



Experiences of patients at Great Western Hospital

July 2021



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Report summary

What is this report about?

In July 2021, Healthwatch Swindon, Wiltshire and West Berkshire carried out a piece of engagement work to hear the experiences of patients that had used the Great Western Hospital (GWH) in Swindon. This work was planned jointly with Great Western Hospitals NHS Foundation Trust, and we heard the experiences of patients that had used the Emergency Department and Urgent Care, and four inpatient wards.

What did we do?

- We devised two surveys – one for the Emergency Department (ED) and Urgent Care and one for inpatient wards at GWH.
- We carried out both face to face and virtual visits to these areas.
- We ran the two surveys online for one month. These were shared widely with our partners.
- We made telephone calls to patients that had been discharged.

What were the key findings?

- Most people said they had first sought help from other services before attending ED or Urgent Care.
- Many people had contacted several services before ED or Urgent Care, and had managed to speak to someone for advice.
- Comments around treatment and quality of care were broadly positive.
- A small number of people did not feel they had been treated with dignity and respect, didn't feel involved in their care, or felt safe.
- Staffing pressures and shortages were widely recognised by patients and the impact that this had on care.
- Food was seen as an area that could be improved.
- While the discharge process worked for some, for many there were delays and communication was raised as an issue.
- Carers reported a worse experience generally than patients themselves.

Conclusions and recommendations

The majority of findings from this review were positive, for which the Trust should be applauded. However, there were also some areas where change is needed.

The report makes several recommendations for consideration based on what people told us.



Introduction and background

About us

Healthwatch is your local health and social care champion. We're here to listen to the issues that really matter to people and to hear about your experiences of using local health and social care services. We're entirely independent and impartial, and anything you share with us is confidential. There is a local Healthwatch in every local authority area of England.

Healthwatch uses your feedback to better understand the challenges facing the NHS and other care providers and we make sure your experiences improve health and care for everyone – locally and nationally. We can also help you to get the information and advice you need to make the right decisions for you and to get the support you deserve.

This collaborative project was produced by Healthwatch Swindon, Healthwatch Wiltshire and Healthwatch West Berkshire to represent the catchment area of patients who may use Great Western Hospital (GWH) in Swindon.

healthwatchswindon.org.uk

healthwatchwiltshire.co.uk

healthwatchwestberks.org.uk

About Great Western Hospital

Great Western Hospital (GWH) is run by Great Western Hospitals NHS Foundation Trust. They provide healthcare to the people of Swindon and surrounding areas, offering treatment and care in hospital, in the local community and in people's own homes.

The hospital has around 480 beds, and includes numerous outpatient clinics, specialist scanners, maternity services, an Intensive Care Unit, an Urgent Care Centre and a 24/7 Emergency Department.

The Care Quality Commission (CQC) monitor, inspect and regulate services to ensure that they are safe and provide good quality care. In February 2020, the CQC undertook an announced inspection of four key services at GWH:

- Urgent and emergency care.
- Medical care.
- Surgery.
- Maternity.

While several areas of outstanding practice were identified, the Trust's overall rating was 'requires improvement'

Healthwatch Swindon, Wiltshire and West Berkshire regularly meet with representatives from GWH to share insight and we discussed the potential benefits of undertaking an Enter and View visit to the areas identified within the CQC report to hear patient experiences.

As a result, a collaborative piece of work was designed by Healthwatch Swindon, Wiltshire, West Berkshire and GWH. Due to the coronavirus pandemic, this work was paused several times and the methodology was adapted in line with the restrictions at the time of our visits.

About Enter and View

Healthwatch has a statutory right to carry out Enter and View visits in health and social care premises to observe the nature and quality of services, as set out in the Local Government and Public Involvement in Health Act 2007.

Enter and View visits are not inspections but aim to offer a layperson's perspective.

What did we do?

Healthwatch Swindon, Wiltshire, West Berkshire and GWH worked together to co-design this project.

It was decided that we should focus on visiting the Emergency department (ED) and Urgent Care, and four inpatient wards – two medical wards (Jupiter and Saturn, where patients are admitted due to illness for treatment) and two surgical wards, (Aldbourn and Meldon, where patients are admitted for surgery).

Together we devised two surveys, one for ED and Urgent Care and one for the inpatient wards. These asked a variety of questions to hear the experiences of people who had used services at GWH from 1 March 2021 onwards.

Due to the pandemic, our initial plan was to carry out virtual visits only, however as this work was delayed and restrictions eased, we felt it would be beneficial to also include face to face visits. These were carried out under a comprehensive risk assessment, and in line with the Covid restrictions and GWH visiting protocols at that time.

We undertook our engagement in July 2021, and this consisted of:

- Face to face Enter and View visits to ED, Urgent Care and four wards to hear the experiences of patients. These took place over one week at the beginning of July.
- Virtual interviews with patients in three wards at the hospital using hospital-based volunteers.
- An online survey that was available throughout July and shared widely by our partner agencies.
- Telephone calls to patients that had been discharged.

In total we heard the experiences of:

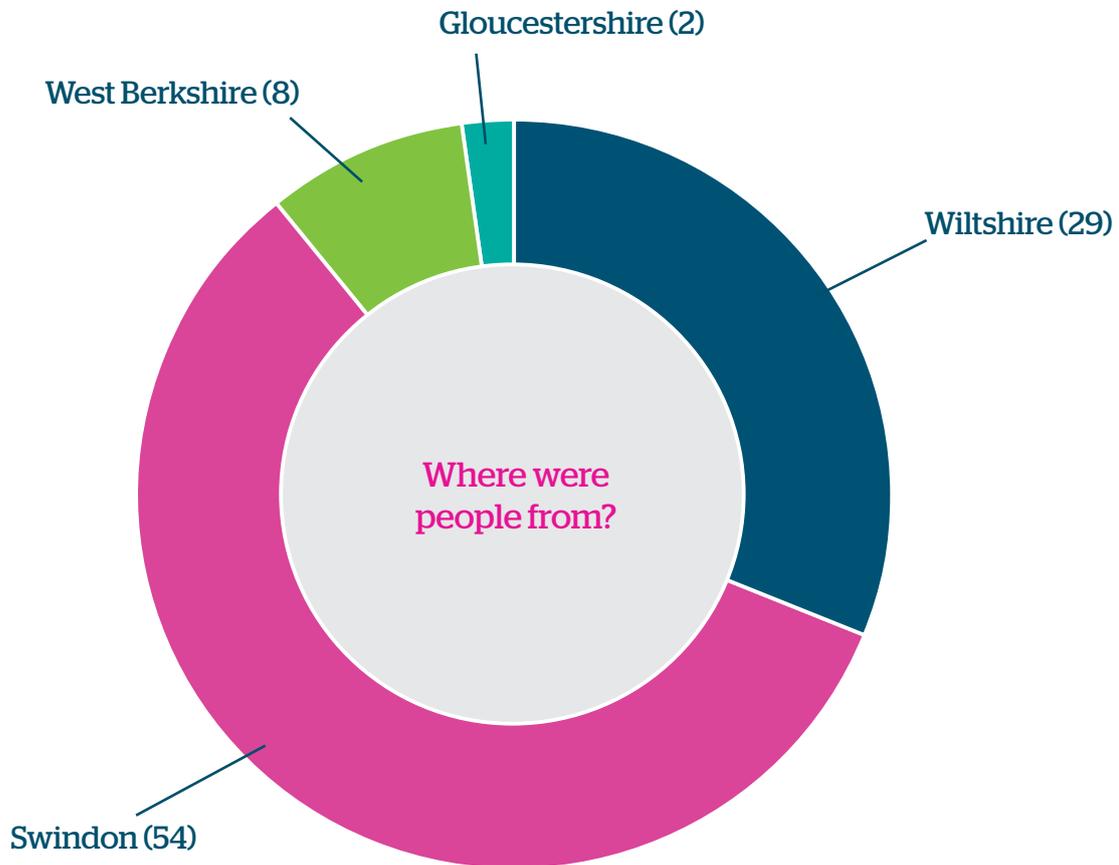
112 people that had used ED or Urgent Care.

84 people who had been inpatients at the hospital.

Who did we hear from?

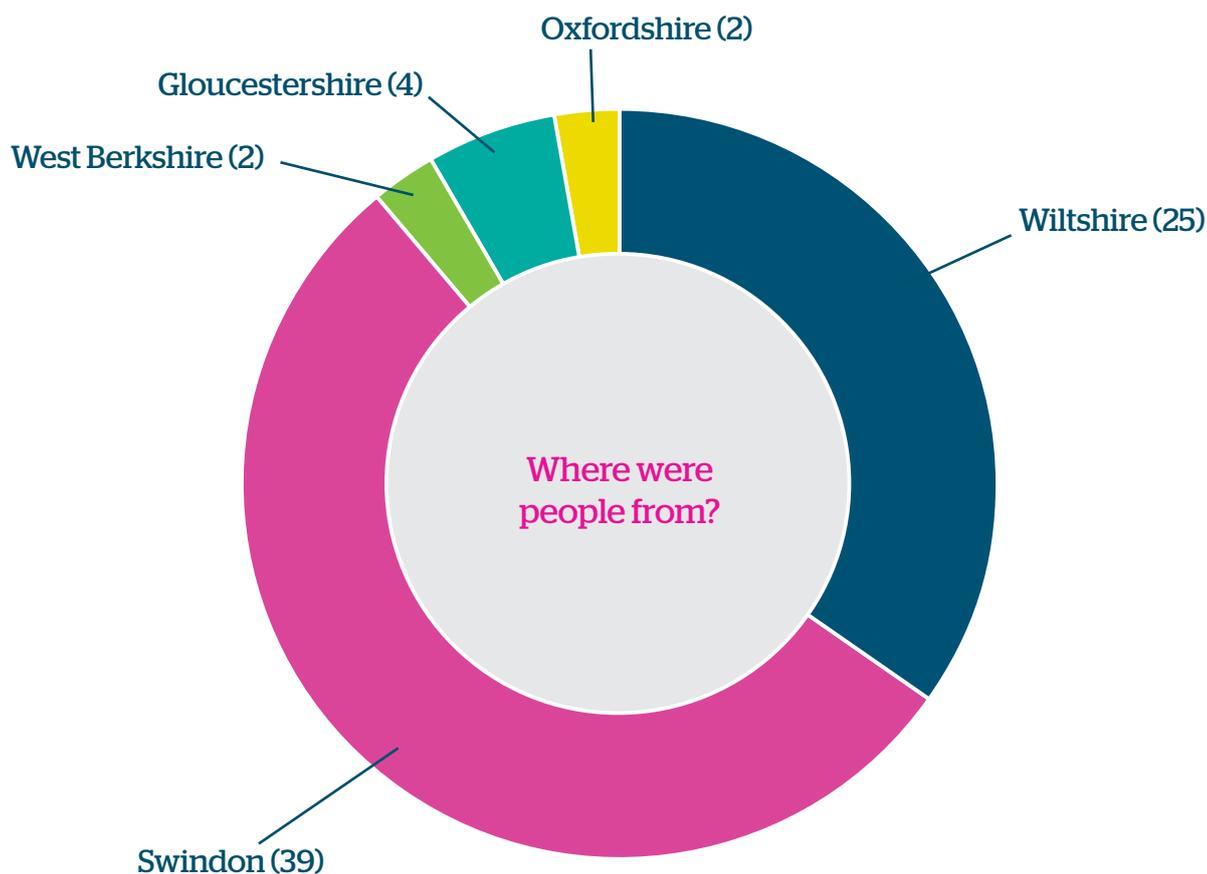
We used a variety of ways to gather feedback in order to hear from a wide range of people that had used GWH services.

ED and Urgent Care



- 60% of those we spoke to were female, with 38% male and the remainder either wishing to self-identify or not wishing to disclose.
- We spoke to people who were a range of ages, from under 18 up to over 85.
- 37% of the people we spoke to considered themselves to have a health condition or disability.
- 77% identified as White British.

Inpatients



- 69% were female and 28% male, with the remainder preferring not to say.
- Most of those we spoke to were between the ages of 55 and 84, although we did hear from people across all age ranges.
- 44% of people considered themselves to have a health condition or disability.
- 89% identified their ethnicity as White British, others identified as Indian, White other or other.

The full breakdown of the demographics can be found in the Appendix (page 46).

Observations from our visits

We visited the Emergency Department, Urgent Care and four inpatient wards to hear the views of patients. While visiting, we also made observations of the surroundings.

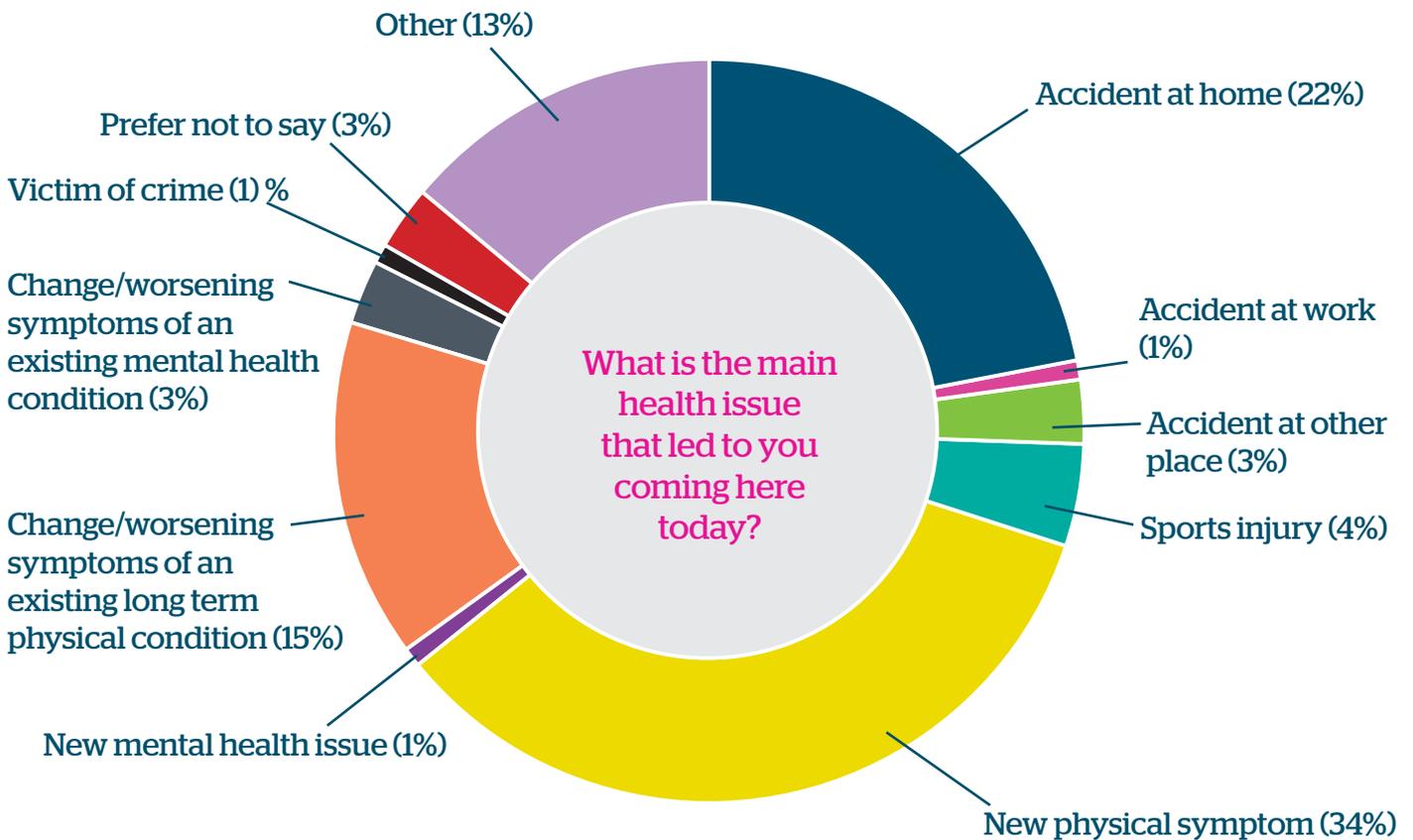
Urgent Care is currently housed in a temporary building, but this was light, clean and spacious. The staff were welcoming and friendly and gave us a tour of the building. There was hand sanitiser at the entrance and at a number of other locations. There were two waiting areas, with one specifically for those with children. This waiting area could have been more young people friendly and was a little bare. There was a vending machine available for refreshments. Chairs were spread out (or marked with a cross) with some additional screens to aid social distancing. We saw patients being signed in at reception and called through to appointments and observed that staff were polite and pleasant in their manner towards patients.

The **Emergency Department** by comparison was smaller and seemed darker. The staff were friendly and gave us a tour, identifying areas where we could talk to patients and areas to avoid. There was hand sanitiser at the entrance and face masks at the front desk. We observed reception staff checking in patients, clinical staff working on the unit and catering staff who were serving lunch to some of the patients in the bays. All staff were courteous and appeared welcoming of our visit. We saw that staff members were courteous, patient and caring in their manner toward patients. We observed patients being offered a choice of meals for their lunch. All the areas we visited in the Emergency Department were clean and tidy.

The wards we visited were clean and the staff on the whole were expecting us. They were friendly and able to identify patients for us to speak to. We noticed that posters were on display with the details of our visits. There were some wards where the corridors were a little cluttered with wheelchairs and other equipment.

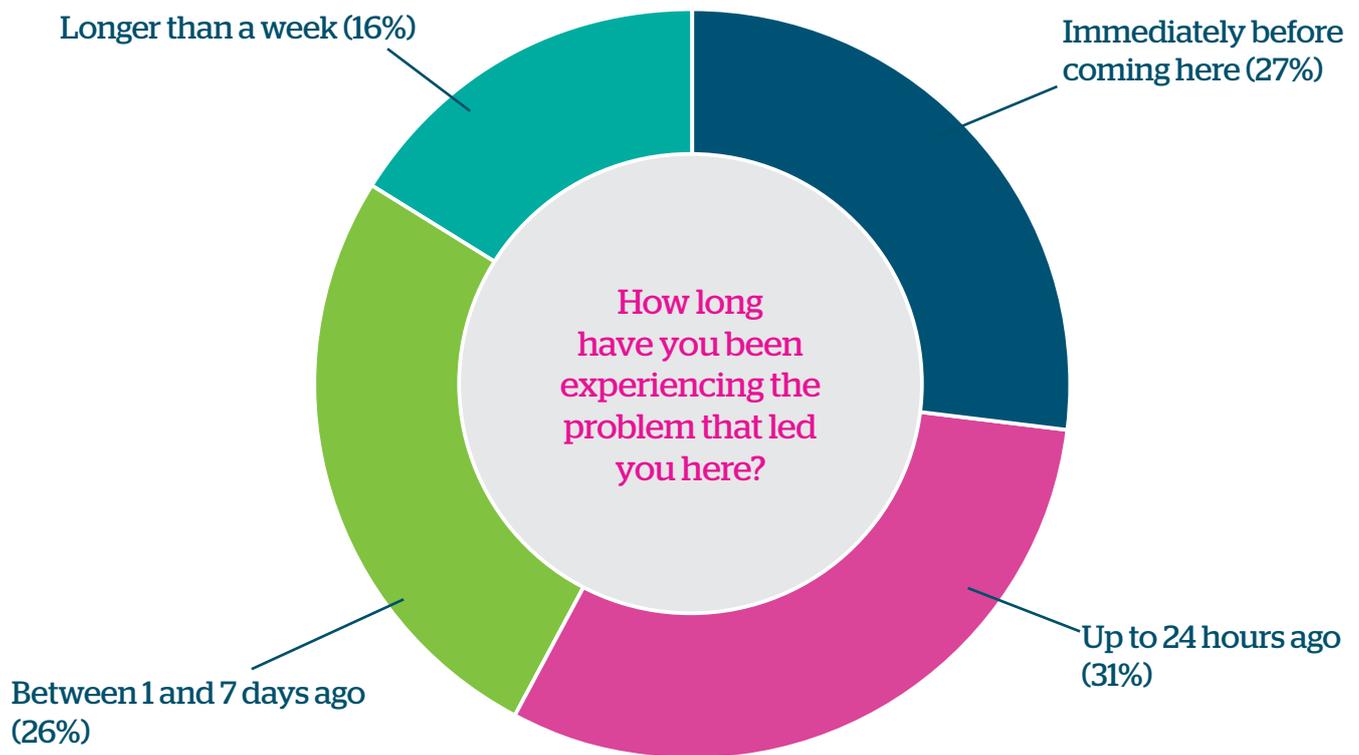
Findings: Emergency Department and Urgent Care survey

The first part of our survey was to identify why people were using the ED, how long they had been experiencing the problems that led them there and whether they had been discharged from the hospital recently. We asked them what the main health issue that led to them visiting. A breakdown of responses can be seen below.



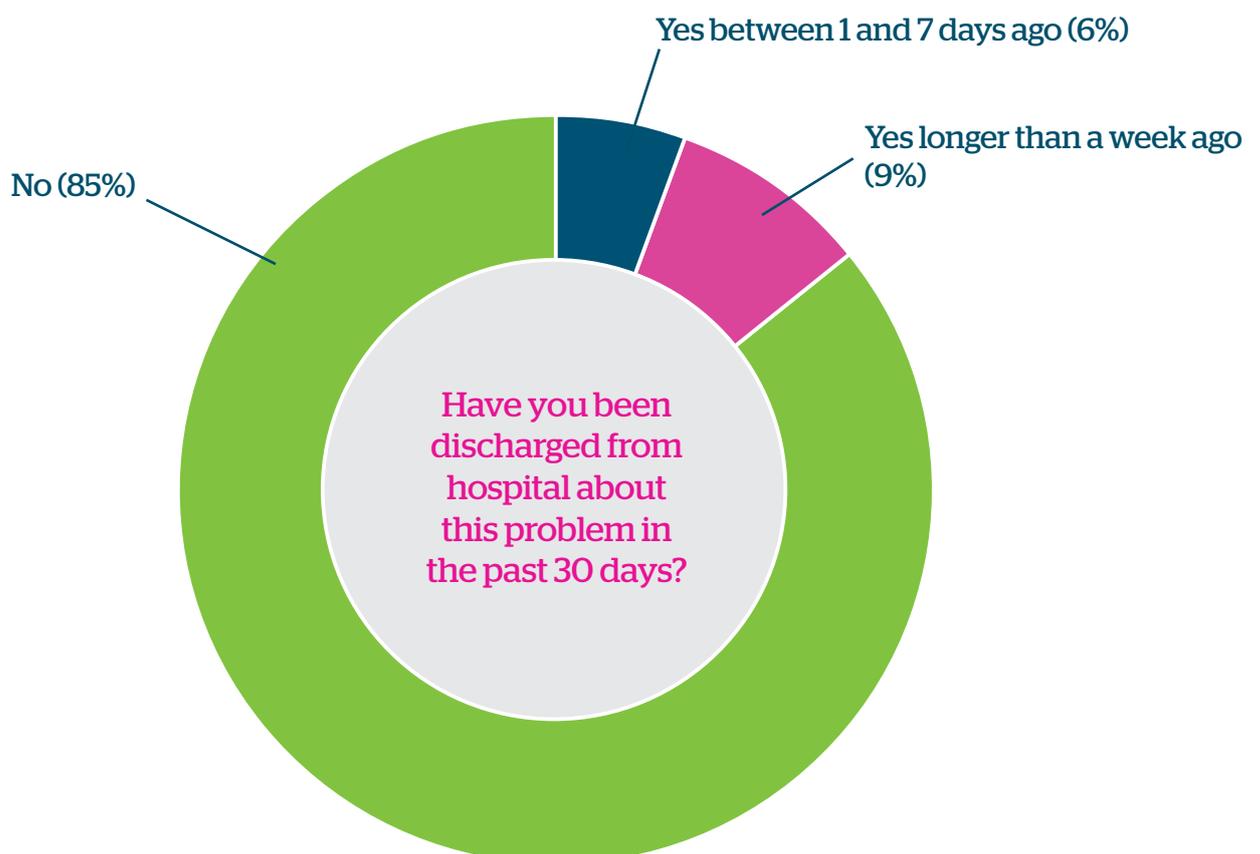
The majority of the respondents reported that acute symptoms had taken them to ED. Just over a quarter (27%) said they began experiencing symptoms immediately and 31% said they had been experiencing symptoms for up to 24 hours before coming to ED. Together this represents 58% of the total 109 people taking the survey. Another quarter (26%) had experienced the problem for up to seven days and 16.5% had been experiencing the problem for longer than a week.

- Bleeding from blood thinning injections that wouldn't stop.
- GP sent me with suspected heart attack.
- Ambulance crew said better I went into hospital – although I felt it unnecessary.



When asked if they had been discharged from hospital with the same problem in the past 30 days, most people (86%) said they hadn't.

Of those 15 who had been in hospital within the last 30 days, 9 people, had been discharged more than a week before going back to the ED. Six people had returned to ED within a week of being discharged.



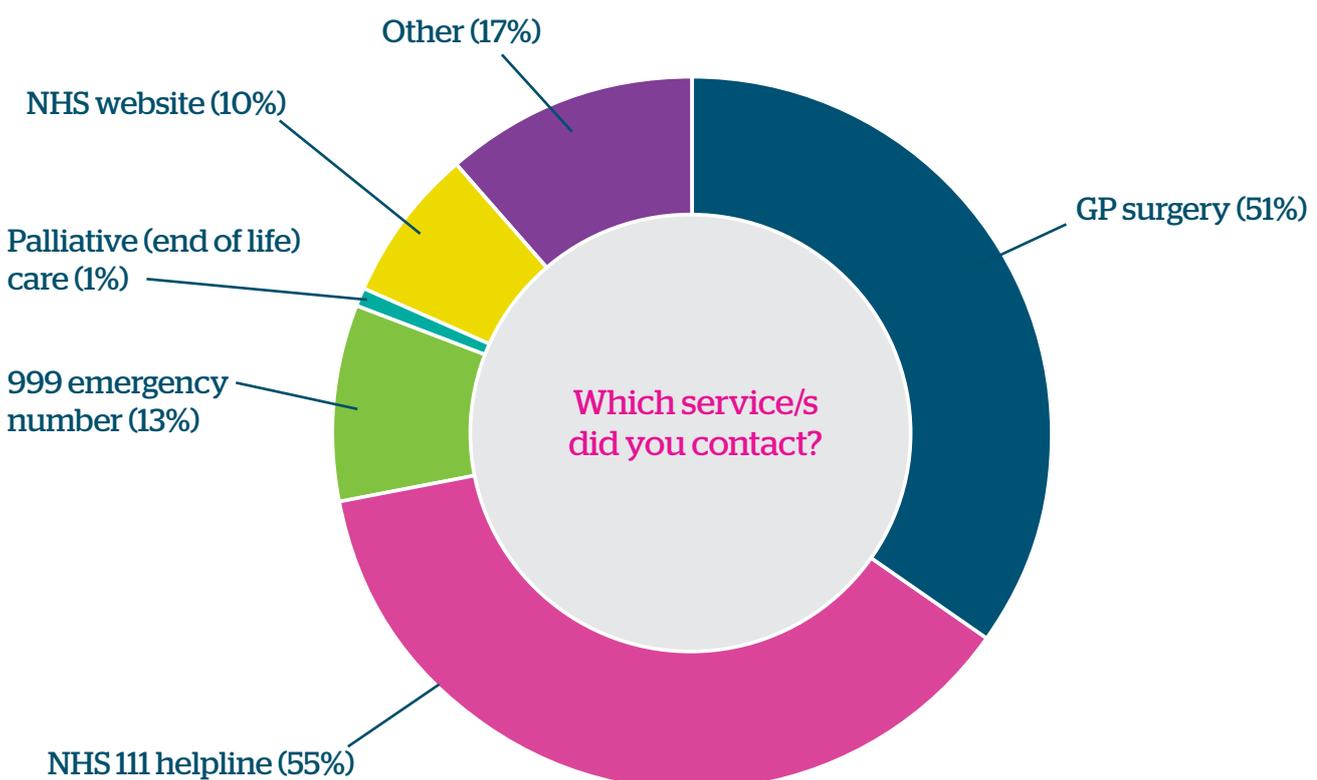
Routes into ED

Our next questions focused on how people had arrived at ED; which services had they contacted, whether they had been able to get advice and if they had been advised to go there by other healthcare professionals.

The majority of people we asked – 69 (68% of 101 who answered) – said they had initially sought help elsewhere while 32 (32%) had used ED as their first port of call. Of those who had sought help from other services, a large number had initially contacted NHS 111 (55%) or a GP surgery (51%).



The chart below shows which services people contacted first.

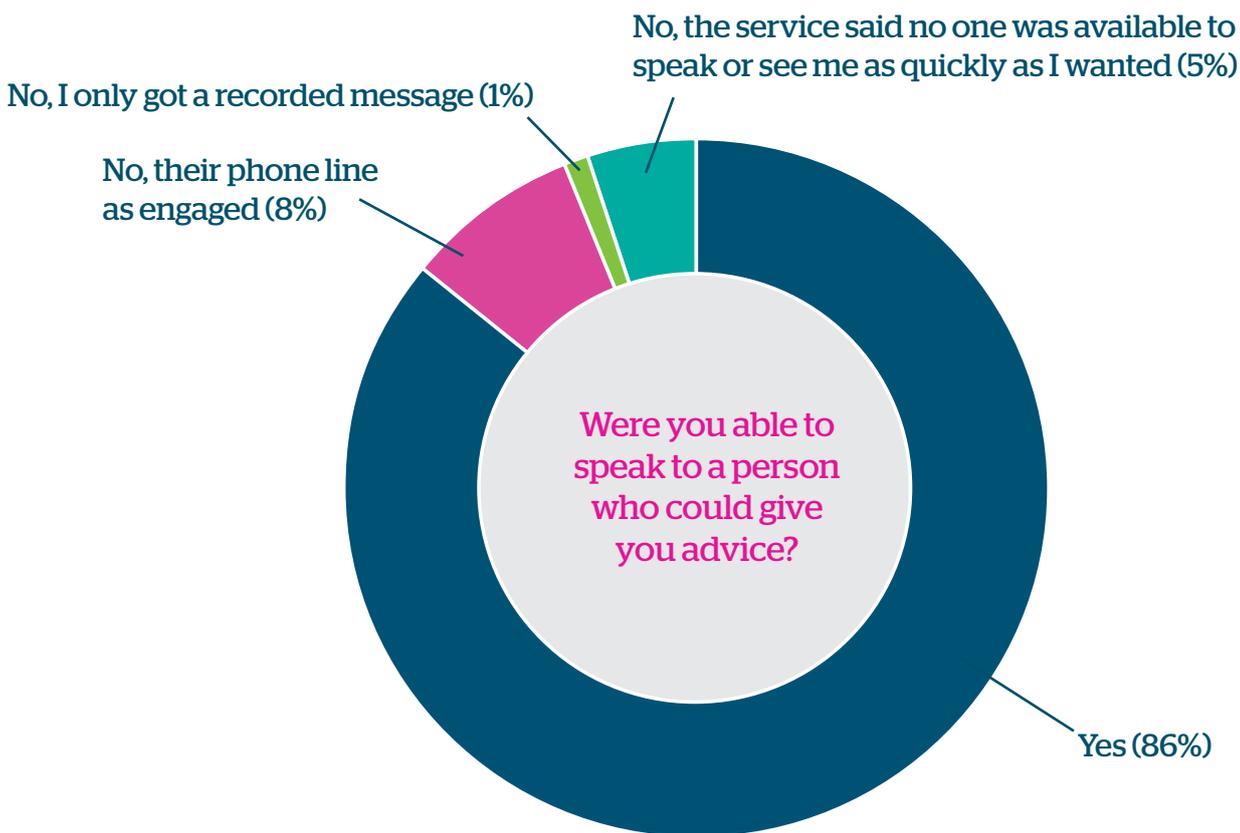


- Specialist chemotherapy helpline number.
- NHS 111 said to come here.
- Attended Urgent Care Centre – sent me straight to A&E.
- GP and triage busy, NHS 111 sent a taxi to take me to A&E.
- Mental Health rehab service for substance use.
- Community COPD [Chronic Obstructive Pulmonary Disease] team.
- School.

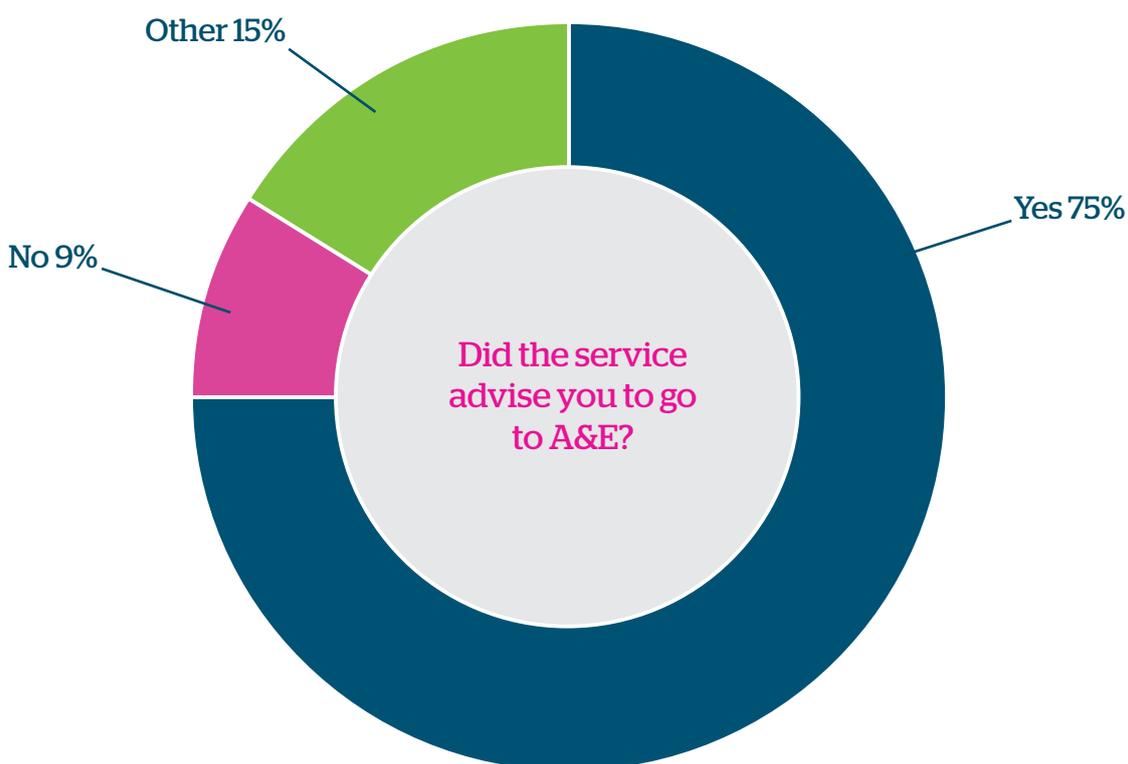
The Which service/s did you contact? question also enabled people to show all the services they had contacted and the following shows the breakdown of the combinations.

| Option | Combination count |
|--------------------------|-------------------|
| NHS 111 | 23 |
| GP | 16 |
| NHS 111, GP | 13 |
| 999 | 7 |
| GP, NHS 111, 999 | 3 |
| GP, NHS 111, NHS website | 3 |
| GP, NHS website | 2 |
| NHS website | 1 |
| NHS 111, NHS website | 1 |

Most people told us that they were able to speak to someone for advice from the other services that they contacted, however a small number did not manage to speak to someone.



64 people answered the question Did the service advise you to go to A&E? and the majority (75%) reported yes. Of those who selected Other, three were sent an ambulance and another was advised by a paramedic to attend A&E. One reported the GP sent them due to the need for specialist equipment available at the hospital. Another was unhappy with being told they had anxiety, and another said they didn't get the call they were waiting for from the GP.



Age differences

We broke down the results to see if there were any differences in routes to ED and urgent care for people of different ages. As the chart below shows, across all age ranges, more people had tried to seek help from other services before attending than hadn't.

Did you try and seek help from any other services before coming here today?

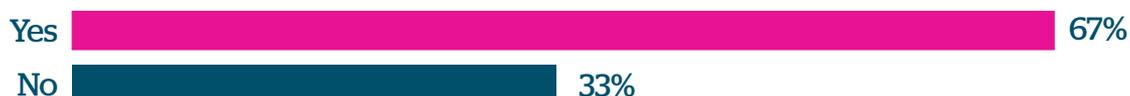
Under 18



18-24



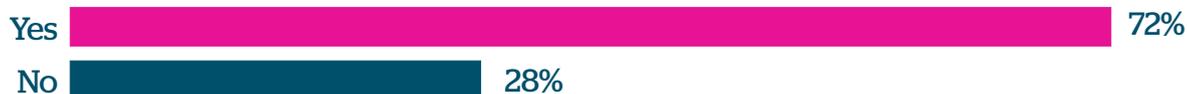
25-34



35-44



45-54



55-64



65-74



75-84

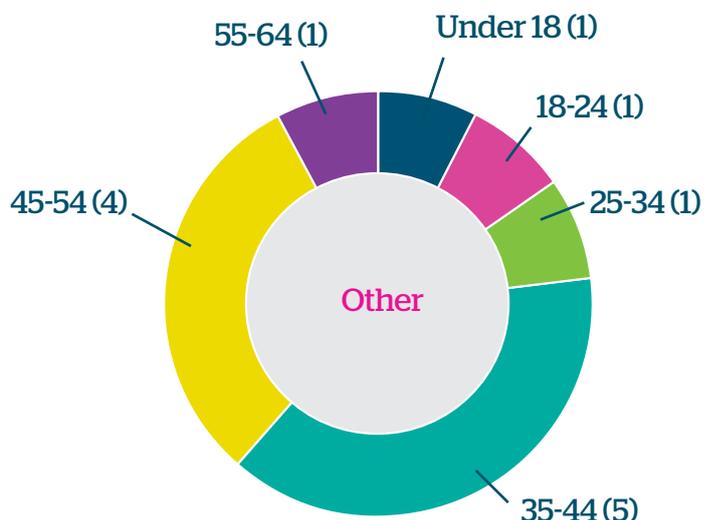
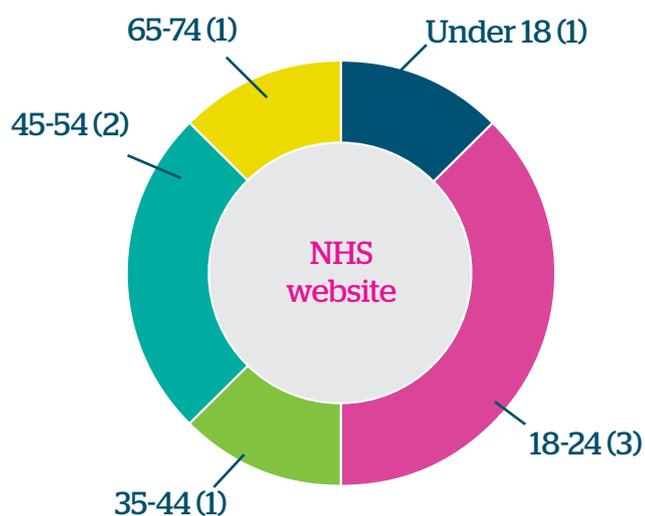
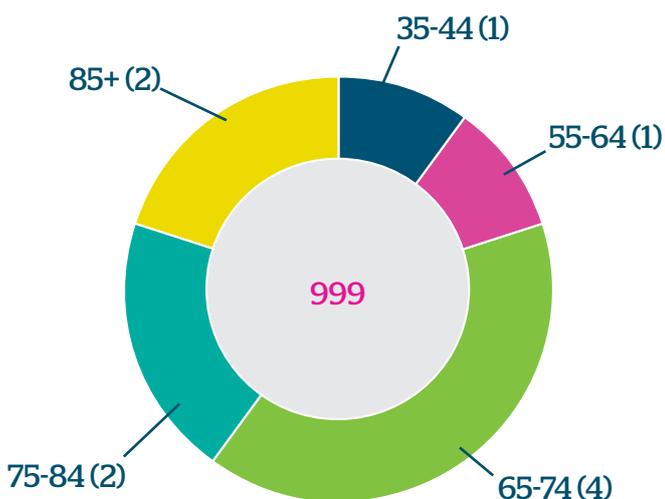
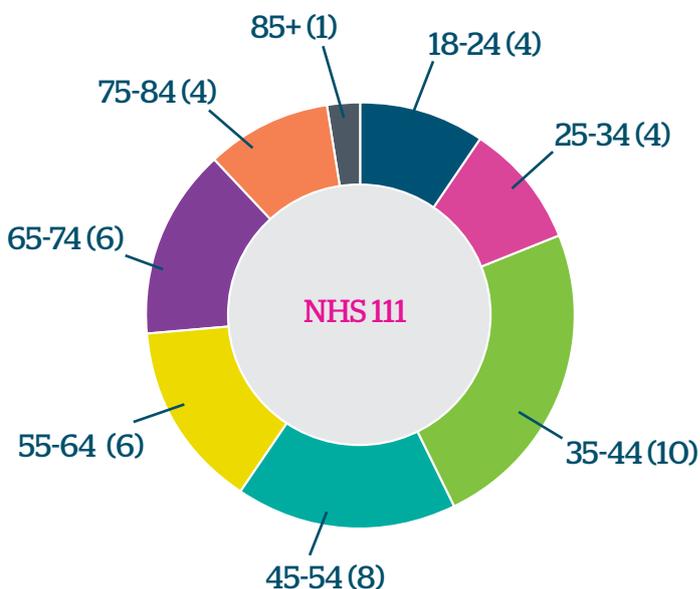
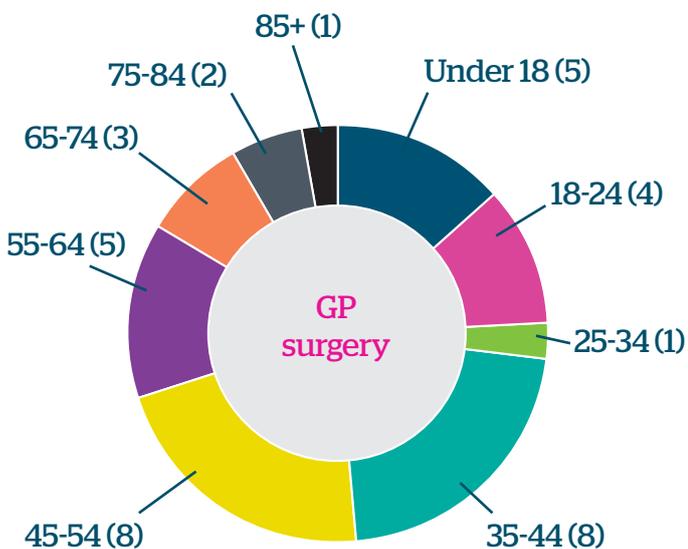


85+



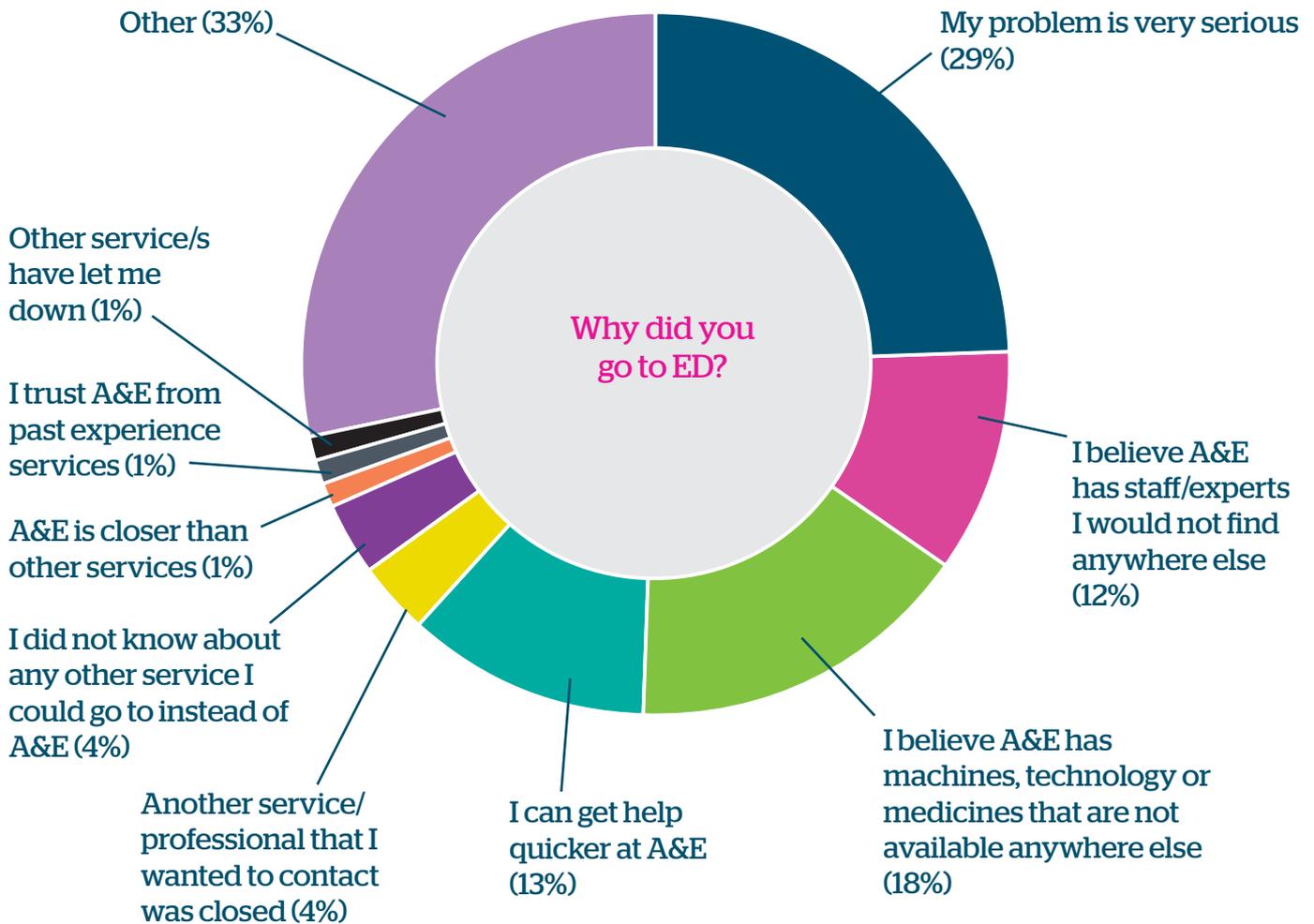
Which services did people contact?

Most people had contacted either their GP, NHS 111 or both before going to ED or Urgent Care. More people in the older age groups had called 999 and the NHS website was used more by those under 54. Those who chose Other mentioned school, the mental health team and community teams.



Why did people go to ED?

Our next question focused on the reasons why people decided to go to ED. Most people (29%) said it was because they considered their problem to be very serious, while those who selected Other (33%) gave a range of reasons, with 18 of the 25 respondents saying they had been advised to go there by a healthcare professional.



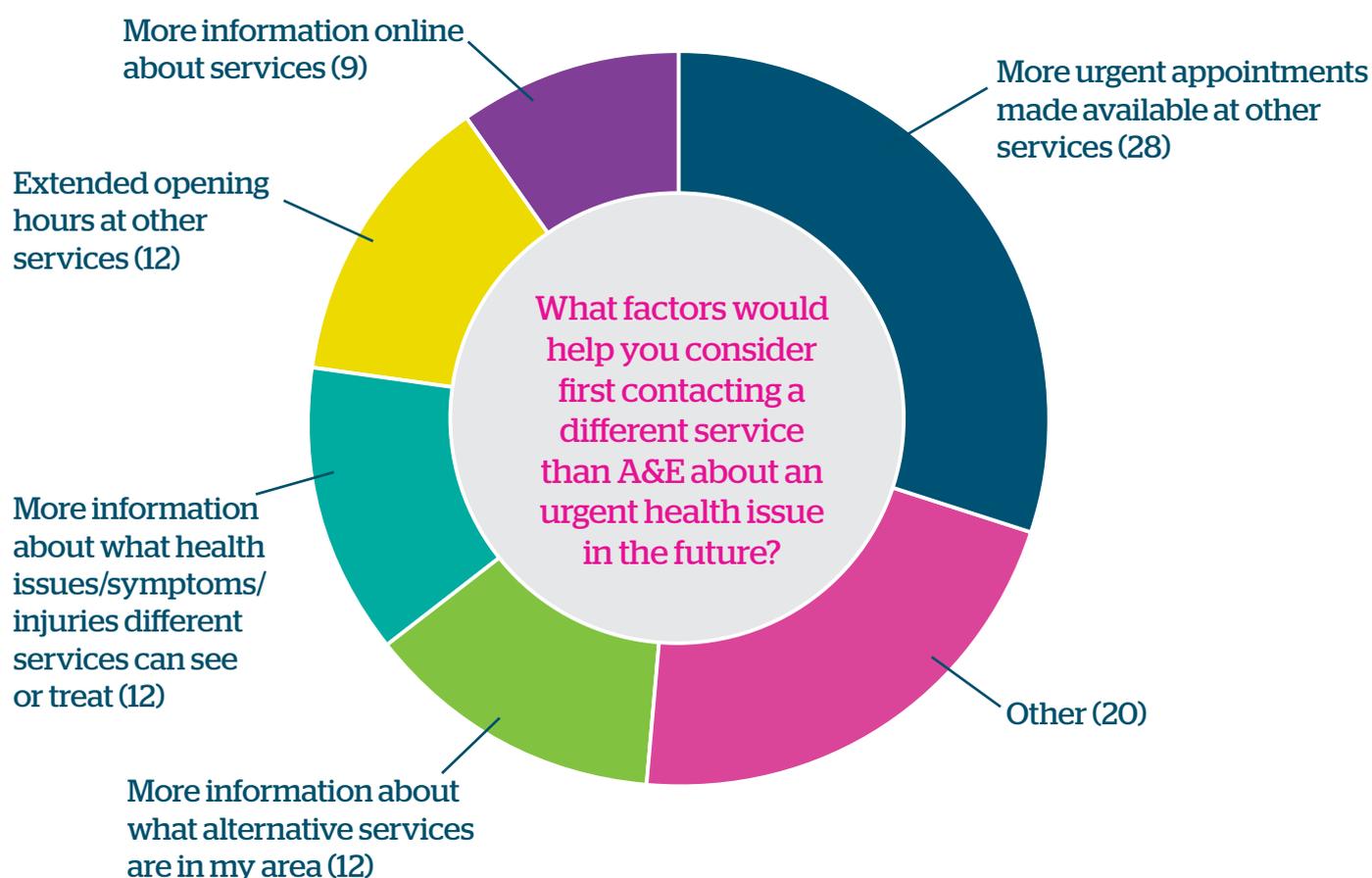
- My GP told me to go to the hospital immediately.
- Attended Urgent Care Centre as a “walk-in” – they sent me straight to A&E.
- I was sent here by 111.

What would enable people to seek help elsewhere first?

We asked what would need to be in place for people to consider contacting another service about an urgent health issue rather than visiting ED. Most people (28) said having more urgent appointments available at other services would help, while others mentioned extended opening hours at other services, more information about local services, as well as more information about health issues/symptoms in general would be useful.

Among the Other answers, four mentioned availability of X-ray or other specialist equipment elsewhere that would mean they didn't need to attend ED.

The comments given here reflect how some people have delayed going to the ED in spite of urgent need, while others have gone there in desperation when they haven't been able to access another service.



I should have contacted 999 after my first collapse of the day so blame myself for downplaying my symptoms.

I would only use A&E if needed!

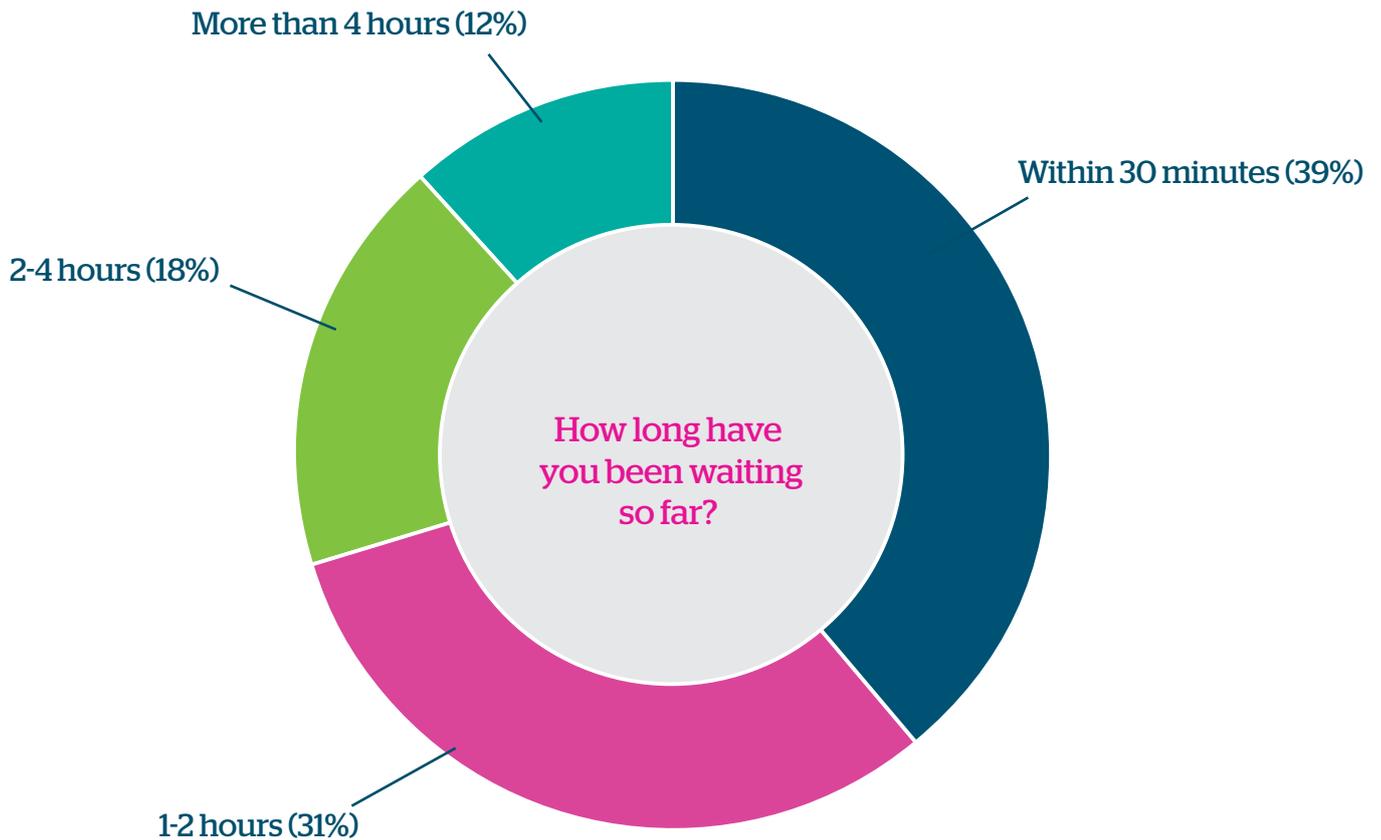
Actually being able to see a GP on a "same day basis", as we could before the Covid madness.

This time the Great Western was undoubtedly the best and only option as they would be able to deal with anything necessary.

How long were people waiting?

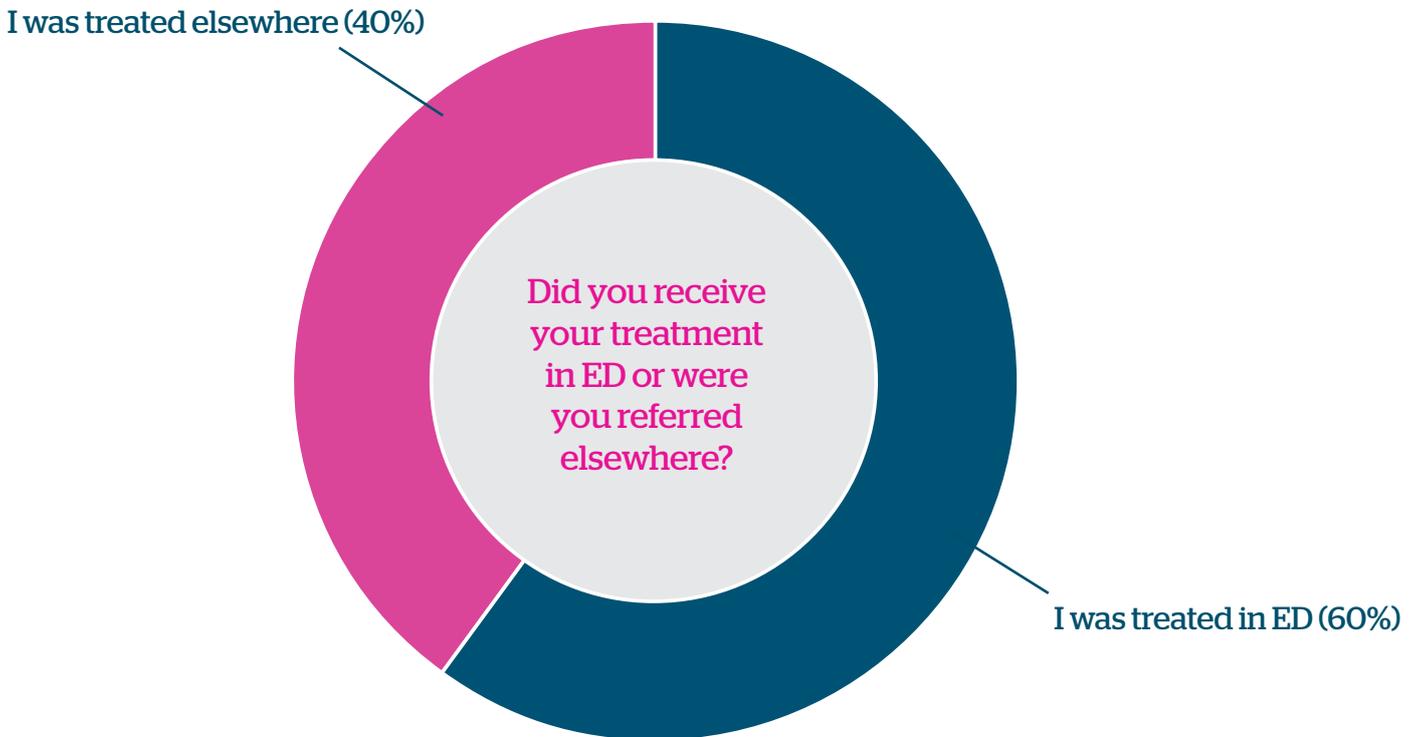
We should note that our visits to the Emergency Department were carried out during a quieter period in order to maintain social distancing between interviewers and patients. The people we spoke to may have had a shorter waiting time because of this. However, the online survey we ran would have captured people that had visited at busier times.

Most people (39%) told us that they had been waiting less than half an hour, but nearly a third more (31%) had been waiting up to 2 hours. 12 people (11%) said they had been waiting for more than 4 hours.

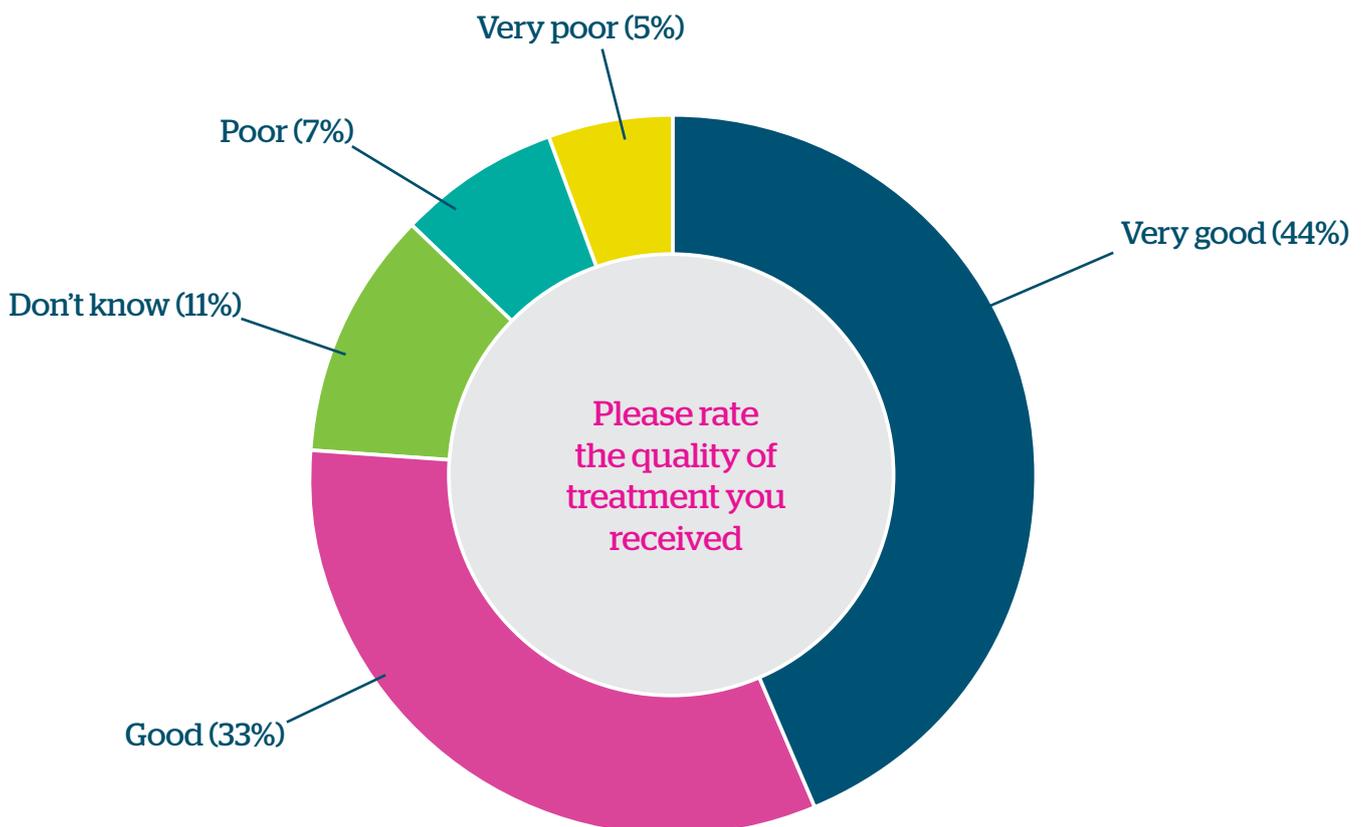


Assessment and treatment

We asked people when they had been assessed whether they received their treatment in ED or if they were referred elsewhere, such as the Urgent Treatment Centre at GWH. 60% said they received their treatment in ED as the chart below shows.

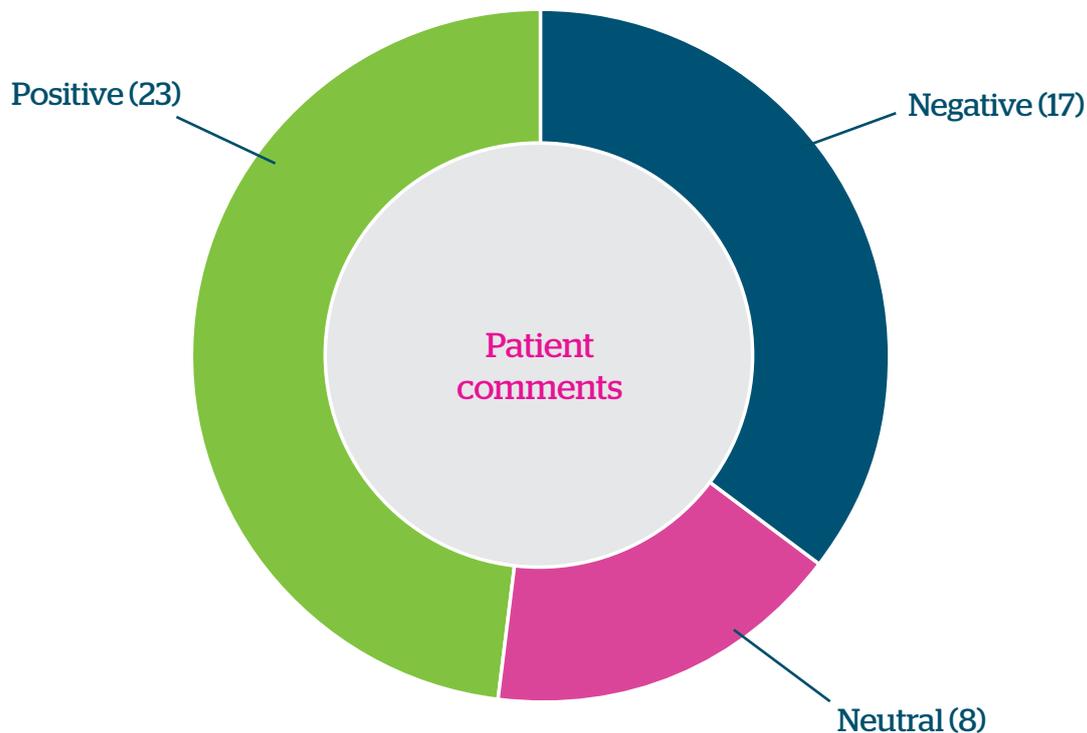


We asked people to tell us about the quality of the treatment they received. Most people reported the quality of treatment as good or very good. The chart below shows a breakdown.



Patient comments about ED

When asked if there was anything else they would like to say about their visit to ED, 48 people shared comments. We categorised these as positive, neutral and negative.



A selection of negative comments

The staff were rude and judged me and assumed that I had been injured (which I have not) I was in agony and made to just be left alone and told to go to urgent care when I couldn't physically walk and was in so much pain. I couldn't function and had to crawl, I was also on my own and my partner who is disabled was at home alone. I was told by NHS 111 online to go to A&E and I put it off because of the fear of being treated like this which I then was. I was in the worst pain I've ever been in for 12 hours before I ended up going. The reception staff are not trained to triage and should not have assumed I was injured because my leg was affected. It wasn't an injury. No one helped me or offered to find someone to help. I am never ill and have never been to hospital before, this was very serious and I was treated like I was a burden and wasting peoples' time.

Don't turn up during a shift change on a Sunday evening.

Very long waiting time. Arrived approx 1800 hours discharged 0000 hours.

Too long to wait, feeling unwell, hungry and thirsty.

Very long wait to see the doctor.

A selection of neutral comments

Some confusion between staff and ward but feel correct treatment given.

It is what it is, willing to wait as just want to be seen by someone.

I came last night but it was packed so I went home and came back today. It's much quieter this morning. Parking is a bit of an issue at the moment.

Excellent service from everybody. Staff gave me information, lent me a mobile so I could update my husband. On my worried husband's side, the ambulance staff told him to ring the hospital in two hours' time, when it took 4 hours to get through tests. My husband could not get through to the hospital to check if I was still alive so he was very worried.

A selection of positive comments

All very good here. The staff were lovely when I checked in.

I was met with astonishing kindness and consideration.

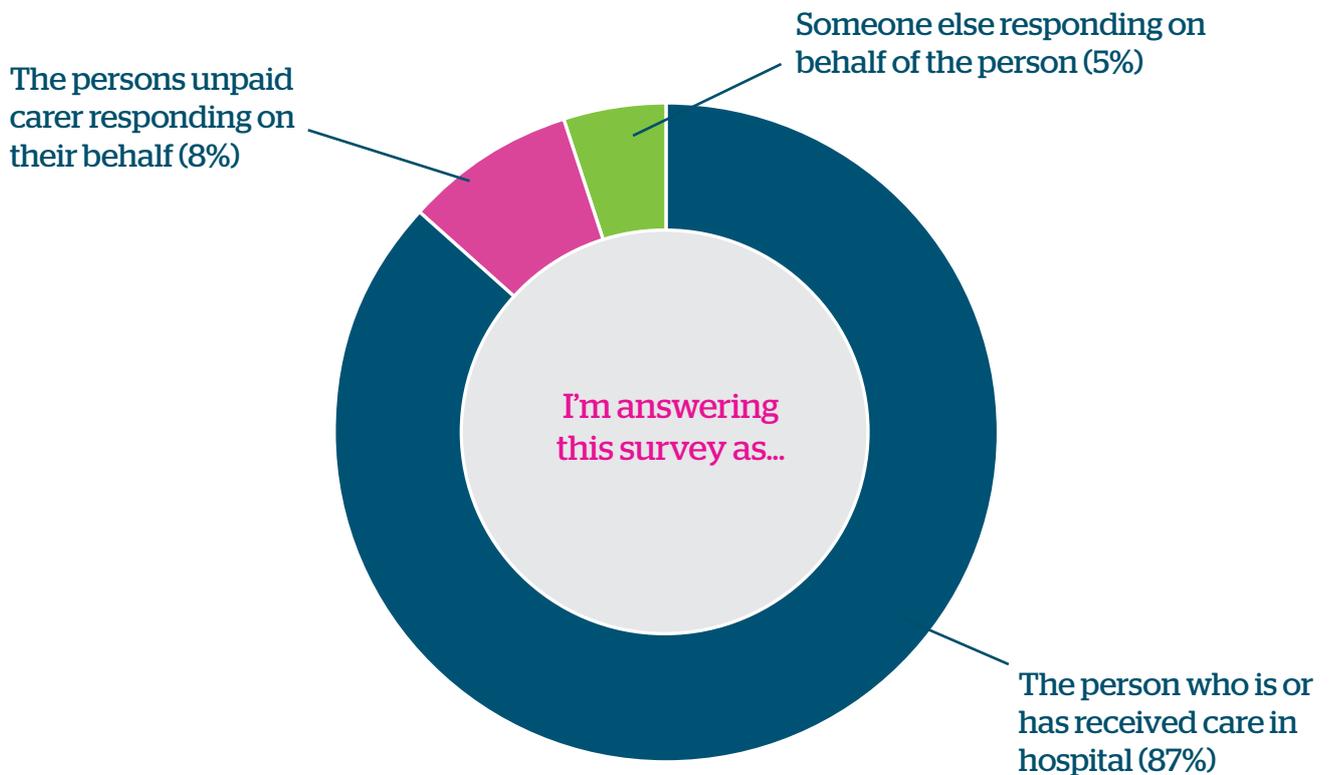
I was very impressed and grateful for all the care I received while in A&E. All the staff from the reception to the nurses to the doctors were kind, caring and compassionate. I attended at a very busy time but was always looked after and kept updated as to what was going on. The care I received from start to finish was outstanding.

Due to the serious nature, I was taken to resus [resuscitation area], staff were great.

I am very pleased and happy with the way I have been treated.

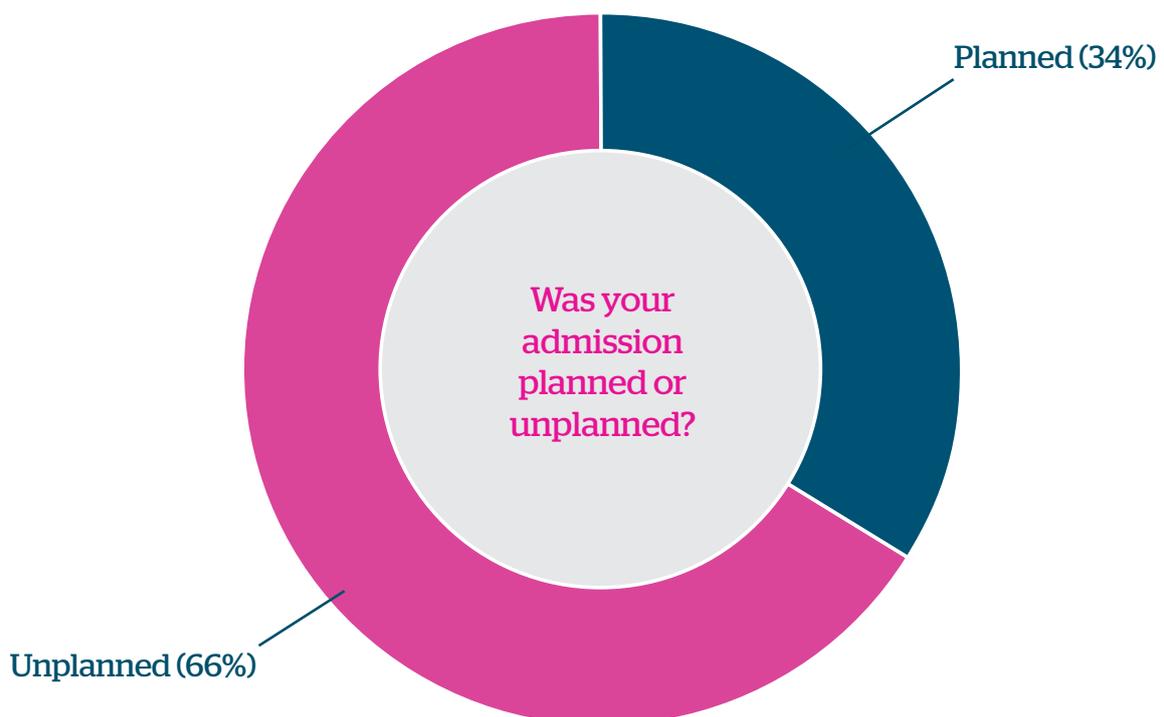
Findings: Inpatients survey

84 people completed our inpatient survey, either online or through conversations with the Healthwatch team when we carried out visits to the wards. Most people completed this survey as the person receiving care in hospital (87%), 8% completed the survey as an unpaid carer and a further 5% as someone else responding on their behalf.



Admission into hospital

66% of survey respondents had an unplanned admission in to hospital, and 34% planned. 55 people left a further comment about their admission.



There are many positive comments about the admission process.

Very easy coming in. Couldn't have been better.

Had a knee replacement appointment and admission went smoothly.

Nine people said they had arrived at the hospital by ambulance. There are positive comments about the ambulance staff but some mentioned the long wait times for the ambulance to arrive.

Ambulance Service were brilliant and I was attended to as best they could in Covid circumstances.

The ambulance crew were lovely. The admission went ok as far as I am aware.

Biggest problem is the ambulance getting to you. Say it won't be with you till 2 hours and actually not for 6. They asked if I could get her in the car but thought couldn't. Did one time as had to. But a few times came quickly. But next time waited 5 hours. But you can't fault the ambulance people. They're brilliant.

Some people were admitted via ED and they reported a mixed experience, including long waits to be seen and for a bed.

Had a gall stone. Reached hospital A&E in the morning had to wait 2 hours in tremendous pain to be examined. Then had to wait an extra 3 and a half hours for a bed.

Due to Covid I wasn't allowed anyone with me. But nurse [name] in accident and emergency looked after me. She took away my fears and made me feel safe.

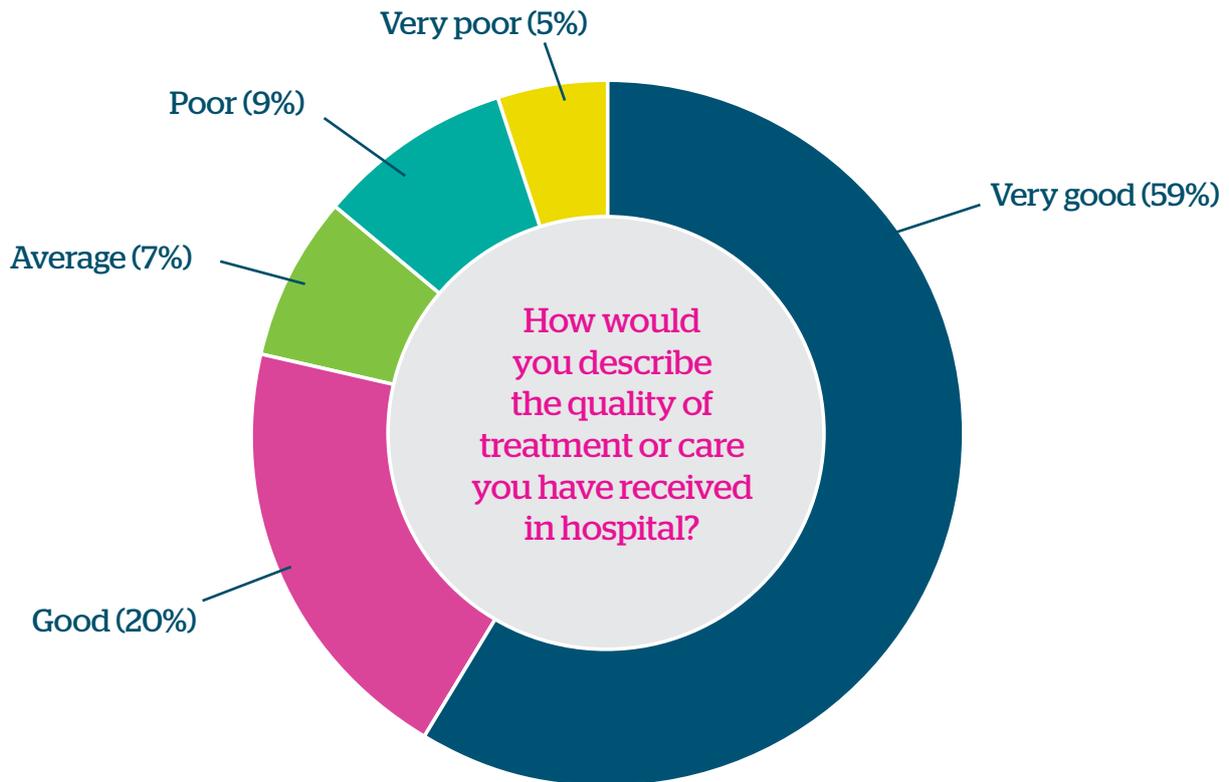
The wait time for surgery was mentioned by those with planned admissions, with some telling us how their procedures had been cancelled and rescheduled.

Hip replacement. I was referred. I had to wait quite a while – 2 years. It has been cancelled once as there was no bed on ICU (I'm a heart patient). I felt emotional after it was cancelled but they gave me another date that was 2 weeks later.

I have been waiting for 18-24 months but from previous experience I knew it would take a long time. I had to call the hospital a number of times as I didn't know what was happening. I had been given a Contact Point in the Booking Team but the person was invariably away and not doing return calls. I had at least three communications giving different times of admission. Eventually I was given an admission time but was rung up two days before to see if I could come in early. I went immediately and was in the theatre within an hour. I did find I had to repeat answers to a number of questions I had already answered.

Quality of treatment

We asked people to describe the quality of care and treatment that they had received while in hospital. The majority of people (79%) reported a good or very good experience, and 14% poor or very poor, with the remainder rating it as average.



54 people left additional comments and many talked about the care and compassion received by the staff, however they also noted how busy the staff seemed and noted the impact this had on the care received.

Whilst all departments I visited were very busy they all were very efficient and I was very pleased with the care and treatment received.

I was treated as a patient and not just a name/number. When I asked for pain relief it was quickly given.

Outstanding treatment, Staff were attentive, caring and empathetic with a sense of humour. All really Kind.

Tremendous shortage of all staff, thus they were unable to give the care that they wished to give!

Can be difficult to attract people when you need them because they're overworked, but good when you get them.

Haven't needed much help. I'm quite mobile. Sometimes get a half done job as staff are busy but they'll come back when they can.

A few people felt that the quality of care could have been better.

Some very rude staff and put in a side ward with almost no contact with anyone.

Not had a good experience, staff too busy, rushed off their feet thus delay in getting support.

Clinical/medical treatment was good, communication, after care/follow up referrals, etc. very poor support.

I was stressed about coming in. The booklet was long but wasn't an easy read when stressed. The staff put me at ease when I arrived and answered my questions.

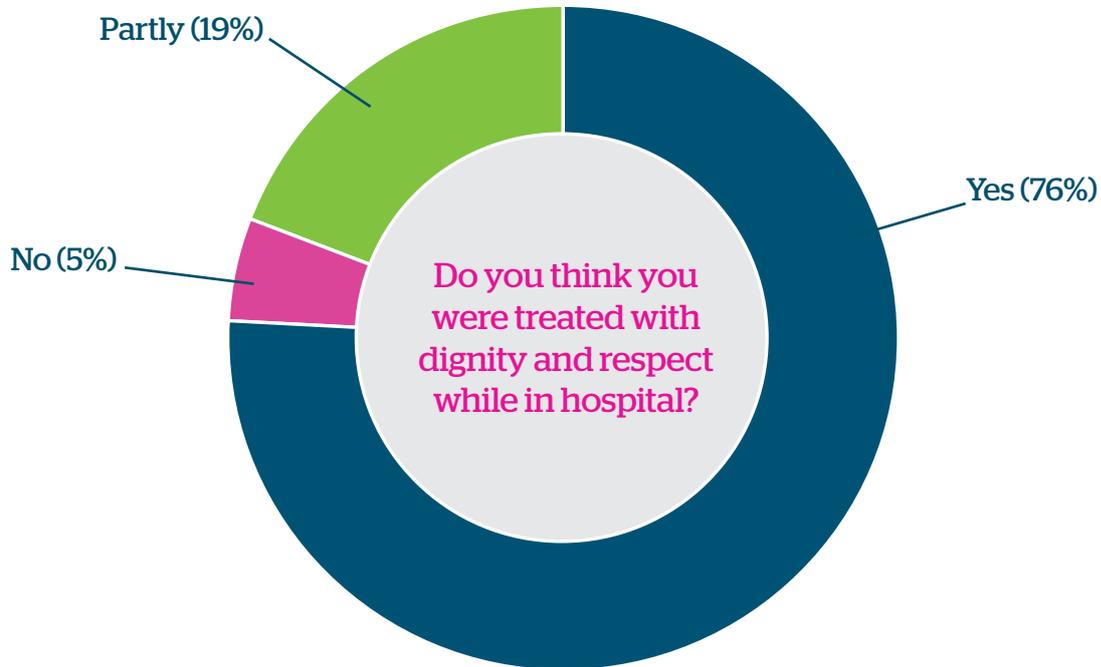
We also asked people to rate any support they were given with personal care tasks, such as washing and getting dressed. 80% rated this as good or very good, although there were comments from some that this was an area that could have been improved.

Not needed, I was independent, but was offered help.

He tried to keep himself clean but no one bathed him since his admission, over two weeks. Most if not all of this time, he has been unable to stand up long enough to shower or wash properly or shave himself and no one has been in to offer a shave, so he is unshaven, which bothers him as he's normally so meticulous.

Dignity and respect

76% of survey respondents felt that they had been treated with dignity and respect during their hospital stay, 5% felt that they hadn't and 19% felt they had been treated with dignity and respect to some extent.



Most of the additional comments made were around staff but others mentioned the environment.

- Clothing provided, area and screening to change.
- Doctors are very rude, not listening, however nursing staff are lovely.
- Everyone from the Consultant down to the ward "cleaner" were very polite and courteous.
- The curtains around the bed don't fully close and don't offer enough privacy. This isn't the staff's fault; they are great.

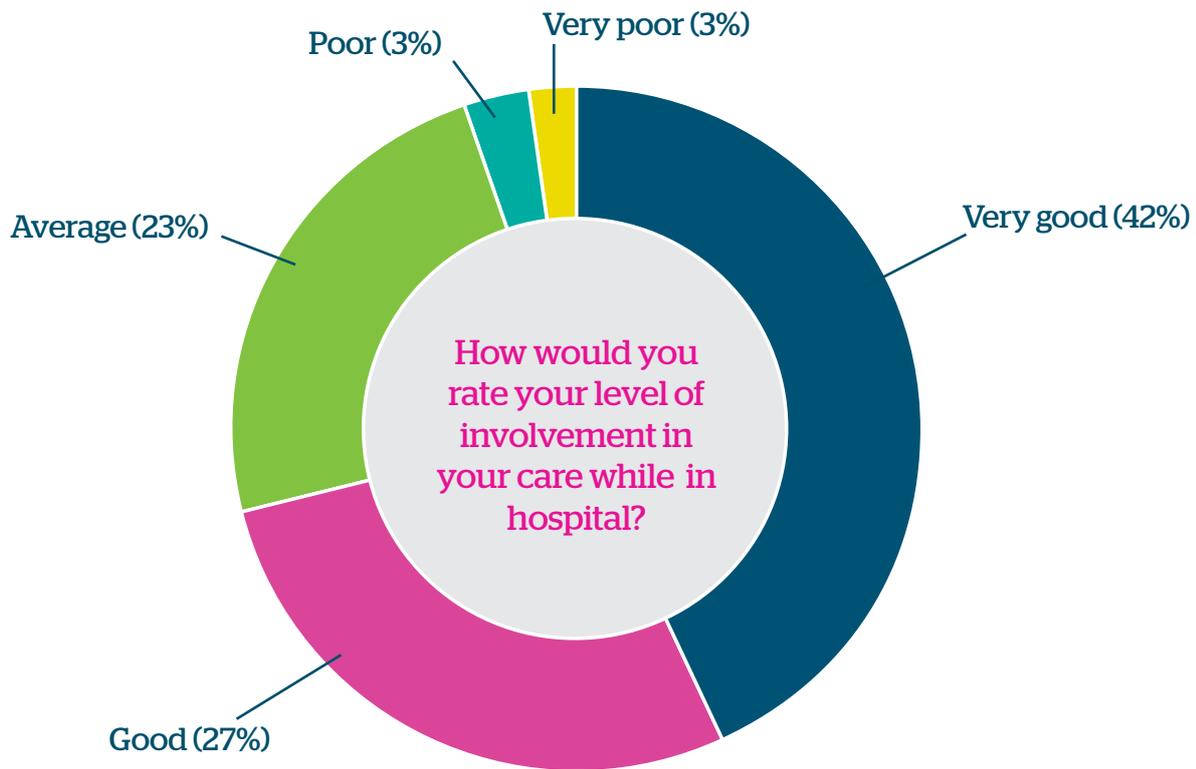
Safety

Most of the survey respondents said that they felt safe while in hospital (81%), but 4% said that they didn't feel safe and the rest felt partly safe (15%).

- In side ward everyone kept an eye on me. Generally, 5 min response to ringing Bell.
- I do feel safe to a degree, need to ask instead of being reassured.

Involvement in care

We asked respondents to rate the level of involvement in their care. Most rated their involvement as either good or very good as shown in the chart below.



Quite a lot. They explain what they are doing and I feel listened to.

Husband allowed in to help with information being given, lots of information to be absorbed. All well explained and clarified when needed by all staff.

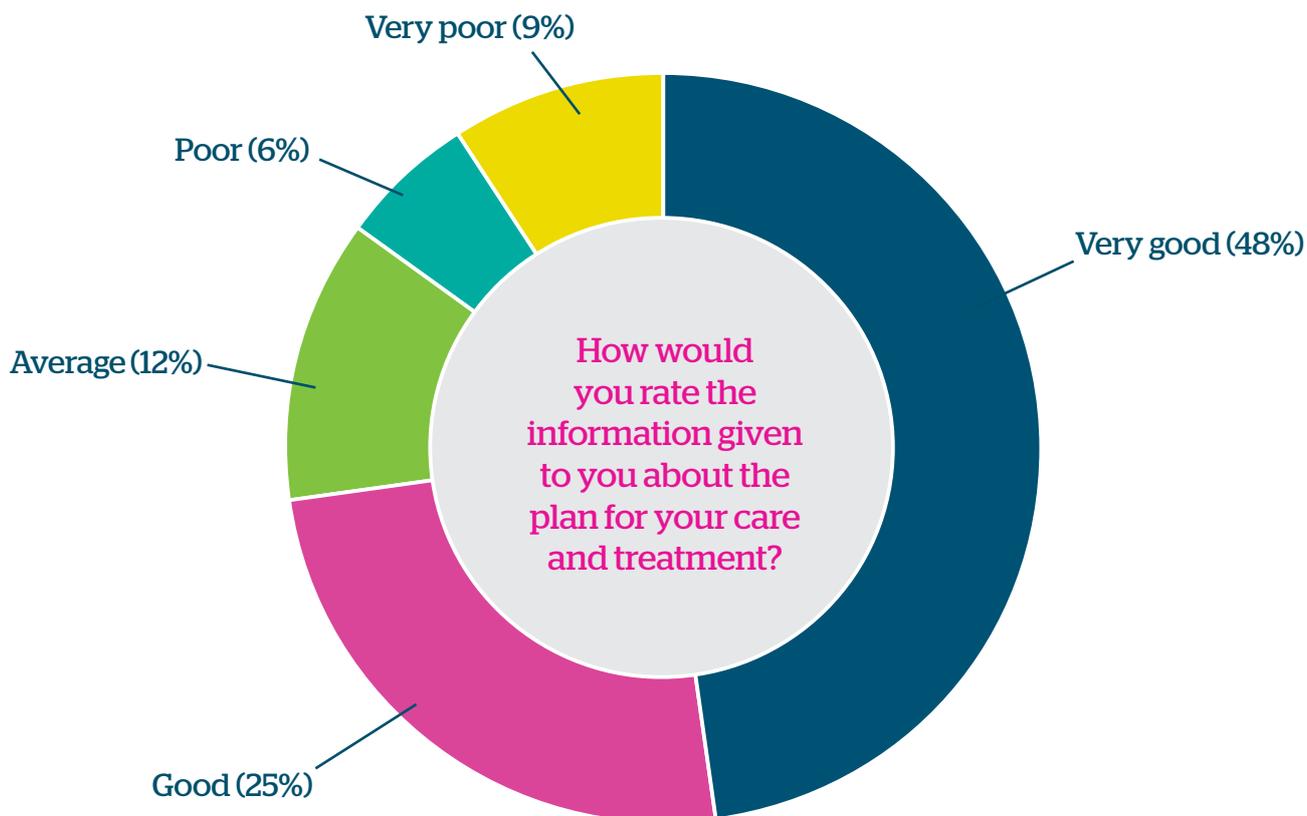
However, some thought that staff weren't listening to them, and some said they struggled to find out information about their care.

I'd give it 5/10. It's all going on in the background, but can't find out what's going on. Can't find out when I will get out. Trying to find out where you are in the plan, what's going to happen next is tricky.

Lack of communication from medical staff.

Information provision

73% of those who answered our survey said that the information given to them about their care or treatment was either good or very good. This was rated poor or very poor by 15% and average by 12%.



Very informative. Explained aftercare plan in great detail and was easy to understand.

Information given to me to enable me to discharge was good (monitoring my wound, how to inject myself, etc). Information given to me about my in-patient treatment was less comprehensive (no explanation of planned duration, no explanation as to why consultant had prescribed reduced pain control).

I received a pre-op book which was full of information and links to websites for physio exercises.

There were some comments that written information might have been useful and that this should be in plain English.

When you haven't been in hospital before it's hard to take everything in especially in an emergency. I would have liked things written down.

Keeping in touch with friends and family

The vast majority of people had been able to stay in touch with friends and family using their mobile phones or face to face visits. But 5% said they hadn't had any contact with friends or family.

While most people had been able to stay in touch it was noted that it would have been more difficult for people that didn't have their own mobile phone. Although phones were available on the wards, patients were not always aware of this. Access to Wi-Fi was also reported to being good on some wards, but less so on others.

I wasn't made aware that there was a telephone I could have used on the ward. Especially since the service in my room was very bad so I really could have made use of the telephone.

Wi-Fi access was poor.

I have phone signal here, would be difficult if not. Also used the Wi-Fi. Face to face appointments need to be booked. I made sure my family knew what ward I was on.

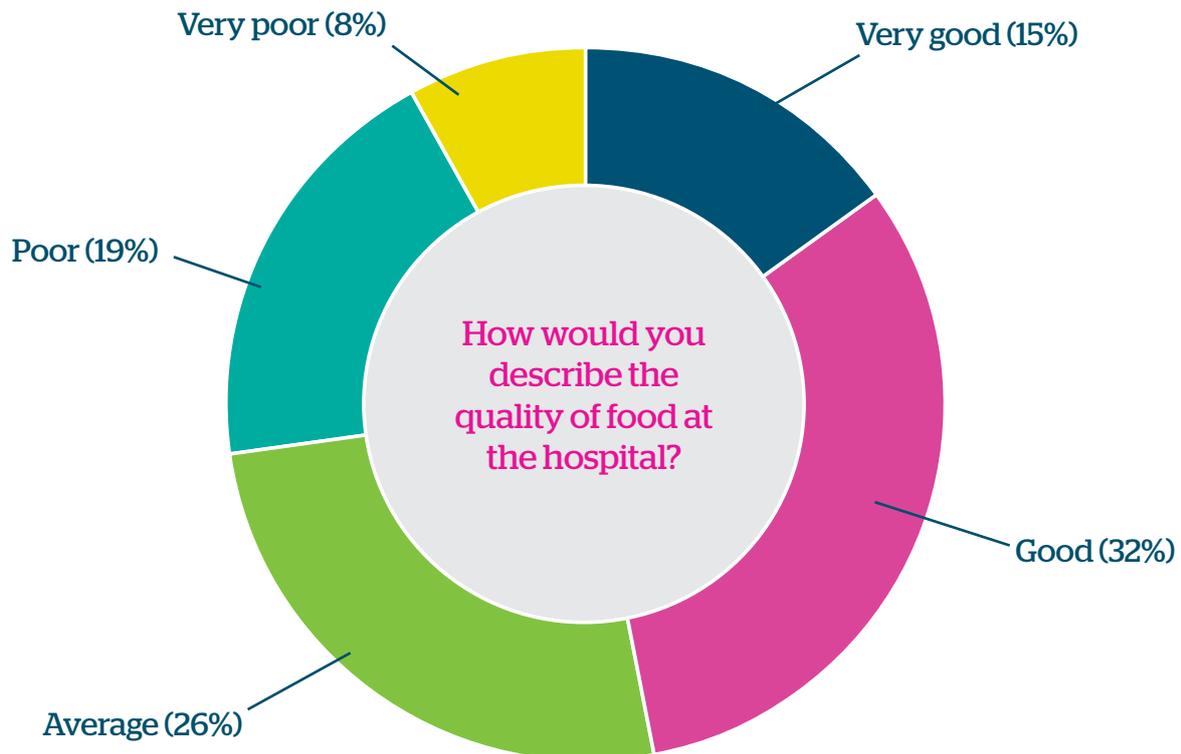
Some also struggled to understand what visiting restrictions were place for face to face visits and had trouble calling ahead to book these.

It was very difficult for my husband to make an appointment to see me as the ward phone was not always answered. Other patients' families had the same problem.

It would have been good if someone had explained the visiting system at the beginning of his stay. Whilst I understand less people on the ward was best, because of the pandemic it was hard if I didn't get an appointment to see my husband. Calling some days could take an hour or two before I got through to make an appointment and then it meant I didn't always get an appointment as it was booked up. I do understand why the system was in place but calling everyday must have taken so much of the nurses' time up when knowing my husband was going to be in for a few days I could have booked a few days in advance.

Food

We asked people to rate the quality of the food they received during their stay and this was quite mixed.



There seemed to be inconsistencies around food, with some saying that it arrived hot and others saying that it was cold. People said they were given choices but that the portion sizes could be small. There was also mention of a 'secret menu' for hot meals in the evening instead of sandwiches. Several people said they had lost weight during their hospital stay.

I have been surprised how good it was. Always something tasty.

Variety and quality good. But after three and a half weeks been round the menu too many times. Have just discovered yesterday that can get hot food in the evening. A "secret menu".

It was perfectly adequate for a short stay. The quantity was a little small and food sometimes arrived cold but on the whole it was adequate. There were good options to choose from.

It wasn't very tasty and I lost 9 pounds during my stay there because I couldn't eat the food.

Some respondents who were diabetic, said they had particular difficulties, which had knock-on effects.

I am diabetic and there is no specific diabetic food – blood sugars very high in hospital.

Cleanliness

Just over three quarters of respondents (77%) felt that the cleanliness at the hospital was either good or very good. Several people mentioned how they saw the cleaners daily and that they were polite and friendly. However, some said the cleaners didn't clean the harder to reach areas and that spillages were left for a long time before being cleared.

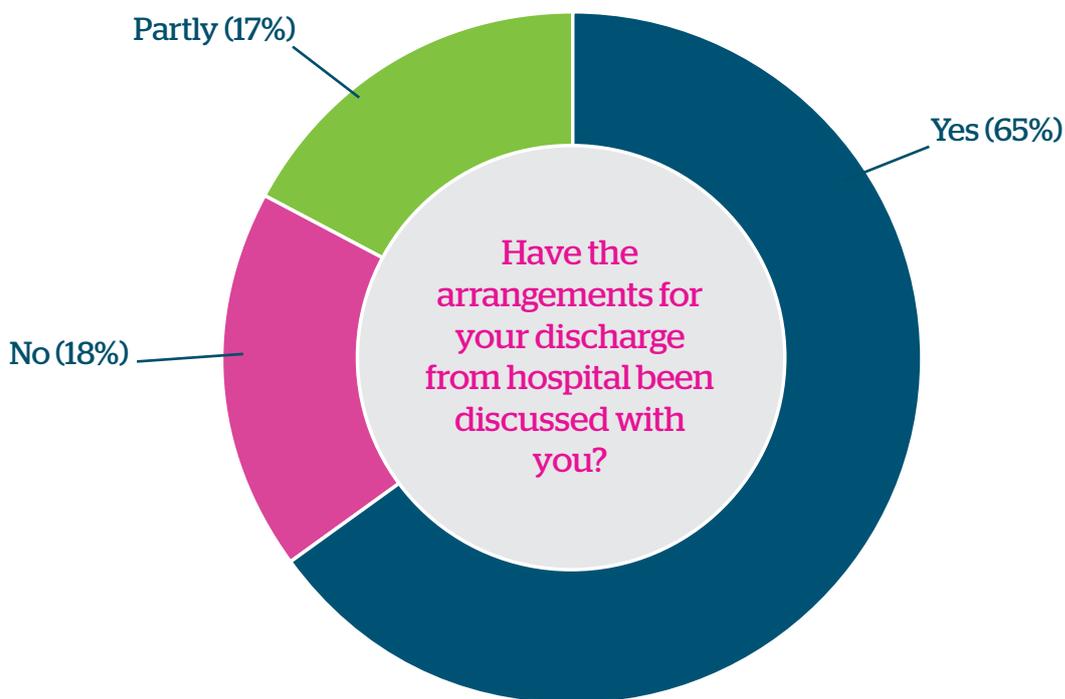
Amazing. Come round every day, clean all round the bed, and very polite. When took for scan, she passed me in the corridor and said good luck. So, they go the extra bit.

Cleaners did very a thorough job. They would arrive early in the morning and scrub the ward from top to bottom.

There are two spillages on the floor in my room which have been there all day.

Discharge

We went on to ask a series of questions around people's experiences of the discharge process. Arrangements for discharge had been discussed with 65% of respondents as shown in the chart below.



38 people left further comments to this question. Some people said they had been kept fully informed of discharge plans. For others, the discharge plans seemed uncertain, with lack of communication being a key issue.

The consultant has seen me and I know what is planned.

There was a lot of miscommunications. First I was told I was going home then I was told I wasn't then a nurse came in threw a gown on my bed and told me I was going home. That wasn't enough notice for me.

76% of respondents said they knew or partly knew what support that they would receive on discharge. 54 people went to share who would be supporting them. Most people described follow-up appointments with specialists at the hospital as being arranged, and that ongoing support was from family and friends as no formal support was needed.

Son stayed with me and still helping out, going home at weekends.

I was told I would be having follow-up appointments with the cardiologist.

Some people had social care arranged for them, and this was either pre-existing before their hospital admission or newly arranged. However there did seem to be some delays with this, and some people weren't sure who would be providing their care.

Waiting for a care package to be put in place so that I can go home.

Carers increased.

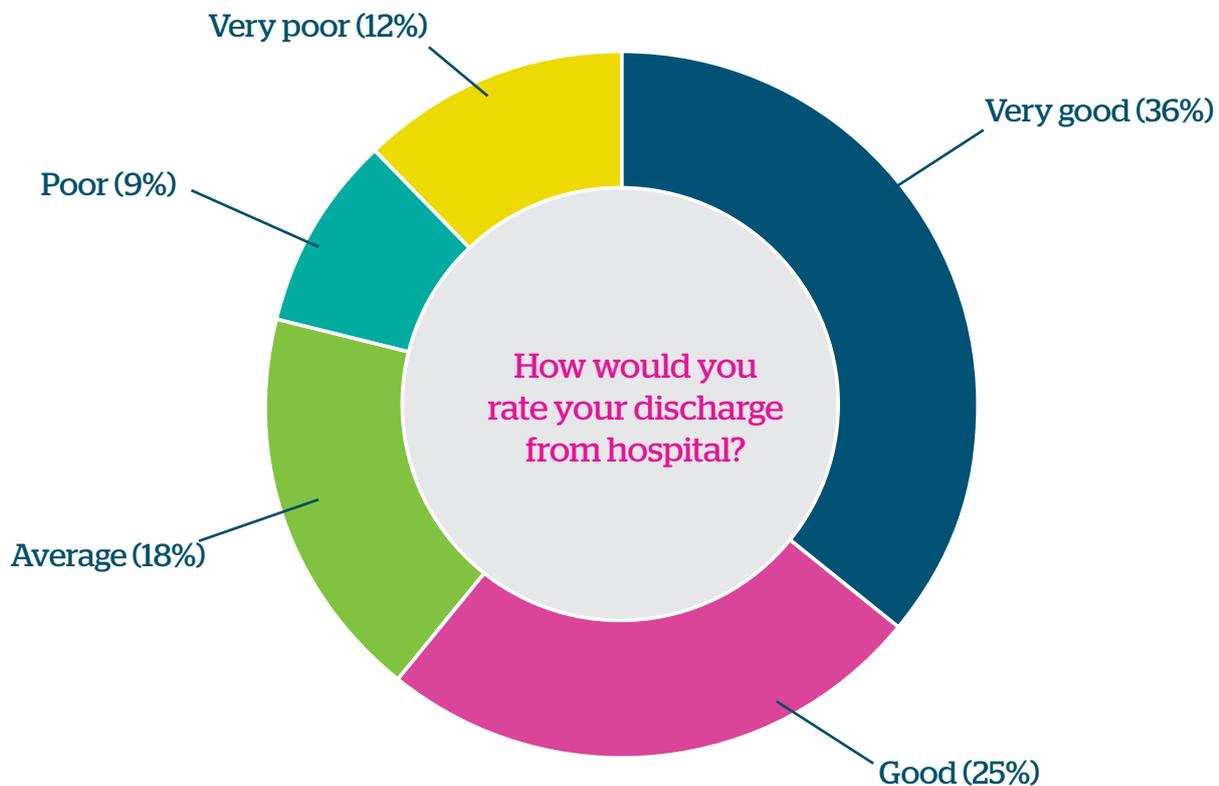
Others talked about not knowing what support was going to be in place for them on discharge and the uncertainty that caused.

No contact from support people on the options when go home. May come when go to the rehab centre. Short of breath and can't stand up. And not been told about any other support you will get. It will depend how able you are when you leave so presumably the support package will depend on that. So could say don't need to tell you yet, but would be good if said that, there is a support package and will be told at the time. Support needed depends what wife can do. At the moment need for wash, to bed, dressed, go to toilet. So a high level of support.

I am a bit concerned as I live on my own. I have been re-assured that someone from the team will go though everything with me and the equipment I need will be delivered.

75% of respondents completed this survey following their discharge from hospital and were asked some additional questions about their experience of the discharge process.

While most reported a good or very good experience (60%), others rated their discharge experience as average, poor or very poor. Some people left additional comments about their experience and these are quite mixed.



Some reported a positive experience, where plans were organised in advance and family members were informed.

My discharge went very well. My wife was informed of when I'd be leaving so she was ready to pick me up. The doctors gave me an information pack and they made sure I had check-up appointments.

Again this was excellent. My husband wasn't sure if he was coming home and I when I visited the Dr said yes he could but had to wait for his medication which could take a few hours. The nurse on duty went to pharmacy herself to collect it which meant he could come home straight away.

Some people reported delays to discharge due to wait times for medications, while others were not aware of their impending discharge.

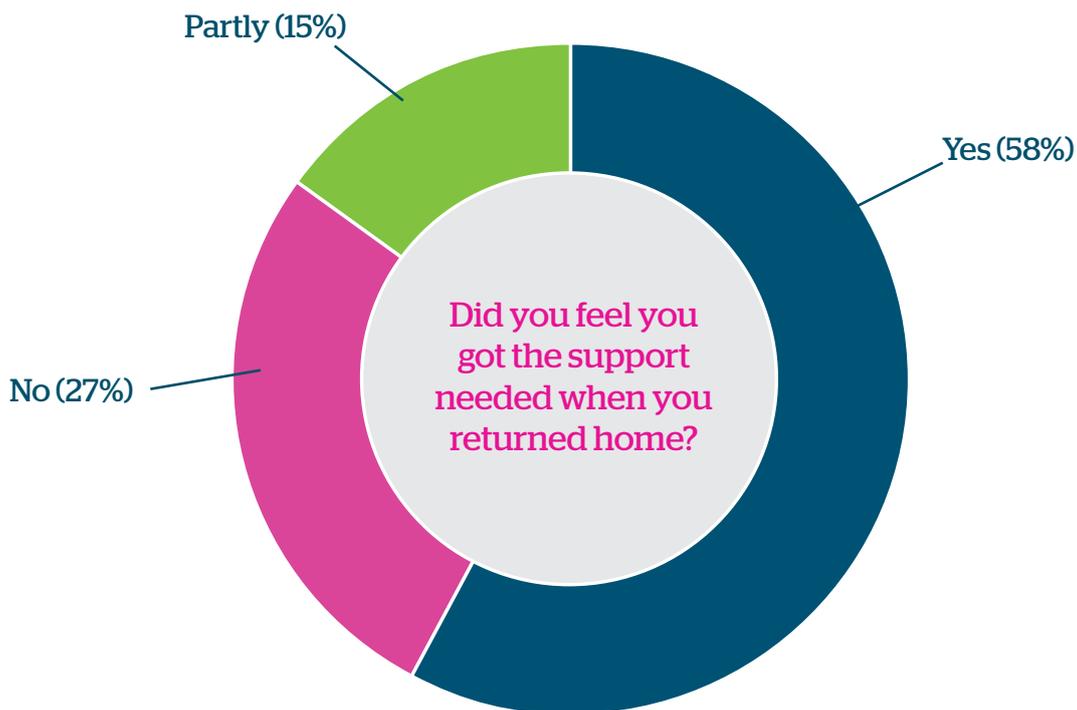
Doctor saw me in the morning for an afternoon discharge. Waited from lunch time to 4pm for drugs!!!

Wait for pharmacy to complete meds for discharge seemed slow.

I was not aware of most things going on. Family were not aware other than potential to go to SWICC [Swindon Intermediate Care Centre] or other hospital/care home. Family found out when trying to book a visit and told I was in a care home.

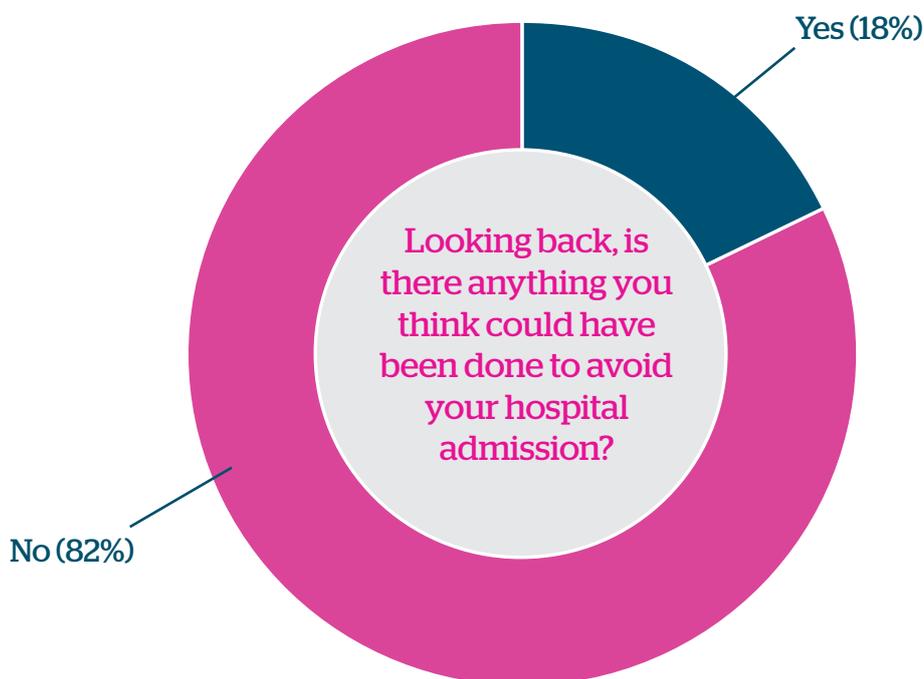
Not really, no warning of discharge informed by a doctor he had never seen before.

We then asked if people felt that they had got the support that they needed once they returned home. 58% felt that they had, 15% answered partly and 27% answered no.



- Physio came for about two months, just finished coming. Son supports me with shopping, etc.
- I didn't need support.
- Surprised to be discharged with no follow-up checks.

We asked if people felt anything could have been done to avoid their hospital admission. Most people (82%) felt that it couldn't.



Some people mentioned that a healthier lifestyle could have perhaps helped to avoid a hospital admission, and some said that improved community support could have been beneficial.

Those that had multiple admissions also mentioned how better treatment in the beginning could have prevented further admissions.

I tried and failed to get help from my GP so ended coming in as an emergency.

I had a very serious illness, so would have needed hospitalising regardless. However, I feel if my treatment had been better, then I would not have needed hospitalising twice or for so long.

A healthier lifestyle.

Communication needs

We asked people if they had any communication needs and 58 people answered this question. Eight of these said they had communication needs.

Additional needs ranged from being hard of hearing, living with dementia or that a shortness of breath had an impact, but people said that they were able to communicate and understand what they were being told.

Been mixed but fairly understandable. I understood what they were saying.

Due to health (breathing, fatigue – blood pressure, delirium, possible concussion, throat issues) still struggle to talk for long and be understood as well as understand staff.

We asked people if their communication needs had been met and seven people left comments. Half of these suggested that needs were not met.

Could not understand the accent and language of some of the staff.

Nope. No exceptions were made to update my family on my behalf.

Others said of how staff seemed to understand, or how they would ask for things to be explained further. However, some people may not have felt comfortable to do this.

If I didn't understand I would say stop and ask them to explain.

Nurses seem to understand him – so they are doing well.

What was good and what could have been improved?

Finally, we asked what was good and had gone well about their hospital stay and to identify any areas that could be improved.

What was good

63 people left comments about what had been good and worked well and the majority of these mention the kindness and caring nature of the staff.

Excellent care from the staff.

I feel that I have been listened to and that means a lot really. Its a really important thing for me. Anything they plan to do I'm told about and they explain.

Hospital was clean. Doctors and nurses were amazing. Everything was explained clearly support after discharge has been very good.

The staff were brilliant. The nurses always responded quickly and all the staff were very friendly.

No problems were encountered. The wait for surgery was long because of covid 19 delays but that was understandable apart from that everything went as it should and I received the care I needed.

What could be improved

64 people gave ideas for improvement and they covered a few broad areas. Many mentioned that wards seemed short staffed, and that staff were very busy. Several people mentioned not wanting to bother staff or add to their workload.

More staff on Meldon Ward, they were clearly under staffed and I felt very sorry for the nurses who were clearly at breaking point.

More staff as they are constantly busy that you don't want to bother them till your pain is bad

Some people felt that communication between wards, and with them as patients, could have been better.

More staff training around sensitivity and confidentiality.

Prioritise staffing communication – wish they would listen to me.

There were comments about the environment, including the beds, parking and lighting.

Spotlight in ward ceiling at night is annoying. Bigger car park for visitors.

General entertainment, Wi-Fi access and the food were also mentioned as areas that could be improved.

Hospital is boring, the entertainment system is poor.

Music/access to radio. Robust free Wi-Fi would make the world of difference. (There is one but drops out).

Take allergy information seriously, improve the food, given written discharge information.

Other things mentioned included reducing overnight ward moves and that it could be noisy during the night. Some people also mentioned difficulties with the visiting restrictions and not being sure if they were allowed visitors.

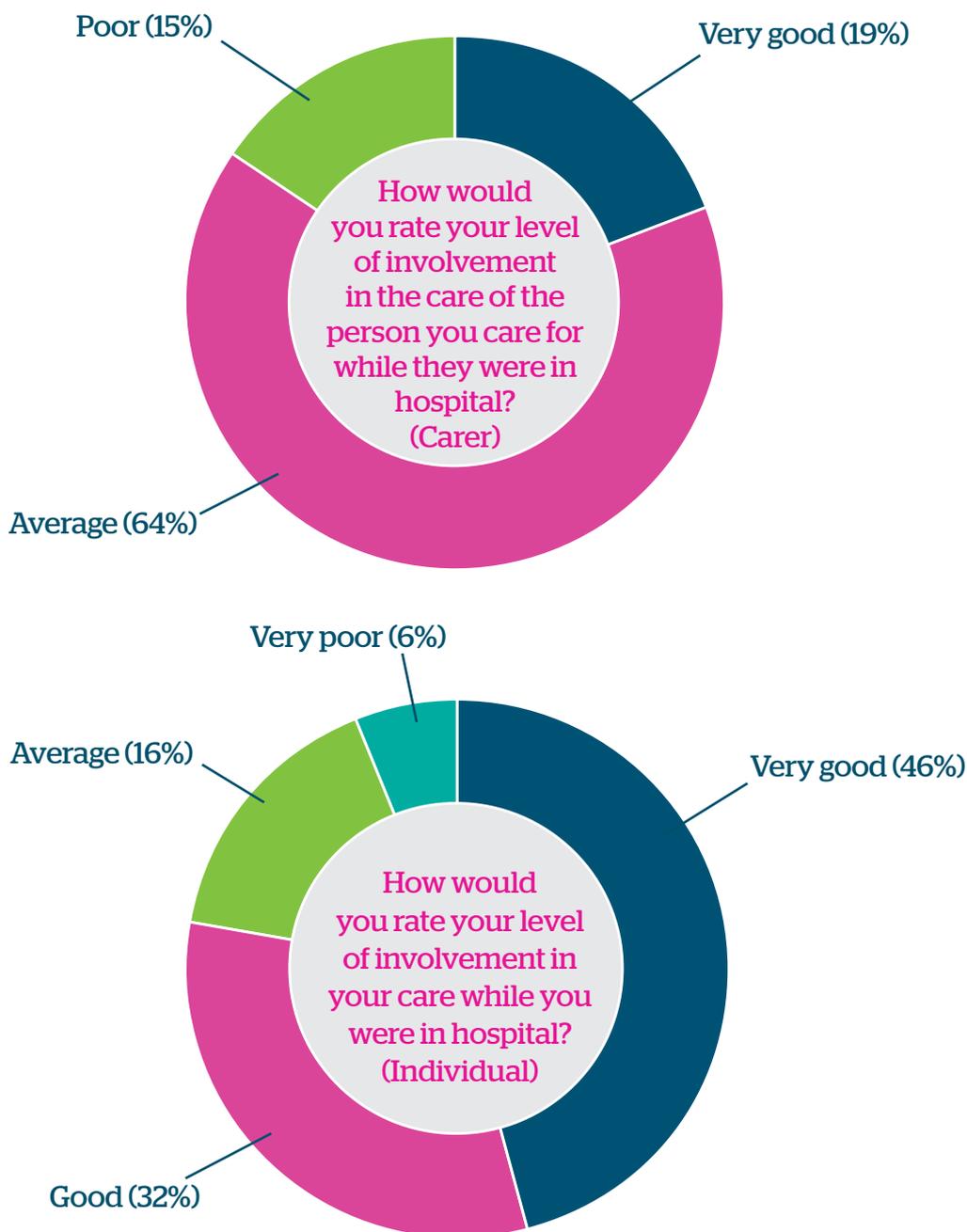
Just the visiting information about having to book and also the food.

It was very noisy particularly at night.

The experiences of carers

We compared the responses we received from carers with responses from patients, and noted a few disparities. Carers felt they had less involvement in the care provided than individuals, with most carers rating their level of involvement as average.

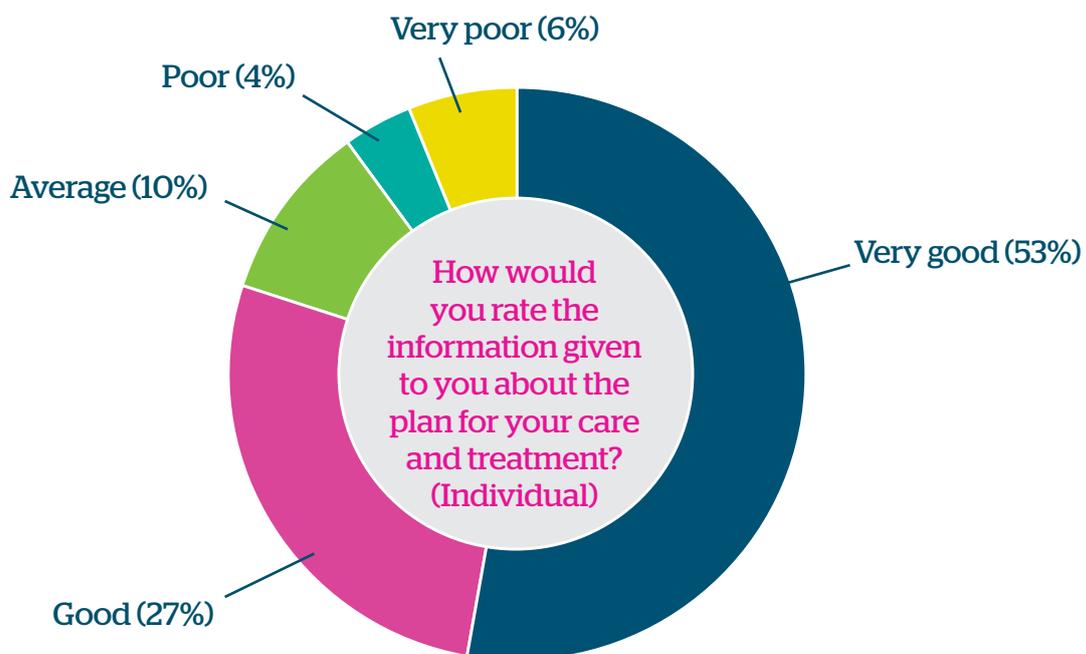
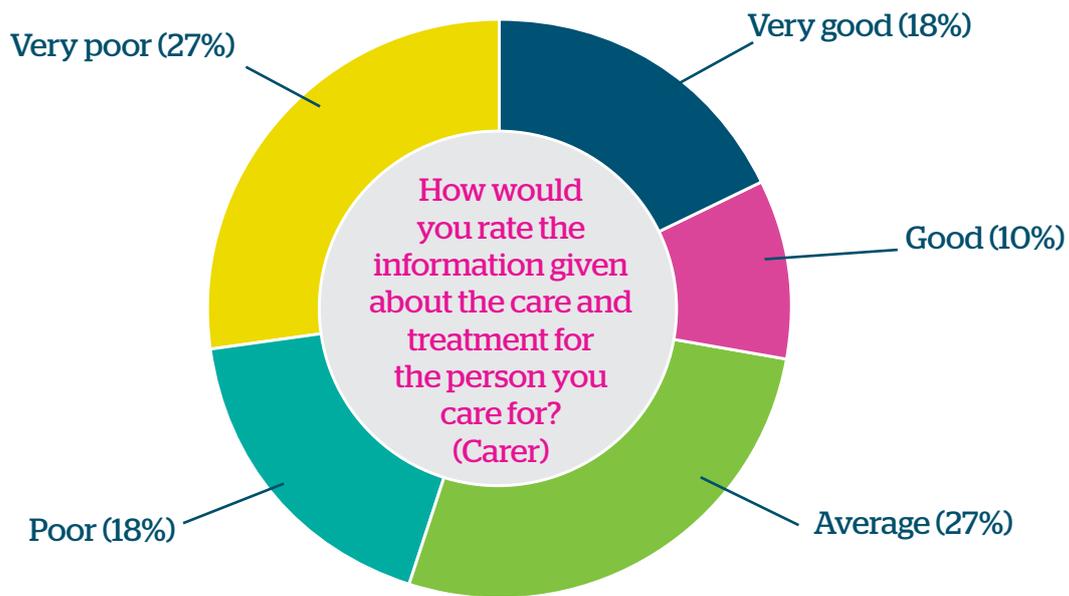
We should note that we received fewer responses from those that identified as carers than individuals who were receiving treatment.



In Shalbourne Ward it was a bit pot luck, but it was not the right place for her. Overall it was OK, but sometimes the staff were a bit out of it. When she changed wards to Ampney, then the consultant and palliative care doctors knew when I was coming in, so made time to see me. – Carer

Quite a lot. They explain what they are doing and I feel listened to. – Individual

There were similar themes when asked about information provided about care and treatment, with carers choosing average, poor and very poor compared to individuals that mainly rated them as good or very good.



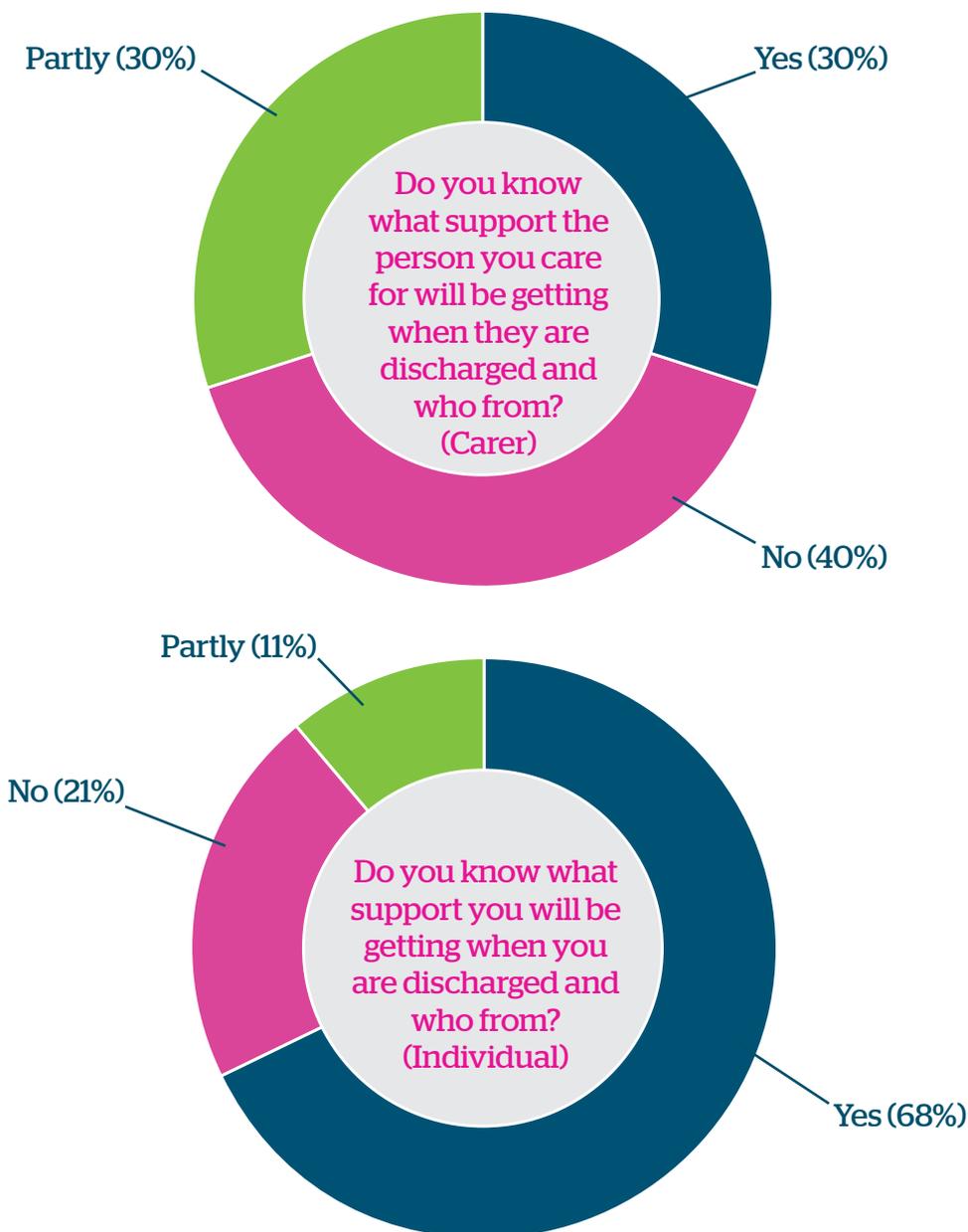
As doctors very busy difficult to get information. – Carer

Very informative. Explained aftercare plan in great detail and was easy to understand. – Individual

When asked about their awareness and involvement in their discharge from hospital, the responses here were similar from carers and individuals.

Arrangements for discharge had largely been discussed with both carers (60%) and individuals (68%) although there is still a notable proportion of people who said that discharge plans hadn't been discussed with them.

Individuals however, seemed to have more knowledge of support that might be received on discharge than carers.



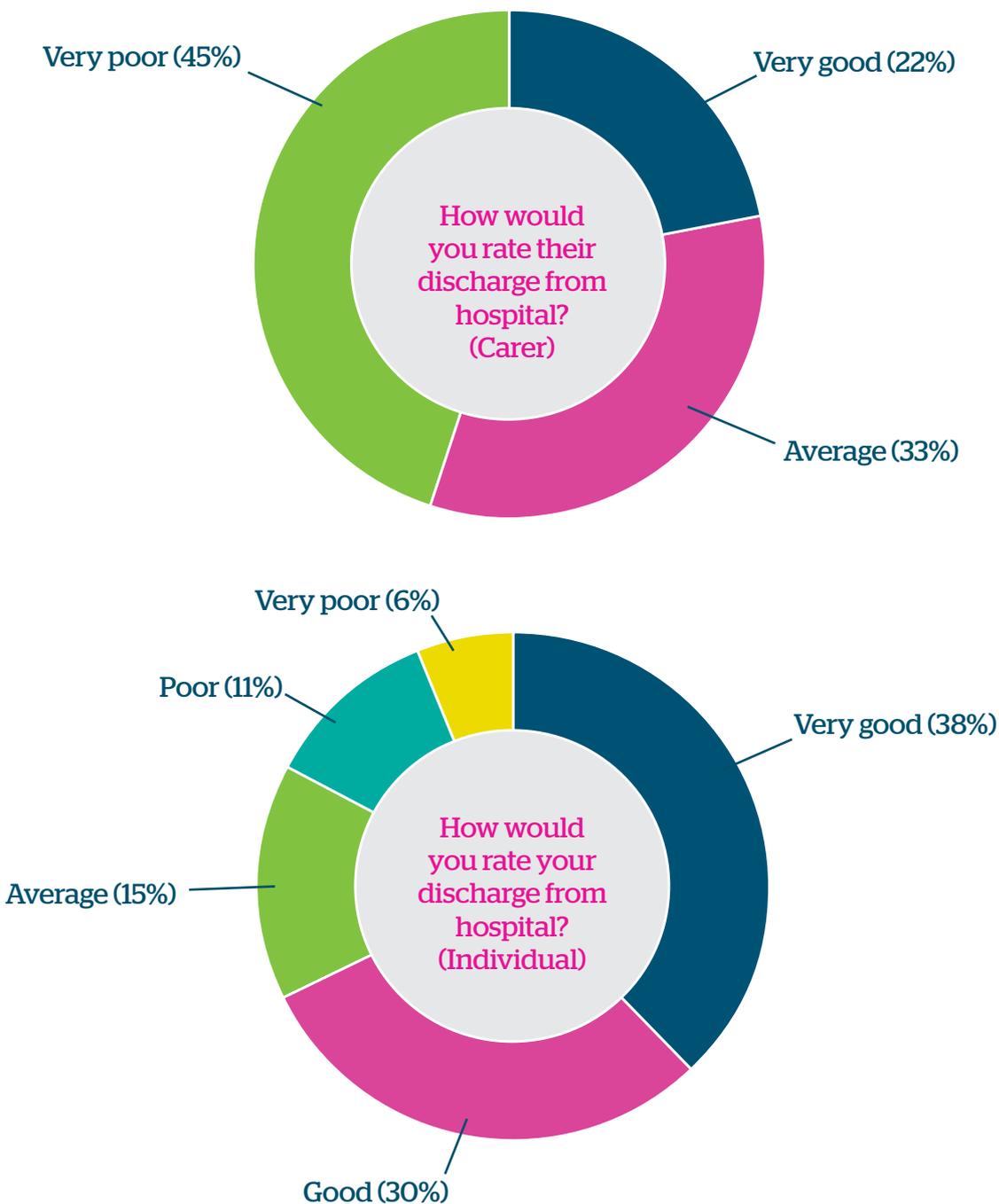
I was told I would be having follow-up appointments with the cardiologist.

Just told will get rehab, physio and OT [occupational therapy].

No one. No support was offered.

When asked to rate the discharge from hospital, carers again seemed to rate it less highly than individuals.

The differences shown in this chart suggest improvements could be made to ensure carers are informed and fully involved in the care, planning and discharge process.



Conclusions

The majority of findings from this review were positive, for which Great Western Hospitals NHS Foundation Trust should be applauded. However, there were also some areas where change is needed.

The different approaches used for evaluating the Emergency Department and Inpatient wards surveys means the conclusions for each need to be considered separately.

Emergency Department

Although it is difficult to be sure from the figures alone, it appears that most people had good reason to attend the ED, due to a new physical or mental health issue, an accident at home, or change or worsening of a physical or mental health condition.

Most respondents said they had first sought help from other services, most often this was a GP or through NHS 111 or 999. The vast majority said they were able to speak to someone who could give them advice, but some had not been able to speak to anyone.

A few respondents chose to go to ED for other reasons, such as getting help more quickly, because another service was closed, they didn't know of an alternative service, A&E was closer or other services had let them down. However, people could tick more than one answer to this question, so they might have said they could get help more quickly at A&E but also that their problem was very serious.

While most patients were treated in ED, just over a third were referred elsewhere. This may indicate that ED might not have been the most appropriate place for some of the people attending, but we recognise that these decisions are often complex and not necessarily because a patient doesn't need urgent care.

Most people said having more urgent appointments available at other services would help reduce the need to go to ED, while others mentioned extended opening hours at other services, more information about the local services available, as well as more information about health issues in general would be useful.

While negative comments mainly focused around long wait times, three quarters of respondents rated the quality of treatment they had received in ED as good or very good, and most additional comments about the department were positive.

Inpatient wards

Most people were satisfied with the quality of the care and treatment they had received in hospital, with many mentioning the kindness and caring nature of staff.

Most said they were satisfied with the level of involvement they had in their care, and many said the information they were given was good or very good.

However, some staff attitudes were criticised, and some respondents felt they weren't treated with dignity and respect. Others said that they did not feel safe.

While most patients were able to keep in touch with friends and family, this often required the use of a mobile phone (either for the communication itself or to arrange a visit) with the

available phone or Wi-Fi access poor. There were also reports of relatives and friends finding it difficult to obtain information since ward telephones were not always answered.

People gave a mixed response to the food, with some concerns raised about special diets not being catered for. Three quarters of respondents said they thought cleanliness was good or very good, and the cleaners themselves were given high praise.

There were several comments about things which could impact on the quality of sleep, such as lights, noise and moving patients around in the night.

Delays in receiving medications was highlighted as a concern.

While 65% said that their discharge from hospital had been discussed with them, 35% said they hadn't been informed or not all the information they wanted had been shared with them.

While most people said they had received the support they needed once they had returned home, more than a quarter said they hadn't.

On the whole, carers said they felt less involved and communicated with than patients, and gave poorer ratings than patients for being involved in the discharge process.

Some respondents felt that an admission to hospital might have been avoided and gave a variety of reasons such as self care, community support and feeling that they had received poor care on an earlier admission.

Recommendations

Based on people's feedback from the two surveys, we make the following recommendations.

Emergency Department

- Look at ways to improve information about other services available and how they can be accessed.
- Consider increased monitoring of patients while they are waiting. This could help identify general problems and give the opportunity to explain to patients what was happening, which may reduce their dissatisfaction.

Inpatient wards

- Consider how communication with patients, family and friends could be improved including direct communication, written communication and access to Wi-Fi and phones.
- Look at the provision of 'accommodation services', including cleanliness and conditions affecting sleep and how these could be improved.
- Review the quality and quantity of food provided at mealtimes, particularly for those with certain conditions such as diabetes. Opportunities for increasing menu choice should be investigated.
- Consider how the Trust can increase the involvement of unpaid carers.
- Consider how delays to receiving medications could be improved.
- Work with system partners, to consider the whole patient pathway, including reasons for admission, support which could prevent admission or readmission.
- Work with system partners to review the discharge pathways and how these could be improved.

Healthwatch Swindon, Wiltshire and West Berkshire meet with the Trust on a quarterly basis and will be following up progress made regarding the recommendations at these meetings.

Thank you!

Thanks to the staff at GWH who worked with us to plan and deliver this project particularly, Sharon Keene, Regulatory and Compliance Manager; Lisa Cheek, Chief Nurse and the support of Kevin McNamara, Chief Executive.

Special thanks to volunteers from Healthwatch Swindon, Healthwatch West Berkshire and Healthwatch Wiltshire for their support with the visits, and input to the final report. Also thanks to volunteers from GWH who supported our virtual visits.

Thanks to all those who shared their views and experiences with us.

Thanks to Healthwatch England for providing advice and guidance around virtual Enter and View visits.

Response

 Lisa Cheek, Chief Nurse, Great Western Hospitals NHS Foundation Trust 

I am really proud of the care our staff provide and I was pleased to welcome Healthwatch in to our organisation to support them to talk to our patients in different areas of the hospital.

Whilst we have a good understanding of the level of care we provide, it is feedback from patients and carers that helps us improve our knowledge of how well we are doing and where we could do a little better.

The experience of patients is key to helping us improve the care we provide and my thanks go to Healthwatch for providing us with this rich body of evidence.

As we all know, the last 21 months have been the most challenging that the whole health and social care system has ever experienced, so I was particularly pleased to read that patients had praised our staff for the kindness and compassion they demonstrated both in the inpatient areas and in the Emergency Department.

We know there are areas where we can do more to improve and are implementing plans to address these as part of our Great Care campaign, which is focused on four areas:

- Delivering patient-centred care that meets the individual's needs at a personal and bespoke level
- Care that reduces the risk of harm to every patient
- The environment – recognising that great care extends beyond the patient, and wards and departments should be looked after too
- Expert care – building on our expertise.

I am reassured that there were no new areas for improvement identified in this report that we were not previously aware of, but Healthwatch have provided us with different perspectives which will help us to re-examine some of our thinking and look to how we make improvements in different ways.

I would like to extend my thanks to Healthwatch for this really helpful report, and to those patients who gave their views as part of this process. I would like to say a particular thanks to those who gathered the opinions, despite the restrictions in place, and adapted to new and different ways to collate the information.

We will use this document alongside other surveys, data, and feedback from patients to make improvements to deliver better care.

Appendix

Breakdown of demographics

ED/Urgent Care

Do you care for someone who needs extra support day to day?

| Answer choices | Responses |
|-------------------|-----------|
| Yes | 14% (14) |
| No | 86% (89) |
| Prefer not to say | 0% (0) |

Are you

| Answer choices | Responses |
|---------------------------|-----------|
| Male | 38% (40) |
| Female | 60% (63) |
| Prefer not to say | 1% (1) |
| Prefer to use my own term | 1% (1) |

What is your age?

| Answer choices | Responses |
|----------------|-----------|
| Under 18 | 8% (8) |
| 18-24 | 6% (6) |
| 25-34 | 10% (10) |
| 35-44 | 22% (23) |
| 45-54 | 14% (15) |
| 55-64 | 15% (16) |
| 65-74 | 14% (14) |
| 75-84 | 7% (7) |
| 85+ | 4% (4) |

| How would you describe your ethnic group? | |
|---|------------------|
| Answer choices | Responses |
| African | 2% (2) |
| Arab | 0% (0) |
| Bangladeshi | 2% (2) |
| Black British | 2% (2) |
| Caribbean | 1% (1) |
| Gypsy, Roma, Traveller, Boater | 0% (0) |
| Indian | 4% (4) |
| Pakistani | 1% (1) |
| White British | 77% (79) |
| White Eastern European | 4% (4) |
| White Other - please specify if you wish in the comment box below | 5% (5) |
| Other - please specify if you wish in the comment box below | 1% (1) |
| Prefer not to say | 1% (1) |

| Do you consider yourself to have a health condition or disability? (Please tick all that apply) | |
|--|------------------|
| Answer choices | Responses |
| No | 63% (63) |
| Mental health condition | 9% (9) |
| Visual impairment | 1% (1) |
| Hearing impairment | 3% (3) |
| Learning disability | 2% (2) |
| Physical or mobility disability | 23% (23) |
| Prefer not to say | 1% (1) |

Inpatients

Do you care for someone who needs extra support day to day?

| Answer choices | Responses |
|-------------------|-----------|
| Yes | 11% (8) |
| No | 89% (66) |
| Prefer not to say | 0% (0) |

Are you

| Answer choices | Responses |
|---------------------------|-----------|
| Male | 28% (23) |
| Female | 70% (56) |
| Prefer not to say | 2% (2) |
| Prefer to use my own term | 0% (0) |

What is your age?

| Answer choices | Responses |
|-------------------|-----------|
| Under 18 | 1% (1) |
| 18-24 | 4% (3) |
| 25-34 | 10% (8) |
| 35-44 | 9% (7) |
| 45-54 | 8% (6) |
| 55-64 | 22% (18) |
| 65-74 | 19% (15) |
| 75-84 | 20% (16) |
| 85+ | 2% (2) |
| Prefer not to say | 5% (4) |

| How would you describe your ethnic group? | |
|---|------------------|
| Answer choices | Responses |
| African | 0% (0) |
| Arab | 0% (0) |
| Bangladeshi | 0% (0) |
| Black British | 0% (0) |
| Caribbean | 0% (0) |
| Gypsy, Roma, Traveller, Boater | 0% (0) |
| Indian | 1% (1) |
| Pakistani | 0% (0) |
| White British | 90% (71) |
| White Eastern European | 0% (0) |
| White Other - please specify if you wish in the comment box below | 4% (3) |
| Other - please specify if you wish in the comment box below | 1% (1) |
| Prefer not to say | 4% (3) |

| Do you consider yourself to have a health condition or disability? (Please tick all that apply) | |
|--|------------------|
| Answer choices | Responses |
| No | 56% (43) |
| Mental health condition | 9% (7) |
| Visual impairment | 3% (3) |
| Hearing impairment | 4% (3) |
| Learning disability | 1% (1) |
| Physical or mobility disability | 37% (28) |
| Prefer not to say | 3% (2) |

Survey for people who have used the Emergency Department at Great Western Hospital since 1st March 2021.

This survey may be completed as a 1-1 face to face, virtual or telephone interview with a Healthwatch volunteer or staff member or as an online or paper survey.

Introduction from volunteer

I'm (name), a volunteer with Healthwatch and I understand that you've agreed to talk to us about your experience at Great Western Hospital. We are working with Great Western Hospitals Trust to find out more about people's experiences of care whilst using the Emergency Department and Urgent Care Centre. The Emergency Department is also known as A&E and we will be referring to the service as A&E throughout the survey.

Healthwatch is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved and share their views with those who have the power to make change happen.

The responses to this survey will be collated and put into a report. All responses are confidential and will be anonymised, no individuals will be named in the report. The report will be used to help the hospital to develop and improve its services.

Please note that if you share with us anything that we believe to be a Safeguarding concern we do have to let the Trust and/or Local Authority know.

The interview should take about 10 – 25 minutes depending on your answers. Are you happy to go ahead? You can ask to stop at any time.

1. What is the main health issue that led to you coming here today?

- Accident at home
- Accident at work
- Accident at other place
- Sports injury
- New physical symptom
- New mental health issue
- Change/worsening of an existing long-term physical condition
- Change/worsening of an existing mental health condition
- Alcohol/drug use
- Victim of crime
- Prefer not to say
- Other (state if you wish).....

2. How long have you been experiencing the problem that led you here?

- Immediately before coming here
- Up to 24 hours ago
- Between 1 and 7 days ago
- Longer than a week

3. **Have you been discharged from hospital about this problem in the past 30 days?**

- Between 1 and 7 days ago
- Longer than a week
- No

4. **Did you try and seek help from any other services before coming here today?**

- Yes, go to Question.5
- No, go to Question 8**

5. **Which service/s did you contact? (tick as many that apply)**

- GP surgery
- Pharmacist
- Dentist
- Optician
- NHS 111 helpline
- 999 emergency number
- Mental health crisis service
- Community midwife
- Palliative care (end of life) staff
- Sexual health walk-in clinic
- Social worker
- NHS website
- Other (please state if you wish).....

If you used the NHS 111 helpline were you given an appointment time to go to A&E? If yes, how did this work for you?

6. **Were you able to speak to a person who could give you advice?**

- Yes, go to question 7**
- No, their phone line was engaged
- No, I only got a recorded message, **go to Question 8**
- No, I only got a recorded message, **go to Question 8**
- No, they did not return my call, **go to Question 8**
- No, the service said no-one was available to speak or see me as quickly as I wanted, **go to Question 8**

7. Did the service advise you to go to A&E?

- Yes (go to question 10)**
- No (go to question 8)**
- Other (please state if you wish).....

8. Why did you decide to go to A&E? (tick all that apply)

- My problem is very serious
- I believe A&E has staff/experts I would not find anywhere else
- I believe A&E has machines, technology or medicines that are not available anywhere else
- I can get help quicker at A&E
- Another service/professional that I wanted to contact was closed
- I did not know about any other service I could go to instead of A&E
- A&E is closer than other services
- I trust A&E from past experience
- A&E is more anonymous
- Other service/s have let me down
- Other (please state if you wish).....

9. What factors would help you consider first contacting a different service than A&E about an urgent health issue in the future?

- More information about what alternative services are in my area
- More information about what health issues/symptoms/injuries different services can see or treat
- Extended opening hours at other services
- More urgent appointments made available at other services
- More information online about services
- Other (please state if you wish).....

10. How long have you been waiting so far?

- Within 30 minutes
- 1 – 2 hours
- 2 – 4 hours
- More than 4 hours

11. FOR ONLINE SURVEY ONLY When you had been assessed did you receive your treatment in A&E or were you referred elsewhere eg to the Urgent Treatment Centre?

- Yes
- No

12. FOR ONLINE SURVEY ONLY Please tell us about the quality of the treatment you received.

- Very good
- Good
- Don't know
- Poor
- Very poor

13. Is there anything else you'd like to say about your visit to A&E?

About you:

It's important that we hear from a diverse group of people. We ask some questions about you so that we can identify any issues that affect different groups of people. This information is anonymous, and you do not have to answer any questions if you don't wish to.

14. Please provide the first four digits of your postcode.

15. Do you care for someone who needs extra support day to day?

- Yes
- No
- Prefer not to say

16. Are you?

- Male
- Female
- Prefer not to say
- Prefer to use my own term - Please specify if you wish to)

.....

17. What is your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 – 64
- 65 – 74
- 75 -84
- 85 +
- Prefer not to say

18. How would you describe your ethnic group?

- African
- Arab
- Bangladeshi
- Black British
- Caribbean
- Gypsy, Roma, Traveller, Boater
- Indian
- Pakistani
- White British
- White Eastern European
- White Other - please specify
- Other - please specify
- Prefer not to say

19. Do you consider yourself to have a health condition or disability?

- No
- Mental Health condition
- Visual Impairment
- Hearing Impairment
- Learning Disability
- Physical or mobility disability
- Prefer not to say

20. Please tell us which sexual orientation you identify with:

- Asexual
- Bisexual
- Gay
- Heterosexual/ straight
- Lesbian
- Pansexual
- Other
- Prefer not to say

21. Would you be interested in taking part in a video talking about your experiences?

- No
- Yes

If yes, please leave your contact email and phone number here:

22. If you would like to be added to the Healthwatch mailing list where you will get updates including the final report, please tell us your name and email/address.

This information will be held securely and in compliance with data protection laws. Your details will not be shared with any other organisation, and you can withdraw your consent to us holding your details at any time by email or telephoning your local Healthwatch. You can view our privacy statements here:

www.healthwatchwiltshire.co.uk/privacy

www.healthwatchswindon.org.uk/privacy

<https://www.healthwatchwestberks.org.uk/privacy/>

Thank you for taking the time to speak to us. Your responses will be analysed and put into a report. The report will be used to influence the way the service further develops.

Survey for people who have been inpatients at Great Western Hospital since 1st March 2021.

This survey may be completed as a 1-1 face to face, virtual or telephone interview with a Healthwatch volunteer or staff member or as an online or paper survey.

Introduction from volunteer/ staff member

I'm (name), a volunteer/staff member with Healthwatch and I understand that you've agreed to talk to us about your experience at Great Western Hospital. We are working with the hospital to find out more about people's experiences.

Healthwatch is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved and share their views with those who have the power to make change happen.

The responses to this survey will be collated and put into a report. All responses are confidential and will be anonymised, no individuals will be named in the report. The report will be used to help the hospital to develop and improve its services.

Please note that if you share with us anything that we believe to be a Safeguarding concern we do have to let the Trust and/or Local Authority know.

The interview should take about 10 – 25 minutes depending on your answers. Are you happy to go ahead? You can also ask to stop at any time.

1. Are you answering this survey as?

- The person who is or has received care in hospital.
- The persons unpaid carer responding on their behalf.
- Someone else responding on behalf of the person.

2. Was your admission to the hospital?

- Planned
- Unplanned

If there anything you'd like to say about your admission into hospital?

3. How would you describe the quality of treatment or care you have received in hospital?

- Very good
- Good
- Average
- Poor
- Very Poor

Please tell us more about your answer.

4. Do you think have been/ were treated with dignity and respect whilst in hospital?

- Yes
- No
- Partly

Please tell us more about your answer.

5. Have you felt safe whilst in hospital?

- Yes
- No
- Partly

Is there anything else you'd like to say about this?

6. How would you rate your level of involvement in your care whilst in hospital?

- Very good
- Good
- Average
- Poor
- Very Poor

Please tell us more about your answer.

7. How would you rate the information given to you about the plan for your care and treatment?

- Very good
- Good
- Average
- Poor
- Very Poor

Please tell us more about your answer.

8. How would you rate the support you were given with personal care, if needed?

- Very good
- Good
- Average
- Poor
- Very Poor

Please tell us more about your answer.

9. Have you been able to keep in touch with relatives/friends whilst you have been in hospital? (Please tick all that apply)

- No, I've not had any contact with relatives or friends.
- Yes, I've had contact by email.
- Yes, I've had contact by phone.
- Yes, I've had contact by online video.
- Yes, I've had face to face visits.

Please tell us more about your answer.

10. How would you describe the quality of food at the hospital?

- Very good
- Good
- Average
- Poor
- Very Poor

Please tell us more about your answer.

11. How would you describe the quality of cleanliness at the hospital?

- Very good
- Good
- Average
- Poor
- Very Poor

Please tell us more about your answer.

12. Have the arrangements for your discharge from hospital been discussed with you?

- Yes
- No
- Partly

Please tell us more about your answer.

13. Do you know what support you will be getting when you are discharged and who from?

- Yes
- No
- Partly

Please tell us who you have been told will be supporting you.

14. Have you already been discharged from hospital?

- Yes - please continue to question 15.
- No - please move on to question 17.

15. How would you rate your discharge from hospital?

- Very good
- Good
- Average
- Poor
- Very Poor

Please tell us more about your answer.

16. Did you feel you got the support needed when you returned home?

- Yes
- No
- Partly

Please tell us more about your answer.

17. Looking back, is there anything you think would have avoided your needing to be admitted to hospital?

- Yes
- No

If yes, what could have been done differently?

18. Do you have any individual communication needs?

(E.g., English as a second language, require easy read information, use sign language, lip read, need support with reading and writing, use braille)

19. Were these needs met whilst you were in hospital and, if so, can you tell us how they were met?

20. What has been good or worked well about you stay in hospital?

21. Is there anything you think could be improved?

About you:

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- Indian
- Pakistani
- White British
- White Eastern European
- White Other - please specify
- Other - please specify
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27. Do you consider yourself to have a health condition or disability?

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- Hearing Impairment
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- Lesbian
- Pansexual
- Other
- Prefer not to say

29. Would you be interested in taking part in a video talking about your experiences?

- No
- Yes

If yes, please leave your contact email and phone number here:

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