
Aneurin Bevan Community Health Council

Visiting Report

The Grange University Hospital:
Same Day Emergency Care Unit (SDEC)

October 2022



Introduction & background

As a Community Health Council, with a statutory duty to monitor and scrutinise health services, we wanted to understand people's inpatient experiences within hospitals in the Aneurin Bevan area.

As a result of the pandemic, we found new ways to keep engaged with patients in hospitals, such as calling the patient and obtaining their feedback about their stay in hospital virtually.

However, as restrictions have started to ease, the CHC is able to safely resume our visiting programme.

Our volunteer members attended the Grange University Hospital for unannounced visits on 10th October and 17th October 2022. The purpose of these visits was to establish the level of patient satisfaction, the quality and effectiveness of the hospital environment and observe staff interaction with patients.

On 10th October, information was collected via patient surveys and a ward environment form. As the unit provides people with beverages but not meals, no mealtime observation was undertaken. On 17th October members collected information via patient surveys, with no additional ward environment form.

To maintain the safety of everyone involved, CHC members carried out a lateral flow test on the morning of the visit.

The CHC would also like to thank the CHC volunteer members who took part in this exercise. Without the continued support of our members, completing exercises like this would not be possible.



Same Day Emergency Care Unit (SDEC)

Ward information:

On 10th October, the SDEC at the Grange University Hospital had a capacity of seven trolleys and five chairs. There were three nurses on duty, which was a full complement of staff. At the time of our visit there were ten patients on the unit.

Four patients were ready to be discharged, and it was reported that the average waiting time to discharge a patient was 3.5 hours. It was noted that there were no major issues with delays to discharge or transfers of care.

What we found:

During the visits to the SDEC on 10th and 17th October, members spent time observing the unit and speaking with people about their experiences. In total, seven people gave feedback.

1. The ward:

On arrival, the CHC team found that the area was correctly and adequately signposted. Information found at the entrance of the ward included information leaflets, information on the complaints procedure, staff information, and information for patients and visitors, as well as staff photographs. No information on staffing levels was on display.

Staff responded to the entry bell quickly and checked CHC members' identity before allowing them access to the unit.

Our team found the noise levels on the unit to be satisfactory, and the temperature was comfortable. Hand hygiene facilities were readily available.

The unit is accessible to people with mobility issues, with no potential trip hazards in the walkways. Fire exits were clear and fire

notices clearly displayed throughout. Members noted that the unit was clean, and that the toilets were clean and well-stocked. Any clinical waste bins and sharps boxes in the public areas were locked.

Staff also ensured that any medications were kept in a locked room or trolley and were not accessible to members of the public.

In accordance with the need for confidentiality no patient identifiable data or care records had been left on display in public areas.

Language line was available for people whose first language is not English.

Members noted that the atmosphere of the unit was very calm. Positive feedback from patients was displayed on a noticeboard on the unit.

1.1 Staff:

Upon entering the ward, our team found that staff members were not gathered, but were readily available to visitors. Staff were observed to be wearing appropriate uniform, with clearly displayed name badges. It was possible to identify those members of staff who could communicate in Welsh.

At the time of the visit, no volunteers were on the unit.

CHC members were pleased to observe that the staff on the unit were enthusiastic and helpful.



1.2 Patient area:

As CHC members spoke with patients on the unit, they observed that the area around their beds was clean and tidy with no potential trip hazards.

People on the unit had curtains that could close fully around them to provide privacy if needed. There were also doors that could be closed to ensure privacy.

There was adequate room for visitors in the area around the beds. Lockable storage was available for people's belongings. Buzzers/cords were easily accessible.

No medications were left on patient trays or bedside tables during the CHC visit.

The unit had an adequate supply of good quality linen, stored in a clean environment.

There were no patient dashboards¹ at the time of the visit, due to the nature of the unit.



1.3 Patient feedback:

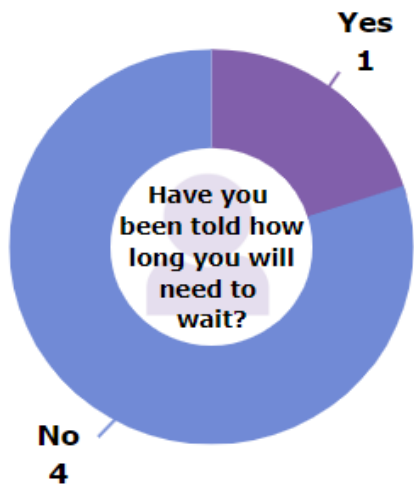
Members spoke with two people during their visit on 10th October, and five people during their visit on 17th October.

Of the seven people our team spoke with, six had been referred to the SDEC by their GP. One person had been asked to attend the SDEC following a recent visit to the Surgical Assessment Unit.

¹ A patient dashboard is usually located by the ward clerk's desk. The dashboard provides information such as recent falls on the ward, infections, number of patients on the ward, visiting times, information for patients and visitors and ward policies etc.

The five people spoken with on 17th October had all arrived at the SDEC by car.

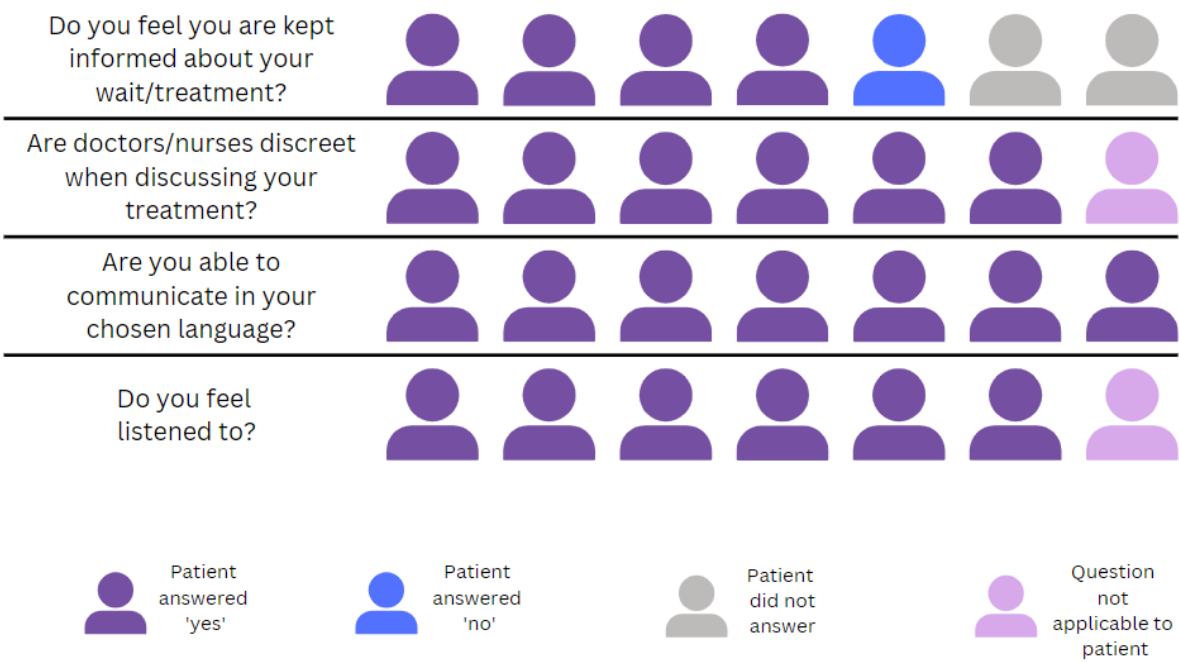
Of these five people, only one stated that they had been told how long they would have to wait on arrival to the unit:



1.3.1 Communication:

CHC members spoke with people about their experience of the SDEC once on the unit:

Some of the questions CHC members asked:



Over the two visits, all of the people spoken to were able to communicate with staff in their preferred language.

Six people felt that staff listened to them, and that staff were discreet when discussing their treatment.

Four people felt they were being kept informed about their wait and/or treatment, however one person felt they were not kept adequately informed of this.

Feedback about the friendliness and helpfulness of the staff was very positive, with comments including:

'[Nurses] were lovely...Doctor lovely too'

'Awesome'

'Staff lovely and make you feel at ease'

1.3.2 Facilities and Activities:

While no meals are provided on the SDEC Unit, beverages are available and there is a vending machine nearby. The restaurant is situated close to the unit, however one person told CHC members that they were unaware that the restaurant was for patients as well as staff.

People were able to watch television and use electronic devices in the waiting area.

Out of the seven people spoken to, four felt that the toilet facilities on the unit adequately met their needs. Two people felt the facilities did not adequately meet their needs, with one person commenting that they had noticed 'faeces on the toilet paper', which they then replaced themselves.

1.3.3 Patient experience:

Four people completed a satisfaction rating table during the visit on 17th October:

Please rate the following:	Very Good	Good	Ok	Poor	Very Poor
Your visit to the SDEC	3	1			
The length of time you have been waiting	1	2	1		
The treatment you have received	1	3			
The helpfulness and friendliness of staff	3	1			

The feedback was good overall, with all four people rating their visit, their treatment, and the friendliness of the staff as 'Good' or 'Very Good'. Three people rated the waiting time as 'Good' or 'Very Good', while the fourth rated it as 'Ok'.

Across both visits people told us about the positive aspects of their experience of the SDEC:

'Quiet, speedy, nice, new, clean, modern'

'Spacious, not crowded, calm and relaxed.

'Excellent'

'Free parking'

One person had experienced long waits of up to 16 hours at the Emergency Department in the past, but felt they had a positive experience at the SDEC. Another person told us that they usually avoided hospitals because they found the long waits and the environment in the ED stressful, but they thought the SDEC was 'brilliant'.



2. Areas for improvement identified in the SDEC:

While the majority of the feedback was positive, some areas for improvement were identified within the SDEC.

On one visit, four out of five people had not been given information about waiting times on arrival.

When speaking with people across both visits, one person told us that they would have benefitted from more information regarding waiting times when on the unit.

Another person commented that they were not aware of all the facilities available to them, for example the restaurant.

One person felt that they felt they did not have enough privacy due to the open waiting room.

As noted above, two patients found that the toileting facilities were not adequate for their needs, with one commenting that they found faeces on the toilet paper.

One person also told members that:

`[The number of staff is] adequate for today but not enough staff across the board`

Recommendations

01 The CHC would be pleased if the positive comments throughout this report could be shared with the staff on the SDEC.

02 The Health Board is asked to ensure that patients are given information on arrival regarding waiting times and are then provided with regular updates while on the unit.

03 The CHC asks the Health Board to consider ways of ensuring that patients are aware of the facilities available to them, such as the restaurant.

04 The Health Board is asked to ensure that toilet facilities on the unit are checked regularly in order to ensure patient safety and comfort as well as infection control.

Contact details



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Appendix 1 – Equality and Diversity Survey Results

Number of people who filled in the Equality and Diversity Questions: 7

Preferred Language								
English		Other		Not answered				
5		0		2				
Gender								
Woman/ Girl	Man/Boy	Non- binary	Prefer not to say	Other	Not answ ered			
7	0	0	0	0	0			
Do you consider yourself to be a trans person?								
Yes		No		Prefer not to say		Not answered		
0		7		0		0		
Sexual Orientation								
Asexu al	Bisex ual	Gay	Le sb ia n	Heterose xual/ Straight	Pans exua l	Prefer not to say	Oth er	Not answ ered
0	0	0	0	6	1	0	0	0
Month and Year of birth								

Jan 1931-2002	Feb 1992	Mar 1946-90	Apr 1945-88	May 1942-2003	Jun 1934-95	Jul 1937-89	Aug 1931-77
0	1	1	0	0	0	0	0
Sept 1939-66	Oct 1940-73	Nov 1933-91	Dec 1928-95	1953-1995	Not answered		
0	0	1	0	0	0		
Ethnicity							
Asian or Asian British:							
Bangla desh	Chine se	Indian	Pakistani		Other		
0	0	0	0		0		
Black or Black British:							
African		Caribbean		Other			
0		0		0			
White:							
Welsh/English /Scottish/Nort hern Irish/British		Gypsy of Irish Traveller		Irish		Other	
7		0		0		0	
Other Ethnic group:							
Arab		Prefer not to say			Other		
0		0			0		
Religion or belief							
Buddhism	Christianity		Hinduism		Islam	Judaism	
0	2		0		0	0	

Sikhism	Atheism	No Religion	Prefer not to say	Other religion or belief
0	0	3	0	0
Not answered	2			
Do you consider yourself to have a disability?				
Yes	No	Prefer not to say	Not answered	
3	2	0	2	

Do you look after, or give any help or support to a family member, friend, or neighbour because of a long-term physical disability, learning difficulty, mental ill-health or problems related to old age?			
Yes	No	Prefer not to say	Not answered
1	4	0	2

Are you currently pregnant or have you been pregnant in the last year?			
Yes	No	Not answered	Prefer not to say
0	5	2	0

Appendix 2

Equality Impact Assessment

Please complete the following table to state whether the following groups will be adversely, positively, differentially affected by the **CHC policy/activity/report** or that it will have no affect at all

Impact	None	Negative	Positive	Comments
Protected Characteristics				
Age	x			
Disability	x			
Sex	X			
Race	X			
Religion/Beliefs	X			
Sexual Orientation	X			
Gender reassignment	X			
Marriage and civil partnership	X			
Pregnancy and maternity	x			

Other characteristics to consider				
Welsh Language			x	Reports & Surveys published bilingually
Other Languages		x		Reports & Surveys can be published in required language on request
Human Rights	x			
Poverty level	x			
Persons with dependents	x			
Rural residence	x			
Gypsy and traveller communities	x			
Digitally vulnerable	x			

Risk Assessment

Are there any risks arising from the implementation of this policy?

N/A

What measures are in place to manage or remove these risks?

N/A

Welsh Language

This document/policy/report has been assessed in line with our Welsh language requirements for standards:

- i) 37,38
- ii) 69,70,71

In coming to our impact determination, we can evidence that:

All CHC public facing documents are available in Welsh & English.

The CHC undertakes an Equality Impact Assessment for all public documents and identify them as positive for Welsh translations.

Outcome

Positive impact –

Standards 37, 38 – All public documents are produced and published bilingually in Welsh and English.

Standards 69-71 - We undertake Equality Impact Assessments for all public documents and identify them as positive for Welsh translations

Negative Impact – None

Accessible Formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.