

---

**Enter and View:  
St Peter's Hospital  
Emergency Department and  
Same Day Emergency Care report**

**November 2024**

---



This image is on the wall in Same Day Emergency Care (SDEC) as part of the Healing Arts programme.

If you would like a paper copy of this document or require it in an alternative format, please get in touch with us.

## Contents

Contents .....	2
Report overview .....	3
Executive Summary .....	5
Recommendations .....	6
What we heard from patients .....	9
Emergency Department.....	9
Same Day Emergency Care (SDEC).....	18
Parking .....	25
Next steps .....	25
Service provider response .....	25
Appendix.....	27
Approach/methodology.....	28
About Healthwatch Surrey.....	30
Healthwatch Surrey – Contact us .....	31

## Report overview

### Why we visited

Enter and View is one of the ways Healthwatch Surrey can gather information about services and listen to service users, their carers and relatives, as well as staff.

We decided to carry out an Enter and View visit to Ashford and St Peter's NHS Foundation Trust (ASPH) following patient feedback that we'd received and discussions we'd been part of with Surrey Heartlands and NHS England relating to the Accident and Emergency (A&E)/Emergency Department (ED)<sup>1</sup> at St Peter's in particular.

As well as wanting to speak to patients, family members and carers about their experience of care, we wanted to understand how improvements were being felt based on our previous visit in [October 2023](#), where we highlighted the need for patients to be better able to share feedback directly with the hospital.

### Who we heard from

We spoke to 80 people about their experience of emergency care across 4 visits.

Most were residents of North West Surrey<sup>2</sup> and 2 people were residents outside of Surrey.

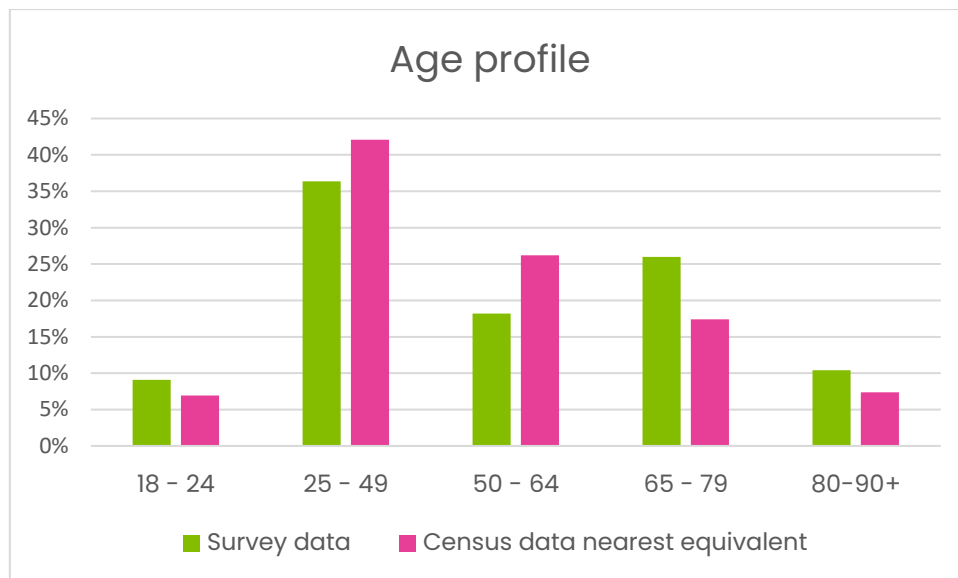
We spoke with adults across all age brackets (as shown in the chart below), however, most were working age adults. We spoke to more adults over the age of 65 than we'd expect based on Surrey population data. However please note that the data does not reflect the age profile of ED

---

<sup>1</sup> Please note for this report we have referred to the department as ED, however, when patients have used A&E, we have kept the language they used.

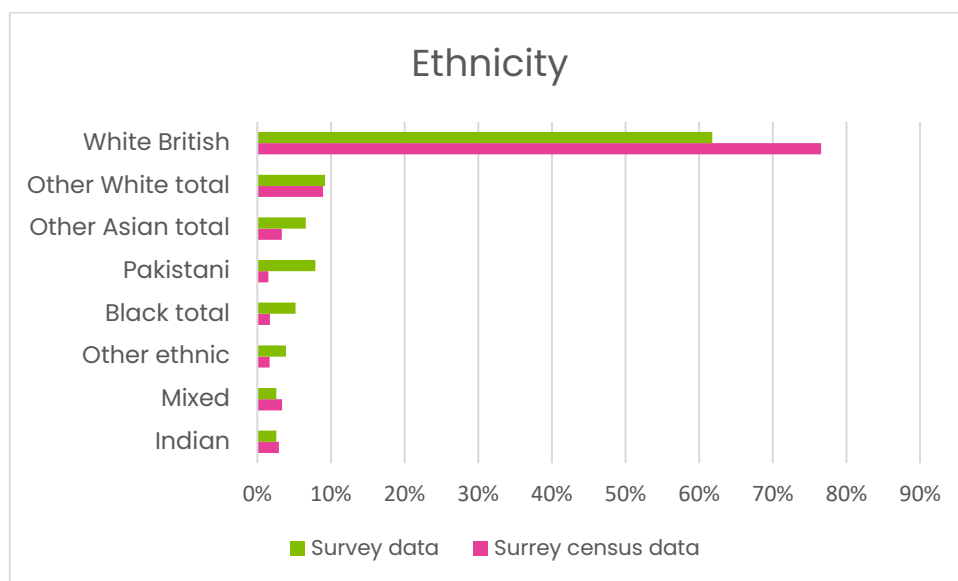
<sup>2</sup> 22 from Woking, 18 from Spelthorne, 17 from Elmbridge, 14 from Runnymede.

attendees, it is a reflection of who we spoke to, who wanted to speak to us, and where there was space available to speak to them.



[2021 Census: First results | Surrey-i](#) (census data age bands have been re-percentageged on adults aged 20+ as 18 year olds are included in 15-19 age band).

In terms of ethnicity we spoke to more non white British people than we would have expected, based on Surrey census data. Again, this is a record of who we spoke to rather than an audit of ED attendees. Details provided in the chart below.



58% of the people we spoke to were female, which is higher than Surrey census data (51% female).

## Executive Summary

- People are generally understanding of the pressures on the NHS staff and so are not expecting major changes to be made.
- We heard generally that staff attitudes are very good, most people told us staff had shown kindness and a caring attitude.
- Patients would benefit from clear, consistent signage on the hospital site to help them navigate to the right place. Some people found it difficult to find their way to Same Day Emergency Care (SDEC).
- Patients would benefit from better management of the queue for the navigation nurse in the Emergency Department (ED) at busy times. On 1 of our visits people were waiting 50–60 minutes to see the navigation nurse.
- Most people across ED and SDEC knew what was going to happen next, although there was some frustration with waiting times for test results.
- People’s experiences were mainly positive across the course of our visits however, they were more negative during our visits at busier times.
- More could be done to encourage patients to share feedback directly – the Viewpoint posters in ED, QR code in SDEC, and PALS details were not very visible.
- Not everyone knew about the availability of refreshments in SDEC.
- We heard about some issues with parking.

## Recommendations

Based on our conversations with people during our visits as well as observations we made during our visits, we recommend:

Theme	Evidence	Recommendations We recommend that the following are considered:
<b>Emergency Department (ED)</b>		
ED Queuing system	People were queuing for 50-60 mins on one of our visits	Ensure that the navigation nurse queue is monitored and make chairs available. Consider moving the navigation nurse location so that the queue can be inside.
ED Communication- Managing expectations on how long patients would wait for test results and patient calling system	Many people told us that they felt that the flow through the ED process was good, but at the end they were waiting for a long time to receive test results and to be told about the next steps. Some patients told us it was hard to hear their name being called	Ensure that patients understand that waiting for test results may take a while Consideration could be given to the use of pagers so that, if they are able, patients could go to the café in the main building / go outside while they are waiting for their results this could also help alleviate issues with patients not hearing their name being called.
Uniforms	Some people told us that they weren't sure what the different uniforms of staff indicate	Display uniform explainer posters more prominently.
<b>Same Day Emergency Care (SDEC)</b>		
Importance of nutrition and hydration to prevent decline in ill health with long waiting times	Some patients were not aware that food and drinks were available.	Tell people refreshments are available in SDEC (this was happening on our later visits, and we saw staff taking trays of sandwiches around to patients).

SDEC sustainable practice	We observed a high use of single-use plastic for the water machines, and used cups being placed in a rubbish bin.	Consider replacing plastic cups for the water machine with an environmentally friendly option and/or Consider installing a recycling bin.
---------------------------	---	--

<b>Estates</b>		
Feedback mechanisms	In ED - although some Viewpoint posters were visible, they were not seen. In SDEC people didn't see the QR code poster. The posters on the doors into Ambulatory Majors are not visible when they are open.	<p>Make the Viewpoint posters bigger in ED and the QR code poster bigger/more visible in SDEC. Ensure PALS contact information is also available.</p> <p>Place the Journey poster and Viewpoint posters on the walls opposite the chairs/ i.e. in the sight line of patients on the chairs. Also offer other ways of giving feedback- not everyone has a smartphone. We understand that Viewpoint terminals will be installed in the near future.</p> <ul style="list-style-type: none"> <li>• We recommend that Ashford and St Peter's Hospitals NHS Foundation Trust last year, we made the following recommendations:</li> <li>• That they review how they communicate with patients, their families, and carers about the available means to provide feedback and complaints.</li> <li>• That the importance and benefits of feedback is highlighted to encourage more people to share their view, whether positive or negative.</li> </ul>

		<ul style="list-style-type: none"> <li>• People are provided with clearer information about the range of opportunities to provide feedback including PALS, the Friends and Family Test, Viewpoint survey, and independent options such as Healthwatch Surrey.</li> </ul>
Inconsistent Signage /confusing language	Some people found the inconsistency in signage confusing:(A&E on the outside of the building and on signage around the hospital and in the car park, but ED inside the department)	Amend signage around the hospital site Make route from from Rowley Bristow to SDEC more obvious with clearer signage.
Parking	Accessible parking is insufficient and is not close to the ED entrance	Clearer signs to ED parking from main entrance, increase number of Blue Badge spaces, and improve pavement surfaces.



## What we heard from patients

- People are generally understanding of the pressures on the NHS staff and so are not expecting major changes to be made.
- We heard generally that staff attitudes are very good.
- We heard about some issues with parking.

We have split out ED and SDEC findings into two different sections below. The different numbers of people attending on different days will mean that people's experiences differ. We have also included supporting evidence provided by our Authorised Representatives who made observations during our visits.

## Emergency Department

### The patient pathway

- Over half (24) of the 47 people we spoke to were told to go to ED by their GP
- 8 people 'just decided to come' sometimes acting on previous advice:

"My wife had a fall, she has Parkinson's. At a previous visit to Woking Walk-In Centre, we were told to go to A&E."

- 7 were sent by 111, despite it not seeming to be an emergency:

"I was told to come yesterday by the GP's receptionist who I spoke to at 8am. I was told to get an ambulance. I arrived and they didn't take my blood pressure. Phoned 111 today and they said to come back."

- 4 were sent by 999.

## **Patient navigation (including signage)**

### **Enabling more patients to understand signs means they are more likely to go to the right place.**

Patients would benefit from clear, consistent signage on the hospital site to help them navigate to the right place.

On the busiest day that we visited some people just joined the queue; they weren't sure what they were queuing for at first.

"I just joined the queue. I didn't see the signs for the navigation nurse for a while, the queue was outside the door. There were maybe 15-17 people waiting. It was lucky that it wasn't raining."

Other people told us that they had waited 50-60 minutes in the queue. There were a few negative comments about the language used on the signage. One person told us that they found the terminology used confusing:

"I went straight to reception. What does navigation nurse mean? I don't understand the title. Is it triage? I understand that."

"I can't understand the terms they use, I have volunteered here and worked at the Runnymede Hospital so I'm fairly informed. I've not heard of the term 'Ambulatory'- I think of ambulance. What does Ambulatory Majors mean? [ED in brackets on the sign to Ambulatory Majors] What does ED mean? [explained it is Emergency Department] [reply] oh ok but it says Accident and Emergency outside. Is this the same? It is so confusing."

There was also confusion about the signage on the outside of the building:

"It doesn't say A&E, I could only see emergency [this is on the approach where accident is on one side of the wall and emergency on the other]. As you come in it is not clear. I only know because I have been here before."

“The signage is good once you come into the building. There is nothing outside about the navigation nurse. I didn't know what I was waiting for, I just joined the queue.”

1 of our authorised representatives also remarked:

“I was flummoxed straight away as all the signs from the car park point to A&E but the entrance is labelled as Emergency Department. Signs need to be changed around the hospital.”

Generally, if people didn't see the signs they went straight to the reception windows, where they were directed to the navigation nurse.

“The signage is not in your face. It's not that clear what to do, it needs to be more obvious. Let more people queue at reception rather than out the door for the triage nurse.”

Some knew where to go because they have been before.

Information (a large information board pictured below) explained the route through the emergency department. However, people did not look at it whilst working out where to go. It may be better placed on the empty wall facing the blue chairs.



On arrival, there was a red arrow signalling people to go to the navigation nurse rather than the reception windows. “At least 5 patients went to reception to then be sent to the navigation nurse. I was standing near the navigation nurse and a couple of people asked me if it was the right place to go.”

### **Patients would benefit from better management of the queue for the navigation nurse at busy times.**

During 1 visit people were queuing for an hour to see the navigation nurse, and at one point all the seats were full and it was very crowded. Elderly people were standing as no chairs were available. People didn't seem to see signs, they asked each other if it was the right place and joined the queue. We were concerned that there was not a lot of privacy for the patients who were with the navigation nurse. During another visit, staff in ambulatory minors asked friends and family to give up their seats for patients.

### **Patient flow**

20 (out of 47) people had been at ED less than an hour at the time we spoke to them. 24 (half) had been there between 1 and 4 hours, and 3 people told us that they had been there over 4 hours.

People's experiences were mainly positive across the course of our visits: however, they were more negative during our visits at busier times. Out of 46 people, 6 were positive, 4 were negative, and 6 were neutral (not everyone answered this question).

#### Positives:

"It's been really good - I have been seen really quickly. I arrived at 1pm, I saw the navigation nurse, triaged and triaged again and had an ECG, blood tests already.

We usually go to [to a different ED] which is much slower!

"I arrived at 2.45pm. I went straight in to see the navigation nurse. I have been here 30 minutes; I am pleasantly surprised.

We have already seen 2 staff members; we are waiting for further things to happen."

#### Negative:

"It's been bloody awful, unbelievably slow. It's incredibly disorganised. People who were here after me have been seen before me. It has been a very stressful experience. I've been here nearly 2 hours.

I have now started to have atrial fibrillation severely. I need to get checked out, I can't get an appointment. I was resistant, but I thought I'd better come in. They said I could have bloods done and ECG in 2 weeks' time. I queued outside for an hour in the foyer. We were scrunched up in the lobby, there were a couple of chairs which were being used by people."

This comment was made on Monday 23 September 1pm-3pm, a time when we were told later the ED had been experiencing Winter levels of attendance.

Most people had seen 'someone else' after seeing the navigation nurse. Obviously, this depends on how long they'd been there when we spoke to them as some had only just arrived. Overall, people seemed content with the speediness of seeing someone else after the navigation nurse.

"It's better than what it was like before, you used to just sit in ED for ages, it feels better."

Our authorised representatives noted:

- Patients seemed to be moving through the system relatively quickly. Even those who were waiting for more than 2 hours had had blood tests or scans done and were waiting for results.

"It is apparent that members of the team at St Peter's have made a considerable effort to improve both the physical environment and also the systems and processes within the Emergency Department to enhance patient experience. I visited the department as part of a PLACE visit with Healthwatch previously and I could see improvements in terms of the space and patient flow."

## **Communication – patient calling system**

A few people told us that it was hard to hear their names being called, either because the staff weren't calling loudly enough, or, on our first 2

visits, music was playing, and occasionally recorded announcements were made which made it difficult to hear.

## **Communication with patients**

Over two thirds of patients told us that they knew what was going to happen next. Mostly, in ED this was waiting for a test to be done or waiting for test results.

Just over half felt well informed about their care and treatment – 5 said they didn't, and 8 said it was too early to say.

Examples of people who didn't feel well informed:

"No one is telling us what happens next. We are sitting here waiting to see if we stay here or go across the road."

People told us they wanted more information about waiting times:

"In July I was here and I waited 12 hours to be seen! It would be good to know the approximate wait time. They need a sign."

In Ambulatory Majors one patient pointed out

"An old fashioned electronic message board – with writing made of red dots that was displaying nonsense. Maybe that's supposed to show the waiting times?"

## **Staff attitudes**

9 out of 10 people said that the staff had shown kindness and a caring attitude.

"They are very caring, I have been looked after a lot, I know the nurses well, the nurses deserve credit. We've had really good communication I have felt involved and informed."

"Everyone has been so nice, including the person who did the scan and the person who wheeled me up there. I got a bit lost

on the way back down, but I asked and someone showed me the way.”

The comments below were shared on Monday 23/09/24, a particularly busy day:

“There is a caring attitude on the whole, but it does feel rushed and impersonal. I was offered painkillers in Ambulatory Majors but haven’t received them.”

Our Authorised Representatives noted:

- A caring, kind, thoughtful and compassionate approach was observed throughout the visits. A receptionist was observed coming around from behind the reception area to support a patient who needed further support.
- Irrespective of how busy the department was, it was apparent that staff were concerned, attentive and they offered reassurance to their patients. This was observed in relation to all staff including clinical and non-clinical staff members.
- Staff were seen checking on patients and smiling during interactions with them. Patients had their privacy respected.
- A staff member was seen providing a patient with pain relief with a clear explanation of what the medication was and checks were completed concerning any pain relief taken prior to coming into the department.
- Staff recognised straight away when one patient was deteriorating and needed further treatment in another part of the department.
- Staff were also seen supporting each other and helping colleagues.

## **Managing patient expectations**

On the quieter days, people were pleasantly surprised by how quickly they had seen the navigation nurse, triaged and then had tests. On busier days,

people expected to experience delays and on the whole were happy to wait.

The one area which was a disappointment to people in ED, was the waiting time for results.

“I was triaged then went to Ambulatory Majors (AM). Then I had a CT scan, then back to AM and I am now waiting to be discharged. I thought it was going to be a 10 minute wait about an hour ago. Until then everything had happened really quickly.”

“Apart from waiting to be discharged, everything else has been amazing.”

## **An improved patient experience**

Most people seemed quite happy with the service. We asked patients “If you could change one thing what would it be?”

1. Waiting times. The main areas that people would like to improve is the waiting time; both to be seen and for test results to come back.
2. The other issue is communication about when they will get results.

“I would just want to change this last waiting time –he said it would be 10 minutes, so he raised my expectations, if he hadn't said that, I would have been happy to wait.”

3. There were some comments about cleanliness; there were some crisps underneath a seat and one person said that the toilet was dirty.
4. Those who had waited in the queue to see the navigation nurse for a long time requested seats and more information.

“They need to have chairs in the doorway if the queue is going outside. I pulled a plastic chair over to sit on. I waited 50



minutes to see the navigation nurse. There was no wall to lean against. They need someone there to hand chairs out and to manage the queue, like a floor walker, to check people are ok. I didn't see the big blue sign (the Emergency Department information board) as it's behind the chairs."

5. There were some requests for information about what the different staff uniforms indicate.
6. Some people also said they'd like to be kept more informed about what staff were testing them for.
7. When we asked about how comfortable people found the waiting areas and if they would recommend any improvements, one third asked for more comfortable chairs.

5 out of 36 people said they'd change nothing about their experience.

## Feedback mechanisms

### **More could be done to encourage patients to share feedback directly**

26 out of 42 of the people we spoke to in ED said they did not know who to speak to if they wanted to raise a concern which is also what we found on our visits in October 2023.

The majority of people had not seen the Viewpoint posters. When we pointed them out they said they wouldn't have noticed them. Although some Viewpoint posters were visible, they were not seen; they were either on the open doors into AM, so not visible from the main forward, facing chairs, or they were under the clock. It would be better if they were displayed on the large wall opposite the majority of the seats, in a large size so they can be read from the seats.

It would also be useful to visibly display contact details for the Patient Advice and Liaison Service (PALS), but again in large enough print that they can be read from the chairs.

Some people said that although they have a smartphone, they wouldn't use it to read a QR code.

Of the people who said they did know how to raise a concern, most said they would speak to reception, 3 said they would contact PALS.

Some people spontaneously suggested there should be Viewpoint tablets available that they'd seen in other parts of the hospital.

## Premises

The premises are a 'work in progress' – it is clean but looks tired; however there was work being completed during the visit that demonstrated this was in hand. Ceiling tiles were being replaced. Flooring was mainly in good condition – apart from a trip hazard on the floor just in front of Ambulatory Majors. On the whole, the area was clean; we observed staff maintaining the cleanliness of the department.

## Refreshments

Vending machines and free water was available however, on one of our visits the water machine wasn't working.

## Same Day Emergency Care (SDEC)

### The patient pathway

- Over half of the people we spoke to in SDEC had arrived at the hospital because their GP had told them to go. For some, this was via their own GP, for others, it was via the acute illness clinic at Ashford or Woking hospitals.
- 1 person was sent from outpatients.
- 6 out of 32 people had been at SDEC the previous day (or the week before) and had been told to come straight back.

"I came straight to SDEC as I attended yesterday [was here for 8 hours] but they could not give me the ultrasound scan as I think it broke. I was given the option of staying overnight or coming back today. I chose the latter option".

“My GP sent me last night. I waited 3 hours to see someone then went home as they hadn’t got a bed for after surgery. I was told to come back this morning at 08.30.”

The sister told us that there had been considerable improvements and despite occasional staffing issues generally the unit ran well, in part thanks to improved flow from ED.

## **Patient navigation (and signage)**

Some people found it difficult to find their way to SDEC. One person had arrived at the hospital main entrance reception and been given a map, others were told to follow the blue dots on the floor, and one person was confused when entering through the side entrance.

“I felt the signage to SDEC from A&E was unclear. I was told to follow the blue dots but I was unsure how to get here.”

“I parked in the main car park. I followed the red dots from the main area and the blue dots. I couldn’t see SDEC on the main board near the lifts in the main entrance.”

“There is some confusion when entering from side entrance – the first sign for SDEC is inside the building.”

Our Authorised Representatives noted that the journey to SDEC is outside under a covered walkway and signage was minimal – we needed to look carefully to check we were going the right way, however in general the dots on the floor worked well as orientation.

## **Patient flow**

Over half of the people we spoke to at SDEC had been at the hospital 1-4 hours. 8 people had been there over 4 hours. On 1 of our visits a few people had been waiting 8+ hours. Generally, people had expectations of a long wait.

The majority of people were happy or very happy with their care and treatment. They felt listened to and respected. 17 said it was a good experience, 7 said it was ok and 2 were negative.

Positives:

“Good, swift compared to last week, the staff are lovely.”

“I couldn’t have asked for anything better.”

Neutral:

“Staff are lovely but there has been a long wait.”

Negative:

One of the negative comments was due to the temperature (we observed it was very stuffy).

The other was from the parent of a student who had come in as an emergency:

“It’s not been great. My son came in as an emergency, he got a taxi. He was in pain, he didn’t get painkillers for 2.5 hours, he went to A&E first. He has been here 6 hours, he arrived at 9am. He was told to go to A&E within 1 hour. He is a student at Royal Holloway. He called 999 as he has only just started university and doesn’t have a GP set up yet.”

### **Patient arrival/navigation/flow**

People were expecting to attend SDEC and went to reception to book in. In return, staff were expecting their arrival. People came into SDEC via a number of pathways either sent from ED, Majors ambulatory care, GP, consultant, or III.

On all our visits, the unit was busy but there was a calm feeling, and patients appeared to be moving through the system quickly.

On our first visit (11/09/24) it was busy, but there was enough seating for patients and family. This was not the case on subsequent visits, when we

were told family members had been asked to give up their seats for patients, and some people were seen sitting on tables and the floor. On our last visit, (26/09/24) numbers were lower in SDEC as they were concentrating on finishing treatment to discharge people prior to 8pm. There was a sense of calm and purpose as people were seen.

## **Communication – patient calling system**

Only one person mentioned that this was an issue, this was on the day that was very busy (23/9/24).

“There weren't enough seats at about 1.30pm, so the staff asked all the friends and family to give up their seats. People have been sitting on the floor round the corner and didn't hear that they were being called.”

## **Communication with patients**

All but 1 person said that they knew what was happening next. Over half were waiting for blood/scan results.

Some people were waiting for specific treatments, or to see a surgeon or to be admitted.

The vast majority said they felt well informed about their care and treatment.

A patient who had also attended SDEC the previous day said:

“I have been kept informed, especially today. Christian the flow co-ordinator is great. He is cheerful and keeps me informed.”

When we asked whether they felt well informed, this person said:

“Sort of. There aren't enough staff. There are too many patients, too long a wait. The staff are all lovely, it's not their fault. We are waiting for results, we are hoping someone will tell us what's happening.”

## Staff attitudes

Overall, we heard very positive feedback about the staff. Every person we spoke to told us that the staff had a kind and caring attitude.

“I have been kept at ease. Staff are friendly. They have explained things to me.”

Staff were very attentive and had a friendly demeanour. They gave people regular updates on an individual basis. Staff were kind and considerate – asking if people needed support with coming through to other parts of the department for example.

There was a calm atmosphere, and it seemed an efficient part of the hospital.

We spoke to SDEC reception staff, patient flow co-ordinator and deputy sister specifically.

## Environment

Patients gave us lots of positive feedback about the SDEC environment.

“My comfort increased as I went through A&E. The first waiting area was not very good. After Ambulatory Majors (where I had my tests) I was sent out to the main waiting area. Ambulatory Majors was a lot improved and more comfortable, and SDEC is lovely.”

A wheelchair user told us:

“SDEC is a much better area for a wheelchair. It was cramped in the main waiting area [blue chairs].”

“SDEC is a decent temperature and is bright.”

One person commented that it was very hot. We observed the same (on 23/09/24).

Our Authorised Representatives noted that SDEC reception was welcoming. We had a friendly welcome from receptionists and we noted really kind interactions between patients and staff during the visits. Overall, the SDEC was a pleasing environment where people felt well looked after, cared for, listened to and respected. The staff were friendly and professional. Fast paced but efficient.

## Patient refreshments

On our first visit, some people didn't seem to be aware of the refreshments that were available.

"I was not aware there were refreshments when I came on Saturday but I saw other people getting drinks. The signs should be more prominent. I knew about them when I came back today."

On our second visit it was noticed that the refreshments were being pointed out to people. On our third visit staff were taking trays of sandwiches around the waiting area.

"Dad was given water, and his pain has settled down. We have had drinks and sandwiches in SDEC, it's a brilliant facility. It is a really nice touch."

A slight negative to this free provision was that there was a large amount of discarded cups and wrappers. However, housekeeping came to tidy up mid-afternoon.

A more sustainable practice of paper cups and recycling bins should be considered.

## An improved patient experience

We asked patients "If you could change one thing what would it be?"

As in the Emergency Department, most comments were about waiting times.

Other areas for improvement were:

1. Improve comfort for those who are waiting:

“I would like a bed to lie down on. It has been a very long wait and there is no certainty about when a bed will be available. I’m hoping for surgery today, I have been nil by mouth since last night.”

2. Adjustments made considering individual circumstances:

“I was here yesterday but sent home. Then I’ve come back the next day to SDEC to have a scan and get results. I have 3 young children. My baby who is aged 6 months is being looked after by family.

It would have been better if I could have had a scan yesterday.”

10 out of 30 people said there’s nothing they would change.

## **Feedback mechanisms**

Half of the people we spoke to knew who to speak to if they wanted to raise a concern. Most people said they would speak to reception (by which we assume they meant the nurses station). Some people mentioned PALS. The majority of people had not seen the QR code poster asking for feedback in SDEC and we did not observe anyone using it.

We noted 2 posters on one side of the reception (3 sided glass area) describing the new patient transport service. There was 1 poster on the other glass panel with a QR code for feedback. There were more opportunities for feedback compared to other parts of the hospital, however Viewpoint tablets were not in place.



## Parking

Patients and visitors would benefit from more accessible parking. We heard that for some people parking was really difficult. One elderly couple (with a mobility aid) had parked in the main multi storey car park, but had struggled to get to ED. It would have been helpful to them to have signage to indicate that parking in Hazel car park is better for ED.

Another person told us that they had almost missed their appointment as they couldn't find a space.

A Blue Badge holder told us:

"I managed to get a Blue Badge bay but only when someone pulled out. It's still not very close though."

Another patient said:

"I work as a taxi driver and I often pick up patients here, it can get confusing with the car parks. I parked in the visitor car park (Hazel) today."

Some people were dropped off at the entrance to ED whilst they found a place to park but this was difficult for people who needed mobility support. Accessible parking was quite a walk from the Hazel car park, across uneven pavements.

## Next steps

This report and the response from the service provider will be shared with commissioners and regulators of the service and will be published on our website.

## Service provider response

<b>Service Name:</b>	St Peter's Hospital Emergency Department
----------------------	--

<b>Service Manager:</b>	Jen Francis
<b>Visit date:</b>	4 visits during September 2024
<b>Factual accuracy</b>	
If you have any concerns about the <b>factual accuracy</b> of the report, please clearly identify the sections, content and corrections that are required in the space below:	
<b>Organisation response to the report</b>	
Please provide your response to the report and our recommendations here. This will be included in the final report. <b>(This response will be published in full)</b>	
What we found: <b>Headings</b>	
Respondent Name:	
Respondent Job Title:	
<b>Feedback on the visit</b>	
<b>If would like to provide some feedback to Healthwatch Surrey on the visit itself, please provide this in the space below:</b>	

**Responses must be provided within 20 working days of receipt of our report.**

## Acknowledgments

Healthwatch Surrey would like to thank patients, and their carers, the staff who accommodated us, and our Authorised Representatives.

## Disclaimer

This report relates to findings observed on the specific dates we visited. It is designed to highlight the themes we heard about and includes quotes to provide context on these themes. Any urgent or concerning experiences within this report have been escalated to the appropriate teams. All appropriate information and signposting has already been given.

## Appendix

### What is Enter & View?

Healthwatch have 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 their statutory functions and allows them to identify what is working well with services and where they could be improved.

Healthwatch have a power under the Local Government and Public Involvement in Health Act 2007 and Part 4 of the Local Authorities Regulations 2013 to carry out Enter and View visits.

The legislation places a duty on health and social care providers to allow Authorised Representatives of Healthwatch to carry out an Enter and View visit on premises where health and social care is publicly funded and delivered.

The purpose of an Enter & View visit is to collect evidence-based feedback to highlight what's working well and what could be improved to make people's experiences better. Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit, they are reported in accordance with Healthwatch safeguarding policies. If at any time an Authorised Representative observes anything that they feel

uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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

## Details of the visits

Details of visits:		
<b>Service Address</b>	St Peter's Hospital Emergency department	
<b>Service Provider</b>	Ashford and St Peter's NHS Foundation Trust	
<b>Date and Time</b>	Wednesday 11 September 2pm-4pm	22
<b>Number of people spoken to</b>	Friday 20 September 10am-12 noon	22
	Monday 23 September 1pm- 3pm	17
	Thursday 26 September 5pm-7pm	19
<b>Authorised Representatives</b>	Katharine Newman, Julie Callin, Virginia Fenton, Linda Smullen	

## Approach/methodology

This was a pre-arranged programme of visits. We had a site visit with the head of nursing on 22 August. We had agreed that we would visit the emergency department (ED), Ambulatory Majors (AM), and same day emergency care (SDEC). By doing 4 visits, we ensured that we visited the ED on different times of day and on different days of the week. Each of the visits lasted 2 hours.

On arrival on each day, the authorised representatives (ARs) introduced themselves to the reception team at ED, and in SDEC. We had agreed in advance with the head of nursing that we would not speak to patients in 'the corridor' as this has been identified as needing a major overhaul by the hospital.

The ARs used a questionnaire to guide the conversation with patients on a one to one basis. The questionnaire had been shared with the head of

nursing in advance. Additionally, the ARs recorded their first impressions of the area, signage, information and observed the flow of patients on an observation sheet.

Patients were approached and asked if they would be willing to discuss their experiences. It was made clear to patients that they could withdraw from the conversation at any time, particularly if they were called in by a member of staff. A total of 80 patients spoke to us across the 4 visits. Our initial plan was to speak to patients in pairs, but we soon realised that this would not be possible as we did not want to overcrowd patients, and there weren't always sufficient chairs due to the areas being busy. On our first visit we only had 3 members of our team rather than the planned 4. Given that there were 3 areas to visit we decided to split up and 1 went to SDEC, 1 went to Ambulatory Majors and 1 went to the main ED waiting area. This worked really well so we decided to continue with this model for the following visits.

In total we spoke to 48 people in ED/AM, and 32 people in SDEC. Some of the people we spoke to in ED/AM had waited in ED, then had been seen in AM and then redirected to sit in ED, some were sitting in AM when we spoke to them. The situation was very fluid so we have combined these 2 sitting areas within this report.

The first visit was relatively quiet. The second visit was busier in ED. During the second visit we mentioned to a member of staff that our next visit on Monday was due to be at 10am – 12noon. We were hoping that this would be a busy period. However, the member of staff recommended that we visited at 1 – 3pm as this would be a busier time, so we changed our plan accordingly. It certainly was a busy day. Only 2 members of the AR team were available on 23/09/24. After a while we were conscious that we were taking up space (there were no chairs available for patients), so we moved to SDEC for a while which was equally busy). After we fed back to the head of nursing, she told us that Monday had seen 413 attendances which is winter (high) attendance.

For our final visit, with 3 members of the team, we had 1 team member in ED, 1 in SDEC and 1 in AM. It was a very busy time. No seats were available in AM. SDEC was due to close at 8pm so we decided that one AR would go there to see how they manage the pathway at the end of the day.

Some surveys were incomplete as patients were called in by staff during our conversation.

## About Healthwatch Surrey

Healthwatch Surrey champions the voice of local people to shape, improve and get the best from NHS, health and social care services. As an independent statutory body, we have the power to make sure decision makers listen to the experiences of local people.

We passionately believe that listening and responding to local people's experiences is vital to create health and social care services that meet the needs of people in Surrey. We seek out people's experiences of health and care services, particularly from people whose voices are seldom heard, who might be at risk of health inequalities and whose needs are not met by current services. We share our findings publicly and with service providers and commissioners to influence and challenge current provision and future plans.

We also provide reliable and trustworthy information and signposting about local health and social care services to help people get the support they need.



We are proud to be commended in the National Healthwatch Impact Awards, recognising our work helping to improve local NHS and social care. You can view [our video](#) highlighting how feedback has enabled us to make positive changes to health and social care services.



We are committed to the quality of our information.  
Every 3 years we perform an audit so that we can be certain of this.

## Healthwatch Surrey – Contact us

Website: [www.healthwatchsurrey.co.uk](http://www.healthwatchsurrey.co.uk)

Phone: 0303 303 0023

Text/SMS: 07592 787533

WhatsApp: 07592 787533

Email: [enquiries@healthwatchsurrey.co.uk](mailto:enquiries@healthwatchsurrey.co.uk)

Address: Freepost RSYX-ETRE-CXBY, Healthwatch Surrey, Astolat,  
Coniers Way, Burpham, Guildford, Surrey, GU4 7HL.

 [@HW\\_Surrey](#)

 [@healthwatch\\_surrey](#)

 [/healthwatchsurrey](#)

 [Healthwatch Surrey](#)

## Luminus

The Healthwatch Surrey service is run by Luminus Insight CIC, known as Luminus.

Registered office: GF21, Astolat, Coniers Way, Burpham, Surrey, GU4 7HL.