



**Service user experiences of Croydon  
University Hospital Accident and  
Emergency Department  
July 2020**

## Findings in brief

High overall satisfaction - 79% said excellent or good

Being assessed more than once or speaking to two or more staff was not a concern

Waiting times could be communicated better

Facilities are not seen as so good if patients have a long wait

An inconsistent approach with staff and processes

Some expectations of waiting times varied with age

## Recommendations in brief

**Better  
communication  
of waiting times**

**Better  
explanation of  
expected  
customer journey**

**Ensure waiting  
room and toilets  
are always  
comfortable**

**Better food  
options and free  
water on-site**

**Improve  
consistency of  
processes**

**Staff  
consistency  
and training**

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# Executive Summary

Between August and November 2019, Healthwatch Croydon asked those who had recently used Croydon University Hospital's Accident and Emergency department what their experience of services was like. We looked at who they were, how they arrived at A&E; overall satisfaction of visit; waiting time; waiting area facilities; communication by staff and information on what was happening and the friendliness and helpfulness of staff. We also asked about expectations people had about visiting A&E, the difference between the actual time and the expected time they expected to wait, how they were assessed and how many times they had to explain their condition. A further set of questions asked for suggestions to improve facilities, communication and ensure staff are helpful and supportive.

## These are our findings based on the survey of 79 service users

- **High overall satisfaction:** The department scored highly for overall satisfaction with over 50% scoring it as excellent and a further 29% stating it was good; friendliness scored highest with 88% scoring excellent or good; 81% waiting areas 64; 70% communication with staff; 69% that what they came for was made better scored excellent or good 54 and 50% were satisfied with waiting times. (see pages 13-16)
- **Being assessed more than one or speaking to two or more staff was not a concern:** Very few patients were assessed once, but no-one found this negative. Most found the experience positive increasing if they had three or more assessments. A significant comment chose not to comment, suggesting that this issue was not a major issue. Our responses find that more had to speak to two or more doctors or nurses, but of those who gave a comment most found this a positive experience, and only very few had a negative experience. A large number of no comments suggest that this was not a significant issue for many. (see pages 33-41)

- **Waiting times could be communicated better:** When we asked for improvements, many said that they would like to have better communication of waiting times to manage their expectations. (see pages 28-29,31-32 and 44)
- **Facilities are not so good if patients have a long wait:** A number of people found the seats uncomfortable and toilets untidy, as well as limited access to food and drink facilities. (see pages 42-43)
- **An inconsistent approach with staff and processes:** While many found staff friendly and helpful and information good, there were a number of instances where staff did not meet expectations, and information and processes were not as clear as they could be. (see pages 46-47)
- **Some expectations of waiting times varied with age:** Bearing in mind the small sample, for the very young and over 65s the time they had to wait vs expected time was lower, irrespective of how long they wanted to wait. The 19-25 and 26-40 waiting on average up to an hour longer than expected, but these numbers are small. Those aged 41 to 60 were more likely to have higher expectations of less time in A&E than what happened. (see pages 23-24).

#### These are our recommendations:

- **Better communication of waiting times:** Patients understand they have to wait but would really welcome information on how long they will have to wait. This would make a big difference to their experience of waiting. Some advance communication of expected waiting times maybe on the website may also help visitors consider whether to visit then or even at all. Is there a way of using previous digital sets of different conditions and respective waiting times to make an informed prediction based on time of day and busyness of the department?

- **Better explanation of the expected journey that patients will need to take:** Some patients were not clear on what was going to happen to them and how this would develop. While significant effort has been made to give information at each stage, this still needs some emphasis.
- **Ensure waiting room and toilets are always comfortable:** While A&E has been designed for a swift turnover of patients, some are sitting there for hours. More comfortable seating could be considered and reserved for those who have waited longer. More regular checks of the toilets in busier part of the hospital will also help avoid disappointment with the hospital environment and improve patient experience.
- **Better food options and free water on-site:** While the facility was built to deliver a swift service, it is clear that some people are waiting a long time with only limited food and no easy access to water. A small café facility and free water would do much to improve the waiting experience.
- **Improve consistency of processes:** Patients found the overall experience generally good but found some aspects that could have been better. This included gaining prescriptions, having x-rays taken, reason for coming not being resolved and a concern on the triage process.
- **Staff consistency and training:** While staff friendliness and helpfulness scores were high, some patients had concerns about how they were approached and that they might not have enough training with palliative care or some cultural issues.

# 1 Background

## 1.1 Context

### About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

### Context

Accident and Emergency services (A&E) are one of the most used services by residents after GP services. In Croydon, Accident and Emergency services are within Croydon University Hospital. It has had significant pressure for some time to meet demand and provide an effective service.

There was a full redevelopment of facilities with the launch of the new department which opened in November 2019. Even with the new department, demand was still increasing, due in part to the perception of the new facility would deliver enhanced treatment. This increased the popularity of the new facilities - indeed demand increased.<sup>1</sup>

We discussed with the Senior Management Team at Croydon University Hospital, on how understanding about patient experience of the new department would help aid their delivery strategy. This would comprise of two projects, one that looks at how people accessed A&E (which is a separate report to this) and the experience of A&E once they have completed their time using the service.

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<sup>1</sup> Croydon Health Services NHS Trust Board Papers, July 2019, page 43.  
<https://www.croydonhealthservices.nhs.uk/download.cfm?doc=docm93jjm4n1725>



## Aim

The aim of this insight is to understand patient experience on a range of different aspects from waiting times and facilities, to communication, staff friendliness and information.

Between August and November 2019, Healthwatch Croydon asked those who had recently used Croydon University Hospital's Accident and Emergency department what their experience of services was like. We looked at who they were, how they arrived at A&E; overall satisfaction of visit; waiting time; waiting area facilities; communication by staff and information on what was happening; and friendliness and helpfulness of staff. We also asked about expectations people had about visiting A&E, the difference between the actual time and the expected time they expected to wait, how they were assessed and how many times they had to explain their condition. A further set of questions asked for suggestions to improve facilities, communication and ensure staff are helpful and supportive.

## National context

There has been much work undertaken in understand user perception about A&E As the Kings Fund (2020) reported;

“In the 2018 British Social Attitudes Survey, A&E services received lower satisfaction scores from the general public than other services including outpatients and admitted inpatient care. However, the 2018 national survey of patients who have used urgent and emergency care services shows these services receive high satisfaction scores overall, although more can be done to improve communication with patients over how long they can be expected to wait and what symptoms they should watch for after they are discharged.”<sup>2</sup>

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<sup>2</sup> Kings Fund (2020) Urgent and Emergency Care Mythbusters  
<https://www.kingsfund.org.uk/projects/urgent-emergency-care/urgent-and-emergency-care-mythbusters>

## 1.2 Rationale and Methodology

This project looks at patient experience of people who have used services. We considered several themes by analysing two months of Friends and Family responses that were shared with us by Croydon University Hospital to look at themes that we could ask. The following themes were shared with Senior Management at Croydon University Hospital, and a draft questionnaire developed and finalised on these themes

**Waiting times:** This was the issue of most discussion with many passing the four-hour wait. We suggested exploring expectations of waiting time against actual waiting time, to see the gap. If people perceive it will take less time than it would do if services were running well, then there is a communications exercise in managing expectations, as much as working to improve the service to reduce waiting times.

**Facilities:** There were some comments on issues such as comfortability of waiting area, cleanliness of toilets and access to free water, which of course have a bigger impact the longer they are waiting. While these are not part of the medical experience, they are part of the overall customer experience and can therefore affect their perception of the service.

**Communication by staff and information on what is happening:** There were a number of comments where staff were not communicating about progress or waiting times. It is of course understandable, but understanding what people need, even if it was a worst-case scenario in hours wait may help manage expectations. This could be explored more.

**Friendliness and helpfulness of staff:** There were a significant number of positive responses as well as negative responses here. Of course, this could be related to whether the patient got what they wanted/expected, rather than medically necessary. Issues around mental health may also influence perception here, but it is still worth exploring as part of the patient experience.

**Overall satisfaction:** We wanted to gain an insight of the overall experience and see which aspects shown above may contribute more greatly to a positive or negative response. It would be beneficial to ask what their expectations were of coming to A&E. Again, the gap in their expectations may support further communication and provide insight into the experience.

## Method

We need to ask people who have recently completed their experience of using the A&E department. It was agreed with the Deputy Director of Nursing that he would send this to everyone through the same method as the text is done for the Friends and Family Test. Healthwatch Croydon provided the final link, but it was referenced to systems at Croydon Health Services NHS Trust

We asked Croydon University Hospital to send this out to those who had recently been discharged via their text service. They would then respond to the link to the following questions:

1. Who you are and what brought you to Accident and Emergency?
2. How old is the person who is unwell/ injured?
3. What illness or injury brought you here today?
4. Did you arrive by ambulance?
5. What is your experience of using Accident and Emergency today?
  - Overall satisfaction of visit
  - Waiting times
  - Waiting area facilities (such as seats, toilets, other facilities)
  - Communication by staff and information on what was happening
  - Friendliness and helpfulness of staff
  - That what you came here for was made better

6. What expectations did you have about visiting Accident and Emergency before you arrived there?
7. What were your expectations of total time spent at Accident and Emergency?
8. What was the actual total time you spent at Accident and Emergency?
9. How many people assessed you?
10. Did you have to explain your medical issue to more than two different staff members (doctors and nurses)?
11. How can we improve facilities (waiting area and toilets)? (If no view, leave blank)
12. How can we improve communication and information while you are in Accident and Emergency? (If no view, leave blank)
13. How can we support staff to be more friendly and helpful? (If no view, leave blank)

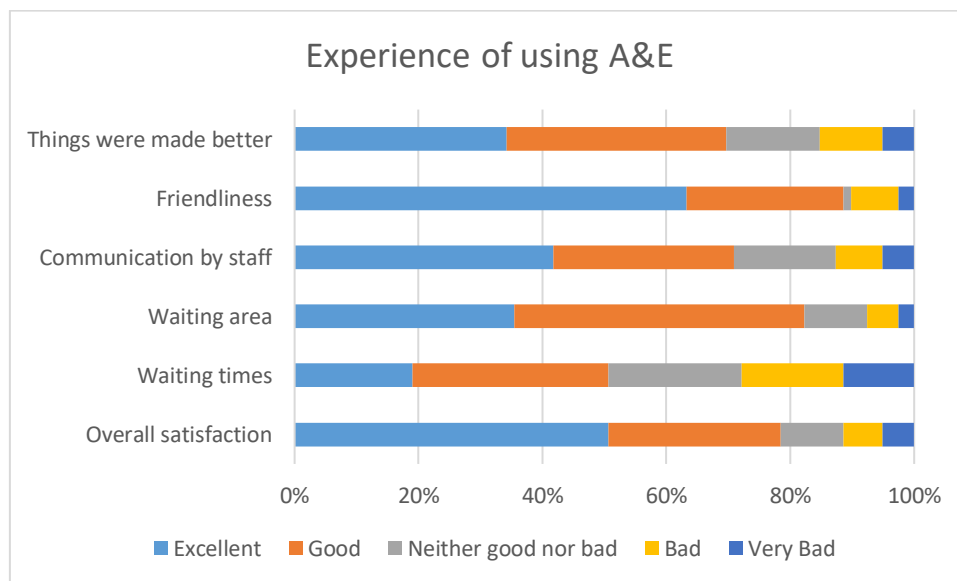
### Limits of the research

- We only received comments from those who responded to text sometime after they had treatment. In that respect, they were self-selecting.
- We received 79 responses having extended the deadline on several occasions. While not statistically significant, there is strong qualitative insight that can help understand the experience of services.
- Due to the complexity of the analysis and a few competing priorities, the report has been published seven months after the survey closed. While it provides insight of the experience of service it does not reflect more recent use of facilities.

## 2. Insight results






### 2.1 The experience of using Accident and Emergency






Experience of using A&E	Excellent	Good	Neither good nor bad	Bad	Very Bad
<b>Overall Satisfaction</b>	40	22	8	5	4
<b>Waiting times</b>	15	25	17	13	9
<b>Waiting area</b>	28	37	8	4	2
<b>Communication by staff</b>	33	23	13	6	4
<b>Friendliness</b>	50	20	1	6	2
<b>Things were made better</b>	27	28	12	8	4













- The department scored highly for overall satisfaction with over 50% scoring it as excellent and a significant amount scoring it good.
- Friendliness scored highest with 70 out of 79 scoring excellent or good; waiting areas 64, communication with staff scoring 55; that what they came for was made better scored excellent or good 54. Only waiting times scored lower at 40.






## Results in detail






5.1. Overall satisfaction of visit			Response Percent	Response Total
1	Excellent		50.6%	40
2	Good		27.8%	22
3	Neither Good nor Bad		10.1%	8
4	Bad		6.3%	5
5	Very Bad		5.1%	4
			answered	79

5.2. Waiting times			Response Percent	Response Total
1	Excellent		19.0%	15
2	Good		31.6%	25
3	Neither Good nor Bad		21.5%	17
4	Bad		16.5%	13
5	Very Bad		11.4%	9
			answered	79

5.3. Waiting area facilities (such as seats, toilets, other facilities)			Response Percent	Response Total
1	Excellent		35.4%	28
2	Good		46.8%	37
3	Neither Good nor Bad		10.1%	8
4	Bad		5.1%	4
5	Very Bad		2.5%	2
			answered	79

5.4. Communication by staff and information on what was happening			Response Percent	Response Total
1	Excellent		41.8%	33
2	Good		29.1%	23
3	Neither Good nor Bad		16.5%	13
4	Bad		7.6%	6
5	Very Bad		5.1%	4
			answered	79

5.5. Friendliness and helpfulness of staff			Response Percent	Response Total
1	Excellent		63.3%	50
2	Good		25.3%	20
3	Neither Good nor Bad		1.3%	1
4	Bad		7.6%	6
5	Very Bad		2.5%	2
			answered	79

5.6. That what you came here for was made better			Response Percent	Response Total
1	Excellent		34.2%	27
2	Good		35.4%	28
3	Neither Good nor Bad		15.2%	12
4	Bad		10.1%	8
5	Very Bad		5.1%	4
			answered	79

### Selected positive responses:

- Patients were impressed at quality of care staff professionalism, communication and speed.

“The nursing staff and doctors who attended my daughter were very efficient and professional they were answering the questions I kept asking. I felt she was in safe hands. One of the nurses even helped me get the WiFi working so I could inform my husband who is away in Holland working. I felt valued and my daughter taken care of very well.”

“My son had infection and had to keep going back for meds everyday staff were very good with him my hubby and me got a cuppa tea from staff what was nice I would diff keep going there not as bad as people say Not a lot more to say just happy with the hospital and staff.”

“I’m happy with your service.”

“Great staff, very understanding and professional.”

“Very good experience. Well communicated with in regards with what was happening and why things taking time. Medical procedures well explained. Staff very approachable and helpful.”

“I was sent to do an exam with the day team. An appointment will be made.”

“Efficient process. Excellent that blood tests, scans are all done in a timely manner with results presented back.”

“Communication was excellent and all my questions were answered.”



"Communication was excellent and all my questions were answered. "

"Very nearly a 100% excellent straight through process, I was pleasantly surprised at how quickly I was seen and sorted out. Excellent reception, triage and surgical team was all action and 'right let's get you sorted out' - I was impressed with their no nonsense approach. Once seen I was out in 20 mins and total wait time of 2 hours, which I believe is good. It would have been quicker but for very slight fly in the ointment of getting lost between triage and Queens (1/2) and reception there didn't seem to have a record for me (possible IT/ processing fix?)."

"It was good experience for me "

"All staff were friendly and very caring, they made me feel safe and confident with my treatment. Staff were attentive and explained what was happening and the outcome of my visit."

"Every member of staff was helpful, friendly, efficient, caring, sympathetic and knowledgeable."

"Nothing much to say every member of staff was excellent."

"Service arrival of ambulance in short time paramedics knew exactly what to do my symptoms Hospital staff as well and saw the doctor within 10 minutes of arrival overall fantastic job."

"The medical care and attention I received from both Doctor and Nurses was of the very highest calibre."

"Very very impressive."

### Mixed responses:

- Patients found the overall experience was generally good but found some aspects that could have been better. This included gaining prescriptions, having x-rays taken, reason for coming not being resolved and a concern on the triage process.

“Staff were excellent and interested in helping my daughter but are overworked.”

“Knowing how long you might wait would be good and a nurse popping in to see everything is ok would be appreciated. The adolescence waiting room is excellent and makes a young person feel more relaxed. However picking up a prescription at 3 o'clock in the morning is not easy as your foot Lloyds pharmacist is closed we had to go back today to try and get the medication and then the pharmacy did not stock it so we still have not got the medication we prescribed yesterday.”

“My overall experience was brilliant. Kind staff in a and e especially the triage nurses! Wonderful ladies who made me feel really comfortable and relaxed as I attended alone and felt very unwell and overwhelmed- they made the experience so much easier. The gentlemen in the a and e x ray department however seem rather unorganised, and just like they didn't want to be there. A lack of privacy as well to get changed, and I feel as if there was no effort to build a rapport or show any empathy. Apart from that though my experience was pleasant.”

“I came as I am in extreme pain with my endometriosis. I was given lots of pain relief but wish I could have seen the specialist as just masking the symptoms and not aware what is happening to cause the severe pain. Have appointment with Endo dept on xx Sept.”

“Honestly the new system of triage is. A wasting (sic) time by the NHS decision maker or else to be looked by four different nurses asking the patient the same question all of them first you see the nurse for an assessment then you have to go back to the receptionist who you the same question again waiting time around 20 t0 40 mins approx in between before seeing the doctor who has done a fantastic job by the way super doctor. exceptional one. easily you can cut half of this 4 nurses duty in triage only I am saying. Not cutting the amount of nurses duty. Complete waste of nurses time to look after other patient.”

“Immediately obvious that it was very different from past visits. Staff very friendly and professional. A lot of waiting for next thing to happen, not knowing if doctors were supervising or not, or who were the people at the desks and computers along the centre of the room.”

## Negative responses:

- Patients has concerns about care, process and waiting times.

Care: “ My GP Doctors gave him more meds as the consultant gave him wrong medicine up on Rupert bear ward were he had to stay for one. Night made him worse and cannot have that drug and had red bum. From medicine which he never suffers from.”

“I/we was not shown a copy of the X ray, staff failed to be successful taking blood sample.”

“My mum died and your staff really need palliative care training and how to deal with the family.”

“Whilst the facility is new, the place was dirty, no compassion from stuff, poor customer service, no information to patient (just told to wait but after 6-7 hrs one is fed up) and no treatment. A complete waste of time.”

“I was discharged to early which resulted me being back in a different hospital with 24 hours.”

“The cause of the pain was not found - further tests will be done but in 2-4 weeks’ time.”

“In the meantime, I left the hospital in the same conditions I came in, still in pain and with no solution for the sharp pains I was getting. ”

“I was sent by GP who had already tried 2 courses of antibiotics and my symptoms are pain was getting worse. Pain in my side and back is so bad I can’t sleep and is hard to breathe. In a&e I was given 2 different painkillers which did not help at all. I was told by the doctor in triage the ct scan showed a kidney stone but the surgeon said it was not a stone and referred me gynae just gave me another pain killer and sent me home. The painkiller hasn’t worked!!”

**Process and waiting times:**

"Very busy staff were helpful and polite. The method of giving a urine sample in my view needs to change. You leave the area with an unlabelled bowl and return to reception area. Walk back to triage with your sample and bang on the door for 5 minutes. One person left theirs on the counter. Two toilets were closed."

"No Dr was able to do anything as it needed someone from ENT to see me, so after many hrs of waiting, I was told to go to St George's to be seen by the Specialist there. I waited just over 4 and an half, before I was seen."

"My GP just sent me for a scan, she had done all the exams/questions that 7 people than asked me again at ER, it took them 3 hours. Waste of your resources, my time and I didn't get what my GP requested."

"I have one eye and visually impaired and every time I come there is a queue going out the main doors, because this wasn't considered."

"Every time people stand in the wrong places and the signage isn't clear when it can be easily rectified and improved."

"WC had used nappy in one loo which had faeces smeared on floor. Also, there was no toilet paper in either cubicle. Administrative/auxillary staff varied in amounts of compassion/putting patient at ease - more business like as opposed to treating patient as individual, although understandable given CUH is a busy hospital. However, not best approach to gain consistent good or outstanding as a hospital."

“Came with chest pains and although the triage stage was quite quick the wait to see the doctor was long and then having to repeat the ECG and blood test and again the wait to see the doctor was extremely long. In the end, thankfully it was nothing serious and I'm glad the staff was friendly and thorough. You just need more staff on duty.”

“Serious chest pains whilst 28wks pregnant, brought in by ambulance but made to wait over 6hrs, no where to lie down and in the end I left without being assessed cause there was another 3-4 hrs wait! Unacceptable.”

“My elderly mum was brought in by car with back abdomen and neck pains mum has Alzheimer's and of a very long wait dementia as well as cancer.”

## 2.2 Expectations about A&E before they arrived

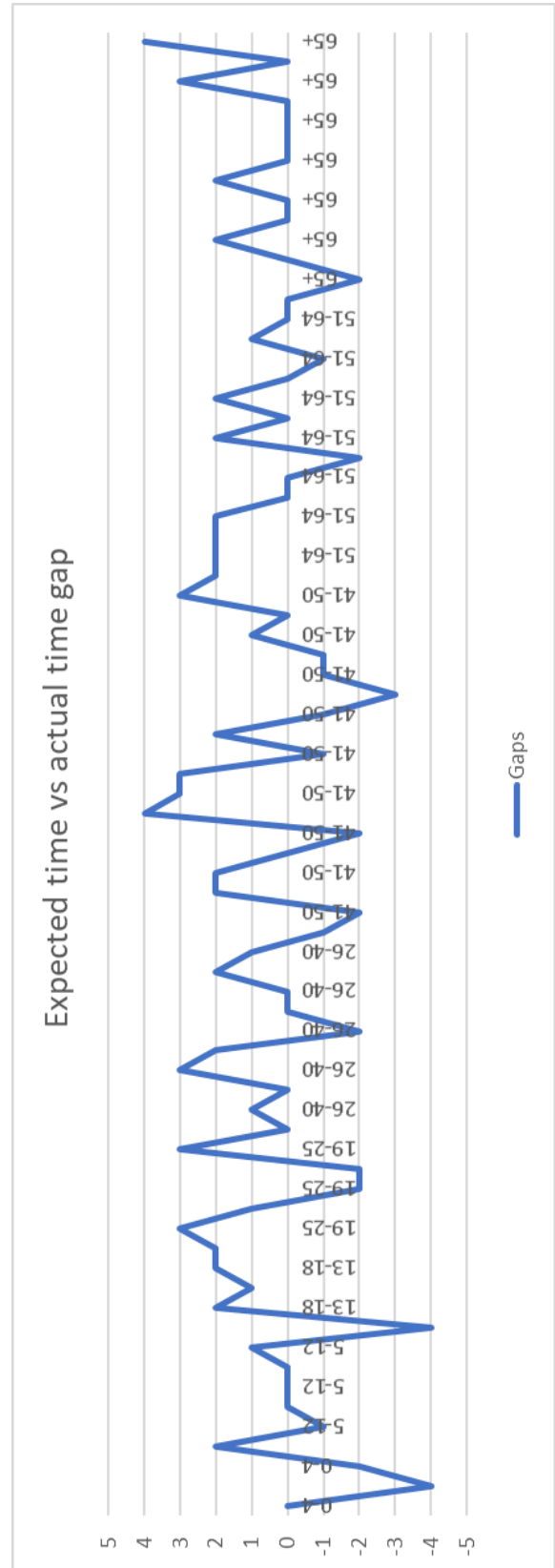
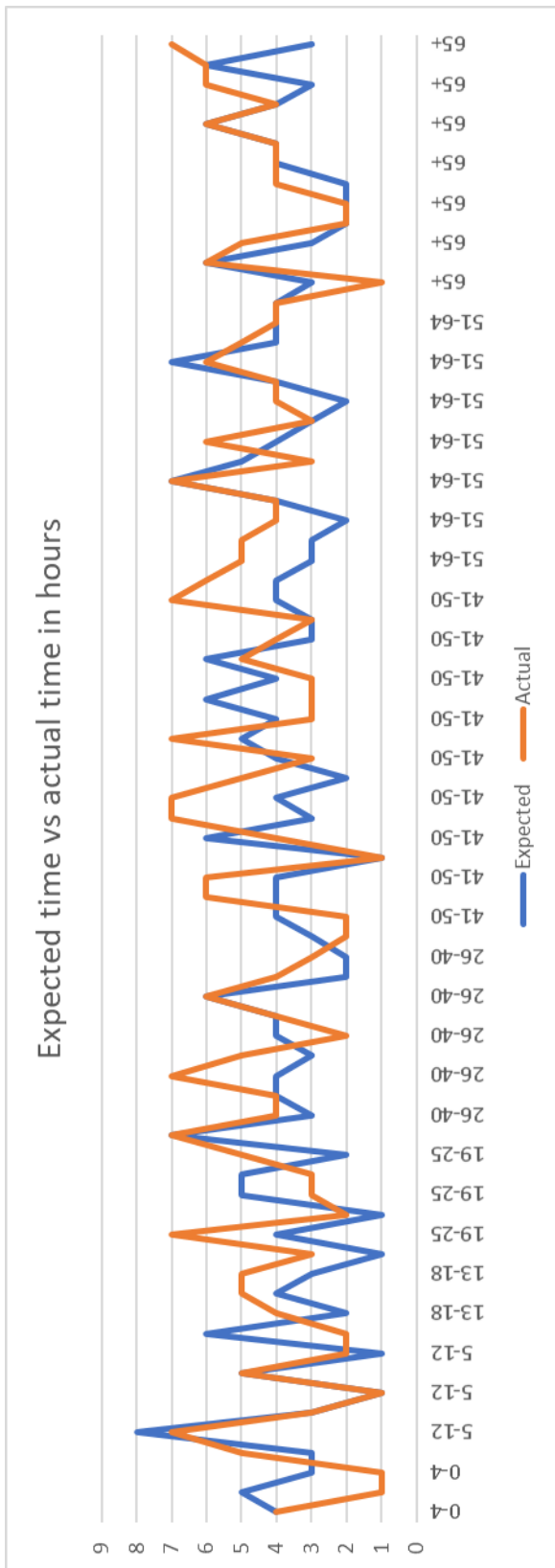
- We asked service users their expectations of A&E before they arrived including the time, they would have thought they had to wait against the reality.
- For the very young and over 65s the time they had to wait vs expected was lower, showing that, irrespective of how long they wanted to wait. The 19-25 and 26-40 waiting on average up to an hour longer than expected, but these numbers are small.
- Those aged 41-50 and 51 to 60 were more likely to have higher expectations of less time in A&E than what happened.

Q2- Age	Expected	Actual	Gaps	Average	
0-4	4	4	0	-1.00	
0-4	5	1	-4		
0-4	3	1	-2		
0-4	3	5	2		
5-12	8	7	-1	0	
5-12	3	3	0		
5-12	1	1	0		
5-12	5	5	0		
5-12	1	2	1		
13-18	6	2	-4	0.25	
13-18	2	4	2		
13-18	4	5	1		
13-18	3	5	2		
19-25	1	3	2	0.83	
19-25	4	7	3		
19-25	1	2	1		
19-25	5	3	-2		
19-25	5	3	-2		
19-25	2	5	3		
26-40	7	7	0	0.70	
26-40	3	4	1		
26-40	4	4	0		
26-40	4	7	3		
26-40	3	5	2		
26-40	4	2	-2		
26-40	4	4	0		
26-40	6	6	0		
26-40	2	4	2		
26-40	2	3	1		
41-50	3	2	-1	0.50	
41-50	4	2	-2		
41-50	4	6	2		
41-50	4	6	2		

Key	
4 h under	
3 hr under	
2 hr under	
1 hr under	
No gap	
1 hr over	
2 hr over	
3 hr over	
4 hr over	

41-50	1	1	0		
41-50	6	4	-2		
41-50	3	7	4		
41-50	4	7	3		
41-50	2	5	3		
41-50	4	3	-1		
41-50	5	7	2		
41-50	4	3	-1		
41-50	6	3	-3		
41-50	4	3	-1		
41-50	6	5	-1		
41-50	3	4	1		
41-50	3	3	0		
41-50	4	7	3		
41-50	4	6	2		
51-64	3	5	2	0.615	
51-64	3	5	2		
51-64	2	4	2		
51-64	4	4	0		
51-64	7	7	0		
51-64	5	3	-2		
51-64	4	6	2		
51-64	3	3	0		
51-64	2	4	2		
51-64	4	4	0		
51-64	7	6	-1		
51-64	4	5	1		
51-64	4	4	0		
51-64	4	4	0		
65+	3	1	-2	-0.154	
65+	6	6	0		
65+	3	5	2		
65+	2	2	0		
65+	2	2	0		
65+	2	4	2		
65+	4	4	0		
65+	4	4	0		
65+	6	6	0		
65+	4	4	0		
65+	3	6	3		
65+	6	6	0		
65+	3	7	4		





When asked about their expectations about what they would receive, not just waiting times many of the were about medical care as well as facilities

**Medical care:**

“None really, to be seen by medical professionals.”

“No real expectations other than receiving treatment for my injury.”

“They will take some assessments while taking me to the hospital.”

“That I would be confirmed as having a urinary infection & given antibiotics.”

“That my mum would be treated care and dignity.”

“I just wanted to know what is happening and wetheimh (sic) daughter would get better what steps we need to take to see she doesn't have these issues again.”

“Help with symptoms.”

“Had been there the day before and so knew what to expect. Both days good positive experience for us all.”

“Coming in as a precaution, to prevent.”

“To feel better.”

“Just wanted to feel better or reassured I will be better which I got.”

“Better support and expertise with my situation.”

“To get a scan to out-rule rumbling appendix. Instead I got a lot of questioning to prove that it's not rumbling appendix, that my GP was wrong, no scan... My GP had done examination, I had a letter, they should have trusted her and done the scan.”

“Run all tests possible in order to find the cause of the problem.”

“To find the source of the pain and help me.”

“I was not sure my injuries were serious enough to warrant a visit to the department but was glad I went given the findings from the tests.”

“Hopefully to sort me out, and not be back so soon.”

“That you would help.”

“Hoping I could know what is happening to cause symptoms and get help sooner.”

“That they would reassure us and provide treatment should it be required.”

#### Facilities:

“I expected shabby surroundings and long waits but with good care when it did come.”

“Nice and friendly clean and tidy.”

“Better signage.”

“You should have free teas and coffees and snacks for people waiting over 9-10hrs!!”

“Beds or somewhere to rest, I am 28weeks pregnant but there was no where to even lie down!”

“I expected the hospital to be unclean . Also a long wait & quite chaotic. However, the hospital was clean, efficient & organised.”

## Waiting times

“I was prepared to wait and had made arrangements for things to carry on without me (collecting my daughter from school, meals).”

“Just the long time waiting makes people feeling anxious and worried”.

“Don t get me wrong i agree to wait even 4 hrs if it is worth it for my treatment but i don t know who is taking the decision on the triage thong (sic) but it is wrong could have cut the waiting time by over one hour approx.mayday casualty has been alwaus (sic) similar like this in the past before triage i may explain why a bit later.”

“In the passed (sic) we have had long waits before any one has come to see patient.”

“Long wait and all.”

“Of a very long wait.”

“Long wait times and rushed service.”

“Long waits.”

“I was thinking that we would have to wait a long time but that didn't happen.”

“I thought I would be there for ages and that it would be a waste of my time. I couldn't have been more wrong though. Helpful, kind and polite nurses and doctors made me feel at ease and I left satisfied they did everything they could to help me.”

“I was worried there would be a wait but I was seen immediately (sic).”

“Long waiting times.”

“That he would be seen by a professional in a timely manner and answer some of the questions that we may have.”

“Longer wait, unpleasant environment.”

“Long waiting time and a waiting room full of challenging patients.”

“To be attended too within reasonable time 3-4hrs not 9hrs as I was told.”

“Expected long waiting times.”

“I was expecting to be there more many hours and not have many tests performed.”

“I didn't really think about it at the time, but I presumed waiting times would be very long.”

#### Other comments:

“I knew it would be busy, but a little chaotic is what I found. As you wait for the help to come, it was uncomfortably HOT, in the waiting room.”

“I had expected the dept to be busy and was very impressed with the speed with which I was seen.”

“Visiting a quite new facility expected a system more organised than experienced. Also shortage of rooms in Triage and didn't expect some consultation in public area.”

“A checking process patient should be dealt with quicker. Since communication is impaired.”

“For there to be doctors, there was only one doctor!!”

“Good customer service with staff showing some empathy and professionalism.”

“I thought I was going to be in hospital for the day and then be asked to return another day to be sorted out. Very pleasantly surprised to find that I was quickly seen and put right.”

## 2.3 Analysis of those who scored Excellent & Very Good for waiting and those who stated Bad & Very bad for waiting against some other factors:

Excellent or Very Good for Waiting		Bad or Very Bad for Waiting		Overall	
<b>Age</b>		<b>Age</b>		<b>Overall Age</b>	
0-4	3	0-4	0	0-4	4
5-12	5	5-12	0	5-12	5
13-18	2	13-18	1	13-18	4
19-25	3	19-25	3	19-25	7
26-40	3	26-40	4	26-40	10
41-50	9	41-50	7	41-50	20
51-64	8	51-64	4	51-64	15
65+	7	65+	3	65+	14
	40		22		79
<b>Gender</b>					
Male	14	Male	10	Male	32
Female	26	Female	12	Female	47
<b>Top referenced conditions</b>		<b>Conditions</b>		<b>Overall</b>	
Stomach /Digestion	6	Mental Health	4	Stomach	9
Breathing difficulties	6	Chest pain	3	Chest pain	9
Chest pain	5	Wounds	3	Broken bone	7
Fever	3	Broken Bones	2	Breathing difficulties	7
Ear	2	Stomach /Digestion	2	Wounds	5
Headache	2	Feeling Unwell	2	Feeling unwell	5
Throat cough	2			Mental health	5
<b>Ambulance</b>		<b>Ambulance</b>			
Yes	12	Yes	6	Yes	21
No	28	No	16	No	58
	40		22		79
<b>Satisfaction</b>		<b>Satisfaction</b>		<b>Overall satisfaction</b>	
Excellent	28	Excellent	4	Excellent	40
Good	11	Good	4	Good	22
Neither good nor bad	0	Neither good nor bad	6	Neither good nor bad	8
Bad	1	Bad	4	Bad	5
Very Bad	0	Very Bad	4	Very Bad	4
	40		22		79

To understand a little more about waiting times and the links to other factors, we compared those who scored highly for satisfaction of waiting times against those who scored lowly for this measure. We did not include those who thought they were neither good nor bad.

While the numbers are small, they might show some small indicators of interest. Of course, much of these may reflect to triage decisions on the day.

- Those with stomach and digestion issues and breathing difficulties then chest pain, had the highest satisfaction on waiting times, while those with mental health, chest pain and wounds had the lowest satisfaction on waiting times. Indeed, with the five people overall who recorded mental health as the reason for attendance, four recorded a long wait and a lack of satisfaction.
- Not unsurprisingly, waiting times contributed significantly to overall satisfaction, with nearly all recording Excellent or Good when they scored highly for waiting times. Interestingly, a number still scored overall satisfaction as excellent or good, even if waiting time was scored low suggesting their tolerance of waiting time for good service.
- More females seemed to be more satisfied with waiting times than men were.
- Whether they came by ambulance did not lean in a particular direction they were proportionate similar.
- With age, people with children rated waiting time much better.

While this sample is small, it does suggest that more insight needs to be done to see the factors concerning waiting times and satisfaction and other key factors of experience as detailed in our report. Could more work be done to analyse the data of each attendee and use this to make reasonable predictions of future wait times based on condition, time of day, staffing levels and busyness of the department. As waiting times is one of the key issues, better communication backed by data may help further enhance satisfaction.

NHS England and Improvement have discussed the application of big data to understand this issue and may even help make predictions<sup>3</sup> with a number of published research on this theme Even if this is not 100% accurate, giving patients a realistic idea of waiting time tailored to their situation will help manage expectations and improved patient experience.

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NHS England (2018) A&E Department and Hospital Bed Modelling - Where are the bottlenecks? <sup>3</sup>  
<https://www.england.nhs.uk/expo/wp-content/uploads/sites/18/2018/09/13.00-Hospital-bed-modelling.-where-are-the-bottlenecks-P6C.pdf>



## 2.4 Number of assessments and experience of having these

### Coded responses

No of assessments	No of patients	Positive	Mixed	Negative	No comment
1	4	3	0	0	1
2	26	7	2	2	15
3	25	11	0	4	10
4	24	12	4	1	7
	<b>79</b>	<b>33</b>	<b>6</b>	<b>7</b>	<b>33</b>

- Very few patients were assessed once, but no-one found this negative. Most found the experience positive increasing if they had three or more assessments.
- A significant comment chose not to comment, suggesting that this issue did not move them to take a clear perspective.

### Selected Positive comments:

“1. Reception - nice, friendly easy to talk with; 2. Nurse - friendly to child; 3. Doctor- really felt like they job is their passion not only job and as well very nice to child and really felt like trusting my child in good hands.”

“Nursers (sic) where brillant doctor was great.”

“Very good experience the nurse were very understanding and answered the questions I kept asking. They knew I was worried. The doctors asked me everything and took time to examine her. One paediatric doctor visited her and again another doctor from A&E came to check on her. The third ficti (sic) came to find out if she had been seen by any doctor. This showed me they cared. I felt very happy that there are good nurses and doctors at Mayday hospital.”

“I can't really remember. Everyone was great though . Listened fully to my sons concerns and explained things clearly to he was reassured and felt comfortable with what was going to happen.”

“I had a triage nurse see me. A blood test by another nurse. ECG from another nurse. Chest x ray from someone else. And finally a doctor who assessed my overall situation.”

“It's was very good because i could understand my chosen docter (sic) as he spoke my mother's language sorry i forgot her name.”

“Better than envisaged as I have avoided having personal A and E care at CUH if ever required.”

“I was walked you the dept by a member of staff as I am a staff member and fell on site.”

“I was assessed by an a&e consultant and referred to xray and CT to confirm a fracture.”

“My wounds were cleaned by a nurse and my case was discussed by max fax and I was referred to the moorfilds (sic) clinic for some eye tests following the max fax advice.”

“Throughout I was kept informed of the steps and also the after care required.”

“1) saw reception; 2) saw triage nurse on desk; 3) saw triage nurse Ed (well done Ed excellent service); 4) saw nurse at queens 2; 5) returned to reception saw triage nurse on desk 6) saw surgeon; 7) surgical team arrived;

“From triage where bloods were taken and ECG temperature and blood pressure were measured to Majors where two doctors evaluated the injury and test results we felt respected and cared for.”

“Had a good experience with all the team: Triage, Blood test Doctor Surgical team.”

“Initially at the assessment desk and subsequently by a doctor.”

“They were very friendly.”

“Very helpful.”

“Service excellent.”

“Very impressed with all concerned.”

“Great is what was expected.”

“Very good. Was moderately re-assured.”

Mixed:

“Very nice people, but the system seems inefficient, too many points of contact.”

“Friendly and thorough staff. Clean and safe waiting room  
Extremely long wait.”

“Staff nurse he was not very nice. He made me feel worse. all the other staff were very caring and sympathetic. They kept me calm and were extremely kind.”

“The doctor was excellent 10 out of 10 the nurses was doing their job but the new system triage not good at all.”

“Good triage and booking in very good blood tests very kind gentle easy European nurse very attentive abs reassuring to mum who was very scared and the info finding nurse was very good. Doctor P Caribbean doctor was amazing and the nurse caring for mum was Afro caribbean was amazing too. The wait spoilt the experience.”

Negative:

“With the information collected about the patient, at screening was a lack of understanding and support. In the assessment the nurse was not caution on approach to Make contact withe equipment that had to be used. “

“I wish when people say they in pain the staff who take observations would listen to where a patient is hurt, or asks the questions and adhere cautiously with what they are intending to do. I’m hypersensitive and the doctors and nurses never seem to understand that when flushing cannuellas (sic) to listen to the patient as the sensations I feel and taste are annoying and uncomfortable.”

“Why do I have to repeat the same symptoms to eight people, each of whom act like they haven’t even bothered to read my notes.”

“Waited to (sic) long in Pain.”

“I was first sent to have my Blood pressure done, then sent back to waiting area, then I was called in to do Bloods, then back into waiting area, then asked to come into Urgent Care room were I was checked out, but No One was available to do what was needed, so a Locum rang round, and finally got in touch with someone at St George's hospital who could see me, but I had to make my own way there. So I got there and waited just over 4 and a half hour before a Doctor called me in, I finally left to make my way home at 7-15pm.”

“AF changed whilst in ambulance so it was hard to know what was going on both for me and for staff. I have neurological problems which complicate the Symptoms.”

“We have about 4 staff come into our cubicle to use the nurse who was dealing with us stuff on her trolley. They had no regard for the patient.”

“I was there almost 24 hours first admitted waiting for a bed doctors change minds and discharge me no one tells me leaves me sitting there almost 24 hours offered no food or water curtain closed and I was attached to monitors so could not reach to open it no bell to call a nurse so no one could see if I have a seizure in the night which i suffer from.”

“Need to take potassium supplements which made me throw up very unwell was not resolved so now I can't take them and haven't been given any other treatment plan for my low potassium? Wasn't take seriously at all.”

## 2.5 Explaining to two or more doctors or nurses

### Coded responses to Did you have to explain to two or more doctors and nurses?

Response	No of patients	Positive	Mixed	Negative	No comment
Yes	46	12	5	2	27
No	33	9	0	1	23
	<b>79</b>	<b>21</b>	<b>5</b>	<b>3</b>	<b>50</b>

- It had been suggested in previous insight that there was annoyance by some in having to repeat what was wrong with them to more than two doctors and nurses. It was said that better communication between them would help make a better patient experience.
- Our responses find that more had to speak to two or more doctors or nurses, but of those who gave a comment most found this a positive experience, and only very few had a negative experience. A large number of no comments suggest that this was not a significant issue for many.

#### Positive:

“Very good experience. My daughter did not have to wait long she was wheeled in 5 minutes or so and the rest just followed swiftly My son wears allergy bands so staff was please to see and sort my son out with the meds he needs.”

“Once at reception then to a nurse then a doctor. Seemed to be in notes and was just checked with us.”

“Only the triage nurse and doctor asked me to explain my situation, which I didn’t mind at all.”

“Stated all of the patients (sic) difficulties to make it clear the kind of person they are dealing with.”

“The consultant explained the medical issues to other staff. I did have to repeat some of it when I went to Moorfields but I was expecting that.”

“I explained my allergies to the ambulance crew, majors staff and the Dr that discharged me.”

“My wife can only have bloods taken from her foot because of poor veins in her arms. The nurse in triage understood this and took bloods from her foot but later when one of the tests had to be repeated in majors we had to tell the doctor. This was not a problem.”

“Doctors was excellent.”

“Nicely done.”

“The staff understood my medical condition and acted accordingly.”

#### Mixed:

“I was told to explain this to everyone I spoke to (I don't remember about the person who took my blood?).”

“Twice in reception then again in triage.”

“Slightly frustrating but understandable”

“Although they have your notes, different staff need to ask questions and see how you're feeling at that point of the process and what brought you to A&E.”

“Everyone asked the same questions, or more in depth ones.”



Negative

“It’s written on a dog tag but no one looked at it.”

“Awful why i have to go through 3 nurses and 1 receptionist asking me the same question.”

“I didn’t see a doctor until shortly before leaving.”

## 2.6 Suggested improvements or further comments about facilities, communication and staff

- Based on their experience of visiting A&E we asked visitors to suggest what improvements they would like to see concerning facilities, communication and staff.

### Toilets and waiting area:

"The seats are very uncomfortable for a long wait time, the seats in cray (sic) department were padded and comfortable for the 10 minute stay. But chairs in the waiting area were hard."

"if the chairs could be a bit more comfortable due to relatives having issues ie back pain and sitting around for long periods can be painful."

"The seats were very hard and uncomfortable and due to the waiting times, I felt these could have been better."

"Softer seating recommended>"

"Some seat are facing a vocal point TV on the wall, the opposite seats face the A/E entrance. Another TV is needed, since seats further away from the TV can not hear the program they are viewing."

"I found the waiting area a bit grubby and with trash all over the place, it wasn't what you expect to see."

"Clean waiting area chairs."

"Clean and freshen toilets."

"Ensure all toilets are working, two were out of action and closed."

### Food and water options:

“Healthy food should be available, so should gluten and sugar free food. Your food should also not cost an arm and a leg. You’re profiteering from a captive audience.”

“Vending machines were very temperamental. More healthier food choices.”

“Water machine maybe .”

“I also had to walk into another room for the water facilities to fill up my bottle.”

“Fix the toilet in the adolescence area Have a vending machine or drinks machine in within the children’s area or near the children’s area so parents can get a drink and not have to leave the children.”

“Offer people water or tea/coffee sometime you run out without money. If not put in a kitchen this used to happen.”

### Other facility issues:

“We were concerned to note that the door from Majors to the children’s A&E was not locked and strangers could move freely into that area.”

“Improve the system of giving a urine sample. Label the bowl. Develop a better system of patients being able to give back their sample.”

“Better locations to reception and streaming nurses.”

“Better thought out waiting room.”      “Better signage.”

Communication - particularly of waiting times

“Provide rough waiting times.” “Rough estimates of waiting time.”

“Tell me what’s going on instead of leaving me waiting 9 hours without a word or painkillers.”

“Inform patient of estimated waiting time.”

“Keep patients informed on a regular basis as to how they are progressing and how close they are to see the next person (doctor, nurse, etc.).”

“Staff refuse to even provide ball park wait times.”

“By informing patients of where they are in line as waiting times are hard to determine.”

“Frequent updates on what’s happening.”

“I didn’t see any indication of the likely waiting time.”

“There should be some system indicating one’s position in the queue.”

“Not knowing how long the wait will be is one of the most stressful aspects.”

**Information:**

“Should have a notice board (sic) in front of the door big one to explain to people coming may be first time to A E about your triage how it works what you should expect. And any patient before entering the building should read it first or have one of the hospital patient representative in front of the door to explain to people what they would expect to happen inside and to direct them to the proper way and staff they should (sic) meet during their visit in mayday they got people to do that same system should (sic) apply to casualty if it is a voluntary job i can do that part time if i have to undergo some training (sic) i will be happy with that.”

“Just be clear and ensure the patient has understood and registered the info being told.”

“Seemed that the staff were there to weed us out rather than listening to us/ our GP.”

“Just One person needs to ask your problems then show it on line to everyone involved to get you seen.”

“I understood less about how this department worked because I arrived by ambulance I think. Ambulance staff must have given their assessment to A & E staff and contact with nurses was brief whilst they wired me up to bp and ECG monitor. They were very kind though.”

“With difficulty for the staff in pronouncing some names an electronic visual board would reduce the wasted time in identifying patient.”

Process:

“Too many points of contact, I wasn't sure who was responsible for me, apart from the doctor who saw me last, who seemed too busy. It was too much for him, while other 6 people who saw me had no 'ownership', responsibility, just did their part of the process, not knowing anything besides that. It felt like it was easy to get lost in the system...”

“Improve the system of giving a urine sample. Label the bowl. Develop a better system of patients being able to give back their sample.”

“Have the same two people on reception and when you first come in- it would have me having to repeat myself to two people who were sitting about 12 steps away from each other.”

“I just didn't understand this/ and when I went in I automatically went to the reception where I was sent to the lady on the table and of course had to go back- this could have been made clearer.”

“In each room use a screen to advise what's happening to keep everyone informed. Nurses come in and the patients don't know names and why they have come to treat them.”

“I understood less about how this department worked because I arrived by ambulance I think. Ambulance staff must have given their assessment to A & E staff and contact with nurses was brief whilst they wired me up to bp and ECG monitor. They were very kind though.”

Staff and training:

“Ask questions in a polite manner No being judgmental, cold, abrupt or patronising .”

“More staff so they are not so stressed, and can spend more time with each patient.”

“By not treating patients as if they’re an inconvenience.”

“I think the a and e x ray department could improve by being more attentive and showing a bit more emotion. When you get the vibe someone can’t be bothered or doesn’t want to be there you feel like a burden, and that left me quite uncomfortable.”

“More palliative care training.”

“Reminder / refresher training for receiving administrative/ auxillary staff of what it may feel like to be an apprehensive patient in A and E; compassion. Booking receptionists were good.”

“Skilled staff that understand, difficulties, and symptoms.”

“Some staff had what it takes others may need supporting.”

“Training to recognise the different cultural expectations of their patients.”

“Reminder training/CPD on empathy/compassion.”

**Good comments about staff:**

“My experience was that staff were friendly and caring.”

“All staff were friendly and helpful.”

“All of them were very friendly.”

“I did think every one was polite”

“All staff were extremely friendly and more than helpful.”







“Thought everyone was very supportive and friendly.”

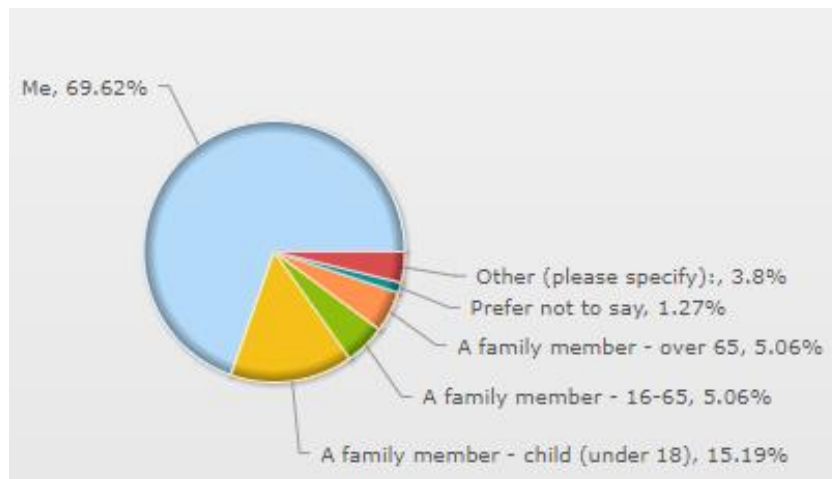
“Staff is good. They do brilliant (sic) job.”



# 3 Key demographics of sample

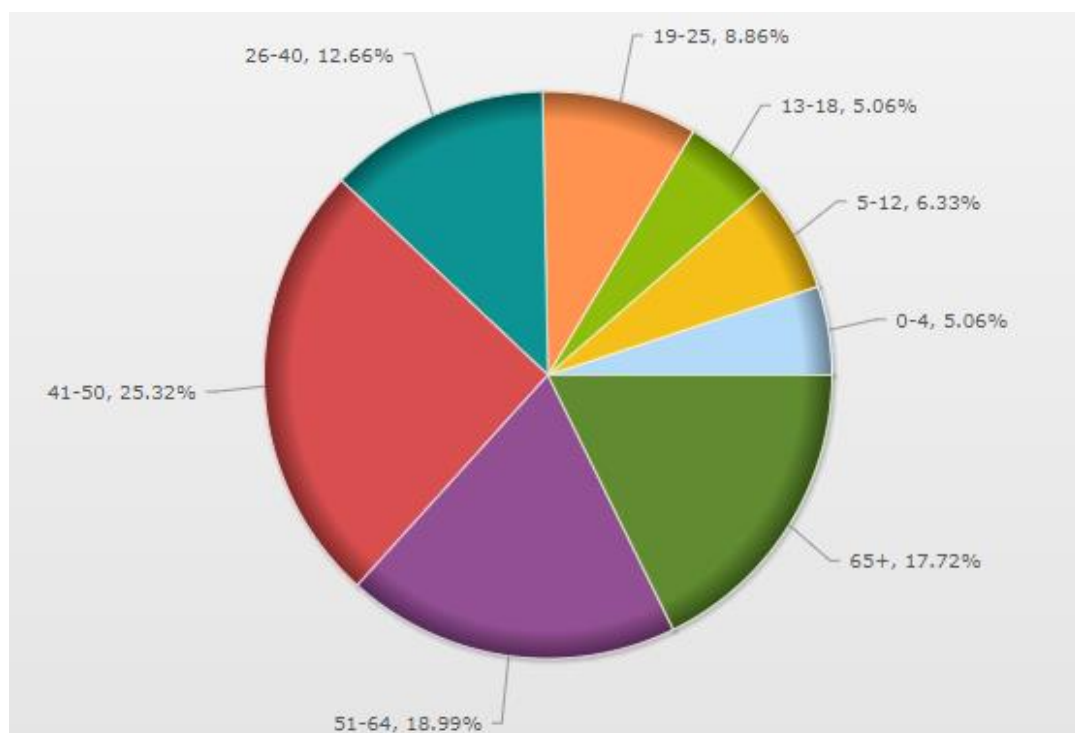
## 3.1 Who are you here for?

1. Who are you here for?				
			Response Percent	Response Total
1	Me		69.62%	55
2	A family member - child (under 18)		15.19%	12
3	A family member - 16-65		5.06%	4
4	A family member - over 65		5.06%	4
5	Prefer not to say		1.27%	1
6	Other (please specify):		3.80%	3
			answered	79



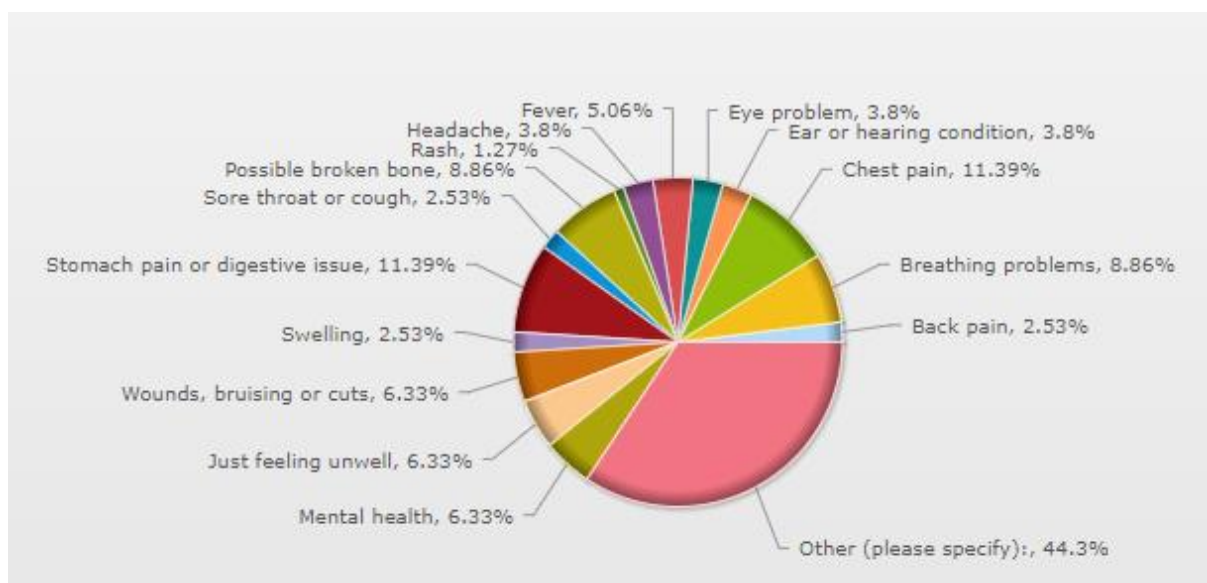
### 3.2 How old was the person unwell or injured?

2. How old is the person who is unwell/ injured?						Response Percent	Response Total	
1	0-4					5.06%	4	
2	5-12					6.33%	5	
3	13-18					5.06%	4	
4	19-25					8.86%	7	
5	26-40					12.66%	10	
6	41-50					25.32%	20	
7	51-64					18.99%	15	
8	65+					17.72%	14	
<b>Analysis</b>	Mean:	5.58	Std. Deviation:	1.98	Satisfaction Rate:	65.46	answered	79
	Variance:	3.94	Std. Error:	0.22			skipped	0



### 3.3 What illness or condition brought you here?

3. What illness or injury brought you here today?			
		Response Percent	Response Total
1	Back pain	2.53%	2
2	Breathing problems	8.86%	7
3	Chest pain	11.39%	9
4	Ear or hearing condition	3.80%	3
5	Eye problem	3.80%	3
6	Fever	5.06%	4
7	Headache	3.80%	3
8	Rash	1.27%	1
9	Possible broken bone	8.86%	7
10	Sore throat or cough	2.53%	2
11	Stomach pain or digestive issue	11.39%	9
12	Swelling	2.53%	2
13	Wounds, bruising or cuts	6.33%	5
14	Just feeling unwell	6.33%	5
15	Mental health	6.33%	5
16	Other (please specify):	44.30%	35
		answered	79
		skipped	0



- Responses recorded under Other include:

Concussion; Low haemoglobin; My disabled boy was ill had rash and not eat (sic) and drink was put on drip; I fell over; Seizure and potassium medicine making me sick; A unbalance of my regular treatment (sic); Airline fracture to right wrist; Limp referred by doctor; Allergi (sic); Seeing blood in urine; Endometriosis pain; Epilepsy; A fall; Shoulder; Pain under right breast bone radiating to back of shoulder blade; Asma (sic - Asthma?); Flank pain; Syncope; Uti; Shoulder dislocation; Fall and head injury; Sharp pain under the belly on the right side; Numbness in left side; Pregnancy; Dizziness, fast heartbeats; Dizziness; Sebaceous cyst; Urinary infection; Car accident; Jaundice; GP requested scan to check for appendicitis; Spastic paraplegia; Heavy pain with like something big ballon in my belly can't (sic) even bend down to do my laces acute pain; Cyst close to Spine and needed Specialist attention; Unconscious.

There were also some descriptions:

“My son is a full time wheelchair user cannot walk talk has downs and other learning disability and having bad fits has to have one to one care all the time and always I'll I would come to Croydon hospital very friendly and. Staff are lovely and helpful.”

“I hit my head had on the pavement.”

“I was alerted (sic) by voice mail about my unbalance of my blood test but we didn't noticed. Then a on call doctor stepped (sic) in our door and alerted (sic) to go in A&E.”

“Oaibsbins abdomen back abd (sic) neck vomiting dementia and cancer.”

“This was following prescription for anticoagulant after detection of blood clot below replacement knee joint.”

“Pelvic pain as well as back and down leg.”

“My son had 2 x fits in one day which is very unusual.”

“Dad banged his head & had a fracture to a finger. I went & picked him up after he was discharged.”

“When a person can not express themselves with communication about their symptom, and live every day in a system that does not work effectively, puts pressure on the carer also, feel insulting having to wait, since we are constantly waiting for some type of support, that contribute to forward moving, and progression.”

“Difficulty breathing, redness, high heart rate.”

“It was caused by a negligently inserted catheter.”

“I had pain on lower part of my belly.”

“I first went to my GP, who said it needs to be seen by a Specialist, so he did the referral letter, and off I went to A & E.

“Coughing and cold causing breathing issues.”

“Serious chest pains whilst 28wks pregnant, brought in by ambulance but made to wait over 6hrs, no where to lie down and in the end I left without being assessed cause there was another 3-4 hrs wait! Unacceptable.”



“I had a consistent and severe headache which had lasted 3 weeks- this was then effecting all my other sinuses.”

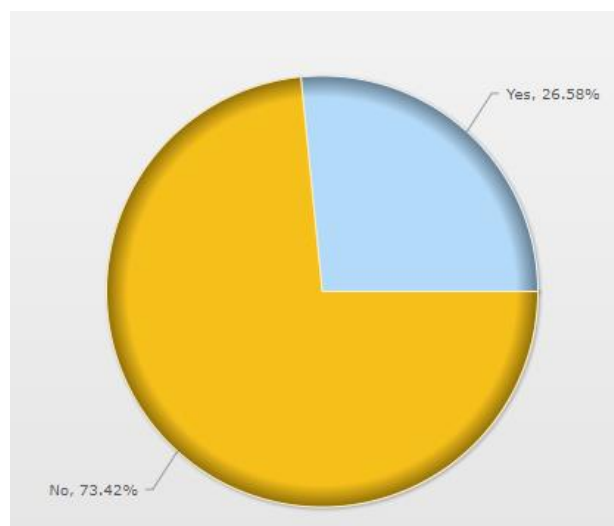
“My doctor told me to go to the hospital.”

“Had a heavy bleeding from my bottom after going to the toilet.”



“Found on floor unconscious.”

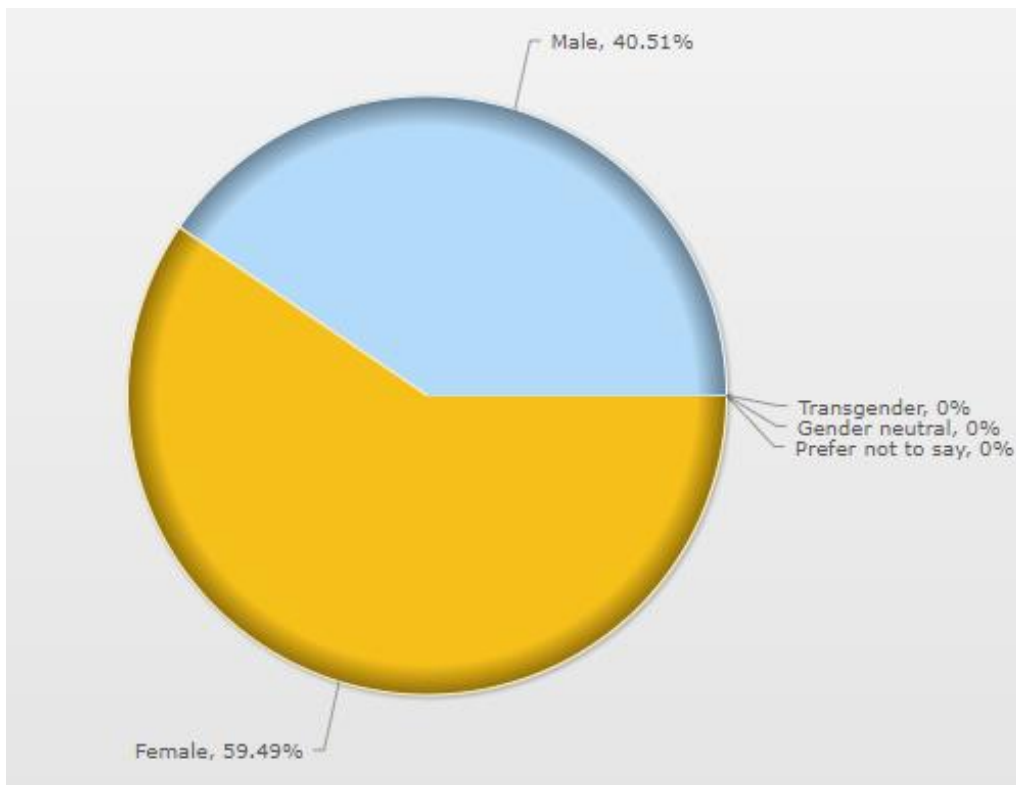
### 3.4 Did you come by ambulance?

4. Did you arrive by ambulance?				
			Response Percent	Response Total
1	Yes		26.58%	21
2	No		73.42%	58
			answered	79
			skipped	0



### 3.5 Gender of sample

14. What is your gender?			Response Percent	Response Total
1	Male		40.51%	32
2	Female		59.49%	47
3	Transgender		0.00%	0
4	Gender neutral		0.00%	0
5	Prefer not to say		0.00%	0
			answered	79
			skipped	0



### 3.6 Postcode or location:

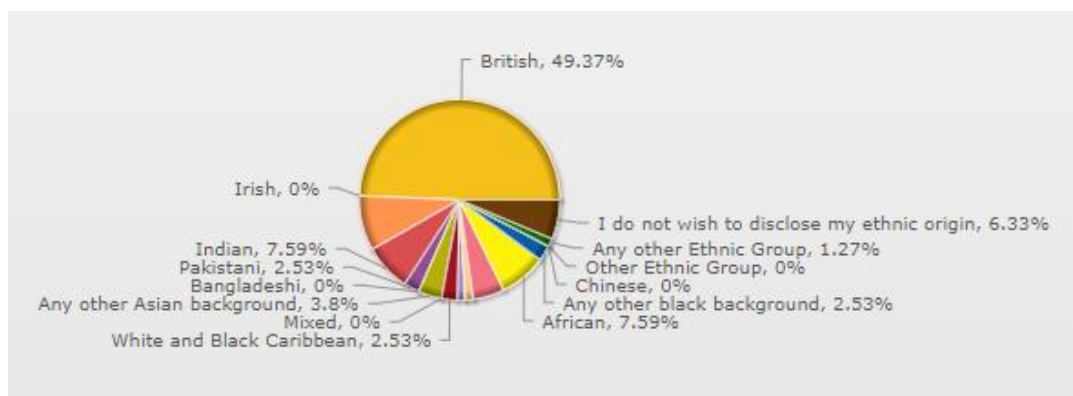
Respondents came from the following locations:

CR0 (28); SE25 (8); CR2 (7); Croydon (6); CR7 (4); CR5 (3); CR8 (3) BR4, CR4, Coulsdon, KT1, ME7, Purley, Riddlesdown, SE19, SE27, SE3, Selhurst, SM2, Thornton Heath (All 1)

### 3.7 What is your ethnic background?

16. What is your ethnic background?			
		Response Percent	Response Total
1	British	49.37%	39
2	Irish	0.00%	0
3	Other	8.86%	7
4	Indian	7.59%	6
5	Pakistani	2.53%	2
6	Bangladeshi	0.00%	0
7	Any other Asian background	3.80%	3
8	White and Black Caribbean	2.53%	2
9	White and black African	1.27%	1
10	White and Asian	0.00%	0
11	Any other mixed background	1.27%	1
12	Caribbean	5.06%	4
13	African	7.59%	6
14	Any other black background	2.53%	2
15	Chinese	0.00%	0
16	Any other Ethnic Group	1.27%	1
17	I do not wish to disclose my ethnic origin	6.33%	5
			answered
			79
			skipped
			0

:





## 4 Response to our research

**Matthew Kershaw, Croydon Health Services Chief Executive and Place-Based Leader for Health said:**

“We welcome the findings of this report and are committed to responding to the feedback we receive from patients to improve the care we provide. Since this important work took place, we have implemented a number of changes.

“Working with our digital partner Patienteer, we’re now able to provide live updates on waiting times for both areas of the Emergency Department, as well as communicating clearly what our patients can expect from their visit.

“We recognise that some patients may have to wait longer than they would like and we are working hard to respond to this, whilst facing additional demand. As well as recruiting an addition 17 nurses to the department at the end of 2019, we have also implemented a multi-skilled team who can provide efficient ‘see and treat’ services, so that our patients can be triaged as quickly as possible.

“We strive to provide a welcoming environment for all of our patients and acting on this feedback, we have installed comfortable “care chair” seating for patients who require ongoing assessment. We have also employed additional support staff to ensure that all facilities are clean and tidy and that refreshments are available when required.”

# 5 Quality assurance

Does the research ask questions that:

**Are pertinent?** The insight asks people their experience of using a new A&E service.

**Increase knowledge about health and social care service delivery?** This insight helps both commissioners and providers of services both in the health sector understand how patients are experiencing the service and help future service delivery.

Is the research design appropriate for the question being asked?

**a) Proportionate:** Yes, to gain views of those who had recently used a newly reorganised service.

**b) Appropriate sample size: Has any potential bias been addressed?** The sample size is 79. They were self-selecting from a text received from Croydon Health Services shortly after completing their experience in A&E. While the number is statistically small, the analysis does offer insight, particularly in the qualitative experiences of using the service.

**Have ethical considerations been assessed and addressed appropriately?**

Beyond the usual standards of anonymity, here were no further ethical considerations required for this insight.

**Has risk been assessed where relevant and does it include?**

**a) Risk to well-being:** None.

**b) Reputational risk:** That the data published is incorrect and not of a high-quality standard. All data was collected via Smart Survey and analysed by the Healthwatch Croydon Team. We endeavour to show accurately the results we receive.

- c) **Legal risk: Have appropriate resources been accessed and used to conduct the research?** There was no need to refer to legal resources for this research.

**Where relevant have all contractual and funding arrangements been adhered to?** We agreed to undertake this work so Croydon Health Service NHS Trust could gain insight into services, but this was not funded. The decision to go ahead was made by the board.

### Data Collection and Retention

**Is the collection, analysis and management of data clearly articulated within the research design?** Yes.

**Has good practice guidance been followed?** Yes.

**Has data retention and security been addressed appropriately?** Yes.

**Have the GDPR and FOIA been considered and requirements met?** Yes.

**Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act.** None required for this research.

**Has appropriate care and consideration been given to the dignity, rights and safety of participants?** Yes. People gave their views anonymously.

**Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity?** Yes.

### Collaborative Working

**Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement?** The initial research to derive the questions was based on Friends and Family Test data supplied by Croydon Health Services NHS Trust which was shared under agreement

that we would adhere to conditions of use. This was clearly understood on both sides.

**Have any potential issues or risks that could arise been mitigated? These are shown below:**

Risk factors	Level of risk	Contingency
Cannot access key people to research	Low	They access this via the text message, regular checks with CHS NHS Trust to ensure texts are being sent.
Organisation let you down	Low	CHS agreed for this be undertaken so this is a low risk.
Question set does not work with group	Low	Co-written with CHS NHS Trust based on previous FFT data. Look at early responses to see if insight will be useful.
Data is seen as being out of date	Medium	Aim to have report published as soon as possible bearing in mind other key priorities.
Not enough respondents	Medium	Extend the deadline for closing the survey.

**Has Healthwatch independence been maintained?** Yes. The local leadership board agreed idea proposed.

### Quality Controls

**Has a quality assurance process been incorporated into the design?** There was a proper process of scoping with Croydon Health Services NHS Trust.

**Has quality assurance occurred prior to publication?** Data collection was checked and re-checked.

**Has peer review been undertaken?** No peer review was undertaken. It was not required for this research project.

### Conflicts of Interest

**Have any conflicts of interest been accounted for?** Healthwatch Croydon is satisfied that its independence and neutrality has been maintained through this project.

**Does the research consider intellectual property rights, authorship and acknowledgements as per organisational requirements?** The research is owned

by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

**Is the research accessible to the general public?** It appears on our website as of 23 July 2020.

**Are the research findings clearly articulated and accurate?** To the best of our knowledge, we believe they are.

## 6 References

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