



Three Hospitals Three Weeks Patient experiences at The Queen Elizabeth Hospital King's Lynn

June 2023

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad).
2. Pay particular attention to underrepresented groups.
3. Show how we contribute to making services better.
4. Contribute to better signposting of services.
5. Work with national organisations to help create better services.

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

Summary

During the week 22nd to 26th May 2023 we visited The Queen Elizabeth Hospital every day to find out about patient experience. We wanted to find out what was working well and what could be better.

We visited outpatient clinics, patients on wards, and Accident and Emergency to speak with patients, their carers, and their visitors. While we were there we made observations and spoke to staff about their experiences too. The surveys will also be available online until the end of our visits for people who are not at the hospital the week we visit.

Most people we heard from were happy with their experience at the hospital. We heard that they were often able to find their way around the hospital and information about their care was explained to them in a way they understand.

Staff were praised for being kind, helpful, and friendly and some patients told us about experiences where they went above and beyond for them. The main suggestion for improvement we heard about was around parking, this included not having enough spaces including disabled spaces, having to pay when they arrive especially when they did not always know how long they would be at the hospital, and the bays not being wide enough. We are aware that work has begun at the hospital to build a new multi-story car park.

In Accident and Emergency patients told us about frustrations with the waiting time and the comfort of the waiting room including it being warm and stuffy, chairs being uncomfortable, and a broken drinks machine.

On inpatient wards we heard that most people felt well communicated with and that they could easily contact someone if

they had any questions. However, we heard that some food choices were limited for people with specialist dietary requirements. We also heard some specific suggestions for improving comfort on the ward such as having a television or phone on wards, longer gowns for more dignity, and having enough toilets available for patients.

Letters received for outpatients' clinics were often easy and clear to understand and included all the information that patients needed. Many patients felt that their care was explained to them well and they felt involved in decisions. There were mixed experiences with waiting times for clinics, one of the biggest frustrations was when they had to wait a long while or clinics were running behind.

This visit forms part of a larger piece of work where we are visiting all acute hospitals across Norfolk and we will write a larger report with recommendations at the end of all these visits.

Why we looked at this

Background

Following discussions with Norfolk and Waveney Urgent and Emergency Care Board it was decided that Healthwatch Norfolk would visit the three acute hospitals in Norfolk to speak with patients about their experiences with the hospital to find out what is working well and what could be improved. Initially this was planned around urgent and emergency care however it was broadened out across all departments and wards in each hospital.

This visit to The Queen Elizabeth Hospital forms part of this programme of engagement. A longer and more detailed report will be produced at the end of all three of our visits.

Aims and objectives

The aim of this engagement was to explore patient experiences and the patient journey at hospital. We wanted to find out about experiences from learning about an appointment such as receiving a letter all the way to discharge. This engagement was looking across all areas of hospital care but with a particular focus on urgent and emergency care.

How we did this

Survey creation

For this engagement we created four separate surveys for different areas of the hospital. Each survey included questions on general experience, what was good, and what could be improved. We shared the surveys with the patient experience team at all three hospitals for feedback on the questions before finalising. The surveys will be shared in the appendix of the final report.

The four surveys were:

1. Accident & Emergency (A&E) – including questions on the reasons for the visit, if they tried any other service before A&E, and waiting time.
2. Inpatient Care – including questions on carer involvement and discharge planning.
3. Outpatients – including questions on the appointment letter received and checking in for the appointment.
4. Other/General – no additional questions

Engagement

We visited The Queen Elizabeth Hospital from 22nd to 26th May 2023 to speak with patients, carers, visitors, and staff. We visited every day from 9:30am to 3:30pm, in addition to this we spent three evenings during the week in the hospital until 8pm.

During our visits we spent time speaking with people on wards, in outpatient waiting areas, in the emergency and urgent care waiting areas, and in common areas. We also handed out paper surveys and freepost envelopes for people to share their feedback. We made observations when visiting the hospital and collected general staff feedback.

The visit was promoted through our social media channels, in our newsletter, on our website, and through other local media platforms such as Radio Norfolk. This was to allow people who were not visiting the hospital during the week to have the opportunity to share their experiences. The survey will remain open until after all three hospital visits.

What we found out

Who we heard from

As of 15th June 2023 we had received 512 responses to our survey about experiences at The Queen Elizabeth Hospital. We received 240 responses for outpatients, 115 for Accident and Emergency, 103 for inpatient care, and 54 for other or not sure. For the breakdown of the demographics of the people we heard from please see Appendix A, more detail on demographics will be explored in our final report.

We also received 12 responses to staff experiences and made 22 observations of the hospital while we visited. These experiences and observations will be used alongside patient experiences in this report.

About this report

Please note that not all questions were applicable to all people we heard from, in addition to this some patients were called into appointments during the survey so the number of responses per question will vary. Percentages in this report are rounded to the nearest whole number.

It is also important to highlight that despite having separate surveys for areas of the hospitals, patient experience is not so clear cut. Patients often had experiences of multiple areas of the hospital which contributed to their ratings and answers.

Similarly, although this engagement focused on recent experiences with the hospital some patients described older experiences and these previous visits impacted on their interpretation and current experience of care, for example: *“people are usually kind but our views are slightly tarnished by experiences from the past”* and *“the lower ratings I have given are based on a previous experience”*.

Overall experience of care

Most people we heard from at The Queen Elizabeth Hospital rated their overall experience as five stars out of five. This is displayed in *Figure 1*.

As the graph shows, this was most common for Outpatients' (80%, 164) while those who used Accident and Emergency were less happy and only 56% (48) rated their experience as five out of five. However, across all three areas very few respondents rated their experience as only one (2%, 7) or two stars (2%, 8). The average rating across the whole hospital for overall experience was 4.5 stars, for Accident and Emergency this was 4.3, for inpatient care it was also 4.3, and for outpatients it was 4.7.

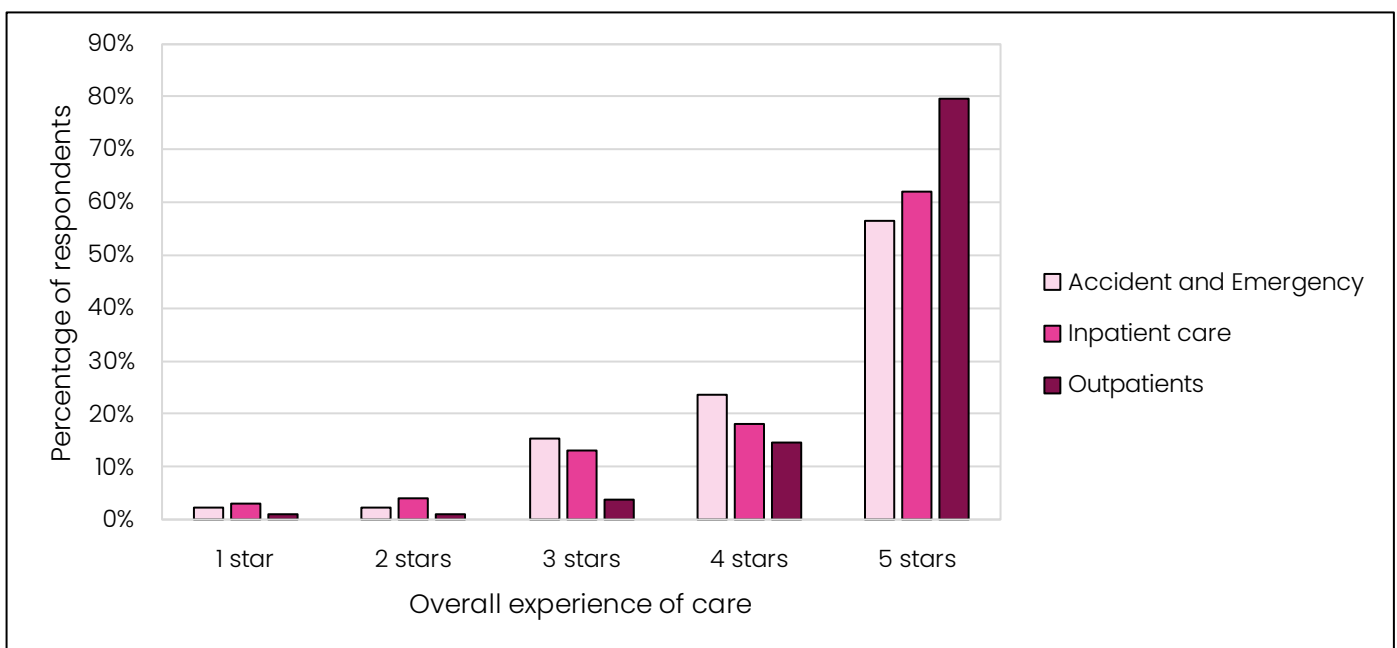


Figure 1. A graph showing ratings for overall experience of care split by area of the hospital.

We asked respondents to rate other aspects of their care in the hospital out of five. Similarly to overall rating, across all statements Outpatients was rated slightly higher than Inpatient Care and Accident and Emergency. In particular, Inpatients appeared to feel slightly less involved in decisions about their care (4.1) compared to those in A&E (4.6) and Outpatients (4.8). Those in A&E and Inpatients also told us they had less confidence in care (4.3) than Outpatients (4.8) These ratings are displayed in Table 1 below.

Table 1.

Average Ratings Across Areas of the Hospital

	Accident and Emergency	Inpatient care	Outpatients
Confidence in care	4.3	4.3	4.8
Trust in the health professionals treating you	4.6	4.5	4.7
Feeling safe in the hospital	4.7	4.7	4.8
Being treated with kindness, dignity, and respect	4.7	4.7	4.9
Feeling involved in decisions about your care	4.6	4.1	4.8

Finding your way around the hospital

We asked respondents if they were able to easily find where they needed to go when they arrived at the hospital. The overwhelming majority of people we heard from told us they were able to find where they needed to go (90%, 401). While 8% (37) told us they could not easily find where to go and 2% (9) were not sure.

Patient experience: Phlebotomy

“Nice people pointed me in the right direction when I wasn't sure where to go. They were kind and they showed me which way to go with their hands (showing me lefts and rights). I also have Dyslexia so staff helped my write my car registration down when I needed to [...] It would be good if they had transport from the front door to here as it's hard to get here without having to walk. It would be good if they had scooters like in the supermarket.”

We asked those who could not find where to go to suggest how this could have been improved. Suggestions included:

- Reducing the use of unknown acronyms:
 - *“As I have been here before then yes but it wasn’t the first time and I asked staff here and no-one knew. We were told AED but it was SDEC. It is all letters.”*
 - *“I was told to go to A&E but was not sure what the signs meant- I’m not sure what ED means.”*
- Making it clear when a clinic has relocated:
 - *“It had moved to a new building and this was not mentioned in the letter.”*
- More signage needed:
 - *“We went to the wrong place, they need better signage, someone helped us find where to go”*
- Some told us they asked at the front desk for help who were usually able to correctly direct the patient, however two Gastroenterology patients told us: *“the receptionist didn’t know where I had to go and sent me to the wrong place”*; this highlights the importance of reception staff having the correct information.
- Directions in letters could take into account disability and accessibility and that *“it could suggest a closer door to the clinic than the main door.”*

Information about my care

We wanted to find out if information about patients’ care was explained to them in a way they understood, most people told us that it was (87%, 360). Only 7% (29) told us that information was not explained to them in a way they understood and 6% (25) were not sure.

Nearly all outpatient respondents told us that their care was explained to them in a way they understood (96%, 185), while those in A&E (73%, 58) and inpatients (78%, 73) were slightly less likely to say that it was.

We asked respondents how this could be improved, some told us that they *“just want to be told what is wrong”* often this was because they were still waiting for test results or their health professionals *“still don’t know what the problem is”*. Other patients discussed communication barriers with them such as *“it is not*

always explained in a way I can understand” or that “it would be better if doctors spoke more clearly and slowly”.



“There is lots of hospital speak and he tried to simplify it. He talked about a dyslexia test and let me take a photo. He started with over excitable words and saw we didn’t understand. They are the nicest drs we have seen”



Staff kindness, caring, and support

We asked patients to tell us what was good about their experience of care at the hospital. Across all areas of the hospital we heard about the kindness and friendliness of the staff. As an organisation we also witnessed this in how welcoming and accommodating staff were to our visit and we saw how patients were often treated well by all staff. Below are some of the comments we received:

Patient experiences

“It is fantastic. The care is outstanding and staff are attentive. Staff are always so welcoming and happy. I don't worry about coming as it is so relaxing. Even if it is late or they are under pressure, staff are always happy!”

“We were called in and they were nice and talking to my daughter not me. They asked if we wanted them to talk to me or her. They gave us that option. They checked I was mum too. The Dr went through things and simplified it down. There was a friendly face on reception, a clean environment is always good too.”

“The nurse was very kind and caring, put you at ease. All the nursing staff were good. The anaesthetist and surgeon answered my questions and explained the procedure. The consultant also gave further information that will be helpful for the future. That helps increase your trust.”

“3 weeks ago I reported a lump and I had surgery today. They genuinely care and they listen and nothing is too much trouble for the McMillian Nurses.”

“All staff on the ward were 110% I was there just over a month and we had a laugh [...] nurses absolutely great, one came in at 7 in the morning and left at 9:30pm they missed breaks and everything, worked through solidly. Their work ethic is beyond reproach. They all gave me a hug when it was time to leave, they wanted me to go but they didn't want me to leave.”

“Just a major thank you to everybody for their hard work and dedication”

Car parking

We also wanted to find out if there was anything which could have been better for patients and visitors to improve their experience at the hospital. Across the hospital the biggest comment was that improvements could be made to parking. We are aware that work has started on building a new multi-story car park at the hospital, however we hope that these comments will help with the build to ensure patient satisfaction.

This was a particular issue for patients visiting accident and emergency and for outpatients, however we note that for inpatients we mostly spoke to people on the wards who were unlikely to be using the parking facilities and their visitors might have had a different experience.

We heard that *“it is hard to find a space”* to park with patients having to spend *“20 minutes to find a car park space”* or *“had to leave my car on the side of a road”*. This was a particular problem for people with disabilities or mobility issues, with one person telling us that there needs to be *“more disabled parking spaces. They had all been taken so I had to park in a staff space and hope I don't get a ticket”*.

Others noted that some of the *“the parking bays are not wide enough”* we heard that *“for a pregnancy clinic the spaces are too small, especially when trying to get seats out of the car”*.

In addition to this, we heard about parking machines not working and that this was not clearly labelled:

Patient experience: Phlebotomy

“The organisation of the car park is a disaster. Most of the parking machines have not been working today. I understand things go wrong and I don't understand why an Out of Order sign couldn't be put on the faulty ones. I did ask that at the reception and they said staff don't have time to do that. A few minutes putting those on would at least keep patients informed.”

Finally, others mentioned that paying when they arrived was difficult as *“it's hard to judge how long we will be here”* and suggested that it would be helpful to be charged as they leave instead.

 “You should pay for carpark fees on the way out – you don't know how long you need at the start – have to keep going back to top up, which means leaving my daughter alone” 

We also heard that difficulties with parking was a frustration for staff, one member of staff told us that patients often arrive frustrated for appointments because of difficulties parking. Alongside this, staff struggled to park themselves.

Staff experiences

Multiple staff members told us that the parking situation at the hospital negatively impacts them daily. Staff told us they have to get to work an hour early to give themselves enough time to find a parking space. One staff member said they'd given up doing that and are now just late every day as it's not possible to get to work an hour early for their family schedule. Staff said they can't use the bus because they work 12 till 12 and don't feel safe taking public transport that late at night. They also reported that they are worried that the hospital will begin charging them to park again soon.

Accident and Emergency

We received 115 surveys about experiences in Accident and Emergency (A&E) at the hospital. Most responses came from patients (76%, 87), with 24% (28) answering on behalf of a patient.

As displayed in Figure 2, the most common reason for people visiting A&E was for an injury (31%, 35). This was followed by 'other' (21%, 24) for reasons which the patient felt did not fit into the available checklist, some of these reasons included suspected blood clot, eye injury, urology infection, fluid retention, and an overdose.

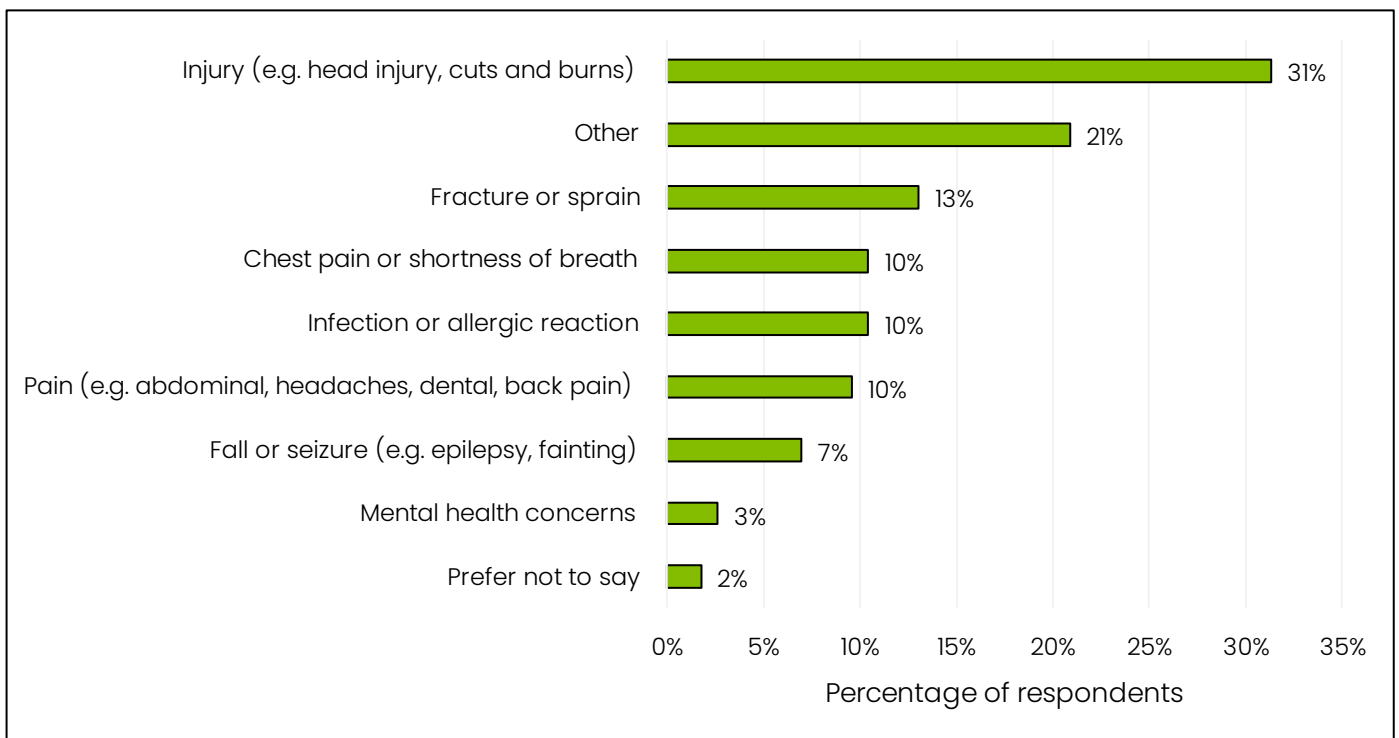


Figure 2. Responses from 115 people to the question 'why did you visit Accident and Emergency (A&E) on this day?'. Respondents could choose more than one answer.

Before visiting Accident and Emergency

We asked respondents to share if they had contacted another health service for advice before they came to A&E. Most people we heard from had contacted another health service (61%, 69). As Figure 3 displays the most common service patients contacted was a clinician at a doctors' surgery (8%, 9).

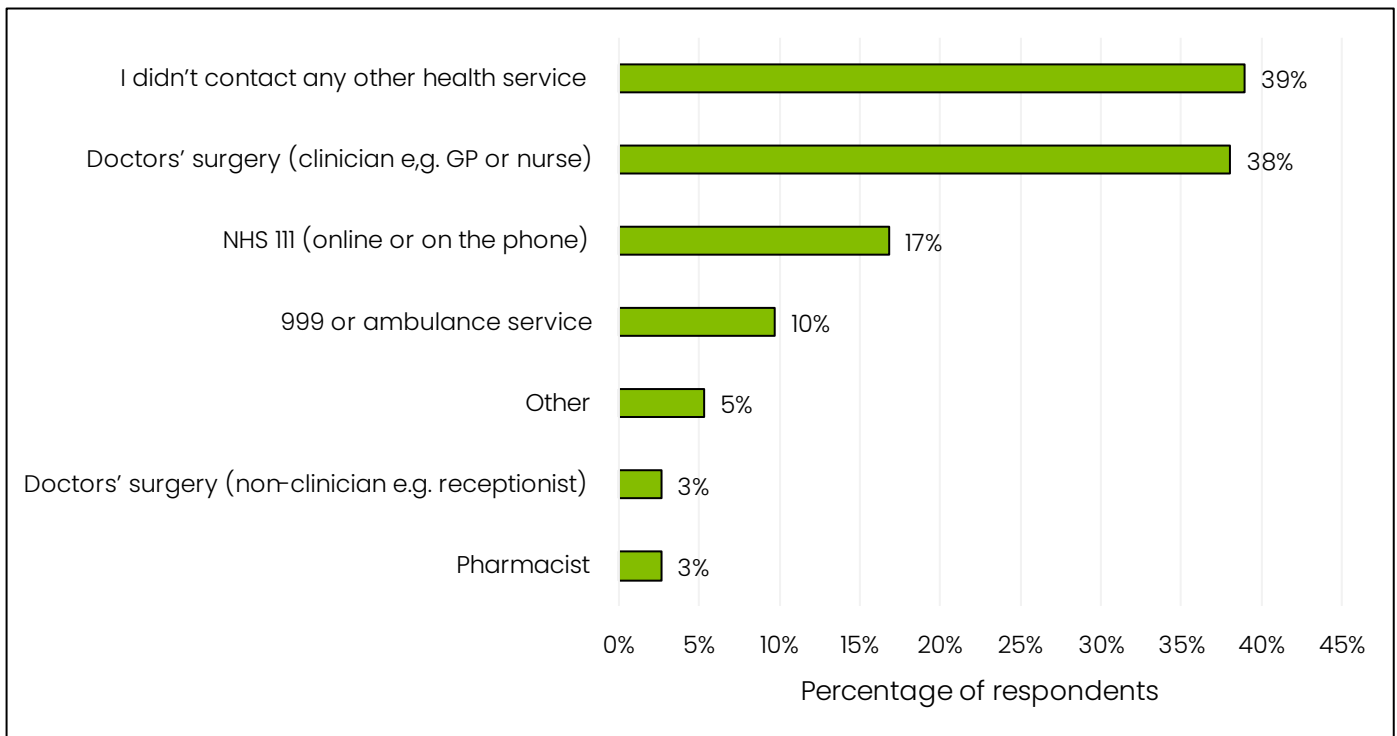


Figure 3. Responses from 113 people to the question 'before coming to A&E on this day, did you contact any of the following health services for advice for the same issue'. Respondents could choose more than one answer. 'Other' responses included medical from RAF, school, work, and Minor Injuries Unit.

For those who told us they had contacted another health service first we asked them what advice they were given by the service. The most common advice given was for them to visit A&E for example: " acmillan told me to go and see the GP, who then told me to go to A&E".

“ called the doctor, the doctor recommended A&E. The doctor suggested going early in the morning when it would be less busy.”

We also asked if there were any barriers to patients contacting another health service, only 13 people told us they faced a barrier. The barriers were largely centred on other services not being able to help them, these included:

- "I didn't want to sit around and wait for my doctors' surgery"

- *"My GP surgery said it was not possible to have an appointment with any of their team."*
- *"Contacted surgeon about operation and was palmed off"*
- *"I tried to instigate via 111 option 2 to get a crisis team involved. I asked for help and no one contacted me".*

Healthwatch Norfolk Observations: Accident and Emergency

Monday: Small space with no air con and vending machines running (which would give out some heat). An exit only door which is motion triggered – this could be propped open enough just to allow some air flow. Very warm in A&E and wait on Monday Evening was 3+ hours. Only air coming in was from a small gap in a window propped open with a sick bowl.

Tuesday: According to the board there were 60 patients waiting in A&E at the time with a 19 minute wait to see a nurse and 50 minutes to see a doctor. The public waiting had access to seating, drinks and snacks and the door was propped open to provide some fresh air on a hot day. There was a 'Your waiting time explained' poster on the wall explaining the triage process and staff you might expect to see. I observed a man sat in a wheelchair alone who was then asked to come through. He wasn't offered any assistance and struggled.

Thursday: Parent with a young child presented at A&E after a metal fence fell on her at nursery. The child was trapped under it and the mother was anxious to have the child checked over. The person at reception in red scrubs asked her how the child was, are they ok in themselves etc. He told the parent there wasn't really anything else they could do and it would be hours to wait. I felt the mum just needed some reassurance but she was dismissed and not treated with compassion.

Waiting time

For those who had been seen, there were mixed experiences of waiting times with slightly fewer patients saying they waited longer than expected (24%, 16) in comparison with people who waited less time (31%, 21) or as long as expected (30%, 20) as displayed in Figure 4.

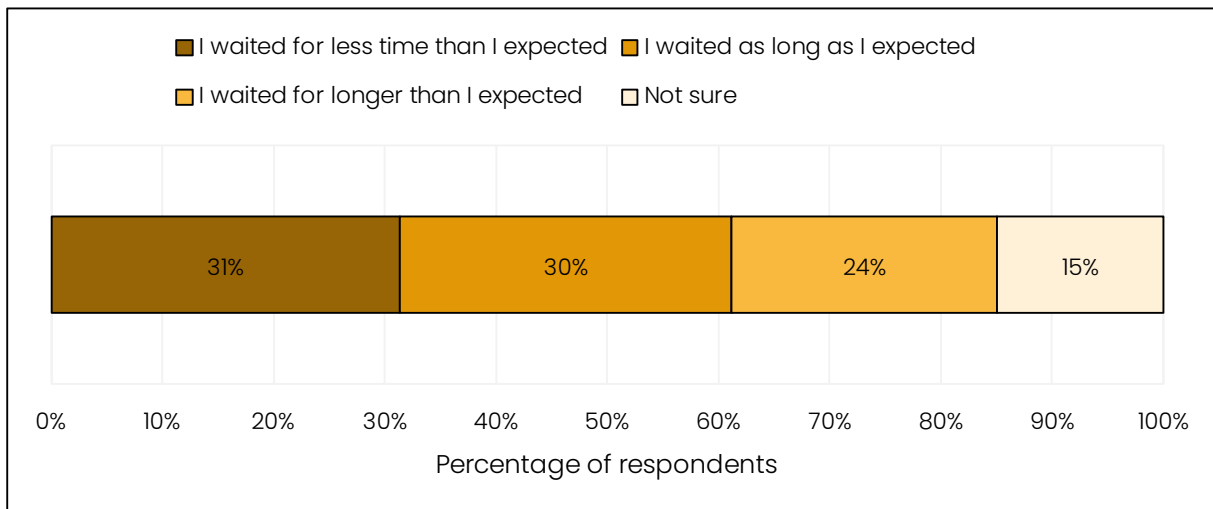


Figure 4. Responses from 67 people to the question 'how do you feel about how long you had to wait to be seen once you arrived?'

This mix of experience with waiting time was reflected in comments, from some patients we heard that *"there is a lot of waiting, which is stressful"* and from others we heard *"I was seen within 15 minutes! The board said an hour and a half so I was really pleased"*.

Staff experience: Urgent Care

"I like my job. I like being hands on with the patients, for example improving their day even if it's as simple as giving them a cup of tea. I enjoy my work but there are also things that would make it better. More staff would be good as patients would be seen quicker. I feel every night when I go home that I haven't been able to give as much care as I would like to."

Staying informed on waiting times

Only 19% (20) of respondents told us that staff told them how long they might have to wait however there was a board with waiting time information on it in the A&E waiting room.

However, we heard how in the urgent care waiting room there was no information on waiting time: *"should have board on how long wait is in Urgent"*

Care. Communication of timings so people won't lose their space if they need to top-up parking. Needs to be more communication about times and process."

In addition to this, some other patients in the hospital also mentioned wanting to be informed about how long they might have to wait. For example, one patient in the Emergency Care (E) told us that "what would have helped would be some form of communication about how long we will be here" they told us that this would mean that they "could know I could go and eat and then come back". Similarly, a patient in the Day Procedure Unit told us that it would be helpful to have "some more information about how long you have to wait for your procedure or what number you are in the queue".

Comfort while waiting

The main improvement specific to A&E other than waiting times that patients mentioned, was to improve the environment and facilities. This included:

- the room was an "unpleasant place to sit":
 - that it was "airless", and "is stuffy and the window is being held open with a sick bowl. It would be good to be able to see outside as it feels claustrophobic in here".
- the chairs were uncomfortable:
 - "the chair was so uncomfy on my bottom a bit more padding would be good". Another patient mentioned that the seats were "dirty and need to be cleaned".
- the drinks machine was broken:
 - "drinks machine isn't working (the only way you can get water is from the tap in the toilet)".
- two patients told us about being put in an area with "no call bell where I was and they told me to shout if I needed anything. I had my husband with me so he could go and find help but I think for someone on their own it would not have been so good".

Being treated with dignity

As mentioned earlier and as we found out across the hospital most people told us that in A&E "staff were friendly, helpful, compassionate" and that they were

"treated like a person not an object". However, we also heard from four patients about the way they, or others in the waiting room, experienced staff responding awkwardly or dismissively to their personal situation. These four separate experiences are presented below:

Patient Experiences

"I have had two previous bad experiences in A and E which made me more anxious. I came here after a miscarriage and mistakenly told a nurse I had been thinking about an abortion. The minute I said this, her attitude towards me hardened and she was very hostile"

"One of the doctors had a bit of an attitude with me - he asked for my postcode - I said I didn't have one - he said 'everyone has a postcode' then I said well I live on a park bench - his response was 'well, I can't do anything about that!'"

"They often mis-pronoun me and only have me down as female. They don't take things seriously due to mental health."

"I witnessed a HCA tell the waiting room that a patient was wasting NHS time as they were drunk and did not have a mental health problem (I think they clearly did have) The A&E nurses are very dismissive."

Inpatient Care

We received survey responses from 103 people for inpatient care at the hospital. Most responses came from patients (84%, 87), with 11% (11) answering as visitors, and 5% (5) answering on behalf of a patient.

These responses came from 18 different wards in the hospital, the most common wards (more than five responses) are presented in Table 2 alongside their average rating for overall experience of care.

Table 2.

Number of Responses and Average Rating for Wards

	Number of responses	Average rating of overall experience of care
Sandringham Ward	15	4.7
Acute Medical Unit	15	4.1
Windsor Ward	12	4.6
Castle Acre/Elm Ward	11	4.0
Gayton Ward	9	3.9
Necton Ward	8	4.6
Oxborough Ward	7	4.6
Marham Ward	6	4.0

Communication with the ward

We asked respondents whether the ward had kept them up to date on their care and condition. Most people told us that they had been kept up to date (84%, 81) while only 11% (11) told us that they had not been kept up to date and 5% (5) were not sure. Respondents were then asked if they had been able to contact someone on the ward to ask questions if they needed to, 77% (74) told us that they had been able to while 18% (17) were not able to and 5% (5) were not sure.

Healthwatch Norfolk Observations

Acute Medical Unit

We were welcomed onto the ward. Staff were not aware that we might be visiting. The ward appeared calm and quietly busy. It was fairly tidy with cleaning in progress. The ward felt generally calm with a pleasant feel.

During our visit we were asked by different members of staff if we were okay or needed anything. Some patients when questioned were very aware of their treatment plans and others were less so. This may be because some patients had not been on the ward very long.

Castle Acre Ward

Very welcoming reception who helped us find our way. Staff were seen really supporting each other.

Clinical staff were busy helping with feeding patients who were not able to feed themselves.

Hand sanitiser at all points such as doors, corridors were clean and being cleaned while we were there.

Marham Ward

A patient's buzzer was going off whilst she was trying to read a book. She said that this annoys her and often happens, but staff ignore it. I asked a member of staff if they could get it to stop and they did.

Windsor Ward

It wasn't that clear how to get in/see the bell. The staff were very friendly and welcoming to us on the ward.

The ward felt busy and there seemed too many beds for the ward and therefore limited privacy for patients.

One patient told us that there *"are no televisions and no phones, they used to have them on each bed. I haven't got a mobile phone so I can't contact anyone."*

Quality and variety of food

We heard a mix of opinions on the food offered in hospital with some complimenting it and others were less impressed.

However, we also heard about a lack of food choice for patients with dietary restrictions. For example, one patient told us that *"they don't have a diabetic menu. This has caused issues with diabetes so I've had to be a bit careful"*.

Similarly, we heard from someone who *"told them I have an intolerance to bread but they don't offer any replacement for it"* and they are *"given sandwiches every day"*. Another patient with Crohn's disease shared that *"it's difficult as the food is mainly potatoes. I have been here a week and there have been no pasta or rice options"* they added that they *"have been given two sandwiches instead of one, which is good"*. Finally, a patient who could not eat lactose told us that *"one nurse used their own money in the shop to bring almond desserts for me"*.

In addition to this, when we visited Marham Ward we heard that there was a mistake and the bay had been given the incorrect food and an improvement for their experience would be *"getting the right food!"*.

Comfort on the wards

Below are some more specific suggestions for how experiences of care could be better for inpatients, these are mainly centred on improving comfort on the wards:

- *"A simple thing, but the clock at the end of the bed in the individual rooms is not a good idea. It makes time pass so slowly. It could be placed on a side wall"*. (Tilney and Necton Wards)
- *"When I was an inpatient on ICU there was only one toilet for men and women and also for the shower. Because people are hanging around for free beds on other wards they are the 'walking wounded' and this is not enough toilets. I was in for a bowel issue, one young man was in the shower for a while and so we couldn't use the toilet."*
- *"Longer hospital gowns to give my wife some more dignity"* (Leverington Ward)
- *"I'm a wheelchair user and I can't get in my bed unaided. I need an air mattress so I can move on my own. They ordered me one and it arrived"*

yesterday, but they don't have a pump to inflate it, so it's just sitting here deflated." (Windsor Ward)

- "It's very noisy at night which makes it hard to sleep" and "I think just a bit less noise on the ward, sometimes you can't really hear when someone is talking to you." (Gayton Ward)

Carer support

All people who were a carer (6 respondents) told us that they have not been offered any support by the hospital to help them as a carer.

In addition to this, one carer told us that they felt left out of conversations about the care of their loved ones. They told us that "there are some great individuals but overall people with dementia are treated like every other patient" they noted that "it is no good doctors talking and asking questions of them" and that they "have an LPA [Lasting Power of Attorney] in place but have been left out of any conversations".

Information about discharge

We asked respondents whether they had been told about discharge and how/when this will happen; 45% (37) told us that they had been informed while 42% (35) had not been told and 13% (11) were not sure. One of the concerns for people around discharge was about the support they would receive once they get home. This is illustrated in the following two different experiences:

Patient Experiences

"It would be good to have better access to the wider carer team outside the hospital so we better understood what was going on with Dad's discharge plan. I have also been concerned with the lack of support for my mum who has been looking after Dad at home with no support. Dad has recently been in a care home."

"He is due to be discharged as his infection has cleared but no bigger picture of how to cope when we get home. They got him up to try walking but no other information on how or what to do when we get home. It just seems they don't look at the bigger picture."

Patient experiences

West Dereham Ward

"The care has been great. The food is good and they regularly change my mum's nightie and sheets. The library service is good. Mum enjoys reading and the FLO's [family liaison officer] have been helpful telling us about the library and the additional books available in the day room. They are always cleaning and wiping and the ward seems clean. Mum likes the tea trolley.

Mum wears hearing aids and there is not always enough attention given to checking she is aware before starting a conversation. The staff do not always use my mum's preferred name even though it is written above her bed which means she doesn't always realise they are talking to her.

Discharge is proving quite difficult as there are no beds available in a physio unit. It has now been arranged for mum to come straight home with carers coming into the house to care for her. We are now just waiting for everything to be put in place."

Sandringham Ward

"I have been treated with real dignity and respect. They also reassure you as well. I can't fault any of the staff. I want to give a special thank you to the cleaners as they are so helpful. The food is also hot and very good. You certainly don't go hungry.

The administering of drugs could be a bit more efficient. Perhaps a white board in the room with a rough time when drugs are next due so I could remind the staff. You are never quite sure when they will come and if you will get them in time. This could really help the staff.

I had to have a horrible procedure but this unit has been fantastic."

Castle Acre/Elm Ward

"It wasn't good last night. I moved from Windsor Ward but they needed to shuffle us around a bit. So at 10pm they piled all my stuff on my bed and parked me here in this bay and no one came in. I had a drip and the alarm wasn't plugged in so I couldn't call anyone. The windows were shut and it was very very hot. I called out for help and someone came and said "what's the problem" in a very curt way. I asked where the toilet was and was just snapped at "it's down there". This morning there are different staff they are very welcoming they look after me, a totally different experience from nighttime."

Outpatients

We received 240 responses to our outpatients survey. Most of these responses were from the patient directly (87%, 209) with the remaining 13% (31) from someone on behalf of the patient.

We spoke to patients from approximately 40 different departments or clinics. The most common departments or clinics (more than five responses) are presented in Table 3 alongside their average rating for overall experience of care.

Table 3.

Number of Responses and Average Rating for Departments and Clinics

	Number of responses	Average rating of overall experience of care
Eye Clinic	32	4.8
Orthopaedics and Fracture	28	4.6
Phlebotomy	23	4.9
X Ray	18	4.7
Ear Nose and Throat	16	4.8
Urology	14	4.9
Gynaecology	10	5.0
Gastroenterology	9	4.0
Antenatal Clinic	8	4.4
Outpatients Reception	7	4.7
Rheumatology	7	4.5
Pain Clinic	6	4.6
Cardiology	6	4.5
Day Procedure Unit	6	4.8

Appointment letter

Over three quarters of people we heard from had received an appointment letter (76%, 179). These people overwhelmingly told us that their letter was clear and easy to understand (98%, 165), that it had all the information they needed (95%, 159), and that it was clear who to contact if they had a problem (93%, 180). We also heard that 89% (84) of people were able to contact someone to resolve the issue if they had a problem with their appointment.

Patient experience

“When I had a problem with my appointment [at QEH], I spoke to someone eventually but initially I couldn't get through to the bookings number and they ignored the messages I left and ended up booking my appointment on a day I couldn't do (this happened twice).”

Checking in for the appointment

Most people had no issues checking in and rated their experience of checking into their appointment as five stars out of five (86%, 196), this is displayed in Figure 5.

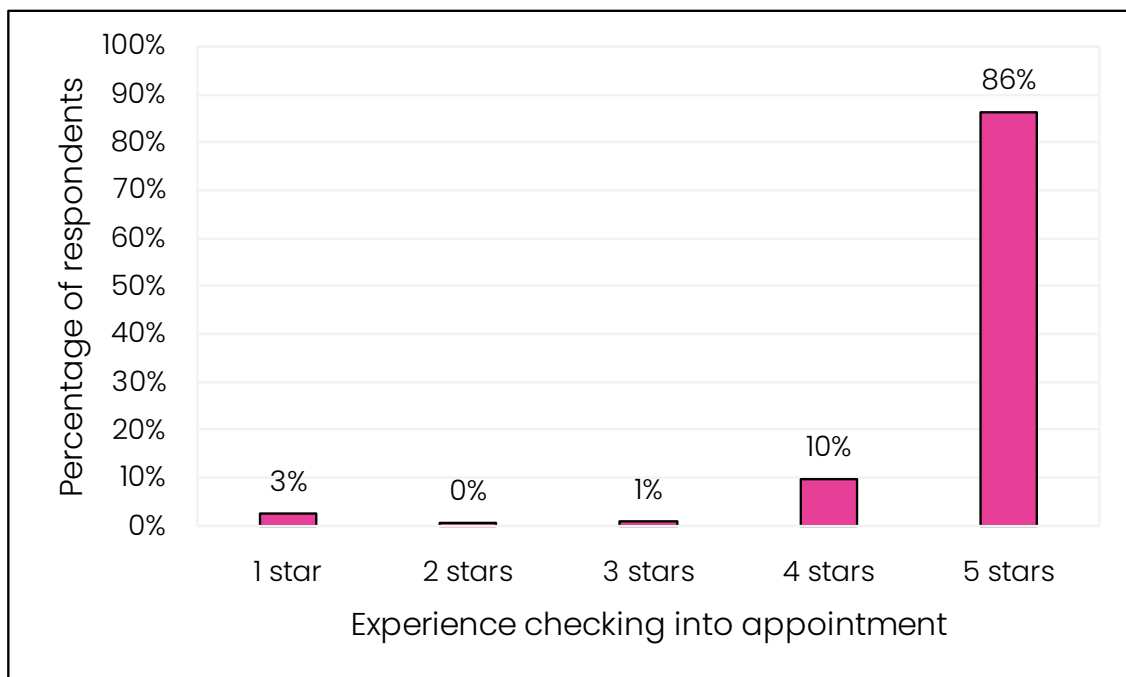


Figure 5. A graph showing ratings from 227 people about experience of checking into appointment.

Healthwatch Norfolk Observations

Main entrance

This Hospital Entrance area was clean, and two maps showed patients, visitors and staff where departments are located on a wall mounted and 3D map of the hospital layout. There was a freephone available for the public to use for booking taxi services and a pull-up banner talking about accessibility and how it is addressed within the hospital. There are also volunteers available to help with directions and hearing loop signs displayed for people with hearing aids. The corridors are lined with colourful displays of local areas and there are alcohol hand gel stations and facemasks readily available. Feedback forms were available in departments, and you could see that patients had been filling them in.

Endoscopy Unit

The unit was very modern and clean in appearance with welcoming and friendly reception staff. There were accessible, gender-neutral toilets available in the waiting room and comfortable, wipe clean seats with armrests awaiting patients. The digital screen had information (including QR codes) about different digestive tract health conditions and face masks / alcohol gel readily available for everyone.

Pain Clinic, Rheumatology, and Urology

Individual radios on each waiting area. Information leaflet stands with relevant info in the waiting area. Reception VERY helpful, cheery and kind. All nurse/clinical staff were very friendly, helpful, kind, interested in what we were doing and were expecting us. Clean, well laid out corridor.

The staff seemed to interact well with patients. One member of staff even asked a patient who was in the waiting room, whether they would like any lemon or squash in their water to make it taste better.

X ray

When we visited the waiting area for patients was calm with a radio playing in the background. Patients were called by members of staff who came out to greet them and show them where to go. They addressed the patients by name and introduced themselves to the patients including information like "*I will be doing your X ray today.*"

Waiting time

Similarly to experiences in A&E, outpatients told us about their experiences with waiting for their appointments; again these experiences were mixed with some telling us they were seen quickly *"it was 2.5 hours from arrival to leaving - including 2 x-rays. No waiting around"*, while others were more frustrated waiting a while to be seen with one telling us they want *"realistic appointment times. I have been waiting over an hour, which is a common experience"*.

We also heard in particular that the antenatal waiting area was *"very warm in the waiting room"* with one patient sharing that they were *"feeling worried"* because they had been *"waiting so long in a warm room and my phone ran out of charge"*.

Staff experience: Audiology

"I think we are a good group of staff, everyone gets on. Overall the patients are fine but there are some frustrations on the phone over waiting lists.

Parking comes up all the time and patients are often late for their appointments because they can't park.

The patients seem to sense that the staff get on well and we try to go the extra mile. Sometimes we get gifts from patients like biscuits and chocolates and once a patient knitted a gift for a member of staff for their family member."

Explanation and involvement

Several people we spoke to told us how they appreciated it when their care was explained to them and their questions were answered, and they felt involved in decisions about their care. For example, a patient in the pain clinic told us *"the lady I saw, explained everything and what I asked she would go into detail. I really felt that the lady really cared"*. Another patient in the urology department told us that they *"suffer with anxiety"* but that they *"feel calm and relaxed here [...] the staff explain things really well"*

6 “They wanted me to come for my appointment at 5pm but they changed it for me to 2:40pm. It is up to me whether I have my toe off or not. The doctor I see is extremely kind and understanding.”



Next steps

This visit and report form part of a larger engagement programme where we are visiting the three acute hospitals in Norfolk. A report will be created for each hospital. At the end of all the visits a report will be published presenting experiences across Norfolk hospitals and will include recommendations for the hospitals and the wider Integrated Care System.

Appendix

Appendix A: Demographic of respondents

		Percentage	Number
Age 453 respondents	15 or under	2%	11
	16 to 25	4%	20
	26 to 35	12%	56
	36 to 45	10%	44
	46 to 55	11%	49
	56 to 65	15%	68
	66 to 75	22%	99
	76 to 85	18%	82
	86 or over	5%	24
Gender 447 respondents	Female	62%	279
	Male	37%	167
	Prefer not to say	0%	1
Ethnicity 455 respondents	Asian/Asian British: Any other Asian / Asian British background	1%	3
	Black/Black British: African	0%	1
	Mixed/Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	0%	2
	Mixed/Multiple ethnic groups: Asian and White	0%	1
	Mixed/Multiple ethnic groups: Black Caribbean and White	0%	1
	White: Any other White background	2%	11
	White: British / English / Northern Irish / Scottish / Welsh	95%	434
	White: Irish	0%	1
	Prefer not to say	0%	1

Please select any of the following that apply to you 410 respondents	I have a long term condition	31%	128
	I have a disability	14%	57
	I am a carer	5%	22
	None of the above	58%	237
	Prefer not to say	3%	11



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