



**Enter and View Visit  
Royal Sussex County Hospital  
Emergency Department**

**April 2025**

## Thank you

Healthwatch would like to express its thanks to University Hospitals Sussex NHS Trust for inviting and facilitating our visit. Particular thanks go to Nicole Chavaudra, Craig March and Kimberly O'Hara.

Our sincerest thanks go, as always, to our volunteers who supported our visit: Conor, Mazzie, Barbara, Judi, Pauline, Stewart, Nick and Sue.

# Key Findings

**Our visit to the Emergency Department of the Royal Sussex County Hospital reveals an overall positive picture from the patient perspective but has identified some areas that need improvement.**

- **75% of patients we spoke to were 'very satisfied' or 'satisfied' with their experience of the Emergency Department.**
- **Only 18% of patients we spoke to were either 'dissatisfied' or 'very dissatisfied'.**

It is positive to hear that patients were complimentary about the care medical staff provided and how quickly most patients were being seen. It is also positive to note improvements in the Emergency Department environment ratings since our last Enter and View that we conducted in March 2024.

However, we also heard that patients are concerned about issues such as:

- privacy and dignity (this is especially an issue for those waiting on trolleys in corridors in the Majors Unit)
- noise levels
- lack of information about waiting times
- poor seating arrangements in waiting areas.

**In more detail, we heard:**

- Respondents were most satisfied with the main Emergency Department waiting room; 91% were either 'very satisfied' or 'satisfied'. Nobody reported being 'dissatisfied' or 'very dissatisfied'. Satisfaction with the Majors area was lower with 65% reporting being either 'very satisfied' or 'satisfied'. 29% reported being either 'dissatisfied' or 'very dissatisfied'.
- Areas patients were most satisfied with included how safe they felt (79% felt 'very satisfied' or 'satisfied'), access to toilets (75% felt 'very satisfied' or 'satisfied') and levels of cleanliness (72% felt 'very satisfied' or 'satisfied').

- Areas respondents were most dissatisfied with were seating available in the Emergency Department (45% felt 'dissatisfied' or 'very dissatisfied'), privacy levels (43% felt 'dissatisfied' or 'very dissatisfied') and noise levels (41% felt 'dissatisfied' or 'very dissatisfied').
- Being kept updated on waiting times by nursing staff was an issue that has been identified as a concern. When asked "Have the nursing staff kept you regularly updated about what was happening to you?", only 38% agreed with this statement. 48% said nurses had not kept them regularly updated. This data compares favourably to a national ED survey, which found *'In addition, respondents were asked whether they were informed how long they would have to wait to be examined or treated. Twenty-six per cent said they were informed how long they would have to wait to be examined or treated, whereas 74% were not.'*<sup>1</sup>
- Staff working in the Emergency Department received the greatest number of compliments. Quotes included *'Brilliant'* to *'Can't fault staff, they are the best of the best'*.
- Improving patient dignity in Majors was an issue identified across all three areas; the survey, the environmental audit and a patient's experience of mental health support provided at UHSx.
- Waiting on trolleys in corridors was distressing for many patients. Once people were moved into a ward, they felt their care improved.

## Response to this report from NHS Sussex

Healthwatch Brighton and Hove invited a response from University Hospitals Sussex NHS Trust to our findings. This is their response:

Huge thanks to the team at Healthwatch Brighton and Hove for supporting the Trust with this Enter and View, and for the insightful and professional report. As ever, Healthwatch facilitate the voice of patients, having real influence over the improvements we plan and actions are being taken in response, including supporting better information about waiting times for patients. This report will shape our next steps and will inform the Trust's strategic plans for the Emergency Department.

<sup>1</sup> [20241121b\\_ uec24\\_ StatisticalRelease.odt](#)

# Introduction

## Background

The Emergency Department (ED) at the Royal Sussex County Hospital (RSCH) is part of [University Hospitals Sussex NHS Trust](#) (UHSx). 85,000 patients visit the department each year and numbers have increased in recent years. A £48 million investment has been agreed to expand and improve the existing ED and Healthwatch Brighton and Hove has attended two events to discuss their [plans](#).

Healthwatch routinely monitors what is happening at the ED and we share our feedback with UHSx, [NHS Sussex](#) (our Integrated Care Board) and the [Care Quality Commission](#) (CQC) to support their ongoing improvement programmes of work. You can read our 2024 report "Patient feedback about the Emergency department" [here](#).

In 2022, CQC downgraded the rating for the ED to '[Requires Improvement](#)'. In February 2025, CQC carried out a further unannounced CQC inspection of the department. Their report is awaited but conditions in ED were prioritised for improvement and UHSx has developed a focussed plan. As part of this plan, UHSx invited Healthwatch to conduct an [Enter and View](#) and an environmental inspection of the department. Healthwatch has a legal responsibility to carry out an Enter and View programme, but we are not inspectors, instead, we focus on gathering the views and experiences of the people receiving care.

## What we did

On 7<sup>th</sup> April 2025, between 10am-4pm, eight trained and DBS-checked<sup>2</sup> Healthwatch volunteers visited the Emergency Department at the Royal Sussex Hospital, alongside five members of the Healthwatch Brighton and Hove staff team.

## Interviews with patients and their carers

Six volunteers and three staff members focused on speaking to patients and their relatives.

This conversation was guided by a questionnaire and only conducted with those people who were happy to have a short chat with us. The questionnaire included three questions around nursing care that was requested for inclusion by the Interim Lead Nurse for the Emergency Department. Notes from these conversations were recorded anonymously to maintain patient confidentiality.

Over six hours, the team spoke to thirty-one patients and their relatives and asked them for their views on their experience of the department including how quickly they had been triaged, whether they had been kept informed on waiting times, had they been able to access refreshments, whether they were comfortable and what would improve their experience. The interviewers were also free to discuss any aspects raised by the people they spoke with.

---

<sup>2</sup> [Disclosure and Barring Service](https://www.gov.uk/government/organisations/disclosure-and-barring-service) - <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

Healthwatch staff members also completed observation sheets of the general environment each hour of the visit. Our findings from these interviews are summarised in Section 1.

## Environmental audit

Two volunteers and two members of staff visited the following areas of ED:

Area of ED	Function
Emergency Department main reception	This is where the majority of people with non-life threatening needs will go. People register at the reception desk and are assessed by a nurse to decide on further action. This is called <a href="#">triage</a> . People need to wait before they are seen, and people with the most serious conditions are seen first. Some patients will be discharged relatively quickly; however, others may be sent to one of these following areas (below).
Urgent treatment Centre (UTC)	Located outside of the main ED building, this service provides urgent medical help when it is not a life-threatening emergency. It is staffed by GPs and other medical staff. People who go to a UTC are typically mobile and able to move around and in need of same day treatment. UTC's deal with many of the most common injuries and illnesses that people attend Emergency Departments for.
Ambulatory Clinical Decision Unit (ACDU)	This is a short stay unit (open 24 hours a day) within the ED. It is for people who need more clinical care, but don't need to be admitted to hospital. For example, people may be cared for in the ACDU if they need a period of observation, an assessment by a specialist team, test results, or further treatment.
Majors and Resus	These areas of ED are for patients who need immediate (resus) or very urgent emergency care (majors). For example, people who have had a heart attack, stroke or been involved in a serious life-threatening accident will be seen here.
Ward 2C	Patients with solely mental health needs who attend ED are moved to this separate, dedicated ward.

Our representatives recorded their views of the physical environment, and they also completed a checklist to capture positive findings, challenges, and concerns, as well as anything staff told us. Volunteers recorded their recommendations for improvement. Our findings are summarised in the next section, with more detail provided in a separate [report](#).

# Results

The results of our visit will be presented across 3 sections:

1. Key findings from our survey of patients
2. A summary of our Environmental Audit
3. A patient's experience of mental health support provided in Ward 2C.

Conclusions will then follow on from the results.

## 1. Key findings from our survey of patients

Over a total of six hours (10am-4pm) on Monday 7<sup>th</sup> April 2025, the Healthwatch team of six volunteers and four staff members spoke to a total of thirty-one patients across the Emergency Department. A questionnaire had been constructed in advance of the visit with UHSx being given the opportunity to add in questions they were particularly keen to hear about.

All respondents were asked if they would like to take part and were told that the research was confidential and that they would not be made identifiable. Respondents were free to withdraw from the research at any time.

Eighteen questionnaires were completed in the Majors and Resus and ACDU department, twelve questionnaires were completed in the Emergency Department main reception and one questionnaire was completed in Ward 2C (Mental Health Unit).

Results from the survey will be presented by three areas – overall results (including Ward 2C), Majors/ Resus and ACDU unit's results, and results from the Emergency Department main reception. The results from Ward 2C are also presented separately in Section 3.

Please note that not every respondent answered every question, some patients were called away to be seen by medical professionals in the middle of the questionnaire and some people preferred not to answer some questions (for example the demographic questions, such as age and gender). As a result of this not all results will add up to 100%.

### Background of participants

Of the thirty-one respondents twelve were women, fourteen were men, one person was non-binary and one person preferred to self-describe. Ages ranged between 26 and 91, with the average age being 62 years old:

Age Range	Count
18-24	1
25-34	3

35-44	3
45-54	3
55-64	2
65-74	4
75-84	6
84-95	4

In terms of ethnicity, eighteen people were from 'White-British' backgrounds, four were from 'White other' backgrounds, two were from 'White Irish' back grounds, one person was from a 'Black British' background and one was from an 'Arab' background.

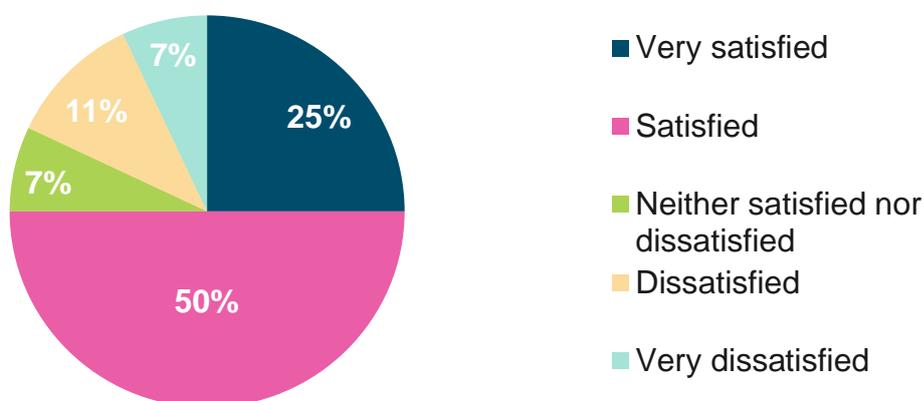
Eighteen of the people we spoke to said that their day-to-day activities were limited because of a health problem or disability. Eight people said they were carers (i.e. they look after or give unpaid help or support to another person).

The findings from our survey have been structured into four key sections: (1) satisfaction levels, (2) support from nursing staff, (3) waiting times and (4) why the respondent chose to attend ED.

### 1. Satisfaction with the Emergency Department

Across all departments within the Emergency Department, patients reporting being satisfied with their experience. 75% patients were 'very satisfied' or 'satisfied' and only 18% of patients we spoke to were either 'dissatisfied' or 'very dissatisfied' as the following pie chart demonstrates:

**Based on your experience so far, how satisfied are you with the Emergency Department?**



We also asked patients to rate how satisfied they were with the following aspects of the Emergency Department: information provided to you about how long you will be expected to wait, being kept updated whilst waiting, access to pain relief

whilst waiting (if needed), seating available, overall comfort levels, levels of cleanliness, noise levels, privacy levels, how safe you feel, access to food and drink and access to toilets.

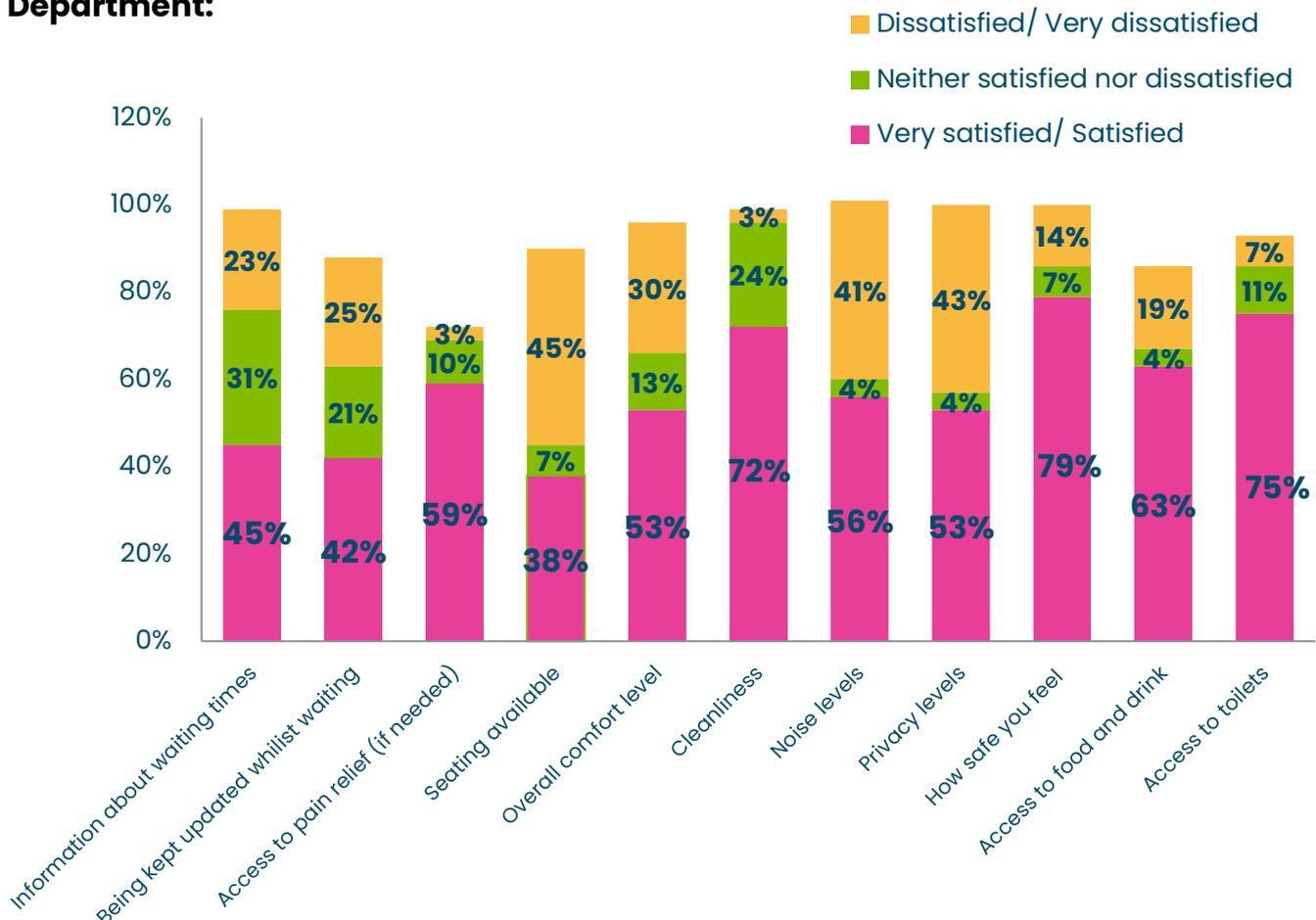
Overall, respondents were most satisfied with:

- how safe they felt (79% felt very satisfied or satisfied)
- access to toilets (75% felt very satisfied or satisfied)
- levels of cleanliness (72% felt very satisfied or satisfied).

Respondents were least satisfied with:

- seating available in the department (45% felt very dissatisfied or dissatisfied)
- privacy levels (43% felt very dissatisfied or dissatisfied)
- noise levels (41% felt very dissatisfied or dissatisfied).

**Please tell us how satisfied you are with the following aspects of the Emergency Department:**



Open comments received around positive experiences of the departments mostly focused on the **care provided by the staff:**

*"They do a great job - everyone has been lovely. [It] makes me feel safe."*

*"The staff have been brilliant; they have told us what is going on and we know that we have to wait for the test results my husband has had which will take a few hours."*

*"Can't fault staff, they are the best of the best and work excellently in the conditions they're in."*

However, analysis of qualitative data around satisfaction does further reveal patients **concerns around seating, privacy and noise levels:**

*"Seating is inadequate [patient's] wife fetched a chair to sit on from another part of the department."*

*"Felt sitting on a ripped seat would not be comfortable for long waits and looked awful."*

*"Everyone should be in their own cubicle. There is no dignity or privacy."*

*"I had to complain about the constant beeping noise. [We] were offered ear plugs, but they were not effective."*

### **Satisfaction with Major, Resus and ACDU areas**

When looking at data for the Major's area of the Emergency Department only, satisfaction rates are slightly lower – 65% of respondents in the Major/ ACDU area were either 'very satisfied' or 'satisfied' and 29% were either 'dissatisfied' or 'very dissatisfied' with their overall experience of the Emergency Department.

The areas people were most satisfied with in the Majors and ACDU, were with levels of cleanliness (72% were 'very satisfied' or 'satisfied'), how safe they felt (61% were 'very satisfied' or 'satisfied'), and access to toilet facilities (61% were 'very satisfied' or 'satisfied'). The key areas of dissatisfaction with Majors and ACDU was lack of seating (56% were 'very dissatisfied' or 'dissatisfied') and noise and privacy levels (both had 50% of people stating they were 'very dissatisfied' or 'dissatisfied').

Lack of privacy and dignity were raised a number of times in the open comments section which asked how people felt the Emergency Department could be improved. This mainly related to people having to wait on trolleys in the corridors. The qualitative comments show that once people were on a ward they felt they had more privacy and dignity:



*"Everyone should be in their own cubicle. There is no dignity or privacy"*

*"I found the lack of privacy whilst waiting in the corridor distressing. I had to wait next to a man who had broken his collarbone. He had his mother and three brothers with him and I found it distressing as they were talking very loudly/ using bad language [..]. I found the experience of waiting in the corridor really unpleasant. However, once I was moved into my own ward, I felt things picked up."*

*"There is not enough room in the corridors, we were so glad when we were being moved along from different parts of the system."*



Observation notes made by Healthwatch staff during the visit in Majors also noted the lack of privacy for patients who had to wait on trolleys:



*"At the time we first entered Majors (12-1pm) around 6 people were waiting in trolleys in the corridor. It created a disturbing first impression. It made the area feel chaotic and cramped. The patients waiting in the corridors had no privacy. Some looked more relaxed than others. There was also a lack of space for any family members accompanying the patients. It appeared very undignified."*



### **Satisfaction with Emergency Department main reception area**

Satisfaction levels for the main Emergency Department waiting area was highest with 91% being either 'satisfied' or 'very satisfied.' Of the twelve patients interviewed in this area, no one said they were 'dissatisfied' or 'very dissatisfied'. 9% however did say they with 'neither satisfied not dissatisfied'.

The most frequently raised concern about the main Emergency Department waiting area was the **lack of space**, as the comments below show:



*"[I am] a wheelchair user and I have found it difficult to move around in the waiting room seating area because it was busy."*

*"Need more space!"*

*"A bigger department including more space."*

*"The reception area feels like a corridor or thoroughfare, with staff arriving and people constantly coming through. There is too much happening so it could be designed better. It currently feels like an airport. It's just not big enough."*



The lack of space in the main Emergency Department waiting area was also noted in the observation notes made by staff during the visit.



*"There were enough seats for everyone at this time (10-11am), however, they are cramped together to create space for the walkway. As a service user noted in their interview, it does feel like a thoroughfare rather than a dedicated waiting space."*

*"Definite increase in busy atmosphere in this second hour (11-12pm), with more people and staff passing through the waiting area. This affected noise levels. Adding to this was one service user who was becoming increasingly frustrated and vocal, audibly expressing his dissatisfaction and swearing. There wasn't an available member of staff to support this person".*



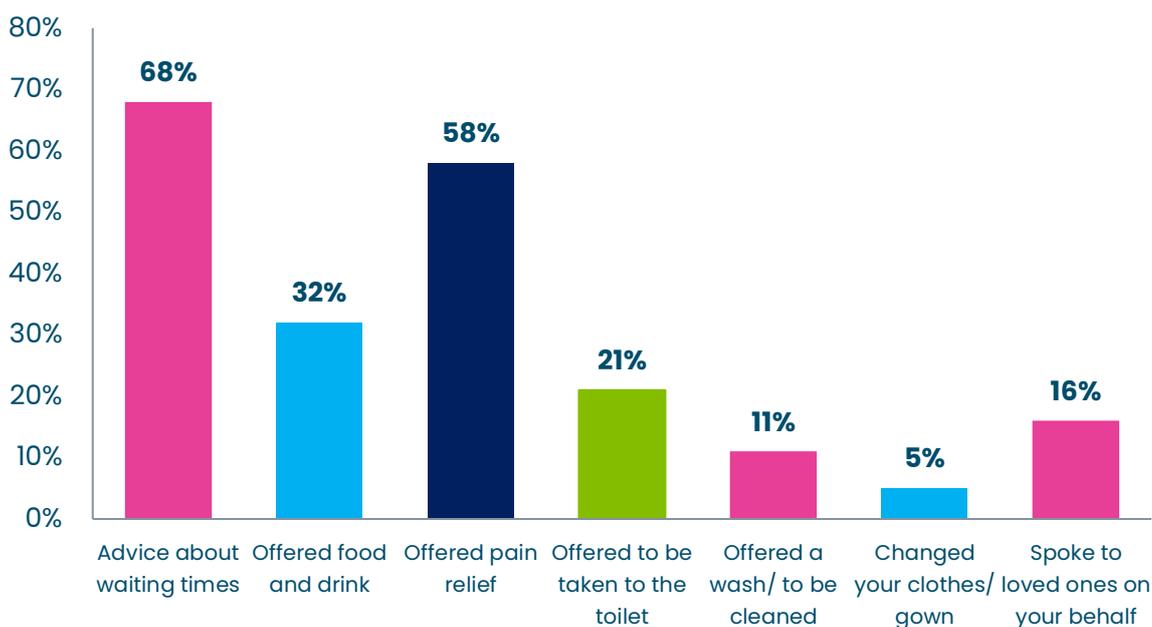
## 2. Support provided by nursing staff

Healthwatch Brighton and Hove were asked by UHSx to include three questions about care provided by nursing staff in the Emergency Department. Results to these questions were mainly positive.

Overall, 75% of respondents reported that 'every nurse who has spoken to you has introduced themselves'. 66% of respondents agreed that they have 'been able to get help from the nursing staff when needed'. 17% said they were not able to.

Of help received from nursing staff, 68% had been given 'advice about waiting times', 58% had been 'offered pain relief' and 32% had been 'offered food and drink as the chart below shows:

### What help did you get from the nursing staff? Please tick all that apply



However, when asked 'Have the nursing staff kept you regularly updates about what was happening to you?', only 38% agreed with this statement. 48% said nurses had not kept them regularly updated.

This was also an issue that emerged in the qualitative analysis with three comments received about being better kept updated around waiting times, specifically by nursing staff. These comments included:

*"I have been here for 22 hours - the last 8 hours have been a nightmare, I kept asking the nurse what was happening - they said I will go to find out and never came back - this happened a few times."*

*"It would be better to be told verbally how long we might have to wait, although screens were helpful."*

*"I am here with my husband he has deteriorated while we have been waiting, the nurses are good doing their best, but no one is keeping us updated."*

### **Nursing staff in Majors/ Resus and ACU**

59% of respondents in the Majors and Resus and ACU said they 'have been able to get help from the nursing staff when they needed it.' Help received included 'advice on waiting times' (70%), being 'offered food and drink' (50%) and being 'offered pain relief' (50%). 40% told us that they had been 'offered to be taken to the toilet', 20% had been 'offered to be washed/ cleaned' and 10% had had their 'clothes changed' or had their 'loved ones spoken to' on the patient's behalf.

69% also told us that 'every nurse who has spoken to me has introduced themselves'. Only 31% said nurses had not always introduced themselves.

### **Nursing staff in Emergency Department main reception**

Responses to the question on nursing staff in the Emergency Department main reception were the most positive. 82% of patients told us 'They had been able to get help from the nursing staff when they needed it'. The remaining 18% told us that the question was 'not applicable' as they had not needed to ask for any help.

Help received included advice about 'waiting times' (67%) 'pain relief' (67%) 'speaking to loved ones on the patient's behalf' (23%) and 'offered food and drink' (11%). (Note some of these figures are quite low but some patients may not have required the service, i.e. pain relief/ contact of loved ones)

Observation notes made by staff in the main Emergency Department also noted an issue with food and drink provision:



*"A staff member came in with a trolley selling cold drinks, snacks and magazines. This seemed like an odd system - rather than having these supplies consistently available (e.g. via vending machine) as you could miss it while being triaged, or if you went to the bathroom. I only saw this trolley once during my two hours in the waiting area. Also, service users requested hot drinks, and the member of staff stated that this was a different trolley which would arrive at a different time, which doesn't seem like an optimal process, and I didn't see it during these two hours. Only water was consistently available."*



When it came to staff introducing themselves in this department, impressively, 91% told us that 'every nurse who has spoken to me has introduced themselves' in the Emergency Department main reception. The remaining 9% told us this question was 'not applicable' i.e. that had not yet spoken to any nurses.

### **3. Experience of arriving in the Emergency Department and waiting times**

Six questions in our survey focused on how long patients had to wait to be seen and what happened to them once they had arrived at the Emergency Department. These questions included waiting times for ambulances, how long patients had to wait to be triaged, what had happened to patients since they had arrived (e.g. had they been triaged/ had they been seen and or/ treated by a medical professional/ had a scan or test) and overall length of time spent in the Emergency Department.

The overall results show that after checking in at reception, 38% of respondents had to 'wait less than 15 minutes to have their health needs initially assessed'. 31% had to wait for 'between 15-30 minutes' and only 17% had to wait 'longer than 30 minutes'.

However, when asked 'how long have you been waiting since you arrived at the Emergency Department?' responses varied from 5 minutes (just arrived) to over nine days. Overall time spent in the Emergency Department is obviously dependent on what treatment the patient requires but gave us an insight as to how long patients are waiting in different areas of the department.

Waiting times was also an issue that was raised in the open comment section/ qualitative analyse 'Please give us some ideas about how you think the emergency department could be improved' For example:



*"More information about waiting times."*

*"I have to keep asking for information about how long the consultant will be. I know everyone is busy and they are trying their best, so I don't want to moan."*

*"More transparency around wait times so you actually know how long your wait will be."*

*"We have been given conflicting information from the phone call we made to the ward where my husband was discharged from on Friday to the very little information we have received while waiting here. I feel no one is listening to us." [...] All we want to know is what is happening."*

*"They can improve the communication and don't forget people just because they have been waiting so long."*



### Arrival and waiting times in Major, Resus and ACDU areas

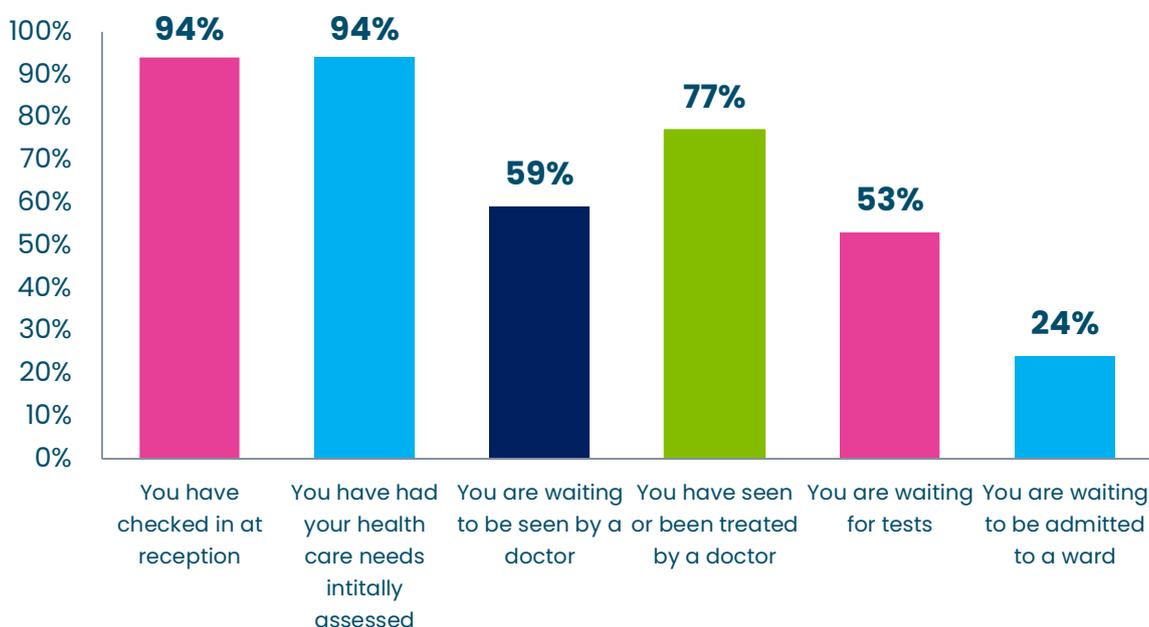
Respondents were asked 'How did you arrive at the Emergency Department today?' For Majors, 41% were 'brought in by Ambulance', 35% 'arrived by car', 18% 'arrived by taxi' and 6% 'arrived by public transport'.

When asked 'If you came by ambulance, how long were you waiting in the ambulance before you were taken into the Emergency Department?' all patients reported waiting 'less than an hour', with the majority waiting for 'less than twenty minutes'. Only one patient had to wait for an hour, four patients waited fifteen minutes or under, whilst 2 patients waited for between fifteen and thirty minutes.

We also asked, 'Approximately how long have you been waiting so far (since you arrived at the Emergency Department?'. In majors, resus and ACDU areas responses ranged from 2 hours to 9 days. Nine patients had waited between 2-5 hours, two patients had waited between 7-9 hours, six patients had waited between 18-25 hours and one patient had waited over nine days.

All respondents were asked 'Since arriving at the Emergency Department, please tell us what has happened so far?' In the Majors, Resus and ACDU all patients we spoke to had been checked in at reception and had their 'health needs initially assessed/ triaged'. 77% patients had 'been seen or treated by a doctor or healthcare professional' and 53% were 'waiting for tests' such as X-rays, bloods or scans. 24% were 'waiting to be admitted to a ward'.

### Since arriving at the Emergency Department, please tell us what has happened so far? Tick all that apply (for Major/Resus and ACDU areas only)



Patients in Majors told us that they were all triaged relatively quickly. 47% were seen in 'less than 15 minutes', 24% in 15-30 minutes'. 18% took longer than '30 minutes'.

When asked what had happened after they were initially triaged, 80% told us that 'staff explained what would happen to them', 20% had explained to them 'how long they might have to wait to be seen'. 60% were 'offered pain relief'.

### Arrival and waiting times in the main Emergency Waiting Room

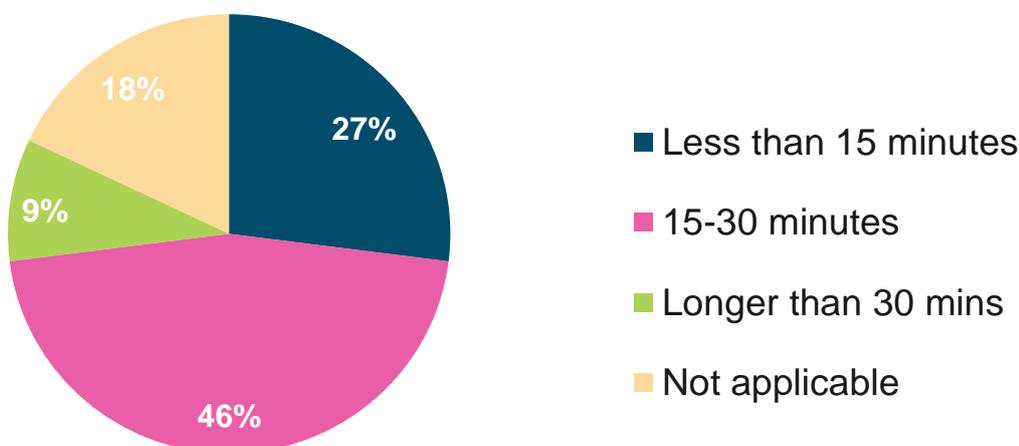
Respondents were asked 'How did you arrive at the Emergency Department today?' For the main Emergency Waiting Room, 58% of patients spoken to, 'arrived by car', 25% 'walked to the department' and 17% 'arrived by taxi'.

We also asked, 'Approximately how long have you been waiting so far (since you arrived at the Emergency Department?'. In the main emergency waiting room the responses ranged from between five and ninety minutes. Six patients had waited between five minutes and thirty minutes, four patients had waited between thirty minutes and sixty minutes, and two patients had waited between 60 minutes and 90 minutes.

All respondents were asked 'Since arriving at the Emergency Department, please tell us what has happened so far?' In the main Emergency Waiting Room, all patients had been checked in at reception, 50% had had 'their health needs initially assessed/ triaged'. 25% were 'waiting to be seen by a doctor or healthcare professional' and 17% of patients had 'been seen or treated by a doctor or healthcare professional'. 25% were 'waiting for tests' such as X-rays, bloods or scans and 8% were 'waiting to be admitted to a ward'.

Patients in the main emergency waiting room who had been initially assessed or triaged, told us that on average, it took a fifteen-thirty minute wait for the initial assessment; 46% waited 'fifteen to thirty minutes', 27% waited 'less than fifteen minutes' and 9% took 'longer than thirty minutes'.

### After checking in at reception, how long did you have to wait before having your health needs assessed?



When asked what had happened after they were initially triaged, 100% told us that 'staff explained what would happen to them', 11% had explained to them 'how long they might have to wait to be seen'. 55% were 'offered pain relief'.

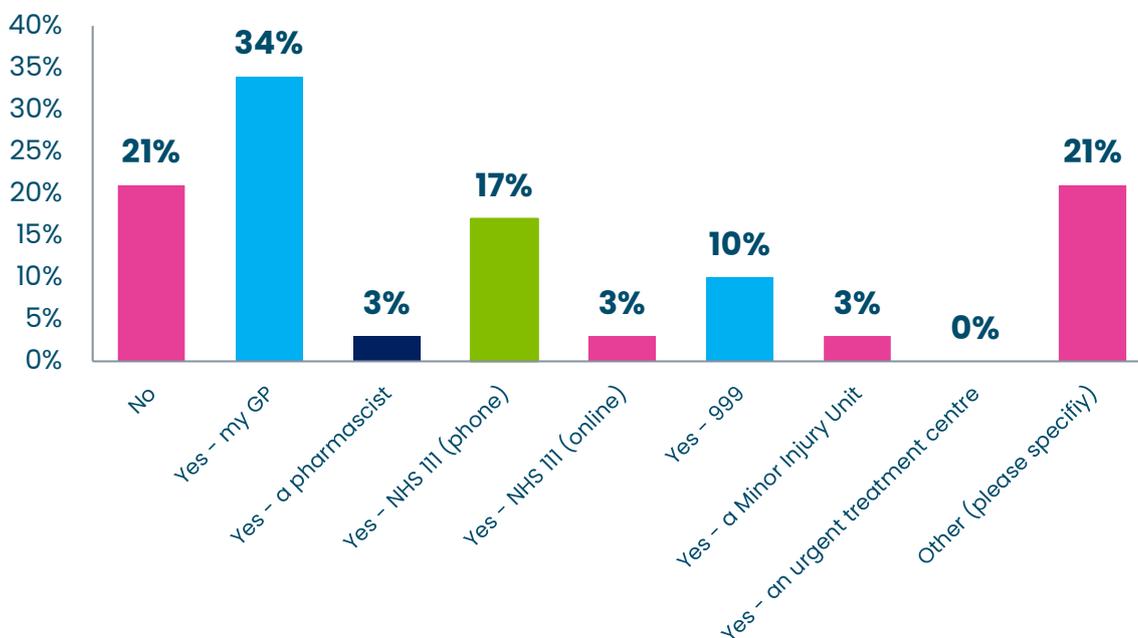
## 4. Why the patient decided to attend the Emergency Department

Two questions in our survey were included to try to better understand why patients choose to come to the Emergency Department. We asked; 'Why did you decide to come to the Emergency Department today?'

Interestingly, overall figures show that 66% of patients interviewed were 'told to come here by a health care professional', including NHS 111. 28% said they attended as they 'felt this was the most appropriate service for my issue' only 3% attended as either 'they know it's always open', they 'were not sure where else to go' or 'they could not get a GP appointment'.

We also asked; 'before coming to the Emergency Department today, did you use any other health service first?' 34% told us that they had 'contacted their GP first'. 21% had contacted 'NHS 111 either online or by phone' first and 10% contacted '999' before coming to the Emergency Department. 'Other' health services used (which accounted for 20% of respondents) included people who used an Advanced Clinical practitioner, ambulances and people who had been referred by other hospitals.

### Before coming to the Emergency Department, did you use any other health service first? Please tick all that apply



### Attendance in Majors, Resus and ACDU

70% of those we spoke to who were in the Majors unit/ACDU told us that they were told to 'come here by a health care professional' or 'NHS 111'. 29% told us

they decided to come as they 'felt it was the most appropriate service for their issue'. Only 6% attended as they 'could not get an appointment with their GP'.

When asked if patients had used any other health service before coming to the emergency department 24% had been 'referred by their GP', 18% had used 'NHS 111', 18% had used '999' and 6% had 'used a minor injury unit'.

### **Attendance in main Emergency Department Waiting Area**

64% of those we spoke to in the main ED waiting area were 'told to come to ED by a health care professional' or 'NHS 111'. 18% attended as 'they felt it was the most appropriate service for their issue'. 9% attended as 'they know it's always open' or 'they were not sure where else to go'.

When asked if they had used any other health service before coming to the emergency department – 55% had been in 'contact with their GP', 27% had contacted 'NHS 111' and 27% had no contact with any other health service before coming to the main ED waiting area.

## **2. Summary of the Environmental Audit**

Two trained, DBS-checked Enter and View volunteer lay assessors and a member of staff visited the Emergency Department as part of Healthwatch Brighton and Hove's visit. A member of the nursing team kindly showed our representatives around the department before allowing them to conduct the visit.

Our representatives observed the environment at the Urgent Treatment Centre, the Ambulatory Clinical Decision Unit, the Emergency Department main reception, Majors and Resus and Ward 2C (previously known as the 'Enhanced Observation Unit' for patients with mental health concerns). The representatives recorded their views of the physical environment, and they also completed a checklist to capture positive findings, challenges, and concerns, as well as anything staff told us and our recommendations.

All areas of the department scored highly for the environments being welcoming, safe, caring, well-organised and calm, with the scores ranging from between seven out of ten, to ten out of ten. Compared to our last visit in March 2024, the scores awarded to the main Emergency Department Reception and Majors and Resus had improved.

Full details of our audit are contained in a separate [report](#).

### **Results of the environmental audit**

Healthwatch asks its volunteers to give a score out of 10 for each area as a simple way to assess various aspects. The scores represent the subjective views of our trained volunteers and are not part of a national scoring system.

Healthwatch considers that:

- 9 or 10 indicates that the ward or unit is performing strongly with little or no room for improvement and areas of excellence have been observed.
- 7 or 8 suggests there are a number of areas which require attention in order to improve the environment, but overall, things are good.

- a score of 6 or less indicates that significant changes may be needed to improve the environment.

Each department was awarded an overall score; the results follow below.

<b>Checklist area:</b>	<b>Urgent Treatment Centre</b>	<b>Ambulatory Clinical Decision Unit</b>	<b>Main ED reception</b>	<b>Majors and resus</b>	<b>Ward 2C (mental health)</b>
<i>Welcoming</i>	9	9	7	7	7
<i>Safe</i>	9	9	8	7	7
<i>Caring</i>	9	10	8	7	8
<i>Well-organised</i>	10	10	7	7	8
<b>Overall score</b>	<b>9</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>8</b>

The lay assessors reported that the visit felt like hardworking, dedicated staff were working extraordinarily hard to deliver care in a challenging environment.

The Majors and Resus unit scored the lowest at 7/10. The lay assessors reported the area as being busy which affected privacy and access to information:

*"Very busy but staff appeared to be working purposefully within a veritable sea of activity...because of pressure on space, many patients were accommodated in an 'ad-hoc' manner, occupying positions in corridors or in 3 deep trolley rows. Patients had very limited privacy or dignity."*

*"Because these areas (2A/B and resus) are so busy, the patient information system could possibly be improved so that more patients waiting in the various parts of the unit had access to key information."*

The suggested areas for improvement are:

- improving signage
- installing video displays and positioning information systems to make them more accessible
- improving fire and safety
- providing clearer staff IDs and information about staff uniforms
- improving patient dignity (majors).

### 3. A patient's experience of mental health support provided at UHSx

As part of our Enter & view, we visited 'Majors Ward 2C' which is part of the Emergency Department. Previously, this was called the Enhanced Observation Unit. The ward provides support for patients solely with mental health needs.

Responsibility for providing mental health care to patients belongs to [Sussex Partnership Foundation Trust NHS Trust](#), however the Emergency Department at RSCH sees a significant number of patients attending with mental health needs. Patients with such needs are managed within the Emergency Department, however, recognising the potential for increased risk that this presents, patients are moved to Majors Ward 2C. This is to protect the safety of patients and staff. It is important to note that UHSx staff are not mental health trained nurses.

SPFT deliver a [Mental Health Liaison Team service](#) which is made up of trained staff, who visit patients and provide mental health assessment and treatment for people who are inpatients in general hospitals, or for those who may attend Emergency Departments and are in need of a mental health assessment.

What we found:

#### The environment

Our environmental audit (see separate report) of the ward 2C scored this unit out of 10, as follows

- Welcoming: 8
- Safe: 7
- Caring: 8
- Well-organised and calm: 8

#### Observations

- Clear signage welcomed patients to the ward, although describing this as a 'short stay' unit felt slightly misleading as many patients stay for several days or weeks
- Each bed had pull around curtains to provide privacy
- The ward is small with limited space and the beds are close together with a narrow aisle space. There are no windows and one patient told us that it made them feel "*claustrophobic*"
- The ward was very clean and tidy. Noise levels were acceptable
- The ward felt cared for
- We were told that ligature risks had been removed as far as was possible

- Two UHSx staff members were on duty. There were also a number of support staff working that day. The ratio of staff to patients was high
- Staff were observed to be interacting with patients in a very caring way and respecting their dignity
- Family members and friends of patients were welcomed and encouraged to assist with their support and care
- The ward did not feel relaxing. We witnessed members of the security team accompanying other patients and other team members were constantly moving around checking on patients.

## Speaking to staff

Staff were very busy but took time out to speak to us. It was evident that they were passionate about providing good care.

We were told that the ward has twelve beds, but that they try to maintain capacity at eleven beds to provide adequate space.

On the day of our visit, the longest time a patient had been on the ward was eleven days. Another patient had been there ten days. All eleven beds were occupied.

It was confirmed that UHSx staff who are responsible for managing the ward are not mental health trained specialists and that the SPFT Mental Health Liaison team visit patients daily and will triage patients according to need.

We asked staff members whether they experienced spikes in the numbers of patients with a mental health need visiting ED. We were told that 10% of all patients who attend the ED at RSCH have a mental health need and that at UHSx numbers were four to five times above the national average. In addition, Pride weekend sees an increase in young people aged seventeen years attending with drug-induced psychosis after having tried drugs for the first time. These children and young people choose not to attend the Royal Alexandra Children's due to long waits to be seen by the CAMHS service (Children's and Adolescent Mental Health Service). These patients often require intensive support and we were told that they might need support from up to six registered mental health nurses and one acute nurse.

We were also told that the Emergency Department supports patients from out of area who may be visiting the city and experience a mental health crisis. One patient had recently been transferred back to Stoke.

## Speaking to a patient

We asked the UHSx staff team to advise us who we could approach to speak to and were told that just one patient was suitable. The patient was very happy to speak to with Healthwatch Brighton and Hove.

The patient was brought into ED by ambulance ten days ago. They had called 999 before attending ED.

The patient had experienced a prescribed-medication-induced-psychosis which they had never had before. They said Ward 2C *“was the right place for me”* but had only come round to this way of thinking after speaking with a psychiatrist which had only happened today, over a week since they were first admitted onto the ward. Prior to this meeting the patient had felt that they were *“wasting my time”* being on the ward as no-one was telling them anything. They felt this was due to a lack of communication between different medical departments at the hospital (the patient was under the care of a separate medical team).

### **Their experience of main ED**

The patient had spent 11 hours in the main reception area at the Emergency Department. Apart from cleanliness which they said was *“good”* and being offered food and drink, they told us they were very dissatisfied with their experience. We asked why:



*“I was given two sandwiches whilst waiting, which was good and the care was second to none. But the staff didn't have time to explain anything to me and didn't introduce themselves. I had a scan for a suspected stroke but no one explained this to me and it was very frightening. I was given diazepam and slept a lot of the time on a trolley.”*

*“Later, I was moved to a discharge area which I thought meant that I was going home. I was confused as I found out later that I had been moved there temporarily and would be moving somewhere else in the hospital. No one told explained to me I was going to Ward 2C”*



### **Their experience of Ward 2C**

We then asked the patient about their experiences of being on Ward 2C and they told us they were *“very satisfied”*:

*“Can't fault this place. I'm very happy with the staff, all they do is smile.”*

The patient had always been able to get help from staff when they needed it and described them as *“brilliant!”*

Similar to their experience of the main reception area, they said cleanliness was *“exceptional”* and that food and drink offered to them was *“excellent”*. They did however tell us that they had waited over twenty-four hours after arriving at main ED before being offered a hot meal.

They were satisfied with privacy levels saying staff *“were very protective of my privacy.”*

They were *“very dissatisfied”* with noise levels on the ward describing these as *“terrible”*. Last night, another patient had *“kicked off”* and the police had attended which had left them feeling *“distressed”*. The patient also told us that

they had been moved further away from a disruptive patient. Overall, the patient found it hard to sleep at night due to noise and disruption.

When asked about the ward environment, the patient said they felt “claustrophobic” due to the lack of windows. They specifically mentioned that patients needed access to “green spaces” to support their wellbeing.

They also said the ward was “too warm.”

It was clear that the patient was frustrated with the delays in getting information about what was going to happen to them. They had been told they might need an inpatient bed but that these were “few and far between”. They had also been told they were being considered for a Section 2 order due to their presentation<sup>1</sup> but this decision had been reversed, but no one had clearly explained this to them. The patient had no idea how long they would be on Ward 2C for.

# Conclusions

## Areas where improvement were seen

Across all departments within the Emergency Department, 75% of patients reported being satisfied with their experience and only 18% dissatisfied. People we spoke to were also satisfied with toilet access and overall cleanliness of the ED. This is a positive set of outcomes.

Compared with a year ago, our latest visit to the Emergency Department has revealed some improvements to the environments of the main reception and Majors areas. Whilst our findings relate only to the day of our visit (and therefore do not necessarily reflect what the environment is like all year round) these changes are welcomed. The scores we awarded to the main reception had increased from an average of 4.5 to 7.5 (out of 10) whilst for Majors, the average had increased from 6 to 7. There is still room for improvement and our full suggestions for improving the physical environment are detailed in our separate report. Nevertheless, it is evident that steps have been taken which on the day of our visit were having a positive impact and we hope this upward trajectory continues.

Healthwatch was pleased to hear that the patients we spoke to were generally satisfied with the care they have received whilst being treated. We heard how greatly patients appreciated the staff, with many recognising the cleanliness of the department and how safe they felt whilst being treated in the department. It was also good to hear that interactions between staff and patients were mostly good, with a number of patients we spoke to understanding what was going to happen to them, being triaged in a timely manner (although not always with the target of 15 minutes) and being offered food and drink (previously, we have found that poor access to refreshments was of concern). Overall, a number of people told us staff had introduced themselves and patients informed us they had been offered pain relief (where required), which are both areas of improvement.

## Areas where there is room for further improvements

We also heard how there is room for improvements, particularly in the Majors area of the department. We heard about the need to improve signage for patients, the need to improve communications around waiting times (both through nursing staff and improved IT communication systems) and how patient dignity could be improved by not keeping patients waiting on trolleys in corridors in the Majors area of the Department. It is also evident that more needs to be done to ensure that patients in Majors get help from nursing staff when they need it, as only 59% of people spoken to said this was the case.

In the main Emergency Department Waiting Room we have heard about how patients would like to have better access to seating and how patients want there to be more space available to accommodate the number of people who are using this service. The quality and hygiene of seating needs to be checked.

Whilst it was reassuring that most people had been referred to ED by health professionals, it was telling that no one we spoke to in main ED reception had used a walk-in or minor injuries unit; in fact 9% said they had attended ED as 'they know it's always open' or 'they were not sure where else to go'. Overall, 3% of all patients attended ED as either 'they know it's always open', they 'were not sure where else to go' or 'they could not get a GP appointment'. This highlights the need better inform the public of alternatives to ED. The fact that 55% of patients in main ED reception had been in 'contact with their GP' but nevertheless still ended up in ED, raises an interesting question of whether these patients' care needs had been fully met by primary care or whether more can be done in this area.

It was evident from our visit that some patients are waiting in ED far too long – nine days is simply not acceptable. 24% of patients in Majors and 8% in main reception were waiting to be admitted on to a ward. This highlights the pressures on patient 'flow' through the hospital, where delayed discharges mean that in-demand bed space is not always available. Healthwatch is aware that this is an area of focus for both the Hospital Trust and NHS Sussex.



**healthwatch**

Healthwatch Brighton and Hove  
113 Queens Road  
Brighton  
BN1 3XG

[www.healthwatch.co.uk](http://www.healthwatch.co.uk)  
telephone: 01273 23404  
email: [office@healthwatchbrightonandhove.co.uk](mailto:office@healthwatchbrightonandhove.co.uk)