

An Enter and View

Report on East Surrey

Hospital (Redhill)

This reports on our Enter and View work carried,
as part of our Hospital Visiting Programme

June 2019





What is *Enter and View*?

Healthwatch has a legal power to visit health and social care services and see them in action. This power to *Enter and View* services offers a way for Healthwatch to meet some of its statutory functions and allows us to identify what is working well with services and where they could be improved.

Although *Enter and View* sometimes gets referred to as an ‘inspection’, it should not be described as such.

Healthwatch statutory functions

- The legislative framework for Healthwatch is split between what Healthwatch must do (duties) and what they may do (powers). Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007¹ to carry out *Enter and View* visits
- Healthwatch should consider how *Enter and View* activity links to the statutory functions in section 221 of the Local Government and Public Involvement in Health Act 2007².

The purpose of an *Enter and View* visit is to collect evidence of what works well and what could be improved to make people’s experiences better. We use this evidence to make recommendations and inform changes both for individual services as well as health and social care system-wide.

Only trained *Authorised Representatives* can conduct a visit and then only for the purpose of carrying out our activities.

This visit is part of a work plan for 2019 and was done as a joint Healthwatch West Sussex and Healthwatch Surrey visit. For more information about this visit www.healthwatchwestsussex.co.uk/aboutus

During our visit, we focused on:

- Observing how people experienced the service through watching and listening
- Speaking to people using the service and their family and friend carers, to find out more about their experiences and views
- Observing the nature and quality of services and speaking to staff.

It is often challenging to engage with and collect insight from patients, carers and staff in acute hospital settings because of the fast-pace of care or because people are too unwell to talk to us. On these visits we were able to speak to a good number of patients, family and friend carers. We also had positive and useful conversations with staff members.

¹ [Section 225 of the Local Government and Public Involvement in Health Act 2007](#)

² [Section 221 of the Local Government and Public Involvement in Health Act 2007](#)



This report details the themes and issues raised from these conversations as well as our observations of the service and environment.

It is shared with the Trust, which in this case is Surrey and Sussex NHS Foundation Trust, regulators, the local authority, and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit.

Where did we go?

A team of seven Authorised Representatives visited the hospital on Friday, 3 May 2019. This was an unannounced visit, but we had made the Trust aware we would be visiting the hospitals in May.

By using the combined Local West Sussex and Surrey Healthwatch resources we were able to cover much more of the hospital than if this visit had only been carried out by one.

During the morning visits we went to:

- Main Outpatients
- Eye Outpatients
- Charlwood Ward (Surgical)
- Leigh Ward (Surgical)
- Holmwood Ward (Cardiology)
- Tilgate Annexe (Medical)
- Copthorne Ward (Surgical)
- Brockham Ward (Surgical)
- Chipstead Clinic (Specialist Neurology)
- Discharge lounge
- Kingsfold Unit (Medical)
- Accident and Emergency (minors and majors)
- Inpatients Physio

We had wanted to visit the X-ray Department but this was refused, on the grounds the Department did not have a staff member to show us around.

Please note that Authorised Representatives do not need to be accommodated during such visits, provided they have the opportunity to speak to staff so they are aware of where they can and cannot visit.



A summary of what we found

Our general impression, from talking to patients and staff, was that most seemed very happy with care, their treatment and the hospital.

They don't treat you like a number but as an individual.

Robert, Inpatient

Wasn't able to access WIFI but compared to experience at other hospitals appears well run. Good attention at counter. I didn't ask for help - the nurse showed me where to go and gave me a map with my referral letter. Well signposted. Supported with emotional wellbeing as well.

Fiona, Breast Clinic Patient

There is a calm atmosphere throughout the hospital, even noted in Accident and Emergency.

We found this to be a clean and well maintained hospital, with the following exceptions:

- Kingsfold Unit (see page 8)
- Tilgate Ward - sanitary bins in patient toilet were overflowing.
- Red 'waiting line' strip (in the general Reception area) in Accident and Emergency was lifting and torn, representing a trip hazard.
- Bay curtains in Accident and Emergency were out of date, or not dated, but a staff member took responsibility to raise this with housekeeping.
- A TV screen (by the vending machine) in Accident and Emergency had an out of order notice. Therefore, not all patients in the waiting area would have been able to see a screen and benefit from the information displayed.

We did note there was a good visual regarding the process in the department.

The gardens were presented very well and added to a first impression that this was a good hospital. We particularly appreciated the sensory garden in Charlwood Ward.

There appeared to be issues with waiting times for medication for patients in the Discharge Lounge.

We recognise that the Trust has invested in its wayfinding, but the signposting in corridors seems overly elaborate and confusing, having observed people who were clearly struggling to understand the directions.



Response from the Trust

Thank you for sharing your recent Enter and View report for East Surrey Hospital.

It is good to read that overall you found the hospital to be clean, well-maintained and calm and that mostly patients were happy with their care and treatment.

Thank you also for bringing to our attention the issues that you found; it is important that we take note of such comments, so we are constantly improving both services and experience for our patients.

We welcome members of Healthwatch being present within the Trust and undertaking reviews within the hospital to provide feedback and support to us as this adds to our information that we use to continually improve what we do to meet the needs of patients and citizens.

We work hard to ensure we meet our statutory and regulatory obligations and have the right governance in place, and that our staff understand this governance in relation to external bodies on site accessing clinical areas. For this reason, I ask that when you visit us you report to reception to let us know that you are in the hospital undertaking your review.

I very much respect the authority that you hold and take your responsibilities seriously and I would be delighted to arrange a time to talk with you to explore ways of working more closely with you and ask that you let me know how best to arrange this.

Jane Dickson
Chief Nurse, Surrey and Sussex Healthcare Trust



Recommendations for improving services

There are requirements for service providers to respond to our reports³ and recommendations made with them.

A draft of this report was shared with the Trust, so they could respond to the finding and the recommendations. A more formal response to the recommendations is required within 20 days of receiving the report.

Where a provider fails to respond, we will escalate the matter to the commissioner(s) of the service and the Care Quality Commission. A copy of the escalation will also be shared with Healthwatch England.

We make the following recommendations to support the Trust to improve its services and patient experience:

- **The Trust reviews the processes and procedures around medication for patients leaving the hospital, to ease the pressure on the Discharge Lounge.**

Trust's response:

We have acknowledged as a Trust that as part of our continuous improvement programme that timely delivery of To Take Out (prescriptions in hospital discharge summary), known as TTOs, requires further work.

A weeklong event (Rapid process Improvement Week) is already planned for 17 June and this is being led by our Chief Pharmacist and colleagues from the Discharge lounge are included in this event. Inherent within this work will be the identification of metrics and these will include patient and staff satisfaction feedback as well as timings. We will as a result of your observation ensure we communicate this plan with the whole team again.

- **The Facilities and Estates team evaluate the trip hazard of the red 'waiting line' strip in Accident and Emergency, and take any appropriate action, to reduce any risk to visitors.**

Trust's response:

The red waiting line is being replaced and the TV is being repaired. Thank you for your positive feedback about the visual regarding the process in this department.

³ [Section 44 of The NHS Bodies and Local Authorities \(Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch\) Regulations 2012](#)



- **The Trust reviews the signage and patient experience to Kingsfold Unit, to make this easier for visitors with mobility issues.**

Trust's response:

The Trust is currently reviewing signage and we involve patients, governors and external experts in this ongoing review. We do recognise that Kingsfold can be difficult to find and because of this, receptionists at both entrances have maps specifically designed for Kingsfold to help patients find the unit. Unfortunately, on the day you visited the lift was out of service as it needs maintenance from time to time, which made access for those needing to use the lift more complicated than usual. Lift access, if required is, and was on that day, available via Tilgate Annex which is next door, but we acknowledge this, when it occurs, is not ideal.

- **The Trust reviews whether there is an appropriate variety of chairs in the waiting area at Accident and Emergency, to ensure patients with different needs who may need to wait some time are as comfortable as possible.**

Trust's response:

We will review the variety of chairs and take action as required.

- **The Trust considers how it can support staff, to avoid accessing public areas in 'scrubs', or other clinical wear, as we believe the public would not expect to see this type of workwear in restaurants etc.**

Trust's response:

As you will understand this is a complex area and the evidence base both in terms of the impact on infection prevention as well as public perception is not universally accepted. We have teams who wear 'scrubs' and do not work in operating theatre environments as daily uniform and we expect them to move around the hospital. We also have a summer plan that triggers the provision of 'scrubs' for all clinical staff working in areas that reach certain temperatures.

In response to the member of staff you saw wearing theatre wear including a hat and mask in the restaurant we would not expect this to occur. We have reiterated the uniform policy to all staff on receipt of your report to reinforce the very specific issue of the wearing of theatre clothing outside of theatres. In order to support staff in this we are ensuring access to different coloured scrubs for staff to change into as they move around the hospital as well as exploring access to vending machines inside theatre areas and potential deliveries to these areas.



Spotlight on individual areas/services

Parking

Cancer patients are given a card to access free parking at the hospital during their treatment and the staff/service is very friendly, which patients appreciate.

Patients shared mixed opinions on the parking with some suggesting it is difficult and expensive, and other saying it was not an issue. We noted:

There is no drop off point at Emergency Department entrance and the East Entrance drop off zone and disabled bays are too small.

Margaret, Surrey Resident

We note the Trust has changed its hospital [parking](#) arrangements from 11 May 2019.

The new car parking system

East Surrey Hospital will be introducing a new parking system from 11 May 2019 which uses Automatic Number Plate Recognition. The new parking system will work out the correct payment and allows a number of ways to pay:

- coins
- notes
- contactless
- card payment (debit or credit card)

Trust's response:

In terms of the patient comment 'There is no drop off point at the emergency Department entrance and the East Entrance drop off zone and disabled bays are too small.'

We will review this and ensure that all disabled spaces meet standard size as is our policy.

Lunchtime Service and Restaurant

We observed a lunchtime service on Holmwood Ward, which operate a 'red tray system', e.g. a red tray is used to indicate someone will need assistance with their meal.

We noted patients' main course and pudding were trayed at the same time, meaning that hot puddings would go cold or cold puddings may get too warm. Best practice is to, serve the two courses separately. All condiments were available, and there were handwipes on the trays.



A patient who had stayed on another ward shared that they felt the food was **very good, tasty, generally nice and hot. Had asked for small portions and this was taken onboard.**

Patient feedback on the food service in Charlwood Ward was that it appeared disorganised and there were not many people serving.

Someone commented on the price of breakfast in the restaurant that had costs £8 or £9 which they felt was expensive.

We also saw a member of staff in the restaurant who was dressed in full scrubs, a cap and mask.

Trust's response:

Thank you for the positive report about food taste and portion sizes. We will review the food service on Charlwood Ward and review how it is distributed.

We note your comment about 'best practice is to serve the two courses separately', however experience has shown us that patients like having their puddings at the same time so they can choose what to eat and when, but we will look at options and elicit more patient feedback around the serving of puddings.

Cost of food: The comment about the cost of breakfast was surprising as the cost of breakfast items are very low. For example: Porridge is £1, Cereals 85p, two bacon and two eggs with two pieces of toast would be £3:70.

Accident and Emergency

I arrived here at (morning time given) and was seen within 5 minutes. I'm waiting to be called back and have been waiting 50 minutes so far. Doctors seem to come out and shout your name and I don't expect the screen to tell me.

Jonathan, Crawley Resident

Others described the service as relatively swift and not busy, but for some the lack of communication about waiting times was frustrating. A patient from another clinic, who had come to the department a few days ago had found it busier but commented on the thorough service they had received.

We spoke to one patient who was full of praise for the physiotherapist they had seen, saying **Michael was so attentive and thorough. Never had such good treatment.**

One patient made comment about the chairs in the waiting area, as they had a really painful back and needed more padding. The chairs are hard plastic.



Some of the staff desks (in majors) were damaged and were not labelled as having been cleaned. Staff said they would take this up with Housekeeping team. There did not seem to be enough computers for staff to use.

We noted some floor damaged in the Department.

We observed staff changing the bins.

Some staff felt they would benefit from having more training to support patients who have psychotic behaviours.

Trust's response:

We will review the variety of chairs and take action as required.

The number of desks available to the team in the department are regularly reviewed and staff also have access to workstations on wheels (WOWs) to support the paper light approach that has successfully been rolled out across the Emergency Department (ED).

Bay Curtains in Accident and Emergency were out of date or not dated, but a staff member took responsibility to raise this with housekeeping.

The date on the curtains is the date they are changed rather than the date they need to be changed. If, however you saw curtains where the date was not visible, we are pleased that this was immediately escalated to the housekeeping team to remedy.

Discharge Lounge

Staff told us that it is recognised there are problems in the system, especially the wait on medication, but those we spoke to did not know how what the plans for resolving problems were. They did tell us that they can text any problems and do this on a daily basis.

We observed a patient in bed, who had been taken to the lounge we presume because they were deemed to be ready for discharge. However, the patient had been told that an X-ray was needed. It would have seemed logical for the person to be moved back to their previous ward, where the tests could be properly managed, but we assumed a bed was no longer available to the patient as they had been discharged from the ward?



Kingsfold Unit

The signs to the Kingsfold Unit were poor and it is a long way from the carpark. This was made worse, as the lift in the main corridor area (which appeared to be a main thoroughfare) was out of order. We saw a patient struggling to walk upstairs. However, this person thought the services were very good.

The unit looked clean and there was a staff introduction board, so it was obvious who was who and what they did.

Another patient visiting the Kingsfold Unit waited two hours for a CT scan, as their notes could not be found.

We noted one of the hospital wheelchairs needed a spring in the foot rest, or a rubber strap, to stop it from making a loud noise.

Trust's response:

Wheelchair with broken spring: All wheelchairs are routinely maintained. We ask that all colleagues report any equipment that needs attention outside of the routine maintenance and we will take this opportunity to remind colleagues of that.

Outpatients

You don't know how long you are going to be here and I'm worried because I have another appointment and this one is over-running.

Frank, Outpatient

In contrast, Sandra (a Surrey Resident), told us I'm a regular patient here and generally I don't have long to wait and feel I'm kept informed. It's great.

We felt that this department's information boards were very good. They included the waiting time for each clinic, (which we saw were kept up to date), safeguarding information and mental health information. They were all in the approved yellow and black colours, as were all the nurses name badges.

We were impressed that the tea and coffee machine was free.

One patient commented on the department's administration having found this confusing, as they had received two letters and five text messages.

Trust's response:

Choose and Book System: We have acknowledged the issues relating to this system, and are talking to our contracts team to try and eliminate these anomalies, so patients are offered the correct appointments the first time. The contracts team are also helping to clarify the pathway issues into the community.



Physio Inpatient

From speaking to staff, we learnt that the waiting time for general voice therapy is 26 weeks', but oncology patients only have a wait of 6 weeks.

There was an overall sense that the standard and care was better but that the referral pathways were overly complex. We were told that the *choose and book* system can create challenges for staff. The issue is, GPs are referring directly and then the team have to refer patients elsewhere. The department cannot see some of the patients because it is not a commissioned pathway and therefore the patients need to be referred elsewhere.

Staff felt that transgender patients were potentially falling through the gap, as there is a need for specialist knowledge, and this is not currently funded.

The staff also experience challenges when it comes to patients needing support in the community, as these are not integrated and there are gaps in services for dieticians, speech and language.

Patients suggest to staff there it is not easy to access speech therapy, with people being passed from service to service, over and over again. This is something we have heard in West Sussex, through our Community Partnership work.

Similarly, respiratory patients who have highly specialised communication support needs, we were told, struggle to access support as there is no specialist pathway.

Trust's response:

Physio Inpatient: From speaking to staff we learnt that the waiting time for general voice therapy is 26 weeks, but oncology patients only have to wait 6 weeks.

Voice therapy, is part of our Speech and Language Therapy Service (SLT), and has an average waiting time of circa 26 weeks. Whilst as a Trust we are striving to reduce this time we also know from benchmarking data that this is either in line with many other acute Trusts or better. Patients are prioritised on the basis of clinical need, as I am sure would be expected.

Whilst this is under the heading of Physiotherapy in-patients, we believe this to be referring to SLT for out-patients and we are happy to discuss this in more detail if the response does not fully relate to the points raised in the report as it was not entirely clear to us.

Potential gaps in access to specialist Pathways: We are working with our community partners and other stakeholders to identify gaps in services and agree how these should be delivered. This is an integral part of the ongoing and emerging work for the Integrated Care System.

Our offer to Transgender patients: With regards to Transgender patients this is a specialist pathway which is commissioned only through NHS England as a specialist commissioning pathway. We do however have a highly specialist speech and language therapist who is able to provide this service and as part of the work we are doing as a Trust to ensure we are inclusive we are identifying all gaps in service and developing plans to address this. We fully understand how important it is that we offer access and services to all and that we play our very significant part in reducing inequality of access.



Tilgate Ward

A patient told us that the sanitary bins in the patient toilet were overflowing. They said that once they had raised this as a concern, it was dealt with. However, it would seem this may be a contractual issue, as it appears the bins are only collected once a month. Staff felt these needed emptying at least twice a month.

Another patient said the ward was noisy at night because of staff having conversations at the Reception Desk.

Trust's response:

Sanitary Bin: We have a strict procedure in place for management, control and disposal of sanitary bins. They are checked daily and if they require changing in between the routine planned change there is a process for requesting this and it will be done on that day. Clearly there was an oversight on this occasion, and we will reiterate the message to all staff that replacements are always available.

Noise at Night: We have undertaken a lot of work to reduce noise at night for inpatients and we constantly monitor this as part of our patient feedback. We have purchased soft close bins, turned down phone ringers where appropriate, planned clinical work where possible to be carried out during the day implemented 'night mode' across the hospital which impacts on brightness of all screens and lighting and we offer patients ear plugs and eye masks. The feedback from patients tells us that the noise at night, where experienced is now often due to other patients, rather than staff and clinical activity. We will continue to work to reduce this where possible and we will feedback your specific feedback from the patient to the ward team concerned.



About us

Healthwatch is here to make care better.

We are the independent champion for people who use health and social care services. We're here to find out what matters to people and help make sure their views shape the support they need.

We also help people find the information they need about services in West Sussex.



helping you on the next step of your health and social care journey - wherever it is taking you.

We have the power to make sure that the government and those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Contact us

Healthwatch West Sussex CIC is a Community Interest Company limited by guarantee and registered in England & Wales (No. 08557470) at 896 Christchurch Road, Pokesdown. BH7 6DL.

Healthwatch West Sussex works with Help & Care to provide its statutory activities.



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