

Details of visit

Queen Victoria Hospital, East Grinstead
Visited on 22 September 2016

Authorised Representatives:

A team of trained representatives from Healthwatch West Sussex

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Acknowledgements

Healthwatch West Sussex would like to thank the hospital's management, its patients, visitors and staff for their contribution to this Enter and View programme.

Disclaimer

Please note this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients, visitors and staff, only an account of what was observed and contributed during the visit.



What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View activities. Local Healthwatch representatives undertake these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if a safeguarding concern arises during a visit it will be reported in accordance with Healthwatch safeguarding policy. If at any time an authorised representative observes anything they feel uncomfortable about, they are required to inform their lead who will inform the service manager and the visit will be ended.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.



Purpose of the visits

As part of our planned activities during our Listening and Networking Tour of East Grinstead we included a visit to Queen Victoria Hospital to look at how the Accessible Information Standard has been implemented in the Out Patients area, to support the hospital staff to explore what more should be done to improve communication with patients and their carers.

Strategic drivers

People with a disability or sensory loss have rights in relation to the information provided by services. NHS England have created the [Accessible Information Standard](#) which NHS and adult social care services are legally obliged to meet from the 1st August 2016.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things.

They must:

- Ask people if they have any information or communication needs, and find out how to meet their needs
- Record those needs in a set way
- Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met
- Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so
- Make sure that people get information in an accessible way and communication support if they need it.

Healthwatch is keen to understand how well this standard is being met as there is sound evidence to show the health benefits when patients, and their carer's, are able to participate fully in their care and this has to start with appropriate ways of communicating with people.

Methodology

A collaborative group of local Healthwatch with a particular interest in accessible information identified a need for more support on this topic. A toolkit has been created to support and inform local Healthwatch activity around the provision of accessible information. This includes a methodology for undertaking Enter and View visits that support adherence to the Accessible Information Standard. This Toolkit was used for this Enter and View.

We spoke to over 50 people in the outpatient area.



Summary of findings

- The signage to the hospital from the road are clear
- Navigating around the hospital is a challenge for people
- Parking is an issue for some people and suggestions on how this could be improved were made to us
- Staff treat people as individuals and address visible needs but appeared to miss non-visible needs
- New self-check-in facilities are being well received by the patients who are aware of them but these are being missed by other patients
- Booking appointments is creating issues for some patients
- The Trust has not fully implemented the requirements of the Accessible Information Standard

Results of Visit

Queen Victoria Hospital in East Grinstead (West Sussex) is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation services for people across the South of England.

The *outpatient area* has a high patient throughput, with people accessing a wide variety of services: plastics, burns, maxillofacial and orthodontics, corneo plastics, rehabilitation, surgical appliances, and other specialities.

People travel a long way to attend appointments and have treatment. This can create challenges for the Trust in the parking resources and for patients. For example: *'You're here for a 20 minute appointment but it's an all day job. Need somewhere to have a cup of tea or buy a paper.'* (See additional findings.)

People were usually positive about the staff and the care they received. We heard comments like *"Staff are excellent. Would want to be treated here rather than anywhere else"*.

Getting to the right area

The signage to the hospital, from the road, is clear but navigating the carpark and around the hospital, people described as challenging. We were stopped and asked for directions during our visit.

'Got lost several times and not helped to the right place'

'A bit of a maze'

'Found my way around the hospital by trial and error'

'I have to go to different places for appointments and it's not always clear where to go'

Finding the main entrance and reception was not easy to the visiting team.

A patient with a visual impairment suggested the hospital could have different colours on the floors to help people navigate their way around the site. This patient told us they had gone to several receptions to get directions to the Outpatients area, only to get lost. The person ended up asking someone else for help to find the right location.

Signage for the car park was not as clear and parking came up as an issue for many of the patients we spoke to.

One person said the hospital had not explained that people had to drive out of the hospital to get to the discharge lounge and said this had been *“so confusing for family ... you can see it but not drive to it”*. Another said they had experienced parking problems and then went on to say that when they had booked appointment the hospital staff *“didn’t make an allowance for the distance and [I] live over two hours away. I missed the appointment because the traffic was so bad.”*

A patient, referred from another hospital, had received an appointment letter and suggested it would have been helpful to have the parking charges detailed in the letter, so they could come prepared with enough change.

The outpatient area has recently had ‘self-check-in’ units installed, which we observed people using. People described these as being quick and easy to use, understand and liked that they alert you if the appointment is running more than 30 minutes behind schedule. *“Most handy thing ever. Before, the queues were long, which meant might you might be called before you had a chance to check-in.”*

However, some patients told us they were not made aware of these and automatically went to the Reception Desk. One person describing the staff response when they did this as *‘a bit blunt’* when directing them back to the self-check-in.

Whilst the self-check-in signs are large and clear, they are still easy to miss if you do not know these are available. This may be due to the seating in front of the machines? Self check-in could be mentioned in appointment letters.

Communication

We spoke to a range of staff during the visit. None of the staff we talked to were aware of the Accessible Information Standard, however, they felt they delivered the principles of it by getting to know patients and recording communication needs. For example: from morning briefings staff would know that if a particular patient was coming in that they needed a specific chair and would make sure this was available for them to use. However, they did not believe the systems within the hospital allowed them to share the information they had and were unclear about how to record particular information.

We saw some very positive communication during our visit. For example: a nurse talking directly to a patient with learning disabilities so they involved the patient in the conversation as well as their carer.

We heard some contradictions on whether patients received updates on the delays to appointment. Some people said they had not been spoken to and others said staff had come over to say they were running 30 minutes late.

People told us about challenges they had trying to phone through to the hospital. ‘Tried ringing up but got no answer or it was engaged. It takes two hours to get through to get a time to come to hospital’.

One person went into more detail, telling us the *“system is to phone between 12-6 the day before to find out the time to go in the next day. When you call at 12 it is engaged constantly. Took until 4pm to get through. I was panicking because it could have been [an admission] that evening. Second time, I got through after 45 minutes, then got told at 12 they didn’t have the allocations yet! Was told that ‘all the old people call at 12.00 which is why you couldn’t get through’.”*

We asked people if they had been asked about their communication needs and none of the people we spoke too had. Some people felt staff understood their needs despite this. For example: *‘a consultant always explains what will happen next at the end of each appointment, which helps with my known anxiety’.*

We observed:

- A member of staff calling out names in the waiting room from their desk in the corner and in one case they did not get a response. The lack of response could be down to many things, including the patient not being able to hear this callout.
- We had spoken to a couple THAT had told us the patient was having difficulties hearing and their carer was visually impaired, both had walking sticks. We later saw a nurse asking the couple if they needed to take the lift but did not hear or see anything that suggested an awareness of the couples’ other needs (relating to hearing or sight).

We conclude the Trust has not fully implemented the requirements of the Accessible Information Standard.

We noted the Trust has photocopied leaflets but no alternative formats or information on how to get them in a different format.

There were large signs but no pictures to make it easier for some patients to recognise or understand the information.

Additional findings

Parking

People spoke about the need to ‘*top-up*’ the parking when appointments ran-on and we witnessed this during our time in the Minor Injuries Unit (also on 22 September). One person we spoke to wanted to know why people could not pay on exit to avoid the need to keep going back to the car.

People described the parking as ‘*terrible*’ and ‘*very difficult*’.

We spoke to a couple of Blue Badge Holders, who suggested there are not enough disabled parking bays and therefore patients had to navigate longer distances than they were perhaps really able to manage. However, the Trust has told us, that having carried out a review of its disabled parking, it is satisfied that it has the correct amount of disabled bays for its size.

From speaking to the hospital management, parking is an issue the Trust is aware of and has tried to improve but we are not clear if the Trust has explored all options.

Dressings

The insight we have gained, suggests Queen Victoria Hospital has lots of on-site appointments for changing dressings and that some of these 'dressings' are part of the treatment, rather than just covering a wound. However, from the comments made by patients they do not appear to appreciate this and some are clearly frustrated by having to travel over an hour for an appointment to change a dressing.

Staff told us that they do try to refer patients back to primary care for dressing changes but these referrals are not picked up.

Access to refreshments

It was suggested that the Hurricane Bar was always closed. We went to look at the catering facilities at about 4pm and found the Hurricane Café closed with a sign stating it was closed due to staff shortages. The Spitfire Restaurant looked to be closing and did not have much left, suggesting this was mostly a lunchtime option. Our observation and patient feedback suggests there may be fewer options later in the day.

Patient Transport Service

Staff talked about problems with the Coperforma Patient Transport Service, giving examples of some of the challenges patients are still having. Problems arise when patients arrive for their appointment two hours early. As the crews need to have their equipment back on the vehicle and leave to go to another call, nurses are required to find equipment and transferred patients onto hospital chairs/trolleys. These patients often do not have return transport booked and nurses have to chase-up transport.

Recommendations

From our findings we would make the following recommendations:

- Carry out an access audit and review of patient communication, with a view to improving parking and reduce the need for people to continually return to their vehicles to re-new tickets.
- Carry out an access audit (including signage) and review of the way getting to locations is communicated to patients, with a view to improving patients and visitors routes around the hospital.
- Implement some training and look at how individual patient/carer information and communication needs can be recorded and shared, to enable staff to deliver the Accessible Information Standard requirements, so all patients get the chance for the best health outcomes
- Review the furniture layout to the left-hand side on entering the Outpatient area, and consider the use of volunteers in the area, as well as reviewing patient communication (appointment letters and booking phone calls). This is to see if there are ways of raising awareness of the self-check location and the benefits of using these, to help reduced the frustration of people coming to reception desk.
- Look at how the appointment booking system can be improved so patients can get an appointment time/date without multiple calls and long delays.

- Where dressing are treatments, look at how nursing teams can make sure patients understand this, so they appreciate the need for travelling back to the hospital.
- Clinical Commissioning Group leads to review the effectiveness of patients travel back to the hospital for dressing changes that can be done within a community setting, to reduce the inconvenience to patients and the cost of delivering this service.
- Consider alternatives to ‘staffed-refreshment facilities’ in high volume area, so patients can have access to hot and cold refreshments when facilities are not open.

Service Provider response

The trust has reviewed this document and suggested amendments have been made.

