

**Three Hospitals
Three Weeks
Patient experiences at
Norfolk and Norwich
University Hospital**

August 2023

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Who we are and what we do

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

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

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

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

At Healthwatch Norfolk we have five main objectives:

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

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

Summary

During the week 17th to 21st July 2023 we visited Norfolk and Norwich University Hospital every day to find out about patient experience. We also visited Cromer Hospital on 27th July. We wanted to find out what was working well and what could be better.

We visited outpatient clinics, patients on wards, and Accident and Emergency to speak with patients, their carers, and their visitors. While we were there we made observations and spoke to staff about their experiences too. The surveys 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.

Most people we heard from were happy with their experience at the hospital. We heard that they were often able to find their way around the hospital and information about their care was explained to them in a way they understand. Across the hospital, staff were praised for being kind, helpful, and friendly and some patients told us about experiences where they went above and beyond for them.

In Accident and Emergency some patients told us about frustrations with the waiting time and wanting to have more information about waiting times. We also heard from a couple of patients who came to A&E and had confusing discharge experiences after being told they would be admitted and consequently having to leave the hospital in the middle of the night.

On inpatient wards we heard that most people felt well communicated with and that they could easily contact someone if they had any questions. We also heard about some difficulties getting food for specific dietary needs and some suggestions for improving comfort on the wards such as having a pillow when they needed one,

having easier access to lockers, and having buzzers responded to quicker. We met the Pets as Therapy dogs and learnt about the role they have on inpatient wards. Issues with discharge were also discussed particularly around difficulties getting support in the community or care packages in place. We also heard about discharge plans changing sometimes giving false hope to patients.

Letters received for outpatients' clinics were often easy and clear to understand and included all the information that patients needed. Many patients felt that their care was explained to them well and they felt involved in decisions. One frustration for outpatients was car parking in particular a lack of disabled parking spaces. Other comments discussed comfort in the waiting room such as the temperature and access to refreshments.

We also spent one day at Cromer Hospital to speak with patients. Patients here were very happy with their experiences and were particularly pleased with the hospital being local and being treated well by staff.

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

Why we looked at this

Background

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

This visit to Norfolk and Norwich University Hospital and Cromer Hospital forms part of this programme of engagement. A longer and more detailed report will be produced at the end of all three of our visits.

Aims and objectives

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

How we did this

Survey creation

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

The four surveys were:

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

Engagement

We visited Norfolk and Norwich University Hospital from 17th to 21st July 2023 to speak with patients, carers, visitors, and staff. We visited every day from 9:30am to 3:30pm, we spent three evenings during the week in the hospital until 8pm. Please note that during this week there were junior doctor and consultant strikes which meant that some outpatient clinics were cancelled. We also experienced staff sickness and so fewer Healthwatch Norfolk Officers visited the hospital. In addition to this we visited Cromer Hospital on 27th 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 made observations when visiting the hospital and collected general staff feedback. The visit was promoted through our social media channels, in our newsletter, on our website, and through other local media platforms. This was to allow people who were not visiting the hospital during the week to have the opportunity to share their experiences. The survey closed on 31st July 2023.

What we found out

Who we heard from

We received 383 responses to our survey about experiences at Norfolk and Norwich University Hospital and 21 for Cromer Hospital. We received 196 responses for outpatients, 78 for Accident and Emergency (A&E), 102 for inpatient care, and 28 for other or not sure. For the breakdown of the demographics of the people we heard from please see Appendix A, more detail on demographics will be explored in our final report.

We also received eight responses to staff experiences and made 14 observations of the hospitals while we visited. These experiences and observations will be used alongside patient experiences in this report.

About this report

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

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

Similarly, although this engagement focused on recent experiences with the hospital some patients described older experiences and these previous visits impacted on their interpretation and current experience of care.

Overall experience of care

Most people we heard from at Norfolk and Norwich University Hospital rated their overall experience as five stars out of five. This is displayed in *Figure 1*.

As the graph shows, this was most common for Outpatients' (69%, 120) and Accident and Emergency (66%, 44) while they were slightly less happy with inpatient care and 59% (60) rated their experience as five out of five. However, across all three areas very few respondents rated their experience as only one (2%, 8) or two stars (2%, 8). The average rating across the whole hospital for overall experience was 4.5 stars, for Accident and Emergency this was 4.4, for inpatient care it was also 4.4, and for outpatients it was 4.5.

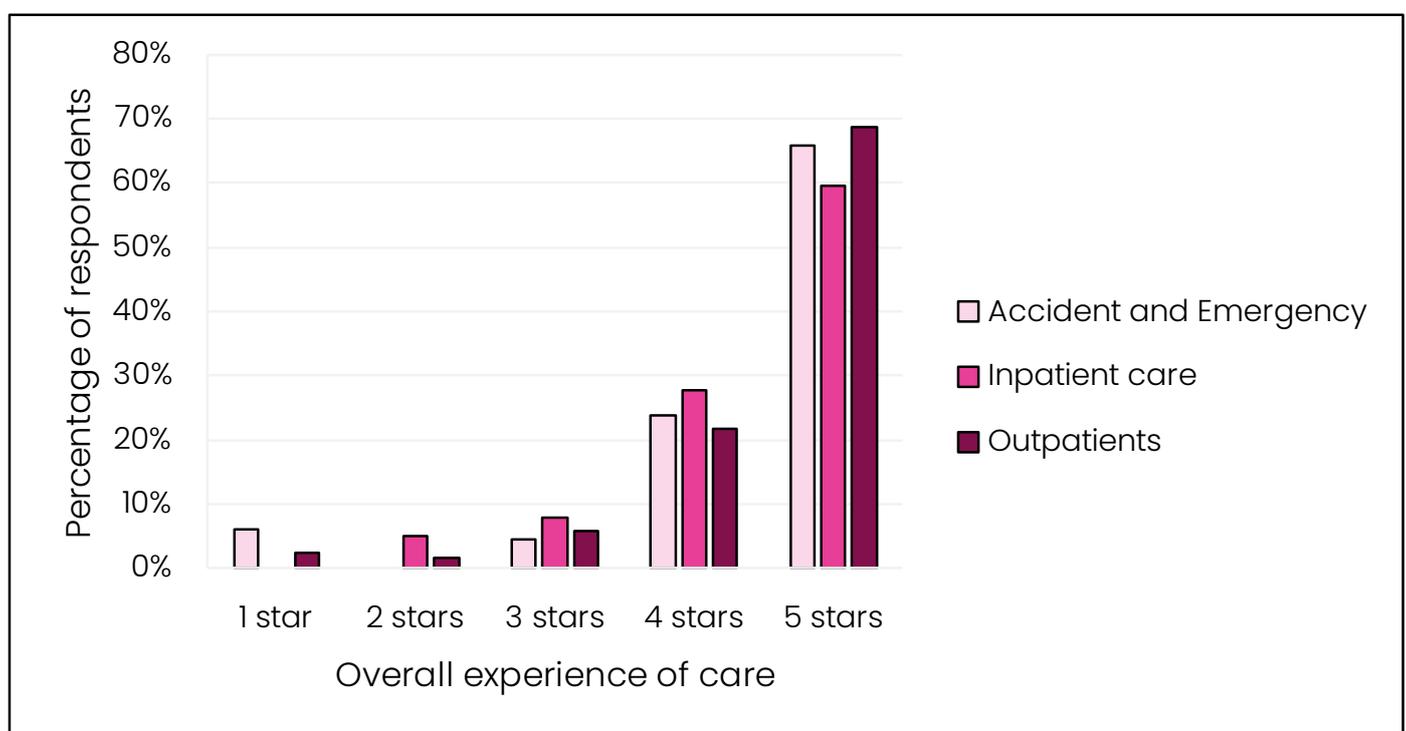


Figure 1. A graph showing ratings for overall experience of care split by area of the hospital.

We asked respondents to rate other aspects of their care in the hospital out of five. Similarly to overall rating, across most statements Outpatients was rated slightly higher than Inpatient Care and Accident and Emergency. However, 'being treated with kindness, dignity, and respect' was slightly higher in A&E (4.8) than for Inpatient Care (4.7) or Outpatients (4.7).

Table 1.

Average Ratings Across Areas of the Hospital

	Accident and Emergency	Inpatient care	Outpatients
Confidence in care	4.5	4.4	4.6
Trust in the health professionals treating you	4.5	4.6	4.7
Feeling safe in the hospital	4.7	4.6	4.8
Being treated with kindness, dignity, and respect	4.8	4.7	4.7
Feeling involved in decisions about your care	4.5	4.4	4.7

Finding your way around the hospital

We asked respondents if they were able to easily find where they needed to go when they arrived at the hospital. The overwhelming majority of people we heard from told us they were able to find where they needed to go (93%, 303). While only 6%(18) told us they could not easily find where to go and 2% (6) were not sure.

Some people told us that volunteers or reception were able to help them find where to go: *"I have been before so it was okay but the first time I came I had to ask at the front desk and they directed me"*.

Staff Experience: Volunteer

"I've been volunteering here for 22 years. I enjoy it. It makes me think and keeps me busy. The patients are always appreciative of our help. You can see their stress go away as soon as we point them in the right direction."

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

- Information in the letter needing to be clearer:
 - *"Due to the letter saying Cardiology outpatients and the sign saying Cardiology unit."*
 - *"The WIC printed me a letter but it didn't say anything about which department to go to."*
 - *"Finding where to come today was okay but when I came before there was a scribble besides out patients in the letter that I couldn't read so I didn't know where to go so I went to the wrong place."*
- That there are "not enough signs up":
 - *"It's not sign posted and I had to ask three times. I was helped in the end by reception downstairs and the reception here in the department. No signs say Gastro department."*
- Needing consistent advice:
 - *"The reception staff directed me to the wrong place even though the documentation I had with was correct."*
 - *"I spoke to someone at the front desk in reception and they directed me to sit once place. Waited some time. Then they asked if I'd been checked in although I hadn't been told to do so."*

In addition to this, one patient explained how they were able to find their way around the hospital "because my friend was with me", they were less confident they would be able to find their way on their own as illustrated below:

Patient experience

"If I had been on my own I would not have been able to find the right way as I can't see to read the signs. I don't use a stick or any other visual aid so it is difficult for people to know I have a sight impairment. Perhaps it would be good if there was a badge or something similar to wear so people knew and would be able to assist."

Information about my care

We wanted to find out if information about patients' care was explained to them in a way they understood, most people told us that it was 90% (324). Only 6% (21) told us that information was not explained to them in a way they understood and 5% (17) were not sure.

Patients in Accident and Emergency were slightly less likely to say that information about their care was explained to them in a way they understood (86%, 57) compared to Outpatients (91%, 157) and Inpatients (88%, 85). Nearly all people at Cromer Hospital told us that information was explained in a way they understood (95%, 18).

We asked respondents how explanations could be improved, suggestions included using fewer medical terms or plain English, ensuring that BSL interpreters are available, and being able to have more information in general.



“Bit vague, could spend a bit more time explaining. They come in and say what they want to say then go.”



Staff kindness, caring, and support

We asked patients to tell us what was good about their experience of care at the hospital. Across all areas of the hospital we heard about the kindness and friendliness of the staff. We also found staff welcoming and they were willing to help us and we also saw how patients were often treated well by staff. Below are some examples of patient experiences which reflect this.

Patient experiences

“Generally all the staff have been great. They always have time for you. I particularly want to mention the Family Liaison Officer who has been superb and a great support.”

“All the staff are polite and kind. They try to accommodate when possible over appointments. They check I am ok too, I am with the Mental Health team and they work with them and check in and they listen. I am anxious and they make me feel at ease.”

“Consultants have been amazing they are really lovely. I had surgery and everyone was amazing right from anaesthetic to the next day. I had my own room and I missed dinner time but they got me sandwiches.”

“Came in for a routine appointment, blood pressure was found to be high and I ended up in the medical assessment unit and was kept in till it was stabilised, while in there the Doctor from this clinic came down to see me, rather than me having to come up for an appointment. You could tell that she cared about my well-being. Right through from the nurses, reception teams and doctors and even the canteen staff even though they are so stretched you can tell that they care.”

“Everyone worked professionally and efficiently, made sure they done everything they could for me and my son who was born at 28 weeks gestation. Very warm and caring and made sure all my needs were met and they all made sure I was fully well and able enough before any consideration for discharge! I will always be forever grateful!”

“Consultant was kind, explained things in a way I can understand and provided reassurance but were also honest though and said I would get deterioration with my condition. I couldn't have asked for better from them really.”

“I was seen in the geriatric part of A&E and they were excellent. I am hard of hearing and everything was explained very clearly to me.”

Accident and Emergency

We received 78 surveys about experiences in Accident and Emergency (A&E) at the hospital. Most responses came from patients (86%, 67), with 14% (11) answering on behalf of a patient.

As displayed in Figure 2, the most common answer why patients visited Accident and Emergency was for chest pain or shortness of breath with 31% (24) of patients. 'Other' were reasons that the patient did not feel fitted into the available checklist, some of these responses included pregnancy concerns, high blood pressure, referrals from other services, and dizzy spells.

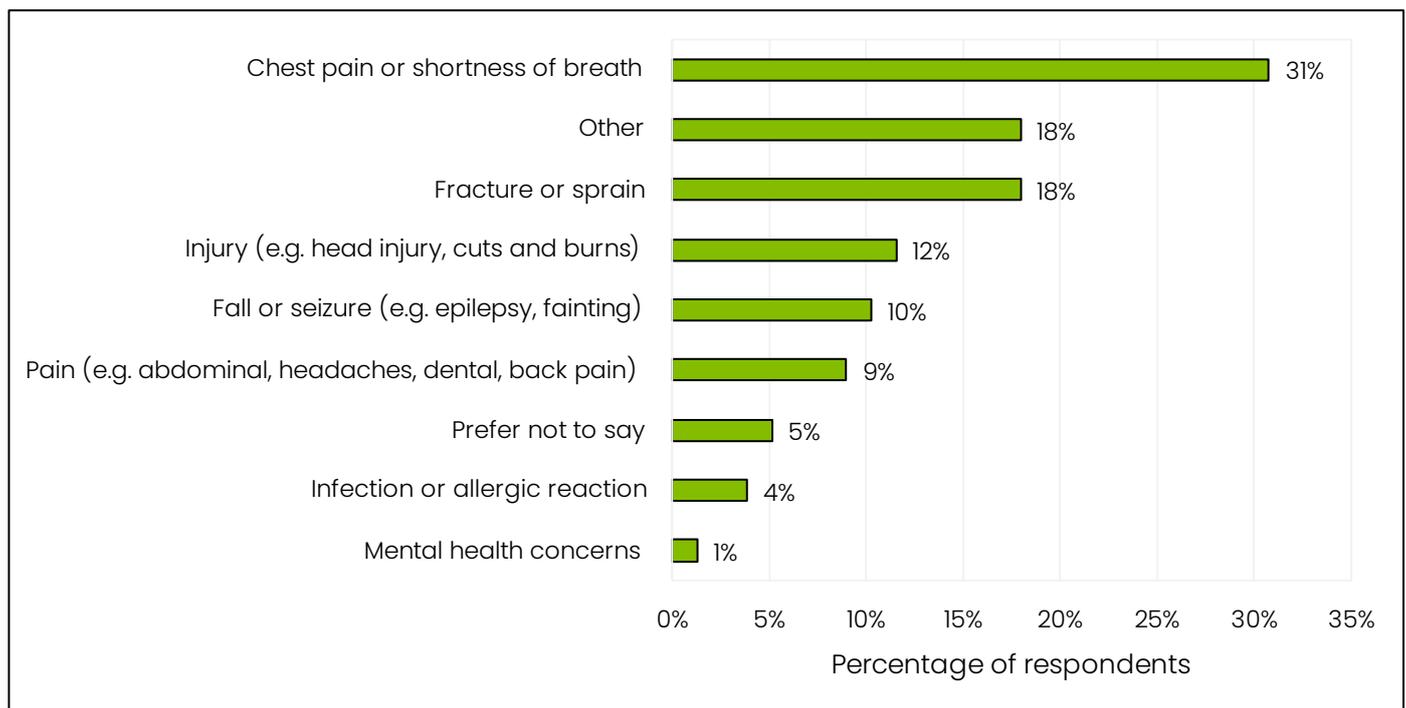


Figure 2. Responses from 78 people to the question 'why did you visit Accident and Emergency (A&E) on this day?'. Respondents could choose more than one answer.

Before visiting Accident and Emergency

We then asked respondents to share if they had contacted another health service for advice before they came to A&E. Most people we heard from had contacted another health service (65%, 51). As Figure 3 displays the most common service patients contacted was a clinician at their doctors' surgery (32%, 25).

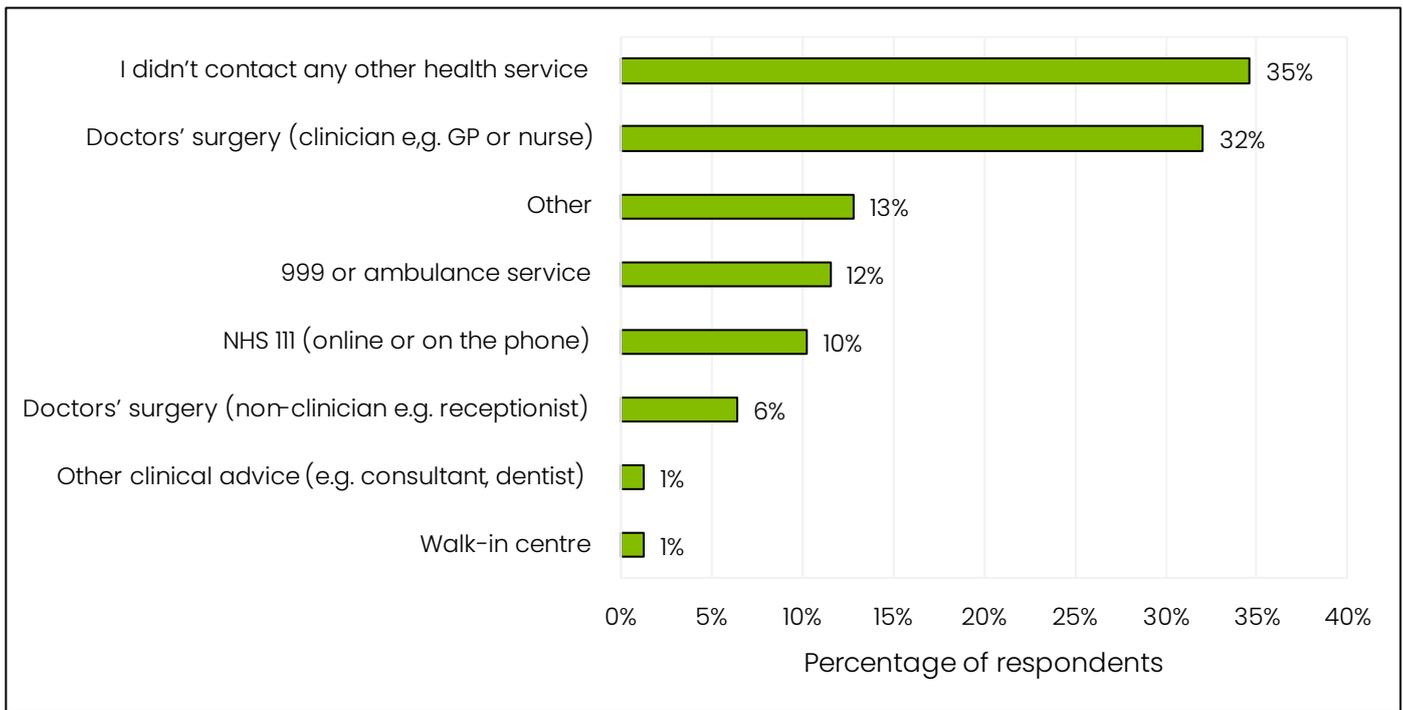


Figure 3. Responses from 78 people to the question 'before coming to A&E on this day, did you contact any of the following health services for advice for the same issue'. Respondents could choose more than one answer. 'Other' responses included through private appointments, through physiotherapy appointments, and from medical staff in prison.

For those who told us they had contacted another health service first we asked them what advice they were given by the service. The most common advice given was for them to visit A&E for example: "GP surgery yesterday had ECG and given antibiotics. Called 111 today and spoke to paramedics who advised to come to A&E."

"I went in to Lionwood surgery and the receptionist told me to go to the walk-in centre. I saw a doc at the walk-in centre and they told me to come to A&E."

We also asked if there were any barriers to patients contacting another health service, 14 told us they faced a barrier. The barriers were largely centred on their doctors' surgery not being able to help them, for example: "there's no point contacting the GP as they always tell you to go to A&E or the Walk-in centre".

Waiting time

For those who had been seen, there were mixed experiences of waiting times, with fewer patients saying they waited longer than expected (24%, 15) in comparison with people who waited less time (35%, 22) or as long as expected (34%, 21) as displayed in Figure 4.

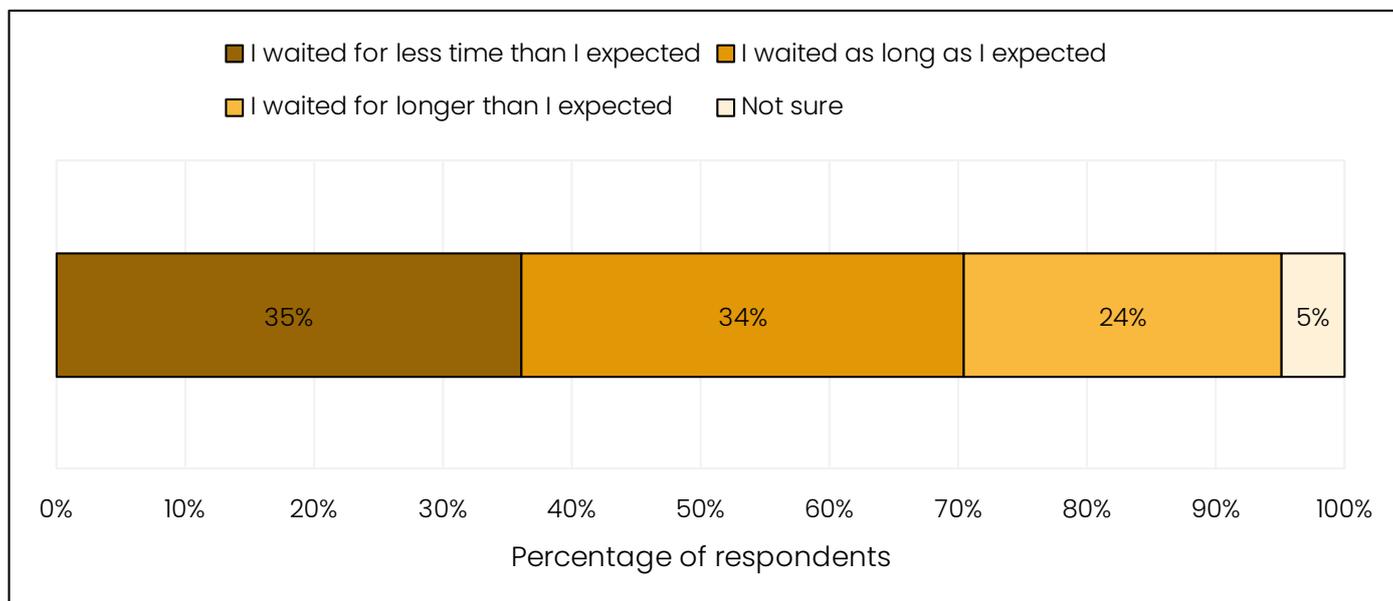


Figure 4. Responses from 61 people to the question ‘*how do you feel about how long you had to wait to be seen once you arrived?*’

Consequently, we received mixed comments about waiting time at the hospital with some patients reporting not waiting long and others feeling that waiting times could be improved.

Patient experience

“After triage I was sent back to sit in the ambulance, they were using the ambulance as a waiting room. Other ambulances were the same. There needed to be another waiting space, if there was another room where paramedics could wait with patients then that could release half the ambulances.”

Staying informed on waiting times

We asked respondents if they had been told by staff how long they might have to wait, only 21% (16) shared that they had been told. Some patients told us they would like *"to know approximately how long is the wait"* and also what was going on in general: *"tell me what is happening"*.



"There was also a long wait in A&E (6 weeks ago). There is also a long wait today, but I don't mind as they have told us already."



Healthwatch Norfolk Observations: Accident and Emergency

GP and Minor Injury

There was a board in the waiting area that said "Waiting time" this was not filled in but there were no patients waiting at this point.

The seats were comfortable but not wipeable and some were very stained, with what could have been a spilled drink or could have been bodily fluids.

I saw a porter/nurse struggle pushing a bed through doors - he said to the family member that the doors do not work and the family member had to hold the door open for him.

Ambulatory Majors

Only two toilets in a very busy department of which one was locked and out of use, a patient suggested as an improvement that there could be *"more toilets. There are only two and one is not working"*. This was reported to our contact in Patient Engagement who messaged maintenance immediately.

There was a poster on the wall to inform patients how long their wait may be, but it was blank - it had not been filled in. Most patients had not been told anything about their likely length of wait.

Patient Experiences

Accident and Emergency

“As soon as we arrived they started doing blood pressure and checks before he was even booked in, so by the time he was booked in we could go straight to x-ray. He was cold and they went and got a blanket for him and shut the window too. They explained very well and very good at explaining the DNR form so we understood, they said they liked to do it when other members of the family are there so it is not a shock. [...]

It was difficult to know where to put the notes when we arrived [...] there was a box but it wasn't clear if you put your notes in and lost them we would have been worried because we couldn't get them back. The chairs in the waiting room could have been comfier, some people wanted to put their feet up and they had to get another chair to put their feet up, and some people were laying down so then they were laying over several chairs, maybe there should be some reclining ones because people are there a long time and might want a chair to doze in. [...] No one told us how long we would have to wait to see the consultant. When they were calling people's names out someone suggested they should have a name screen like in the doctor's surgery because even if you had just gone to the toilet in that time you would have missed your name being called out. It just seemed they spent a lot of time calling people's name out who weren't there.”

Children's Accident and Emergency

“We were met at the front doors of A&E and within 2 minutes taken to children's A&E - the nurse in charge met us and walked us there. My son was assessed while I checked him in with a very kind receptionist and then sent straight to x-ray. We waited about 5 minutes before being taken for an x-ray - then back to the waiting area at children's A&E for another maybe 10 minutes maximum. The doctor came in, told my son he had fractured his arm, gave us all the advice, leaflets and fitted a splint and we were out and heading home within the hour. I cannot fault the service we received, everyone was so lovely despite it being a very busy time as school was finished so lots arriving. It wasn't explained when we arrived that we would be taken somewhere else so we didn't really know what was going on when someone said follow me, but that didn't matter we were ready for a long wait and it couldn't have been any quicker!

Just a great big thank you to every member of staff involved, from the clinician at the front door, to the head nurse, radiographer, receptionists and doctor. Thank you.”

Discharge concerns

One patient told us that they visited A&E and *"they were going to send me home in a taxi on my own when I was in so much pain I could not stand"* they told us how their *"husband had to create a fuss"* and when their levels were checked again *"it turned out I had sepsis"*. They added that *"the ambulance driver warned us they would try and send us home and not to let them"*.

Two other patients told us about confusion around discharge and explained how they were told they were going to be admitted into the hospital but were consequently sent home in the middle of the night causing difficulties for them:

Patient experiences

"I was told I was staying in & eventually taken to a ward where I fell asleep I was then woken at 1am by a doctor who said I could go home in the morning then 40 minutes later a nurse asked if I was ready to go home I said I was told I was going home in the morning but she said they needed the bed I didn't have anyone to pick me up & I had no money on me so they had to sort transport for me I got home at 2.40am it was very stressful for me."

"I was told I was being admitted for observation overnight & they were waiting for a bed to become available on the ward, I was told to get some sleep then I was woken at 1.50am to say I could go home, my partner had left because they said I was staying in, I was unable to wake him by phone so had to wait for a taxi & I eventually got home at 3am but couldn't get in at first as I had no keys on me & I couldn't wake my husband"



6

“Allowing my dog to come in and see me has been great.”

Inpatient Care

We received survey responses from 102 people for inpatient care at the hospital. Most responses came from patients (89%, 91), with 8% (6) answering on behalf of a patient and 5% (5) answering as visitors.

These responses came from 28 different wards in the hospital, the most common wards (more than five responses) are presented in Table 2 alongside their average rating for overall experience of care.

Table 2.

Number of Responses and Average Rating for Wards

	Number of responses	Average rating of overall experience of care
Intwood Ward	9	4.8
Acute Medical Unit	8	4.8
Edgefield Ward	8	4.0
Easton Ward	7	5.0
Hethel Ward	7	4.4
Mulbarton Ward	7	4.7
Gateley Ward	6	4.0

Communication with the ward

We asked respondents whether the ward had kept them up to date on their care and condition. Most people told us that they had been kept up to date (89%, 87) while only 8% (8) told us that they had not been kept up to date and 3% (3) were not sure. Respondents were then asked if they had been able to contact someone on the ward to ask questions if they needed to, 83% (78) told us that they had been able to while 12% (11) were not able to and 5% (4) were not sure.

Patient Experiences

Edgefield Ward

"I was moved from one ward to here this morning. There was no warning, someone just arrived and told me we were coming here. I have now been here 3 hours and I have not been given any information. I have not had a drink, even though I have previously been told I should drink enough for my condition. I have asked for water but I am still waiting for them to get me a jug. I am rather disappointed. Since I have been on this ward it's not been so good."

Gately Ward

"I have got on with a lot of the staff [...] I have been in here a long time and they do spend time with me chatting when they can. Most of the patients in this bay are either very old or have dementia. They do take the time to talk to me and it means a lot otherwise I would feel quite isolated and lonely. Sometimes they come down to the shops in the hospital with me to make sure I am safe.

Commodores are often left on the ward for a long time. I know the staff are busy but it can be a long time and the smell is not pleasant.

I have been here for nearly eight weeks because I am recovering from serious injuries after a road accident. Because my flat is not suitable for me to go back to until I have recovered more, I am likely to have to go into an old people's home for rehabilitation and recovery. This really worries me. I would just like to spend some time with people who are a bit younger. I appreciate it is not the other residents fault but I worry this will make me feel even more isolated."

Kilverstone Ward

"The surgeon was brilliant and there is always someone on the ward offering food and drinks. I have more 1 to 1 on the ward than I did in the side room.

A few days ago I was on the same ward but in a side room. I haven't really been to hospital before so wasn't sure what you are supposed to do. Someone gave me a thing to wee into but I didn't know how to use it or what to do. I had wires all over me and connected to machines. I tried weeing into it but ended up tipping it over myself by accident. I didn't have a change of clothes so stayed in my shorts and was left with nothing to wear. Throughout the night, no one came to check in on me, so I didn't get a gown until the morning. I felt embarrassed and like I had lost my dignity. They told me that I should have just asked, but I didn't know that. If someone had come in and checked on me, I would have told them what happened."

Quality and variety of food

We heard a mix of opinions around food in the hospital with some very happy with it and telling us that food has improved recently and others were less impressed.

In particular, we heard about difficulties with dietary requirements with one patient telling us that *“gluten free diet is not available on a Bank Holiday weekend”*. Another noted that if patients are in hospital for a long time limited options will become repetitive: *“food is limited for anyone who is coeliac, there are only 5 options so if you are in for a long time it repeats a lot”*, this patient also expressed concerns about the food they were having and that *“I am never sure if the people who serve the food know what coeliac is which make you a bit worried what to eat”*.

We also heard from a couple of patients that there were issues with getting the food they ordered: *“you often don't get what you order and a couple of times, I got nothing as not enough food was brought to the ward”*, this is also illustrated below:

Patient Experience: Denton Ward

“Sometimes you don't get anything but the staff do come round and check that you have got what you ordered or that you got something, and find something for us to eat if hasn't arrived. It is an extra job they shouldn't have to do and those responsible for the administration and logistics of ensuring patients got food should be doing their job properly as it happens quite a lot.”

Comfort on the wards

One of the main themes in inpatient experiences was around comfort whilst an inpatient. This included noise on the ward, the temperature of the ward, and ward entertainment such as television. Below are some of these experiences:

- *“He was in the ward for a day and he didn't have a pillow even after asking several times for one, when someone left at 10pm he asked for his pillow and so had a used pillow.”* (Acute Medical Ward)

- *“Once I became mobile and could leave the ward for short periods, it would be good to have a map you could have so you could find your way to the cafe for a coffee.” (Docking Ward)*
- *“The lockers are not ideal if you have mobility issues. It is really difficult for me to access them and I don't like to keep bothering staff to get things for me.” (Docking Ward)*
- *“My son got a Nintendo switch given to him to use while there. he had previous experience with seizures. The play worker was so good and he made him feel so much better.” (Jenny Lind)*
- *“He has felt in danger from another patient - this patient woke him up and insisted he had stolen his trousers which he hadn't, the nurse shut the doors and called security but they wouldn't help out so the auxiliary had to deal with it all.” (Kilverstone Ward)*

Pets as Therapy dogs

During our week we met two of the Pets as Therapy dogs who visit the hospital to provide comfort to inpatients. Their owners told us that they spend a lot of time on the children's wards when they are visiting the hospital and that people are pleased to see the dogs.



Figure 5. Barnaby and Bertie, Pets as Therapy dogs.

Healthwatch Norfolk Observations

Guist Ward

We spoke with a very welcoming receptionist who was able to advise us on where we could go on the ward. The ward seemed cramped and busy.

There was a bed in the corridor which meant they did not have much privacy and could hear conversations the medical professionals were having. They told us that *"have been sat in the corridor since 7am, I assume there is no bed"*. The corridor bed also did not have easy access to a plug socket to allow them to charge their phone.

Cley Ward

I was asked for my ID on arrival which had not happened to me before during hospital visits. There is a clear team spirit working well together and chatted to us. A really nice feel and they were keen to get us to engage with the patients on the ward.

Heydon and Ingham Ward

We visited Heydon Ward and the staff we spoke to were really helpful but they advised us that they were high dependency patients who would not be able to engage with us.

Ingham Ward was a clean and new ward with good facilities and things for patients to do. We saw that there were games and crosswords available in a common area which had seating and there were some patients out of bed and using common areas. There was music playing on a bay which we thought made it feel more comfortable.

The ward had nice decoration with animal murals. We found it difficult to find our way around the ward and the exit was not clear. We struggled to find staff on the ward to speak to and advise us on patients who may be able to speak with us, we approached two patients who struggled to understand our survey and others were sleeping.

Carer support

We asked people who were carers if any support had been offered to them by the hospital to help them as a carer. Only 16 people answered this question, and of these just over half (56%, 9) told us that they had been offered support. Those who had been offered support were asked to tell us what support they were offered, this included being *“given tea, rest and time for myself”* and being *“well looked after”*.

“My father was receiving end of life care - the palliative care nurses were supportive and were able to answer questions we had.”



Staff Experience: Intwood Ward

“They have been dealing with covid patients and it has been challenging, tough and exhausting. The respiratory nurses etc moved wards a lot and we ran a covid medicine delivery unit - so infusions for people with covid.

The team is lovely we have been through a lot, I have sat with patients as they passed away. I am a bereavement champion and butterfly volunteer as well as being staff here on this ward. I sit with end-of-life patients and it is a real privilege to do so. I am not a nurse, the relatives are my patients. We are back to respiratory now on this ward and we are a real close knit team.”

Having enough attention

One of the themes in survey responses was around having enough attention while on the wards, this included whether buzzers were answered quickly and whether they felt they were regularly checked in on by staff.

This was sometimes linked to staff levels: *“there can be long waits when you need help from a member of staff but that is not their fault as there are not enough of them”*. Consequently, some patients and carers told us that they

could end up feeling ignored or forgotten about: *"I was a bit forgotten about while on the Acute Medical ward during the day/ early evening and had to ask if my results had arrived back and for something to eat"*.

G "Sometimes you have to wait quite a long while for someone to help you when you press the button for help. It would be good to have a longer cord. It isn't easy to access when you can't move much."



Discharge

We asked respondents whether they had been informed about discharge, 51% (38) told us that they had. As previously mentioned by A&E patients, we heard about some reasons for discharge delays, communication issues, and confusion around discharge.

Some patients told us how *"there isn't the support in the community to help you recover once you leave the ward"* or that they were *"waiting for a care package to be agreed and a mattress to be delivered to my home for the bed that has been delivered"*. Others told us that sometimes they were given *"false hope that you were going home"* or that *"discharge keeps getting mentioned but keep shifting"*.

One patient in Blakeney Ward (maternity) suggested that there could be a discharge checklist to help inform them on what needed to happen before they were able to leave and therefore know how close they are to leaving:

Patient Experience: Blakeney Ward

"us knowing a checklist of what has to be done to be able to go home. Like if we could see what is needed to be done we would know how close we are to leaving. We have no idea what we are waiting for, what is needed or how close we are to leaving. We have been very informed from the feeding side but not so much the other side."

Staff Experience: Virtual Ward

"It is 100% better for patients than on the hospital wards. On the hospital ward they don't eat well and sleep well and have nothing to do.

Older people can be confused at the hospital but can be fine when they are in their own homes. They get home they can talk to different people. We see they gain weight (when we want them to!) as they are eating food they want to eat. I think in 50 years time we will be saying 'why did we bring vulnerable people into an infection risk place'.

I think it should be bespoke to each patient and that is what we work towards. We work with the wards to find solutions to problems to make it work for individual patients who we think can be looked after in their own homes.

We are one to one with the patients - we FaceTime and it is just us focussing on that one patient. On the ward there is a lot going on, people coming and going and people listening. Patients feel comfy to speak to us on the virtual ward as no one else can hear it is total confidentiality, for example they will admit they haven't opened their bowels for days, but might not on the inpatient ward as they don't want the bed next door to hear.

We have a team here in the day on the virtual ward for people who need to come in for IV or blood tests and that is on site. Then at night people are based at home and team morale is really good. In March we were made substantive so we all feel a lot more secure.

It is a great solution for nurses who are phasing back into the trust for example if they have had an injury and can't do physical shifts but have this wealth of knowledge and experience. We also have some nurses who had retired but still want to work and use their skills, this is not as physically demanding.

The whole team are brilliant and enthusiastic. They are problem solvers, if the ward thinks someone can go home then we will sort it out. We don't discharge safety netting e.g. if there is a nervous or anxious patient. We use homelink (a private company) to do IVs and bloods as well for those that find it harder to come in."

Outpatients

We received 196 responses to our outpatients survey. Most of these responses were from the patient directly (85%, 167) with the remaining 15% (29) from someone on behalf of the patient.

We spoke to patients from approximately 33 different departments or clinics. The most common departments or clinics (more than five responses) are presented in Table 3 alongside their average rating for overall experience of care.

Table 3.

Number of Responses and Average Rating for Departments and Clinics

	Number of responses	Average rating of overall experience of care
Fracture & Orthopaedics	44	4.6
Eye Clinic (Norfolk and Norwich Hospital)	42	4.4
Elsie Bertram Diabetes Centre	15	4.7
Gastroenterology & Endoscopy	14	4.7
Radiology	9	4.1
Eye Clinic (Cromer Hospital)	8	4.7
Cardiology	7	4.9
Oral Health	6	4.2
Arthur South Day Procedure Unit	6	4.8

Communication from the hospital

People who had received a letter from the hospital overwhelmingly told us that their letter was clear and easy to understand (95%, 137) and that it had all the information they needed 91% (130). We asked how the letters could be improved suggestions included:

- Having large print:
 - *“The letter would have been clearer if it was in large print. I have limited sight and sometimes rely on other people to read things for me.”*

- Having more explanation about the appointment:
 - *“Doesn't say what I'm here for today. Just says the doctor's name and 'general surgery' No idea what department.”*
 - *“The letter didn't say anything about seeing a nurse before the actual appointment. If it had been clearer about how the appointment works I would have known to expect a longer wait.”*
- Sending the information by email or text:
 - *“It's a lot of wasted paper. They send it to your phone, too. They could just send it to my phone and I would be happy.”*
- Information in simpler language and directions or a map:
 - *“Could have been written in simple English with no acronyms, info not relevant should be excluded. A map of where to find the clinic would help as there was no signage for it”.*

People also told us that it was clear who to contact if they had a problem with their appointment (90%, 143) and 80% (45) of people were able to contact someone to resolve the issue if they had a problem with their appointment. However, we also heard how sometimes there were difficulties contacting someone to rearrange the appointment as in the following experience:

Patient experience

“I got a letter for a follow up appointment and I couldn't make it and trying to rearrange was very difficult. The number in the letter did not take me to the right person to speak to. I phoned about 30 times before I spoke to someone. I had left messages and when they did get back it was all too late. It all worked out in the end though but the process was very frustrating.”

Disabled parking spaces

Some patients told us about difficulties parking for their appointments and frustrations having to pay for parking. But in particular we heard about a limited number of parking spaces for disabled people or others with limited mobility who needed to park closer to the hospital: *“more accessible car parking spaces. It's hard and unsafe for us to walk from the multistorey”.*

Checking in for the appointment

Most people had no issues checking in and rated their experience of checking into their appointment as five stars out of five (85%, 159), this is displayed in Figure 6.

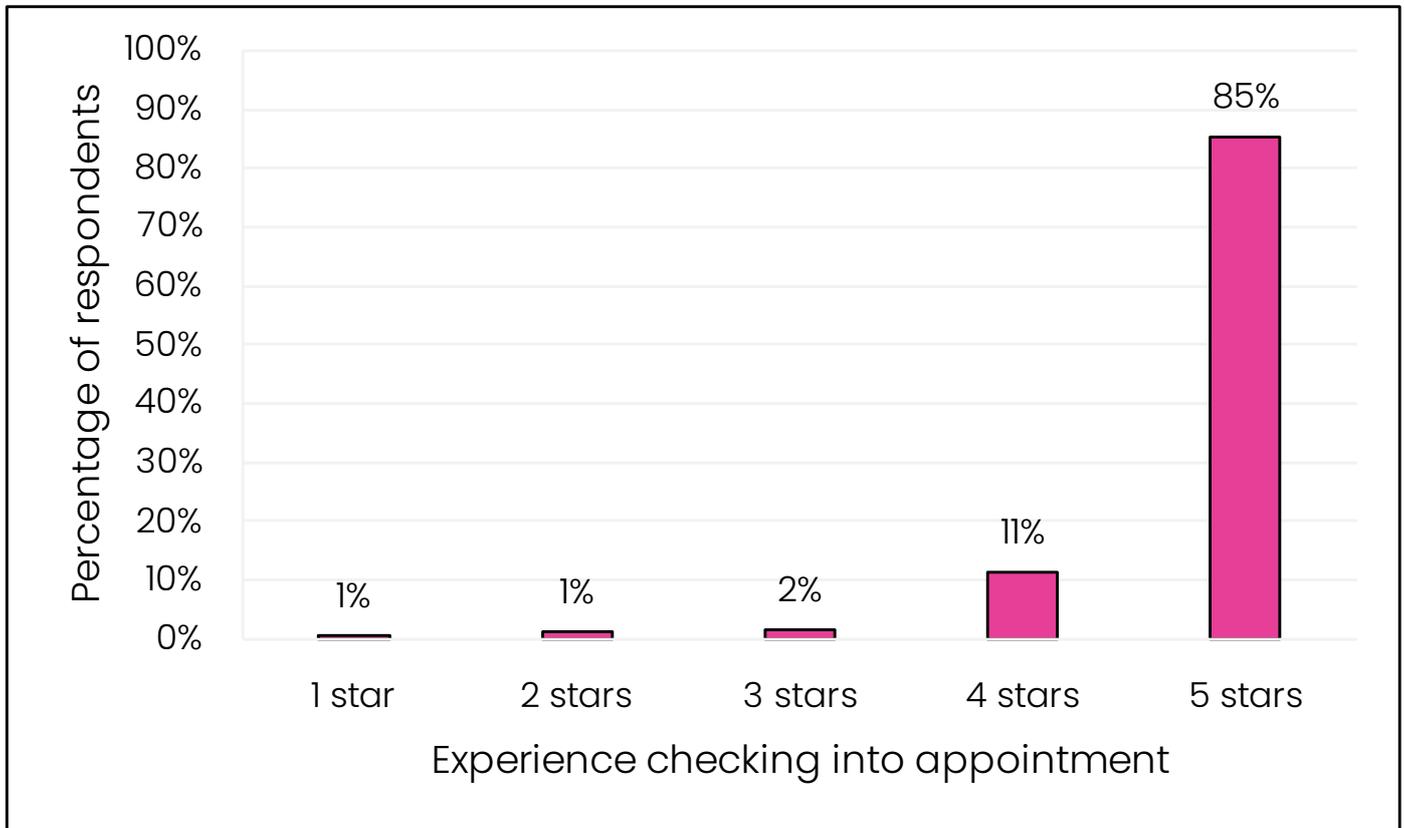


Figure 6. A graph showing ratings from 186 people about experience of checking into appointment.

Waiting time

Similarly to experiences in A&E, outpatients told us about their experiences with waiting for their appointments, we again heard mixed responses with some telling us that they were usually seen quickly and found their experience efficient and others telling us that their clinics were delayed or that they had been waiting for a long while.

“Less waiting. My appointment was a while ago and we have just been told it will be another 50 minute wait. At least they have informed us though. They also read a list of names so we knew where in the queue we were.”



Comfort whilst waiting

Patients also told us about their comfort while waiting for their appointment and suggestions for how this could be improved. This included:

- The temperature of the waiting room:
 - *“Waiting room was small, claustrophobic and very hot.”* (Paediatric Fracture Clinic)
- Having more access to food and drink:
 - *“A coffee machine in the clinic waiting area would be nice so don't have to walk to far on foot that needs treating.”* (Elsie Bertram Diabetes Centre)
- Having things for children in waiting rooms:
 - *“Some little print outs of colouring or wordsearches or something to keep them entertained or perhaps a trail around the waiting room - like stickers on the wall to find linked to a map or something.”* (Oral Health)

Healthwatch Norfolk Observations: Orthopaedic Outpatients

The staff at the desk were very friendly and welcoming to us and allowing us to speak with patients who were waiting. Part of the reception desk was lowered for wheelchair access. The seats in the waiting room were comfortable and had arm rests making them easy to get out of. The water fountain in the department was working and well stocked with cups. Maybe a TV screen or radio would be useful for those waiting a while.

It was nice to see staff coming out and calling patients in, waiting for them and checking they didn't need any assistance. Staff also kept patients informed updating them with information about how long they might have to wait. Patients appeared grateful.

There was narrow access for wheelchairs in the waiting area, particularly when seats at the edge were filled and the patient had a family member/carer with them who they wanted to sit near. We saw several people with mobility difficulties or in wheelchairs, at one point a person in a wheelchair struggled to manoeuvre through the aisles.

Patient experiences

Audiology/Ear Nose and Throat

"The BSL Interpreter was there. The staff were nice but they don't really get Deaf people and of all places they should in this department. We didn't need to but as we were told to we waited in Audiology for about 40 minutes for nothing to be told I wasn't having a hearing test because I had no useful hearing last time and go straight to ENT. This ate into the time my interpreter was booked for so she had to ask the receptionist to rush me through. She was only booked for 90 minutes. Last time in Audiology when they discovered I had lost what little hearing I had, the lady said 'well you're Deaf anyway'. I found that heartless because I am profoundly deaf but all my life I have heard environmental sound and voices (not words) via my hearing aids so for me this is a kind of a bereavement/ adjustment and worry too as to why I cannot hear these things anymore. I think some understanding and compassion would go along way especially in this department."

Cardiology

"Staff are friendly and professional. The condition of the hospital is clean and well kept. They could improve by getting the letter out quicker, I have had two now when the appointment was the next day, they could send a text or an email. They need more hospital wheelchairs which are easier to push and some seats in the corridors for the long walks between departments as when you are not well it's a long way to walk without a rest. You don't want to bother a nurse to help you if you are on your own so more porters would be a good idea. The signs need improving so they match, the signs say toilet but when you get to them they say WC if English is not your first language then this can be confusing."

Elsie Bertram Diabetes Centre

"For my boys this has been a positive experience. The team of care givers has always been good at explaining and why they are doing it. There has never been a problem if I have questions. They are happy to take feedback. My eldest son is here today for his transition into adult care so I am sat here and he has gone in on his own. I get it is challenging but they never run to time so we plan to be here for the whole afternoon. Online appointments are beneficial - in lockdown that was much better as you would just log on and they would be there when they could. But we are just grateful for the NHS and know resource is a challenge."

Explanation and involvement

Several people we spoke to told us how they appreciated it when their care was explained to them, their questions were answered, and they felt involved in decisions about their care.

They appreciated when they were *“treated like an individual”* and they talk with you as a patient: *“They are really open and inclusive. They talk with you not at you. They discuss the details so you know what’s happening”*. We heard that it was good when children were involved in their own care and one parent explained how they had *“recently attended outpatients for a blood test for my 3 year old child and was disappointed it was not more child-friendly. My child was very frightened”*.



“She didn't want to put on a gown and they respected her wishes. The radiographer was very gentle and kind with Mum. They offered her a wheelchair.”



Cromer Hospital

We visited Cromer Hospital for one day as part of this work to speak with these patients about their experiences. We received 21 surveys for this hospital and 17 of these were for outpatient services. The average rating for overall experience of care from these patients was 4.8 out of five, no patient scored their overall experience as less than four stars out of five.

Healthwatch Norfolk Observations: Cromer Hospital

The hospital is very clean and tidy. The volunteer was very helpful for patients and did a great job of giving directions and helping people into the lift. Everything seems very well organised. The staff were all very helpful and friendly. We were extremely impressed with the quality and freshness of the food in the cafe. It's the best food I've ever eaten at a hospital!

The main benefits of Cromer Hospital for patients were how patients were treated by staff and its location being more local and convenient for them.

Patient Experience: Eye Clinic

“You cannot beat Cromer hospital. You are treated like a family member not just a number. My mother has been treated with the upmost respect and dignity in this department, her safety comes first. The care here is 2nd to none. The reception team here are approachable and very responsive. The team is well lead, it ticks all the CQC boxes and is overall outstanding”

Next steps

This visit and report form part of a larger engagement programme where we are visiting the three acute hospitals in Norfolk. A report has been created for each hospital. A final report will be published presenting experiences across Norfolk hospitals and will include suggested next steps for the hospitals and the wider Integrated Care System.

Appendix

Appendix A: Demographic of respondents

		Percentage	Number
Age 372 respondents	15 or under	3%	11
	16 to 25	3%	11
	26 to 35	8%	32
	36 to 45	8%	31
	46 to 55	11%	44
	56 to 65	15%	62
	66 to 75	18%	73
	76 to 85	22%	87
	86 or over	5%	21
Gender 386 respondents	Female	59%	226
	Male	41%	157
	Non-binary	1%	2
Ethnicity 380 respondents	Asian/Asian British: Indian	0%	1
	Asian/Asian British: Any other Asian / Asian British background	1%	2
	Black/Black British: African	1%	4
	Black/Black British: Caribbean	0%	1
	Black/Black British: Any other Black/Black British background	0%	1
	Mixed/Multiple ethnic groups: Black African and White	0%	1
	Mixed/Multiple ethnic groups: Black Caribbean and White	0%	1
	White: British/English/Northern Irish/Scottish/Welsh	96%	365

	White: Irish	1%	2
	White: Any other White background	0%	1
	Prefer not to say	0%	1
Please select any of the following that apply to you 369 respondents	I have a long term condition	40%	148
	I have a disability	20%	74
	I am a carer	10%	36
	None of the above	44%	164
	Prefer not to say	2%	6



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