

Patient feedback about the Emergency department at the Royal Sussex County Hospital

July 2024

Patient feedback received by Healthwatch Brighton and Hove concerning the Emergency Department at the Royal Sussex County Hospital.

We are sharing patient feedback collated by us since July 2023. This is in response to ongoing concerns raised about the environment of the Emergency Department (ED) at the Royal Sussex County Hospital (RSCH), which is part of University Hospitals Sussex NHS Trust (UHSx). Staff are routinely praised by patients for the care they try to provide in an environment that, for many, is not considered to be fit for purpose. ED is often referred to as the Accident & Emergency Department (A&E).

The table below includes a mixture of individual stories, concerns, compliments and questions about the ED. In several cases, the examples highlight the external pressures on our local ED. For example, people who attend ED for urgent care or treatment whilst they are waiting to be seen following a referral (this relates to long waiting lists in Sussex for first appointments) and patients attending ED as they are unable to get a GP appointment.

Healthwatch routinely monitors what is happening at the ED and we share our feedback with [University Hospitals Sussex Trust, NHS Sussex](#) (our Integrated Care Board) and the [Care Quality Commission](#) to support their ongoing improvement programmes of work. UHSx always captures our feedback from our Enter and View visits and use these to try to make changes. You can learn more about our Enter and View visits by clicking [here](#).

This patient feedback builds on our most recent Enter and View of the ED in March 2024 when two of our trained volunteer lay assessors visited the Department to report on the environment. You can read more about our visit by clicking [here](#).

In summary, they found:

- The Urgent Treatment Centre, Ambulatory Clinical Decision Unit and Enhanced Observation Unit were all highly rated for the environment being welcoming, safe, caring, well-organised and calm.
- However, the ED Reception and Majors and Resus areas were rated as poor.
- The most pertinent recommendations provided by our volunteer lay assessors were more staff presence in the receiving and waiting areas, improved signage to where refreshments can be purchased, and patients needing quicker access to painkillers.

A £48 million investment has been agreed to expand and improve the existing ED over the next three years. You may be interested in reading more about our

recent work to [support the development of our local ED](#) in July 2023 and our attendance at [the second workshop](#) in a series of ED redevelopment workshops in May 2024. We involved volunteers and other local voluntary and community organisations in these events.

Patient Feedback

1. Concern

"My mum was admitted to Sussex County hospital with breathing difficulties due to Covid she is 84 the ambulance crew were fantastic. The hospital put her in isolation and the condition I returned to find her in was appalling. Dehydration, her button to alert staff she needed help was sounding and nobody came. She was having pains in her chest. I alerted staff and it took a further 10 mins for to be seen. They informed me my mother was old and Covid is expected to hit her hard. I have refused to take mother home as she is crying in pain and covered in bruises and is in no state to be returned home. She's not eaten, only fluids are ones I bought and she is using her dressing gown to keep warm."

2. Compliment

"I visited A&E because I thought I broke my wrist. I was seen really quickly and the nurse at the minor injury's clinic was great - knowledgeable and caring."

3. Distressing environment – but amazing staff

"All the things noted in your [Healthwatch] 2022 report still applied during my husband's 40hr experience at A&E this week. I was appalled at the conditions in the Major's part of A&E and very concerned about what would happen in the event of someone needing resuscitation or if there was a fire because of the severe overcrowding ...trolleys stacked alongside touching each other with no way of staff getting to the patients without manoeuvring other trolleys in and out again. But I was even more concerned at what I felt was the lack of basic care and would I feel have been deemed as 'neglect' in a care home situation. Patients laying for hours in sick without being changed. One woman in her 90s was there 10hrs in stained clothing and sheets. No water offered or even available to patients even if they could get to it themselves. Patients left for 6-8 hrs without any food or drink (and some of these were elderly patients who were non mobile). One lady who was laying prone in the bed did eventually get some food placed on her trolley bed but no way of eating it or getting it. Elderly patients who clearly had dementia being

left unattended for hours. Patients wetting themselves because they couldn't get to the toilet. Only one toilet on the ward for the staff and patients (at one point i counted 37 trolleys plus staff and carers who were with some of the patients). No blankets or sheets for patients. Patients who were there for two nights ...with no way of sleeping properly as the noise was constant and the lights are on full all the time plus because of the shortage of space trolleys had to constantly be moved in and out. Absolutely no privacy ...nurses and doctors passing on and taking very personal information at the bottom of the trolley bed. Where people were in cubicles the curtains didn't fit properly so could see people being intimately examined and using a commode!"

"Please could you add that all the medical staff working in A&E were actually amazing...it was the set up and organisation and the fact there were way too many patients for the space etc and no beds etc rather than the staff themselves ... I don't know how they went to work like that every day."

4. Concerns

"I attended ED at Conquest hospital and was admitted - excellent care Was later transferred to ED at RSCH - it was like a war zone When is the system going to start getting basics right?"

5. Re-attending ED

"I collapsed in the street and was taken to A&E in a taxi, they suspected a stroke but after tests decided it wasn't. However an MRI scan showed a growth in my neck which has now been treated with 30 days of radio therapy. During this time I was given morphine for acute pain, I took two doses as prescribed and ended up in A&E again thinking I'd had a heart attack."

6. Long waits

The patient was attending ED for the second time and had been waiting for 3 hours and 50 minutes. At their first visit, they waited seven hours and decided to leave because they had not seen anyone and were in a lot of pain. On this visit he has been seen, painkillers have been organised and a scan is due. He was called when I was with him. There was a sense of acceptance of the long waits by the patients.

7. Compliment

In RSCH ED, an elderly patient in a wheelchair with her two daughters had been triaged and has had an x-ray. They were waiting for painkillers and

their x-ray result. They had been waiting for 2 hours and 45 minutes and one daughter told me that *"all staff were amazing; they do their best"*.

8. No refreshments

Healthwatch spoke to patient who told us they have been waiting in ED for 3 hours and 30 minutes. They had been seen by doctors (also had triage and bloods) and were waiting now for a hydration drip. Nobody had offered them water or told the patient where they can go to buy some food to keep them going.

9. Triage processes

At ED, Healthwatch spoke with a patient who said:

"The system here in (ED) is bizarre. I arrived with a pulse rate of 190 and I have been waiting for two hours to be seen and yet a really drunk person who arrived at the same time as me was seen straightaway. Where is the logic?"

10. No information

At ED, Healthwatch spoke with a patient who told us:

"I have no idea how much longer I will be waiting. When I first arrived there was no information on waiting and treatment times."

11. Delays receiving medication

"My daughter went ambulatory A&E yesterday as she has had issues with sepsis and abscess issues. She had become unwell and was told to take her there, we waited nearly 3 hours and eventually she was seen by a doctor. She had blood tests and she was asked to wait 2 hours whilst they waited for the results. My daughter got her blood results back within the hour on her phone app as they were marked urgent. We then waited a further 2 hours and 35 minutes until she was given the results and spoken to by the surgical team. He gave her antibiotics and painkillers and after all those hours we went home. You couldn't make it up!"

12. Not provided with essential medication

"Had some bad experiences with my mum recently during her hospital admission and run up to it, at RSCH. A&E forgetting to give her meds and only for me being there being aware of her low blood sugars. This happened twice."

13. Distressing environment

"My Dad had to go to A&E last night. When he explained that he couldn't leave my Mum as she has Alzheimer's they suggested he call 999 for an

ambulance. They said there was no chance of an ambulance being sent. Luckily, my brother was able to take him and his sister in Law could sit with my Mum but what would have happened if there had been no one to help? My Dad couldn't have gone to A&E with my Mum who would have found it incredibly distressing and I know the environment wouldn't have supported her and the staff would have been too busy to help. Not good at all."

14. Long waits to be admitted

"I am currently waiting in A&E to be transferred to a mental health bed. I have two recommendations for a section 3. I have been waiting for 3 weeks and am likely to be waiting weeks more."

15. Attending ED whilst waiting for an appointment

The following example includes details of 5 separate visits made by a patient who was waiting for treatment over an 8-month period.

"I am writing to you on behalf of x. They are one of my closest friends and due to the serious nature of their current situation, have asked me to contact you on their behalf. They are also disabled with several long-term health conditions. Over the past few years, they have developed a new one. They have had immense difficulties in getting proper treatment for their gastroparesis at the Royal Sussex Hospital. I will give you a brief timeline so you can understand the prolonged suffering they have experienced as a result of the failures of this hospital."

An emergency Gastroenterology referral was sent by their GP surgery on 28th March 2023. They were told the waiting time from this point would be 6-8 weeks.

1. *"They had to visit A&E for IV fluids for dehydration twice in April."*
2. *"They visited A&E and the EACU three times in June for IV fluids and symptom relief."*
3. *"They visited A&E for IV fluids due to dehydration in September and October."*
4. *"They visited A&E for IV fluids again on 22nd October 2023 after passing out in their bathroom and waking up in their own vomit."*
5. *"On October 28th they went to A&E for dehydration, projectile vomiting, and delirium. They were screaming in agony and so delirious that they couldn't remember their own date of birth. As with every other time they've been to A&E, they were given IV fluids and discharged the same day."*

16. Repeatedly admitted to ED due to pressures facing the system

*"My father has Alzheimer's and has repeatedly been assessed as lacking capacity for decisions about his health and wellbeing. NHS services appear unable to keep track of or respond to this issue as he passes through services. **He is repeatedly admitted via A&E and discharged without diagnosis of his underlying conditions** (which he cannot report because he does not understand them), with no risk assessment being done, sometimes without consultation with next of kin, and always without involvement of his social worker. This leaves him constantly at risk. As next of kin, I have tried to prevent this happening, most recently by asking social services and PALS to intervene. But they responded only after he had been discharged. I perceive this is human error encouraged by a system failure. There is insufficient continuity between diagnostic services, nursing staff and social workers. The information lurks on IT systems and in handwritten notes, but either people don't read them (I have been told this by a patient flow manager) or the thresholds for risk management do not respond sensitively to people with a combination of Alzheimer's and other physical health issues. **Dad has spent weeks this year on trolleys in A&E alongside dozens of others in a fairly similar condition.** When he is discharged community district nursing have repeatedly failed to pick up on his ongoing needs. Most recently they expressed disinclination to provide follow up catheter care advised by the hospital on discharge. They asked me if I would be willing to be trained to do it instead."*

Compliment

17. *"On 11 December 2023 a patient was again admitted via the A&E Angels (their patience, kindness and care in the face of appalling overcrowding and, from some patients, appalling behaviour, is just incredible) to the Stroke Ward C10 with a further minor stroke."*

18. Distressing environment

"The caller's old niece suffered a difficult pregnancy and was under the care UHSx throughout. She experienced sickness all the time and was taken to A&E a couple times at Brighton RSCH to be rehydrated. Last time they visited A&E they were disgusted with the environment (e.g. blood on walls), with other waiters who were drunk and after their negative experience, they decided they wouldn't go to Brighton A&E again and went to Worthing next time for treatment. They want to know why A&E at RSCH is in such a poor state?"

19. Compliment about care, but concerns about mixed wards

"I was taken to A&E suffering with consolidated pneumonia care was superb but had to spend the night in a mixed bay when you are vulnerable and ill a mixed bay is just not suitable place to relax and heal."

Contact information

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