



Three Hospitals Three Weeks Patient experiences at Norfolk Hospitals

September 2023

Contents

Contents.....	2
Who we are and what we do.....	4
Summary.....	5
Why we looked at this.....	7
How we did this.....	8
What we found out.....	13
Next steps.....	27
Recommendations	29
Appendix.....	31

Registered office: Suite 6, The Old Dairy, Elm Farm, Norwich Common,
Wymondham, Norfolk NR18 0SW

Registered company limited by guarantee: 8366440 | Registered charity: 1153506

Email: enquiries@healthwatchnorfolk.co.uk | Telephone: 0808 168 9669

Please contact Healthwatch Norfolk if you require an easy
read; large print or a translated copy of this report.

Out-patients West

Our Values

P **PEOPLE FOCUSED**
Supportive
Welcoming
Kind



R **RESPECT**
Listening
Appreciative
Protect dignity

XCELL
Effective
Improving



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 summer of 2023 we spent a week at James Paget University Hospital, Norfolk and Norwich University Hospital, and The Queen Elizabeth Hospital. We also spent a day at Cromer Hospital. We wanted to find out about the patient journey, we wanted to know what was working well and what could be improved.

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. There were four different surveys and the surveys were available online until the end of our visits across all the hospitals for people who were not at the hospital the week we visited. We also handed out surveys for people to send back to us in the post.

This report summarises the findings across all of the hospitals, we wrote more detailed individual reports for each of the hospitals. We received 1,416 responses to our surveys, we made 56 observations, and took 37 staff experiences.

Most people we heard from told us that they were happy with the care they were receiving. This was the same at all the hospitals. People complimented the help and support they received from staff at the hospitals. They told us how they were kind, friendly, and understanding. Several people we spoke to were aware of pressures on the health system and staff and were pleased with how they were treated despite these pressures.

Another part of care which was important to people was receiving patient centred care. This included being treated as individuals and feeling involved in decisions about their care. There were differences in how involved patients felt, inpatients and people that have long term conditions or were disabled told us they felt less involved.

Patients often told us how it was important to them that they were well communicated with by professionals at the hospital and in letters and that their care was explained to them clearly. Some people felt that communication between hospital departments or across services needed to improve and found themselves having to repeat their story. We also heard about difficulties with discharge and delays because of setting up care in the community, sometimes patients were told mixed information about their discharge.

Waiting times was a common theme in Accident and Emergency and outpatient clinics, this included not always being told how long they might have to wait to be seen which caused worries. A few people also told us about long waiting lists to get care at the hospital.

At all hospitals we heard about difficulties with parking, in particular it being hard to park close to the hospital for disabled patients or others with limited mobility. They also wanted to be comfortable in wards and in waiting areas, this included having enough chairs to sit in, having comfortable beds, the temperature, and entertainment available to them. Finally, some inpatients told us that it could be difficult getting food for their dietary needs.

We made the following recommendations for the hospitals (for full recommendations see page 29):

1. Ensure staff continue to work to the values of 'kindness, dignity, and respect'.
2. Ensure communication with patients and carers is clear and up to date.
3. Review food menus and ensure patients receive appropriate meals.
4. Improve understanding of patient journey which may lead to anxiety or frustration and impact patient mood.
5. Improve discharge process and manage expectations.
6. Explore experiences of those on waiting lists.

Why we looked at this

Background

Norfolk and Waveney Integrated Care Board (ICB) are collectively responsible for working with three acute trusts which are used predominantly by Norfolk residents but also include people from Suffolk, North Cambridgeshire and South Lincolnshire.

When Norfolk and Waveney became an Integrated Care System (ICS) on the 1st July 2022, the CEO identified one of the primary needs of the system being to improve communication and be patient and carer focused looking specifically at long term outcomes.

Healthwatch Norfolk (HWN) proposed working collaboratively with the system to identify good practice through an intensive engagement approach with patients, carers and staff to gather their feedback.

Three individual reports would be provided for each Trust with an overarching report being provided for the Urgent and Emergency Care Board as well as the Committees in Common Board currently chaired by Chris Lawrence – Chair of the Queen Elizabeth Hospital Foundation Trust.

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 patient experiences from learning about an appointment - such as receiving a letter - all the way through to discharge. This engagement was looking across all areas of hospital care but with a particular focus on urgent and emergency care.



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 can be found in appendix one.

We were interested in the most recent experiences at the hospitals so asked for patients, visitors, and carers to share feedback on experiences since February 2023. The surveys were available in a paper version and also hosted online through SmartSurvey and remained open until we had completed all of our visits, the survey closed on 31st July 2023.

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 being able to contact staff on the ward, on carer involvement and discharge planning.
3. Outpatients – including questions on the appointment letter received and how clear it was, and checking in for the appointment.
4. Other/General – no additional questions. This survey was created for when patients were unsure which area of the hospital they visited or when it was not clear.

To collect staff experiences or note down any observations we kept this open ended and did not have any specific questions which we asked. The form used to collect this information can be found in appendix two.

Engagement

Table 1 shows the dates we visited each hospital for this programme of engagement. At all these hospitals we visited every day from 9:30am to 3:30pm, in addition to this for the main three hospitals we spent three evenings during the week in the hospital until 8pm.

Table 1.

Dates of Hospital Visits	
	Dates visited
The Queen Elizabeth Hospital	22 nd to 26 th May 2023
James Paget University Hospital	19 th to 23 rd June 2023
Norfolk and Norwich University Hospital	17 th to 21 st July 2023
Cromer Hospital	27 th July 2023

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 had at least one table set up at the hospitals with additional paper surveys and freepost envelopes for people to take away and a Healthwatch Norfolk Postbox for any completed surveys.



Figure 1. A poster promoting our visits to the hospitals for Three Hospitals Three Weeks

The visit was promoted through our social media channels, in our newsletter, on our website, and through other local media platforms. Including BBC Radio Norfolk. This was to allow people who were not visiting the hospital during the week to have the opportunity to share their experiences.



Figure 2. A video shared on social media and our website explaining this Three Hospitals Three Weeks work.

Analysis and reporting

Survey responses were exported from SmartSurvey and analysed using Microsoft Excel and the qualitative analysis software tool NVivo.

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.

Comparisons between groups has been presented in this report, however these have not been analysed for statistical significance and are only intended as an indication of a potential difference.

Three reports presenting our findings at each hospital were produced for The Queen Elizabeth Hospital, James Paget University Hospital, and Norfolk and Norwich Hospital including Cromer Hospital. These reports can be found on our website: www.healthwatchnorfolk.co.uk/reports.

Limitations

During the week of our visit to Norfolk and Norwich Hospital there were junior doctor and consultant strikes which resulted in fewer clinics and patients. In addition to this we experienced staff illness which meant there were not as many Healthwatch Norfolk Officers available, this resulted in fewer survey responses than expected.

Please also note that we did not visit all the same departments, wards, or clinics at the different hospitals, for example due to a recent Care Quality Commission (CQC) report we focused on maternity services at the James Paget Hospital, however this was not an area we explored at The Queen Elizabeth Hospital.

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.

What we found out



Who we heard from

We received 1,416 responses to our survey about experiences at Norfolk hospitals. The hospitals we received responses from and the area of the hospital are displayed below in Table 2, we received the most responses from The Queen Elizabeth Hospital (QEH) and also most commonly received survey responses for outpatient clinics and appointments. Please note that throughout this report, Norfolk and Norwich University Hospital (NNUH) responses includes the 21 responses we received about Cromer Hospital. This is because Cromer Hospital is part of the Norfolk and Norwich University Hospitals NHS Foundation Trust.

Table 2.

A Table Displaying Number of Survey Responses

	James Paget University Hospital	Norfolk and Norwich University Hospital	The Queen Elizabeth Hospital
Accident and Emergency	91	78	116
Inpatient Care	100	102	104
Outpatient	277	196	243
Other/not sure	27	28	54
Total	495	404	517

We also received 37 responses to staff experiences and made 56 observations across the three hospitals while we visited.

About survey respondents

Most respondents were answering the survey about their own experiences (86%, 1218) whilst 12% (171) were answering on behalf of a patient and 2% (27) were visitors. We spoke to people from across Norfolk and neighbouring counties, this is displayed in *Figure 3*.

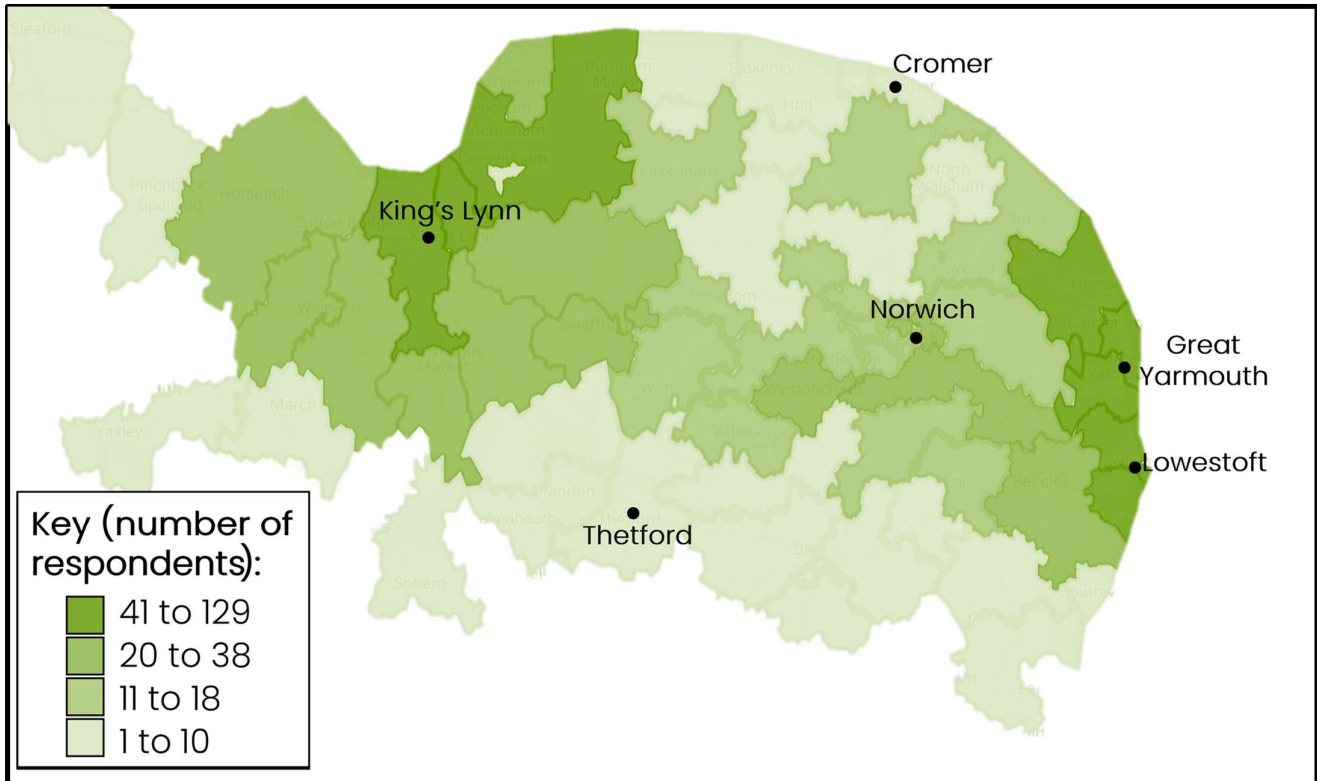


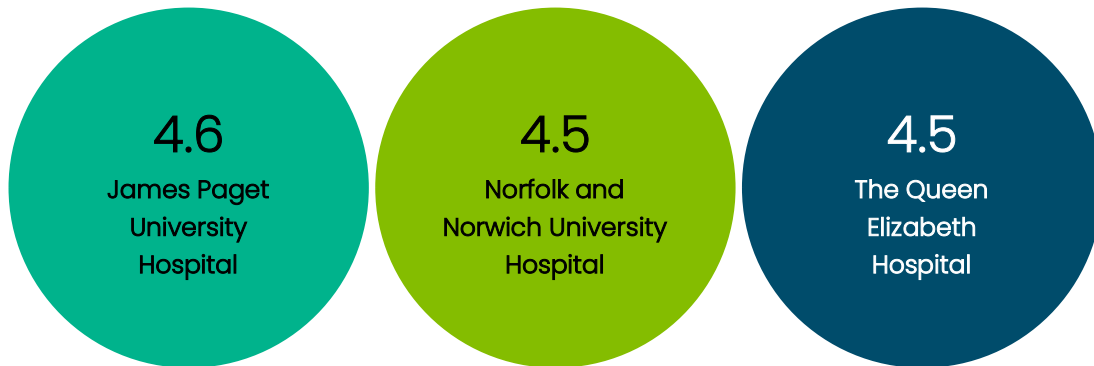
Figure 3. A map showing where respondents lived based on the first half of their postcode. In addition to these local postcodes we also spoke to people on holiday in the area or visiting family from outside of the area.

Nearly half of respondents (47%, 598) were aged 66 or older, most were female (62%, 800), and most were 'White British/English/Northern Irish/Scottish/Welsh' (95%, 1246). In addition to this, 36% (440) told us they have a long term condition, 16% (202) told us they are disabled, and 8% (99) were carers. To see a full breakdown of the demographics of survey respondents please see appendix three.

Overall experience

Average ratings at all hospitals were high, with most patients rating their overall experiences as five out of five (69%, 878). The average rating at each hospital was very similar with James Paget University Hospital (JPUH) having an average rating of 4.6, while NNUH and QEH had an average rating of 4.5.

Average overall rating of each hospital



As displayed in Figure 4, patients across all hospitals on average rated their experiences in outpatients (4.6) as higher than Accident and Emergency (4.4) and inpatient care (4.4).

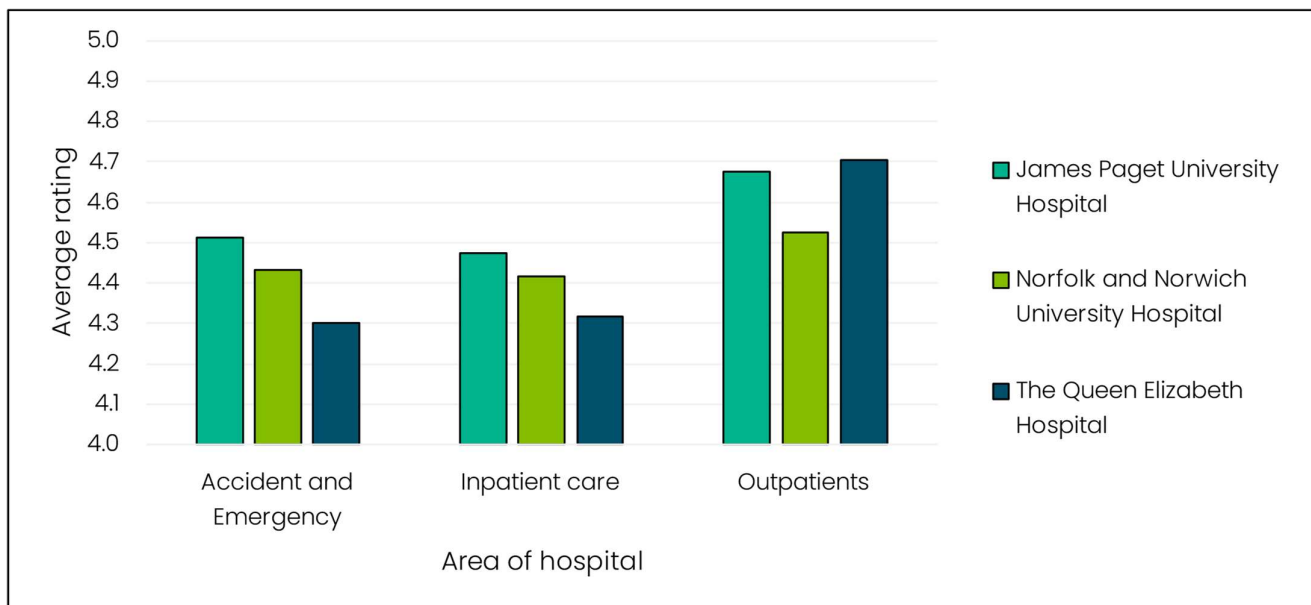


Figure 4. Average ratings across the hospitals split by area of hospital.

Below we have summarised our findings across the three hospitals. For more detail about patient, carer, and staff experiences and Healthwatch Norfolk observations please see each individual report.

Attitudes of staff

The biggest theme across all the hospitals was around staff attitudes. People who we spoke to were pleased when they found staff friendly, kind, and helpful.

Although rarer, when they found staff rude or dismissive they were also less happy with their overall care.



This mostly positive experience was also reflected in ratings for 'being treated with kindness, dignity, and respect'. Across all hospitals only 13% (166) of people rated this as less than five stars out of five. It is worth noting that this experience did vary, we found that people who told us they were carers were less likely to rate this as five out of five (77%, 73) in comparison to people who were not carers (89%, 960). Similarly, people with a long-term condition were also less likely to rate their experience as five out of five (83%, 354) than those who told us they did not have a long term condition (91%, 679).

Being patient centred

Involvement and choice

We asked respondents to rate how involved they felt in decisions about their care out of five stars, 77% (887) of people rated this as five out of five. Patients also commented on feeling involved and listened to by health professionals including appreciating when children were included in their own appointments and appreciating being given choice in the care they were receiving.

We found that people aged 86 or over seemed less likely to rate feeling involved as five stars with only 67% (44) choosing this. This might be because we heard from several people aged 86 or over on wards and we found that people who were inpatients rated feeling involved lower (62%, 166) than other areas of the hospitals (A&E: 80%, 146, outpatients: 82%, 497).

We also found out that people who told us they have a disability were also less likely to rate feeling involved in their care as five stars (67%, 126) in comparison with those who told us they do not have a disability (80%, 677). This was also

reflected in those with a long term condition (72%, 277) in comparison to those without a long term condition (81%, 526).



I feel ignored

We asked respondents to our inpatient survey if they have been able to easily contact someone on the ward to ask questions, and most told us that they had been able to (83%, 236). However this does mean that 13% (36) told us they were not able to easily contact someone and 5% (13) were not sure.

Consequently, one of the themes in feedback from inpatient care at all hospitals was how they sometimes felt ignored while in hospital. This included delayed responses to their buzzers and sometimes feeling stuck in side rooms on the ward. On the other hand other patients who felt included told us about times when their buzzer was quickly and always responded to and they were regularly checked on and staff were proactive.

One patient told us how they experienced both sides of this checking in on different wards. We heard how in one ward they "*rang the bell and no one ever came*" they told us that at one point "*I woke up freezing at 3am because the window was open, but I wasn't able to get up and close it myself*", they then were admitted to hospital on a different occasion and this time told us "*last night while I was sleeping someone came in and closed the window for me, they were so quiet I didn't notice!*".

Communication

Throughout hospitals, areas, and departments we heard about the importance of good communication with patients and communication between staff and departments.

Communication with patients

Communication with patients included administrative communication such as letters sent to them and we heard how sometimes patients had to chase appointments. Communication with patients also includes communication in person or over the telephone where patients appreciated good explanations around their care that they could easily understand.

Outpatient letters

We asked outpatients' several questions about the letters they received for their appointments. At all the hospitals nearly all patients told us that these letters were clear and easy to understand (97%, 513), had all the information they needed on them (94%, 489), and it was clear who to contact if they had a problem with their appointment (92%, 536).

For those who did have difficulties we asked how their letters could be improved and suggestions included being clearer where the appointment was such as including a map or directions or information on parking, more clarity on what the purpose of the appointment was or information about any preparation needed, and using simpler language.



Explanation

Across hospitals and all areas of the hospital, patients and their carers told us about experiences of how information was explained to them. When we asked if information about their care was explained to them in a way that they understood most respondents told us that it was (89%, 1089).

Comments about explanation included how patients often appreciated when everything was fully explained to them and time was taken to make sure that they understood what was happening. This included some One inpatient at a

hospital told us how when things are not fully explained it could result in bigger mistakes, they were presented with a do not resuscitate (DNR) form to complete and this was not explained to them:

"I wasn't very happy when they presented the end of life form DNR because I couldn't understand the form, there was a no box and a yes box and they couldn't explain to me which each box meant. I want to live to 120! I don't understand why they actually were asking me the question. I could have quite easily ticked the wrong box. If you are feeling very ill you might not understand what they were saying. There ought to be another member of the family to be present when you are asked to fill in this form."

Communication between professionals

We also heard about experiences of communication between staff, departments, and services and the impact this could have on overall care. Patients expressed some frustration with a lack of continuity of care and sometimes having to repeat their experiences when communication between departments or at staff handover was not thorough or when health professionals did not read their notes.

Discharge

We asked inpatients if they had been informed of discharge and how or when it might happen, less than half of people we spoke to told us they had been informed of this (48%, 112).

Alongside this we heard experiences of discharge at all hospitals which involved confusion and delays for patients. This included difficulties organising care or equipment at home or in the community and also being told different information from different health professionals. Other patients and carers told us about experiences where they felt they had been discharged prematurely and resulted in them returning to hospital.

"People want to be back in their homes if they can but the discharge process is not working as it should."

"One doc said I could go home in 1-2 days and another said it could be later next week!"

"Discharge is proving quite difficult as there are no beds available in a physio unit."

Environment and comfort

One of the biggest themes from people waiting in A&E, for outpatient appointments and for inpatients was around the environment and their comfort in the hospital. This included the comfort and availability of equipment including chairs, beds, and entertainment such as televisions, the temperature of the rooms or wards, noise on the wards, cleanliness, and whether they felt safe in the hospital. These experiences were mixed with some areas of hospitals praised and others where patients were less comfortable. Some examples of good practice included:

- *"The hospital is immaculately clean, is constantly being cleaned. Every bathroom is clean and smells fresh."*
- *"The children's part of A&E had a TV and stuff to look at on the wall"*
- *"A nurse helped someone else on the ward to set up wifi on his phone so that he was able to contact his wife."*
- *"Someone suggested going for a walk and that is nice, I like gardening and there are benches and nice gardens."*
- *"staff asked if I would like music played during my lumbar puncture and played my request"*
- *"They have supplied me with everything that I needed, which is good because I wasn't expecting to be in."*
- *"My son got a nintendo switch given to him to use while there."*

Feeling safe in hospital

We also asked patients if they felt safe in the hospital and 85% (1118) rated this as five stars out of five suggesting that they did feel safe whilst in hospital. This was slightly lower for inpatients with only 78% (223) rating as five stars in comparison to 84% (216) in A&E and 88% (595) in outpatients. The few people who commented that they did not feel safe at the hospital told us that this was mainly because of other patients.

"[I] did not feel safe. There was someone with mental health difficulties but I did not feel that the ward was the right place for them."

"Other patients have made me feel unsafe, [...] I have seen and heard a lot of distressing things on the ward."

"Staff just seem too busy to realise what is going on. There didn't seem to be any additional security support apart from the two cleaners."

Food on the wards

For inpatients one of the main themes in comments was around the food they were offered while in hospital. Experiences of whether they liked the food or not was varied with some patients noting that they had noticed recent improvements in the hospital food while others being less satisfied with it. Other patients told us about times when they were given the incorrect food or they were moved at mealtimes or onto wards after mealtimes meaning they missed out on their food.

Alongside preference, we heard several comments about patients having difficulties getting food which met their dietary needs such as allergies or intolerances. This included a lack of variety for people who were in hospital for a while and also some patients told us how their needs were ignored.

One patient explained a positive experience where the hospital and staff tried to make sure they had food that met their dietary needs; they told us that *"they had to make it specially because I am lactose free, have colitis and diabetes so no sugar, fibre, or milk"*. This patient did note that *"they messed up a couple of times"* but they added that *"one nurse used their own money in the shop to*

bring alpro desserts for me” and that “there was a sweet trolley up there and they would make sure I had crisps to take with me”.

Getting to and around the hospital

We heard some comments from patients and their carers around travelling to the hospital including hospital transport experiences, parking when at the hospital, and signage and directions in the hospital. Some staff also mentioned to us there were difficulties with parking for them and the cost of parking too.

Parking

A large theme at all hospitals in particular for outpatients was around car parking. This included parking charges, a lack of available spaces, parking machines not working, and at one hospital the system where they had to pay on arrival while not knowing how long they would be at the hospital. We also heard about difficulties finding places to park close to the hospital at all hospitals, this included struggles for disabled parking spaces. Patients told us how they would have to come to appointments with another person to make sure they could be dropped close to the door and would struggle on their own. We heard from staff that when patients were frustrated with parking this could impact on how they were feeling before they were seen for their appointment.

Signage and directions

We asked respondents if they were able to easily find where they needed to go when they arrived at the hospital, 92% (1120) of respondents told us that they were able to find their way round. For those who were unable to easily find their way round we asked how this could be improved for them. Comments here included that they asked for help to find where to go and staff and volunteers usually were able to assist. Others suggested having maps included in letters and that signage needed to be clearer such as making sure that signs match the name of the department in the letter and using simple language where possible.

How long do I have to wait

For outpatients’ and A&E waiting times were a very common theme mentioned to us by patients. Waiting times were mixed and when there were longer waiting

times patients were largely understanding and understood the reasons for this. It is worth noting here that we most commonly spoke with patients in the waiting room before they had been seen for their appointment or by health professionals in A&E.

We heard how patients would like to stay informed about waiting times in both A&E and for outpatient appointments. In A&E there were usually screens or boards giving patients an indication of the length of the wait but most patients told us they had not been told by staff how long they might need to wait, only 26% (71) shared that they had been told how long they might need to wait.



I was kept up to date

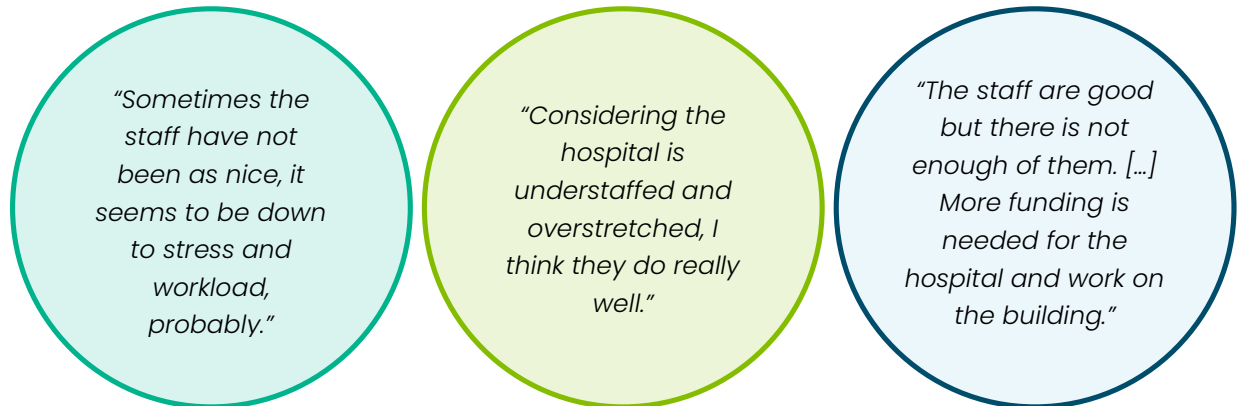
Alongside staying informed about waiting times some patients told us more generally that they liked it when they were kept up to date about their care and what was happening while they were in hospital.

For inpatient care we asked if the hospital had kept the patient or their loved one's up to date on their care and condition; 86% (253) told us that they were kept up to date while 10% (30) told us that they were not kept up to date and 4% (11) were not sure. People who had a long term condition were more likely to tell us they were not kept up to date (15%, 15) than people who told us they did not have a long term condition (8%, 15).

Job, staff, and wider pressures

Across all three hospitals and areas of the hospitals people told us about pressures they were aware of on staff and the NHS more generally. This was also reflected in some of the staff feedback we received.

This included patients telling us they felt that staff levels were low or about the pressures of the job on the staff telling us how busy staff seemed and how for some this appeared to impact on staff morale. This was often framed by patients as staff *“can only do their best under the circumstances”*, patients we spoke to were often very understanding. Others mentioned how they felt that the staff and hospitals needed more funding and investment.



Knowledge and staff training

A small theme in responses was around the specific knowledge, expertise, and skills of staff. This included some people applauding the knowledge of staff and others telling us about less positive experiences where mistakes had been made or they had less confidence in staff such as finding them inexperienced.

Confidence and trust

We asked respondents about their confidence in care and their trust in the health professionals treating them at the hospitals. Most people rated these as five stars out of five, suggesting that they felt confident in the care (75%, 942) and that they trusted the health professionals (79%, 990).

Confidence and trust were higher in outpatients with more people rating these as five out of five (confidence: 81%, 526 and trust: 82%, 529) than in Accident and Emergency (confidence: 69%, 157 and trust: 76%, 171) and inpatient care (confidence: 65%, 187 and trust: 73%, 210).

Alongside this, confidence and trust were lower for people who had a long term condition or a disability. For those with a long term condition confidence was

only rated as five stars by 69% (286) and trust by 73% (303) of respondents. Similarly, for respondents who told us they had a disability, confidence was only rated as five stars by 69% (136) and trust by 71% (138).

Finally, people who told us they were male rated their confidence and trust as five stars slightly more often than female respondents. For confidence 77% (337) of male respondents rated this as five stars while only 74% (547) of female respondents did. For trust male respondents rated this as five stars 83% (365) of the time in comparison to female respondents (77%, 564)

Lists for treatment

A final small theme in responses were some patients mentioning to us about long waiting lists for treatment or how long they had been waiting since referral for their appointments. For some who had been waiting a long while we heard about how this impacted on their symptoms and their general stress.

"It's taken such a long time to get this appointment, I was referred via an optician 18 months ago."

"It's a good year and a half wait for my operation and I am in constant pain."

"The waiting lists for appointments are too long, I constantly have to chase people."



Next steps

This report summarises our findings from the views of 1,416 patient, carers, and visitors and 37 members of staff that we heard from through this programme of engagement visits to the hospitals. We hope that, alongside the reports for each individual hospital, this report highlights some examples of good practice at the hospitals and areas where there could be some improvement or further investigation.

This work has demonstrated how appreciative many patients are of the work of staff in hospitals and this was reflected in how highly so many patients praised staff kindness, helpfulness, and supportiveness in hospitals. We learnt about the importance of good communication with patients through hospital letters, on the telephone, and in person. Hospitals should continue to ensure that they are communicating effectively with all patients, that they are fully informed at all stages of their care from referral to discharge, and that patients and carers are involved in care and decisions.

Healthwatch Norfolk will consider future targeted work within the hospitals, we are grateful for all the hospitals for inviting us in and staff for being so welcoming and helpful throughout the weeks. We hope that the relationships we have built will continue in the future. We will consider the results of this work and look at specific areas or departments of hospitals which could benefit from further patient engagement to help find out in more depth what is working well and what could be improved. We recognised some differences of experiences for people based on factors such as age, gender, and disability, we will continue to work with different groups of people to make sure that we are learning about the experiences of all people, especially those who are seldom heard or underrepresented.

In addition to this, during this work we largely heard from patients who were already receiving treatment from the hospital. We are aware that waiting lists for treatment and appointments can be long and we will also consider exploring experiences of this including the impact it can have on mental and physical wellbeing and communication from services whilst waiting for treatment.

We hope that this work will help Norfolk hospitals understand patient and carer experiences and contribute to the ongoing work to improve patient experience alongside their own insight and other third-party information.

Recommendations

1. Ensure staff continue to work to the values of 'kindness, dignity, and respect'.
 - Review Trust values and ensure that these are promoted among staff.
 - Provide training to staff to ensure that all have an understanding and the skills to treat patients with these values at the heart.
 - Regularly check if patients feel these values are being met and address any concerns or complaints raised.
2. Ensure communication with patients and carers is clear and up to date.
 - Continually review hospital letters. Consider whether information on the clinic location or nearest car park should be included.
 - Make sure patients are updated on expected waiting times in A&E and outpatient clinics including informing them on initial sign in.
 - Take the time to ensure that patients understand the information they are given. Always consider whether it is appropriate to wait for carers or family members to be present before sharing important information.
 - For all points, consider a variety of formats and languages for accessibility.
3. Review food menus and ensure patients receive appropriate meals.
 - Perform ongoing reviews of food menus and collecting feedback from patients to make sure there is a good range of choice.
 - Ensure that a range of restricted diets and allergies are able to be catered for.
 - Ensure staff are taking appropriate time and care to check, and confirm, that inpatients get the correct food for their dietary needs.
4. Improve understanding of patient journey which may lead to anxiety or frustration and impact patient mood.
 - Ensure staff have an understanding of the difficulties patients experience from point of arrival (e.g., parking, finding the department, and wait times)
 - For inpatients, ensure staff check what patient needs are when they arrive on the ward (e.g., if a patient arrives on a ward near mealtimes confirm that they have eaten).

- Ensure patients have everything they need and in easy access to reduce the need to ask for assistance (e.g., water jugs and electronic device chargers always being in easy reach and patients know how to connect to Wi-Fi).
5. Improve discharge process and manage expectations.
- Consider creating a checklist explaining what needs to happen before discharge.
 - Ensure patients and carers have access to this checklist, such as displaying a poster on the ward.
 - Ensure patient, carers, and families are informed of the discharge process to improve understanding and are kept up to date should they have any queries or concerns.
6. Explore experiences of those on waiting lists.
- Work with Healthwatch Norfolk to engage with and explore the experiences of patients on waiting lists and their carers.
 - Look to gather feedback to understand what support and information is needed for those on waiting lists.

Appendix

Appendix one: Surveys

a) Survey front sheet

Experiences in Norfolk Hospitals

Who is Healthwatch Norfolk?

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

What is this survey about?

Healthwatch Norfolk is collecting feedback about recent patient and visitor experiences at hospitals in Norfolk. We want to know what is working well and what could be improved. We want to hear feedback from all areas and departments of the hospitals across Accident and Emergency (A&E), Outpatients' clinics, and Inpatient Care. **This survey is for those who have used or visited a hospital since February 2023.**

Alongside this online survey, we will be visiting each hospital to speak with patients and visitors, we will visit The Queen Elizabeth Hospital in King's Lynn (22nd to 26th May 2023), James Paget University Hospital in Gorleston (19th to 23rd June 2023), and Norfolk and Norwich Hospital including Cromer hospital (17th to 21st July 2023).

The survey should take approximately 10 minutes to complete.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey. Alternatively, please email: enquiries@healthwatchnorfolk.co.uk for further support.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at: www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous and will be used to make recommendations to health and social care providers. The report will also be publicly available on our website and may be used in other Healthwatch Norfolk communications.

Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: www.healthwatchnorfolk.co.uk

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Survey closing date: 31st July 2023

Please note that questions marked with an asterisk (*) require responses. All other questions are optional and can be ignored if not applicable to you.

Please tick to confirm *

I have read and understood the above statement

**Healthwatch Norfolk produce newsletters about health and social care in Norfolk.
If you'd like to receive this newsletter please leave your email here:**

b) Demographic questions in surveys

About you

In this next section we will be asking you some questions about yourself and your life. All these questions are optional.

Why we ask these questions

Your answers help us make sure that we hear from people from different backgrounds and that we understand the needs of different groups in our community. Remember: all your answers are strictly confidential and the survey is anonymous.

13. What is the first half of your postcode? (e.g. NR18)

14. How old are you?

15. What is your gender?

- Male
- Female
- Non-binary
- Genderfluid
- Genderqueer
- Intersex
- Prefer not to say
- Prefer to self-describe:

16. What is your ethnic group?

Arab:

- Arab

Asian / Asian British:

- Bangladeshi
- Chinese

- Indian
- Pakistani
- Any other Asian / Asian British background

Black / Black British:

- African
- Caribbean
- Any other Black / Black British background

Mixed / Multiple ethnic groups:

- Asian and White
- Black African and White
- Black Caribbean and White
- Any other Mixed / Multiple ethnic groups background

White:

- British / English / Northern Irish / Scottish / Welsh
- Irish
- Gypsy, Traveller or Irish Traveller
- Roma
- Any other White background

Other:

- Any other Ethnic Group
- Prefer not to say

If other, please specify:

17. Please select any of the following that apply to you:

- I have a disability
- I have a long term condition
- I am a carer
- None of the above
- I prefer not to say

c) Accident and Emergency Survey

About your visit

Please note, this survey is for experiences since February 2023.

If you have visited the hospital more than once, visited more than one department, or more than one hospital please complete a separate survey for each visit.

Which hospital did you visit? *

- Cromer Hospital
- James Paget University Hospital
- Norfolk and Norwich University Hospital
- The Queen Elizabeth Hospital

What was the date of your visit? If you are unsure please make your best guess. *

DD/MM/YYYY

Experiences at Accident and Emergency

1. Are you answering this survey: *

- As a patient
- On behalf of a patient

Please note, if you are answering on behalf of someone else, 'you' refers to the patient.

2. Why did you visit Accident and Emergency (A&E) on this day? Please select the option which best matches the reason for your visit.

- Injury (e.g. head injury, cuts and burns)
- Chest pain or shortness of breath
- Fall or seizure (e.g. epilepsy, fainting)
- Fracture or sprain
- Infection or allergic reaction

- Mental health concerns
- Pain (e.g. abdominal, headaches, dental, back pain)
- Prefer not to say
- Other (please specify):

3. Before coming to A&E on this day, did you contact any of the following health services for advice for the same issue? Please tick all that apply.

- I didn't contact any other health service
- Doctors' surgery (clinician e.g. GP or nurse)
- Doctors' surgery (non-clinician e.g. receptionist)
- NHS 111 (online or on the phone)
- 999 or ambulance service
- Pharmacist
- Walk-in centre
- Other clinical advice (e.g. consultant, dentist)
- Other (please specify):

If you were given any advice by one or more of these health services, what advice were you given?

4. Were there any barriers to you contacting another health service before visiting A&E for this issue?

- Yes
- No
- Not sure
- Not applicable

If yes, what were the barriers?

5. After arriving at the hospital, were you able to easily find where you needed to go?

- Yes
- No
- Not sure
- Not applicable

If no, how could this have been improved?

6. Did staff tell you how long you might need to wait?

- Yes
- No
- Not sure
- Not applicable

7. How do you feel about how long you had to wait to be seen once you arrived?


- I waited for less time than I expected
- I waited as long as I expected
- I waited for longer than I expected
- Not sure
- I am still waiting/not applicable


8. Was information about your care explained to you in a way that you understood?



- Yes
- No
- Not sure
- Not applicable


If no, how could this have been improved?



9. Please rate the following out of five stars (one being poor and five being outstanding)


- Your overall experience of care     

- Confidence in care     

- Trust in the health professionals treating you     

- Feeling safe at the hospital     

- Being treated with kindness, dignity, and respect     

- Feeling involved in decisions about your care     

10. What was good about your experience of care on this day?

11. Is there anything that would have made your experience of care better?

12. Please share any other comments about your experience with care at the hospital:

d) Inpatient survey

About your visit

Please note, this survey is for experiences since February 2023.

If you have visited the hospital more than once, visited more than one department, or more than one hospital please complete a separate survey for each visit.

Which hospital did you visit? *

- Cromer Hospital
- James Paget University Hospital
- Norfolk and Norwich University Hospital
- The Queen Elizabeth Hospital

What was the date of your visit? If you are unsure please make your best guess. *

DD/MM/YYYY

Experiences with inpatient care

1. Are you answering this survey: *

- As a visitor
- As a patient
- On behalf of a patient

2. What is the name of the ward/department?

3. After arriving at the hospital, were you able to easily find where you needed to go?

- Yes

- No
- Not sure
- Not applicable

If no, how could this have been improved?

4. Have the hospital kept you up to date on your or your loved one's care and condition?

- Yes
- No
- Not sure
- Not applicable

5. Have you been able to easily contact someone on the ward to ask questions?

- Yes
- No
- Not sure
- Not applicable

6. Has information about you or your loved one's care been explained to you in a way that you/they understood?

- Yes
- No
- Not sure
- Not applicable

If no, how could this have been improved?

7. If you are a carer for your loved one, has any support been offered to you?

- Yes
- No
- Not sure
- I am not a carer/not applicable

If yes, please explain the support that has been offered to you:

8. Please rate the following out of five stars (one being poor and five being outstanding)

Your overall experience of care



Confidence in care



Trust in the health professionals treating you or your loved one



Feeling safe at the hospital



Being treated with kindness, dignity, and respect



Feeling involved in decisions about your care



9. Have you been informed about discharge and how/when this will happen?

- Yes
- No
- Not sure
- Not applicable

10. What has been good about your/your loved one's experience of care?

11. Is there anything that would have made your/your loved one's experience of care better?

12. Please share any other comments about your experience with care at the hospital:

e) Outpatient survey

About your visit

Please note, this survey is for experiences since February 2023.

If you have visited the hospital more than once, visited more than one department, or more than one hospital please complete a separate survey for each visit.

Which hospital did you visit? *

- Cromer Hospital
- James Paget University Hospital
- Norfolk and Norwich University Hospital
- The Queen Elizabeth Hospital

What was the date of your visit? If you are unsure please make your best guess. *

DD/MM/YYYY

Experiences with outpatients

1. Are you answering this survey: *

- As a patient
- On behalf of a patient

Please note, if you are answering on behalf of someone else, 'you' refers to the patient.

2. What was the name of the department/outpatients' clinic you visited?

3. Did you receive a letter for this appointment?

- Yes

- No
- Not sure
- Not applicable

If you didn't receive a letter, how did you find out about this appointment?

4. If you received an appointment letter, was it clear and easy to understand?

- Yes
- No
- Not sure
- Not applicable

5. If you received an appointment letter, did it have all the information that you needed?

- Yes
- No
- Not sure
- Not applicable

6. How (if at all) could your appointment letter have been improved?

7. Was it clear who to contact if you had a question or a problem with your appointment?

- Yes
- No

- Not sure
- Not applicable

8. If you had any problems with your appointment, were you able to speak with someone to try and resolve your issue?

- Yes
- No
- Not sure
- Not applicable

9. After arriving at the hospital, were you able to easily find where you needed to go?

- Yes
- No
- Not sure
- Not applicable

If no, how could this have been improved?

10. Was information about your care explained to you in a way that you understood?

- Yes
- No
- Not sure
- Not applicable

If no, how could this have been improved?

11. Please rate the following out of five stars (one being poor and five being outstanding)

- Your overall experience of care     

- Experience of checking in for your appointment     

- Confidence in care     

- Trust in the health professionals treating you     

- Feeling safe at the hospital     

- Being treated with kindness, dignity, and respect     

- Feeling involved in decisions about your care     

12. What was good about your experience of care on this day?

13. Is there anything that would have made your experience of care better?

14. Please share any other comments about your experience with care at the hospital:

f) General survey

About your visit

Please note, this survey is for experiences since February 2023.

If you have visited the hospital more than once, visited more than one department, or more than one hospital please complete a separate survey for each visit.

Which hospital did you visit? *

- Cromer Hospital
- James Paget University Hospital
- Norfolk and Norwich University Hospital
- The Queen Elizabeth Hospital

What was the date of your visit? If you are unsure please make your best guess. *

DD/MM/YYYY

Experiences with the hospital

1. Are you answering this survey: *

- As a patient
- As a visitor
- On behalf of a patient

Please note, if you are answering on behalf of someone else, 'you' refers to the patient.

2. What was the name of the department/ward you visited?

3. What was the reason for your visit on this day? For example, a procedure, an appointment etc.

4. After arriving at the hospital, were you able to easily find where you needed to go?

- Yes
- No
- Not sure
- Not applicable

If no, how could this have been improved?

5. Was information about care explained to you in a way that you understood?

- Yes
- No
- Not sure
- Not applicable

If no, how could this have been improved?

6. Please rate the following out of five stars (one being poor and five being outstanding)

Your overall experience of care



Confidence in care



Trust in the health professionals treating you



Feeling safe at the hospital



Being treated with kindness, dignity, and respect



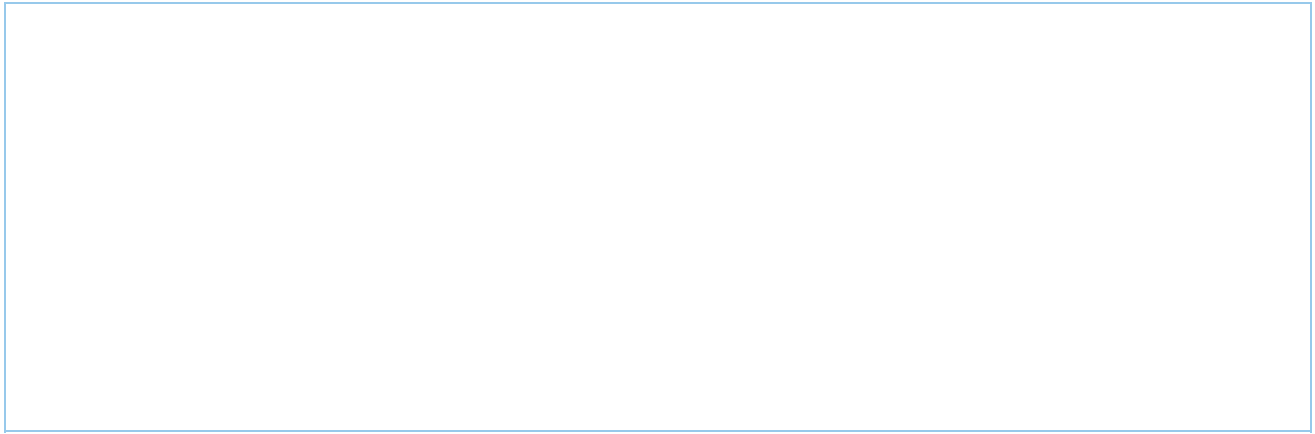
Feeling involved in decisions about your care



7. What was good about your experience of care?

8. Is there anything that would have made your experience of care better?

9. Please share any other comments about your experience with care at the hospital:



Appendix two: Staff experiences and observations form

Staff experience

Healthwatch observations

Date

Hospital:

Area (A&E, Outpatients, Inpatients,
Other)

Comments:

Appendix three: Demographic of respondents

		Percentage	Number
Age 1282 respondents	15 or under	2%	31
	16 to 25	5%	62
	26 to 35	12%	155
	36 to 45	9%	113
	46 to 55	10%	127
	56 to 65	15%	196
	66 to 75	20%	254
	76 to 85	21%	270
	86 or over	6%	74
Gender 1296 respondents	Female	62%	800
	Male	38%	493
	Non-binary	0%	2
	Prefer not to say	0%	1
Ethnicity 1306 respondents	Asian/Asian British: Indian	0%	5
	Asian/Asian British: Any other Asian / Asian British background	0%	6
	Black/Black British: African	1%	8
	Black/Black British: Caribbean	0%	2
	Black/Black British: Any other Black / Black British background	0%	1
	Mixed/Multiple Ethnic Groups: Asian and White	0%	3
	Mixed/Multiple Ethnic Groups: Black African and White	0%	2
	Mixed/Multiple Ethnic Groups: Black Caribbean and White	0%	2

	Mixed/Multiple Ethnic Groups: Any other Mixed / Multiple ethnic groups background	0%	3
	White: British / English / Northern Irish / Scottish / Welsh	95%	1246
	White: Irish	0%	5
	White: Any other White background	1%	17
	Any other Ethnic Group	0%	3
	Prefer not to say	0%	3
Please select any of the following that apply to you 1227 respondents	I have a long term condition	36%	440
	I have a disability	16%	202
	I am a carer	8%	99
	None of the above	51%	626
	Prefer not to say	2%	25



healthwatch Norfolk

Healthwatch Norfolk
Suite 6 The Old Dairy Elm Farm
Norwich Common
Wymondham
Norfolk
NR18 0SW

www.healthwatchnorfolk.co.uk
t: 0808 168 9669
e: enquiries@healthwatchnorfolk.co.uk
@HWNorfolk
Facebook.com/healthwatch.norfolk