healthwatch East Sussex

March 2017

Round the Clock Care – 24 Hours in East Sussex Healthcare Trust

A snapshot of patient views and experiences as winter approaches

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

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Round the Clock Care – 24 Hours in East Sussex Healthcare NHS Trust: A Winter Focus

Executive summary

This report presents a snapshot of interactions between Healthwatch East Sussex Authorised Representatives and patients, relatives, carers and staff including Ambulance staff. This work was carried out over a 24-hour period in Eastbourne District General Hospital and the Conquest Hospital in Hastings and over 12 hours at Bexhill Community Hospital.

The experiences of patients, carers and relatives during the 24 hours shared were largely positive, and comments were complementary about the care received, with most respondents rating it as very good or excellent. This is consistent with the findings of earlier activity carried out in April 2016.

The visits by Healthwatch East Sussex are part of an ongoing programme of support that is being provided to the trust to strengthen patient and public engagement across the organisation.

The report describes patients' reports of their experience on wards and in departments, commissioned services or pathways and importantly, the interplay between them.

As the winter period approaches, there is usually an increase in demand for services from the health and care system and it is for that reason that East Sussex Healthcare NHS Trust (ESHT) invited Healthwatch East Sussex (HWES) Authorised Representatives (AR's) back into the trust to repeat the activity carried out in the spring of 2016.

During this activity, ARs witnessed an exceptionally busy 24-hour period. However, during the time spent in the trust it was evident just how hard the staff worked to meet the demands on the service and the needs of the patients, whilst maintaining a calm environment within a context of mounting pressures around bed capacity. The first 24-hour Enter and View activity was carried out in April 2016 and whilst the key lines of enquiry remained the same, the focus for this work was extended to include a snap shot of how the system responds to the increase in demand involving the hospital, the ambulance service and adult social care.

The increase in demand for services is widely known about and stems from:

- sicker patients, with more complex illnesses arriving in A & E departments
- a primary care system struggling which is struggling to meet demand
- delay in discharge of patients who are fit to leave hospital but who are awaiting support packages to be put in place prior to leaving hospital

A total of **285 people** shared their views and experiences during this work, this included **81 people** who specifically answered questions regarding their attendance at the Accident and Emergency (A & E) departments.

We asked people to rate the care and treatment they received; whether their care met their expectations and how well they were communicated with during their stay. (See Appendix 3 on page 54 for the complete questions set).

During the period of this activity, information pertaining to bed capacity shared by the Trust was as follows:

- To meet the demand, the Trust was looking to identify 77 beds to admit patients requiring ongoing medical treatment;
- As only 33 patients were discharged, that left a significant shortfall and contributed to the delays patients, carers and families experienced in A & E departments at both sites.

ARs describe some of the challenges as shared by patients, relatives and staff:

- GP Out of Hours (OOH) service is challenging. There is a shortage of GPs therefore they struggle to cover shifts and there are many locums who often have no connections with local communities. This environment translates into greater demands on the ambulance service which the service struggles to respond to.
- There is a public perception that there are a significant number of ambulance vehicles available, this is not the case. Ambulances are an emergency resource and the funding of the service reflects this. It is not a resource to meet the demands of primary care.
- Many people spoke of difficulties getting through to their GP.
- Respondents observed that: “Many of the patients in the A & E departments should not have been there, they need to be on a ward”.

Key findings

- Authorised Representatives’ observations of care during the 24 hours were largely positive and complementary; however, there were some areas identified to follow up. These included: the mental health pathways in A & E for patients, pathways for homeless people and cleanliness concerns.
- The number of inappropriate attendance of some patients in A & E departments remains high.
- There are some patients who bypass NHS 111 and go straight to A & E departments due to previous experiences.
- Proactive communication with patients around waiting times in A & E remains a concern and needs to significantly improve.

- Greater public awareness raising and information is required to deter inappropriate attendance at A & E.
- Patients, carers and relatives, accepted that local NHS services are very busy and stretched, but they also recognised and commented on how hard the staff were working.
- High demand on in-patient beds and impacts on the system when timely discharges cannot be achieved.

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

Background

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

It is likely that everyone will experience a visit to a hospital at some point in their lifetime. Irrespective of who we are, a visit to hospital can invoke feelings of vulnerability as we are reliant on others. The experience of patients and their families is therefore a valuable element of insight into the quality of any episode of interaction with health care.

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

As the demand on health and care services increases, it becomes a challenge to meet the wants and needs of every patient. This report will provide a snapshot of the experiences had by patients and carers during the 24-hour observation period. The Trust and wider system partners can then learn from this experience of the service and patient and families' views on the quality of the care and treatment they receive, to inform new emerging models of care.

Purpose of the Visit

Healthwatch East Sussex was invited back into the Trust to undertake this second wave of activity over a 24-hour period. The purpose of these visits was to engage with patients, carers, relatives and staff to gather their views and experiences of using both the local acute hospital services and Bexhill Community Hospital. This included recording observations about the quality of care patients, carers and their relatives received.

This work is designed to provide continued support to East Sussex Healthcare NHS Trust's Quality Improvement Plan. The aim of HWES's programme of support is to strengthen the role that patient and public engagement brings to the process of improvement.

As the winter period approaches, there is traditionally an increased demand on the health and care system and it is it for that reason that (ESHT) invited Healthwatch East Sussex's Authorised Representatives to revisit the trust to repeat the activity first undertaken in April 2016.

Whilst the services visited remained the same as in the earlier visits, there was to be an additional focus looking at how the system responds to increased demand. This involved observing how the local system i.e. the hospital, the ambulance

service and Adult Social Care worked together to address increase in demand. This was done through observations and conservations with patients, carers and staff. The evidence gathered provides insight into how patients rate the care and treatment they received and how well they were communicated with. Our report contains recommendations which are based on what people told us they thought could improve both overall patient experience and patient flow through the hospital in the future.

Methodology

Our findings are based on observations and conversations with patients, carers and staff, supported by statistical data captured during interviews with patients. They also include case studies from observations made during two night walks undertaken by staff from Healthwatch East Sussex and the Director of Nursing from ESHT

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch ARs carry out these visits to health and social care services to find out how they are being delivered, promote positive experiences, and make recommendations where observations highlight areas for improvement.
The Health and Social Care Act 2012 allows local Healthwatch ARs to observe service delivery and talk to patients, service users, their families and carers, on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can take place when people tell us there is a problem with a service but also, they take place when people speak highly of a service so that we can learn about and share examples of what providers do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch East Sussex's safeguarding policies. If at any time an AR observes anything that they feel uncomfortable about they will inform their lead who will in turn inform the service manager, who will end the visit.
If any member of staff wishes to raise a safeguarding issue involving their employer, they will be directed to the CQC where they are protected by legislation if they raise a concern.

This programme of visits was planned and delivered using Healthwatch Enter and View methodology. A **total of 24 Authorised Representatives** covered six four hour sessions, starting at 08.00 hours on Monday the 28th November 2016 and finishing at 08.00 hours on Tuesday 29th November 2016.

A short questionnaire, was designed with the aim of maximising the number of people that ARs could speak to. This was a quantitative questionnaire with limited opportunity for respondents to qualify their responses. (The questionnaire can be viewed on page 54)

The survey was designed to be completed face to face with patients; it included questions on their expectations of care and experiences and quality of care. In Accident & Emergency departments, specific questions relating to behaviours and decisions they made when looking to identify the right service to attend were also included.

An additional focus was introduced to capture the views of patients, carers and staff about patients arriving in A & E by ambulance and how any delays to patient handovers in A & E departments might affect patient experience.). This involved ARs checking the ambulance bays at 15 minute intervals. (The survey template can be viewed in Appendix 3 on page 54).

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

Information provided to us by the hospital trust showed that the total patient flow across the two main acute sites i.e. EDGH and Conquest Hospital, was 2080. At these sites HWES spoke to 250 people which equated to 12% of patient flow. (See Appendix 2 on page 49) Overall, HWES trained ARs spoke with **285 people** during the 24-hour period across all sites.

A report on the survey responses can be found in Appendix 1 on page 40.

Observations and findings – The Conquest Hospital

08.00 -12.00 hours

Day Surgery and Discharge Lounge

ARs first scheduled visit was to the Day surgery department, where they were introduced by the Director of Nursing. All staff seemed to have a good understanding of the purpose of the visits which was noted as a significant improvement from the first activity conducted in April 2016.

One patient commented on the lack of communication between the hospital departments, this patient had received letters for a follow up appointment, but had not yet had their operation. On this occasion, they rated the experience on as 'poor to very poor'. Several of the other comments shared by patients related to problems encountered attending outpatient appointments, specifically receiving conflicting information about their appointment i.e. one patient was unclear if the referral was for a three-week urgent appointment or for a 20-week scheduled appointment. There were also issues relating to waiting times at the clinics on the day.

Elsewhere in the hospital ARs were greeted by smiles and were welcomed at each ward and unit they visited.

The notice Boards were clear and well presented, not over cluttered. Some wards had a good selection of magazines, however one was particularly over cluttered and magazines were tattered.

There were building improvement works taking place in the main entrance, one AR noted that the temporary reception areas were welcoming, however two members of the public expressed concerns about the noise levels. Waiting areas were viewed as safe and comfortable with variable seating in most locations. The overall environment, at this time of day was noted as clean and good infection control standards were observed in the wards and departments visited.

The discharge lounge was described by one AR as a well-appointed resource; calm and peaceful and mainly accessed by ambulance staff and a very welcoming staff nurse. One patient had waited forty-five minutes to receive their medication and was greeted by ambulance staff who attended to the patient's belongings. The atmosphere was very friendly and unintimidating. A large notice giving details of the discharge procedure was prominently placed. This gave information about transport and who it was arranged for, expected timescales; it would arrive within three hours of being booked, discharge letters and medication. There was also a warning about the possibility of unanticipated delays. Refreshments and meals were provided.

12.00 – 16.00 hours

Out on the Wards

When ARs visited Kipling Ward, the feedback was largely positive; parents described their experience as “Very good but understaffed at night and week-ends”. There was a high proportion of infants under one year on the ward.

Murray ward

A mother of three was admitted for a Caesarean delivery of twins at 07.00 hours, only to find the operation had been cancelled at 07.30 hours because there were no premature cots available. The patient told the AR that they would have appreciated a telephone call as soon as the ward became aware of this situation as her husband had taken paternity leave, and grandparents had travelled a considerable distance to look after their children at home. This patient expressed her experience as “frustration all round”.

Another patient, who was admitted from the Spire hospital after developing post-operative pain, said that the nurses “didn’t understand diet issues regarding their Coeliac Disease”.

Further comments include “Staff unaware of home issues but excellent with patients”. Similar comments were also captured in April 2016 when HWES undertook enter and view visits over three days to both maternity units.

Two young patients under 18 years were admitted for diagnosis during pregnancy. Both commented that they were very impressed by the friendliness of the staff and that they received full explanations of all treatments. One of five visitors of their peer group were present and commented:

“…didn’t expect it to be so friendly”

16.00 – 20.00 hours

At the beginning of the shift, with a few exceptions, the hospital staff were welcoming and helpful, although several were not aware of our visit.

ARs went first to the outpatient clinics to catch the last appointments of the day.

None of the wards visited seemed overly busy, however as they found their way to each ward, as visitors would do when making their way through the hospital, ARs noted some areas of the hospital could do with a ‘good scrub’. This was addressed by the Director of Nursing during the ward round, any additional areas not covered will be shared with the trust to address.

16.00 hours: Cardiology Outpatients Clinic.

Three patients spoken with were very happy with care received. One commented that they were supposed to have had an ultrasound procedure prior to their appointment the previous year but this did not happen, therefore the appointment

was wasted. This year the patient queried this and the situation would have been repeated if they had not have done so.

16.30 hours Respiratory Clinic

One patient, who was waiting to be seen by the doctor, commented that they were not happy with the amalgamation of the EDGH and Conquest hospital services and felt very strongly that patients are not listened to by the trust.

16.45 hours: Ophthalmology Outpatients Department.

There were three patients waiting; two were new patients waiting to be seen for the first time. One patient who has frequent appointments was resigned to waiting for two to three hours on each visit.

17.00 hours Gynaecology Outpatient Clinic

One patient with a history of undiagnosed problems over a considerable number of years before diagnosis was very anxious. An operation resolved all the historical symptoms; however, the patient had fears relating to this previous experience because they had developed new symptoms and their treatment had been postponed.

The patient underwent a medical test on their last visit and was told that dependent upon the results, they would be contacted to come and discuss the results or be given an appointment for an operation in three months' time.

They had heard nothing until receiving a letter to attend this appointment, but they were not told the nature of the appointment and have been very anxious about the outcome. This is this patient's fourth visit with this problem and the clinic has been running late in three out of the four times she has attended appointments.

On this occasion the clinic was running thirty minutes late and they had just been informed that they would not be seen for another thirty minutes. This was adding to their already heightened anxiety levels as they had had to arrange child care with an older relative who also had a medical appointment to attend. They also expressed worries about car parking charges.

17.15 hours Urology 0utpatients Clinic

Two patients shared their views; one patient commented they had waited three months for this appointment with quite severe symptoms. They did not want to bother their GP by chasing it up.

17.30 hours ENT Outpatients Clinic

There was one small child waiting to be seen. The Clinic was running approximately 40 minutes late.

It is very clear from the patient experiences captured during this time frame that patients attending the Outpatients Department experience lengthy delays, untimely due to correspondence issues and a lack of information regarding their appointment or procedure.

HWES is aware that the Trust has an improvement plan in place designed to address some of these issues and improve the patient experience from an administrative perspective.

17.55 hours. Discharge lounge.

One AR noted that the nurses here have an exceptionally caring approach. On assessment, there was only one patient waiting for collection, which was planned for later in the evening at their family's request.

It was unclear from observations how regularly this ward was used, with some suggestion from staff, that it had not been used much in recent months. A fully functioning, efficient Discharge Lounge could be a valuable resource for the Trust in managing timely discharges for patients.

18.25 hours. Richard Ticehurst ward / Surgical Assessment Unit (SAU)

ARs spoke with one patient here who had been admitted following a fall the previous night. It transpired they had only been on the ward for forty-five minutes and that they had not yet been assessed. The patient appeared confused as to where they were in the hospital possibly due to a requirement to be transferred from different departments within the hospital.

At the time of speaking with the patient, they were very anxious both because they were due to have an operation the following day and because no-one had said whether or not they were to have their medication.

In an attempt to try and alleviate some of this anxiety, the AR went to the nursing station to get advice and found the general attitude of the ward clerk and nurse to be somewhat unhelpful.

19.00 hours. Day surgery.

Two patients spoke with ARs in this department. Both felt that their nursing care had been excellent. However, one patient was concerned that the surgeon had not spoken to them before or after their operation and the details on their consent form were incorrect; they were anxious to confirm that the correct procedure had been carried out. This operation was to correct a previous procedure, which added to the anxiety.

The second patient could not fault the care received on the day but had experienced problems with communication prior to their procedure. This included lack of clarity regarding the timescales involved, these ranged from waiting times

of three weeks as an urgent patient to 20 weeks and the need to repeat the pre-op assessment process. They were following up these issues with the Trust.

19.30 hours: Newington Ward.

ARs spoke with two patients who completed the survey and wanted to share their additional views. One patient commented:

'care was very good most nurses are wonderful but some could be more helpful'

A second patient's comments were mainly articulated by their family these included:

Their relative had been transferred to the ward from Bexhill Hospital and had been on Newington ward for four weeks. They said that:

> '*Doctors seemed OK but felt that the nursing staff were not always good at listening- also quick to take offence'*

They also commented that their relative had been prescribed medication to be taken in tablet form at 5pm. On three occasions the tablets were still on the bedside table when they came to visit at 19.00 hours. This had also happened at the Bexhill Hospital.

The A & E Department

08.00 – 12.00 hours

There was every indication that this was going to be a busy time for the whole system, the ambulance activity from 08.00 – 10.00 hours was noted as:
Nine ambulances attended the department and checks were made every fifteen minutes to track length of time they were in the department. During the above time slot, all ambulances had left within fifteen minutes.

From 10.00 – 11.45 hours; a further nine ambulances were observed arriving – all had left within the fifteen-minute checking timeframe. It was not always possible to talk to each patient regarding their experiences of arriving at the department and transferring of their care to hospital staff, therefore further work should be considered to gather information on the patient experience of the transfer of care and any delays.

However, ARs did have the opportunity to speak with several ambulance crews, comments received included:

- Concerns were expressed over one of the NHS 999 services provided by SECAmb currently located in Lewes. This is due to move to Crawley in 2017. *'central control does not have local knowledge - be worse when Lewes move to Crawley'[sic].*

- The 27-week work rota; this was shown to the ARs who could not identify any regular pattern to the rota. This was supported by comments from Senior Paramedic Technicians, who report not always being able to change their shifts as there are no staff of an equivalent rank to replace them.

Other comments included references to the number of staff leaving the ambulance Trust due to; "many changes and lack of communication". As a result of this, there was a general feeling of unhappiness amongst the staff.

On arrival in the A &E department at 08.00 hours an assessment was made of the current situation and was noted as follows:

- Resuscitation bays were empty
- The Clinical Decision Unit (CDU) was full, seven patients.
- There was an approximate four to five hours waiting time
- In cubicles 1 – 18, seven patients were waiting up to one hour to be seen by a doctor
- ARs were told that three doctors and one consultant were on duty
- 11 untreated patients were in the waiting area.
- The departments' monitor was showing a four-hour waiting time

Further assessment of the departments' capacity to treat patients at 10.00 hours was noted:

- Resuscitation bays were empty
- In cubicles 1 -10, three bays were empty
- Cubicles 11 – 18, were noted as full
- 20 untreated patients were in the waiting area
- The monitor was showing a four-hour waiting time

At 12.00 observations noted that:

- There were three patients in the Resuscitation bays
- In cubicles 1 – 10 three bays were empty.
- Cubicles 11 – 18 had three empty bays
- 31 untreated patients were in the waiting area
- The monitor showed a waiting time of four hours

Other observations included that of a young person who visits the department every two to four weeks with suicidal thoughts. This young person was observed to be wandering in and out of the department, it was unclear whether they were supported by a staff member during these episodes of wandering. The mental health team had been contacted and they met with the intention of trying to transfer the patient to a secure unit.

Other conversations included talking to the house keeper. The house keeper has three assistants and they each work the following shifts 06.00 – 14.00 hours, 14.00 –

22.00 hours and 22 – 06.00 hours. Examples of their duties include: to clean all beds, cleaning of the 31 trolleys and buffing the floor. They have a cleaning trolley and a record book for logging times and tasks completed. This was offered to one of the ARs to view and they were very impressed.

One example whereby information was relayed to the house keeping staff included a visitor who used the toilet on the second floor and commented that the toilet required cleaning at 08.00 hours. The house keeper was informed and the floor was instantly cleaned. There were other instances observed where the house keeping was not working as well, these involved body fluids not being attended to promptly and dirty doors and door frames on the stair ways. These were highlighted to the Director of Nursing when undertaking a ward round.

Other comments from patients in the waiting area included:

"Everybody is working so hard".

Chatting to patients, comments were made along the lines of:

"…could not get through to the surgery, if you did get through, there were no appointments available and 111 always tell you to go to A &E"

ARs commented, they *"did not hear any complaints, although the waiting area ran out of seats"!*

12.00 – 16.00 hours: the number of patients observed moving through the department during this session totalled 44; none were admitted and five were discharged. One patient arrived at 14.00 hours who required fast tracking to the treatment bay.

16.00 – 20.00 hours

At 16.00 hours, it was reported that there were no lengthy delays, however by 20.00 there were 41 people in the A & E waiting room. This continued into the evening as many patients were accompanied by relatives or family members. The resuscitation bays were busy with very unwell patients. The monitor showed a 4-hour wait.

Observing ambulance activity from 16.30 – 20.00 hours ARs documented 22 ambulances arriving, with three ambulances returning to the department within 30 minutes of leaving and five ambulances remaining on site at the end of this session.

20.00 – 04.00 hours

At 21.30 hours the waiting time shown on the screen increased to five hours. ARs did not observe any staff coming into the waiting area to announce the waiting times or provide updates to relatives and visitors. There was a spillage which involved what appeared to be body fluids in the waiting room at 21.05 hours and as of 21.30 hours, no cleaner was observed attending to this.

There were also body fluids observed at 21.45 hours outside the entrance to the department, that had been there for at least 35 minutes.

At 22.15 hours; it was noted that the spillage outside the department entrance had not been attended to. The waiting time remained at five hours and whilst it was very busy, the staff appeared to be happy.

On checking the fluid spillage outside the entrance to A & E at 22.25 hours, it was observed that there were a number of visitors smoking, as there were throughout the session. However, on this occasion, there also appeared to be strong smell of Cannabis mixed in with the tobacco smell. This was reported to the Director of Nursing.

At 01.00 hours, the fluid outside the A & E entrance had not been cleaned. During conversations at 02.00 hours with patients who had been waiting a considerable length of time, several patients spoke about their experiences accessing the Walk-in Centres earlier in the day; One comment noted included:

"*The Walk-in centre closes at 20.00 hours, but if waiting room is full at 19.00 hours, they stop accepting patients*". This has a significant impact on A & E departments.

At 03.00 hours, it was very busy in the resuscitation area, and there were no beds available locally. HWES was informed the nearest hospital with capacity was in Chichester.

At 03.10 in discussions with the staff member on duty in reception, the AR was told that during the night shift, there is only one member of staff on duty and therefore it is not possible to have a rest break from duties.

The ambulance activity observed include:

- Two ambulances were observed arriving from 02.15 hours, one departed at 03.00 and one remained on site at the shift end.

04.00 – 08.00 hours

At the beginning of the session, fourteen cubicles were available and eleven were occupied; two of the four beds in the resuscitation area were also occupied. There was a four-hour waiting time showing on the notice board and two patients waiting to be seen.

There was an emergency transfer to the Conquest hospital involving a patient from Bexhill Community hospital and this required intensive input from the Critical Care Team. The relatives were looked after extremely well in a quiet relative's room in the department.

A further two walk-in patients arrived; one was a young child with joint pain accompanied by their parent. They did not contact NHS111 as when they had done so on a previous occasion, they were told to take the child to the A & E department. This was at approximately 06.00 hours, by 08.00 hours the child had

not seen the triage nurse; however, another patient with worsening breathing difficulties was seen promptly, within 10 minutes.

There were a number of ambulance crews in the department, including the crew which had transferred the critically ill patient, it was noted that some two hours since the handover they were completing medical records.

Case Study 1 Night Ward Round

Two Healthwatch staff met the Director of Nursing (DoN) at 23.30 hours in A & E for a ward round. It was a very busy shift and the Director of Nursing spent some time receiving updates from the staff regarding staffing levels and their general well-being. It was also an opportunity for the DoN to undertake a quick assessment of staff practices to ensure good infection control standards were being observed. One staff member was asked to comply with the 'bare below elbow' standard and immediately made the uniform adjustments to be compliant.

The purpose of the ward rounds is not to 'catch out' the staff, but to provide an internal mechanism for 'round the clock engagement' at senior management/Board level with staff and if appropriate, with both patients and relatives.

Inviting HWES, as an external stakeholder to be involved confirms the willingness of the Trust to have an open and transparent approach to lay engagement and involvement.

Another benefit of an unplanned ward round during the night is to engage with staff which as an external visitor HWES would find it difficult to engage with, which is why a visit to the operating theatres was included.

On arrival HWES staff were introduced to the theatre staff, the purpose of the visit was explained and we welcomed the opportunity to talk to and share information with staff about the role of local Healthwatch. It was a useful and informative to meet the staff and have a restricted tour which maintained the infection control and uniform procedures of the operating theatres.

Moving on, we visited an area in the hospital which had been highlighted as in need of urgent cleaning earlier during the day. (The main stairwell from level two – three). This was actioned immediately by the DoN. Following up on other comments handed over from ARs during the day shift, we visited Kipling ward as it was noted there was an unusually high number of infants under one year on the ward and one parent commented on low staffing levels during the night. All appeared to well, and no concerns were raised regarding the staffing levels.

The ward round concluded back in the A & E department, as the department remained exceptionally busy. The waiting room was full, with some young people sleeping across several chairs, waiting times still stood at five hours.

Observation and Findings - Eastbourne District General Hospital

Accident and Emergency (A & E)

08.00 – 12.00 hours

The morning started in the A & E Department and it was clear from the outset it was going to be a very busy shift.

Many people commented on how good the receptionist was, and used words like 'kind' to describe the staff member.

If people experienced any mobility difficulty when called, nurses asked if they could help or assist and **"kindness prevailed"**

On three occasions two patients with ambulance crews were waiting in the corridor for admission for approximately 10 -15 minutes. Communication between the ambulance service and A & E was noted as working well.

Two emergency ambulances arrived coded as "Red Alerts" and had immediate access to the resuscitation team. The ambulances on code red had the quickest turnaround times.

In A & E, the monitor screen advised a waiting time of 3 hours. A total of six people were in the waiting room. They had been seen by the triage nurse and were waiting to see the doctor. Most cubicles were occupied. The nurse in charge advised ARs that the department was very busy and that all beds had been taken in the main hospital so 'bed blocking' would occur.

The waiting room was also very busy and there was a growing sense that the department was becoming busier as lunchtime approached.

At 11.45 hours, the Site Office told one AR that the EDGH, especially A & E was very busy and that there were no spare beds available.

Other notable observations from A & E included:

At A&E across both sites there were many 'very good' and 'excellent' ratings about patient care and treatment recorded, although patients recognised the high level of demand on the service and the number of available staff to respond to that demand.

There were many comments recorded which related to people attending A & E who could have possibly been treated elsewhere. These included:

- the inability to book same day GP appointments or in some cases, not even able to make contact with the practice; and

- a large proportion of patients still not seeking advice elsewhere i.e. NHS 111, local pharmacies or Walk in Centres.

It was also noted that patients who had previously used the NHS 111 service had experienced lengthy questions relating to their query, only to be told to go to A & E at the end of the conversation and had therefore taken the decision to bypass that service and are go directly to A & E departments.

12.00 16.00 hours

ARs were requested by clinical staff not to interview patients in the treatment bays as barrier nursing was taking place in three bays due to Noro Virus. Also, the unit was also under significant pressure as all the bays were occupied. Patients did experience long waiting times during this period examples observed included:

- Patient A arrived at 12.30 hours and was awaiting a bed for admission at 18.30 hours, (Although the displayed waiting time in A & E was five hours).
- Patient B arrived at 12.30 hours was awaiting results from their blood tests and left at 17.30 hours, experiencing a five hour wait in A & E.
- Patient C arrived with mental health needs and was seen by the mental health team at 22.00 hours they experienced a four-hour wait.

One patient had been admitted to A & E with a clot on the lung. Whilst they were waiting to be seen by a Doctor they suffered a stroke but none of the staff appeared to be were aware or noticed this, as reported to the AR. It was only when the doctor arrived that their condition was noticed and action taken. The patient appeared to be progressing well and was fully able to be interviewed.

16.00 – 20.00 hours

During the period from 16.00 – 12 midnight, a total of twenty-nine ambulances were observed arriving; with eight ambulances making return journeys to the department and three remaining on site at the end of the shift.

The department remained very busy into the afternoon. ARs did not hear or see anyone come into the waiting area to inform people how long the waiting time was for a triage nurse or when they might be seen by a doctor. The monitor indicated there was a drop-in centre that they could attend within the department. It also explained that patients could ask a nurse for pain relief.

Not everyone in the waiting area was aware of the monitor. One patient with their partner sat with their backs to the monitor. The patient appeared to be a lot of pain and was waiting to be seen by the triage nurse. The AR explained that the monitor was saying about pain relief, they had not seen the monitor. Other people were also not aware when they were asked.

There appeared to be about a thirty-minute wait to see the triage nurse.
Some of the people spoken to did not know there was a drop-in surgery available, this was mainly those people who did not live in Eastbourne.

Between 17.00 and 19.00 hours ARs were advised there was a delay in deep cleaning of the treatment bays for the patients this was affecting the time people were waiting to be seen. This was because there was no dedicated cleaner available for the department and this led to bay blocking at a very busy period. ARs were told that cleaning staff were deployed elsewhere supporting meal time duties.

Ambulances

The SECAmb computer despatch system was down so crews were working from a paper based system between 13.30 and 18.30 hours. This impacted the hospital handover screens and may have resulted in some data inaccuracy regarding hand over times. The ambulance service instructed a member of staff to act as a Hospital Ambulance Liaison Officer (HALO), during this time to assist in managing the flow of patients through the department.

20.00 – 23.59 hours

From 16.00 hours until midnight, a total of twenty-nine ambulances were observed arriving at A&E, with eight ambulances making return journeys to the department and a total of three on site at the end of the session.

00.01 – 08.00 hours

Tuesday 29 November 2016 from 12.00am until 8.00am.

About eight people were spoken with and completed the survey. A couple of people decided that they were tired or not well enough to participate.

In addition, observations were made on the number of ambulances in attendance and their times of arrival and departure. Staff at the A & E department were also spoken with informally as well as ambulance paramedics.

Ambulances

The situation regarding ambulances waiting outside the department was checked roughly every hour. Until 4.00am, there were few ambulances waiting due to patients being placed quickly into treatment bays. Where there is a delay in being able to access a treatment bay, ambulances and their crews have to wait in the corridor.

At midnight, there were no ambulances outside. At 12.45am there were two, but one patient went straight into a treatment bay and the other waited briefly in the corridor. At 1.30am there were no ambulances waiting outside A & E.

01.15 hours

Following discussion with Clinical Site Manager it became clear that at this time there were no beds available in the whole hospital for patients moving out of A & E. Glynde Ward had already been opened to provide additional beds. This is a ward that is not usually used for inpatients, it is an outpatient area. In addition, three

beds had been opened in an annex, adjacent to A & E. If there was an emergency, a couple of these beds could be used, although they should be reserved for particular patients. These are in the urology department and the stroke unit. The added dilemma is that for a patient from A & E to be transferred to a ward, this would generally mean a patient being moved from that ward to another ward. This clearly is not good practice in the early hours of the morning.

In order to open the annex, a nurse had to be drafted in from another ward and a Healthcare Assistant (HCA), from the A & E compliment, had to work in the annex to meet the needs of these patients. The effect of this was that there was only one HCA remaining in the A & E department.

At this time, all the treatment bays were occupied so there was no possibility of movement. However, a bed was 'found' in the Medical Assessment Unit (MAU) and a patient was transferred there. This was a patient whose care was about to breach the '12-hour rule' in terms of length of time spent in A & E. This would apply to another patient at 8.00 am, so a bed would need to be found for this patient before then.

The ward matron stated that there were 21 patients who were in various locations in the A & E department, who needed to be admitted, i.e. they should not have been in A & E. An initial assessment of their condition had been made, their immediate medical needs had been met and staff had concluded that they needed further, longer term treatment.

01.40 hours

One patient was in the waiting area and all treatment bays were occupied.

02.30 hours

An ambulance arrived. As there was one bay free, there was no delay in the patient being transferred into a treatment bay. This allowed the ambulance crew to quickly leave the hospital and return to duties.

One treatment bay required a deep clean following the departure of a patient. There is one housekeeper for A & E at night and she was carrying out this work. She explained that there is a rapid response person also available who could be called if she was busy and unable to do the deep clean.

No one was in the waiting area at this time.

03.25 hours

Police arrived with a patient. They had taken out a 'Section 136'. This is a section of the Mental Health Act that allows the police to 'hold' a patient if they assess the person to be at risk to themselves or others. The person had stated that they had taken an overdose and so needed to be monitored.

Case Study 2: Patient Experience

At 03:50am The AR spoke with a patient and their family and they expressed the following concerns. The patient had been seen by their GP the previous day. The GP advised that they could treat the person at home with tablets, but that it would be better if they went to hospital where quicker and potentially more effective treatment and medication could be provided. The patient was unsure about whether to go to hospital but agreed. He and his family were told that they would go straight to MAU rather than having to pass through A & E. However, when they got to the hospital, there were no beds on MAU and so he had to stay in A & E. By the time of the conversation he had been in A & E for approximately six hours. The family were not happy, as they stated that they had been provided with very little information about what was happening, why he had not yet gone to MAU and when this transfer would be taking place. They also stated that the patient had not been offered a drink, although they thought that this might have been because they were present. However, they felt staff should have been more proactive. They recognised that the unit was very busy at that time. The AR was unable to finish this initial conversation with the patient and family as a doctor came to speak with them. When the discussion recommenced, they were happier about the situation as the doctor had provided some clarity and confirmed what treatment they were going to start. They stated that it would have been helpful if the doctor had come to them sooner to explain this.

04.00 hours

Two ambulances arrived, no treatment bays were available and so the patients and ambulance crews had to wait in the corridor.

04.10 hours

Three ambulances were waiting outside.

04.30 hours

Five ambulances were outside A & E. One of these was to transfer a patient to the Conquest Hospital. The other four had brought in patients to be seen. No bays were free and so all four patients had to wait in the corridor. A nurse was observed providing medical support to patients in the corridor. This was seen as positive and meant that the assessment process could be started as soon as possible rather than waiting for a treatment bay to come free.

04.50 hours

Two treatment bays became free and so patients could begin to be transferred into the bays from the corridors.

05.00 hours

Three ambulances were outside. Two of these had been at the hospital since at least 4.10am, if not before.

05.55 hours

Treatment bays became free and a patient who had arrived by ambulance could finally be transferred into a treatment bay. The ambulance paramedic stated that they arrived at 3.50am and had therefore spent two hours waiting for a bay to become available.

06.00 hours

The last remaining ambulance left A & E and so there were no ambulances outside. The corridor was also empty and all patients were now in treatment bays. All bays were occupied and so if a new patient arrived, there would not be a treatment bay available for them.

One patient in the waiting room was seen by a doctor, there were four patients remaining in the waiting room.

06.50 hours

One treatment bay was free.

07.20 hours

An ambulance arrived and the patient was able to transfer into a treatment bay immediately.

Some additional information obtained from talking with a range of staff.

- There was one agency nurse on duty. She stated that she had worked at the unit before and so knew the routines. She also worked in another A & E unit.
- There were two doctors on duty in for A & E that night (as told to the ARs). This can cause delays in patients being seen by a doctor, for initial assessment and ongoing treatment. There can also be delays in discharging patients at busy times.
- The consistent view given by staff was that the key issue is the flow of patients out of the hospital and the knock on effect this has.
- One nurse outlined some of the abuse staff are subject to from visitors and patients. Despite this, she stated that "I love my job". At least two other nurses and HCAs made the same point, exhibiting their dedication to what they do and to patients.

Conclusions from the night shift in the A& E department

1. The hospital was 'full' in terms of having no available beds and A&E being nearly always having no treatment bays available. This means that patients

experienced delays in receiving treatment, as they had to wait in the corridor for a treatment bay to become available.

2. High numbers of the patients waiting in A & E should not have been there, as they had been assessed as requiring admission, but no beds were available.

3. All the members of staff spoken with saw the problem as being caused by the lack of movement out of hospital which resulted in patients being in a bed when they should have been discharged. If patients were discharged when medically fit, this would create capacity on wards to take patients from A & E. This would, in turn, create capacity in treatment bays, which would then enable patients to be transferred there directly, freeing up ambulance paramedics to leave the hospital quickly, ready for their next emergency call.

On a point of clarity; the waiting times displayed on the visual screens in both A & E departments are approximate times for clinical assessment rather than the length of time patients are likely to be in the Emergency Department.

Case Study 3 Night ward round

Two Healthwatch East Sussex staff met the DoN at 05.30 hours in A & E for a ward round. Most of the time in A&E was dedicated to conversing with the staff about the very busy night shift. It also provided an opportunity for the Director of Nursing to engage with a Healthcare Assistant who was experiencing difficulties with their application to become a permanent member of staff.

The ward round included a visit to the operating theatres. General Surgery has undergone a major reconfiguration over the past two years with acute and high risk surgery being relocated to the Conquest site together with emergency admissions. Low risk and most day case general surgery remains at the Eastbourne DGH. Therefore, all the theatres were all closed and preparation was complete for the day patients who would start to arrive the following morning. This is why a patient who arrived at the A & E department in Eastbourne requiring emergency surgery was transferred to the Conquest Hospital.

Earlier in the day one of the ARs passed on some comments gathered from patients regarding the level of care received from the Trusts' own staff compared to that of some agency staff. Two patients had rated their experience with agency staff, nurses and HCSs, as 'poor to *diabolical**'. (*This patient chose to include a rating not covered in the HWES survey and has been retained for authenticity purposes only). It was therefore decided to include a visit to the ward concerned during the night ward round. When we arrived, we found that the ward had a full complement of Trust staff and there were no significant concerns observed or communicated. The remainder of the round included a visit to midwife-led maternity unit and the outpatient department as members of staff were arriving early for the start of another day.

The ward round concluded back in the A&E department as the night shift was handing over to the day shift after what had been an exceptionally busy night. The concluding thoughts from the ARs as this activity ended, were that the staff had provided committed and dedicated care to patients under very difficult circumstances.

"I love my job"

Information shared by the trust relating to bed capacity at the time of the activity was as follows:

- To meet the demand, the trust was looking to identify 77 beds in which to admit to admit patients.
- With only 33 patients being discharged, that left a significant shortfall and contributed to the delays patients experienced in both A & E departments.

ARs described some of the challenges as shared by patients, relatives and some staff:

- GP Out of Hours (OOH) service is challenging, there is a shortage of GP 's and they struggle to cover shifts so there are a lot of locums with no connections to local communities. This impacts on the demand for ambulance services.
- There is a public perception that there are a lot of ambulance vehicles available, this is not the case. Ambulances are an emergency resource and are funded as such, they are not a resource to meet the demands of primary care.
- Many people spoke of difficulties getting through to their GP.
- "Many of the patients in the A & E departments should not have been there, they needed to be on a ward"

Summaries from ARs visiting medical wards and outpatient's departments 08.00 – 16.00 hours

Feedback from patients on the surgical wards, Hailsham 2 and Litlington; and elsewhere, Seaford 4 and Berwick wards, was very positive in terms of the quality of care and treatment received on the ward. Responses related to the quality of communication and the way patients are kept informed were also generally very positive. Examples of patient comments included:

- "staff are very welcoming; they always explain what they are doing."
- "they kept me informed all the way through."
- "all staff are really patient, understanding and clear (in what they say)."
- "professional – give me the information I need."
- "explain things – give me time."
- "if I need things they get them for me."
- "all so caring I only have to mention something and it's done."
- "food is good and they prepare it so it is easier for me to eat."

In contrast, feedback from patients in the eye clinic outpatient's area was generally negative in relation to waiting times and the quality of information provided. Comments included:

- "waiting here for 1 hour 45 minutes – screen only shows a 30-minute delay"
- "it's annoying for the person who brings you because they have to spend so long waiting around"
- "sometimes appointments are cancelled, I should have come in August I had two appointments cancelled this is the third one"
- "been waiting for nearly two hours they need to provide more information, maybe a board to tell you where you are in the queue"
- "had to ask what was going on, I thought I'd been forgotten"
- "on a previous visit we had a very long wait, the nurse came out and asked if we had brought our sleeping bags"

A patient and their spouse, who made positive comments about the care and treatment on the wards made a series of other observations about barriers to the best possible care:

- "this is the fifth time we've come to the hospital for the operation"
- "operation cancelled on the day on four previous occasions"
- "difficulties in communication between hospital departments over getting urine samples collected, analysed and results communicated contributed to the cancellations"
- It can be difficult for patients who are treated for different conditions in different hospitals: "why is it that Brighton can send results of tests electronically to Eastbourne, but Eastbourne cannot send results to Brighton this way?"

Other comments noted included:

In general, patients were very positive about their care, especially about care delivered by the nurses. However, several commented on or complained about the lack of time with consultants. Patients also wanted more information about their particular problems and proposed treatment.

Wards and Departments

16.00 – 20.00 hours

The outpatient's departments were beginning to see their last patients and preparing to close for the day and the wards were starting to prepare and settle patients for the night.

There were four patients in the discharge lounge at 16.30 waiting to go home, three patients were collected by non-emergency Patient Transport Service (PTS) and one patient was waiting with their partner. All patients were in receipt of their medication, green pharmacy bags. ARs observed a member of staff supporting a patient who was confused and noted the one to one care observed as an excellent example of good practice. It was how they would like to have seen a close relative being treated in those circumstances. One patient was collected by a social worker to return to their own home.

In the main entrance, some patients were waiting for taxis and they commented that their care was excellent.

Elsewhere in the hospital:

Seaford 1 and MAU

…a helpful Band 5 Nurse was observed dealing with relatives' concerns.

At 17.15 a patient who had been in the hospital since 10.00 experienced various moves around the hospital, but wanted to add:

… *"I have had excellent treatment given all day, now waiting for bed in MAU"*

In MAU/ Seaford 1 one visitor commented there was limited access to toilets for visitors: *"too far to walk"*. (There are toilets available in each stairwell for public use.)

In the admissions lounge; at 18.30 hours one patient who was ready to go home commented that they were satisfied with their care; elsewhere all was reported to be calm.

Seaford 4 /medicine 19.00 hours

One patient reported that the food was better, the ward was calm and the staff were very cooperative. Patients reported that staff were exceptionally busy. One patient commented they had been in for two days and had only managed to speak briefly to a doctor now.

Another AR visited Pevensey ward at 18.40 hours and noted a very calm atmosphere. They spoke with one patient who was happy with their care.

Elsewhere

On East Dean ward at 17.10, ARs spoke with two patients before dinner was served and noted in that in area C patients were eating dinner and there was a peaceful atmosphere about the ward.

Whilst the hospital was experiencing a very busy day and demands on the service were high, there was a consistency of observations noting how calm and peaceful the wards were approaching the end of the day.

Outpatients Department

It was very busy in the phlebotomy department, there were a handful of patients in waiting area A and most seats were occupied in waiting area B.

The notice board for displaying waiting times indicated that in Clinic 1 there was a waiting time of up to sixty minutes and in Clinic 2 up to thirty minutes. A patient in waiting area B commented on their experience as:

"Superb, very quick, couldn't have had better care if had paid"

At 16.50 the phlebotomy department had largely cleared, however there were many patients in Outpatients B, still waiting to be seen.

In waiting area E there were no patients waiting to be seen.

In waiting area D one person commented they had been seen on time and it was a good experience.

By 17.55 all patients had left the outpatients department and it had closed.
On a visit to Pevensey ward at 18.40, an AR spoke with one patient who was happy with all aspects of their care and noted that the ward appeared to be very calm.

4. All the staff were observed to be working hard to meet the needs of patients.
5. Senior staff were aware of the lack of available beds and were actively seeking solutions.
6. Several staff stated that they love the job and are dedicated to providing a very good service.

Bexhill Community Hospital

An overview of the services provided by ESHT at Bexhill Community hospital, include[1]:

- **Day Surgery**

At the Jethro Arscott Day Surgery Unit, patients receive Ophthalmology day surgery.

- **Outpatients Department**

Medical teams hold various clinics within the Outpatients Department.

- **Physiotherapy**
- **Radiology**
- **Wet Age-related Macular Degeneration (AMD)**

A follow-up service for people with Wet Age-related Macular Degeneration (AMD)[2]. Patients will still have their initial examination and first three injections at either Conquest Hospital or Eastbourne DGH but their follow-up treatment will be at Bexhill Hospital.

- **Irvine Unit**

The Irvine Unit has 54 inpatient beds (for intermediate care), palliative care and rehabilitation services.

Services for the community and inpatients include community stroke rehabilitation, the Community Collaborative Rehabilitation Team, occupational therapy and physiotherapy.

The unit is also the base for the South-East Health Out of Hours (OOH) GP service.

Observations

08.00 – 20.00 hours
The morning began in the outpatient's department. The first patient spoken with had a very negative experience to share about trying to get an appointment to be measured for a second pair of shoes. Appointments had been made and re-scheduled a number of times. However, the patient was extremely fulsome in their

[1] : http://www.esht.nhs.uk/hospitals/bexhill/

[2] http://www.nhs.uk/Conditions/Macular- as abovedegeneration/Pages/Treatment.aspx

praise for the podiatry service and for the A & E department at the Conquest Hospital.

In the Day Surgery Unit cataract operations were being performed. Everybody praised the whole process from visiting the consultant, through pre-assessment to the operation and follow up. The AR observed the very informative information pack as well as the detailed explanations provided by the staff as they administered eye drops.

In the Dowling Unit where AMD injections are administered, one patient spoken to makes the journey from their home close to the Kent border every six weeks and has done so for several years because they never have to wait for the appointment. Their individual praise was repeated by all during this visit.
In radiology, there were several people awaiting x-ray, including the family of one patient from the Irvine Unit for whom a chest x-ray had been arranged for the previous week but had been delayed. They had experienced several pathways which involved:

- needing to be transferred by PTS;
- they had been in-patient at Eastbourne District General Hospital (EDGH) and were transferred to Bexhill for rehabilitation services.

Their family travels every day to see to visit, albeit there is some considerable distance involved.

From 11.30 hours, some time was spent talking to those waiting for renal dialysis appointments at midday. One patient, particularly commented on their experience and treatment at the unit positively; however, they and other waiting patients all had poor experiences of using PTS. They did admit that the system was much improved recently.

There only adverse comment was the waiting area gets very congested when they are waiting at 11.30 when patients awaiting transport home after dialysis and treatment in the Day Surgery are also in the waiting area.

At 17.00 the AR visited the renal dialysis unit, this service is provided by Brighton and Sussex University Hospitals NHS Trust (BSUHT) and is therefore not within the scope of this activity. However, a large number of patients using this service do use PTS and are patients, and following significant changes announced recently to local Patient Transport Services, HWES would be keen to engage with to gather their experiences

It was possible however to speak with some drivers from independent ambulance providers of ‘Streamline’ service. The majority of patients requiring dialysis, sometimes three times per week, use PTS. They believe patients are now receiving more accurate information regarding pick up times from home, however delays still occur with drivers waiting at hospital to take patients home when the renal unit is busy and short staffed.

- Day Surgery, all patients had left by 16.00 hours

- Physiotherapy was not in operation on the day of the visit
- Radiology was not in operation on the day of the visit
- Ophthalmology and Day Clinic, some patients were happy to complete the survey and others patients had spoken with HWES earlier in the day.

Irvine Unit

The Irvine unit provides rehabilitation services for up to fifty-four patients. The average length of stay is from three to six weeks. It is a nurse-led unit with multi-discipline services on site and these appear to work well together. There is a doctor on duty on week-days from 09.00 – 17.00 hours, during other times staff contact the OOH and 999 services.

On arrival the nurse in charge was very helpful and welcoming. There was a pleasant atmosphere and a lot of nurse-patient engagement observed, for example help with walking, talking and support at meals times. There was clear signage in communal areas. The AR talked with one family member who visits their 88-year-old parent regularly and they had nothing but praise for this unit.

Conclusions and Recommendations

Conclusions

The services provided at Bexhill Community hospital are highly valued by the local community and by the wider residents who access them. Patients, their families and relatives expressed lots of praise for all the departments they experienced, as too did the AR's completing this activity. Going forward, HWES recognises the importance of local community services to the new models of care that are emerging and will continue to work closely with stakeholders and the public to ensure that these valued services are meeting the needs of local people.

Recommendations

1. **This report is presented to the Trust Board when it is published.**
2. **The report is disseminated across the wards and departments visited and shared at the Patient Experience Steering Group and with the Clinical Administration Team at ESHT.**
3. **Improvements should be implemented at pace in the communications and information patients are sent, to access clinics and outpatient's departments.**
4. **Waiting times for patients attending outpatient departments and clinics should be improved, along with better communication with patients when delays occur.**
5. **Communication should be improved with patients in A&E departments around waiting times.**
6. **Issues relating to cleanliness and environment identified in the Patient Led Assessment of the Care Environment (PLACE) Inspections for 2017 should be followed up.**
7. **The outside areas to the A & E Department need to be included in the cleaning programme and checked for spillages as an unwelcoming entrance does not present a positive impression of the department for patients, relatives and members of public arriving.**
8. **Further work is required across the system to ensure patients can access their GP practices to make an appointment.**
9. **Further work is required with SECAmb, who deliver the NHS 111 services, in relation to people by-passing the 111 service and going directly to A&E departments.**

This report is distributed to wider stakeholders involved in planning local health and care services in order that it inform their implementation plans. Healthwatch East Sussex will be seeking regular feedback from ESHT and other stakeholders on the implementation of these recommendations.

Director's comment

On behalf of local residents, it was extremely valuable to have this second opportunity to engage with patients, carers and relatives 'round the clock' at ESHT, especially as winter approached and added pressures on services were building. We experienced a very busy time in both the emergency departments and on the wards and we observed staff working very hard to manage the daily flow of patients. The overall findings highlight again the richness of patient experience data gathered and the insight that this brings to the provider, to commissioners and to those involved in monitoring the trust's improvement plans. Through this innovative engagement, HWES is able to describe how the plethora of complex statistical data on patient flows, translates into real patient experience in departments and wards.

I would like to thank our volunteers who generously give up their time to support this innovative approach to engagement and to the patients, carers and staff who contributed to this work on the day.

We will continue to work alongside the Trust as their improvement journey develops further and I look forward to reporting back to local people as these improvements transform patient experience for the future.

Julie Fitzgerald – Director

healthwatch East Sussex

Details of the visit

Date and time of the visit:

08.00 hours 28th November 2016 – 08.00 hours 29th November 2016.

Service Provider

East Sussex Healthcare NHS Trust (ESHT)
Trust headquarters
St. Anne's House
729 The Ridge, St. Leonards-on-Sea, East Sussex TN37 7PT.

Services visited: Eastbourne District General Hospital, the Conquest Hospital in Hastings and Bexhill Community Hospital.

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Acknowledgements

Healthwatch East Sussex would like to thank our volunteers, ESHT, patients, visitors and staff members for their contribution to this Enter and View programme.

With special thanks to the service users who provided such valuable insights.

Partner’s comment

At East Sussex Healthcare NHS Trust (ESHT) we welcome the input, support and challenge of our service provision from Healthwatch. This particular report provided a window into the organisation and followed on from a review that took place earlier in the year. It is, without doubt, a critical and constructive view of the Trust during a full 24-hour period.

Healthwatch came into the Trust at what was a very busy period and they observed first hand some of the pressures the Trust faces. However, this review was not about the pressures or system processes, but about the patient experience of how we deliver services - a pivotal element of what we do. ESHT have noted the comments, and the actions that have been recommended, and will seek to address these as an organisation. We have also agreed to share this report with the CCG.

Our thanks go to all those involved in the programme of work.

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

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Disclaimer

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

We will be making this report publicly available by April 2017 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

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

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

Appendices

Appendix 1 – Survey Responses

Gathering Information

The following information and graphs reflect the answers gathered via a series of individual contacts throughout the 24 hour period. Patients and carers visiting during this period were given the opportunity to complete a short survey about their experiences to date in all areas visited, with a separate Accident and Emergency version being available.

For reference, where percentages are shown for each hospital the number of people may be shown in brackets after the percentage is given, for clarity.

Comparative Data

This round was the second time a 24 hour visit was undertaken by Healthwatch East Sussex and allows a comparison to be made between the activities. Where a variance of + / - 5% is found, this will be treated as having no significant change. It should also be noted that where comparisons are made that these are based on single snapshot data and should not be interpreted as key performance data or long term activity ratings, but more of a soft intelligence overview in two separate periods of time.

The November visit was the first time that Bexhill Hospital was visited, meaning there is no comparator data available.

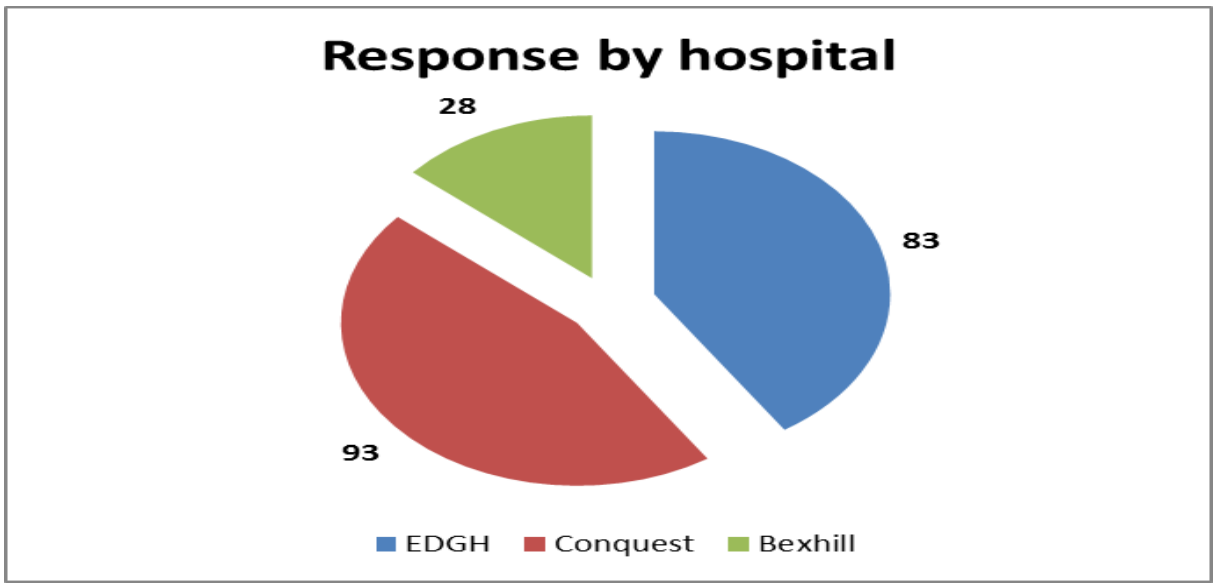


Chart 1: Survey responses November 2016

The above chart shows the number of responses to the survey, across the acute hospital sites visited as part of the 24 hour Enter and View visit. During the previous visit, undertaken in April 2016 there were **76** completed returns for the

EDGH and **93** for the Conquest. This means that there are comparable data returns for each visit and will be shown in tables after each chart.

People who responded were mainly patients awaiting treatment for themselves, however a small number people spoken to were Carers or Friends/Family Members. The breakdown of these answers is shown below.

	Patient	Carer	Family Member	Unknown
EDGH	**76**	**3**	**3**	**1**
Conquest	**74**	**1**	**18**	--
Bexhill Hospital	**25**	**2**	**1**	--

Of the people who responded across all sites, overall **66%** (114) were expecting to go home that day, **21%** (36) were still waiting for a decision and **13%** (23) were not sure of the outcome of their visit. Further analysis of how confident people were about going home the same day found that **86** of the respondents who were expecting to go home the same day were confident that they would do so that day. Of those who were still waiting for a decision, **9** people said that they were aware of any delay that was affecting their return home.

Of all the people who responded, **12%** (20) said that they had used a patient transport service that day.

Care and Treatment

Charts 2 and 3 below reflect the responses made by patients when asked about the care and treatment they had received, at the point of completing the survey.

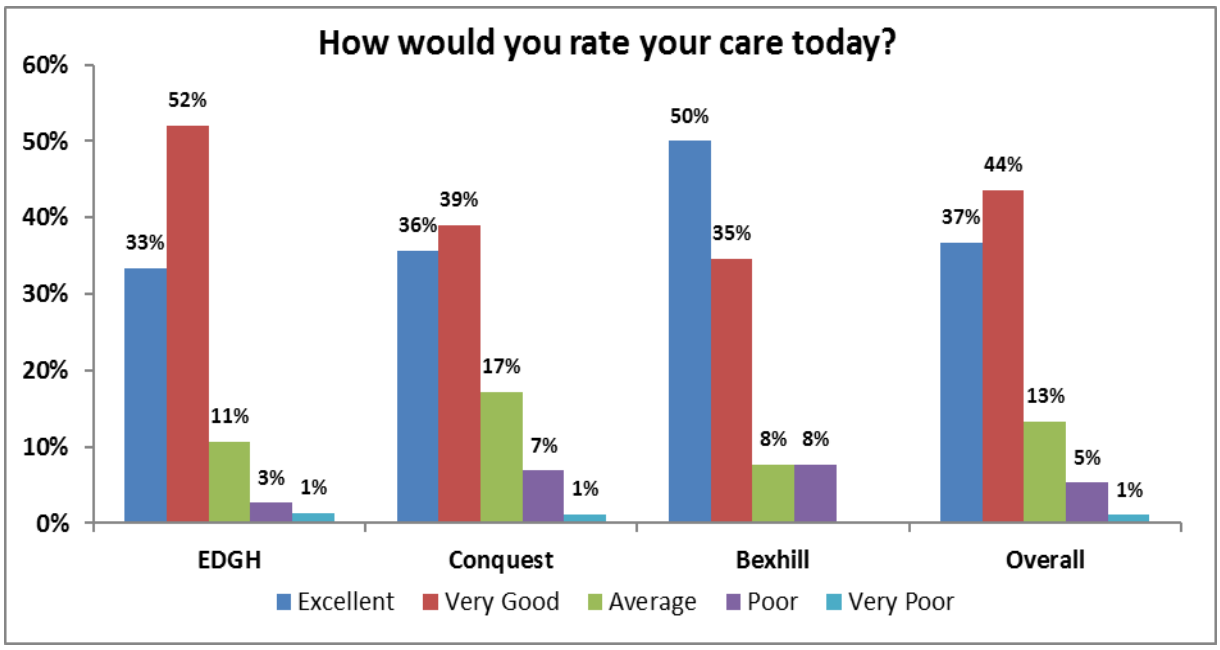


Chart 2: How would you rate your care?

Overall most people felt that there the care and treatment they received was either Excellent or Very Good. The Conquest had the highest number of responses from those who felt their care was average. Bexhill Hospital also has shown largely positive views of peoples care and treatment while they are visiting.

Comparator	April 2016	November 2016	(+ / -) %
EDGH (Excellent / Very Good)	**74%**	**85%**	**+ 11%**
Conquest (Excellent / Very Good)	**84%**	**75%**	**-9%**

While most people were positive about care they received during their stay, it was also important to gather views about their expectations of their treatment, before they arrived at hospital.

Of the people who responded during the November visit, **44%** (33) of people visiting the EDGH and **38%** (34) of people visiting the Conquest said that this was their first visit to hospital for treatment, who may have preconceived views of their visit.

People were asked if their treatment so far exceeded, met or fell below their expectations before entering hospital, with the results shown in chart 3 overleaf.

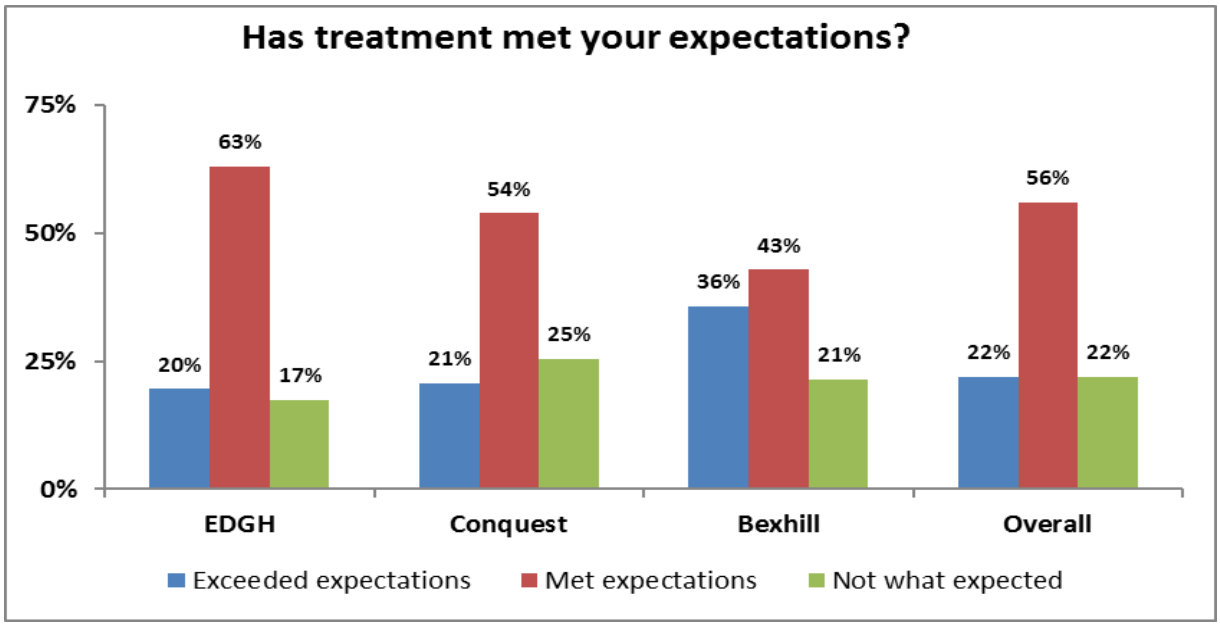


Chart 3: Has treatment met your expectations?

Most people felt that their treatment met or exceeded their expectations across all of the sites visited. Where people stated reasons for their expectations not being met, many cited delays in receiving information or coordination of treatment, as well as some issues when being moved between departments.

Comparator	April 2016	November 2016	(+ / -) %
EDGH (Exceeded / Met)	**86%**	**83%**	**--**
Conquest (Exceeded / Met)	**79%**	**75%**	**--**

When compared to the previous visits responses, there have been small decreases over both major hospital sites, although these are not considered to give significant cause for concern.

A further question asked, where people had been to the hospital for treatment before, if their experience was better, the same or worse this time than previously. The table below shows these responses, including comparator information where applicable.

Comparator	April 2016	November 2016	(+ / -) %
EDGH (Better / Same)	**92%**	**86%**	**-6%**
Conquest (Better / Same)	**87%**	**86%**	**--**
Bexhill Hospital (Better / Same)	**--**	**100%**	**--**

The EDGH shows a small decrease in those who felt that their experience was the same or better than previously. Bexhill Hospital showed wholly positive responses. Overall **18%** of people felt that their experience was better than previously, across the 3 hospitals.

Communication and Information

Key to a positive experience for a patient, is that they feel communicated with and informed of their care and treatment throughout their visit. It is widely recognised that poor communication or lack of information influences a patient's experience and their confidence in services. Supplementary quotes gave lack of patient information via waiting or display boards or lack of explanation as common reasons for their poor ratings.

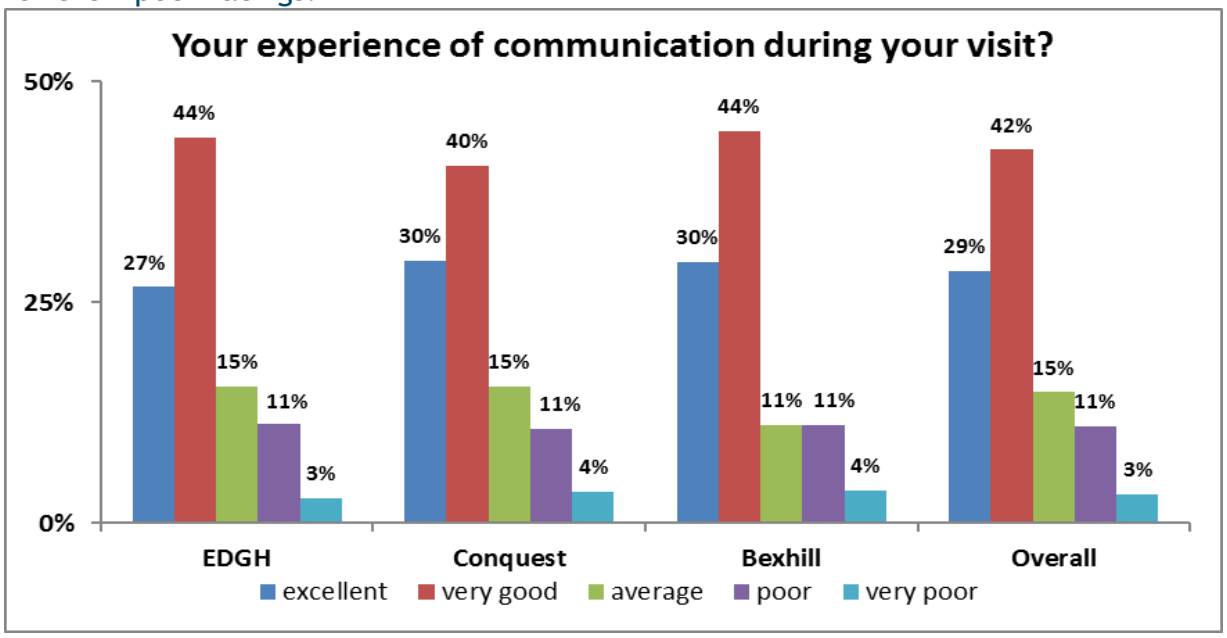


Chart 4: Communication during your visit

Across the hospital sites visited, most responses felt that communication was 'Very Good' during their visit. As can be seen, most levels of response for all of the response categories was consistent across all sites.

Comparator	April 2016	November 2016	(+ / -) %
EDGH (Excellent / Very Good)	**73%**	**71%**	**--**
Conquest (Excellent / Very Good)	**78%**	**70%**	**-8%**

The Conquest Hospital shows an **8%** decrease in satisfaction with communication, when compared to the previous visit. Where negative comments were left, these focussed around telephone calls not being answered and seeing different members of staff, with no explanation as to why. One comment received via the EDGH queried a long time waiting for a discharge, with no information being made available.

Where positive comments were left, staff featured prominently with good attitudes and approach. Several comments from the Conquest also gave examples of good communication via telephone/letter regarding appointments.

As well as good communication, people were asked how well informed they were during their visit. Chart 5 shows these responses.

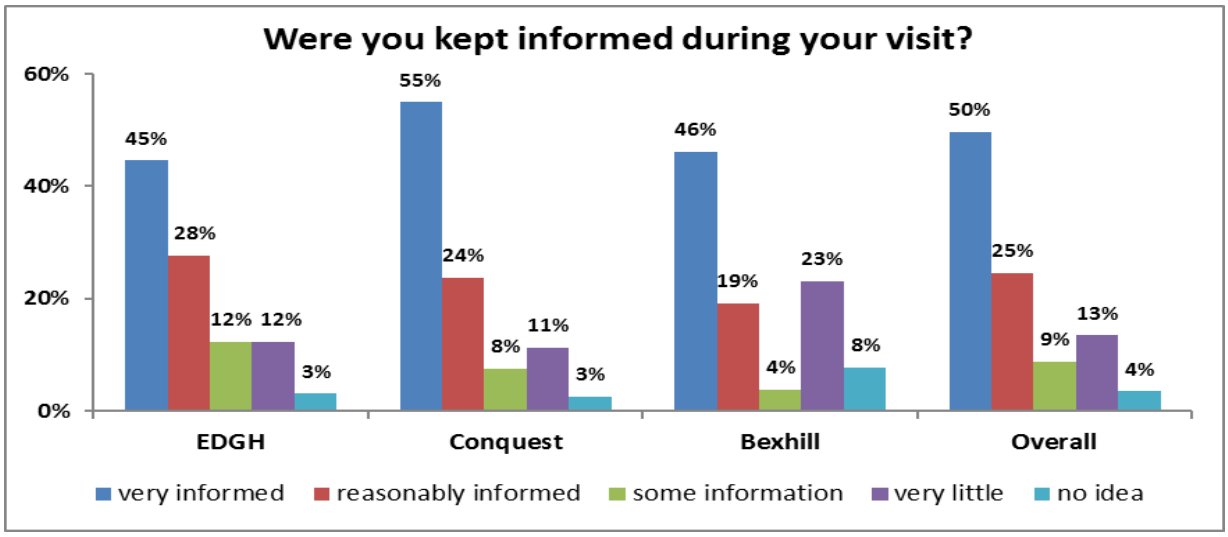


Chart 5: Were you kept informed?

Overall most people felt informed during their visit. Where positive comments were left, these mentioned information given by Nurses, Doctors and Consultants about procedures or treatment due to take place.

Comparator	April 2016	November 2016	(+ / -) %
EDGH (Very / Reasonably Informed)	**66%**	**73%**	**+7%**
Conquest (Very / Reasonably Informed)	**77%**	**79%**	**--**

Encouragingly people felt better informed at the EDGH during their visit during the second round of visits, while the Conquest also shows a small percentage increase.

Accident and Emergency Department

During the 24 hour visits, volunteers took the opportunity to talk to people in the Accident and Emergency at the Eastbourne District General Hospital and The

Conquest Hospital. Their views were captured in a separate survey to the main version and the results are shown below. As per the previous section, comparator information to the April 2016 visits will be shown.

People who responded were mainly patients awaiting treatment for themselves, however a small number people spoken to were Carers or Friends/Family Members. The breakdown of these answers is shown below.

	Patient	Carer	Family Member	Unknown
EDGH	**23**	**4**	**7**	--
Conquest	**36**	**3**	**8**	--

People were asked if they, or their family member/cared for person had tried to get a GP appointment in the last 2 weeks for the treatment that they required at the time of completing the survey. The results are shown below in chart 6.

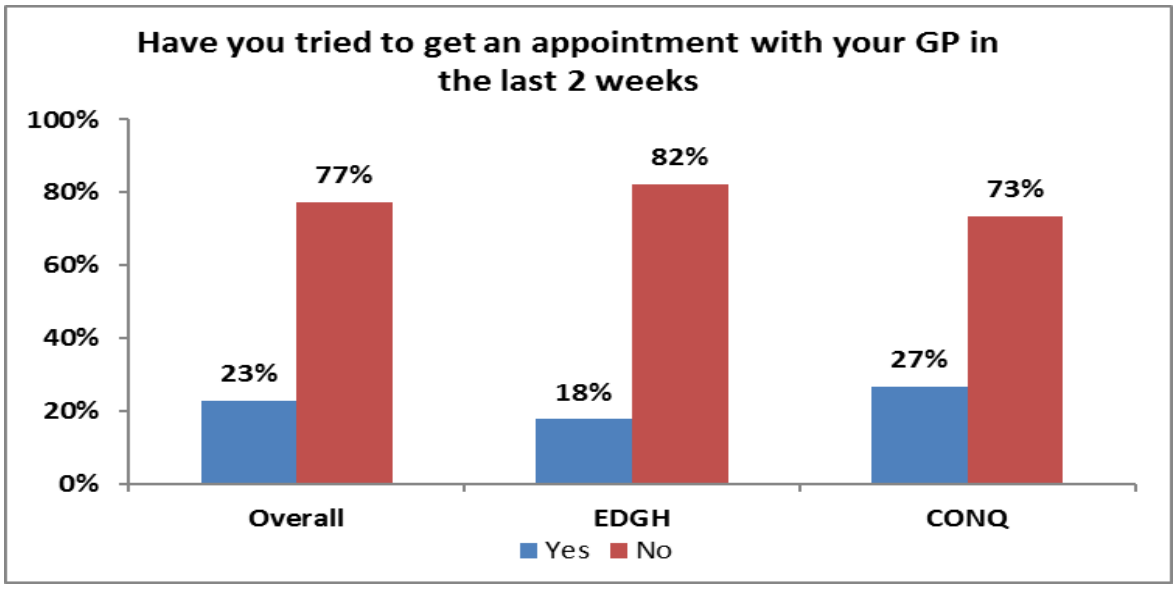


Chart 6: Have you tried to get a GP appointment

As can be seen, nearly a quarter of people overall had tried to get an appointment with a GP in the last two weeks for the reason(s) that they were presenting at the time. A positive indicator is seen as people trying to contact a GP before presenting at A&E.

Comparator	April 2016	November 2016	(+ / -) %
EDGH (Yes)	**33%**	**18%**	**-15%**
Conquest (Yes)	**17%**	**27%**	**+10%**

A further question asked if people had sought advice from the NHS 111 service before attending Accident and Emergency. Overall **88%** of people did not use this service before attending, with only **4** people at the Conquest stating that they sought a GP appointment and advice from the 111 service before attending. Several people also made comment that they were sent to A&E by a GP.

Finally, people were asked if they felt that attending Accident and Emergency was the right place to receive treatment at the time. The results overwhelmingly show

that people felt that attending Accident and Emergency was the right place at that time. Chart 7 shows these results.

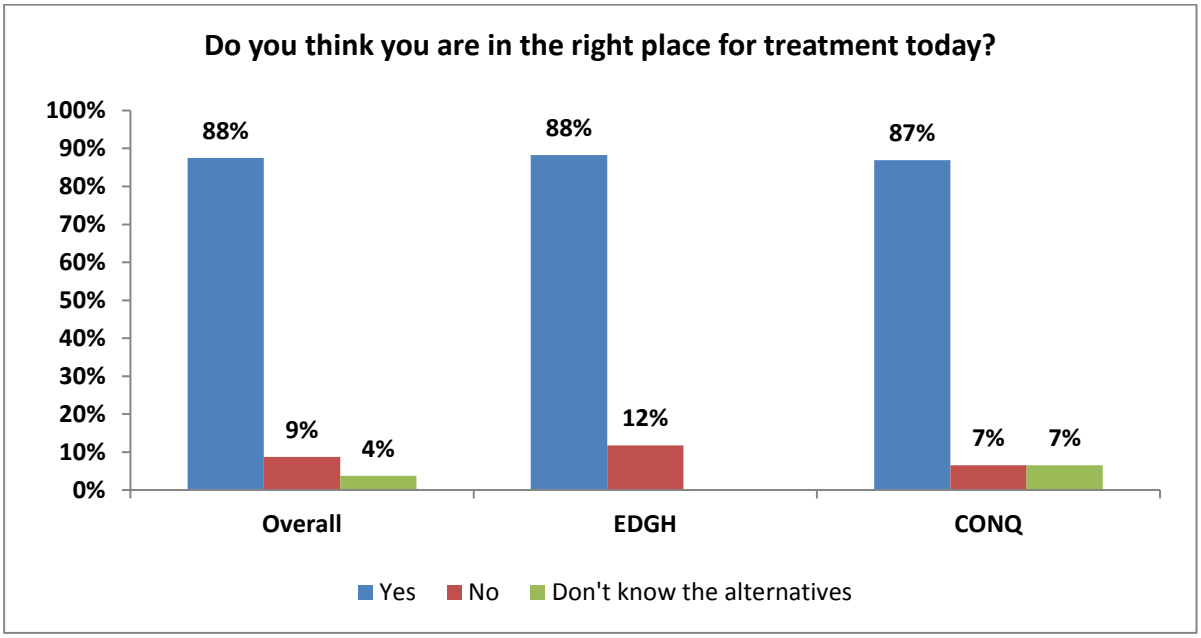


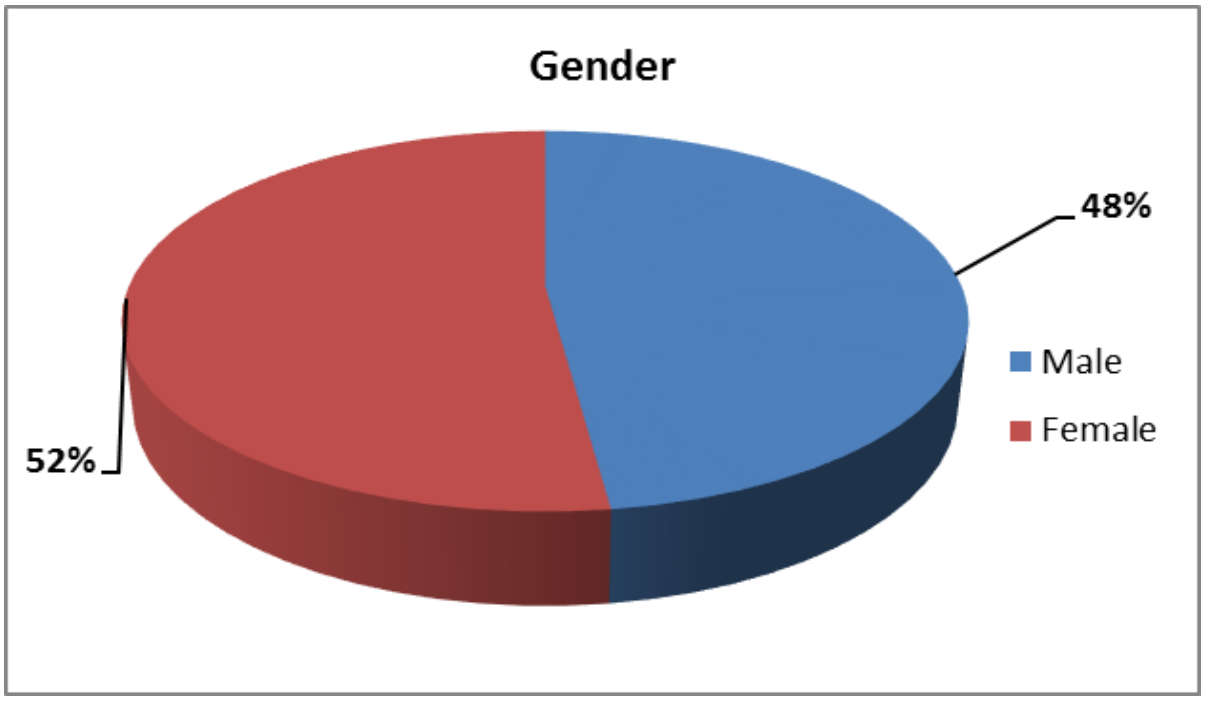
Chart 7: Are you in the right place for treatment.

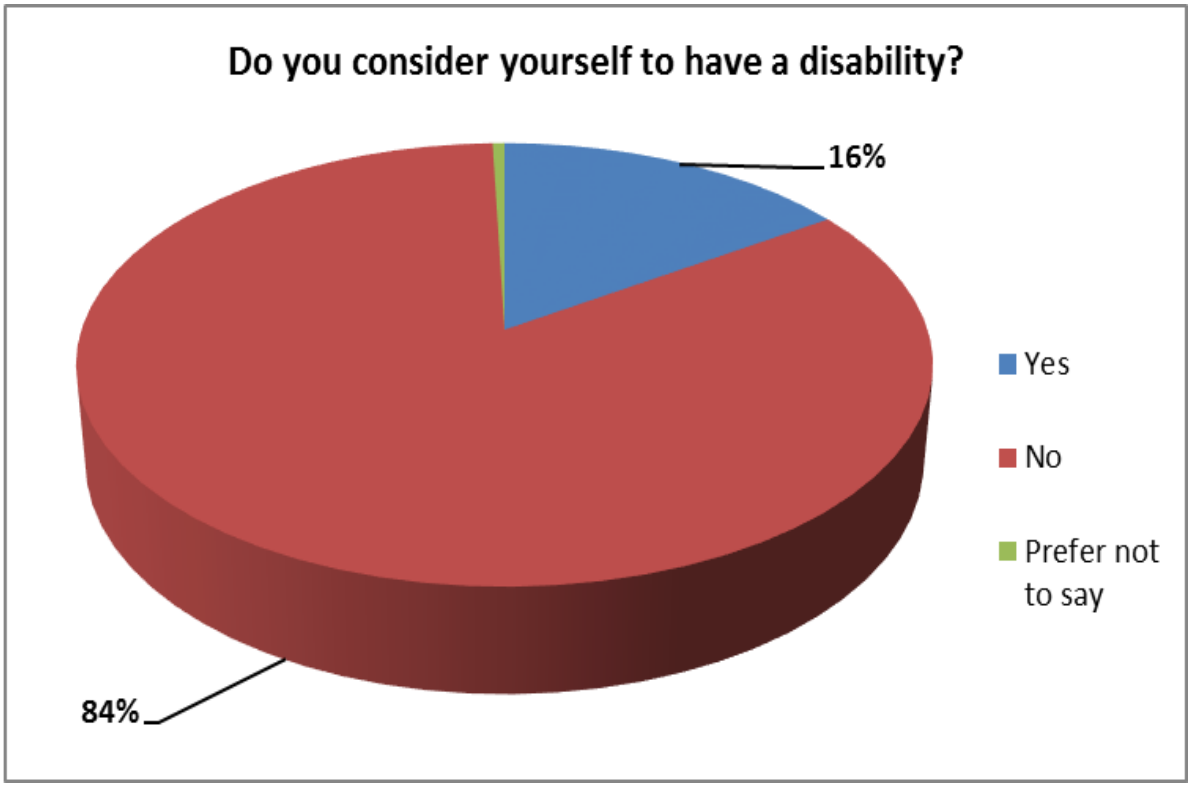
Where comments were left, most people appeared to feel comfortable that they had made the right decision, with accidents at work or brought in by ambulance crews to await triage. Several people did suggest that they were waiting for beds on wards to become available, with one citing a wait for a cubicle in A&E to be deep cleaned before they could be seen, while they waited in a corridor (EDGH).

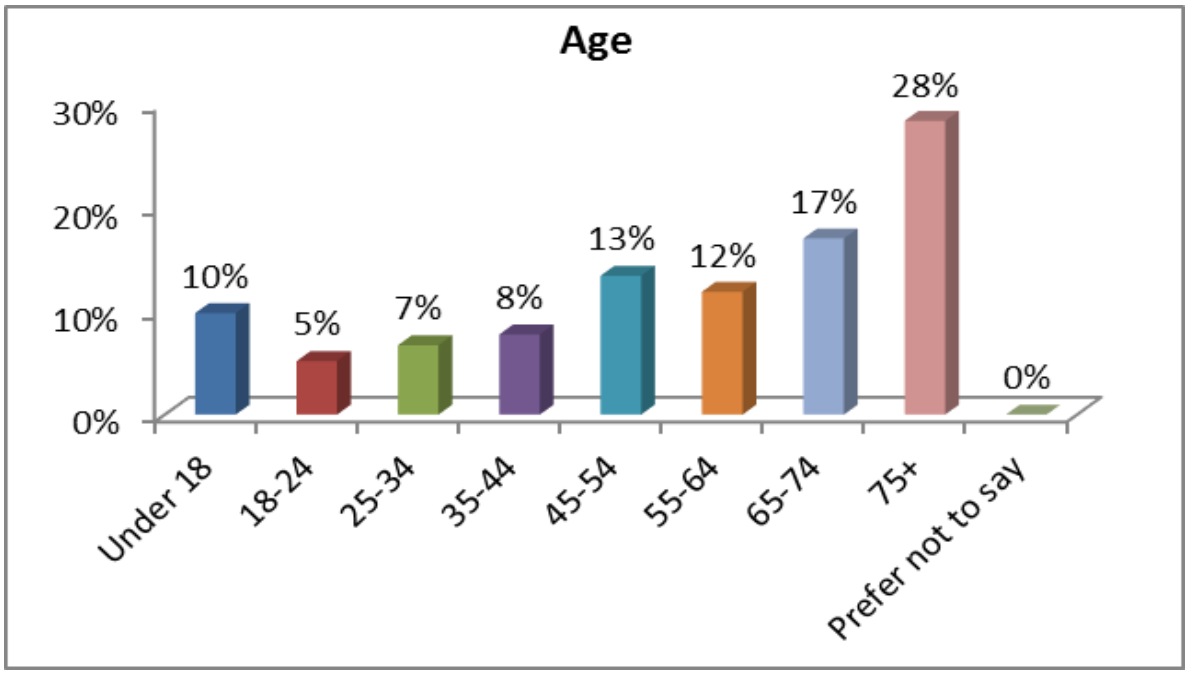
Comparator	April 2016	November 2016	(+ / -) %
EDGH (Yes)	**88%**	**88%**	**--**
Conquest (Yes)	**88%**	**87%**	**--**

Equalities

The following charts give an overview of the makeup of people who completed surveys in all departments across the visit. Answers were given anonymously and are shown as an indicator of those who gave their thoughts, views and experiences.


Gender
48%
52%
Male
Female


Do you consider yourself to have a disability?
16%
84%
Yes
No
Prefer not to say


Age
30%
20%
10%
0%
10%
5%
7%
8%
13%
12%
17%
28%
0%
Under 18
18-24
25-34
35-44
45-54
55-64
65-74
75+
Prefer not to say

Appendix 2 – Visits to SECAmb 999 and 111 call centres

Round the Clock Care – Winter focus

Summary of orientation visits to:

- a NHS 999 emergency operations centre located at the trust's head office in Banstead, Surrey; and
- the 111 contact centre (where calls are received and responded to), located in Ashford, Kent;

Both services are provided by South East Coast Ambulance Service NHS Foundation Trust (SECAmb).

In November 2016, 12 Authorised Representatives (ARs) from Healthwatch East Sussex (HWES) and a Healthwatch East Sussex staff member leading on this activity visited both centres over a period of three weeks.

The purpose of the visits was to support the inclusion of observing 'ambulance handovers' in A & E departments and engaging with ambulance crews as part of the next Round the Clock care – 24-hour activity. This activity is due to start 08.00 hours on Monday 28th November 2016 in both Accident and Emergency (A & E) departments provided by East Sussex Healthcare NHS Trust (ESHT) and conclude at 08.00 hours on Tuesday 29th November 2016.

The aim of the visits was to provide ARs (and staff members) with an oversight of how the calls are managed and responded to, as well observing some of the challenges the trust experience as demands on their service increase.

The ARs undertaking these visits will also be deployed, where possible in both A & E departments during the 24-hour activity to engage with ambulance crews and patients because they have gained this background insight on how the services are delivered.

HWES liaised with senior managers at the ambulance trust to facilitate these visits and also with one of SECAmb's Paramedic and Operating Unit Manager's in East Sussex to agree how the ARs will identify ambulances arriving and departing from the departments as supporting evidence.

Our findings from the visits

All the ARs were extremely complimentary rating the hospitality extended at each visit by trust staff members across both services, as 'excellent'.

Emergency Operations Centre (EOC), Banstead, Surrey

What happens when members of the public dial 999[3]

[3] http://www.secamb.nhs.uk/our_services/calling_999.aspx

As a member of the public, when you ring 999 your call goes through to one of SECAmb's three Emergency Operations Centres (EOCs). Their trained emergency call takers receive nearly 862,000 calls every year. They use a specialist computer system called NHS Pathways[4] to determine the condition of the patient (this is known triaging a patient) so they can send the most appropriate response based on their clinical need. This might be an ambulance, or a single responder paramedic. Some patients who have minor ailments do not require an immediate emergency response or may not need an emergency response at all. They have clinically qualified staff in their EOCs who are able to take more details and provide further advice over the phone. If necessary they can make referrals to other community healthcare professionals such as GPs or community nurses, or to social care professionals, ensuring every patient always receives the most appropriate treatment for their need.

It was a privilege to observe such a vital service and when capacity allowed in the EOC, spending one to one time with trained emergency call takers, those involved in despatching emergency or urgent ambulance vehicles and clinicians working in the trust, was very insightful to experience.

All described their experience as very interesting and worthwhile. On arrival at the EOC an overall introduction to the service was provided, followed by a more detailed overview by the (EOC) shift Manager on how the department operates on a day to day basis which was most helpful and interesting.

The centre operates out of a single storey building, is very limited on space and accommodates emergency call takers, staff despatching emergency or urgent ambulance/ vehicles and clinicians.

As the visits were spread over several days, it was interesting to observe the service over several sessions which highlighted many of the everyday challenges regarding staff shortages and the length of time emergency ambulances were delayed at various locations.

NHS 111 Contact Centre Orbital House, Moat Way, TN24 0TL Ashford, Information for the public calling 111[5]

NHS 111 is a national telephone service, provided in Kent, Surrey and Sussex by SECAmb, working in partnership with Care UK. The service aims to make it easier for people to access healthcare services when they need medical help fast, but not in life-threatening situations.

Calls to the NHS 111 service from landlines and mobile phones are free of charge and the service is available 24 hours a day, 365 days a year to respond to people's healthcare needs when:

- They need medical help fast, but it's not a 999 emergency
- They don't know who to call for medical help or don't have a GP to call

[4] http://www.secamb.nhs.uk/our_services/calling_999/nhs_pathways.aspx

[5] South East Coast Ambulance Service NHS Foundation Trust

- They think they need to go to A&E or another NHS urgent care service
- They require health information or reassurance about what to do next

Calls are answered by SECAmb's trained Health Advisors and referred to Clinical Advisors when required. Callers to NHS 111 can be provided with self-care advice, health information or referred to a number of services, including but not limited to, GP practices, walk-in-centres, dentists, opticians, sexual health clinics, mental health services, accident and emergency departments and referral to 999 or the out of hours GP services.

In future if people need to contact the NHS for urgent care there will only be three ways to so:

- Through their GP practice
- Dialling 111
- Dialling 999 for life-threatening emergencies

Orientation visits to the 111 contact centre took place over one full day as the contact centre is much larger. AR's were greeted by the centre staff who gave a brief introduction explaining the role and functions of the service.
The feedback, as with EOC's was very positive; all AR's had opportunities to ask questions and engage with the staff subject to the capacity of the trained Health Advisors and clinical staff. HWES authorised representatives are not trained to comment of clinical aspects of any service, but did comment that the calls they observed the staff dealing with, were responded to in a very caring and sympathetic manner. This was also consistent with feedback from those who had visited both centres. A further consensus was formed following the visit that greater awareness of the role and function of the service is needed to ensure people receive the right care and treatment from the most appropriate service.
You can listen to the acting Chief Executive Officer (at the time of visit) speaking about all of the services provided by SECAmb here

Information relevant to the report provided by the hospital trust:
The average daily number of patients through the following departments[6]:

Inpatients Admissions

Site	Elective		Emergency	Other	Total
	DC	Ordinary			
Conquest Hospital	85	11	67	16	179
Eastbourne DGH	98	21	51	6	176
Total	183	32	118	22	355

[6] East Sussex NHS Healthcare Trust

A&E

Site	Attendances
Conquest Hospital	183
Eastbourne DGH	174
Total	357

Outpatients - Consultant Clinics Only

Site	Attendances		Total
	New	Follow Up	
Conquest Hospital	282	379	661
Eastbourne DGH	282	425	707
Total	564	804	1368

Based on the above figures, HWES engaged with 22% of the total number of patients attending A & E, and 16% of in-patient admissions and outpatient's consultant clinics

Information relevant to the report readers may find helpful regarding South East Coast Ambulance Service NHS Foundation Trust (SECAmb)

South East Coast Ambulance Service NHS Foundation Trust (SECAMb) provides the NHS 999 and 111 services. Healthwatch ARs visited both NHS 999 and 111 centres prior to this activity to understand how the calls are managed and categorised. When a 999 call is received it is prioritised depending on the information provided by the caller.

The categories are:

- Red 1 - immediately life-threatening
- Red 2 - serious but not the most life threatening

Red 1 patients are the most time critical and covers those patients who are not breathing, don't have a pulse, and other severe conditions.

Red 2 patients are serious but their care is less immediately time critical, this covers conditions such as strokes and seizures. A new clock start time allowed call handlers to get more information about the Red 2 patients so that they receive the most appropriate response for their specific clinical needs[7].

[7] SECAMb Information:
http://www.secamb.nhs.uk/about_us/our_performance/response_time_targets.aspx

All NHS Ambulance services must respond to 75% of Red calls within 8 minutes and 95% within 19 minutes of an ambulance being requested by the clinician. For other less seriously ill patients, timeliness is measured in in a more clinically relevant manner, for example the time for a qualified healthcare professional to arrive at the scene - these are referred to as green calls.

Conversations with Ambulance crews were very positive and helpful. Although frustration can be experienced at times by crews when having to attend non-emergency calls, i.e.:

"…public needs better understanding of what constitutes and emergency call"

Appendix 3 – Round the Clock care

Approach and Methodology for "Round the clock care"

This activity will focus on gathering patients, carers and families' views of the service they are receiving at both acute hospitals over a 24-hour period.
The outcomes will provide East Sussex Healthcare NHS Trust (ESHT) and other agencies with a unique perspective of the patient journey many take on any given day; some for the first time, and some who will have walked the patient journey through the Trust numerous times.

All of these interactions patients experience from car parking, cafes, toilets, to treatments, operations, and discharge (Plus everything in between!) Healthwatch East Sussex (HWES) aims to capture.

Does the Trust always work for every patient? No, absolutely not, it cannot meet the wants and needs of every patient, what it can do is listen and learn from what patients are saying about the quality of each service they receive to inform their quality improvement plan.

Where patients often have a unique comment to make, is where the journey takes a wrong turn or two. They experience each department, commissioned service or pathway and importantly the interplay between them: i.e. when the doctor prescribes a medication that the pharmacy does not stock, when you need a CT scan before your next appointment but the scan is scheduled for a sometime after your next appointment…all viewpoints we hear.

The questions have been developed to provide insight into those patients journeys, pathway interplays and to encourage patients to think about 'rating' their service when providing feedback.

Every patient HWES representatives speak with, will be given information about how to leave a review of their experiences using all health and care services via our website to reinforce the need to give feedback, no matter how small it seems, because it is a piece of the larger jigsaw.

There will be one set of questions that will be used in every department and ward, together with an additional observation prompt recording sheet for Accident and Emergency departments only.

This will be a largely a quantitative data scope with opportunities for patients to explain their ratings. A report will be produced summarising all the information collected today and the report will be available from mid-June 2016.

The survey begins over the page.

Date: **Time:**

Hospital:

Department: **Ward:** *(if applicable)*

Are you :

Patient ☐ Carer ☐ Family Member ☐ Other ☐

If you answered Other, please tell us here:

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

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

Please briefly explain your rating:

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

Yes ☐ No ☐ Prefer not to say ☐

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

Exceeded my expectations ☐ Yes, met all my expectations ☐ Not what I expected ☐

Please briefly explain your rating:

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

Better ☐ About the same ☐ Worse ☐

Please briefly explain your rating:

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

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

Please briefly explain your rating:

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

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

Please briefly explain your rating:

Q5: When are you expecting to go home?

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

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

Yes	No	Prefer not to say
☐	☐	☐

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

Yes	No	Prefer not to say
☐	☐	☐

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

Yes	No	Prefer not to say
☐	☐	☐

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

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

If you answered Other, please tell us here:

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

Yes	No	Don't know the alternatives
☐	☐	☐

Q8: Did you use the Patient Transport Services today?

Yes	No	Prefer not to say
☐	☐	☐

Appendix 4 – A & E Survey Addendum

Hospital:

Department: Accident & Emergency

Date: **Time:**

Are you :

Patient	Carer	Family Member	Other
☐	☐	☐	☐

If you answered **Other** please tell us here:

Q2: Have you seen a GP in the last two weeks relating to your symptoms today?

Yes	No	Prefer not to say
☐	☐	☐

If you answered Q2 'Yes' ***Please briefly explain your rating*:**

Q3: Did you try to obtain a GP appointment in the last two weeks regarding your symptoms today?

Yes	No	Prefer not to say
☐	☐	☐

If you answered Q3 'Yes' ***Please briefly explain*:**

Q4: Did you seek advice from NHS 111 regarding your symptoms today and what was the outcome of that call?

Yes	No	Prefer not to say
☐	☐	☐

If you answered Q4 'Yes' ***Please briefly explain*:**

Q5: Have you visited a walk-in centre in minor injury unit in the last two weeks?

Yes	No	Prefer not to say
☐	☐	☐

If you answered Q2 'Yes' ***Please briefly explain*:**

Q6: Do you think you are in the right place to receive your treatment today or could you have received the same treatment elsewhere?

Yes	No	Don't know the alternatives
☐	☐	

☐

Please note any additional comments