

Enter & View Programme Southlands Hospital

February 2024



Contents

Contents	2
Introduction and Background	3
Key Themes and Recommendations	5
Next Steps and Actions	14
Acknowledgements	15

Introduction and Background

What is Enter & View?

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

Healthwatch statutory functions

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

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

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

This visit is part of our workplan for 2024/25 – you can find out more about our current workplan via our website www.healthwatchwestsussex.co.uk

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

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

During our visit, we focused on:

- Observing how people experienced the service through watching and listening.
- Speaking to people using the service and their family and friend carers, to find out more about their experiences and views.
- Observing the nature and quality of services and the environment in which the services are provided.
- Speaking to staff working in the service and observing them in their work.

It is often challenging to engage with and collect insight from patients, carers and staff in health and care settings because of the fast-paced service delivery or because people are unwilling or too unwell to talk to us.

On this visit we were able to speak to a small number of people. Services were not very busy and there was limited attendance at clinics. We also had positive and useful conversations with staff members across the different service areas and departments.

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

The report is shared with the provider and relevant NHS Trust (which in this case is University Hospital Sussex NHS Foundation Trust) and is also shared with the health and care regulators, CQC, the local authority, WSCC, NHS Commissioners, the public, Healthwatch England and any other relevant partners, based on what was found during the visit.

We would like to thank the team at Southlands Hospital CDC who made us feel very welcome, and Stephen Mardlin, Hospital Director – Worthing and Southlands, and Jamie Marden, Estates and Facilities, who joined us for our visit.

Where did we go?

A team of authorised representatives visited on Wednesday 7 February 2024. This was an announced visit and we were accompanied by Trust staff members.

During the visit we went to:

- Outpatients
- Dermatology
- Eye Clinic
- Community Diagnostic Centre

Key themes and Recommendations

What we observed during the visit

What worked well and what needed to be better

Our teams follow the Healthwatch England Enter and View protocol and guidance. We use a methodology to collect data which incorporates elements of both the NHS Digital PLACE Assessments and the NHS 15 Steps Challenge – See appendix A for a template assessment form.

First Impressions

Southlands Hospital is a small hospital site with no inpatient facilities or services. It is operational 6 days a week. This may be extended to 7 days in the future.

It is located in a residential area and has good public transport links and a pay and display car park.

On the day we visited, there was at least one parking ticket machine that was not working and this caused a great deal of frustration and inconvenience to the patients and carers we spoke to.

Parking has to be paid for in advance and some patients/carers were unsure how long they might be at the hospital due to the nature of their appointment. This meant that some people had to pop out while waiting for or during their appointment to extend their parking and others paid more than was necessary.

The number of parking spaces seemed appropriate to the footfall and demand for parking on the day we visited, and we observed a good number of accessible parking spaces, close to the main entrance.

There are several access points to the site with a variety of signage and notices around the building. All access points had automatic doors and level, step-free access.

On accessing the 'main entrance' we noted the welcoming and busy café area. The environment looked clean, but deliveries and trolleys were present in the lobby and entrance area as this is the main access point for deliveries as well as pedestrian access.

We were pleased to see large display screens with up-to-date bus timetables including the next expected bus to various destinations and which bus stops they were accessible from.

There was inconsistency in the signage that was visible. There were long standing signs and newer additions which had different fonts, colours and styles.

We noted a large number of printed notices around the building, some had been laminated and some had not. These were usually Sellotaped or blu-tac'd to walls and surfaces and caused the environment to look untidy. They were also not easily visible and were not helpful to patient navigation.

There was good light throughout the site and flooring was consistent and clean, although not dementia friendly.

Highlights and Spotlights

Feedback from the areas and departments we visited.

Outpatient Area(s)

Our first impressions of the outpatient area were that it appeared quite dated. But it was clean and neatly presented.

The Outpatient Reception area is presumed to be the 'main reception' because of its location, in the main corridor, close to the main entrance and opposite the coffee shop. This area would benefit greatly from some updating as it is not easily accessible and looks untidy. There is no wheelchair accessible counter and staff sit behind glass or Perspex windows which look rather grubby.

We noted a large and bright 'Self Check-In' sign which was clearly visible and close to the main entrance. However, there was no screen or self-check-in facility available.

The outpatient clinics are situated along a corridor, with 3 or 4 waiting areas, each with seating in a different colour theme and consultation rooms accessed directly from the seating areas.

Signage was rather confusing and there was an abundance of A4 printed signs, some of which were laminated and had been added to with a dry wipe marker.

This meant that the signage was inconsistent, challenging to read and untidy looking.

Signage was not dementia friendly.

There was information about the clinical staff teams working in clinic. This was clearly displayed in prominent positions in each of the waiting areas.

Posters on notice boards, with patient information, were often text heavy with small fonts which means they were not easy to read.

Safe Environment

It appeared to be a safe environment, or we felt it was a safe environment. Fire extinguishers and fire notices were available and clearly visible.

The entire department was generally clean and tidy, however, the toilet facilities were not well maintained and whilst there was evidence of regular cleaning, the floors and furnishings were quite dirty..

Wall mounted hand sanitiser dispensers were readily available throughout the department.

A variety of waste bins were available and were sealed/covered and labelled appropriately.

Our team were unnerved to see what appeared to be loose wires at waist height sticking out of a wall along the main outpatient corridor. On raising our concerns with staff, we were assured that the wires were not live and that they were for a new electronic door entry system that was being fitted imminently.

We shared our concerns about the look/potential risk of the loose wires and advised staff to cover/tie them up. They were hanging low and could attract the attention of a child or curious adult who might want to touch or pull them.

Staff took this on board and agreed to address this immediately.

There were no obstructions, trip hazards or other obvious risks to safety that we could see.

Caring Environment

The waiting areas were pleasant and uncluttered which would help patients to feel at ease.

Patients are called by name, directly into consultation rooms by clinicians.

The staff we observed were friendly, personable, and appeared to be focused on individual patient needs.

We were informed by staff that consultation rooms are not soundproof and that, at quiet times, conversations taking place in the rooms can be heard in neighbouring rooms and in the waiting area.

This will hopefully be addressed as part of an updating of the department environment.

Seating was uniform in design, although varied in colour. This means that each waiting area had a different colour theme to help patients to identify and recognise where they needed to be. However, the lack of different seating heights and styles means that different physical needs are not catered for.

The whole department was accessible to people with mobility impairments and wheelchair users. However, there were no handrails present along corridor walls and we did not observe any signage to indicate a hearing loop.

Clocks were not present in all the outpatient waiting areas and signage was not dementia friendly.

Well Organised and Calm Environment

The environment was uncluttered and tidy, with no clinical or other equipment in corridors.

Staff smiled and said hello as we walked through.

Staff appeared to be working efficiently but were unflustered and not rushed.

Colour was used effectively to enhance patient orientation and doors were a contrasting colour to walls and floors.

There were some examples of artwork and soft furnishings to make the environment less clinical.

Noise levels were low and there were no obtrusive or disconcerting sounds throughout the department.

Eye Clinic

The eye clinic is a busy department offering outpatient consultations as well as treatments and procedures.

Our first impressions of the department were very positive.

Information was clearly visible and there was a range of information posters and leaflets available, some were in large print which we would expect to see in the eye clinic.

Some of the posters needed updating and some information was no longer relevant or necessary.

We couldn't see any information about the clinical staff team – as we had observed in the outpatient department.

Safe Environment

The department as a whole was well maintained and clean.

We noticed that the cold water dispenser which is available for patients and carers, needed cleaning or de-scaling.

Wall mounted hand sanitiser dispensers were readily available throughout the department.

A variety of waste bins were available and were sealed/covered and labelled appropriately.

Fire extinguishers and fire notices were available and clearly visible.

There were no obstructions, trip hazards or other obvious risks to safety that we could see.

Caring Environment

We were pleased to see that measures were in place to protect the privacy and dignity of patients. The reception desk was situated in a way that patients could speak to the reception team without being close to other patients.

Patients are called by name, directly into consultation rooms by clinicians.

Seating was clean and well maintained but was of a uniform design which does not cater for different physical needs.

The whole department is wheelchair accessible with accessible toilet facilities. But, as in the outpatient area, there are no wall mounted handrails along corridors.

Signage is not dementia friendly but is low-vision appropriate.

We could not see a clock in the department.

Well Organised and Calm Environment

The whole department was uncluttered, and we did not observe any equipment that was stored in corridors or walkways.

Colour was used effectively to enhance patient orientation and doors were a contrasting colour to walls and floors.

There were some examples of artwork and soft furnishings to make the environment less clinical.

Signage was designed specifically with people with low vision in mind and door labels were large and easily visible.

There was a good level of lighting in the department.

Noise levels were low and there were no obtrusive or disconcerting sounds throughout the department.

Dermatology Department

On entering the Dermatology Department, our team noticed a number of issues that made our first impression less than positive.

The team raised some of the issues and concerns with staff during the visit and we were impressed with the proactive and swift response to all the issues we flagged.

The dermatology staff team were welcoming, positive and open to our feedback.

Patient information varied in its quality and posters were often text heavy and challenging to read.

There was no information about clinical staff on duty that day or team members patients might meet within the department.

Safe Environment

The department is disadvantaged by age and is therefore looking rather tired. However, it was clean and, for the most part, in good repair.

Toilets were clean and well equipped, but emergency call bells were not always present or working.

Wall mounted hand sanitiser dispensers were readily available throughout the department.

A variety of waste bins were available and were sealed/covered and labelled appropriately.

Fire extinguishers and fire notices were available and clearly visible.

A number of doors which were marked as fire doors, were wedged open. On raising this with the staff, our team were informed that they were no longer considered fire doors and therefore could be held open.

We advised staff to update the signage to reflect this change.

There was an issue with equipment and boxes being stored in the corridors and waiting areas which made the place look untidy and a potential hazard.

We also observed an open sharps bin in a patient area which we raised as a risk requiring urgent action. This was removed immediately by departmental staff and they assured us that this would be discussed at their next staff huddle/safety huddle.

Caring Environment

Patients are able to speak to staff discretely, in confidence and there are measures to protect privacy and dignity at the reception area.

We observed staff engaging with patients in a caring and empathetic way, demonstrating person centred care.

The environment is wheelchair friendly, but handrails are not present, and we could not see any evidence that a hearing loop is available for hearing aid users.

Patients are called by name, directly into consultation rooms by clinicians.

Seating was clean and well maintained but was of a uniform design which does not cater for different physical needs.

There is a clock in the department.

It was a well organised and calm environment.

The department was uncluttered, although there were some pieces of equipment neatly stored in corridors.

Signage was challenging and appeared old. It was not dementia friendly and lacked consistency with other areas of the site.

We did not notice any artwork, but there were engaging displays of information that the staff had designed.

There was a good level of light in the department.

Noise levels were low and there were no obtrusive or disconcerting sounds throughout the department.

Community Diagnostic Centre

Our first impression of this new service was very positive.

The environment is clean and bright, with a low level (accessible) reception desk.

Finding the centre was challenging as signage from the various entrances is inconsistent.

The staff were welcoming, friendly and very open to our feedback.

Patient's do not wait very long for their appointment and the service operates in a very efficient way.

There are hardly any patient information posters or leaflets in the department and no signs detailing staff names or roles.

Safe Environment

The department is well maintained and appeared clean and bright when we visited.

Wall mounted hand sanitiser dispensers were readily available throughout the department.

A variety of waste bins were available and were sealed/covered and labelled appropriately.

Fire extinguishers and fire notices were available and clearly visible.

There were no obvious hazards or risks to safety when we visited, and we felt confident in the safety of the environment.

Caring Environment

There were separate waiting areas for different diagnostic tests and patients were directed to these by the receptionist.

Each waiting area was pleasant and uncluttered which would help patients to feel at ease.

Patients are required to change into gowns for their tests and procedures. We observed staff supporting patients in a caring and empathetic way to access the private changing pods and care was taken to ensure that the privacy and dignity of patients was maintained.

Patients are called by name, directly into rooms, by clinicians.

The staff we observed were friendly, personable and appeared to be focussed on individual patient needs.

Seating was uniform in design, meaning that different physical needs are not catered for.

The whole department was accessible to people with mobility impairments and wheelchair users. However, there were no handrails present along corridor walls and we did not observe any signage to indicate a hearing loop.

Clocks were present in all the outpatient waiting areas.

It was a well organised, quiet and calm environment.

There was no visible clutter and equipment was stored away from patient areas.

Doors and areas were clearly marked with visible signs and the different areas within the department are decorated in different colours to support patient orientation and wayfinding.

Signage had images as well as text for some areas, but not all.

There were examples of local art in the waiting area.

There was a good level of light in the department.

Noise levels were low and there were no obtrusive or disconcerting sounds throughout the department.

Opportunities for improvement and recommendations

Opportunity / Recommendation	Area	Responsible Team(s)
<p>1. Signage</p> <p>Review throughout the site to ensure consistency.</p> <p>Tatty internally printed signs removed.</p> <p>Ensure signage is dementia friendly and includes images as well as text.</p>	Whole hospital site	
<p>2. General decoration and maintenance</p> <p>Freshen up throughout site to ensure older parts are same standard as new areas such as the CDC.</p>	Whole hospital site	
<p>3. Seating</p> <p>Seating throughout the site is clean and in good condition, but there are limited options for people with different needs. We would expect to see a variety of heights, widths, and designs in each waiting area to ensure different needs are catered for.</p>	Whole hospital site	
<p>4. Hearing Loop</p> <p>Made available and obvious signage to promote this facility in all areas.</p>	Whole hospital site	
<p>5. Patient Toilets</p> <p>More frequent cleaning/checks are advised.</p> <p>Ensure compliance with dementia friendly guidance when repairing/replacing fixtures.</p>	Outpatient Department	
<p>6. Privacy & Dignity</p> <p>As environment is upgraded and refreshed, ensure consultation rooms are soundproof and protect confidentiality of people talking.</p>	Outpatient Department	
<p>7. Patient Toilets</p> <p>Repairs needed to cracks in walls.</p>	Eye Clinic	
<p>8. Fire Door signs removed or updated if no longer accurate / relevant.</p>	Dermatology	

Next Steps

Our Next Steps

We will share our finding with University Hospital's Sussex NHS Foundation Trust with a view to working with them to cascade the positive feedback we have highlighted to all staff and to explore how areas for improvement can be addressed.

We plan to revisit Southlands Hospital later in the year to see what has improved and capture further insight from patients, carers and staff.

Enter & View Programme

This visit was undertaken as part of our long term Enter & View Programme.

Our team of Authorised Representatives visit one NHS Trust service/site every month.

Acknowledgements

Response from University Hospital's Sussex NHS Foundation Trust

We shared a draft report with senior trust staff, and they accepted and acknowledged the points we raised. The team who we spoke to on the day were also open to hear how the environment and service delivery could be improved.

All staff were pleased to hear our positive feedback and welcomed our comments on what was working well across the site.

Stephen Mardlin, Hospital Director said:

“Thank you, it’s always useful to have people look at things with fresh eyes and helpful for us when planning works to make improvements for our staff and patients.”

Our Authorised Representatives / Patient Assessors

We would like to thank our team of Authorised Representatives who give their time to complete our Enter & View programme visits.

We recognise the knowledge, experience and skill our team demonstrate and celebrate the expertise they bring to the programme.

Our visiting team for Southlands Hospital were:

- Sue Morton – Lead Volunteer
- Alan Packham – Lead Volunteer
- John Cook – Volunteer
- Jo Tuck – Staff Team

Our Partners

We would like to thank University Hospitals Sussex NHS Foundation Trust for collaborating with us on this visit and for the on-site support they gave our team.



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