

<i>answered</i>	78
<i>skipped</i>	61

If you used the self-check-in service, how did you find the experience? (Was it easy? challenging? clear?)

<i>answered</i>	82
<i>skipped</i>	57

Has your visit met your expectations today?

<i>answered</i>	103
<i>skipped</i>	36

What would a good experience of the Emergency Department look like to you? Could anything have improved your experience today?

<i>answered</i>	114
<i>skipped</i>	25

What do you think about the waiting area? How could it be improved?

<i>answered</i>	112
<i>skipped</i>	27

During your visit today, have you felt:

<i>answered</i>	117
<i>skipped</i>	22


What does quality of care (or good quality care) mean to you?

<i>answered</i>	98
<i>skipped</i>	41

Is there anything else you would like to share with us today?

<i>answered</i>	64
<i>skipped</i>	75





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