

**Feedback on the Accident and
Emergency Department, Royal Sussex
County Hospital**

Preface

Healthwatch Brighton and Hove has a long tradition of reviewing accident and emergency services at our local hospital, the Royal Sussex County Hospital (RSCH). We have conducted one-off reviews using our powers to Enter & View NHS services; as part of national Patient-Led Assessments of the Care Environment ([PLACE](#)) visits, and as part of our own series of [environmental visits](#). You can view our reports in the Annex to this report.

We had planned, in conjunction with our Trust, to undertake a detailed review of the emergency department in March 2020, but the emergence of COVID stopped this. Healthwatch would normally do an Enter & View to see what was happening ourselves, and talk to people. COVID has brought about unprecedented challenges, but we have nevertheless monitored people's experiences of using A&E and raised these with the chief nurse at the hospital. Our position on key strategic Trust meetings has allowed us to share this feedback and raise concerns and questions; at the University Hospitals Sussex Brighton Accident and Emergency Delivery Board and Patient Experience and Engagement Group.

The emergency department at RSCH is physically not fit for purpose. When the development to the hospital was proposed the department was not in the plan. There are proposals to make it bigger when the first phase of the new hospital is complete at the end of the year. But this will not be until the Barry Building is transferred to the new site which will be about a year's time – and monies are not secure. In the meantime, new cubicles have been fitted and the ambulatory care unit has been developed to try and take more people who can be discharged in the day: but as much as these developments take place, demand increases.

The walk in area ("minors") was upgraded a few years ago. The clinical area was improved but it was at expense of the seating area which was greatly reduced from already too small to even smaller. Healthwatch has made representation on overcrowding and waits before.

There is a new Urgent Care Centre being erected in front of the A&E which is intended to be GP led and take the load from the Urgent Treatment Centre in A&E.

The feedback we have gathered, and described in this report, demonstrates that improvements to A&E are desperately needed. For the Hospital Trust, A&E is an area of focus: they are aware of the issues and have plans in place or development to tackle the issues; but the size of the department will ultimately constrain any genuine improvements. Additional space is needed, but in the interim, basic elements need to be addressed: a clean environment where patients feel safe; regularly checking in on patients to ensure they are 'waiting well' and keeping them informed, and the provision of basic refreshments and comfort.



David Liley, Chief Officer, Healthwatch Brighton and Hove said:

I have been a patient at the Royal Sussex in the last month and been treated with care and dignity by NHS staff who are clearly overworked and exhausted.

The NHS has been through unprecedented times but nevertheless found a way to continue delivering high quality care.

As we come out of COVID, it is important that Healthwatch return to our role as a critical friend and hold services to account where we see that things are not working well.



Patient feedback



What are we hearing?

Healthwatch has received feedback on the A&E department at the Royal Sussex County Hospital via our information line, online feedback form and our Hospital Discharge project which was developed as part of the response to COVID-19 (the project supports residents discharged from hospital). The feedback is often mixed, but overall negative in nature. The feedback detailed below has been obtained since September 2021.

The substantive issues raised by the feedback we have obtained are:

1. **COVID safety:** poor social distancing in an overcrowded A&E department.
2. **Environmental and safety concerns:** overcrowding, groups of people coming in together and socialising whilst others were ill, or drunk.
3. **Staff attitudes (non-medical):** sometimes unwelcoming, offhand or rude.
4. **Lack of privacy:** in triage rooms and in corridors.
5. **Inordinate waits and lack of communications** about where people are in the system.
6. **A lack of pain relief:** not provided or offered after triage.
7. **A lack of refreshments, or comfort breaks:** patients not being offered drinks for several hours, with long waits on trolleys without being seen or spoken to by staff
8. **Insufficient staff to provide care and support:** who are often over worked and stressed.
9. **High praise for medical staff and treatment once seen**

On the following pages are five stories received by Healthwatch over the last 6 months.

Story one: February 2022

- The patient had a cardiac problem and was left with no call bell, no monitor and no staff within sight. They had already had a heart attack previously and were terrified at being left without access to help. They felt *“they would die there, unnoticed”*
- This fear caused a panic attack, and a nurse came in and took them through to another area where they had a monitor and there were more staff.
- The patient was kept there on a trolley for 23 hours, in significant pain, until a bed became available in the assessment unit. They were offered no food or water for 10 hours.
- The patient was in a mixed bay and felt *“mortified”* at having to use a commode in front of male patients. They didn't like being put in mixed bays; it's happened to them before and made them feel embarrassed and self-conscious.
- They also intimated that they felt unsafe as another patient had 2 police officers with him.
- After 2 nights, they were transferred to a cardiac ward in a female-only bay, which was much better.
- The patient was aged 50 to 64 years, has disability and a long term condition,

Story two: December 2022

- The patient attended A&E after a nasty fall, with a suspected broken arm
- They commented that all staff from the volunteer at the entrance to triage nurses, reception, x-ray team, paramedic and doctors were professional, friendly, effective & efficient. They have *“5 stars”* to the paramedic who supported her.
- The patient was badly bruised, but nothing broken, and they were *“in & out in less than two hours”*.

“Thank you to all the team you do a fantastic job under what is obviously a great deal of stress & pressure, your dedication commitment & professionalism is really appreciated.”

Story three: October 2021

- The patient had a blood cancer and had had it for a number of years. He had been in hospital with bleeding and discharged. He was then recalled. He was told a 999 ambulance would come in 2 hours. That was 3pm and it arrived at 4am in the morning (13 hour wait).
- Though he had been discharged from the ward, he was admitted to A&E where he waited many hours and finally asked to go home.
- He was told a private ambulance would come in 2 hours and hours later into the evening the family decided to take him home by car.
- He died peacefully at home

Story four: September 2021

- The patient was referred to A&E by their GP with possible appendicitis. Their GP had rung ahead and said that the surgeons on duty were expecting them. The patient *“thought this might get my foot in the door and cut down some of the waiting time, but it didn’t”*.
- They arrived at A&E at 4pm. The queue for A&E led out into the ambulance unloading area, people in the queue were socially distanced and most people were wearing masks.
- The first nurse they met (who greets people) made sure that everyone was wearing a mask and indicated anti-bacterial hand gel. They asked standard questions about what, if any, COVID contact people might have had.
- When the patient entered the A&E waiting room it became apparent:



...that there was absolutely no chance of being social distanced in such a small space from anyone or anything, there were plenty of signs around telling us to ‘distance’ but not enough space or chairs to achieve it. The waiting room is very small and was full to overflowing



- After about an hour, they were called to the triage room, just off the waiting room for blood tests and to have a cannula inserted. There were five separate curtained cubicles with slightly reclined chairs, all of which were occupied, so they initially had to sit on an ordinary

chair which was positioned in such a way that they could not socially distanced from the occupier of one cubicle. They were attached to a drip and given intravenous antibiotics. Some hours later a cubicle became available, and they were able to have their own space. They sat there until 7am the following morning (13 hours after first arriving at A&E)

- They had two COVID tests done over night, one came back invalid and the second (two hours later) came back negative.
- They were then transferred to the Ambulatory Emergency Ward. This was a much bigger room and the chairs were spaced a metre apart. Nearly every chair was occupied. To get to Ambulatory, they walked through the main A&E, which was *“absolutely packed, beds are no longer bumper to bumper but parked alongside each other, with metre square clear plastic screens between them and just enough room at the foot of the beds to get one wheelchair through the melee”*.
- At 4pm on Wednesday (24 hours after first arriving at A&E), they finally got a bed! *“What a wonderful, wonderful thing a bed is”*.
- Because of the possibility of having an operation the patient had been ‘Nil by Mouth’ up to this point, but it was decided the likelihood of them being operated on that day were extremely slim so they were allowed to eat. They had their operation on Thursday and all went well.

“As always, every member of staff I came into contact with was totally brilliant, kind and ready to explain whatever needed explaining, except for the woman who has to scout around the wards for vacated beds, she was super brusque, but that was OK because now I know how precious beds are.”

Story five: September 2021

“Where to start? Firstly, in these times of Covid, it was baffling to me that the waiting area of the ‘minors’ area was so crowded, with no observation of social distancing in place, despite (now fairly old & faded) stickers on chairs designating every other chair (or so) as a non-seat, as it were. There were upward of 30-odd people crammed

into the space (which has no windows so no ventilation whatsoever) at any one time for most of the time I was there (from 5.15pm to just past midnight), so actually there wouldn't have been enough space for everyone anyway. Why is that space so small? Why, after the many millions that have been spent on redevelopment - including a massively expensive, entirely redundant as far as my understanding goes, helipad - was priority not given to this massively over-subscribed emergency care section? It is not physically big enough, not well enough staffed & as far as I experienced on Sunday night, very badly managed in terms of patient flow & priorities. It is also grubby & unwelcoming.

The 'Covid test' entry point into the department, where newcomers were supposed to stop & have their temperature taken & answer a series of questions to, presumably, establish that they didn't have Covid symptoms, was poorly policed by staff. Half the time, the person responsible for this area seemed to be absent, or chatting to the receptionist/triage nurse, resulting in people wandering up to the reception area within the department without undergoing screening. In any case, even those people I overheard saying they had classic Covid symptoms were allowed to come in anyway.

And generally, a range of people seemed able to wander freely in and out of an already crowded department. At various times, security & ambulance personnel - not always wearing masks - came in & out, and it was unclear why exactly they were present. There were also two occasions when random drunks appeared - one of whom seemed well known to staff as he was greeted by name. He wasn't wearing a mask, verbally accosted patients near the door, and even got one of them to order him a taxi on the free phone! Although there were various staff present at the time, none of them intervened. Apart from the Covid risk, this was disturbing for unwell people waiting to be seen.

There was also little to no privacy for patients as they were seen by the triage nurse within the two smaller rooms immediately off the main waiting area, and next to the ambulance arrival area. Both the doors to the rooms, plus the door to the outside in one of them were

open – presumably to provide a minimum of ventilation – but because of the close proximity, meant patients describing sometimes disturbing symptoms could be overheard by many other patients in the waiting room. Others having treatment by the triage nurse could also be seen in full view.

Throughout all, I'm afraid I found what I can only describe as a seemingly caring deficit in the attitude of staff 'front of house' (not the medical team, I must say). Offhand at best, brusque to the point of rudeness at worst.

There didn't appear to be any kind of prioritization of treatment, and hard to see why some people were there at all. At one point quite late into my visit, a couple of young women arrived and seemed to treat the whole thing as some sort of social outing. They sat chatting merrily to each other, then to a youngish lad also waiting, sharing out their tube of Pringles crisps and Haribo sweets – all three of them chatting & laughing & not wearing masks. Neither of the girls appeared to either be injured or particularly ill.

Meantime, when I was sent through to find my way to x-ray, patients in the 'majors' department were queued up alongside each other – at least a dozen or more – on trolleys, with hardly any space between them and, again, no privacy. I couldn't help feeling this was all very primitive. So why did it take so long for me to receive treatment? As I say, I was there for going on seven hours. I was in considerable amounts of pain, yet had to eventually – after having been there for at least four hours – ask for painkillers myself. No one came to check on me & there were huge waits between initial triage and x-ray, treatment, and final x-ray & discharge. The young woman doctor who eventually saw & treated me was a delight; charming & very professional with great communication skills – some of her colleagues could learn a lot from her, I feel.

Overall, my experience was horrific – on so many levels. I'm trying hard to understand why, Covid & cutbacks notwithstanding, why patients should have to endure such inadequate basic care.



Annex

Reports produced by Healthwatch about A&E services:

July 2021

[Healthwatch insight highlights pressures on GPs and A&E](#)

August 2018

[Accident and Emergency Reports](#)

June 2018

[Emergency Departments at Royal Sussex County Hospital](#)

[Environmental audits of the Brighton & Sussex University Hospitals Trust](#)

November 2017

[Young people's experiences of using the accident and emergency services in Brighton and Hove during a mental health crisis.](#)

May 2016

[Patient Experiences of using the Emergency Department at the Royal Sussex County Hospital](#)

10. How to contact us

Healthwatch Brighton and Hove

Healthwatch Brighton and Hove

Community Base
113 Queens Road,
Brighton
BN1 3XG



Email: office@healthwatchbrightonandhove.co.uk

Phone: 01273 234040

Website: www.healthwatchbrightonandhove.co.uk

Social media:

Facebook - [@healthwatchbrightonhove](https://www.facebook.com/healthwatchbrightonhove)

Twitter - [@HealthwatchBH](https://twitter.com/HealthwatchBH)

Instagram - [healthwatchbh](https://www.instagram.com/healthwatchbh)