Healthwatch Derby Service User Data Analysis S.U.D.A Report 11
'Your Royal' Consultation Report

S.U.D.A 11 All enquiries to Samragi Madden
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11.1 Foreword

Healthwatch Derby

"Healthwatch Derby is the local consumer champion for health and social care. Along with our National and Regional Healthwatch Partners we have been given significant statutory powers to ensure the voice of the user of services is strengthened and heard by those who commission, deliver and regulate health and care services.

Healthwatch Derby's approach is to work in partnership with the community it serves and the providers and commissioners alike. Acting as a conduit for patient experience, a watchdog of the quality of services within Derby City and as a critical friend ensuring that the providers and commissioners are fully aware of what is being said about the quality of those services.

The following report showcases how Healthwatch Derby can work in partnership with the service provider "Derby Hospitals NHS Foundation Trust" - effectively gather the voice of the users and combine and coordinate that with our enter and view observational visits to provide a unique and rich source of information to the provider as well as the commissioners.

It is hoped that the report will help lead to improvements in service delivery and a better understanding of the service by the public as well as helping to align delivery with expectation.

Healthwatch Derby would like to thank all those that contributed and made their personal experiences known. As well as recognising Derby Hospitals NHS Foundation Trusts help in the making of the report as it has embraced the idea of working in partnership from the outset and provided access to the service without the need for any mention of statutory rights or regulations. Derby Hospitals NHS Foundation Trust staffs at all levels have been supportive and open.

The report does make some recommendations and does include negative comments from service users. However it is noted that the overall staff professionalism, attitude and commitment to care and dignity that was observed was positive.

The report itself and the information within will only have an impact if those in senior positions within the Trust take note of it and act upon those findings in a positive manner. As I write this foreword we await the response from Derby Hospitals NHS Foundation Trust. Our initial feedback is that the report has been well received. The findings will be discussed with senior managers and commissioners at the final 'Your Royal' event on May 1st 2014 and I am confident that this will be the first attempt at working in partnership to strengthen the patient voice in the improvement of service design and delivery."

James Moore

Chief Executive
Healthwatch Derby

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Derby Hospitals NHS Foundation Trust

“Derby Hospitals have been delighted in the way this joint consultation has gone and would like to thank Healthwatch for the opportunity to work with them so closely.

The listening events leading up to the consultation event on the 1st of May have been really useful to the Trust and has allowed them access to areas of the community that have been traditionally quite hard to reach.

This is a ground-breaking partnership that we believe is the first of this type of joint working between a Healthwatch organisation and an Acute Trust in the region and shows the Trusts approach to openness and candour can and will benefit the population that the Royal Derby serves.

The opportunity to work closely in the coming years with our Healthwatch partners will enable our patients, visitors and staff to talk to the Trust in a way that is completely confidential and allow both issues and compliments to be communicated at the highest levels which we know will drive improvement in the services we deliver.”

Cathy Winfield

Director of Patient Experience and Chief Nurse
Derby Hospitals NHS Foundation Trust

11.2 Executive Summary

Healthwatch Derby in partnership with the Royal Derby Hospital undertook a public consultation programme named the 'Your Royal' in 2014. Various methods of consultation resulted in a wide range of feedback received about patient experience and service delivery at the hospital.

Your Royal Feedback Method	Feedback Received
Survey	88
Workshops	135
Stalls	30
Little Voices	50
Outreach	147
Enter & View Surveys	140 from 14 E&V assessments
Total feedback received	590

Each of the feedback collection methods described above revealed themes emerging which looked at various aspects of service delivery. The overall patient experience recorded was positive, with some clear areas of improvements highlighted. In addition to the above, a 12 hour observational shift was undertaken at the Royal Derby's A&E department, findings of which have been incorporated in this report. The overall patient experience observed at A&E was largely positive with some areas for improvement highlighted.

The report has made several recommendations, one of the most important ones being the need to ensure there is robust independent reviews of service delivery, and more staff support with a wider freedom to express concerns. Healthwatch Derby is pleased to report that the overall staff attitude and commitment to dignity and care observed as part of the consultation has been positive.

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11.3 Introduction

In a rapidly changing economic climate where essential services are facing financial pressures, it is important to ensure patient voice is central to decision making in the health and social care sector. A consultation event took place between January to April 2014, where Derby's major healthcare provider, the Royal Derby Hospital in partnership with Healthwatch Derby attempted to consult its patients on its services. The event was jointly organised with the specific aim of ensuring those at the heart of service delivery voice their opinions directly to the decision makers at the acute hospital.

11.4 Why Healthwatch?

In recent years the health service has come under much criticism with stories like the Mid Staffordshire tragedy capturing public interest, with renewed calls for independent scrutiny to be made mandatory for the NHS. Amidst growing frustration with the lack of accountability a full public inquiry (chaired by Robert Francis QC) was commissioned with a final report published on the 6th February 2013, making 290 recommendations on how to improve standards. One of the recommendations of the report was the need for an independent health and social care watchdog for every local authority in England. The Health and Social Care Act 2012 had already made this mandatory for all local authorities in England with a view to encouraging openness and candour amongst those entrusted to serve the public at its most vulnerable. In Derby the existing LINKs transitioned to form Healthwatch Derby which became operational on the 1st of April 2013.

Healthwatch Derby since its inception has been focused on its role as consumer champion with an emphasis on patient voices reaching decision makers. From the start of its operational activities, Healthwatch Derby started receiving patient feedback into various services accessed frequently by the residents of Derby. The Royal Derby hospital was identified repeatedly as the largest source of feedback.

Monitoring Period	Total Feedback	RDH Feedback
2013 Quarter One	Total Feedback received 14	4 Feedback identified RDH as service provider
2013 Quarter Two	Total Feedback received 79	31 Feedback identified RDH as service provider
2013 Quarter Three	Total Feedback received 579	110 Feedback identified RDH as service provider

For three quarters as Healthwatch's operational capacity grew, and the numbers of feedback steadily increased, there was a clear indication of where the consumer wanted us to focus. The Royal Derby Hospital was the largest source of feedback, which is not surprising as it is also the largest provider of healthcare services and is Derby's acute hospital providing a range of services. Partnership meetings with colleagues at the Trust resulted in a consultation proposal being drawn up and presented for consideration.

11.5 Event Proposal

A proposal was put together in the middle of Quarter Three, and it contained the following draft:

Scope & Background	Derby has a strong record of patient voice and has some of the best healthcare provisions in the country with the Royal Derby given 'super' hospital status. The Royal Derby was officially inaugurated by HM Elizabeth II in April 2010, and boasts over 1159 beds, 35 OTs, and state of the art medical equipment. However recent MONITOR ratings reveal concerns in finance and governance. Healthwatch Derby has been in operation since April 2013, and has carefully recorded feedback about all major service providers in the city. In the first two quarters of the year the overall emerging trend followed the expected forecast – the majority of our feedback (positive and negative) came from the Royal Derby, with some positive and negative feedback reported. "Your Royal" community listening event has been designed with a view to gauge patient voices, and an attempt by Healthwatch to highlight these as part of our independent consumer champion role. Colleagues at the Royal Derby have previously given their commitment to improving standards, and the event is a means of enabling this through partnership work.

Proposal	We aim to have a partnership listening event with colleagues at the Royal Derby, to plan and execute the event as a joint venture. Healthwatch would like a firm commitment from the management structure at the Royal Derby with regards to presence, support, and an openness to participate and listen to the feedback. Healthwatch will record, analyse and report on the event findings.
Cost Implications	Costs to be divided equally between RDH & HWD for venue bookings, RDH to be invoiced after 1st April 2014.

Draft Events Schedule

Event	Description	Cost & Staffing	Venue	Notes
Surveys	Online survey hosted by Healthwatch Derby focusing on th services accessed at RDH & LRCH.	HW (SM & JD at HW)	Online	Survey results to be presented as part of formal event
Workshopsx2 1 to 4pm	Two community workshops are to be arranged, with service personnel from the Royal attending. Services identified are ED & Health Promotion Team	HW & RDH (SM, JD, RS at HW)	Chaddesden Revive 4th March Normanton JET 11th March	27th January Workshop programmes confirmed and agreed by RDH & HWD
Market FocusX2 9 to 4pm	HWD team to man a stall at the market, Royal colleagues attending the workshop to also be present – Public interaction, and feedback. Findings to be part of the main event.	HW & RDH (SM & CEWs at HW)	Eagle Market 5TH & 12TH March 2014	27TH January Market Focus confirmed and agreed by RDH & HWD
A day in the life…	Samragi Madden (Healthwatch Derby) to shadow a service in the Royal for a full day – findings to be part of the main event	HW (SM)	RDH	12 Hour Shift to be part of main event as well as a targeted report.
Little Voices	Children's hospital in focus – Market focus stall in the Children's hospital – public interaction and feedback. Findings to be part of the main event.	HW (SM & CEWs at HW)	RDH 13th March 2014	

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Formal Event	Formal event to present findings, and a full programme attended by CEOs of both organisations, commissioners, and other guests by invitation only.	HW & RDH (HWD full team)	Quad 1st May 10am to 12 noon	Venue to be booked by HWD, programme to be confirmed in mid March

Date	Formal event on 1st May 2014 – all other events leading up to formal event in May 2014.
Publicity & Social Media	The Royal Derby's own publicity resources and Healthwatch Derby could pool together and draw up a media campaign
Feedback Evaluation	All feedback received to be recorded, compiled, analysed and reported on by Samragi Madden (Healthwatch Derby), and colleagues at the RDH to have full access to findings
Outcome Desired	A partnership listening event that reaches out to all members of the community – at hospital and beyond. A true picture of patient feedback, collated, recorded, analysed, reported. A better understanding of patient needs. A better understanding of patient proposals and recommendations. An independent rostrum to put forward views facilitated by Healthwatch Derby. A stronger commitment to work together.
Healthwatch Liaision	Your Royal event lead at Healthwatch Derby is Samragi Madden – Quality Assurance & Compliance Officer Surveys, Enter & Views - Jessica Davies, Research & Policy Officer Media & Publicity - Rebecca Sumpter, Office Supervisor Stalls & Engagement - Rebecca Johnson, Membership & Engagement Officer & Community Engagement Team
RDH Liaision	Your Royal event lead at RDH is Paul Brooks – Associate Director of Patient Experience & Facilities Management Complaints focus - Jim Murray, Deputy Chief Nurse Engagement & Publicity - Marina Backovic, Nursing & Facilities Projects Coordinator Engagement & Publicity - Judith Moore, Engagement Officer A&E Liaison and support - David Ainsworth, General Manager, Acute Medicine

In addition to the events agreed, the overall findings would also take into account the Enter & Views done for both the Royal Derby and London Road Community Hospitals. Overall feedback for RDH has also been included as part of the findings with particular emphasis to feedback

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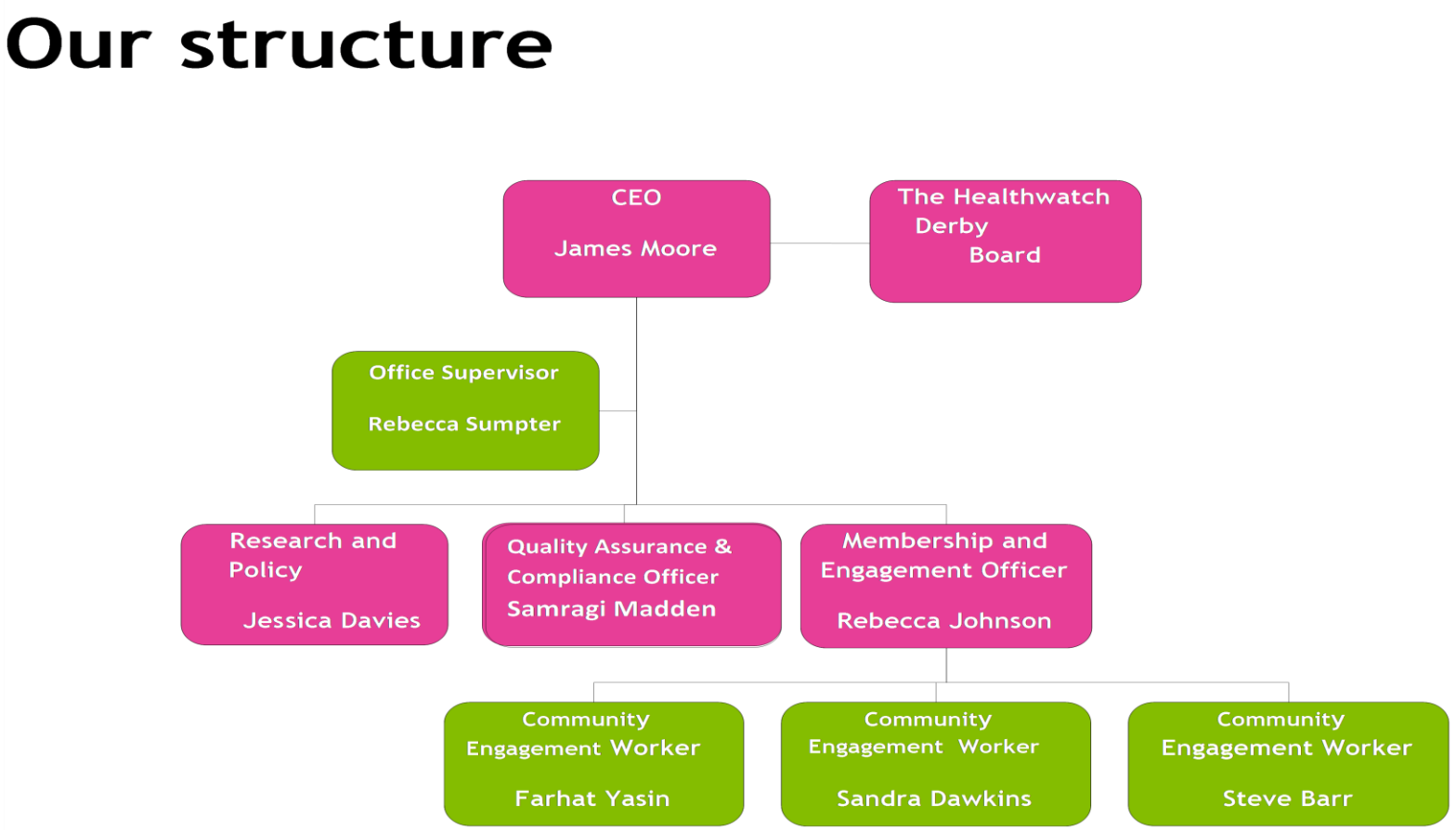
received in Quarter Four – January to March 2014 as this coincided with the event timeline. Healthwatch Derby's team structure detailed below:



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11.6 Methodology

Survey	An online survey was commissioned as part of the consultation event. It focused exclusively on the services accessed at the Royal Derby Hospital. Survey drafts were given to the Trust, and changes made and approved as requested. Survey results are part of the main report, and feature in the recommendations. The survey was designed and hosted online by Healthwatch Derby and was promoted on Healthwatch Derby's social media profiles. Hardcopies of the survey were used at all engagement opportunities for the event, and were also sent to Healthwatchers by post on request.
Workshops	A full draft proposal for the two workshops was worked upon together by both organisations, with clear topics of discussion and agenda identified. Workshops included service presentations from RDH, as well as information from Healthwatch about how it uses independent feedback to bring core patient issues to the attention of decision makers. Group discussions resulted in a very positive two way conversation between the Trust and patients attending. Findings are part of the main report.
Stalls	Healthwatch Derby held two engagement stalls manned by members of the Community Engagement Team, supported by Healthwatch volunteers. The aim was to ask consumers about healthcare services in general with open questions about RDH in particular which were as follows: Have you ever accessed services at RDH or LRCH? Would you like to tell us about your experience?

	The feedback comments were analysed and findings are part of the main report.
Little Voices	A stall was held at the Children's Hospital, again as above manned by Healthwatch officers. The aim was to speak to members of the public about their specific experiences at the Children's Hospital. Open questions were asked: Have you ever accessed services at the Children's Hospital? Would you like to tell us about your experience? No children or minors were directly consulted, and it was the families of children attending hospital who were consulted.
Enter & Views	Please see Section 11.8 for full details
12 Hour A&E Shift	Please see Section 11.12 for full details
Publicity	A poster was designed by Healthwatch Derby publicising the event. This poster was publicised by the Trust internally (hard copies on wards) and also externally on its website. Healthwatch Derby publicised the event by: * Publishing details on its social media profiles, newsletter, email and postal invitations to contacts and partners * Liaising with the Derby Evening Telegraph and BBC Radio Derby * Distributing hard copies of the poster and promoting the event via community engagement links * Promoting the event via Derby City Council's external website's event page.
Feedback used	The feedback used for the findings in this main report comes from the following areas: * Survey results * Workshop discussion group and Q&A sessions

	* Enter & Views conducted in the period 2013-2014 * Feedback collected by Healthwatch Derby for the Trust in the period 2013-2014 via its outreach activities
Final Report	The draft final report was presented to the Trust for their comments, and response prior to the final publication at the event's close on the 1st of May 2014.

11.7 Patient Confidentiality

Healthwatch Derby has not included any personal or sensitive data as part of this report to maintain complete privacy and confidentiality of observations. Healthwatch Derby continues to work following a strict Data Protection protocol, where we prioritise the safeguarding of patient information and only disclose information on a strategic and overview basis. In each part of the consultation event, no personal or sensitive patient data was recorded by Healthwatch Derby, our focus remained service delivery and overall patient experience. Where patients have requested assistance, Healthwatch Derby has fulfilled its duties to act as a source of up to date and reliable information, signposting to other services such as PALS and POhWER NHS advocacy service, as well as escalating any serious or safeguarding concerns directly to nominated lead officers within the Trust. In forwarding this report and its findings, Healthwatch Derby continues to uphold and abide by the Data Sharing Protocol which is in place between the Royal Derby Hospital and Healthwatch Derby.

11.8 Enter & Views

Enter and View is an opportunity for Healthwatch Derby volunteers, trained as Authorised Representatives:

- To go into health and social care premises to see and hear for themselves how services are provided.
- To collect the views of service users (patients and residents) at the point of service delivery.
- To collect the views of carers and relatives of service users.
- To observe the nature and quality of services.
- To collate evidence-based findings.
- To report findings and associated recommendations – good and bad – to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners.
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

The Health and Social Care Act 2012 provides for local Healthwatch to carry out Enter and View:

"Section 186 – Requests, rights of entry and referrals – Subsections (6) to (11) amend section 225 of the 2007 Act, the effect of which is to require the Secretary of State to make regulations to imposed a duty on persons such as certain providers of health and social care services to allow representatives of Local Healthwatch organisations to enter and view premises and carry out observations for the purpose of carrying on of Local Healthwatch activities, under the arrangements under section 221(1) or Local Healthwatch arrangements."

(Explanatory Notes regarding The Health and Social Care Act 2012 on legislation.gov.uk on 4th January 2013).

Methodology

Derby Hospitals NHS Foundation Trust carry out monthly PLACE Inspections at each of their sites where they produce an internal action plan. Healthwatch Derby contacted the lead, Debbie Wild, Contracts Monitoring Officer, to arrange for the Enter and View representatives to take part. Since the launch of Healthwatch Derby in April 2013, our team of authorised representatives have conducted 14 enter and view visits at Derby Hospitals NHS Foundation Trust.

Overview

The Royal Derby Hospital – 8 visits	**London Road Community Hospital – 6 visits**
Including: • A&E (Major and Minor) • Ward 4 • Ward 204 • Ward 209 • Reception • Orthotic Outpatients • Ward 311 • Ward 306 • Combined Day Unit • Ward 408 • Endoscopy	Including: • Dermatology • Neurology • Ward 4 • Ward 6 • Reception • GUM Clinic • Ward 5 • Level 1 • Physiotherapy Department • Orthotics Department • Fire Exits/Stairwells

• Coronary Unit • Ward 305 • Maternity • Gynaecology • Ward 309	• Ward 3 • The Grove

Each Enter and View visit consists of a tour of one or two departments at the hospitals where authorised representatives note down their observations of the environment and the care being provided and a tasting session of the day's lunch menu. Patient, visitor and staff surveys are also left in the areas visited by the team to be completed anonymously and returned within a two week timeframe of the visit in the freepost envelope provided.

In total, Healthwatch Derby has received 140 survey responses since the visits began.

Enter & View Patient Survey Key Findings (61 Respondents)

- 77% of respondents felt that the doctors and nurses talked to them about why they were in hospital.
- 80% of respondents felt that they know what's wrong with them to be able to explain it to someone else.
- 56% of respondents felt they had been involved in deciding what treatment they get for their medical condition.
- 43% of respondents felt they had been offered information and leaflets about their medical condition.
- 28% of respondents had been offered a patient handbook.
- 19% of respondents felt they had been told where they or their family could get more information about their medical condition.
- 50% of respondents felt they had met the dignity in care champion for their ward.
- 78% of respondents felt there was always someone to help them when they needed it.
- 78% of respondents felt they got help at meal times if they needed it.
- 17% of respondents felt a relative or friend had been told they could get help at meal times if they needed it.
- 98% of respondents felt they always got help with washing or bathing if they needed it.
- 74% of respondents felt if they needed it, they got help with toileting on time.
- 55% of respondents felt that a family member (or someone they were close to) had enough opportunity to talk to a doctor (with their permission).

Enter & View Visitor Survey Key Findings (16 Respondents)

- 86% of respondents felt they were made to feel welcome when they came to visit the hospital.
- 43% of respondents felt that visiting times were flexible at the hospital.
- 57% of respondents felt that visitors were supported by staff at the hospital in regards to visiting.
- 86% of respondents felt that staff were friendly and helpful at the hospital.
- 57% of respondents were happy with the service of physical and medical care provided at the hospital.
- 57% of respondents were happy with the service of emotional care provided at the hospital.
- 57% of respondents are happy with other aspects of service at the hospital, such as food and activities.
- 17% of respondents felt that the patients care plan was followed successfully.
- 71% of respondents felt they were fully informed and kept up to date with the health and care of the patient.
- 86% of respondents felt the patients were treated with dignity and respect.

Enter & View Staff Survey Key Findings (63 Respondents)

- 16% of respondents felt there were enough nurses on shift to meet the needs of the patients.
- 23% of respondents felt there were enough care assistants on shift to meet the needs of the patients.
- 57% of respondents felt that there were enough housekeeping staff on shift to meet the needs of the patients.
- 50% of respondents felt satisfied with their job.
- 27% of respondents felt they were asked to do things against their better judgement.
- 16% of respondents felt that they had enough time on shift to fulfil their duties on shift.
- 36% of respondents felt they received adequate support at the hospital, both physically and emotionally.
- 37% of respondents feel that their work is valued at the hospital.

Each visit contributes to an internal action plan generated by Derby Hospitals NHS Foundation Trust where recommendations are considered and acted on where necessary. An example of what we've achieved from these visits is that it was observed that foot operated bins were used throughout the Trust to reduce the risk of infection control. However, for someone who is a wheelchair user, or who has limited mobility, this just isn't practical, Healthwatch Derby made recommendations to the Trust, and they are now in the process for sourcing new bins, for all accessible toilets in areas which people with mobility issues use.

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Full details and reports of each visit are available Healthwatch Derby's website, along with responses from Derby Hospitals NHS Foundation Trust at the following weblink:

http://www.healthwatchderby.co.uk/about/docs

11.9 Surveys & Workshops

Online Survey – Your Royal

Healthwatch Derby conducted a survey investigating people's experience of receiving treatment at The Royal Derby Hospital. The survey has been reproduced below as part of this report:

Royal Derby Hospital Survey

Healthwatch Derby is the independent consumer champion, a Watchdog, for the people of Derby around Health and Social Care Services.

Healthwatch Derby is carrying out a survey to find out about your experiences of accessing services at the Royal Derby Hospital. The information you provide will help us to identify ways Derby Hospitals NHS Foundation Trust can improve its services for you and others. Please take a few moments to answer the following questions, and post your completed survey to us at **FREEPOST RTEZ-UHGE-EUST, Healthwatch Derby, The Council House, Corporation Street, Derby, DE1 2FS** by Monday 31 March 2014 to ensure your views are taken into account. If you have any queries please contact Jessica Davies on 01332 643987 or jessica.davies@healthwatchderby.co.uk

Your answers will be kept completely confidential.

1.a) Have you ever used the services at the Royal Derby Hospital?

☐ Yes ☐ No

1.b) How long ago did you access those services?

☐ Less than 2 years ago ☐ More than 2 years ago ☐ Don't know

2. Which services did you access?

☐ Inpatient ☐ Day Patient ☐ Outpatient
☐ Accident and Emergency ☐ Don't know

Please give more details (department/ward)

3. Please tell us about your experience:

4. If required, how easy was it to get an appointment?

☐ Very Easy ☐ Easy ☐ Not very easy ☐ Not at all easy

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5. Did the reception staff make you feel at ease?

☐ Yes ☐ No

6. Was the medical practitioner you saw helpful?

☐ Yes ☐ No

7. Did they give you all the information needed in a way you could understand?

☐ Yes ☐ No

8. Were you able to ask questions?

☐ Yes ☐ No

9. Did they explain the treatment and/or medication and what happens next?

☐ Yes ☐ No

10. If you would like to change anything about your experience, what would it be and why?

Equalities Monitoring Form

To ensure we are meeting the needs of our diverse and vibrant community, we are asking you some further detailed questions.

Please note, these categories are taken from the Equality and Human Rights Commission, Gender Identity Research and Education Society and the Office for National Statistics and will be reviewed every six months.

* Age	☐ Under 18 ☐ 18–24 ☐ 25-49 ☐ Over 50 ☐ I do not wish to disclose this
* Gender	☐ Male ☐ Female ☐ In another way ☐ I do not wish to disclose this Please describe _____
* Gender ……Nonconformity	Does your gender identity match the sex you were registered with at birth? ☐ Yes ☐ No ☐ I do not wish to disclose this

* I would describe my ethnic origin as:		
Asian or Asian British ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Chinese ☐ Any other Asian ….background **Black or Black British** ☐ African ☐ Caribbean ☐ Any other Black ….background	**Mixed** ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Any other mixed ….background **White** ☐ British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White ….background	**Other Ethnic Group** ☐ Arab ☐ Any other ethnic group ☐ I do not wish to disclose this Please describe _____

* Please select the option which best describes your sexuality	
☐ Lesbian/Gay woman ☐ Gay man ☐ Bisexual	☐ Heterosexual/Straight ☐ I do not wish to disclose this

* Please indicate your religion or belief		
☐ Christian ☐ Buddhist ☐ Jewish	☐ Hindi ☐ Muslim ☐ Sikh	☐ No Religion ☐ Any other religion ☐ I do not wish to disclose this Please describe _____

* Do you consider yourself to have a physical or mental impairment, health condition or learning difference?	
☐ Yes ☐ No	☐ I do not wish to disclose this Please describe _____

Thank You

Thank you for taking the time to complete this survey.

We will publish the findings on our website and in future editions of our newsletter.

If you currently do not receive our newsletter and would like to, please tick here ☐ and leave your contact details below:

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Name: .....

Telephone number: .....

Email address: .....

or

Address:.....

.....

Alternatively email Rebecca Johnson on rebecca.johnson@healthwatchderby.co.uk or contact her on 01332 643987.

The findings of this survey will be shared with both local and national stakeholders to inform service development.

Data Protection Act 1998.

This information is collected, processed and stored to adhere with the UK Data Protection Act 1998. We will store all Healthwatch Derby information and will never, without your consent pass on any of your personal details to any other parties.

A total of 88 people completed the above survey.

- 25 Inpatients
- 8 Day patients
- 33 Outpatients
- 13 people who used Accident and Emergency
- 1 person did not state how they used the hospital.

Inpatient Experience

- 82% of respondents indicated that they had spent time at Derby Royal Hospital within the last two years.
- 67% of respondents indicated that where required, it was easy or very easy to get an appointment.
- 95% of respondents felt the reception staff made them feel welcome and at ease.
- 96% of respondents felt that the medical practitioner they saw was helpful.

- 92% of respondents felt they were given all the information they needed in a way they could understand.
- 100% of respondents felt they were able to ask questions.
- 87% of respondents felt that treatment/medication and what happens next was explained.

"I was in for two nights with my new born baby and both of us were looked after well…Although I think they should try and speed up the discharge process, as we spent a lot of the day waiting for paperwork to be signed and medication to be gathered before we could go home".

Day patient Experience

- 63% of respondents indicated that they had spent time at Derby Royal Hospital within the last two years.
- 71% of respondents indicated that where required, it was easy or very easy to get an appointment.
- 75% of respondents felt the reception staff made them feel welcome and at ease.
- 86% of respondents felt that the medical practitioner they saw was helpful.
- 75% of respondents felt they were given all the information they needed in a way they could understand.
- 100% of respondents felt they were able to ask questions.
- 100% of respondents felt that treatment/medication and what happens next was explained.

"From my experience all staff were very professional and caring from the time I arrived to the time I left…My only criticism would be the time it took to get the operation scheduled".

Outpatient Experience

- 88% of respondents indicated that they had spent time at Derby Royal Hospital within the last two years.
- 83% of respondents indicated that where required, it was easy or very easy to get an appointment.
- 87% of respondents felt the reception staff made them feel welcome and at ease.
- 97% of respondents felt that the medical practitioner they saw was helpful.
- 97% of respondents felt they were given all the information they needed in a way they could understand.
- 97% of respondents felt they were able to ask questions.
- 91% of respondents felt that treatment/medication and what happens next was explained.

"I was booked for an ultrasound. I told the receptionist that I am deaf and asked her to remind the radiographer that she/he must come to me instead of calling my name as there is a sticker on my folder to show that the patient is deaf. I was looking around and lip read the radiographer saying my name. I was not happy as I could have missed it. She should have gone to receptionist after seeing the 'deaf' sticker on my folder and be shown by the receptionist to approach to me".

A&E Experience

- 85% of respondents indicated that they had spent time at Derby Royal Hospital within the last two years.
- 75% of respondents felt the reception staff made them feel welcome and at ease.
- 69% of respondents felt that the medical practitioner they saw was helpful.
- 69% of respondents felt they were given all the information they needed in a way they could understand.
- 69% of respondents felt they were able to ask questions.
- 77% of respondents felt that treatment/medication and what happens next was explained.

"I accompanied my granddaughter to A&E, after a 5 hour session during the night she was sent home with pain killers, later in the day she went back to A&E and was re-directed to The Walk In Centre where she was seen very promptly. A more prompt referral from A&E personnel for assessment would have been useful. She may not have needed the second visit had this happened".

Workshop Plan

Two workshops were organised as part of the consultation event, to be held at locations in the community, rather than at the hospital itself. The first workshop was on the 4th March 2014 in Chaddesden at the Revive centre. The second workshop took place on the 11th March 2014 in Normanton at the JET community space. The workshop plan agreed between Healthwatch Derby and the Trust was as follows:

Time	Agenda	Duration	Requirements	Responsible Officers
1pm	Welcome & Registrations	10 mins	Tea, coffee, etc – no lunch provisions. Workshop Register	HWD Team CEWs
1:10pm	Introduction by HWD Chair	10 mins		HWD Chair

1:20pm	Your Royal – Group Activity	40 mins	Flipcharts & sticky notes	HWD Team to appoint 5 facilitators

Note – HWD will collect, record, analyse and report on the findings of each workshop and present findings in the 'Your Royal' formal event.

Group Activity Details

Participants will be divided into five groups, each group will have a HWD facilitator, Members of the RDH team will be present in each group. Each group will focus on various aspects of the patient experience. Members of the group will be given some talking points to encourage a dialogue about 'Your Royal'.

Group 1 - Access	Group 2 - Attitude	Group 3 - Services	Group 4 - Information	Group 5 - Future
Appointment Times	Negative/Positive	Appropriate facilities	Complaints and compliments	What improvements would you like to see?
Disabled Access	Warm and Welcoming	Pregnancy, maternity and children's services – any observations	Open and honest	Aftercare changes?
Transport/Discharge	What is your experience	A&E – any observations	Information about my condition	Appointment changes?
Translation/Easy to understand/specific to your needs	Do you feel valued?	Outpatient/Inpatient – any observations	Personal experiences	Inpatient changes?

Each team will be given sticky notes and flip charts to write their questions, comments, concerns, feedback, observations. Facilitators will **not guide** discussions – they will make sure all talking points have been covered. Facilitators to discuss with delegates in each group – which are the three most pressing trends they want to highlight, and make a note of them.

2:00pm	Networking – A chance for groups to see what others have written and add their views	10 mins	Flipcharts and sticky notes	HWD Facilitators
2:10pm	RDH Food Taster Break	20 mins	Each dish to have handy gold, silver and bronze star marking system – tasters to place stars according to preference	RDH Team
2:30pm	RDH Service Presentation x 2 (ED & Health Promotion)	30 mins		RDH Team
3pm	Barriers & Improvements HWD facilitators to read out the three dominant trends in each of the groups to a panel of RDH Team. RDH Team can either provide feedback or take concerns forward and provide response in the formal event .	20 mins		HWD Facilitators/RDH Team
3:20pm	HWD Closing Address – What Happens Next?	15 mins		HWD Chair
3:45 – 4pm	Networking and Close			

The above workplan then generated a more practical working agenda one of which has been reproduced below. Agenda for the second 'Your Royal' workshop at JET:

Time	Item	Officer
1pm	Welcome & Registrations	HWD Team

1:05pm	Introduction	HWD Chair
1:15pm	Group Activity	HWD Team
2pm	Swap notes!	All
2:05pm	RDH Food Tasting	RDH Team
2:25pm	RDH Presentation 1	Health Promotion
2:35pm	RDH Presentation 2	RDH Team - ED
2:50pm	RDH Presentation 3	RDH - Volunteers
3pm	Barriers & Improvements	HWD & RDH Teams
3:35pm	Closing Address	HWD Chair
3:45pm	Networking	All

The workshops were well attended with a total of 30 attendees, which included patients, patient interest group representatives, local voluntary organisations, and community leads. The group discussions focused on the topics mentioned above generated a total of 135 comments or feedback recorded at the group activity sessions, as well as the follow Q&A into barriers and improvements. A breakdown of the workshop feedback follows with some examples of comments received:

Type of Feedback	Number of Comments
Positive	35
Negative	73
Indifferent	4
Suggestions for Improvement	23
Total	135

"I had a mastectomy - service was excellent. I could not have had better treatment if I paid privately for it."

"My cancer treatment was brilliant from the volunteers up the consultants - everyone was so helpful to me."

"A lot of people go to A&E when they should not. People should go to Walk in Centres - can be seen more quickly. Ambulances taking you to A&E is misused."

"When a child is waiting for discharge waiting for the Pharmacy can take a very long time. It can be very frustrating."

"Have child with complex needs - Continuing Care team are not there at the weekend."

"Common problem - told being discharged in the morning but doesn't happen until the evening."

Café is closed quite early. Would be nice if there was an all night one rather than just vending machines."

“Menu choices received, good – vegetarian menu is good.”

“Hospital trolley service makes it easier to get around the hospital.”

“Time scales - waiting for appointments. Felt like they had forgotten all about me.”

“Eye Clinic - never had a bad experience there. Good at communication cannot praise them enough.”

S.U.D.A 11 All enquiries to Samragi Madden
Healthwatch Derby Quality Assurance & Compliance Officer
Email Samragi.madden@healthwatchderby.co.uk

Themes Emerging

Group 1 - Access	Group 2 - Attitude	Group 3 - Services	Group 4 - Information	Group 5 - Future
Focus on: Appointment Times Disabled Access Transport/Discharge Translation/Easy to understand/specific to your needs	**Focus on:** Negative/Positive Warm and Welcoming What is your experience Do you feel valued	**Focus on:** Appropriate facilities Pregnancy, maternity and children's services – any observations A&E – any observations Outpatient/Inpatient – any observations	**Focus on:** Complaints and compliments Open and honest Information about my condition Personal experiences	**Focus on:** What improvements would you like to see? Aftercare changes? Appointment changes? Inpatient changes?
THEMES EMERGING FOR EACH WORKGROUP LISTED BELOW				
Discharge times highlighted as a negative Hospital transport highlighted as a negative Access/specific needs highlighted as a positive	Overall patient experiences shared negative Some good instances of positive care and attitude Nursing care highlighted as a positive Some services highlighted as positives under feeling valued	Overall good facilities highlighted Overall Pregnancy, maternity and children's services are good A&E some instances of where public education can reduce admissions Positive observations about hospital food	Carers voices highlighted as essential for patients Complaints, more information and correspondence in writing requested rather than verbal acknowledgements Dispensation of medication highlighted with some negative experiences	Improvements suggested for maternity services such as a labour room for family members Sight impairment training for nurses suggested More disabled toilets at RDH front reception needed. Parking improvements requested

11.10 Outreach Feedback & Market Place Stalls

Healthwatch Derby regularly carries out outreach at several community bases. The intention is to speak to service users on a one to one basis at a venue which they are comfortable with. Our outreach venues vary from libraries, community health centres, to actual service access points like the Royal Derby Hospital as an outreach base. The feedback collected is a rich source of independent consumer data. As previously mentioned the Royal Derby Hospital has been identified as the largest source of patient feedback for Healthwatch Derby.

Monitoring Period	Total Feedback	RDH Feedback
2013 Quarter One	Total Feedback received 14	4 Feedback identified RDH as service provider
2013 Quarter Two	Total Feedback received 79	31 Feedback identified RDH as service provider
2013 Quarter Three	Total Feedback received 579	110 Feedback identified RDH as service provider

For the purpose of this report we have included the feedback received in 2013 Quarter Four:

Monitoring Period	Total Feedback	RDH Feedback
2013 Quarter Four	Total Feedback received 929	362 Feedback identified RDH as service provider (Excludes survey responses and E&V responses)

Out of the 362 pieces of feedback recorded for RDH in Quarter Four, Outreach yielded 147 and market place stalls yielded 30 items of consumer feedback on the services accessed at the Royal Derby Hospital. As part of the consultation event, two market place stalls were set up in the city centre for ease of service user access. The market stalls were held at the Eagle Market on the 5TH & 12TH March 2014 between 9am to 4pm.

This section focuses on both RDH outreach data for quarter four and market place data to show a sample of comments and themes emerging.

Type of Feedback	Number of Comments at Stalls	Number of Comments at Outreach
Positive	16	83
Negative	13	60
Indifferent	1	4
Suggestions for Improvement	0	0
Total	30	147

"I've just visited the pre op surgical unit and I can't fault their service. The nurses were all very caring and extremely efficient and professional. They answered all of my questions and put me at ease."

"I had to take my son to the A&E dept when he got a pea stuck up his nose. It was a bit of a wait but I expected that as it was not a life threatening situation. When he was seen the treatment he received was great."

"I am currently waiting gall bladder surgery from the upper GI department at RDH. I had not heard anything and when I contacted the hospital, was told I am not on the list. I was furious having waited for so long. I was then told there is no elective surgery between January and March due to bed shortages. I have recently joined Lister House surgery and they are now trying to push for an operation date and possibly get me onto a cancellation list."

"On admission to RDH, I was left on a trolley in MAU for 6 hours before going to the ward. I was okay because my hubby was with me, but it would have been a long time on my own.

"Discharge from RDH ward 306 is too slow, you have to wait all day from being told you can go to actually leaving the ward."

"London Road Community Hospital - I am out of that age range for a mammogram but I requested one and am now awaiting an appointment, I am really happy they are allowing me to have one."

"You receive a reminder of your appointment which is good." "My daughter in law had to have a caesarean at the last minute, they were very good."

"Ward 6 is exceptional, the staff are friendly, my wife is a fussy eater, but the menu is varied and she can find something on it."

S.U.D.A 11 All enquiries to Samragi Madden
Healthwatch Derby Quality Assurance & Compliance Officer
Email Samragi.madden@healthwatchderby.co.uk

"The lymphoedema clinic was excellent, staff very good, helpful and friendly. The waiting times all have been fine."

"The general feeling of RDH is that it is useless, the reputation is poor, I am fearful of anyone being taken into RDH."

"In the last 3 years, I have been admitted twice for a knee replacement, the 1st time was ok, but 2nd time I was in a side room and I was lonely, the nurses are lovely but they put you in a side room and then forget you, I kept buzzing but most of the time no one came."

Themes emerging

Positive	Positive	Negative	Negative	Indifferent
Good services identified	Good practices	Problems with discharge	Parking	General observations about NHS
Good patient experiences shared	Good and timely treatment received	Waiting times	Poor reputation of hospital	
Good nursing identified	Empathy and dignity of patient care highlighted	Hospital transport	Poor patient experience shared	

11.11 Little Voices

Healthwatch Derby held a special engagement at the Royal Derby's Children's Hospital on the 13th March 2014 as part of the Your Royal consultation event. Pregnancy, maternity, and children's services are one of the identified lead area of work which Healthwatch Derby is looking to develop as the organisation evolves.

The community engagement team had a very successful day at the Children's hospital. This section highlights the feedback collected, sample of comments, and trends emerging recorded at the Children's Hospital

Type of Feedback	Number of Comments
Positive	29
Negative	21
Indifferent	0
Suggestions for Improvement	0
Total	50

"My daughter comes to the Eye Clinic at the Children's hospital. It is fantastic - brilliant service.2

"I live in Nottingham but used to live in Derby 5 years ago when my some was born. He has a number of illnesses and has been receiving treatment from birth until now. The care he has received in Derby is fantastic. Staff have been friendly and caring, supportive and helpful. I chose to continue his medical treatment in Derby because it is the best. I would love my son to be able to give back to the hospital in some way. Recognition to hand surgeon Mr Bainbridge, physios, Mel and Kathryn brilliant and dietician Miss Delvin."

"My child attends the audiology department. It is such a good experience. You get seen to quickly, the staff are nice, helpful and take time to explain things to you. My child loves it here - the toys, atmosphere and experience."

"I am an interpreter for RDH. I cannot understand why they do not have their own in house service. It would be much cheaper than using an agency. Generally everything is OK but sometimes they call me at short notice or called me to interpret for a male with personal issues, which is very inappropriate. Once the session had to be cancelled as both the male patient and I felt embarrassed. It wasted my time."

"I have been at the Children's Hospital a few times. Appointment are always running late. Difficult with a teenager and kids. Waiting over an hour. Hard to keep children entertained."

"On the whole treatment is good but specialist appointments are often delayed - very frustrating."

"I have used services here before. I find it to be a very good service. Nurse Rachel Wheway is very good. Will do home visits."

"Appointments needs to be better regulated. Not good at keeping informed. I turned up for min and found it had been cancelled."

"Glue ear - little girl comes regularly. Welcoming for children. Friendly staff, lots of toys - nothing like this in hospitals in London. Very impressed with the whole service."

"My son has special needs. Mostly has ear problems. Also goes to Sunflower Ward. Outside the Children's Hospital, the disabled bays are often taken up by patients going to the main hospital. It is quite annoying."

Themes Emerging

Positive	Positive	Negative	Negative
Good services	Good practices	Appointment system	Parking
Good patient experiences shared	Good and timely treatment received	Waiting times	Negative patient experiences shared
Good nursing identified	Empathy and dignity of patient care highlighted	Poor liaison between services	

11.12 12 Hours in A&E Introduction

(Section 11.12 has also been produced as a stand alone piece of work with the title: Healthwatch Derby Service User Data Analysis S.U.D.A Report 10, 12 Hours in A&E – RDH)

As part of our continued commitment to monitor and feedback on health and social care services in the city of Derby, Healthwatch Derby organised a partnership listening event 'Your Royal' to examine patient feedback at greater depth. The aim of the event was to consult service users and to open up the hospital's many services to patients – to get a greater understanding and appreciation of patient concerns, as well as a chance for the hospital to present its patient focused priorities, to demonstrate its commitment to ensure independent feedback is taken seriously, and to take forward meaningful feedback and practical recommendations which shapes future service delivery.

Following a programme of consultation events which were spread out to reach maximum numbers of patients – offline, online, one to one, marketplace, and in dedicated workshops – one part of the event was to look a particular service provided by the hospital at greater depth. Our feedback for 2013 showed that patients had identified A&E as a service area frequented regularly. With the consent of the hospital this report was commissioned to be a part of the overall consultation, as well as a stand alone piece of work into the provision of emergency care.

12 Hours in A&E - Methodology

A 12 hour observational shift was undertaken at Royal Derby's Accident & Emergency department – the shift started from 9am and ended at 9pm on the **28th of March 2014**. The date was agreed by mutual consent between the organisations. To keep continuity of focus, a single officer from Healthwatch Derby completed this observational shift. This report is not to be confused with previous Healthwatch Derby Enter & Views done into parts of A&E, in conjunction with the hospital's PLACE visits. The E&Vs done previously focus on more than one ward at the Royal, where parts of A&E were observed on the day. This report is focused solely on A&E for a 12 hour duration, and can be seen as a prototype Enter & View into a busy and dynamic service area that is heavily accessed by the city and the shire, as well as neighbouring areas due to its super hospital status and advanced capacity to treat a number of conditions. It is to be noted that the observer on the shift is not clinically trained. Healthwatch Derby continues to provide the layperson's observation and insight into health and social care services. This report was sent to the Trust in draft form for their comments and response prior to publication. To the best of our knowledge all the case data recorded in this report is accurate as observed on the day.

12 Hours in A&E - Patient Confidentiality

Healthwatch Derby has not included any personal or sensitive data as part of this report to maintain complete privacy and confidentiality of observations. Healthwatch Derby continues to work following a strict Data Protection protocol, where we prioritise the safeguarding of patient information and only disclose information on a strategic and overview basis. On the day of the observational shift, no personal or sensitive patient data was recorded by Healthwatch Derby, our focus remained service delivery and overall patient experience. In forwarding this report and its findings, Healthwatch Derby continues to uphold and abide by the Data Sharing Protocol which is in place between the Royal Derby Hospital and Healthwatch Derby.

12 Hours in A&E - Areas Observed

The 9am to 9pm shift covered the following areas:

A&E Walk in Reception (an areas where the public can walk in with any serious ailment requiring emergency treatment)
Pitstop (mostly an area for EMAS crew to bring in serious patients)
Minors (for minor injury and illness)
Majors (for serious concerns and observation)
Resus (for the most serious patients requiring emergency treatment and observation)
Children's A&E Reception only (we did not venture into the Children's A&E on the day, but were able to observe patients brought in for admission)

The shift was structured in an organic way following patient footfall on the day, rather than restricting observational slots for specific areas. It was not possible to follow every patient through their journey from admission to discharge, but the study focused on getting a good feel for patient experience, and where practically possible patient updates were sought and recorded. Thirty five patients admitted or at various stages of treatment were observed as part of this report in the 12 hour shift.

12 Hours in A&E - Royal Derby Hospital A&E General Information

The information in this section has been taken from the Royal Derby Hospital's public facing website, dated April 2014.

"The emergency department provides a 24 hour emergency service to a population in excess of 600,000 within Southern Derbyshire. We treat

around 350 new patients per day. A six-bedded adult emergency observation / treatment ward is located within the adult department to facilitate overnight observation of head injury patients. There is a separate Children's emergency department which is located within the Adult emergency department. The Adult department comprises the following facilities:

- an advanced initial assessment area in majors (pit stop)
- 6 bedded resuscitation room
- 17 bay / roomed major area
- 2 triage see and treat rooms
- minor area with a number of assessment and procedure cubicles, 1 eye / ENT room, 2 dressing rooms and a separate sub-waiting area.
- plaster room
- 2 relative's room and a bereavement bay

The Children's department consists of:

- 2 bedded resuscitation room
- 9 examination rooms
- plaster room
- relative's room"

12 Hours in A&E - Observations

Time of arrival	Condition	What happened next	Follow up	Notes
9:10am - Resus	Patient brought into Resus – fallen down, possible heart attack, patient in a confused state	ECG done Bloods done	Unable to observe further, patient stated they wanted privacy	Call from EMAS re potential arrival, directed straight to Resus, no waiting time. Medical students observing and assisting

9:50am – Pitstop Patient 1	Abdominal pain	Bloods done Fluids given Taken to see Dr immediately	Taken to Majors 10am 11:05am waiting at Majors 13:09pm – Treated and discharged	Arrival at Pitstop, undergone triage and allocate appropriate medical staff – no waiting time
9:50am - Pitstop Patient 2	Suspected stroke	Assessed immediately, under observation Taken to Majors	11:05am waiting for Stroke Dr 13:09pm taken to Stroke WARD 410	
9:50am - Pitstop Patient 3	Suspected COPD aggravation	Intravenous paracetamol administered	Taken to Majors 11:05am waiting at Majors 13:09pm discharged	
9:50am - Pitstop Patient 4	Breathing problems	Assessment done in confidence, not observed	Taken to Majors 11:05am waiting at Majors 13:09pm discharged	
10:10am - Pitstop Patient 5	Taken unwell at work	Under investigation	11:05am waiting at Majors 13:09pm discharged	

Time of arrival	Condition	What happened next	Follow up	Notes
10:10am – Pitstop Patient 6	Collapsed at work, arrived with neck brace	Awaiting assessment 5 minutes till staff free to assist	11:05am waiting at Majors 13:09pm discharged	Waiting Time 5 mins
10:10am – Pitstop Patient 7	Collapsed in a public place	Taken to Majors - 11:05am waiting at Majors	13:09pm Treatment ongoing at Majors	
10:10am – Pitstop Patient 8	RTA at A52 – hit from behind, collided front as well	Seen immediately and discharged	Discharged	RTA generated other ED admissions including one into Children's A&E ED staff (male nurse) very good with distressed baby, taking the baby in their arms soothing it. Parents visibly relieved. Again seen immediately

Time of arrival	Condition	What happened next	Follow up	Notes
11:05am - Pitstop Patient 9	Patient collapsed in city centre, picked up via CCTV, patient does not remember much	Seen immediately, moved to Majors	13:09pm Moved to Minors 15:00pm Moved to MAU	
11:05am - Pitstop Patient 10	Was seen at MAU yesterday, returned due to dizziness and headaches	ECG done BP checked immediately	13:09pm Moved to Ambulatory Care, awaiting further treatment	
11:20am Pitstop Patient 11	Unwell adult, no clear indication – extremely distressed – seizures	Seen immediately and taken thorough assessment process	13:09pm Moved to Majors 14:30pm Moved to Resus	

Time of arrival	Condition	What happened next	Follow up	Notes
11:30am Children's A&E Reception	RTC child being treated, also others waiting to be seen but being assessed		13:25pm Treatment ongoing and others admitted earlier were discharged	
11:30am – Pitstop Patient 12	Elderly adult fainted	Seen immediately, BP checked	13:09pm Discharged	Good supportive care for distressed patient – humour and gentle conversation to set patient at ease – patient relaxed quickly
11:40am – Pitstop Patient 13	Fell faint at work, abdominal pains	Seen immediately, under assessment	13:09pm Moved to Majors	
13:32pm - Walk in A&E Reception – Streaming Patient 14	Adult with broken arm and shoulder – sent from Ripley Hospital	Wheelchair immediately sourced for patient who was in considerable pain fastracked to streaming	5pm at Minors Needs to go to MAU – 5:40pm patient has finally agreed with nursing staff and gone to MAU – delay caused by patient not ED	Patient not cooperating with staff and refusing treatment – clearly has broken hand and shoulder but wishes to go home although is in no fit state. Asked for cup of tea, was given some to drink – could not hold and spilled it – nurses negotiating with

				patient to see if they will be willing to see a doctor.
Time of arrival	Condition	What happened next	Follow up	Notes
13:32 - Walk in A&E Reception – Streaming Patient 15	pain not severe	Waiting for assessment		
14:30pm - Majors – General Observations 10 patients in Majors, 6 in Minors, 3 in Resus, 2 in Pitstop Patients mostly waiting for blood tests and test results.				

Time of arrival	Condition	What happened next	Follow up	Notes
14:50pm - Majors Patient 16	Elderly female with vertigo	Moved to Majors directly from Reception, under assessment and observation		
14:50pm – Majors Patient 17	Elderly patient at Majors, awaiting test results - extremely agitated attended to immediately.	Patient wanted water – attended immediately by ACP although all staff were attending to patients at the time – senior AMP left another patient to attend – patient was not left agitated at all on their own – water given and reassured – within minutes again severely distressed and wailing – again – attended to again without a moment's delay or upset to patient.		No prompts needed, no waiting. No irritation on the part of any staff member, time taken to reassure patient and make them comfortable.
14:50pm Majors Patient 18	Constipation and prolapsed bowel, urine problems	Catheder needed, seen at Majors immediately		

14:50pm Majors update - Several patients waiting – General Observations

One patient awaiting space at MAU.

One patient awaiting social services referall via SATNAV Stands for satellite navigation team; a group of nurses specialised in getting patients to the best place of care including community hospitals and home with support. Patient is elderly and vulnerable – with no identified family to go to. RDH are following the SATNAV pathway – they will arrange for an occ therapist, physio, care of the elderly section to assess the patient. They may be sent to MAU, or kept overnight – but will not be discharged onto the streets without care.

Others awaiting blood test and mobility assessment.

One patient under observation following alcohol related collapse.

One patient has had a fall down the stairs and a car crash awaiting result.

Another patient complaining of chest pain, ECG done, now taken for X Ray.

Patient brought in with shingles and abdominal pain – tests clear – advised to see GP

3pm Majors – General observations
Patient 19

Disoriented patient comes out of trolley (was being transported) – nurses quickly attend and calm them down, taking them back to where they needed to be. Not left unattended. After few minutes, patient again comes off trolley and starts wandering – nurse spoke to patient in a caring and sensitive way, gently reassuring – no hint of annoyance despite Majors being full to capacity and patients waiting.

Time of arrival	Condition	What happened next	Follow up	Notes
3:30pm - Majors Patient 20	Unknown	Patient of Arabic origin with language problems – complaining of difficulties but unable to speak properly	Bloods done to eliminate possibilities	
3:40pm – Majors Patient 21	Patient meant to go to MAU, but had low pulse	ECG done, stabilised – sent to MAU		
4:50pm Majors General Observations – considerably busier with ongoing treatment – none left unattended – almost all bays now full to capacity				
5pm - Minors Patient 22	FOSH – Fallen out with stretched hand – waiting to be seen	Awaiting assessment		
5pm Minors Patient 23	Suspected tonsillitis	Blood test done – awaiting results		2 in treatment bays 7 waiting
5:40pm - Minors Patient 24	Fractured Hand	Arrived at 3:52 pm – triage done – has a fractured hand and needs the hand clinic – painkillers given, xray done – then seen by ENP 5:38pm – now awaiting hand clinic for plastercast	Plastered and discharged by 5:57pm	

Time of arrival	Condition	What happened next	Follow up	Notes
5:50pm - Resus Patient 24	Abdominal pain	Ongoing treatment - severe diahorrea, dehydration and collapse.	7pm sent to MAU	
6PM – Resus Patient 25	Generally unwell	Ongoing treatment awaiting test results, under observation, – high temp, may have broken hip	7pm going for xray,	May go to MAU or orthopaedics
6:29pm – Resus Patient 26	Heart block and low pulse possibily due to medication	Patient in good spirits and able to talk – patient dealt with empathetically. Patient has an interest in medicine, fully aware of the implications of current condition – quizzing doctors at Resus while they try and do an assessment and treat symptoms. ECG done Oxygen given. Bloods done – all of the above done by 6:55PM. Chest Xray done by 7pm.	7pm Referred to Cardiologist CCU, to be kept in overnight – family brought in advised with great care and sensitivity, patient now a lot calmer	Patient 26 had an EMAS pre-alert – patient with heart block may be due to medication. Patient arrived 6:29pm – from ambulance straight to Resus.

Time of arrival	Condition	What happened next	Follow up	Notes
7pm Resus Patient 27	Heroin OD – police in attendance – carried to DRI by unknown persons and left there	Police handover of patient to A&E – patient now considered to be in a 'safe place'. If patient tries to flee or cause commotion, police will attend. Patient started coughing uncontrollably and staff at Resus were quick to attend. Patient left to recover and stabilise – further treatment to begin once drugs wear off	Patient to stay overnight	Patient was squatting – states has been infected. There may be further criminal charges in this case.
7:45pm Resus Patient 28	Severe respiratory problems and confused	Nurses helped to gently disrobe and make patient comfortable – took time and did not rush an obviously agitated patient. Seen by Dr at 8pm Fluids given. Bloods done	Chest X Ray to be done	Patient has multiple health problems – low BP and chest pains
8-9pm -Pitstop Patient 29	Patient with alcohol problems, in an inebriated state – demanding heated blankets, hot drinks and food	Patient had an aggressive manner and was using foul language with words such as 'scumbag' shouted at nurses, coming up to the reception desk – nurses assertive and calm, dealt with patient efficiently – two blankets given, and patient asked to wait their turn to be seen.		

Time of arrival	Condition	What happened next	Follow up	Notes
8-9pm- Pitstop Patient 30	Confused, nose bleed possibly, blood stained clothes	Assessed awaiting treatment		
8-9pm- Pitstop Patient 31	Heart irregularities, feeling faint	Assessed and treated immediately, under observation		
8-9pm- Pitstop Patient 32	Patient in some pain, has severe autism and unable to speak	Assessed and treated immediately, under observation		
8-9pm- Pitstop Patient 33	Backpain – not severe – demands to be seen at A&E	Assessed and waiting for further treatment		
8-9pm- Pitstop Patient 34	Unknown	taken to confidential assessment room		Patient with MH problems, aggressive – 2 police escorts.

Time of arrival	Condition	What happened next	Follow up	Notes
8:55pm Children's A&E Reception Patient 35	Children's A&E admission – small child with roof child fallen on head – seen immediately	Undergoing treatment		

12 Hours in A&E - Staffing & Facilities

A&E employs a complex team of medical practitioners and support staff. ED Nurse practitioners in Minors deal with small injuries, they wear a blue uniform and are known as ECPs – Emergency Clinical Practitioners. The more specialised medical practitioners who deal with a range of major and minor cases are known as Advanced Clinical Practitioners or ACPs and they wear a red uniform. A&E at the Royal has good facilities for mental health streaming which runs at a parallel with reception screening. Any suspected cases with mental health issues can be taken to a secure room away from a busy reception area.

Streaming in reception is run by trained nurses who fastract cases as evidenced in this report. A&E Majors has a decontamination room to control chemical spillage and infectious cases. The Royal has also pioneered infection control methods by using the 'Derby Door' to isolate sections of the hospital when needed.

There is a screen in Pitstop advising of EMAS imminent arrivals. Pitstop follows METHANE protocols for dealing with urgent calls in. METHANE is an assessment tool used by medical staff once a major incident has been declared to ascertain the facts.

METHANE stands for:

M = Major Incident
E = Exact Location
T = Type Of Incident
H = Hazards
A = Access Issues
N = Number Of Patients involved
E = Emergency Services Present

There are doctors and stroke specialists who work in A&E with a stroke pathway assessment unit at A&E Majors. There is a commitment towards transparency, and a willingness to keep the public informed of how A&E is performing. There is a wall of pride which lists comments and compliments receive alongside a handy list of daily statistics for the public to see how many patients were seen at A&E the day before, how many admitted, how many in Resus, and how many were discharged. This report request a snapshot of these figures for the observational period, and linking in days:

Date	Details	Patients attended at A&E
27th March 2014	Day before observational shift	341
28th March 2014	Observational shift 9am to 9pm	375
29th March 2014	Day after observational shift	320

Most treatment bays have either walled partitions or curtains for privacy, and the provision of dimmer lights for comfort. There is also a seated area for patients to wait in Majors (Bay 12), known as the area for 'ambulatory' patients. Care has been given to ensure patients are given privacy and dignity in difficult circumstances including circumstances where a patient does not survive. There is a dedicated bay (Bay 17) for

such occasions. Each patient arriving at A&E is recorded on the database accessed by all staff members – this follows a handy traffic light system which tracks the 4 hour waiting time targets for A&E.

A&E Minors is predominantly run by EMPs, Most AMPs are at Majors or Resus. A&E as a whole is supported by a dedicated team of nurse practitioners, support staff, IT and reception staff, doctors, consultants, and also has students studying and assisting the care for patients. Staff are diverted where they are needed most. As a rule Children's A&E and adults do not have the same staff due to their specialised area of work – however in an emergency overload of incoming patients, this changes to accommodate and reflect patient need. Patient notes at A&E are automatically sent to the patient's GP for seamless follow up treatment post discharge.

12 Hours in A&E - Analysis

Thirty five cases were observed as part of the shift, either for the whole duration of their stay at A&E or progress mapped as the shift developed. Out of these cases observed, we are pleased to report, each patient was treated with great care and sensitivity. Due regard was given to patient's wishes and where possible adjustments were made to accommodate any specific needs. It is worth noting that out of the many cases that were admitted to A&E on the day, those observed as part of the report did not fail any waiting time targets. This needs to be taken on balance with the fact that many more patients were admitted who were not observed, and the hospital has a continuing commitment to ensure there are no unnecessary delays in A&E. It was observed that any delay were caused due to the following reasons:

1. Patient is unable to provide information about what is causing them distress – either due to language problems, or due to being in a state of extreme pain. Staff are only able to treat the symptoms they can see, and therefore rely on a number of tests to eliminate risks and conditions.

2. Various tests are done to ensure nothing serious has been missed out – tests such as ECG, Blood tests, X Rays, and other tests are done as needed. Once the test has been done, the results need time to be processed. It would be unfair to hold A&E responsible for the delay of test results, as treatment and assessment at point of access has been carried out.

3. On occasion as the list of observations show, patient behaviour can hinder treatment. Patients can refuse treatment although they are in significant danger and are not fit for discharge. This can result in bed blocking, and a domino effect on patients waiting times.

4. Patient is not stable enough for further treatment, or drugs have been administered and patient is currently under observation but not ready to be discharged.

Although working in a high pressure environment staff at the Royal's A&E are equal to the challenge, and all staff observed were courteous, effective, empathetic, knowledgeable with a positive attitude towards providing the best possible care. The strength in the Royal's A&E lies in a solid staff structure which is evident as common sense and 'out of the box' methods are utilised both to calm and reassure patients, as well as maintaining official targets and providing an excellent service. There were no negative observations of wilful neglect, malpractice, lack of dignity or care, lack of empathetic support, or any untoward dealings for patients or their worried families. Staff managed to reassure and provide as much information as possible to patients, and where there were likely delays, it was observed that staff were keeping families and patients regularly updated and informed.

12 Hours in A&E - Patient & Staff Feedback

To ensure no patients or families felt unduly harassed, the Healthwatch observer did not ask any questions of any patients – other than asking for their consent to observe their treatment. Patient feedback has been included as part of this report, but this is feedback which has been given to Healthwatch Derby as part of its routine outreach at the Royal Derby Hospital, as well as feedback about the hospital collected on a one to one basis at various community bases.

Outreach feedback prior to this report fed into Healthwatch Derby's 2014 Quarter Three Trend Analysis SUDA report- where for A&E in particular, waiting times were seen to be a negative overall experience for patients. This report has highlighted how waiting times can accrue and build up, and hopefully provided insight into the reasons for delay. Another negative observation was that of staff attitude. We are happy to report the twelve hour observational shift did not reveal any instances of negative staff attitude. However, as mentioned earlier in the report there were 375 patients seen on the day of the observational shift, out of these we observed 35, **all** of which highlighted positive and empathetic staff attitude and care. Furthermore the SUDA report for Quarter Three also makes positive observations into overall care received as well as waiting times into A&E. This is supported by this report which clearly highlights positive care instances, and quite a few patients who were able to complete their treatment and were discharged without any delays.

We also received some feedback from various A&E staff on the day, which are as follows. There is a need for more ECG machines to ease

waiting times. The mortality bay 17 should have an external door for patients/remains and families to exit the facility without having to go through the treatment area. Currently all bays need to be shielded if a patient's remains is transported. Staff also felt a great emphasis is given to the Friends and Family test, and not much else is done to receive independent feedback. Adolescent care has also been highlighted by a staff member who felt there isn't enough emphasis for such cases as they fall in between Children's and Adults – and sometimes have undetected mental health issues which are a cause for concern.

12 Hours in A&E - Recommendations & Conclusion

1. We observed one faulty equipment that needed repair, but this was not clinical equipment rather an administrative tool. The test drop machine in the Minors area is not functioning properly. The test vials fall out of the cupboard and onto the floor. This could be repaired without much disruption.

2. Staff feedback especially with regards to the availability of critical equipment such as ECG machines should be taken forward as it will help alleviate waiting time backlogs. Mortality Bay with an external exit facility will also be a positive for overall patient experience.

3. Independent feedback should be sought into the service performance of A&E – Healthwatch Derby recommends completing the observational cycle with a further 12 hour 9pm to 9am shift to give a 24 hours snapshot of services.

4. Specialised care pathways for mental health and adolescent cases could be explored as training opportunities for staff

5. A&E stats on how the service performed the day before should be more prominently visible in all waiting areas as it is a positive reminder of excellent care.

6. Efforts to re-educate the public on accessing A&E services needs to continue with emphasis on how A&E waiting may be perceived, and the reality of what happens and why treatment may be delayed.

In conclusion the report hopes the insight shared into the cause of delays at A&E will go towards the re-education of the general public in accessing services. Although the Royal Derby Hospital provides a good service, it can do more to engage with patients and to spread information about alternatives to A&E, so that only those with the most urgent need are admitted, with all other patients receiving appropriate care through alternative care pathways. The report shows there is still a great need to ensure only the most critical cases are seen at A&E. The

public need to be re-educated not only to access alternative services, but also on why and how waiting times occur – and the ways in which patients are treated according to the severity of the conditions they present.

Healthwatch Derby would like to thank all members of A&E management, staff, doctors, nurses, consultants, admin and IT staff, as well as associated EMAS staff who very kindly gave information and answered queries assisting the observational shift on the day. A rich store of information was collected during the shift which ties in with Healthwatch Derby's commitment to monitor, observe, analyse and report on the services accessed at Derby's 'super' hospital's A&E. The findings will be part of the overall 'Your Royal' consultation report, as well as shared individually as a stand alone piece of intelligence to be forwarded on to service commissioners, NHS England, Healthwatch England, service regulators, the local authority and our partners in the community and voluntary sectors.

11.13 Analysis

The 'Your Royal' consultation event was organised by Healthwatch Derby to undertake an independent assessment of patient experience at Derby's acute hospital. This report has highlighted the various ways in which patient feedback was captured. It is essential that a wide range of interactive platforms are available for patients, carers, seldom heard service users, staff and volunteers at the hospital to be able to fully express their views about the service received, and improvements required.

A snapshot of feedback received shows encouraging numbers of patient feedback received as part of the consultation process, as illustrated in the next page:

Your Royal Feedback Method	Feedback Received
Survey	88
Workshops	135
Stalls	30
Little Voices	50
Outreach	147
Enter & View Surveys	140 from 14 E&V assessments
Total feedback received	590

A wide variety of customer focused approaches to consultation has allowed for a large body of feedback to be collected. Each section of this report has discussed the themes that have emerged from individual engagement methods. An overall analysis looking at the broader picture of service delivery can identify some primary thematic problem areas, as well as areas of excellent service which are detailed below.

Overall Trends Emerging

Positive	Positive	Negative	Negative	Indifferent
Good practises highlighting dignity and care	Hospital seen as welcoming and caring	Staff have spoken of their concerns for patient safety	Discharge has been highlighted as a strong negative repeatedly	General observations about the NHS
Patients have spoken repeatedly about the facility to ask questions and easily get information	Good level of information provided, keeping patients fully advised	Staff shortages highlighted as a concern	Transport and linking in of services highlighted as a negative	
Children's Hospital highlighted as a good service	Good observations about hospital food	A&E more public awareness required to reduce admissions	Dispensation of medication highlighted as negative	
Good nursing highlighted	Many positive patient experiences shared	Parking highlighted as a major concern	Waiting times and appointments	
Good care and timely treatment observed at A&E	Positive staff attitude and a practical attitude to trouble shooting for patients	A&E waiting time increases due to length taken for additional exploratory test results	More staff consultation needed and a more open dialogue with staff about ongoing concerns and ideas for improvements	
Overall patient experience has been highlighted as a positive with more positive comments and patient experiences received, many of which name individual services and staff for excellent care				

It is worth noting that the kind of feedback received varies according to the methods used. Surveys give a good understanding of what the majority of patients feel about particular topics, and are a useful tool – but they do not give detailed patient stories. Surveys are also easily accessed by a wide audience online, and can be printed off upon request. Workshops provide the kind of indepth subject analysis that really forms the core of public consultation. Marketplace stalls, special engagements and outreach is an excellent way of canvassing patient opinion at the point of service entry, and in the wider community away from the hospital. Enter & Views and observational shifts targeted at specific services give a more comprehensive picture of the service as a whole, and are an invaluable tool. Each method is a component in a robust programme of consultation methods, and used in combination can give an informed overview into service performance.

11.14 Recommendations & Conclusion

1. Healthwatch Derby observed one faulty equipment that needed repair, but this was not clinical equipment rather an administrative tool. The test drop machine in the A&E Minors area is not functioning properly. The test vials fall out of the cupboard and onto the floor. This could be repaired without much disruption.

2. Staff feedback especially with regards to the availability of critical equipment such as ECG machines should be taken forward as it will help alleviate waiting time backlogs. Mortality Bay with an external exit facility will also be a positive for overall patient experience.

3. Independent feedback should be sought into the service performance of A&E – Healthwatch Derby recommends completing the observational cycle with a further 12 hour 9pm to 9am shift to give a 24 hours snapshot of services.

4. Specialised care pathways for mental health and adolescent cases could be explored as training opportunities for A&E staff

5. A&E stats on how the service performed the day before should be more prominently visible in all waiting areas as it is a positive reminder of excellent care.

6. Efforts to re-educate the public on accessing A&E services needs to continue with emphasis on how A&E waiting may be perceived, and the reality of what happens and why treatment may be delayed.

7. Specific service adjustments highlighted in this report such as the provision of more disabled toilets at RDH reception, as well as attempts to alleviate parking distress is recommended.

8. Staff should be made to feel valued just as much as patients – negative staff experiences highlighted at Enter & Views should be used to tailor a programme of staff enablement and freedom to express concerns.

9. Further in depth service analysis 12 hour observational cycles should be incorporated as part of the Trust's commitment to seek out independent review of their services.

10. The 'Your Royal' consultation event has highlighted the importance of local Healthwatches actively being part of the Trust's commitment to improve service standards and patient involvement – a repeat consultation after a 12 month period is recommended to map improvements and observe changes.

In conclusion the report hopes to provide valuable independent data which allows patients, and Trust management to gain a better understanding of what the public perceives as good and bad service at the Royal Derby Hospital. It is extremely important that patient voices are kept central to any considerations for future service improvements. Healthwatch Derby will continue to fulfil its duties to provide intelligence and trends emerging in the health and social care sector for Derby city. We will continue to feed our findings directly to our colleagues and nominated lead officers at the Trust with a view to a shared goal of excellent service delivery and a successful partnership.

Healthwatch Derby would like to thank all members of the Royal Derby Hospital's liaison lead for the 'Your Royal' consultation programme. Our grateful thanks to all staff, doctors, nurses, consultants, admin, reception, IT staff, and volunteers who took part in the various events at different venues across the city, with a special mention of all our helpful colleagues at Royal Derby's A&E department.

S.U.D.A 11 All enquiries to Samragi Madden
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11.15 RDH Response

The following response was received from the Trust on the 30th April 2014:

Having broken down the facts that have been supplied by our Healthwatch partners we can see two main themes emerge around what the people see as issues with the services that the Trust supply.

The heartening thing is the level of positive comments received about the Royal Derby Hospital and the staff who provide our services from this consultation.

The two main issues we see from this study are centred around our discharge procedure and delays that are caused by it and also the comments that we have long waiting times for operations or follow up appointments. Although the Trust is committed to providing an in depth answer to the points raised in this study and having these available for Healthwatch to communicate out by the 1st of June we would like to comment on these two main points to show the level of work already being undertaken in the Trust in relation to these issues.

Discharge

The theme of apparent delay to discharge is one that the Trust has seen as a theme through its complaints, Friends and Family test results and also via its various listening events and is one that the Trust is already engaged in improving. A delay to discharge is something that not only is a poor patient experience but can also lead to a backlog for beds in the Trust thus delaying other procedures impacting on more patients so it is imperative that we make take steps to get this right. We at the Trust have a major transformation project in progress looking at what leads to a delay in discharge not only within the trust but also by external factors such as waiting for nursing home beds, access to social care, and ensuring that those patients that are discharged to home get the correct follow up care to ensure they are able to stay independent. The Trust is working hard with its partners across the city and has made significant inroads in ensuring that information sharing and access to support services are in place to enable a speedier discharge process. This project team is made up from a multidisciplinary team and relies on support from our partner agencies, Southern Derbyshire Clinical commissioning Group, Social Services, Continuing Health Care, Derbyshire Community Health Services, Derby City Community Health Services, Mental Health Authority, Patient Carer Association.

The objective of this team is to provide information to ensure that our patients are discharged with the right level of care and support from hospital.

The Trust has introduced some key principles around Discharge planning and these are shown below. These principles set out the process requirements and staff responsibilities to support well-organised, safe and timely discharge for all patients. It aims to fully involve patients and their carers/relatives in the discharge process and ensure that patients receive appropriate assessment, planning and information about their discharge and after care. This is underpinned by the principles set out within the Dignity and Care Challenge and the PRIDE standards.

- All patients must be given the 'Planning Your Discharge from Hospital' information leaflet on admission.
- All patients must have a treatment plan within 2 hours of admission.
- All patients must have an Expected Discharge Date (EDD) set within 24 hours of admission.
- Discharge planning must be an integral part of all patient clinical pathways.
- The involvement of the patient and family/ carer is an integral and essential part of the discharge process.
- Staff should consider whether the patient has capacity to make decisions about their care, and if not, staff should operate within the principles of "Best Interests" as described in the Mental Capacity Act 2005 and Code of Practice.
- Discharge planning should start on or before admission to hospital.
- In-patients are case managed by their consultant from as close to the time of admission as possible, with handovers minimised.
- A clinical (medical) decision must be made that the patient is medically fit for discharge or transfer, and that the patient is safe to discharge or transfer with an MDT decision having been made to support this.
- Aim to discharge 50% of patients in the morning / 90% by 5pm. Transfer to the discharge lounge on the day of discharge should be considered for all patients.
- There should be no delays from "clinically fit" before discharge e.g. waiting for medications, specialist assessments, equipment.

- A safe discharge is paramount and no patient will be discharged without assurance through the discharge plan that all arrangements prepared by the multi-disciplinary team (MDT) are in place.

- Decisions should be made to discharge/ transfer patients 7 days per week to ensure continuity of patient care, reduce delays to discharge and maximise bed capacity.

By ensuring our staff embed these standard operating procedures across all of our areas we will improve or discharge process.

Once we have the process correct we have to sort some of the niggles we see in the system that we hear about so often and the delay to receiving medication for discharge is one that is high on that list. The project has a dedicated team that is looking at how we improve that process including the communication between each part of the team to ensure the messaging is correct. For example a doctor may say I am happy for you to go home without specifying a time that you may go knowing full well that the medication he is prescribing may take a time to produce and that can only happen once the Doctor submits the prescription to our pharmacy team. If at this crucial time in the communication the Doctor was to say you are able to go home but t may take a few hours to get the medication ready the patient is better informed, a simple process and method that we need to work on but please be assured that this process is a high priority. Our approach to discharge does not end with a simple process we also want to ensure the patient is well prepared for discharge and has all of the facts and information they need to aid a great recovery. We are currently running an enhanced discharge pathway from surgery which is proving that if we help prepare patients for the surgery and also the after effects then what happens after discharge the experience and recovery rate are hopefully both going to be better. The other great project we are very proud of is the new “Help to Home” volunteer service, we the Trust provide a volunteer to help the discharged patient that may not have a carer or relative or has one that also needs support get that support in the early important first few days of discharge and this service goes on to signpost other services that are provided across Derbyshire that can provide help and support for the patient to stay independent and hopefully not return to Acute care. More information on both of these projects will be provided in the final response to Healthwatch for them to pass on.

Wait for Operation Times

The environment in which we provide healthcare is ever-changing and this changes the demands on us as a Trust. Changes in the demographics and the population that we serve; and the way in which we are commissioned; means we are seeing big increases in referrals from primary care from as far and wide as Nottinghamshire, Staffordshire and North Derbyshire in addition to increased referrals from our usual

patch of Derby City and South Derbyshire. In addition to this, we have increases in admissions over the winter period and this impacts on our planned admissions and the waiting times patients experience as a result.

We are doing our best to work through these issues by reviewing how we deliver services; and, by working with partner organisations (primary care, voluntary organisations and commissioners), we are working on developing more sustainable options and improving how referrals are made. We are also doing a lot of work around relieving demands on A&E by both educating the public on access to other services and working with partners to offer other options.

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