



# Poole Hospital A&E: Local people's experiences

What works well and  
what could be improved?



September 2021



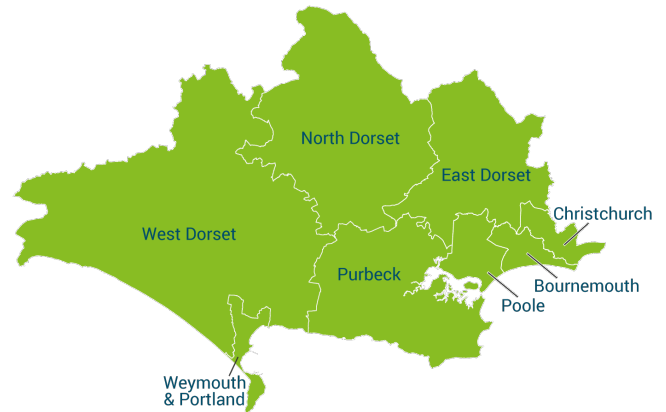
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# Introduction

## About us

Healthwatch Dorset is your health and social care champion. We listen to your experiences of using local health and care services and hear about the issues that really matter to you. We are independent and impartial, and your feedback is confidential. We can also help you find reliable and trustworthy information and advice to help you to get the care and support you need.

As an independent statutory body, we have with the power to make sure that NHS leaders and other decision makers listen to your feedback and use it to improve standards of care. This report is an example of how your views are shared.



## Background



Credit: Poole Hospital

In February 2020, we released our report [\*What matters to people using Poole Hospital Accident & Emergency?\*](#) That project was part of a national Healthwatch initiative helping NHS England to understand the potential impact of new Accident and Emergency (A&E) performance targets by finding out what matters most to patients and the public when it comes to A&E. NHS England published its [\*consultation review\*](#) on new urgent and emergency care standards which was informed by the work of Healthwatch, on 26 May 2021.

Since our report in 2020, changes to the way people have accessed A&E services during the pandemic have included the introduction of NHS 111 First. This initiative encourages people to call NHS 111 before visiting A&E to get advice on the best service to meet their needs and, if they do need to visit A&E, to book an appointment time via NHS 111.

In March 2021, Healthwatch England published findings from their public online survey about NHS 111 First: [healthwatch.co.uk/blog/2021-03-09/nhs-111-first-making-difference](https://healthwatch.co.uk/blog/2021-03-09/nhs-111-first-making-difference).

## What we did

We talked to Poole Hospital about the best ways to gather feedback about A&E services while maintaining social distancing rules and agreed that our volunteers would carry out phone interviews. The hospital used their text messaging system to invite people who had recently visited Poole A&E to take part in our project. In total 147 phone interviews were carried out between January and June 2021.



## Our volunteers

It has been difficult for our volunteers to engage 'hands-on' with people during the pandemic, so this project was a great opportunity for them to gather valuable patient feedback from the safety of their own homes.

Ten Healthwatch Dorset volunteers worked with us on this project. We provided them with training and support, and they helped us to design the script which they then used for the phone interviews (see **Appendix**).

Each volunteer called between two and six people each week. Patient feedback was added to our database, and we then worked with some of our volunteers to analyse findings and identify the key themes.

Read our blog [Volunteer reflections on investigating patient experiences at Poole Hospital A&E](#) to learn more about our volunteers' reflections on this project.



(L-R) Healthwatch Dorset volunteers Vicky, Mya and Cliona analyse patient feedback

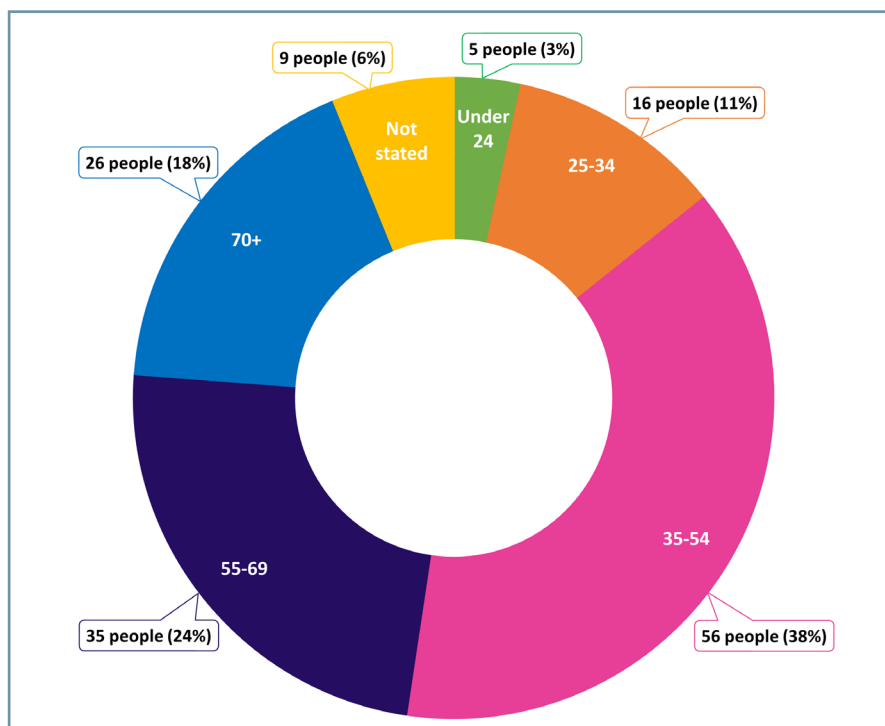
Another eight volunteers have since been trained to help repeat this project at other hospitals in the future.

## Who we spoke to

We interviewed 147 people about their experiences of attending Poole Hospital A&E department.

### Age

**Figure 1: What age range are you in?**

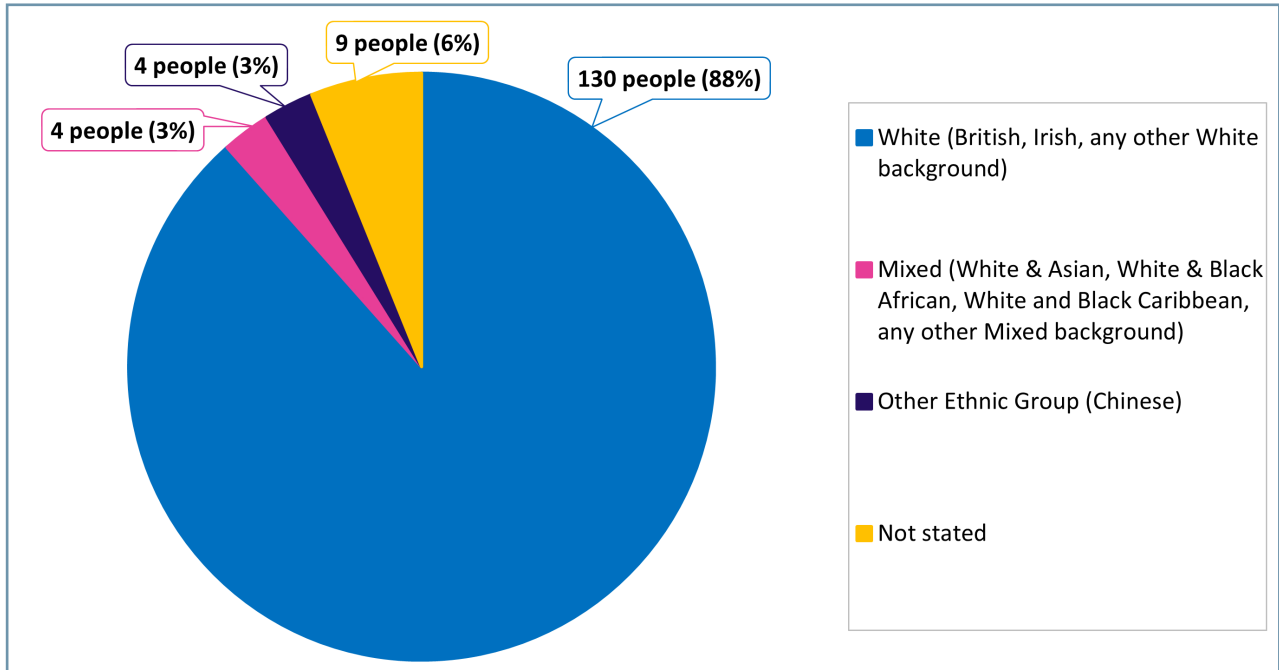


## Gender

84 people (57%) we interviewed identified as women, 58 people (40%) identified as male and five people chose not to answer this question.

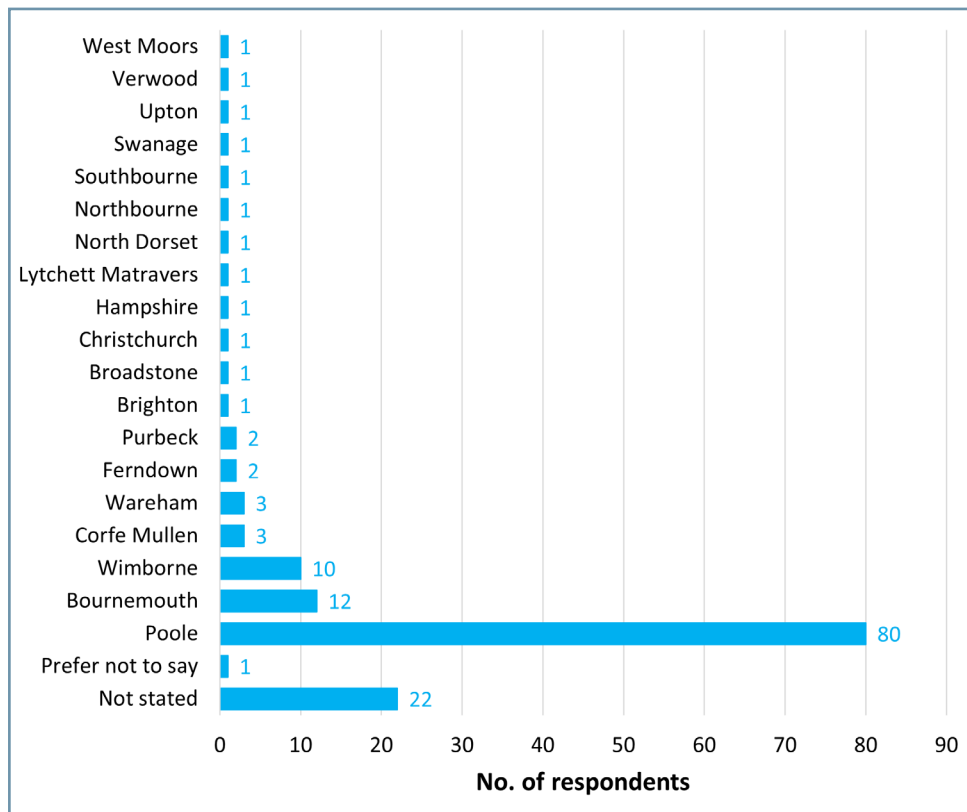
## Ethnicity

**Figure 2: How would you describe your ethnicity?**



## Location

**Figure 3: Which area of Dorset do you live?**





# Key messages

The feedback we gathered was overwhelmingly positive and most people told us that:

- A&E staff treated them with care and kindness
- waiting times were acceptable
- the environment was clean
- information and aftercare met their needs.

However, we also identified some key themes in the negative feedback that we gathered, including:

- long waiting times for a small number of patients,
- some unhelpful staff, particularly at reception
- information, navigation and signposting.

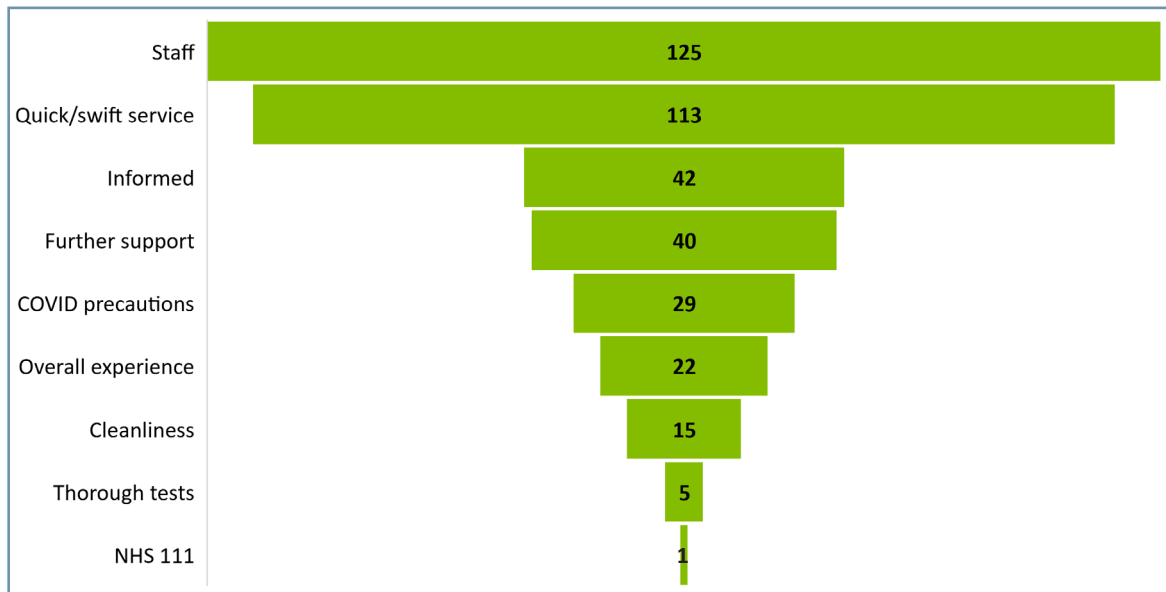
A word cloud of positive feedback themes. The most prominent word is 'care' in large green letters. Other words include 'kindness', 'safe', 'organised', 'professional', 'swift', 'understanding', 'secure', and 'fantastic'.

A word cloud of negative feedback themes. The most prominent word is 'neglect' in large red letters. Other words include 'lonely', 'insecure', 'reception', 'navigation/signage', 'unsafe', 'rude', and 'isolated/alone'.

# What people told us

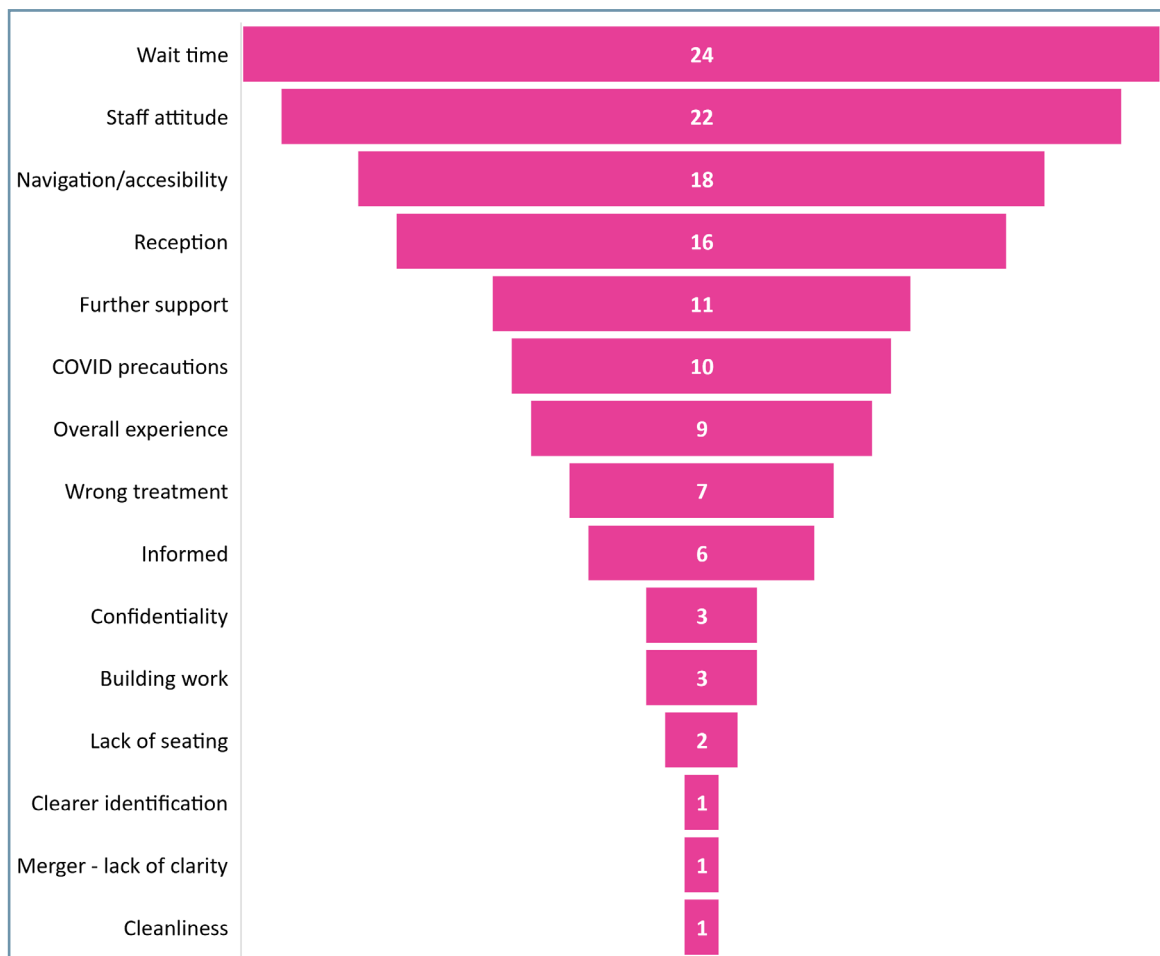
The vast majority of people we spoke to gave positive feedback about their A&E experience.

**Figure 4: Positive themes**



A small number of people we spoke to had a negative experience.

**Figure 5: Negative themes**



## Staff

125 people told us that the staff they met were helpful, caring and kind.

“They were aware that I was an active chemo patient, and they took all steps to ensure that I was on a Covid cleaned cubical away from other patients. Nurses were really helpful and there was someone with me all the time. I was given good information.”

However, staff attitude was also a top theme raised by 22 people who had a negative experience. It’s clear that staff attitude has the most impact on whether someone’s experience of A&E is good or bad. These 22 people we spoke to felt that staff could have been more caring.

“The receptionist attitude was poor; they are the first face of the hospital and should be polite.” | “Patient felt lonely, insecure and frightened. They felt that the majority of staff in attendance did not show the kind, caring and professional expertise of skilled nursing staff.”

We had a lot of feedback about how busy the staff were.

“The staff and the NHS are amazing but so stretched - running from patient to patient. The young doctor who saw me had only had three hours sleep since Tuesday - he was doing 12 hour shifts and covering for all other staff that were off.”

A recurring theme was that people we spoke to wished to thank the staff they had met.

“Everyone was lovely, and I wish I could thank the nurses who cared for me.”

## Waiting times

Over 100 of the people we spoke to were happy with the time it took to be seen.

“I was happy about the time it took to be seen as I was seen straight away by a nurse, who was able to prescribe for me, then I waited about an hour to be seen by a doctor.”

But for 24 people the waiting time was an issue.

“Long waiting time, it took three hours instead of something that could have been 15 minutes.”



## Signage

18 people had found it difficult to find the A&E department and/or thought the parking payment instructions were unclear.

“Signage to the entrance was unclear. Was dropped off in the dark and didn’t realise where she had to go, struggled getting up the hill to the entrance.” | “Clearer instructions on payment for parking because I had to walk back and forth from my car to get a card because of no cash.”

## Information

Of the people who told us that their experience at A&E was poor, most mentioned long waiting times and a poor experience at reception. If people felt well informed and knew what was happening, they told us they didn’t mind waiting. Information and the way it is communicated has a clear impact on people’s experience at A&E.



“There was no information as to what was happening to me. I felt that the doctors in particular wanted to get me in and out. Very little communication between me and the staff. The nurses tried their best, but they were unclear as to what was going on.” | “Really busy. No reassurance even though I was very frightened. Investigations took place without discussion and on one occasion I had to offer information. Biggest thing was lack of information, communication and support.”

## Access for family and friends

Ten people told us that it was difficult not being able to wait in A&E with their relatives/friends because of Covid-19 restrictions:

“Reception staff were kind and understanding and dealt with registration details swiftly. Unfortunately, husband could not stay with his wife because of visitor restrictions.” | “The patient did feel frightened being left alone in the waiting areas until staff could see her.”





## Environment

Most of the people we spoke to felt that A&E was clean and safe. However, at busier times in the department some people expressed concerns about the environment, mentioning the building work and a perceived lack of social distancing.



“Patient felt very uncomfortable in the reception/waiting area due to the number of people waiting, no social distancing, and the changes to the environment being made by the builders.” | “It was freezing, and I didn’t like to ask for a blanket.” | “To improve the overall experience, the participant felt that the construction works currently being carried out, next to the urgent treatment unit could be managed better. Patients are looking out over the construction area when waiting for treatment, and it looked very untidy. It would not be something the participant would accept in his workplace.”

### The Emergency Department improvements are now nearly finished. These include:

- A new reception/waiting area which comprises space for an Advanced Nurse Practitioner at the front door to direct patients to the most appropriate place for their care (either Urgent Treatment Centre (UTC), a general practitioner in the UTC, Emergency Department, Pharmacy, or advice on how to self-care), and a room for second triage.
- A brand new resuscitation area, increasing capacity from three resuscitation bays to four, enabling the hospital to give care to more patients.
- A new pit stop area, allowing ambulances to offload and patients to be assessed before moving into the Emergency Department.
- A larger paediatric area, specially designed for younger patients.
- More isolation spaces to allow the hospital to care for patients who could be contagious.
- A new larger relative space, to give relatives a quiet space to wait/rest and have discussions with clinical staff.
- An increase to ambulatory spaces to enable patients who can walk/sit to be assessed and treated in a seated position instead of lying down.
- A redecorated mental health assessment room to enable the hospital to make the space as calming as possible.

“We thank our patients for their tolerance during this time and hope they agree the improvements to both the UTC and Emergency Department are worth the inconvenience.” **Emergency Department Team at Poole Hospital**

## Follow up

40 people we spoke to felt happy with the follow up they received.

“The hospital telephoned me the following day to check how I was.”

But for some the information they were given was incorrect or lacking.

“We went to call the counselling number that was given to us and this passed us to another number - neither of the numbers worked. We have since been called by the midwife, so happy we are being supported now but that was difficult.”





“The disconnect between hospital and GP is a concern. My GP could not see my tests and results however my private consultant could. That has to be an issue. I felt that if my GP had taken more time to discuss with me my issues and perhaps carried out some tests, a visit to A&E could have been avoided. It took a private consultation to get the reassurance I needed. I do wonder how much failure demand happened in A&E (i.e. whereby someone presents to A&E when they could’ve got treatment elsewhere - GP, minor injuries, Walk-in centre etc.”

## NHS 111

Only two of the people we spoke to were aware that NHS 111 had booked an appointment for them at Poole A&E.

“I called 111 who booked an appointment for me at Poole A&E, I then drove myself there. When I arrived at A&E, I had a short wait before being seen. The nurse I saw was excellent, and I was taken for an X-ray and the staff there were fantastic.” | “Telephoned NHS 111, someone called me back about three hours later and offered me an appointment at A&E for 21:20. However, later Poole A&E telephoned me to offer me an appointment at 20:00 as they weren’t busy.”



People who told us they had contacted NHS 111 before visiting A&E had the highest frequency of rating their experience as ‘poor’ compared to other methods of arrival at the department.

“At A&E, the receptionist was rude and told them that they should not have gone to A&E, even though they explained they were told to by 111. The receptionist said to them that 111 are supposed to telephone A&E and let them know if someone is going there with Covid and this hadn’t happened. The attitude of the receptionist upset the grandmother, who is 72 years old.” | “Patient called NHS 111 and had to complete a form online due to lack of one-to-one call slots available. Eventually had to call local GP Practice to discuss medical condition and was advised to go to Poole A&E.”

## Booking appointments at A&E



“Rang the GP first who suggested that she got an X-ray, but didn’t say that he could make an appointment for her, so she then called the minor injuries unit in Wimborne and got put through to a call centre in Weymouth who made her an appointment. However, after waiting around for this appointment, about an hour before it was meant to take place, she got a phone call from Poole hospital saying her appointment had incorrect booking details so she would have to come in as a walk-in patient instead. She was not very happy about this as she had to hang around for hours in pain waiting for this appointment and her husband had to leave work to take her to the hospital. If they had told her to have a walk-in appointment from the beginning she could have gone in before her husband’s work.”

## WaitLess App

Only one person we spoke to mentioned using the WaitLess app: [ourdorset.nhs.uk/waitless/](https://ourdorset.nhs.uk/waitless/). The app is designed to help people make informed choices about where to access treatment. It combines live information about waiting times and opening hours for local services, and other information such as travel times and information.



“Patient was taken to Poole A&E by car after visiting Wimborne Hospital. They used the WaitLess App to find the nearest hospital for immediate attention - time wise.”

## Case study

“The patient felt that the main learning points from her poor A&E experience are:

1. A lack of attention paid to patient confidentiality during the entire visit.
2. Better communication about what is happening, and results of tests given and clearly explained to the patient.
3. There should be access to the Early Pregnancy Unit over the weekend and possibly evenings also. This could perhaps take the form of an out-of-hours helpline with access to specialist information and guidance for women experiencing miscarriage needing both physical and psychological support. The patient commented that when she did attend the Early Pregnancy Unit, the service was excellent and a complete contrast to her A&E experience.”



## Recommendations

1. The hospital should improve the signage and parking information. One way to achieve this would be by inviting patients, visitors, and hospital volunteers to help redesign the signage.
2. The hospital should look at ways to improve staff morale, particularly for A&E reception staff. There have been many challenges for hospital staff over the past year and the stressful situation of working in the NHS during a pandemic will have taken a toll. However, patients who are scared and in pain deserve to be treated kindly and with respect.
3. The A&E department should review the ways in which people are kept informed while they are waiting and consider having volunteers in the department to be a friendly face for patients who are anxious or distressed.
4. We suggest that a leaflet and some online information is produced providing patients and their carers with a contact for any follow up questions when people leave the department and information about the role of the PALS service.
5. We will share our findings about booking appointments and NHS 111 with Dorset CCG and the NHS 111 team and work with them to improve the service and raise awareness.

# Stakeholder response

We shared our findings with Poole Hospital and the Emergency Department Team have responded to our recommendations with the following response and action plan.



“Thank you for sharing details of your survey which was conducted via the telephone to patients who had attended the Accident and Emergency Department at Poole Hospital between January and June 2021.

“We are delighted with the plethora of positive feedback, especially during such a challenging time within the NHS due to the Covid-19 pandemic, and also the building/improvement work that was also ongoing at the Emergency Department and UTC at Poole Hospital at the time of your survey.”

## Signage/navigation

During part of the time of your survey, patients were having to report initially to the UTC rather than Emergency Department. We agree that our temporary signage at this time wasn't as helpful or substantial as it could've been. Now that the building works are complete our signage is up to a good standard making it very clear where the UTC is and the main entrance to the Emergency Department.

## Volunteers

From March 2020 our team of NHS volunteers were asked not to come to the Trust due to the Covid-19 pandemic. We have a duty to ensure they are safe and allowing them to come to our hospitals during this time meant putting them at risk.

At end of April 2021, we welcomed them back to our Trust, however understandably some didn't want to return due to being vulnerable. Therefore, the Emergency Department doesn't currently have a volunteer for wayfinding/help at present, however we appreciate the value these special people have to our patients. We will look to recruit a volunteer for the Emergency Department/UTC as soon as possible.

## Staff attitude

We are very sorry to hear that our staff attitude hasn't always been as expected. They have had many challenges to face and changes to adapt to including new ways of working, new locations, and being very short staffed due to team members having to isolate and those who have caught Covid and been very unwell. They have also been very afraid during this pandemic and shown great bravery during the last 18 months.

Staff morale has naturally suffered, and we are putting plans in place to address this. We have organised an 'Emergency Games' where the Emergency Departments of Dorset will pit themselves against the Army in team sports. We have also organised a fantastic Christmas party to make up for having to miss out last year.

The Trust also provide health and well-being and emotional support such as Nurse Lifeline, a free national listening service giving our nursing team the opportunity to chat and offload to someone who understands.

There are also daily well-being sessions which are provided by Care First. These cover subjects such as: understanding long Covid, establishing familiar routines, tips and benefits of a good night's sleep and so on.

We will be reminding our teams of the support available to them and asking them what else we can do to help.

## Access for friends and family

Visitors to the Poole, Royal Bournemouth and Christchurch Hospitals have been restricted since March 2020.

Since April 2021, a visitor is permitted for an hour a day for patients that do not have Covid-19 after they've been in the hospital for 72 hours. Therefore, unfortunately we are still unable to permit visitors to the Emergency Department or UTC unless the patient is a child or requires an advocate/carer where one person will be able to stay with the patient.

We understand this is distressing for family members and patients however the safety of our patients must come first and so by restricting the amount of people in the department we can ensure that the chances of contracting Covid-19 whilst in the Emergency Department or UTC is minimised.

The Trust will continue to review the Visiting Policy as the Covid-19 vaccination programme continues to be rolled out successfully. The latest information on visitor restrictions to UHD can be seen on the Trust website: [uhd.nhs.uk/](https://uhd.nhs.uk/).

## Information and environment

We are always looking at ways to improve the information we provide and the environment our patients wait in to ensure they are safe and comfortable.

We will be reintroducing our *Why am I waiting?* leaflet which will explain why there is sometimes a long wait to be seen and what you also might be waiting for during your visit to the Emergency Department.

We are also going to produce two patient journey boards, one for the UTC and one for the Emergency Department that will explain the patient's journey from the moment they enter the department to admission or when they leave.

We will also put a notice up inviting patients to speak to a receptionist should they have any questions or concerns while waiting.

All seats in our waiting rooms have been marked to allow for social distancing and there is clear signage that ask all visitors to the Emergency Department or UTC to wear a mask (unless they are exempt).

## Next steps

We will share this report with Bournemouth Hospital, Dorset County Hospital, Dorset Clinical Commissioning Group, and the local Health Scrutiny Committees. We will also share our findings with Our Dorset, Dorset Healthcare, Healthwatch England and NHSEI (NHS England and Improvement).

We are repeating this project at Dorset County Hospital during autumn 2021, so that they can use patient feedback to help inform their A&E redevelopment plans.





# Thank you

Thanks to Poole Hospital, our amazing volunteers and especially everyone who took part in this project and shared their story with us.



## Appendix

### Questions used in phone interviews

**1. How did you get to Poole Hospital A&E?**

For example:

Did you contact NHS 111? Or call an ambulance?

Were you advised to visit A&E by your GP?

**2. How would you rate your recent visit to Poole Hospital?**

Poor/Adequate/OK/Good?

**3. Were you kept fully informed about what was happening during your visit?**

**4. How did you feel about the time it took for you to be seen?**

**5. Have you been offered further support from the hospital or your GP since you left A&E?**

Tell us about it.

**6. Is there anything the hospital could have done differently to improve your experience?**

**7. Is there anything else you would like to tell us about your experience that we have not asked you about?**



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