

Enter & View Visit Report

Bedford Hospital – July 2022
Bedfordshire Hospitals NHS Foundation Trust

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Acknowledgements

Healthwatch Central Bedfordshire (HWCB) and Healthwatch Bedford Borough (HBB) would like to thank the staff (clinical and non-clinical), patients, Carers and relatives at Bedford Hospital, for their contribution to this Enter and View visit and for taking the time to answer our questions.

In particular, our thanks go to the Patient Experience Manager for liaising with Healthwatch staff, and hospital staff, to organise each visit, and senior staff within the Accident and Emergency Department (General & Paediatrics), Urgent Treatment Centre (UTC) and Acute Assessment Unit (AAU) at Bedford Hospital.

We would also like to thank our authorised representatives for their time, patience, support and enthusiasm to ensure the visits were completed.

This report relates to the observations at the time of the visits and completion of questionnaires aimed at patients, their Carers, relatives and staff.

A draft copy of this report was initially sent to the Patient Experience Manager at Bedford Hospital to give them the opportunity to fact check and feedback on any issues raised. A copy of their response to this report is included on page 71.



Disclaimer

Please note that this report relates to findings observed on the specific date(s) set out in this report.

Our report is not a representative portrayal of the experiences of all patients and staff (clinical and non-clinical), only an account of what was observed and contributed to at the time.

Introduction

& Methodology

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being managed and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families, patients and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, Optometrists and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service but equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they will inform their lead who will inform the Service Manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern. Alternatively, they can speak to the Trust's 'Freedom To Speak Up' (FTSU) Guardians.



Purpose of the visit(s)

We support all local health and care providers, by gathering opinions and experiences and sharing these to help improve services.

Healthwatch Central Bedfordshire and Healthwatch Bedford Borough worked jointly and in consultation with Bedfordshire Hospitals NHS Foundation Trust to organise the visits. We gave the Trust a notice period in which we would be conducting Enter & View visits to the following wards/departments at Bedford Hospital:

- ◆ Accident & Emergency (General)
- ◆ Accident & Emergency (Paediatrics)
- ◆ Urgent Treatment Centre (UTC)
- ◆ Acute Assessment Unit (AAU)

The visits were planned with the full knowledge of senior staff within the hospital. The main aim of the visit was:

- ◆ To engage with patients, Carers and relatives present in the wards/ departments highlighted above, to understand their experience of visiting the service.
- ◆ To engage with staff to understand the pressures and demands on their time and to highlight their ideas to improve a patients experience.
- ◆ To observe how dignity is being respected;
- ◆ To identify examples of good working practice;
- ◆ To observe patients engaging with staff (clinical and non-clinical), and their surroundings.





Dates and times of the visits

A range of dates and times were scheduled for the visits, however, some were changed or cancelled just prior to the intended visit due to unavoidable staff or volunteer absence, and on one occasion, as a result of a request from hospital staff, a visit was postponed due to unprecedented demand on services at that time. A full list of times and dates for each visit which went ahead is detailed below:

Date	Time	General A & E	Paediatrics A & E	Acute Assessment Unit	Urgent Treatment Centre
05.07.22	16.00 – 19.00		✓		
06.07.22	14.00 – 16.00			✓	✓
07.07.22	19.00 – 21.00	✓		✓	
08.07.22	11.00 – 13.00			✓	✓
09.07.22	11.00 – 13.00		✓		
12.07.22	11.00 – 13.00	✓			
12.07.22	19.00 – 21.00		✓		
21.07.22	12.00 – 14.00	✓			
26.07.22	17.00 – 19.00			✓	
27.07.22	17.00 – 19.00	✓			

In total, 13 visits were undertaken between 5th and 27th July 2022 (10 days in total), at different times as stated above, divided between the four departments as follows:

- ◆ General A & E – four visits
- ◆ Paediatric A& E – three visits
- ◆ Acute Assessment Unit – four visits
- ◆ Urgent Treatment Centre – two visits

Questionnaires

Patients, Carers and their relatives were invited to respond to questions about their experiences in the area in which we met them.

Hospital staff (both clinical and non-clinical) were also invited to complete a questionnaire. We appreciated that all staff were very busy at the time in which we conducted the visits. We therefore left some questionnaires and SAE's in the staff areas of each department at the end of each visit, to be posted in a confidential box, and we encouraged staff to complete and return when they had the time to do so.

The total number of patients, Carers, their relatives and staff who responded were as follows:

Department	Patients	Carers/ Family	Staff
General A&E	57	17	2
Urgent Treatment Centre	15	3	4
Paediatrics A&E	11	27	6
Acute Assessment Unit	32	11	7
TOTALS	115	58	19

Overall, the total number of questionnaires completed across all four departments and cohort of people totalled **192**.

Observations

In addition to questionnaires, Healthwatch staff and volunteers also completed an observational review during a cross section of visits.

Analysis of our observations can be found on page 15.



Authorised Enter & View Representatives

For the purpose of the visits to Bedford Hospital we used both staff and Healthwatch volunteers, including Young Healthwatch volunteers, to talk to patients, their Carers/parents/relatives, and staff, to encourage them all to complete a questionnaire.

The following staff and volunteers took part in the visits:

Authorised Representatives	
Annette Brown	HWCB Staff
Ashok Khandelwal	HBB Volunteer
Carol Carter	HWCB Volunteer
David De Butts	HWCB Volunteer
Diana Blackmun	HWCB Staff
Eleanor Ryles	HWCB Staff
Emma Freda	HBB Staff
Helen Terry	HBB Staff
Isabelle	HWCB Young HW Volunteer
Jennifer Foley	HWB Staff
Jemma	HWCB Young HW Volunteer
Jessica	HWCB Young HW Volunteer
Linda Grant	HWCB Volunteer
Linda Hiscott	HBB Volunteer
Paul Downing	HWCB Volunteer
Rhoda	HWCB Young HW Volunteer
Shanice Dadhria	HBB Staff

Executive Summary of

Key Findings

Introduction

As part of a joint initiative, staff and volunteers from Healthwatch Central Bedfordshire and Healthwatch Bedford Borough, undertook a series of visits to four departments at Bedford Hospital during July 2022. The aim of the visits was to engage with patients, Carers and relatives about their experience of visiting the hospital, and to talk to staff to better understand the challenges they face, and to observe the environment.

Thirteen visits were made to four departments at the hospital; General A&E, Paediatric A&E, Acute Assessment Unit (AAU) and Urgent Treatment Centre (UTC). In total we spoke to 115 patients, 58 relatives/Carers, and 19 staff members. A breakdown of how many patients, relatives and staff were spoken to in each department can be found on page 7.

Patients and relatives were asked a series of questions which included what had brought them to Bedford Hospital, how long they had waited to be seen, whether they had consulted NHS 111 or other healthcare professionals before arriving at the hospital, their communication needs, their interaction with staff, and what changes could be made to help improve their experience.

An even mix of male and female patients were spoken to ranging from 10 – 90 years of age. The ethnicity of participants reflected the demographics of the area.

Staff were asked how they would support a patient with additional needs, the training they had received for their role, pressures and demands on their time, and their ideas to improve patient's experiences.



Responses to questions asked included both positive and negative comments about the quality of care provided. The following is a summary of feedback received; more detailed feedback can be found under each relevant section.

Length of time since arrival

The average length of time that most patients had been waiting in A&E when we spoke to them was between 1–3 hours, although a few patients had been there for considerably longer. One person told us that their relative had been waiting for 15 hours.

The majority of relatives in the Paediatric A&E Department said that they were dissatisfied with the length of time they had to wait.

In AAU, the majority of patients we spoke to had been there for over five hours. However, this varied considerably, with one patient having been admitted nine days prior to our visit.

In the UTC, most of the patients we questioned had arrived within the hour. A small number had been waiting for 2–3 hours when we spoke to them.



Reason for attendance at Bedford Hospital

When asked why they had come to Bedford Hospital as opposed to others in the area, the vast majority said it was because this was their closest hospital.

Many people explained their reason for attending by describing their medical condition or the symptoms they were experiencing at the time of their visit. These included chest pains, dehydration, fainting, and numbness and/or loss of use of limbs.

Some patients who attended A&E were subsequently transferred to the UTC or AAU. Others said they had called NHS 111 prior to coming and had been advised to go direct to the UTC.

The most frequent reason given by patients who had not spoken to another healthcare professional, in the 24 hours prior to attending the hospital, was not being able to contact their GP for an appointment. Others added they had called their GP but were told that no appointments were available.

A few patients said that they had come straight to A&E because of an accident or injury. Others had been brought in by ambulance, or came because they were already under the care of the hospital, or were returning after previous treatment.

One patient told us, *'I went to A&E yesterday and they gave me a penicillin drip for three hours and sent me home with tablets. Advised to return if pain persisted, which it did, and I was referred on to UTC'*. Unlike the other departments, only a minority of patients waiting to be seen in Paediatric A&E had come straight from home to hospital. The majority had spoken to another healthcare professional prior to their visit.

Wait and knowledge of treatment

The vast majority of patients we spoke to said that they knew what they were waiting for.

However, at least a quarter of the patients we spoke to in A&E had not been seen at all or were not sure what they were waiting for. 42% of people spoken to in A&E said they had not been seen by a clinician since they arrived.

Patients waiting in A&E for less than an hour were most likely to say that they were waiting to be triaged. The answer most frequently given by patients who knew what they were waiting for was diagnostic tests, either to be taken or for results. Likewise, most patients in the UTC knew what they were waiting for but a few were unsure. 73% of the patients we spoke to in the UTC had not seen or spoken to a clinician since they arrived. One patient said, *'assessment currently as this is a return visit as I was in A&E yesterday for seven hours'*.

A few patients in A&E were waiting to be admitted or, in one case, to be transferred to another hospital. A similar number in AAU were waiting to be discharged.

Previous consultation with NHS 111 or other healthcare professionals

76% of the patients spoken to in A&E said that they had consulted a healthcare professional in the 24 hours prior to their arrival. This was most likely to have been their GP, followed by NHS 111. Also mentioned was Putnoe Walk-In Centre. 23% of patients who had contacted another clinician prior to their visit told us that they had contacted more than one.

People attending the UTC or admitted to AAU were less likely to have contacted another clinician before arriving. Those contacted included a Social Worker, Pharmacist and the CAMH Service. One patient in AAU told us they were *'in regular contact with the cardiac nurse who recommended coming in to A&E'*.

However, a higher percentage of patients in UTC (53%) or AAU (47%) said they had contacted NHS 111 than those we spoke to in A&E. In some cases this was done by a relative, their employer or a first aider.

Half of patients in the UTC, who had called NHS 111, had been offered an appointment at the UTC. Others who called NHS 111 were advised to go to A&E or an ambulance had been called for them.

Approximately one third of the patients spoken to in A&E had contacted NHS 111 before arriving at the Hospital. One patient who had called NHS 111 told us that, after calling, they had been put on hold for three hours and no one had responded.

Of all the patients who contacted NHS 111, only one patient in A&E had done so online compared to 50% of those in paediatric A&E who had used the online service. No patients in the AAU or UTC had used the online service.

The age group most likely to contact NHS 111 were those between 41–50 years. Only 25% of people between the ages of 18–30 or 70–80 years told us that they had contacted them.

For those patients who had not contacted a healthcare professional prior to arrival at the hospital, the majority told us it was either because they felt it was an emergency or they had not been able to get hold of their GP, one patient said, *'tried to call GP. Promised to call back, cut off several times. Too busy to call again (Receptionist). Went to local pharmacy and Walk-In Centre. Given laxatives. No better so came to A&E'*.

Additional communication needs

Almost all of the patients spoken to in A&E, AAU and UTC said they had not been asked if they had any additional communication needs.

One patient in AAU, who was hearing and visually impaired, said, *'Each time they come (nurse/doctor) I have said I have a hearing problem; people come closer and speak louder. I can hear mostly and understand most of what they say'*.

A similar theme was evident when we asked patients if healthcare staff had asked if they required an Interpreter. The vast majority of patients across all three departments said they had not been asked. One relative who did not have English as their first language told us they had to rely on a child to interpret.

Experience with reception staff

Patient interaction with staff was generally very good; most patients spoken to told us they were either happy or very pleased with the way in which they were initially dealt with at reception. using words such as *'quick'*, *'efficient'*, *'friendly'*. For others, (35% in A&E) the experience was not so good. Some described their experience as *'not welcoming'*, *'reception didn't seem concerned or bothered'*. One person commented on the *'lack of privacy and confidentiality'*. Another patient spoke of feeling uncomfortable with the Receptionist staff behaviour, which included criticising a patient's GP for referring the patient to A&E, and one relative spoke of feeling *'disgusted'* by questions asked about her request for a wheelchair.

A bigger frustration for patients was the lack of information given at reception, in particular with regard to wait times. One patient said, *'she was pleasant but did not give out any information'*. Some people said that the front desk in AAU was closed. Consequently, they were not seen until hours after they arrived.



Improvements for patients

The two suggestions most frequently given to improve the experience of patients were a reduction in waiting times and better communication. Patients and their relatives spoke of a need for clear information and an explanation of ongoing treatment. Other patients mentioned uncomfortable seating in all areas especially for those experiencing a lengthy wait. A TV to watch or magazines available would have made their experience more bearable, and more activities for teenagers was mentioned in Paediatric A&E. Only 46% of paediatric patients had contact with a play consultant and the play area was described as *'lack lustre'*.

Improving access to a GP was a recurring theme, with patients telling us that this may have negated the need to come to the hospital. In the UTC, patients told us, *'The GP surgeries are not interested in seeing patients anymore. They just refer you to the hospital'*. And another said, *'I would like my GP to be more helpful and speak to me personally. We have been unable to get an appointment with our GP since January 2022. I have tried at least 10 times but the phone is engaged continuously from 8.30am. I have tried to change surgery but failed to get on their list'*.

Another person suggested that longer opening hours for minor injury could avoid some visits to A&E, as it *'closed at 9pm so had to go to A&E'*.

Many positive comments were made about staff. However, negative comments focused on how busy staff were and the impact of this on patients, *'had to wait too long for the toilet'* and *'advised they were taking my blood pressure 72 hours ago'*.

There was also a perception of staff shortages, patients told us, *'staff should have adequate cover when there are staff shortages. It seems if someone is absent no one can cover'* and *'inadequate number of staff to care for patients on the ward'*.

Refreshments

70% of patients and their families said they were aware of the availability of food and drink. However, on a couple of our visits to the AAU and A&E patients informed us that the vending machine was either not working properly or had broken down. We also observed that the vending machine only sold unhealthy snacks.

One third of patients attending A&E had brought food in themselves. A few other patients said they had been offered food and drink by staff, but this was not the case for everyone. One patient said that they had not been offered anything to eat or drink despite the vending machine being out of action.

Overall, patients in AAU who had used the mobile canteen described the food as either *'good'* or *'excellent'*.

COVID-19 restrictions

No relative supporting a patient in A&E, AAU or UTC had experienced any difficulty in caring for the patient due to COVID-19 restrictions.

However, relatives we spoke to in Paediatric A&E said that as only one person had been allowed in with their child, some of the parents found this challenging as one parent then had to wait outside, which was especially frustrating if they had travelled some distance to attend. One parent who came on their own because they knew only one parent was allowed inside, was then not able to leave the child alone in order to top-up their car parking charge.

Care Needs Assessment

22% of patients admitted to AAU who told us they had additional care needs had previously been assessed for social care. 69% said they had not been assessed. One patient told us that they required a care package but did not know who to ask for this. Another patient in A&E was waiting to be assessed.

Additional Comments

Both positive and negative comments were added by patients and their relatives. Most of these reiterated responses to question 11 about improvements, including waiting times for care or treatment, communication between staff and other care providers, and better information for patients.

Positive comments referred primarily to staff, who were described as *'very good'*, *'lovely people'*, and *'polite – brilliant'*.

The suitability of AAU was questioned by some patients, comments included; *'not suitable for a prolonged stay'*, *'not the best place for a teenager'*, *'no help with mobilisation'* and *'patients (needing specialist care) should be sent to a specialist area'*.

Patients in AAU also commented on the length of time they had to wait in A&E before being transferred to AAU.

One patient in the UTC said they had gone to the wrong counter to book in, another said they were glad to have been referred to that department, adding, *'I wouldn't want to go to A&E'*.

Additional Comments (Paediatric A&E)

Parents and patients gave a mix of positive and negative comments about their experience at Paediatric A&E.

These included wanting to see an improvement in communication generally to include what diagnostic tests or treatment they were waiting for, who they would be seeing, clear instructions indicating who was on shift, and the overall waiting times. Better toys for younger children should also be considered.

Parents were complimentary about the staff saying they were respectful to both parents and the patient, one parent said, *'the student nurse spoke directly to the patient and the communication of treatment was good'*. Although one teenage patient said, *'staff need to communicate better between themselves as Mum says that she has to relay all the information again every time someone new asks her a question'*. Other parents indicated they felt more staff were required on each shift to vastly reduce the waiting times.

Staff Feedback

Previous experience

The majority of staff who completed a questionnaire said that they had not worked elsewhere within the Trust (0% in A&E, 42% AAU and 25% UTC). By contrast, all six staff in Paediatric A&E had previous experience within the Trust.

Team meetings

The majority of staff confirmed they had regular team meetings with the exception of Paediatric A&E with just 33% saying that these took place.

Training

Staff gave mixed responses to the question about training. On the job learning was mentioned and most said they were able to request further training. However, many felt that they were *'too busy to participate'*.



Support for patients with special needs

Staff mentioned some limited facilities are available to support patients with special needs. In UTC, staff said that patients are seen quicker if necessary and confirmed that they would follow *'Trust policy'* to arrange for an Interpreter. However, a reliance on relatives was mentioned a few times, and staff in A&E said that nurses were *'very stretched'* and that patients *'do not receive the level of care required'*. This was echoed in AAU where staff shortages were said to *'hamper this'*, with staff *'relying on help from carers'*.

Staff morale

In general, staff morale was described as *'low'* or *'in need of boosting'*, with some describing staff as being *'burnt-out'*. This was mainly attributed to staff shortages. However, with the exception of A&E, responses were mixed, with one member of staff in AAU saying it was *'low but better than it was. I feel like it's improving'*.

Freedom To Speak Up (FTSU) Guardians

The majority of staff said that they were unaware of the Trust's FTSU Guardians or how to contact them, with the exception of staff in Paediatric A&E.



Changes to improve the patient experience

Many of the comments from staff mirrored those from patients, including better systems in Emergency Department to improve flow, more staff (including doctors and support staff) and improved communications.

Other suggestions included a better utilisation of space (A&E), bigger waiting room (Paediatric A&E), smoother and quicker pharmacy discharge of medication (AAU), and more respect for staff.

Key areas of concern

Identified by patients and those accompanying them as key areas:

- ◆ Lack of communication between:
 - ◆ Staff within the hospital
 - ◆ Hospital staff and other healthcare providers
 - ◆ Hospital staff and patients/carers
- ◆ Shortage of staff
- ◆ Long waiting times
- ◆ Lack of adherence to Accessible Information Standard for patients with additional communication needs

Identified by staff:

- ◆ Insufficient time to attend training
- ◆ Low morale – staff feeling undervalued
- ◆ Low awareness amongst staff of Freedom to Speak Up Guardians

Summary of

Observations

Observations were undertaken by Healthwatch representatives for each department during the Enter and View visits.

It should be noted that during the visits to Bedford hospital a phase of construction work was ongoing and scaffolding had been erected to the exterior of various parts of the building. During visits to Paediatric A&E and the Urgent Treatment Centre (UTC), some ceiling tiles actively fell down. No one was injured by the tiles and staff dealt effectively with each incident. Representatives also noted that the UTC interior appeared to be dated with *'dirty'* and *'scuffed'* paintwork.

The weather was particularly warm during the Enter & View visits in July and mixed comments were given by patients about the departments; they were either *'too warm'* or *'too cold'*. It was noted however that it was particularly hot during the evening visit to the Paediatric ward, which was causing distress to tired, young children.

Parking is expensive and limited in the hospital grounds however there are additional car parks outside of and near to the hospital. Disabled parking is available.

There appeared to be limited information and literature available for visitors to each department, as well as availability in different languages. However, the Acute Assessment Unit (AAU) did have a rack of leaflets displayed on the wall near to the reception area.

In addition, Healthwatch representatives indicated there was not any visible information available to visitors, in any of the departments, about Interpretation services.

Signage, in general, was insufficient and not always visible (scaffolding was obscuring many of the signs to the entrance to the buildings). The signs showing 'waiting times' for visitors to be seen, were either not displayed or were incorrect or confusing. Hearing loop signage was just visible in the Paediatric department however this was not noticed elsewhere. In addition, there appeared to be a lack of toilet signage in the Paediatric unit.

Wheelchair/pushchair access was described as *'good'* in all departments except for triage areas in A&E.

In the Urgent Treatment Centre (UTC) there appeared to be lack of fire route and exit signage. A fire alarm did sound during one of the visits to the UTC and representatives noted that the Receptionist was unaware if the alarm was a drill or what the procedure was for evacuation. The Receptionist explained that she was told *'not to leave the desk'*. It was not until another staff member came out and stated there was a fault with the alarm that representatives and patients felt less anxious.

The Paediatric A&E department was found to be a comfortable, welcoming area due to the bright and colourful décor, however it was felt that more toys could be made available for younger children.



The TV was also broken. Other departments, where relevant, did not have toys or books available for children.

Overall, toilet areas in all departments were found to be clean however, there were occasions when toilet paper was found strewn across the floor.

All staff were wearing masks, and hand sanitiser and masks were available for visitors in all areas.

Healthwatch representatives could not identify private areas for breastfeeding; if available, this was not clearly signed.

Drinking water was available in all departments although on occasion no cups were available or dirty cups were strewn on the floor.

In Paediatric A&E, it was unclear if the 'squash', on a table in the visitor waiting area, was free for patients use.

All areas, except the AAU, had vending machines, however there is also a shop and restaurant located nearby. The vending machines sold unhealthy snacks, e.g., crisps, chocolate and fizzy drinks, however.

It was noted that patients could scan a QR code if they wished to make a complaint however it was felt this was not explained very clearly and excluded people who do not have a mobile phone/iPad. Hard copies of the complaints form were not available or visible in any department.

The '*Confidentiality/Privacy Declaration*' notice was not prominently displayed in all areas, and the print was very small, making it difficult to read.

Representatives noticed that the Acute Assessment Unit was the only area in which the Healthwatch poster was on display. None of the other areas observed by representatives displayed a Healthwatch poster.



Recommendations

- ideas to take forward

Of the four departments visited by Healthwatch representatives, many issues and concerns were raised by patients, relatives and staff. Predominantly, the main areas of concern were as follows:

- ◆ Lack of communication between:
 - ◆ Staff within the hospital
 - ◆ Hospital staff and other healthcare professionals
 - ◆ Hospital staff and patient/carers
- ◆ Shortage of staff
- ◆ Long waiting times
- ◆ Lack of adherence to Accessible Information Standard for patients with additional communication needs.
- ◆ Identified by staff:
 - ◆ Insufficient time to attend training
 - ◆ Low morale – staff feeling undervalued

Following analysis of all the feedback received, Healthwatch Central Bedfordshire and Healthwatch Bedford Borough would recommend the following to help improve patient experience when visiting Bedford Hospital.

Overall recommendations:



Reduction in waiting times and information – One of the main issues highlighted throughout the report is the length of waiting times across all departments. Clearly contributory factors have to be considered, such as current staff shortages across the entire health and care system, however we would recommend that the correct waiting times for each department should be clearly displayed for patients, and regularly updated, so they can determine how long they are likely to be waiting, and to better manage expectations.



Interpreters – A review of awareness and/or staff training to recognise when an Interpreter may be required and to be aware of the process/protocol – many patients are not being asked if they require an Interpreter, and there is also lack of information provided in different languages, therefore a review is recommended.



Accessible Information Standard (AIS) – It was highlighted by Healthwatch representatives that the Standard is not generally being adhered to by the hospital. Healthwatch would recommend training and education of the AIS for all staff. More information about the AIS and adherence can be found in a previous Healthwatch report called **Seen and Not Heard**.



Additional support for nursing staff – As staff indicated that morale is generally low, and some staff do not feel valued, we would recommend the provision of additional support and training, with regard to staff wellbeing, to include managing stress, mental health, mindfulness, etc, and the ability to take downtime to access these resources.



Freedom to Speak Up Guardians – The majority of staff did not have any awareness of who the Freedom to Speak Up (FTSU) Guardians are and how to contact them. Healthwatch would therefore recommend that all staff are given this information with immediate effect.



Improve signage in all departments – Healthwatch are aware that building works have had an impact on signage around the buildings, however the signage around the departments visited were found to be insufficient and not always visible including that of fire exits and exit routes. This affects patient safety and we would therefore recommend a review and update of current signage in and around the buildings. In addition, all staff should be trained in fire evacuation procedure which should also be included in their induction, and updated according to changes.



Offer healthier snack options and drinks in vending machines – Many patients are in the department for some time and the provision of healthy snacks should be reviewed to promote healthy eating. This is particularly pertinent for those patients and Carers living with diabetes.



Provide more privacy for patients who may be breastfeeding – The provision of breastfeeding areas needs to be urgently reviewed, including signage for rooms available for nursing mothers.



Undertake an urgent review of the hospital complaints procedure – which is currently not easily accessible, or clear to all. Although a QR code was available this would exclude visitors who are unaware how to use it. It is also recommended that Healthwatch leaflets are available at all times, and posters are displayed prominently in all areas prior to any future Enter & View visits.



Regular maintenance checks – to ensure public areas are in good working order and safe from the risk of harm for members of the public and staff.

In the following departments:

WAITING ROOM

General A&E



Increase the frequency of staff team meetings – to help with consistent communication to patients, and ensure staff feel valued.

Undertake an urgent review of the Emergency Department process/systems – to improve the ‘flow’ of patients with better utilisation of space. Increase the porters on each shift and address staffing deficit per shift. Particularly night staff – at present, even when fully staffed, nurses told us they are unable to gain cover for breaks and this is placing patients at risk.

Offer more nuanced information to patients and their relatives/carers – about the urgency of their care and the impact this has on the wait time they can expect. A number of people talked about inadequate or confused communication about how long they may have to wait. General information about the unseen urgent/critical care that is given behind the scenes would help them understand why they are having to wait. Patients in the waiting area will have different waiting times depending on their conditions. It would be helpful for them to know whether they fit into the following groups:

- ◆ Severe injuries, acute emergencies and acute distress
- ◆ Not in immediate danger or acute distress but requiring urgent treatment
- ◆ All other patients

We recommend that staff are trained to communicate with patients about which triage group they fit into, the likely impact of this on the length of time they will have to wait, and any other options that are available to them to avoid a lengthy wait.

Improve general communication about the waiting environment – people felt the A&E environment was unwelcoming and commented on the lack of things to distract them while waiting, such as books or magazines. Signage should be clearly displayed to help people understand the clinical reasons why these are not provided in A&E for infection control, compared to other public areas. Also, notices are needed to inform people if/when the vending machine is not available and of other options for refreshments within the locality.

Research the take-up of NHS 111 for the 18–30 age group – 18–30 years olds were the group least likely to have contacted NHS 111 before coming to Accident and Emergency. There were also very few people who had used the NHS 111 online service. Nationally those who use 111 online tend to be younger with the 16–35 years age group being a significant cohort. We recommend further investigation to see whether the NHS 111 online service is reaching the 18–30 group within the BLMK area and if not, what the reason is for this. If there is potential for growth in use, we would recommend that the BLMK ICB co-produce a strategy with this age-group to encourage take-up.



Create an ADHD/Anxiety sensitive environment – comments from patients included the need for an ADHD friendly service and a better understanding and response from staff to the needs of patients who experience anxiety when attending A&E.

Additional mobile phone chargers – patients commented on a lack of charging points for their phones. Mobile phones can help with distraction during long waits and maintain contact with their relatives to update them on their circumstances.



Paediatric A&E

More activities for teenagers – and more toys for younger patients plus drawing materials or a table for arts and crafts, including a bigger TV and mobile charging points for phones.

More comfortable seating – many patients complained about the hard seating, considering the wait time, and felt that investment should be considered for 'wipe clean' couches or recliners to benefit sick patients and their parents/Carers.

A dedicated team for children – many parents felt that the hospital should provide dedicated nurses who specialise in paediatrics to better treat their children. More specifically they would like to see someone dedicated to working with children who have anxieties.

Consistency of staff – staff shortages are apparent however it was felt that if staff were able to be consistently available in a specific department this would reduce conflict and allow for a more joined up approach to treatment.

Air conditioning – as we visited during a particularly hot weather spell, many patients asked for air conditioning in the department.

Consulting with patients as opposed to parents – often it is necessary to discuss symptoms and treatment with parents, however many younger patients felt excluded. We would like to see young patients involved at every stage, where appropriate.

More privacy in reception area – patients told us that having to speak into the microphone at reception meant their conversations were not confidential or private.

Follow through and information on next steps – patients were increasingly frustrated with being told what would happen next without any follow through and the lack of information about next steps. Healthwatch would therefore recommend involved and informed conversations with consistent follow up.



Acute Assessment Unit

Shorter stays in AAU – patients told us that this department is not suitable for lengthy stays, and plans should be introduced at an earlier stage for discharge or admittance to an appropriate ward.

Improve mobilisation for older people who have longer stays – of those that are able, patients would like to move out of their hospital bed during their stay.

Clarity for all age groups – some of the younger patients were confused about their suitability to be in the AAU or Paediatric A&E. A clear policy should be adhered to, and shared with all staff, to avoid unnecessary confusion for patients and/or Carers.

Individual TVs for each bay – given the limited activity, patients would benefit from the availability of a TV in their own bay.

Increased training – we would like to be reassured that all staff are receiving regular update training for acute care, mental health and continuous positive airway pressure (CPAP), following comments received from staff.



Urgent Treatment Centre

Information about closure clearly displayed – as the UTC was closed when Healthwatch representatives arrived for a visit, it is essential that information about the closure is displayed to the public at the earliest opportunity, with clear signage on options to seek the treatment they require.

Review training suggestions – staff put forward suggestions for 'streaming' urgent care, particularly for children and requested regular training updates.

Increase the frequency of staff team meetings – Representatives were advised that team meetings only occurred every 4-6 weeks and staff would prefer a shorter period between meetings to keep staff, and patients, better informed.



Analysis of Findings

Accident & Emergency (General)

Four visits to the general Accident & Emergency Department at Bedford Hospital took place over four days at different times, as detailed in the table on page 6 and a total of 76 questionnaires were completed: 57 by patients, 17 by family members and two by staff.

A full analysis of the patient feedback given is detailed below. A full copy of the patient survey can be found at **Appendix A**.

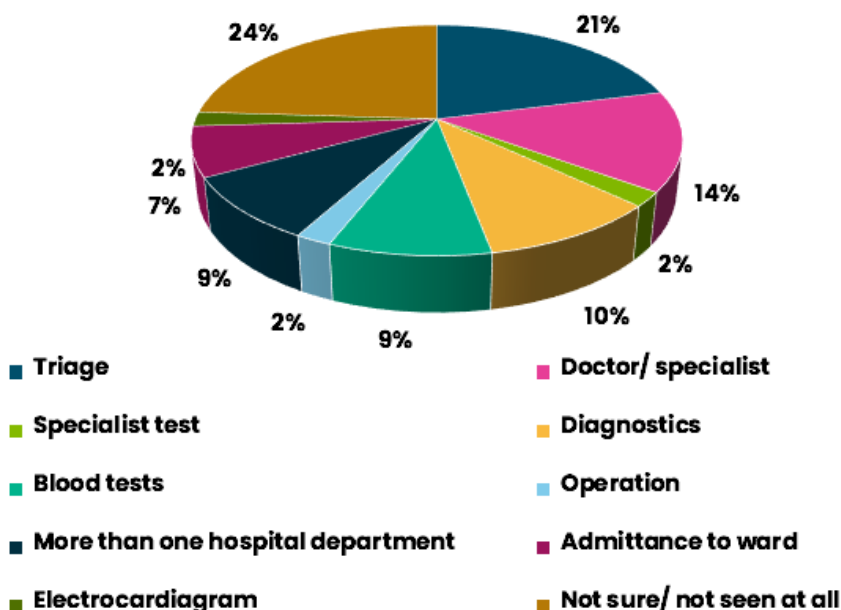
Patients

In **Question One**, patients were asked how long it was since they had arrived in A&E. In total 57 patients replied. Just over half (51%) had arrived in the last hour, and just over a quarter (28%) had arrived between two and three hours before being interviewed. Four patients had arrived more than five hours before. One patient told us they had been waiting overnight and were waiting to be admitted to a bed.

In **Question Two**, patients were asked what had brought them to the hospital. 57 patients replied. Some patients had had accidents, others had symptoms they found worrying including chest pains, dizziness and fainting. A couple of patients mentioned they had a complex medical history and came to A&E because they knew from previous experience that if they went to their GP, they would be directed to A&E.

In **Question Three**, patients were asked if they knew what they were waiting for and 57 patients replied. Just under a quarter (24%) were not sure or had not been seen at all. However, the vast majority (76%) of patients knew what was happening next, mentioning triage, seeing a doctor or specialist, diagnostic tests, blood tests and Electrocardiogram tests (ECG). Some patients were waiting for a number of tests and a few patients were waiting for admittance to a ward. Patients who had arrived in the last hour were most likely to be waiting for triage. Out of 29 people who had arrived in that time, 10 patients said they were waiting for triage. All of the 4 patients who had been waiting for 5 hours or more were aware of the next step, with two of those waiting for admittance.

Do you know what you are waiting for?

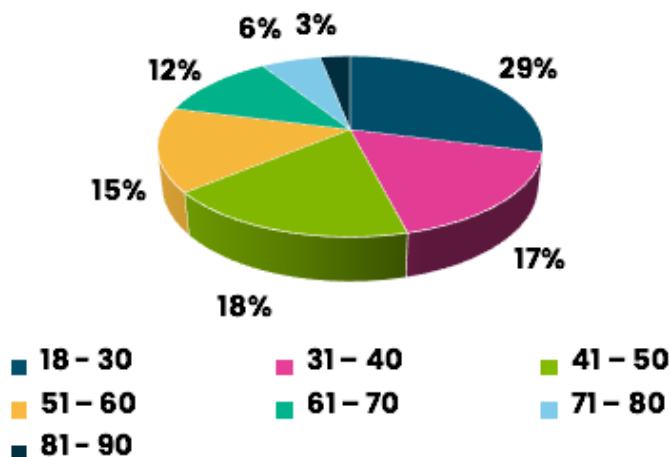


In **Question Four**, we asked why patients had chosen to come to Bedford Hospital as opposed to others in the area. The vast majority (92%) came to the hospital because it was the closest. Two patients said they came to the hospital because they had previously been a patient. One patient said they were *'on the system'* and another said they had had an operation here and the hospital would be aware of their medical history. Another two patients had been brought in by ambulance and the Hospital was chosen by the ambulance service.

In **Question Five**, we asked if patients had consulted NHS 111 before attending A&E. Of the 54 patients who responded, one third said they had contacted NHS 111, with one saying that they had *'tried but the NHS 111 service had left them on hold for three hours with no one responding'*. Of those who had contacted NHS 111, 14 had contacted NHS 111 by phone, one had used the online service and there were three unclear answers.

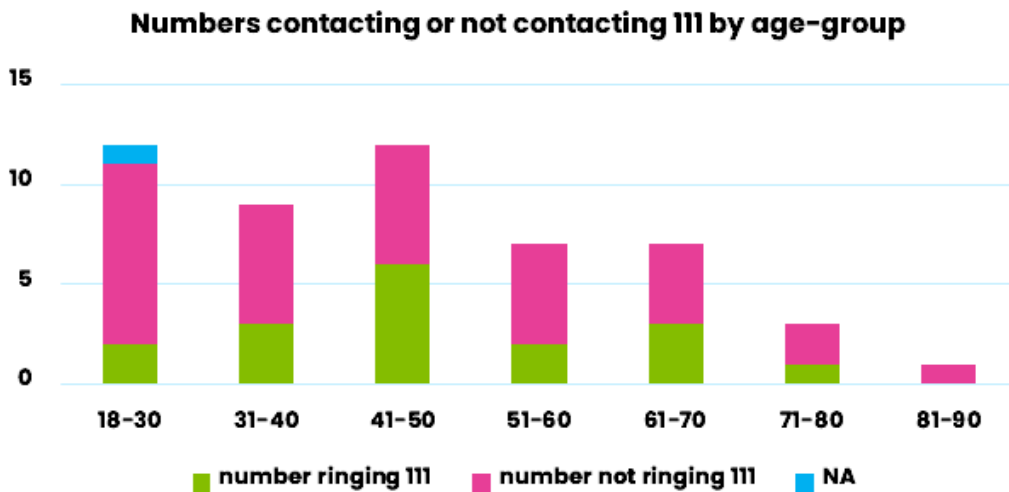
Two thirds of the patients who responded had not rung NHS 111 before their visit to A&E. Within this group, it was the 18-30 age-group which had the largest number of patients who **had not** rung NHS 111.

Patients who had not contacted NHS 111, by age group



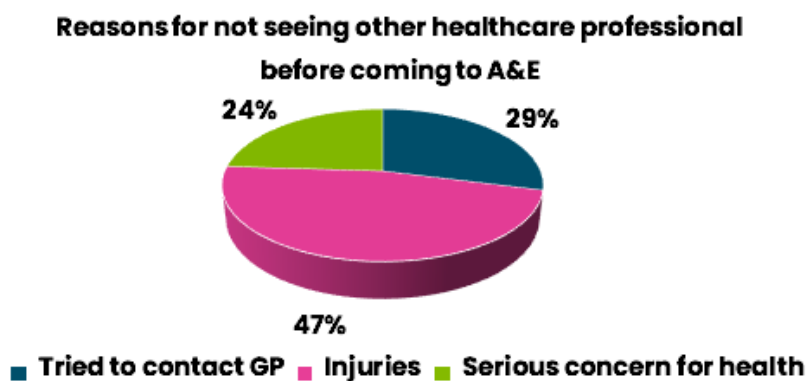
As the number of people in each age group differed, we looked at the likelihood of a patient ringing NHS 111 within each of these groups.

Patients in the 41-50 age group were most likely to ring NHS 111 before their visit, with 50% of this group having used the service. The two groups least likely to ring were those aged 18-30 or 71-80.



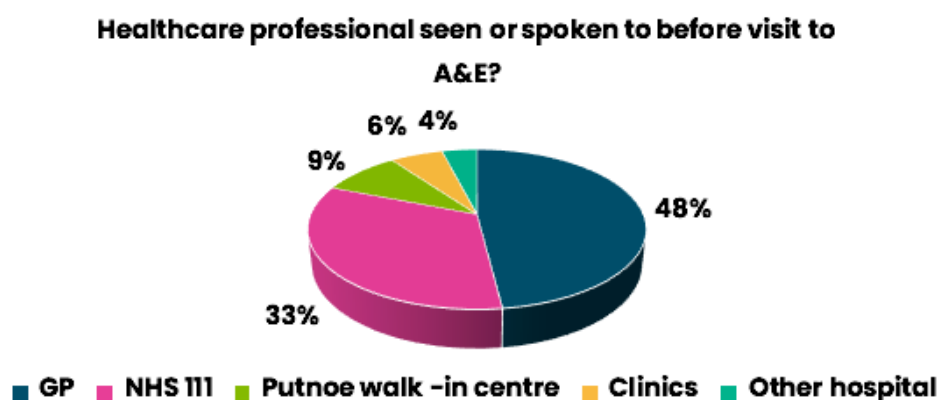
In **Question Six**, we asked whether patients had seen or spoken to a healthcare professional in the 24 hours before coming to A&E. 56 people responded. In total, 17 people said 'no' and 39 people said 'yes'.

Of the 17 people who said 'no', five patients said they had *'tried to contact their GP'* either, *'not being able to get through to talk to anyone'* and *'not getting an appointment'* in a timescale they felt appropriate, or, as one patient said, *'not getting a sensible answer'* using 'e-Consult'. Eight people described injuries including to the arms and shoulders, and injuries sustained in accidents. Four people described serious concerns for their health including a stomach abscess and acute chest pains.

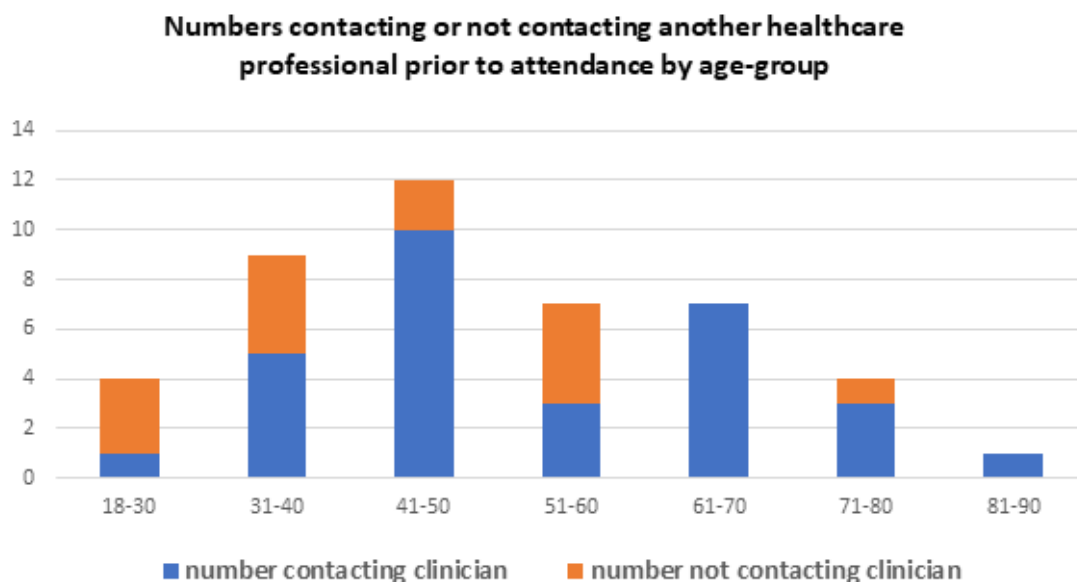




Of the 39 patients who said they had contacted a healthcare professional; almost half of these (48%) had spoken to their GP and one third (33%) had contacted NHS 111. Others had attended Putnoe Walk-in Centre or other clinics, and two patients were requested to visit by other hospitals without an A&E department. Nine patients had contacted more than one healthcare professional prior to their visit.

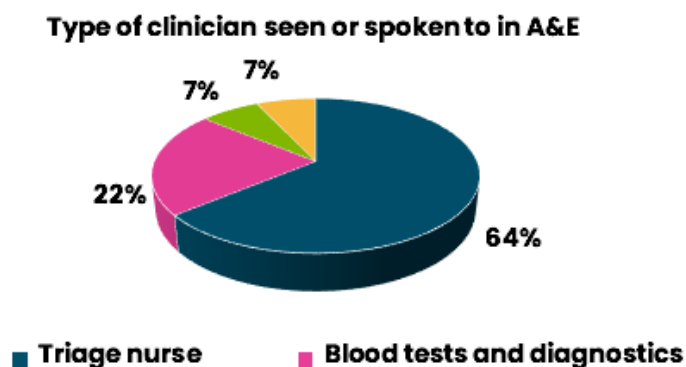


Again, we looked at the data according to age to see which groups were most likely to have come to A&E without speaking to another healthcare professional prior to their visit.



From the data for this group of patients, those under the age of 60 were more likely to come to A&E without talking to a healthcare professional prior to their visit.

In **Question Seven**, we asked if the patient had been seen by a clinician since they arrived in A&E. 33 patients **had not** been seen by a clinician, and 24 **had** been seen. A further 14 patients told us more about which clinicians they had seen. The vast majority (64%) had been triaged with one patient booked in for an operation, they said, *'20 mins booked and checked, 30 mins surgeon called me in, operation at 9pm.'*



In **Question Eight**, we asked about additional communication needs. We asked if staff members enquired about additional communication needs – needs can arise because of a condition or disability or the need for additional language support. Two people said they had been asked but gave no further details of any impairment or language need they had. One person said they had not been asked but did have hearing problems, and the remaining patients all said they had not been asked about their communication needs.

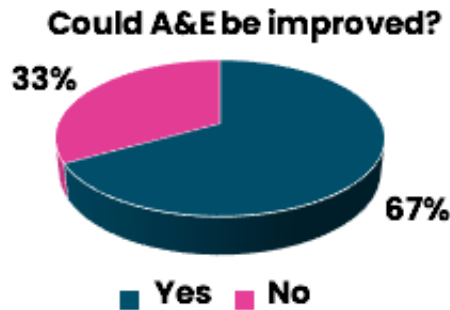
In **Question Nine**, the patient was asked if they required an Interpreter. This included British Sign Language for D/deaf people. One patient answered 'yes', indicating that they had been asked, however, they did not give further details.

In **Question Ten**, we asked how people felt about their experience with reception. 56 people responded.

The vast majority of comments were positive with 41 patients responding by saying that the reception service was either *'fine'*, *'good'*, *'quick'*, and *'efficient'*. One patient said, *'it's good, lady was very polite'*, other patients said the service was friendly and pleasant. There was only one negative comment; the patient said they *'felt ignored'*. The remainder of the comments were either mixed or unclear.

Some of the patients mentioned a lack of information regarding wait times, and other patients said they were uncomfortable with the Receptionist's behaviour which included being uncommunicative, not responding to a patient's mobility problems and criticising a patient's GP for referring to A&E.

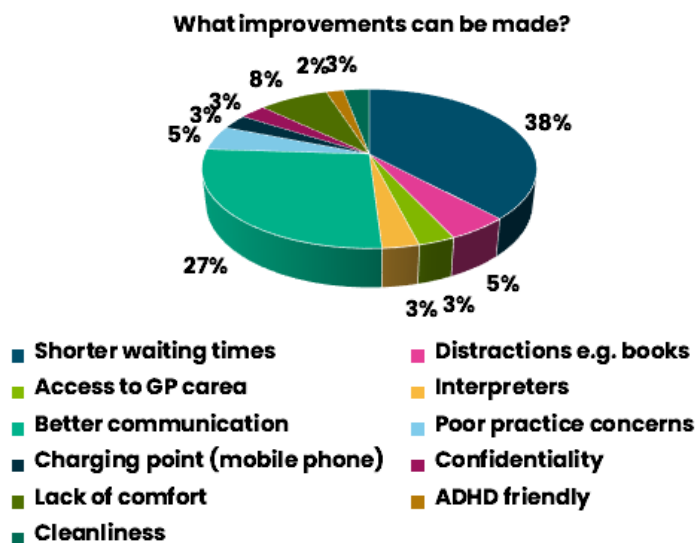
In **Question Eleven**, we asked patients whether they felt any improvements could be made. 55 patients responded. 18 patients (33%) said they did not have any suggestions for improvements with positive comments about their experience including *'all fine'*, *'very good'*, *'been pretty good'* and *'on today's situation 10 out of 10'*.



Of the 37 (67%) who felt improvements needed to be made, 14 patients asked for a shorter waiting time before treatment and 10 patients mentioned improving communication. It was felt that communication was generally a priority – *'no idea on what happens next'*, *'have to ask, not told anything'* and *'no idea of when x-ray will be done'*.

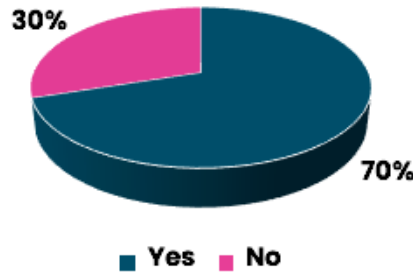
Other themes included: a lack of comfort – seats were found to be uncomfortable and there was nowhere to lie down for people waiting a long time. Patients also asked for some form of distraction whilst waiting, such as music, *'no television no magazines'*. Two patients mentioned concerns about poor practice in previous visits which had meant unnecessary pain and suffering.

Other comments included the need for an ADHD friendly service, access to GP care resulting in the visit, lack of charging points, lack of cleanliness – as the smell of urine was noticeable, a concern regarding having to ask for interpretation; lack of confidentiality at the front desk and quicker triage.



In **Question Twelve**, we asked whether patients were aware that food and drink was available. 54 patients replied, 16 patients said 'no' and 38 said 'yes'.

Were you aware that food and drink are available in A&E?

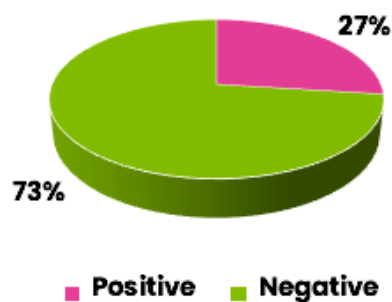


Of the patients who were aware food and drink is available in A&E, 23 gave us more details of how they had managed whilst waiting. About a third had brought food and/or water in from home. Three had been offered food or drink by staff, (two patients were given ice lollipops because of the intense heat at the time). Five had used the vending machine although one patient said they had not been offered any food despite the vending machine breaking down.

In **Question Thirteen**, patients were asked whether staff had enquired if they needed a Care Act Assessment. All answered 'no', although one person said they were currently waiting for an assessment.

In **Question Fourteen**, patients were asked for any additional comments. Of the 22 patients who responded, more than two thirds of this group (73%) gave negative additional responses.

Types of responses received



27% of patients gave positive responses saying, *'all okay'* and *'impressed'*, with one patient who said he was a patient at the hospital and considers it be a good hospital. *'Friendly'* and *'efficient'* were also comments given from the positive responses.

Of the negative responses, patients wanted to be seen more quickly and be given timely information about waiting times for treatment; patients mentioned a general lack of communication. A couple of people mentioned the need for distraction with one person suggesting a second-hand bookshelf. Seating was also mentioned, with one patient saying he had waited 13 hours overnight and found it very uncomfortable.

Many patients indicated they were very anxious about their visit to A&E and other comments included, *'Clinicians need to speak louder when they call someone's name'* as they found it difficult to hear and, *'Parking ridiculously expensive'*.

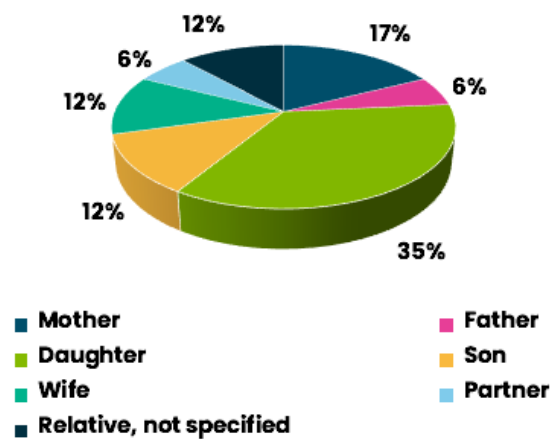
Carers/Relatives

Family members or Carers who came to A&E with a patient were asked questions about their visit on that day. A total of 17 people agreed to take part. A full copy of the relatives survey questions can be found at **Appendix B**.

In **Question One**, people were asked about their relationship to the person they were accompanying to A&E on the day of their visit.

All 15 people who answered this question were informal Carers. One person was the partner of the person they were accompanying. 14 others were family members, including mothers, daughters, wives, sons and a father. Two people said that they preferred not to specify their relationship with the patient they were accompanying.

What is your relationship to the person you have accompanied to the department / ward today?



In **Question Two**, relatives were asked what brought them to the hospital today and the reason for their visit.

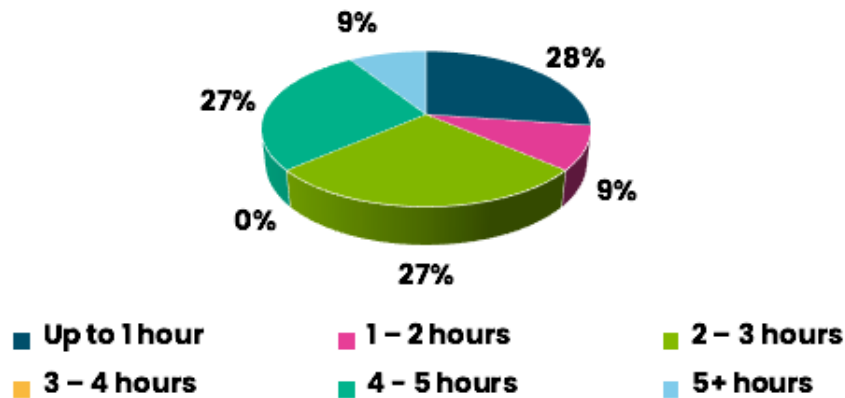
Many relatives (47%) answered this question by describing the medical condition or symptoms of the patient they were accompanying: *'Pains in chest'*, *'Suspected bowel blockage'*, *'Lost the use of her arm'*, *'Numbness in arm and hand'*, *'high blood pressure – headache'*.

Two were there because their relative had been involved in an accident on that day: *'accident at school'*, *'gash on shin'*. Another said their relative had come to A&E rather than contacting their GP because they *'felt unwell and wanted to be seen quickly'*. Some (29%) had been referred or told to come to A&E: *'referred from pain clinic'*, *'told to return if symptoms got worse'*, *'sent by GP'*, *'sent by III'*.

One person was accompanying a relative who was brought in by ambulance. Others (23%) were there because their relative needed their support or were not able to get to the hospital without help, relatives said, *'needed support to access the hospital'* and *'too poorly to come on his own'*.

In **Question Three**, relatives were asked how long it had been since they arrived in A&E. Answers to this question varied, ranging from less than one hour to over five hours. One relative told us they had been there for nine hours, another told us they had been in the department for 15 hours.

How long is it since you arrived in the department/ ward?



In **Question Four**, relatives were asked if they knew what the person they were with today was waiting for.

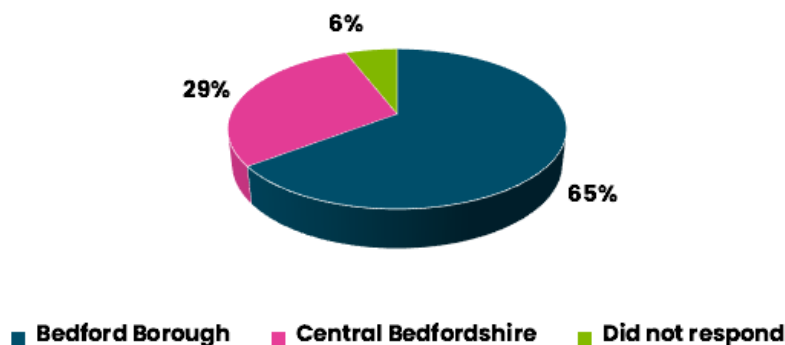
14 relatives answered this question. An equal number (28.5%) were either waiting for their relative to be triaged or waiting to see a doctor following triage.

Others (21%) said their relative was waiting for diagnostic (blood) tests to be done or waiting for results. One person was waiting for a procedure (endoscopy) to decide if surgery was needed to remove a foreign body they had ingested previously. Another was waiting to be transferred by ambulance to another hospital.

In **Question Five**, relatives were asked why they chose to come to Bedford Hospital and whether the patient was a resident of Bedford Borough or Central Bedfordshire.

Of the 16 people who responded to this question, 65% were from Bedford Borough and 29% from Central Bedfordshire. 6% of people chose not to answer this question.

Is the person you are accompanying a resident of Bedford Borough or Central Bedfordshire?

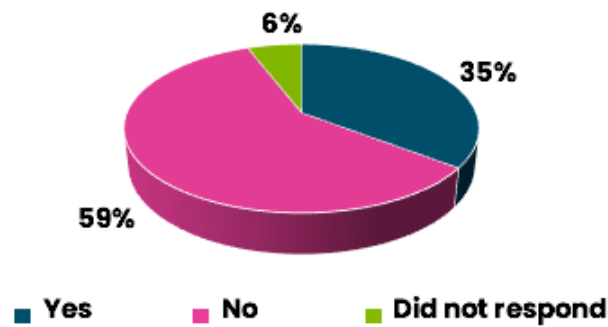


The majority of people we spoke to said that they had come to Bedford Hospital with their relative because it was their local or closest hospital (65%). Some (17%) were there because they had been told to come: *'sent by GP', 'had regular [out patient] appointment and ended up in A&E'*. One patient had been brought in by ambulance.

In **Question Six**, relatives were asked if NHS 111 had been consulted before arriving at the hospital.

16 relatives responded to this question. Of these, the majority (59%) had **not** consulted NHS 111 before attending A&E. Everyone who answered 'yes' to this question (35%) said that contact was made by phone.

Have you / the person you are accompanying consulted NHS 111 prior to attending?



In **Question Seven**, if the answer to the question above was yes, they were then asked if they had been offered an appointment by NHS 111.

Of the people (35%) who contacted NHS 111 before arriving at the hospital, half of them said they had been offered an appointment.

One person explained they had been asked by NHS 111 to attend the hospital within an hour, but had not been offered an appointment.

In **Question Eight**, relatives were asked if the person they are accompanying had been seen or spoken to by any other healthcare professional in the last 24 hours prior to attending hospital today.

47% of people said that their relative had seen or spoken to a healthcare professional before coming to A&E. A few of these (18%) had spoken to their GP within the last 24 hours. One patient had seen their GP and were advised to come straight to the hospital. When they arrived, they were told there was no record of a telephone conversation with the GP, patient said, *'I spoke to GP who said go to A&E'*. Two people (12%) had been seen that day at a walk in centre before coming to A&E. One patient had spoken to a Paramedic at their GP surgery, they said, *'called Paramedic at surgery who liaised with doctor – straight to hospital'*.

Seen or spoken to any other healthcare professional in the last 24 hours prior?



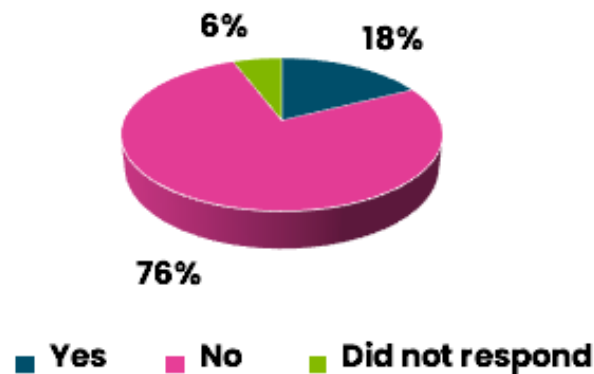
In **Question Nine**, those who answered 'no' to the question above were asked why they had not consulted with another healthcare professional.

Two of the relatives who answered 'no' to the question above explained why they had not spoken to a GP, they said, *'Tried to ring GP. No answer. Rang five times and call cut out'*, another said, *'problem going to GP'* and, *'even longer wait'*. Others had come straight to A&E because of an accident that day.

In **Question Ten**, relatives were asked if their family member had been asked if they had any additional communication needs, e.g., hearing or visual impairment, and if so, whether any additional provision was made for them.

Three of the relatives (18%) replied 'yes' to this question, while 13 (76%) said that the person they were accompanying had not been asked about additional communication needs. One relative who did not have English as their first language had to rely on a child, this being the patient they were accompanying, to act as an Interpreter. Another explained that their relative was hard of hearing and had been asked about their need for additional support. However, BSL was not appropriate in this case as she was not a BSL user.

Was the person you are accompanying asked if they had additional communication needs?



In **Question Eleven**, relatives were asked if the patient required an Interpreter and if this had been acknowledged and provided. Only a very small percentage (6%) of the relatives who responded to this question said they had been asked if the patient required an Interpreter.

Was the person you are accompanying asked if they require an Interpreter?



In **Question Twelve**, relatives were asked what their experience was like with reception staff at the hospital.

The majority of relatives (65%) described their experience of reception staff as positive, using words such as *'good'*, *'fine'*, *'very helpful'* or *'quite efficient'*. One person described how helpful the reception staff were in helping to locate their relative: *'I was told where he would be – able to find and support my relative'*. For others, the experience was not so good (35%), describing their experience as *'not welcoming'*, *'reception didn't seem concerned or bothered'*. One person commented on the *'lack of privacy and confidentiality'*.

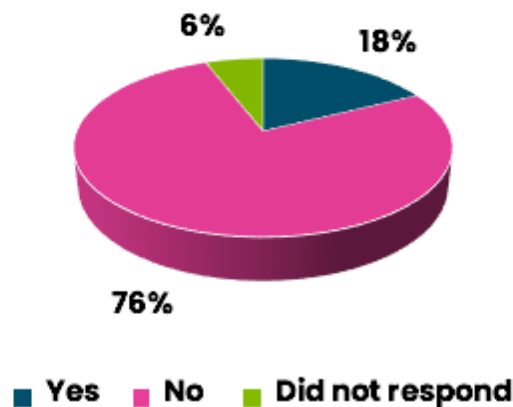
One person described how she was questioned when requesting the use of a wheelchair for her relative, who had had a stroke: *'quite rude, asked about her age and being appropriate for wheelchair use. Found this disgusting'*.

In **Question Thirteen**, due to Covid-19 restrictions, relatives were asked if they were experiencing any difficulty supporting the patient.

The majority (76%) of relatives spoken to said they **did not** have any difficulty supporting their family member due to Covid-19 restrictions.

One parent told us that she was worried that she would not be able to support her child in hospital because she was also a carer for her mother. Another relative commented on being *'asked to use a mask'*, whilst one other expressed their surprise at *'the number of people not wearing masks'*.

Due to Covid -19 restrictions, are you experiencing any difficulty supporting the patient?



In **Question Fourteen**, relatives were asked what would they improve if they were given the option to do so.

15 people gave suggestions on improvements they would like to see. Many people felt that communication could be improved and others (27%) spoke of a need for more information.

Communication between GP and other healthcare professionals was mentioned by several people, comments included, *'staff at hospital were unaware of what had happened'*, *'no record of NHS 111 call'* and *'no record of telephone conversation with patients GP'*. One relative suggested having more information displayed on screen. The sign about waiting times indicated the wait as 11 - 22.30; this was described as *'somewhat meaningless'*.

Reducing the length of time waiting was also mentioned (13%). Long wait times were described as being particularly difficult for the elderly and one lady was seen to faint in the waiting room during one of the visits. One person felt that her relative should have been seen immediately because of her symptoms, they said, *'More nurses and doctors needed so people can be seen quickly'*.

For one person, longer access to a minor injury unit could have avoided a visit to A&E and said, *'It closed at 9pm, so had to go to A&E'*.

In **Question Fifteen**, relatives were asked if there was any further comments they wished to add about their experience today.

Wheelchair access to triage room 4 was mentioned, *'needs to be bigger, struggled to get in with the wheelchair'*. Other comments included, *'a need for the toilets to be cleaned again'*.

Staff

Hospital staff working in the general A&E department were also approached for their feedback but Healthwatch representatives were not able to interview any of the staff during the visits. This was in part due to demands on their time during the visits. However, hard copy questionnaires were left in the department for completion with prepaid Stamped Addressed Envelopes (SAE) provided. Following the visits, and discussion with the senior management team, we also sent over a link to an online survey version to give the staff on each relevant shift we attended the opportunity to complete their feedback. Despite chasing on numerous occasions, only two hard copy questionnaires were returned after the visits had taken place and no staff surveys were completed using the online survey portal provided.

As we only had limited feedback from staff in general A&E, a summary of their comments is given below. A full copy of the survey questions for staff can be found at **Appendix C**.

None of the staff who completed the questionnaire said they had worked elsewhere within the Trust. One staff member said they did not have regular team meetings whilst the other said they had one every few months.

When asked if a patient had additional needs how would they be supported, one staff member told us that there are *'facilities'* in the department however nurses are very stretched and *'patients do not receive the level of care required'*. For patients who have difficulty communicating, staff would generally rely on relatives, using *Language Line** or writing things down in order to communicate.

Staff felt they had received sufficient training for their role, though one staff member mentioned this was at another Trust. No comments were received with regard to whether they felt they would benefit from additional training, adding they felt that only some of the staff felt valued in their role. Morale was described as *'low – burnt out'* with the additional comment that *'everyone hates ED'*. Staff appeared unaware of who the Trust's 'Freedom to Speak Up (FTSU) Guardians are or how to contact them.

When asked what changes they felt could be made to improve the patient experience, staff told us, *'Better system in ED to improve flow, better utilisation of space. More porters. More staff per shift. We need more numbers per template. Night staffing currently doesn't allow for nurses to cover each other for breaks, even when fully staffed if the department is full. Night staffing is unsafe'*. No additional feedback was received.

* *Language Line* is no longer the interpretation or translation service provider for Bedfordshire Hospitals NHS Foundation Trust



Accident & Emergency (Paediatrics)

Three visits to the Paediatric Accident & Emergency Department at Bedford Hospital took place over three days at different times, as detailed in the table on page 6. A total of 44 people answered questions; 11 by patients, 27 by family members and six by staff.

As patients in Paediatrics were younger people, we used a different style of questionnaire to ensure the questions were more user friendly for the audience. Questionnaires included 'smiley faces' which denoted 'very dissatisfied', 'dissatisfied', 'neither', 'satisfied' and 'very satisfied' in response to the questions.

Young Healthwatch volunteers, with the support of Healthwatch staff, carried out the interviews with younger patients and their families.

A full analysis of the feedback given is detailed below:

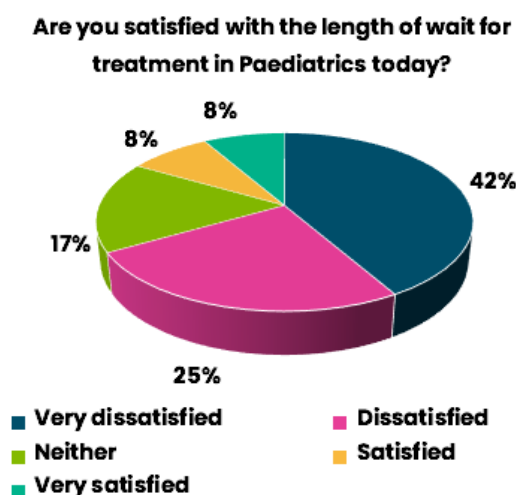
Patients

A small cohort of young patients answered our questions (11) which was not unexpected as many of the questions were answered by a parent or family member. Of those who were happy to answer our questions, the majority of patients answered all questions detailed. A full copy of the patient questions can be found at **Appendix D**.

In **Question One**, patients were asked if they were satisfied with the length of wait for treatment in Paediatrics at the time of their visit.

Many of the younger patients felt that the wait was too long, with 67% either dissatisfied or very dissatisfied, and some patients expressed anxiety after being told the length of their wait on arrival, one patient said, *'just arrived but told 4 – 5 hours waiting time, I feel this could be improved'*. Others said, *'needs to be a shorter waiting time'* and *'quicker service would have been better'*.

However, one patient said that *'from triage to children's A&E was very quick – seen very quickly'*, and many young people were impressed with the staff who were described as *'very friendly'* and *'staff charged my phone for me'*.

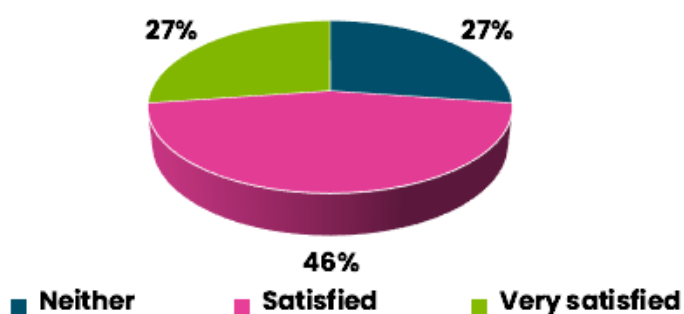


In **Question Two**, patients were asked if they were satisfied that they had fully explored other options before arriving at Paediatrics, such as speaking to a GP, Pharmacist, mental health professional, or contacting NHS 111.

73% of the younger patients spoken to were either satisfied or very satisfied they had fully explored other options. They had either spoken with their GP, visited a Pharmacist or contacted NHS 111 prior to their arrival at Paediatric A&E. A few had also been advised by their school to go to A&E. Only a minority had come straight from home to A&E. One patient (evening visit) who had visited their GP for tests earlier in the day had been told to go back to A&E. They told us *'I begged not to go back – the wait is so long – 12½ hours!'* Another patient, who was spoken to during an afternoon visit, said they had visited A&E the previous evening at 11pm *'but went home due to a seven hour wait'*, but they were now back and waiting again.

Once again, some patients were very complimentary about the staff who were described as *'lovely staff'*, although many were very frustrated with the length of time they had to wait to be seen. Others referred to a lack of communication which they felt could be improved, one patient said, *'I was asked some questions – medical staff should read their notes better, it would help patients with anxiety'*.

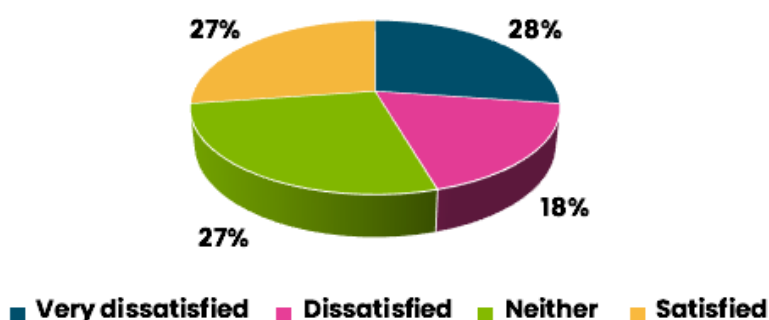
Are you satisfied that you have fully explored other options before arriving at Paediatrics A & E today?



In **Question Three**, patients were asked if they were satisfied that staff had involved them in discussions around their care and treatment.

Many young patients told us that they were satisfied with discussions they had had with staff (27%), patients said, *'the nurse asked me questions I could answer'* and *'engaging and helpful staff'* and *'lady explained treatment well'*. However, 46% said they were either dissatisfied or very dissatisfied with interactions with staff. Some felt that communication could be improved, one patient told us, *'too many changeovers, staff all telling you different things – not sure who to trust'*. A fairly large proportion of young people (27%) did not respond to this question or indicated 'neither satisfied' or 'dissatisfied' with their interactions with staff.

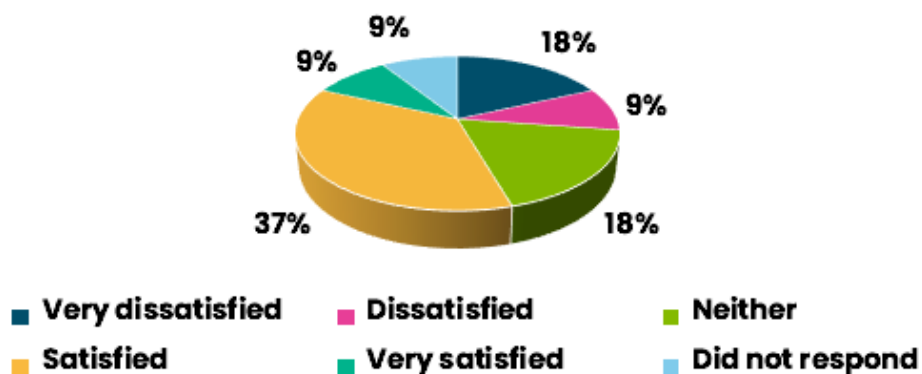
Are you satisfied that staff have involved you in discussions around your care and treatment today?



In **Question Four**, patients were asked if they were satisfied with the information available to them about their care and treatment, for example did they know which treatment they were waiting for, e.g., blood test etc.

There were mixed responses in answer to this question. The majority of young patients were satisfied (37%) or very satisfied (9%) they had been told what would happen next and indicated it had been *'explained well'* to them. However, some young people (27%) were either dissatisfied or very dissatisfied with information about their care and treatment. Some told us that they had been triaged but simply told to *'sit down'* and many said it *'would have been good to know what's going to happen next'*. Others, who understood the process, said that they had been told *'what treatment is expected but then that treatment is not provided'*.

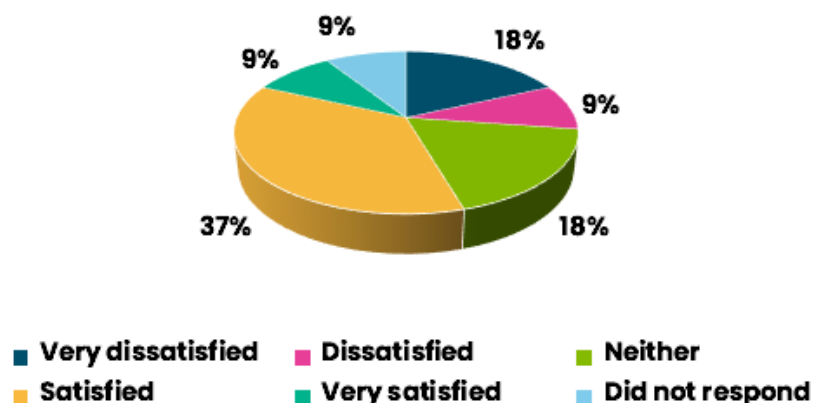
Are you satisfied with the information available about your care and treatment today?



In **Question Five**, patients were asked if they were satisfied that staff had explained what their care and treatment plan is and whether they understood it.

The majority of young patients were satisfied or very satisfied (46%) that staff had explained their treatment plan, stating *'good aftercare explanation'* and *'very clear what happens next'*. However, a few patients felt dissatisfied or very dissatisfied (18%) saying there was a *'conflict of opinions amongst the staff'* and *'staff are unaware of the treatment plan'*.

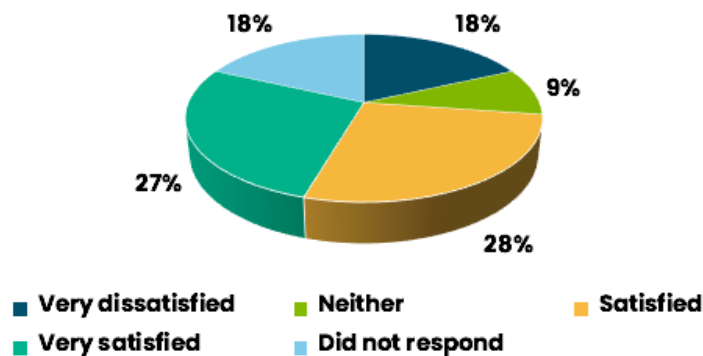
Are you satisfied that staff have explained what your care and treatment plan is and that you understand it?



In **Question Six**, patients were asked if they were satisfied that staff had asked their consent and explained when they were going to carry out care and treatment.

The majority of young patients were either satisfied or very satisfied (46%) that staff had asked for consent, some said, *'it worked well – asked information so I know what is happening'* and others said, *'the lady was very nice'*. However, some young patients were dissatisfied (18%), saying they were not asked for their consent with many indicating that staff had spoken to a parent, one patient said, *'No, they only asked Dad'*. In addition, some young patients said they would have liked to have known what was going on and to be given a detailed answer to their questions so they could know what the plan was.

Are you satisfied that staff ask your consent and explain when they carry out care and treatment?



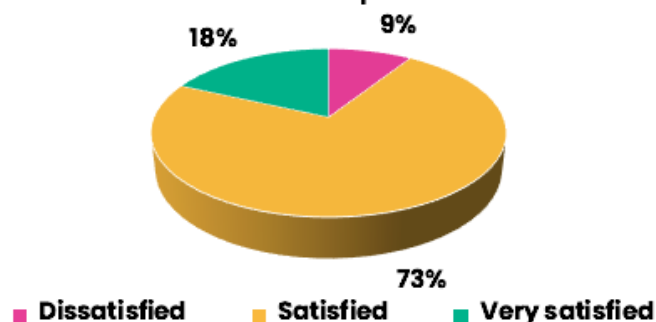
In **Question Seven**, patients were asked if they were satisfied that they had been shown how to contact/call staff for assistance whilst waiting for treatment.

36% of the young patients spoken to were satisfied or very satisfied, and knew how to contact staff if they needed assistance. Many said, *'yes, either go to a nurse or main reception'* and *'it is easy to contact staff'*. A few were less satisfied and indicated that, although they knew how to contact staff it was *'too hard to get someone's attention'*.

In **Question Eight**, patients were asked if they were satisfied that they had been treated with dignity and respect during their visit.

Almost all of the young patients were satisfied or very satisfied (91%) they had been treated with dignity and respect with comments given as, *'nice and friendly'* and *'polite'* plus *'nice when talking and not mean'*. However, one patient who was dissatisfied, explained that the microphone used at the reception desk when being triaged is not confidential and offers no privacy; they said they felt this *'made the patient feel less respected'*. Once again, the waiting times were also commented on, young patients felt they were not respected as they were kept waiting for long periods of time. Others mentioned that if someone was in a lot of pain there was *'hardly any space for them'* which clearly had an impact on their dignity.

Are you satisfied that you have been treated with dignity and respect?

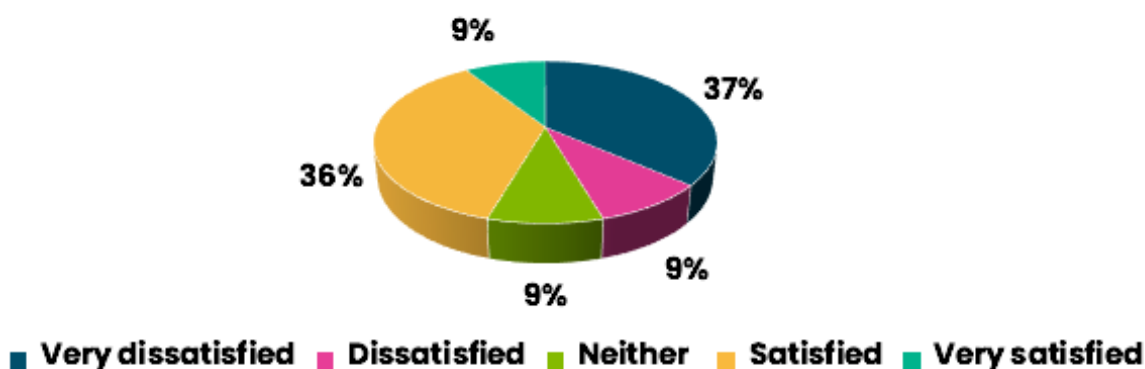


In **Question Nine**, patients were asked if they had been spoken to by a hospital 'Play Consultant' during their visit, e.g., what activities, toys, games were available to them.

46% of young patients were either dissatisfied or very dissatisfied and said they had not been spoken to, or approached, by a 'Play Consultant'. One patient said, *'I have not been advised that I can do anything while waiting'* and another said, *'the toys and activities are too young for me, although colouring books would work'*. It was noted that there was a separate area for younger children to play with a few building blocks available, however it was felt the area appeared very lack lustre.

Others were clearly satisfied or very satisfied (45%) with activities available to them and were aware of them, one patient said, *'I have had help with a range of things – really, really good; helpful and mindful'*.

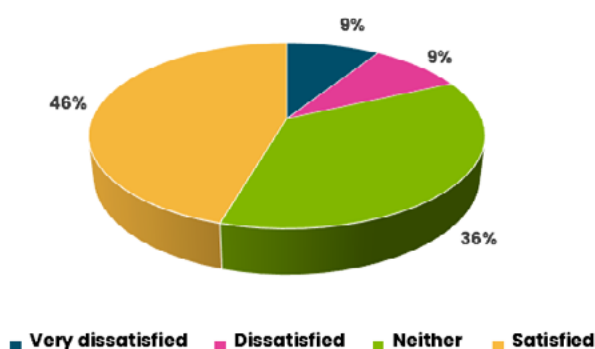
Were you spoken to by a hospital Play Consultant today? E.g., what activities, toys, games were available to you?



In **Question Ten**, patients were asked how they would rate their overall experience of the service received.

Many young patients were satisfied (46%) with their overall experience and told us that the staff were generally helpful and *'nice'*, although **no** patients said they were 'very satisfied'. The majority once again referred to the lengthy waiting times and said that *'shorter waiting times would improve my experience'*. One patient said, *'need more activity for a twelve year old'* and another stated it had been *'simple, not complicated'*. Another patient, who was clearly pleased with their overall experience said that the nurse was *'very, very nice, gentle and helpful'* however, a fairly large percentage (36%) were neither satisfied or dissatisfied with their experience.

How would you rate your overall experience of this service?



In **Question Eleven**, patients were asked what improvements they would like to see and this question elicited a number of suggestions, as detailed below:

- ◆ Shorter waiting times
- ◆ More activities for teenagers
- ◆ More seating – cannot lie down on individual seats, need a recliner or a couch
- ◆ Sticking to time limits
- ◆ Better communication with young people
- ◆ Consistency of staff
- ◆ Dedicated team for children that is separate from adults
- ◆ Air conditioning
- ◆ More charging points for phones
- ◆ Drinks of squash were visible but it was not clear if this was free for public consumption

In **Question Twelve**, patients were asked if they had any other comments they wished to share about their experience and once again, a shorter waiting time was top of the list, but additional comments included the following:

- ◆ Paper to do some drawing, a table with arts and crafts or for story writing
- ◆ A bigger TV
- ◆ Comfortable couches
- ◆ More information
- ◆ Someone dedicated to working with children who have anxieties
- ◆ Staff actually doing what they told you they were going to do



Children being shown the mural in the new Paediatric A&E Dept

Carers/Relatives

Relatives/Carers were approached to give their feedback and a total of 27 questionnaires were completed. The majority of relatives/Carers answered all the questions detailed in the survey. A full copy of the relatives survey questions can be found at **Appendix B**.

In **Question One**, relatives were asked what their relationship is to the person they are with today.

All the relatives spoken to were a parent of the patient, either a mother or father, the majority of patients tended to be with their mother (93%).

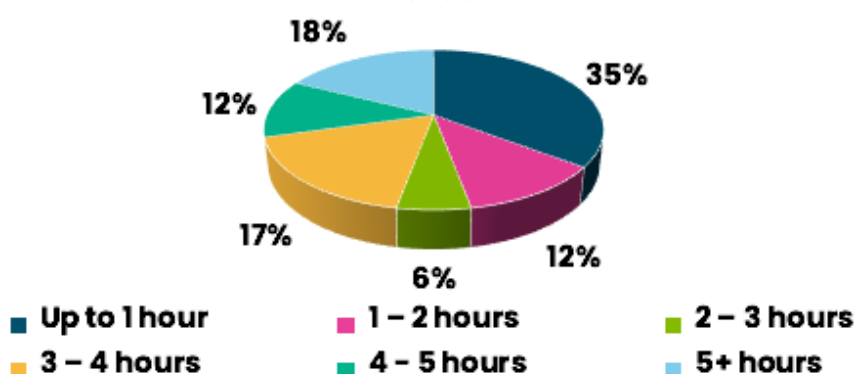
In **Question Two**, relatives were asked what brought them to the hospital and the reason for their visit.

A variety of reasons were given for their visit to A&E, ranging from minor injuries to high temperatures and sickness. Others had suffered a fall of some kind; *'tripped down stairs and split chin'* and *'10 month old daughter fell off high chair'*. Some parents had come directly to A&E as the young patient had shortness of breath or severe dehydration.

In **Question three**, relatives were asked how long it had been since they arrived in the department.

The majority of parents spoken to had waited for up to an hour (35%), or over an hour (12%), and others over two to three hours (6%). A few had just arrived and some had been informed that it was likely to be a three hour wait. However, many had been waiting for over 5 hours (18%). There was clearly frustration at the length of wait to be seen, one parent said, *'I have waited over two hours so far, with no communication at all, just told to take a seat'*. Another parent who was spoken to in the evening explained that *'I initially came in this morning and child was due to be admitted but was sent home instead, but breathing got a lot worse so we have come back in; one hour wait so far'*. A mother who was initially sent to A&E as a matter of urgency by Putnoe Walk-In Centre, was seen straight away by a nurse on arrival at A&E, however, since then, she said, *'I have only seen one doctor in the last six hours and I am now very confused. I have not been advised of any waiting times'*.

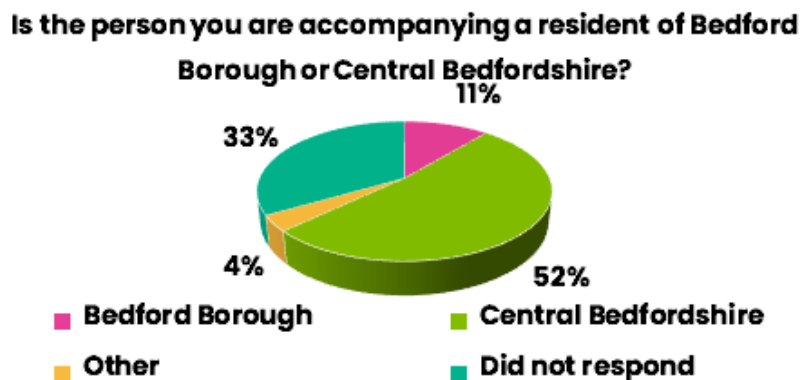
How long is it since you arrived in the department/ward?



In **Question Four**, relatives were asked if they knew what the person they were with today was waiting for, e.g., blood test.

The majority of parents said the younger patients were waiting to see a doctor although many had not been informed what they were waiting for; one parent said *'I have not been told but I expect to be triaged to X-ray or minor injuries'*. A few confirmed they were waiting for an X-ray or results of a blood test, and one patient was waiting to be admitted to the ward.

In **Question five**, relatives were asked why they chose to come to Bedford Hospital and whether the patient they were accompanying was a resident of Bedford Borough or Central Bedfordshire.



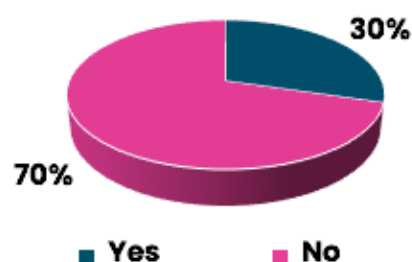
A third of people who responded (33%) preferred not to say where they resided, however, 52% of patients were from Central Bedfordshire, 11% were from Bedford Borough and 4% from other counties.

The majority of parents stated they came to A&E as they could not secure an appointment with their GP that day or gave the reason as *'GP Closed'*. Many others said, *'it is my nearest hospital'* and one parent said, *'this is our local hospital and we have been to A&E many times; my son has been an inpatient on Riverbank Ward many times and the care we have received has been excellent'*. A few parents had been told to attend A&E after calling NHS 111, or they stated the hospital was nearest to the school the child attended. Only one parent we spoke to said they had arrived by ambulance.

In **Question Six**, relatives were asked if they had previously consulted NHS 111 before arriving at the hospital.

The majority of parents spoken to said they **had not** consulted NHS 111 prior to arriving at A&E today (70%). Of those who did consult NHS 111 (30%), half of the parents confirmed they had telephoned NHS 111 and the other half said they had contacted NHS 111 online.

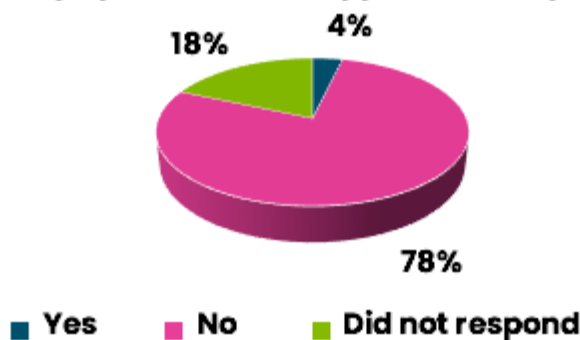
Have you / the person you are accompanying consulted NHS111 prior to attending?



In **Question Seven**, if the answer to the question above was yes, they were asked if they had been offered an appointment by NHS 111.

Of the parents who had spoken to NHS 111, the majority said **no** they had not been offered an appointment (78%). However, some indicated they had been given other advice, which included going to A&E, although many did not specify exactly. One parent, who contacted NHS 111 was told to *'return to their GP'* but when they did, the GP told them to go to A&E.

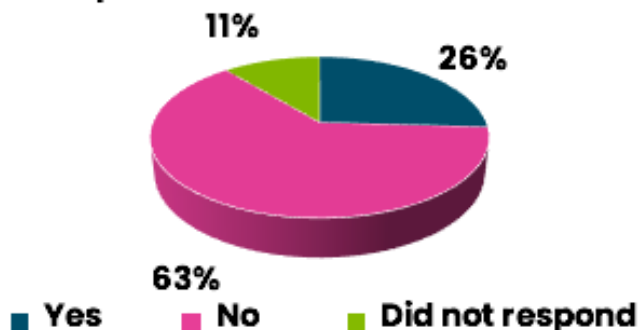
Were they / you offered an appointment by NHS 111?



In **Question Eight**, relatives were asked if the young patient had been seen or spoken to by any other healthcare professional in the last 24 hours.

The majority of parents answered **no** to this question (63%) and a small amount had telephoned or visited their GP prior to coming to A&E (26%). One parent told us, *'we arrived at 11pm last night when the injury occurred but the wait time was seven hours so we went home again without being seen'*. Another parent said they had called an ambulance but were told the wait for the ambulance would be over two hours so they decided to get to A&E by themselves. One parent said, *'we were in A&E two days ago and discharged without a care plan. Saw our GP today who told us to come straight back here'*. Another parent said they had attended Putnoe Walk-In Centre to be told the young patient needed bloods taken but when this did not happen they came to A&E.

Has the patient seen or spoken to any other healthcare professional in the last 24 hours?



In **Question Nine**, those who answered **no** to the previous question were asked why they had not consulted with another healthcare professional, e.g., GP.

Of the parents of patients who answered 'no' (63%) to Q8, the reasons why they did not consult a healthcare professional were varied. Of those who were spoken to on a Saturday, the majority of parents indicated it was because the GP was not open at a weekend, and others said it was an accident and due to the severity of the injury it was *'fairly obvious we needed to come to hospital'*. Interestingly, one parent said that *'NHS 111 always send you to A&E'*. Other parents indicated they knew an X-ray would be required so came straight to A&E, and a few parents said they knew they would not be able to get an appointment with their GP so, *'did not even try'* and one parent said, *'tried to call GP and left a message but no one ever called me back'*.

In **Question Ten**, relatives were asked if the patient was asked if they had any additional communication needs, e.g., hearing or visual impairments, and if so, whether any additional provision was made for them.

A large majority of parents said 'no' (89%), their son or daughter had not been asked if they had any additional communication needs.



In **Question Eleven**, relatives were asked if the patient required an Interpreter and if this had been acknowledged and provided.

Once again the majority of parents (89%) were **not** asked if the patient required an Interpreter. One parent of a young child we approached did not understand English and needed a Romanian Interpreter. The Healthwatch representative from Bedford Borough subsequently spoke to the Receptionist at Paediatric A&E to ask if the family had been asked if they required an Interpreter. The Receptionist advised that she would let the doctor know that the parent and the patient would need an Interpreter.

In **Question Twelve**, relatives were asked what their experience was like with reception staff at the hospital.

89% of parents said that reception staff were *'good', 'welcoming', 'polite', 'helpful'* and *'friendly'*. A few indicated that there was no one available on reception when they arrived, and initially they had to wait a while for the receptionist to return, however, almost all said the receptionist was quick and professional.

In **Question Thirteen**, due to Covid-19 restrictions, relatives were asked if they had or were experiencing any difficulty supporting the patient.

Most of the parents spoken to in the mornings said that only one parent was allowed in with the child, and in some cases they found this frustrating particularly if they had travelled a distance to the hospital which meant one parent had to wait outside.

More parents were spoken to in the evening. One parent said they knew only one parent was allowed in so they had come on their own but then realised they could not leave the child to 'top up' their car park charge. However, one mother, who has a support assistant said they were allowed in too, and the mother was extremely grateful as she gets very anxious.

In **Question Fourteen**, relatives were asked what they would improve if they were given the option to do so.

The majority of parents said they would like to see waiting times reduced with regular updates on care and treatment – *'employ more staff as waiting times are awful and that's difficult with little ones'*. One parent spoken to said they felt more empathy from the staff was required as she overheard a nurse saying to a lady in early pregnancy that *'she had probably miscarried'*. Others said that cleanliness was an issue that needed to be addressed – *'two bowls of sick left out in public; very unhygienic but also a child almost touched one bowl left over a bin in triage'*. A few people would like a TV in the waiting area plus more toys, as there are only baby toys available, or entertainment for older children. Many parents felt that communication should be improved; to be better informed about what happens next, and others mentioned to be offered food after a certain point – *'I have been here seven hours now and I can't leave to get food as only one parent is allowed in'*.

In **Question Fifteen**, relatives were asked if there was any further comments they wished to add about their experience today.

Both positive and negative comments were added about the parents experience at Paediatric A&E. Most were about improving communication generally to include what treatment they are waiting for, who they will be seeing, clear instructions indicating who is on shift, the overall waiting times, plus better toys with a *'cooling element in the waiting area'*. One parent told us, *'I have literally no idea what is happening to help my daughter or the help she may or may not get'*. Many parents were very frustrated with the lack of communication although they said that staff were respectful to both parents and the patient, one parent said, *'the student nurse spoke directly to the patient and the communication of treatment was good'*. However, one teenage patient said that *'staff need to communicate better between themselves as Mum says that she has to relay all the information again every time someone new asks her a question'*. Others indicated they felt more staff were required on each shift to vastly reduce the waiting times.

Staff

Hospital staff working in the Paediatric A&E department were also approached for their feedback. The number of staff who were able to take the time to complete our questionnaire was very low. In total six questionnaires were completed.

As only six surveys were completed by staff at the time of the visits, a condensed summary of all their responses is detailed below.

A full copy of the survey questions for staff can be found at **Appendix C**.

Summary

All six staff interviewed said they had worked elsewhere within the hospital and two stated they have regular team meetings every month, although one said, *'a handover every morning, nothing else'*.

Staff confirmed that a patient would be supported if they had additional needs but it would depend on what those needs were. We were advised that a Learning Disability Team is on hand *'during working hours'* and for out of hours *'patients can seek support from the internet'* which clearly excludes those who are not digitally aware. One staff member stated that most patients who need support *'come with Carers'*. When asked how they support patients who have difficulty communicating, a similar response was given with the addition of *'body language, asking parents, using pictures and translators'*. We were also told that the hospital has *'translator phones'*, although many admitted to relying heavily on the parents who accompany the children.

When asked if they knew how patient feedback is collected and used within the department, staff were aware how it was collected and cited QR codes for patients to scan, via PALs, and through regular emails and communications. However, many did not elaborate on how this information was used to help improve a patient's experience other than to say *'through DATIX/praise, we get updates and feedback from management'*.



There was a mixed reaction to whether they had been offered sufficient training for their role. One staff member said, *'learnt on the job'* whereas others said *'yes, doing a master's in advanced practice'* and *'not yet as I am still quite new'*. When asked what further training they thought would be beneficial, a clear priority was **stress relief** and dealing with **mental health and wellbeing**. Staff explained that they are offered training for their role but it is difficult to participate as they are always so busy. However, there was also a sense of frustration that doctors were offered additional training opportunities but nurses were not, and it would be beneficial if nurses could have their own forum to express their views about training needs. When asked if they felt today's staffing level was usual for this department, one staff member said, *'we have two nurses today'* and added a smiley face to their answer.

Asked if they felt valued within their role, some answered *'yes, I am now'* but others **did not** feel valued at all. As some staff were new to their role they were unsure how that role fit within the wider team.



Some staff felt morale was positive within the team whereas others felt that *'everyone is burnt out'* and *'morale needs boosting'*. Staff clearly felt that being constantly busy, with low staff numbers, was taking its toll and some staff had left as a result. One staff member said, *'I think it is good (morale) however, some people have shifts that are stressful, and can be off putting to come back to Paeds ED especially adult trained nurses/ PRPs'*. Most of the staff spoken to knew who the Trust's 'Freedom To Speak Up' Guardians are and how to contact them although two staff members said 'no' they did not know who these were.

Staff felt that to improve the patient experience, more doctors and support staff were needed along with *'a bigger waiting room'*, reduced waiting times for all patients, and more space and time for staff to be able to pay more attention to their patients. One staff member said, *'I feel as though it is generally quite well in Paeds department. More staffing could help but this is being looked into already'*.

Finally, the majority of staff spoken to in the Paediatric A&E department felt that **morale was low**, from management to staff on the front line, due to the ever increasing demands and pressures on the system, which clearly has an impact on their ability to treat patients.

Acute Assessment Unit (AAU)

Four visits to the Acute Assessment Unit (AAU) at Bedford Hospital took place over four days at different times, as detailed on the table on page 7 and a total of 50 questionnaires were completed; 32 by patients, 11 by family members and seven by staff.

Healthwatch volunteers, with the support of Healthwatch staff, carried out the interviews with patients, their family members, and with staff. A full analysis of the feedback given is detailed below:

Patients

A total of 32 patients were included. Of those who were happy to answer questions, the majority of patients answered all questions detailed. A full copy of the patient questions can be found at **Appendix A**.

In **Question One**, patients were asked how long it had been since they first arrived in AAU.

The answers to this question varied considerably, from one hour up to nine days. The majority of patients had been in the AAU for five hours plus (78%), with many who had been there for a day (24 hours), and others who had been there for a few days, with one patient who said they had been in the unit for nine days. Four patients were waiting to be transferred on to a ward. One patient told us, *'I came on Tuesday and after a six hour wait in A&E, the GP called and then I was admitted to AAU'*.



In **Question Two**, patients were asked what brought them to the hospital and what was the reason for their visit.

Reasons for their stays in AAU were all very different with many patients transferred from A&E. Some patients had experienced a fall, were suffering from loss of breath, dehydration, back pain, chest pains, confusion, chronic disease, broken bones, overdose and excess fluid. Some had experienced stroke or heart attack symptoms. One patient told us that low magnesium levels were detected by the phlebotomy service who had then contacted their GP, who had subsequently contacted the patient to tell him to visit A&E. Since his arrival at AAU, it was also discovered he had a low heart rate. Another patient told us, *'Post op on Whitbread, rehab but temperature went up, so being treated with antibiotics for infection in arm. Went to A&E then AAU'*.

In **Question Three**, patients were asked if they knew what they were waiting for, (e.g., triage, blood tests, X-ray etc).

Many of the patients spoken to were aware of what they were waiting for and confirmed they were waiting for either minor surgery, test results, physio, scans, blood tests and radiotherapy etc. Some patients were waiting for a bed on a ward and only a few patients were unaware of what treatment they were waiting for. One patient told us, *'don't know, possibly home as had X-rays and been on a heart monitor'*. A few patients were waiting to be discharged.

In **Question Four**, patients were asked why they had chosen to come to this hospital as opposed to others in the area.

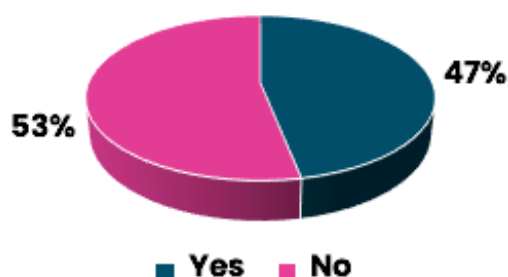
The majority of patients had been brought in by ambulance and others stated it was their local hospital. A few had been advised by their GP to go to A&E and were subsequently transferred to AAU. A couple of patients said they had been treated at the hospital previously and were under the care of a Consultant at the hospital.

In **Question Five**, patients were asked if they had consulted NHS 111 before attending AAU and if 'yes' was this by phone or online.

Responses to this question were quite evenly split. Just under half of patients (47%) said they had called NHS 111 and in some cases this was done by a relative, their employer or a first aider. One patient told us they were *'in regular contact with the cardiac nurse who recommended coming in to A&E'*. A few others had directly called 999 for an ambulance. **None** of the patients spoken to had used the **NHS 111 online** service. A slightly larger majority (53%) said they had not called NHS 111 before attending AAU.

When asked, after calling NHS 111, if they had been offered an appointment at the hospital, 53% of patients said they had. Others mentioned they were advised to go to A&E or NHS 111 had called an ambulance for them.

Have you consulted NHS 111 today before attending the department/ward?

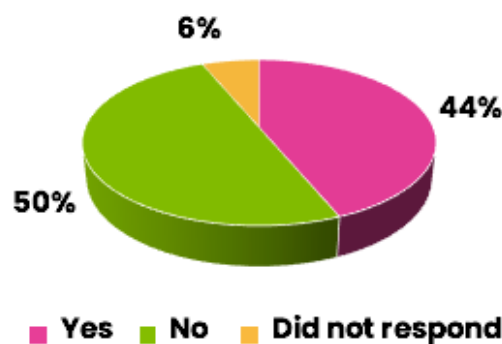


In **Question Six**, patients were asked if they had seen or spoken to another healthcare professional in the 24 hours prior to their attendance at AAU, (apart from speaking to a healthcare professional prior to admittance to the AAU).

Many of the patients (44%) spoken to had contacted a healthcare professional which included their GP, a Social Worker, Pharmacist, calling NHS 111, the CAMH service, and a Phlebotomist. One patient told us, *'Rang GP on 5th July and was given an appointment for 7th July as was feeling unwell and breathless. On arrival at the surgery the GP did not examine me but took my pulse and said seems OK. Told to go home and drink Lucozade. When asked for a blood test GP said to book online. When told I did not have online access I was told to find someone to do it for me'*.

Half of the patients spoken to answered 'no' to this question and were also asked why they had not consulted another healthcare professional. Some patients said this was because they felt it was an emergency, others said they had tried to contact their GP without success. In one case it was out of hours and in another the patient said, *'tried to call GP. Promised to call back, cut off several times. Too busy to call again (Receptionist). Went to local pharmacy and Walk In Centre. Given laxatives. No better so came to A&E'*. Another patient said that they had initially rang NHS 111 but symptoms got worse and *'son rang 999 this time; he saved my life as I had sepsis'*.

Have you seen or spoken to another healthcare professional in the 24hrs before attending today?



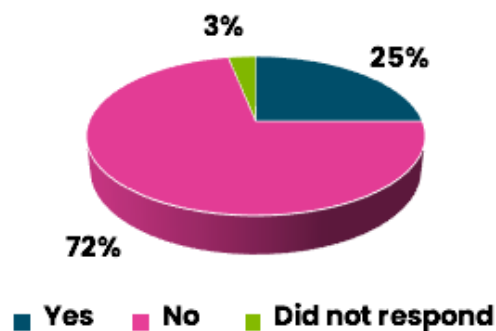
In **Question Seven**, patients were asked if they had been seen by a clinician since arriving in AAU.

The vast majority of patients spoken to had been seen by a clinician (87%) since arriving with only a small amount (13%) who had not.

In **Question Eight**, patients were asked if they had any additional communication needs, e.g., hearing or visual impairment or if they needed additional language support.

The majority of patients answered 'no' to this question (72%) although a few explained they were hearing impaired. Only a small number of patients could recall being asked if they had additional needs (25%). One patient said, *'wife is here to interpret'* and another said, *'must rely on daughters to help with communication'*. One patient who was hearing and visually impaired said, *'Each time they come (nurse/doctor) I have said I have a hearing problem; people come closer and speak louder. I can hear mostly and understand most of what they say'*. One patient said they were asked about their mobility but not about any additional communication needs.

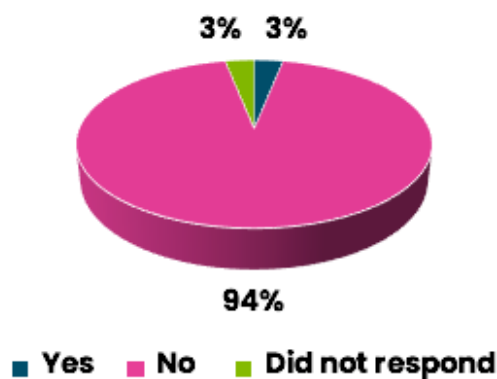
Were you asked if you had any additional communication needs?



In **Question Nine**, we asked patients if they had been asked whether they required an Interpreter.

A large majority (94%) said they had not been asked, and a very small percentage (3%) of patients said they had. For the small minority who said they had been asked if they required an Interpreter they were also asked if an Interpreter had been acknowledged or provided for them however the answer was 'no'.

Have you been asked if you require an Interpreter?



In **Question Ten**, patients were asked what their experience was with Reception staff/ front desk.

62% of patients said that staff were friendly and service was 'good' or 'efficient', however some patients were frustrated with the wait to be seen. One patient told us, *'at AAU reception I was initially seen but was asked to wait 'outside' and then went unconscious in the waiting area. I was brought back to a cubicle but it was a five hour wait before I was seen'*. Other patients said it was a long wait to be admitted from A&E or waiting for a bed and some patients said the front desk was closed in AAU and they were not seen until hours after they arrived.

In **Question Eleven**, patients were asked what they would improve if given the option to do so.

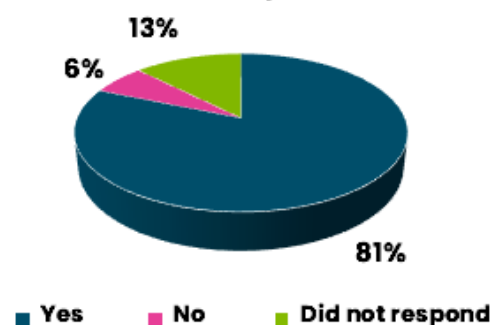
Patients were very keen to offer their opinion on what could be improved in the AAU and top of the list was a vastly reduced waiting time. Many patients understood that staff were busy and perceived there was a shortage of staff, however they were very frustrated with the length of time it took to be seen and treated. Patients told us, *'told in A&E that I needed antibiotics. Still waiting after 12 hours in AAU to see the doctor'* Another patient, when asked this question said, *'Everything! Took 12 hours to become settled in AAU for observation'*. One patient, referring to the obvious staff shortage said, *'staff should have adequate cover when there are staff shortages. It seems if someone is absent no one can cover'*.

Other patients thought that communication could be improved between hospital staff and their patients, and with other healthcare services. One patient said, *'Communication between CAMHS and AAU. Hospital not sure if patient should be in Paediatrics; passed between the two which is creating increased anxiety'*. Another patient said, *'blood on floor in a room in AAU, not been cleaned. Better communication is needed with staff and people waiting in the lobby waiting area'*. A few patients were pleased with the service received and one patient said, *'nothing – can't fault them'*.

In **Question Twelve**, patients were asked if they had access to food and beverages since admitted to AAU and if so, from where.

The majority of patients (81%) who were able to have food and drink (some were 'nil by mouth') had used the mobile canteen and commented the food was 'good' or 'excellent'. One patient said that her husband had to get food from a vending machine which was *'not working properly'* and others said that the *'breakfast needs improvement'*. However, overall, most patients were complimentary about the food and drinks offered to them.

Have you had access to food and beverages since you have been in the department / ward?

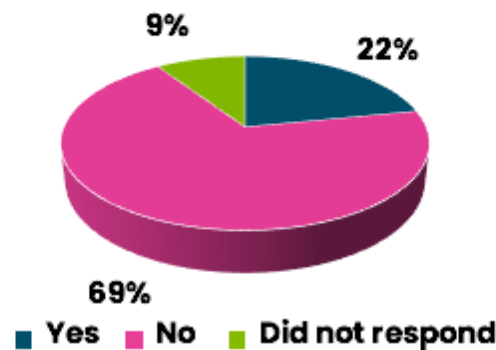


In **Question Thirteen**, patients were asked if they had additional care needs, had they had a social care assessment recently.

Some of the patients spoken to were either registered disabled and/or had Carers or family members supporting them so had previously received an assessment (22%). One patient mentioned, *'Carers in place four times a day already and my five children provide support too'*. A relative of a patient said, *'has dementia, Carers are needed for medication. Had issues with Carers not turning up. Someone came round to see about sheltered accommodation at Tavistock Court before going to hospital. Social Worker rang him that morning about accommodation'*.

The majority of patients had not received a care assessment (69%). One patient, who needed a care assessment said, *'I require a care package for my hip but don't know who to ask about this as told to speak to the Physio but don't know who that is or how to get hold of them'*.

If you have additional care needs, have you had a social care assessment recently?



In **Question Fourteen**, patients were asked if they was anything else they would like to tell us about their experience of the Acute Assessment Unit.

Positive comments were given about the staff who were thought to be *'lovely people'* and *'polite – brilliant'*. One patient said, *'It's very good, I cannot fault them. They are probably understaffed but when someone appears to be in trouble staff come immediately and staff are very busy'*.

However, other patients (26%) felt that improvements could be made. One patient said, *'bad experience from the word go. Had to ask for pain relief. No antibiotics - was told in A&E that I needed these'*. Another said, *'not suitable for a prolonged stay. No help with mobilisation. I had to ask to see the Physio'*. Once again, many patients felt there was a lack of staff, as one patient observed, *'staff were run off their feet. Inadequate number of staff to care for patients on the ward'*.

One patient said they felt there was a distinct lack of communication between healthcare staff, the patient said, *'when waiting in AAU the nurse phoned another nurse who she was sitting directly opposite of. Very poor communication which increased confusion and pain'*. A relative of a young teenager said, *'not the best place to be for a 17 year old. Would not want to stay any longer. No privacy. Told not to close the curtain when friends visiting'*. Another patient said, *'had to wait a little too long when ringing the bell for the toilet. They don't follow up what they say they will do, e.g., advised they were taking my blood pressure 72 hours ago'*.

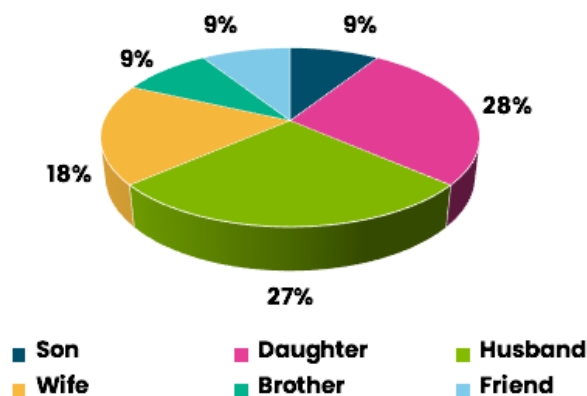
Carers/Relatives

A total of 11 Carers or relatives in AAU to support a patient agreed to answer questions about their experience. A full copy of the relatives survey questions can be found at **Appendix B**.

In **Question One**, people were asked what their relationship was to the person they were with.

There was a variety of relatives who accompanied their family member to hospital on the day of their visit. This included daughters, sons, husbands, wives, brothers and friends.

What is your relationship to the person you have accompanied to the department/ward today?



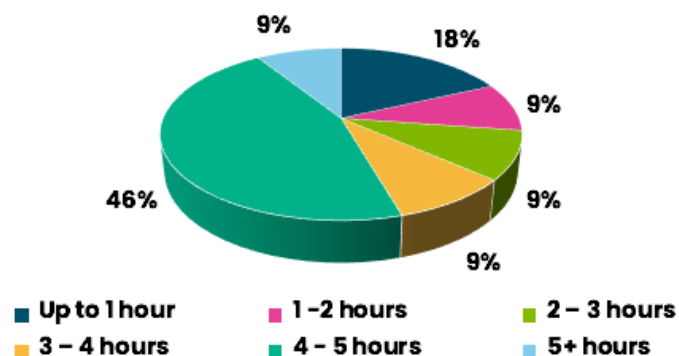
In **Question Two**, relatives were asked what brought them to the hospital today and what is the reason for their visit.

During the afternoon visit, relatives explained their family member had been admitted to the AAU for a variety of reasons which included head trauma, blood clot, infections and *'dehydration, possibly stroke'*.

During the evening visit, many of the relatives told us they were visiting their family member. A husband explained, *'wife had a stroke, been in three days. It is the first evening I have been allowed to visit (bedside)'*.

In **Question Three**, relatives were asked how long it had been since they arrived in AAU. Answers to this question varied considerably, and ranged from 30 minutes to over a week. The majority of the people we spoke to had been in AAU for 4 – 5 hours (46%). Some relatives added they had waited with their family member in A&E for over five hours before being transferred to AAU.

How long is it since you arrived in the department/ward?



In **Question Four**, relatives were asked if they knew what the person they were with today was waiting for.

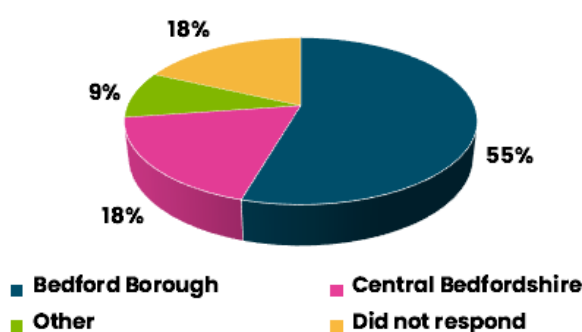
During the afternoon visit the majority of relatives explained that the patient was waiting for a scan, ECG or blood pressure check. One relative said, *'scan done but waiting for Addenbrookes bed for operation, it's been three days so far'*.

At the evening visit, most of the relatives said their family member was waiting for a bed on a ward, one relative said, *'blood tests and waiting to go on to a different ward; possible MRI scan'*.

In **Question Five**, relatives were asked why they chose to come to Bedford Hospital and whether the patient is a resident of Bedford Borough or Central Bedfordshire.

34% of the relatives explained that the patient was brought by ambulance straight to Bedford Hospital, others were referred by their GP and a few said it was their local hospital. One relative said, *'called an ambulance – did not come out. Tried to bring myself but she fell and ultimately the fire brigade came and phoned for an ambulance. Fire brigade were excellent and the ambulance arrived shortly after'*.

Is the person you are accompanying a resident of Bedford Borough or Central Bedfordshire?

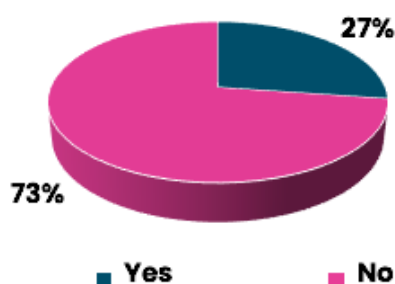


The majority of residents who responded to this question were from Bedford Borough (55%) with 18% from Central Bedfordshire and 9% from other counties. 18% did not respond to this question.

In **Question Six**, relatives were asked if they had previously consulted NHS 111 before arriving at the hospital.

The majority of relatives answered 'no' to this question (73%). A smaller percentage answered 'yes' (27%). Of the relatives who answered 'yes' to this question, all indicated this was by phone.

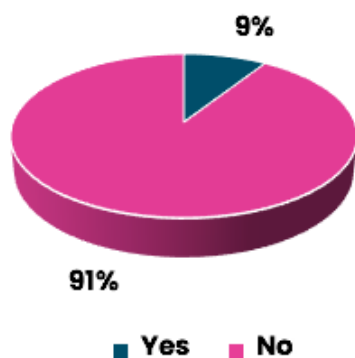
Have you / the person you are accompanying consulted NHS 111 prior to attending?



In **Question Seven**, if the answer to the question above was 'yes', they were asked if they had been offered an appointment by NHS 111.

A vast majority said that their relative had not been offered an appointment by NHS 111 (91%).

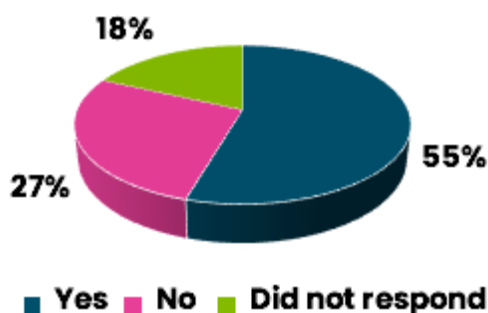
Were they / you offered an appointment by NHS 111?



In **Question Eight**, relatives were asked if the person they are accompanying had been seen or spoken to by any other healthcare professional in the 24 hours prior to attending the hospital.

Many of the relatives explained that the patient had seen their GP before arrival at the hospital (55%) whilst others said 'no' as an ambulance had transported their relative to the hospital (27%). A brother of a patient explained that his sister, *'has mental health issues and was transferred directly from the residential care home'*.

Seen or spoken to any other healthcare professional in the 24 hours before coming to hospital?



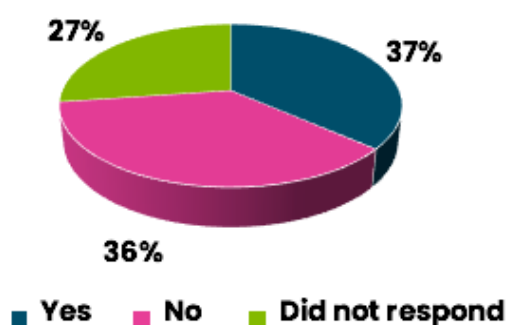
In **Question Nine**, if their answer to the question above was 'no' they were asked why they had not consulted with another healthcare professional, e.g., their GP.

60% of relatives who answered 'no' to the question above said this was because it had been an emergency. One relative said, *'the Carers said to call NHS 111'* and another said, *'I can't remember'*.

In **Question Ten**, relatives were asked if their family member had been asked if they had any additional communication needs, e.g., hearing or visual impairment, and if so, whether any additional provision was made for them.

Over a third of relatives indicated the patient had been asked if they had any particular communication needs (37%) although another third (36%) said they had not. 27% did not answer this question. A daughter told us, *'mother is not able to speak clearly, she is reliant on me to speak for her'*.

Was the person you are accompanying asked if they had any additional communication needs?



In **Question Eleven**, relatives were asked if the patient required an Interpreter and if this had been acknowledged and provided – unfortunately, none of the relatives we spoke to said they had been asked if the patient required an Interpreter.

In **Question Twelve**, relatives were asked what their experience was like with reception staff at the hospital.

61% of relatives said that reception staff were *'good'* or *'OK'*. Although a few were not happy with the wait in A&E before being transferred to AAU and lack of communication with hospital staff. One relative said, *'shambles; went to outpatients, sent to A&E who didn't know if I could visit. Went to ambulance bay, spoke to someone else in A&E, finally allowed in AAU after 15 – 20 mins'*. Another relative said they were frustrated at not initially being allowed in with their relative as *'I needed to be here to help settle mum'*.

In **Question Thirteen**, due to Covid-19 restrictions, relatives were asked if they had or were experiencing any difficulty supporting the patient. All of the relatives spoken to said they **did not** have any difficulty supporting their family member due to the restrictions.

In **Question Fourteen**, relatives were asked what they would improve if they were given the option to do so.

The majority of relatives were frustrated at the waiting times, specifically waiting in A&E before being transferred to the AAU. It was felt that communication could be improved between hospital staff and relatives as they were often unaware of ongoing care and treatment for their family member, one relative said, *'improve communication, staff do not offer information unless asked'*.

One relative who was concerned about their family member not receiving the care they needed told us, *'specialist care such as in this case. Patient should not have to wait in AAU but should be sent to a specialist area'*. Another relative felt that there was insufficient staff on the ward, they told us, *'More staff; doesn't feel safe therefore I need to be here to look after mum. Drink and meds. left by bedside but she can't get these herself'*.

Another relative told us that their family member had fallen whilst on the hospital commode at 3am and was saved by falling into a curtain whilst another patient had to call for help. They suggested that more staff were required, specifically dedicated staff at night. Another relative said, *'more nurses'*.

Additional comments about their experience included, *'staff say they don't have time to write things up'* and *'although they are understaffed, staff have been very good and have allowed family to be here 24 hours'*. Another remarked on the ceiling tile which had fallen during their stay, they told us, *'ceiling tile fell down in the waiting area close to my one year old daughter'*.

In **Question Fifteen**, relatives were asked if there was any further comments they wished to add about their experience today.

Once again relatives were unhappy about the length of wait for care and treatment of their relative. No further comments were received.



Staff

Hospital staff working in the Acute Assessment Unit (AAU) were also approached for their feedback. The number of staff who felt able to take the time to complete our questionnaire is very low. In total seven questionnaires were completed.

As only seven surveys were completed by staff at the time of the visits, a condensed summary of all their responses is detailed below.

A full copy of the survey questions for staff can be found at **Appendix C**.

Summary

Three staff interviewed said they had only worked within the AAU, others had either worked in one other area or were 'bank' staff. Four staff members said they had regular team meetings once a week, two others said they did not.

Staff confirmed that a patient would be supported if they had additional needs but *'shortages of staff could hamper this'*. Another staff member said that *'a patient would be put in a high visibility bay and if they have additional needs, refer to necessary speciality, e.g., disability nurse'*. When asked how they support patients who have difficulty communicating, staff members all confirmed they would try to identify what support was required and refer to the appropriate service. One staff member confirmed they would *'liaise with the patient, Carer or family member about the best way to communicate'* and another mentioned using an Interpreter.



When asked if they knew how patient feedback is collected and used within the department, staff indicated this was usually via staff meetings or email. However, many did not elaborate on how this information was used to help improve a patients experience.

Only two staff members said they had been offered sufficient training for their role. We were advised that there is a lead person who looks at training needs. One staff member said, *'not a lot of training but pick it up quickly'*. When asked what further training they thought would be beneficial, one staff member said, *'more understanding of acute care' and another mentioned, 'mental health training' and 'care of patients with CPAP machine'*. All staff spoken to said they were able to request further training appropriate to their role.

Some staff felt morale was fairly low within the team, due mainly to staff shortages, although they also felt that things were improving, one staff member said, *'low but better than it was. I feel like it is starting to improve'*. Only three of the seven staff spoken to knew who the Trusts 'Freedom To Speak Up' Guardians are and how to contact them.

When asked what changes could be made to the department to improve the patient experience, all staff felt that more qualified staff were required with better communication, and respect for staff, with values respected and for the staff : patient ratio to be maintained. Other staff members mentioned a smoother and quicker pharmacy discharge for medications, and another said, *'a television for each bay'*.

When asked for additional feedback, a member of staff stated that *'a reward strategy is not appropriate and the NHS salary is poor'*.





Urgent Treatment Centre (UTC)

Two visits to the Urgent Treatment Centre (UTC) at Bedford Hospital took place over two days at different times, as detailed on the table on page 7 and a total of 22 people responded to questions, 15 by patients, three by family members and four by staff.

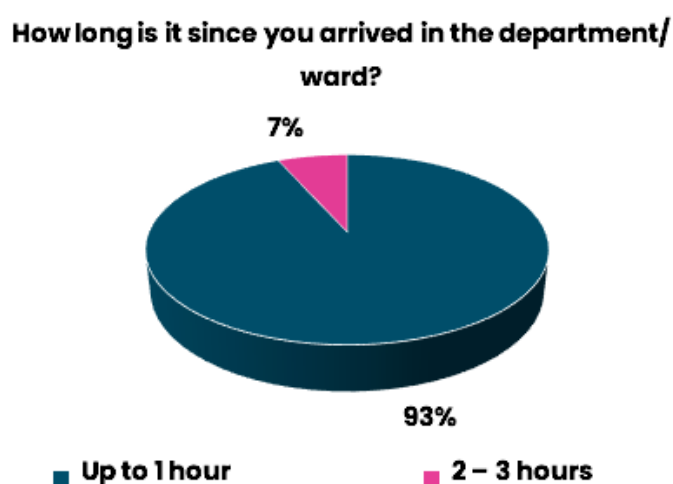
It should be noted however that an additional visit to the UTC was scheduled, but when Healthwatch representatives arrived at the UTC it was closed, and Healthwatch had not been notified of the closure. It was also noted that there was an absence of signage for patients to notify them (on arrival) that the unit was closed. Healthwatch representatives spoke with the Patient Experience Manager at the time of the intended visit who subsequently advised the unexpected closure had been raised with the Service Manager who understood that signage should have been displayed for patients. However, NHS 111 had been alerted to the changes and the Service Manager would be picking this issue up to ensure NHS 111 had been updated and information circulated again.

During one visit to the UTC a large ceiling tile fell down in the waiting room and Healthwatch representatives noted that staff were very quick to respond and cordoned off the area. A full analysis of the feedback given is detailed below:

Patients

A fairly small cohort of patients were included (15) as only two visits went ahead (as explained above). Of those who were happy to respond to our questions, the majority of patients answered all questions we asked. A full copy of the patient questions can be found at **Appendix A**.

In **Question One**, patients were asked how long it had been since they arrived in the Urgent Treatment Centre (UTC). The majority of patients spoken to had waited for up to an hour in the UTC (93%), with a small minority (7%) who had waited 2 – 3 hours.



In **Question Two**, patients were asked what brought them to the hospital and what was the reason for their visit.

43% of patients spoken to had been referred to the UTC by NHS 111. 31% had called their GP but when told that no appointments were available, had subsequently called NHS 111 who had advised them to go to hospital. Other patients mentioned a variety of conditions including minor injuries, and one patient who had been referred to UTC by another consultant within the hospital.

In **Question Three**, patients were asked if they knew what they were waiting for (e.g., triage, blood tests, X-ray etc).

Many patients said they were waiting to see a doctor and others said they were waiting for an assessment. A few were not sure, and one patient said, *'assessment currently as this is a return visit as I was in A&E yesterday for seven hours'*.

In **Question Four**, patients were asked why they had chosen to come to this hospital as opposed to others in the area.

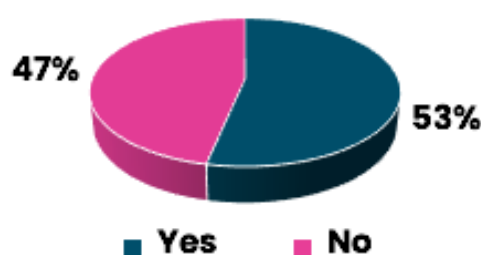
The majority of patients had been advised by their GP to go to A&E and subsequently transferred to UTC. One patient said, *'GP advised me to call NHS 111 as wait for GP appointment is three days'*. Another patient told us that, *'went to A&E yesterday and they gave me a penicillin drip for three hours and sent home with tablets. Advised to return if pain persisted, which it did and I was referred on to UTC'*. Others mentioned it was their closest hospital.

In **Question Five**, patients were asked if they had consulted NHS 111 before attending the UTC and if 'yes' was this by phone or online.

Just over half of patients spoken to had called NHS 111 (53%). None of the patients spoken to had used the online service. Just under half of patients (47%) had not contacted NHS 111 prior to their arrival at the hospital.

When asked, after calling NHS 111, if they had been offered an appointment at the hospital, exactly half of the patients spoken to said they had (50%), with 25% who said they had not. A further 25% of patients did not respond to the follow up question. However, most patients told us they were advised to go to A&E or NHS 111 had called an ambulance for them.

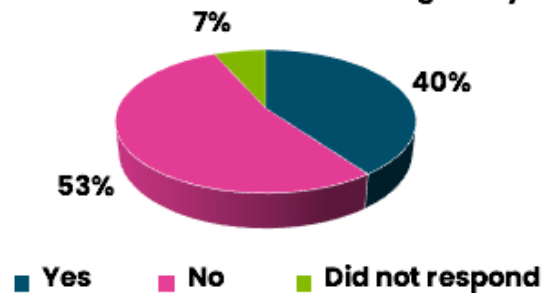
Have you consulted NHS 111 today before attending the hospital?



In **Question Six**, patients were asked if they had seen or spoken to another healthcare professional in the 24 hours prior to their arriving at the hospital.

Many of the patients spoken to had contacted a healthcare professional (40%) which included their GP, a Pharmacist, contacting NHS 111, and a Consultant at the hospital.

Have you seen or spoken to another healthcare professional in the 24hrs before attending today?



However, the majority of patients who answered 'no' to this question (53%) were also asked why they had not consulted another healthcare professional. Almost all the patients spoken to said this was because they had tried to contact their GP for an appointment without success. One patient said, *'no GP appointments – none available at all'*.

In **Question Seven**, patients were asked if they had been seen by a clinician since they arrived in the UTC. A majority of patients (73%) answered 'no' to this question. Only a small minority (27%) had been seen on arrival in the UTC.

Seen by a clinician since you arrived in the department/ward?



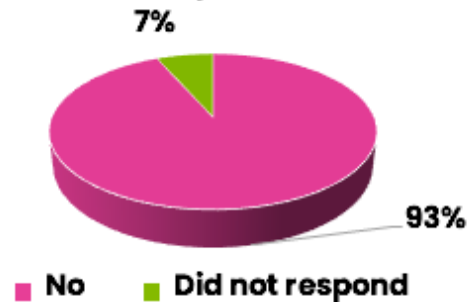
In **Question Eight**, patients were asked if they had any additional communication needs, e.g., hearing or visual impairment or if they needed additional language support.

All of the patients spoken to said 'no' they had not been asked if they had additional communication needs.

In **Question Nine**, we asked patients if they had been asked on arrival if they required an Interpreter.

A very large majority of patients (93%) said they had not been asked if they required an Interpreter. A small minority (7%) did not respond to the question.

Have you been asked if you require an Interpreter?



In **Question Ten**, patients were asked what their experience was with Reception staff/ front desk.

93% of patients said that reception staff were *'very good'* or *'pleasant'* and *'helpful'*. Many others said *'OK'*, however some patients were frustrated with the lack of communication. One patient told us, *'she was pleasant but did not give out any information'*. Another patient said, *'found it hard to hear Receptionist due to the noise in the background'*.

In **Question Eleven**, patients were asked what they would improve if given the option to do so.

A few patients said they were *'very pleased with the service'* and indicated it was *'an efficient service'*. However, the majority of patients, when asked this question, said that improving access to their GP would make a big difference as this may negate the need to go to the hospital. One patient told us, *'The GP surgeries are not interested in seeing patients anymore. They just refer you to the hospital'*. Another patient said, *'I would like my GP to be more helpful and speak to me personally. We have been unable to get an appointment with our GP since January 2022. I have tried at least 10 times but the phone is engaged continuously from 8.30am. I have tried to change surgery but failed to get on their list'*.

Other patients thought that waiting times could be improved with better communication and explanation of what the process and procedure is for the department they are in. Another patient who was told by NHS 111 to call the UTC said, *'I called but no one answered the phone so I just turned up. Looks OK now I'm here'*.

In **Question Twelve**, patients were asked if they had access to food and beverages since they arrived in the Urgent Treatment Centre. The majority of patients (67%) who answered 'yes' to this question said they had accessed the vending machine, although 33% said they had not.

Have you had access to food and beverages since you have been in the department / ward?



In **Question Thirteen**, patients were asked if they had additional care needs, had they had a social care assessment recently.

All of the patients spoken to in the Urgent Treatment Centre said they had not had a social care assessment recently. However, it was unclear whether any of the patients spoken to had additional needs and/or needed an assessment.

In **Question Fourteen**, patients were asked if there was anything else they wanted to tell us about their visit to the Urgent Treatment Centre.

A few additional comments were received from patients; one said, *'my first time here and I went to the wrong counter. Glad that I have been referred to this department; I wouldn't want to go to A&E'*. Another patient said that the Receptionist was not co-operative, and one patient was confused as to why they had been taken to Bedford Hospital as opposed to the Lister Hospital as they only lived 10 minutes away from the Lister.

One other patient said that he was surprised that staff in A&E could not give him a tetanus injection as he had been referred to UTC so they could do it.



Carers/Relatives

We approached Carers and relatives to give their feedback but only three agreed to answer questions. A full copy of the relatives survey questions can be found at **Appendix B**.

As only three questionnaires were completed by relatives at the time of the two visits, a condensed summary of all their responses is detailed below.

Summary

The family members spoken to had accompanied either a parent or son/daughter to the hospital and one was a mother with a very young child. The reasons given for their visit included, *'had a fall'* and *'spiking a fever'*.

One of the relatives spoken to told us their family member had been in the UTC for over five hours, and one had only just arrived. All were aware of the reason for the wait which included, *'waiting to see the doctor'*.

One relative had been transported by ambulance, another said it was their local hospital and one family member told us that their relative *'came in for knee replacement. Surgery booked for 14.05.22 but lost blood after surgery and developed sepsis and pneumonia, now they are very confused'*.

None of the relatives spoken to said they had tried to contact another healthcare professional prior to arriving at the hospital, one relative told us, *'no appointments available to see the GP, so came here instead'*.

Equally none of the relatives recalled the patient being asked if they had any additional communication needs, although one relative said, *'English is the second language'* for their family member, but they were *'not asked if an Interpreter was needed'*. Other relatives told us that the family *'take it in turns'* to help support their family member with translation.



Staff

Hospital staff working in the Urgent Treatment Centre (UTC) were also approached for their feedback however, due to the unprecedented demand on their time at this very busy period, it is unsurprising that the number of staff who took the time to complete our questionnaire is very low. In total four questionnaires were completed.

As only four surveys were completed by staff at the time of the two visits, a condensed summary of all their responses is detailed below. A full copy of the survey questions for staff can be found at **Appendix C**.

Summary

One of the staff spoken to said they had worked elsewhere within the Trust and they had regular six weekly team meetings, although another staff member said this was every month.

When asked if a patient had additional needs how would they be supported, one staff member told us patients are supported by reception and by liaising with doctors, with notes additionally added on to the system. Another staff member said, *'get help from other relevant team or manage if I can'*. Staff also mentioned that patients are seen quicker if necessary.



For patients who have difficulty communicating (or are non-verbal) staff would arrange for a translator or rely on relatives. Staff confirmed they would follow *'trust policy'* or *'seek support from management team'*.

Staff indicated that patient feedback is collected via a **patient feedback card** although they did not elaborate on how this was used within the department.

Staff did not comment on whether they felt they had received sufficient training for their role, although one said *'Continuing Professional Development (CPD) is not included in my JD/job plan'* and for this reason did not feel they could request training in this area. However some felt they would benefit from further training in other areas such as *'streaming'*, and *'urgent care for children'* and they would also want to be given regular training updates.

One staff member told us that the staffing level was not usual for this department as they did not have a treatment nurse, however staff morale was mainly described as *'good and positive despite low staffing'*.

One staff member knew who the Trust's Freedom to Speak Up (FTSU) Guardians are, although another did not, and when asked what changes they felt could be made to improve the patient experience, 'improvement in staffing levels' was top of the list. Further comments included, *'staff are friendly and work together as a team'* and *'lack of clinical leadership and desire to improve the UTC'*.



BEDFORD HOSPITAL

Main Entrance



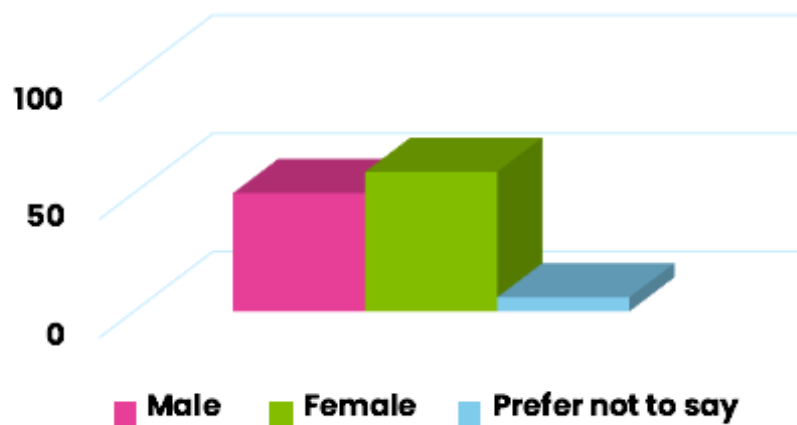
Demographics

Of the 115 patients interviewed, all agreed to complete demographic information, as follows:

Gender

Patient gender was fairly evenly split; 59 female and 50 male, with six who preferred not to say.

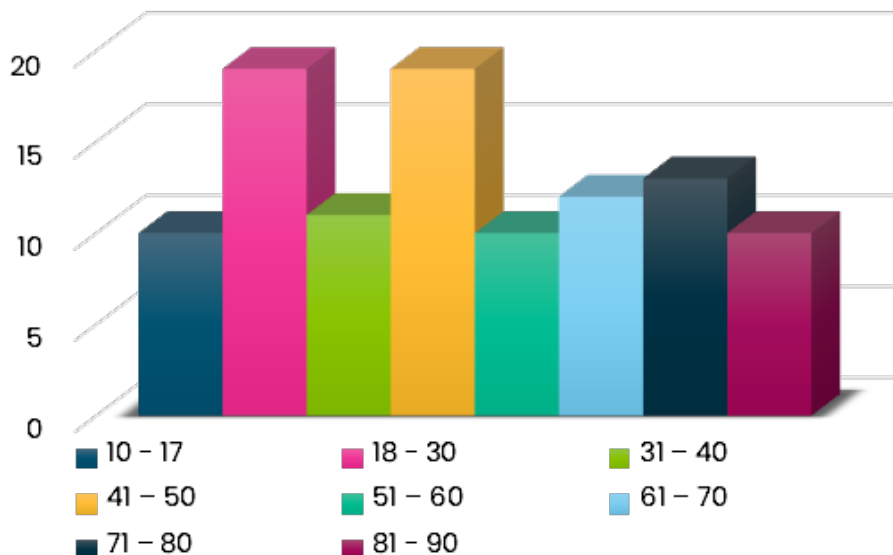
How would you describe your gender?



Age

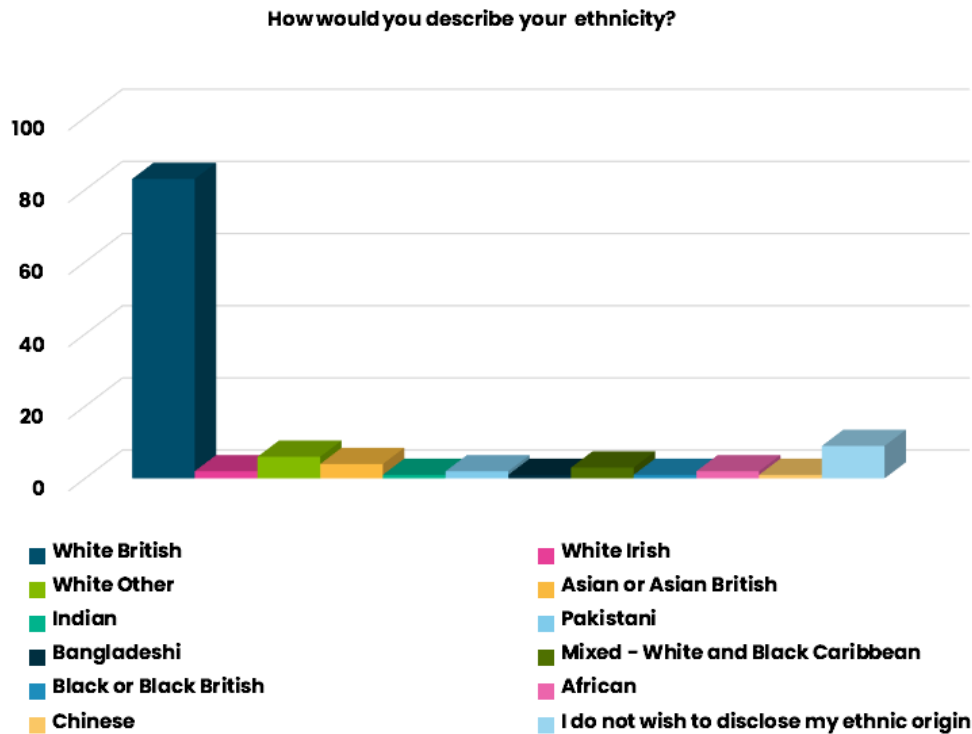
The age range of all patients varied considerably with only a slightly higher proportion of patients in the 18-30 (19 patients) and 41-50 (19 patients) age group.

How old are you?



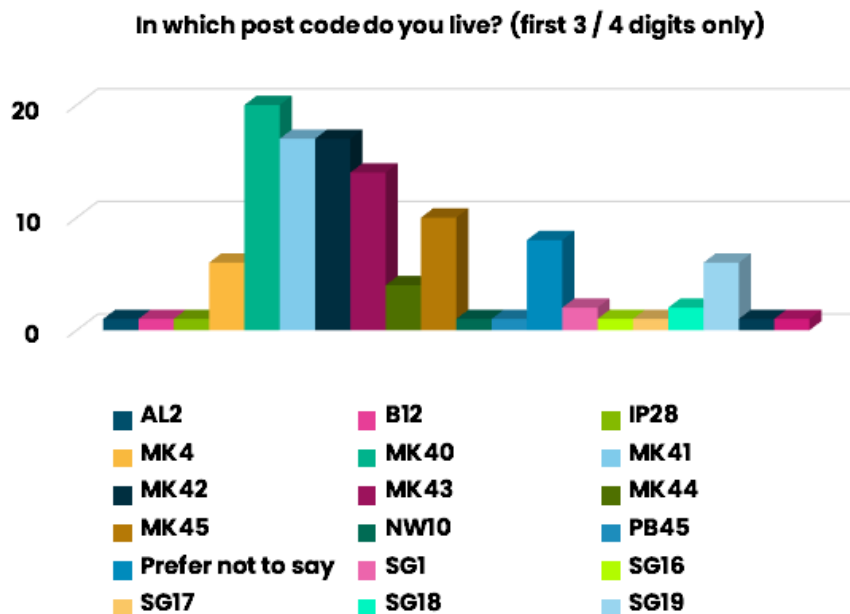
Ethnicity

The ethnicity of the majority of patients was White/British (83 people). A wide range of ethnicity was indicated for the remaining 32 patients (see graph below) which reflected the demographics of the area.



Area

Patients were asked in which area they lived, and to indicate with the first 3/4 letters of their postcode. This revealed that the majority of patients came from the Bedford areas of Biddenham and Kempston, closely followed by patients from Brickhill, Putnoe, Goldington, Clapham, Renhold, Queens Park and Great Denham. However, some patients came from a wider area across Bedfordshire and neighbouring counties.





Bedford Hospital

History of Bedford Hospital

Bedford Hospital and the Luton & Dunstable University Hospital merged on 1 April 2020 to form Bedfordshire Hospitals NHS Foundation Trust.

Under the single NHS Trust, both hospitals retained their identity and individual hospital names. A&E, maternity and paediatrics services remain on both sites, with clinical services from both hospitals working as single teams across the whole Bedfordshire catchment area.

Bedford Hospital is a 400+ bed district general hospital located in the English town of Bedford, serving north and mid Bedfordshire.

This site (still popularly known as South Wing) is home to the Accident and Emergency department, theatres, pathology, inpatient wards, radiology and nuclear medicine, oncology services and outpatients' services, endoscopy, pharmacy and outpatient clinics. There are approximately 425 inpatient beds and 28 day case beds within the hospital.

Latest CQC report:

The Care Quality Commission (CQC) last inspected Bedford Hospital in June 2021 and the report was published on 12th August 2021. The results showed that the following three areas were rated as *'Requires Improvement'*:


- ◆ Safe
- ◆ Effective
- ◆ Well-led

Two further areas were rated as *'Good'*:

- ◆ Caring
- ◆ Responsive

The overall rating given was *'Requires Improvement'*

The full inspection report can be viewed here: <https://www.cqc.org.uk/location/RC9X5/inspection-summary#>



Response from Bedford Hospital to Enter & View Report

This report was sent to Bedford Hospital on 13th October 2022 and we await their response.

As soon as we hear from Bedford Hospital, their comments will be included here.





Appendix A

Patient Survey

Patient Questions: General

1. How long is it since you arrived in the department/ward?	Up to 1 hour / 2 – 3 hours / 3 – 4 hours / 4 – 5 hours / 5 hours plus (please circle)
2. What brought you to the hospital today / What is the reason for your visit?	
3. Do you know what you are waiting for? (e.g. triage, blood test, x-ray, admittance to a ward)	
4. Why did you chose to come to this hospital as opposed to others in the area?	

Patient Questions: Access

<p>8. Were you asked if you had any additional communication needs? (e.g. hearing or visual impairment or require additional language support)</p> <p>If YES, please state the nature of the impairment and whether any special provision was made for you</p>	<p>YES</p> <p>(PLEASE CIRCLE)</p> <p>NO</p>
<p>9. Have you been asked if you require an interpreter? E.g, BSL</p> <p>If so, has this been acknowledged/provided?</p>	<p>YES</p> <p>(PLEASE CIRCLE)</p> <p>NO</p> <p>YES</p> <p>NO</p>
<p>10. How was your experience with reception / front desk?</p>	
<p>11. What would you improve if you were given the option to do so?</p>	

Patient Questions: Catering (ACUTE ASSESSMENT UNIT – ONLY)

12. Have you had access to food and beverages since you have been in the department/ward?

If so, from where? (e.g., vending machine, water cooler, brought with you or outside of hospital)

YES

(PLEASE CIRCLE)

NO

Patient Questions: Other

13. If you have additional care needs, have you had a social care assessment recently?

If YES, when was this?

YES

(PLEASE CIRCLE)

NO

14. Is there anything else you would like to tell us about your visit to this department/ward?

Appendix B

Carer/Relative Survey

Relative / Carer Questions: General	
1. What is your relationship to the person you have accompanied to the department/ward today?	
2. What has brought you to the hospital today / What is the reason for your visit?	
3. How long is it since you arrived in the department / ward today? (Have you been informed of how long your wait will be? Do you feel that this has been appropriately communicated to you?)	
4. Do you know what the person you are accompanying is waiting for? (e.g., triage, blood test, Xray, admittance to a ward)	

<p>5. Why did you / the person you are accompanying come to this hospital as opposed to another in the area?</p> <p>Also – is the person you are accompanying a resident of Bedford Borough / Central Bedfordshire (please circle)</p>	
<p>6. Have you/the person you are accompanying consulted NHS 111 prior to attending?</p> <p>By phone or by email (please circle)</p>	<p>YES NO (PLEASE CIRCLE)</p>
<p>7. Were they / you offered an appointment by NHS 111?</p>	<p>YES NO (PLEASE CIRCLE)</p>
<p>8. Has the person you are accompanying seen or spoken to any other Healthcare professional in the last 24 hours prior to attending the department today? (e.g., GP, Pharmacist, Mental Health Professional)</p>	
<p>9. If not, please tell us why they / you did not consult another healthcare professional before coming here today? (e.g., unable to get through to GP Practice, failed contact, no appointments, didn't try)</p>	

Relatives / Carer Questions: Access

<p>10. Was the person you are accompanying asked if they had any additional communication needs? (e.g. hearing or visual impairment or require additional language support)</p> <p>If YES, please state the nature of the impairment and whether any special provision was made for you</p>	<p>YES (PLEASE CIRCLE)</p> <p>NO</p>
<p>11. Was the person you are accompanying asked if they require an interpreter? E.g., BSL</p> <p>If so, has this been acknowledged/provided?</p>	<p>YES (PLEASE CIRCLE)</p> <p>NO</p>
<p>12. How was your experience with reception / front desk?</p>	

13. Due to Covid -19 restrictions, are you experiencing any difficulty supporting the patient?	
14. What would you improve if you were given the option to do so?	
15. Is there anything else you would like to tell us about your visit to this department/ward?	

Appendix C

Staff Survey

Staff Questions: General	
1. How long have you worked in this department / ward?	Up to 1 year / 2 – 3 years / 3 – 4 years / 4 – 5 years / Other (specify) (Please circle)
2. Have you worked elsewhere within the Trust?	
3. Do you have regular team meetings? If so, how often?	YES NO (PLEASE CIRCLE)
4. Do you feel the current staffing level is adequate?	YES NO (PLEASE CIRCLE)
5. If a person came to the department / ward with additional needs, how would they be supported? (e.g., dementia, learning difficulty, hearing impairment, etc)	






<p>6. How do you support patients who have difficulty communicating?</p>	
<p>7. Do you know how feedback is collected and then used within your department / ward</p>	
<p>8. Do you feel you have been offered sufficient training for this role?</p> <p>If not, why not?</p>	<p style="text-align: center;">YES NO (PLEASE CIRCLE)</p>
<p>9. What other training do you feel you or other members of your team would benefit from?</p>	
<p>10. Do you feel able to request further training appropriate to your role?</p>	

Staff Questions: Environment

11. Is today's staffing level usual for this department / ward?	YES (PLEASE CIRCLE)	NO
12. Are you able to take your breaks as scheduled?	YES (PLEASE CIRCLE)	NO
13. Do you feel part of a team within the department / ward?	YES (PLEASE CIRCLE)	NO
14. Do you feel valued in your role?	YES (PLEASE CIRCLE)	NO
15. Do you feel part of a wider team within the Trust?	YES (PLEASE CIRCLE)	NO

Appendix D

Patients Survey (Paediatrics)

Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
1 	2 	3 	4 	5 

No.	Assessment	Score	What worked well?	What could have been done better?
1	Are you satisfied with the length of wait for treatment in Paediatrics today?			
2	Are you satisfied that you have <u>fully explored</u> other options before arriving at Paediatrics A & E today, such as speaking to a GP, Pharmacist or Mental Health Professional, or calling NHS 111?			
3	Are you satisfied that staff have involved you in discussions around your care and treatment today?			

No.	Assessment	Score	What worked well?	What could have been done better?
4	Are you satisfied with the information available about your care and treatment today? E.g., do you know what you are waiting for (triage, blood tests, x-ray, admittance to ward)?			
5	Are you satisfied that staff have explained what your care and treatment plan is and that you understand it?			
6	Are you satisfied that staff ask your consent and explain when they carry out care and treatment?			
7	Are you satisfied that you have been shown how to contact/call staff for assistance whilst waiting for treatment?			
8	Are you satisfied that you have been treated with dignity and respect during your visit today?			

No.	Assessment	Score	What worked well?	What could have been done better?
9	Were you spoken to by a hospital play consultant today? E.g., what activities, toys, games were available to you?			
10	How would you rate your overall experience of this service?			
11	If possible, what improvements would you like to see?			
12	Any other comments you would like to share today?			

About Healthwatch

Healthwatch Central Bedfordshire and Healthwatch Bedford Borough are the local consumer champions promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Bedfordshire.

Healthwatch Central Bedfordshire and Healthwatch Bedford Borough have significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. We engage and consult with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire and Healthwatch Bedford Borough are two of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.

healthwatch
Bedford Borough

healthwatch
Central Bedfordshire

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