healthwatch Leicester

healthwatch Leicestershire

healthwatch Rutland

Enter & View Report

Leicester Royal Infirmary
Adult Emergency Department

September 2023

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Report details

Details of Visit	
Service Address	Leicester Royal Infirmary (LRI), Infirmary Square, Leicester LE1 5WW
Service Provider	University Hospitals of Leicester NHS Trust
Date and Time	Tuesday 26 September 2023, 10am-1.45pm
Authorised Representatives undertaking the visit	Howard Marshall, Debra Watson, Chris Bosley, Dulna Shahid (Staff), Janet Underwood and Tracey Allan-Jones (Staff)

Acknowledgements

We would like to thank all the staff, volunteers and management team at the Emergency Department (ED) for supporting our visits and the patients who told us about their experiences.

We would also like to thank the volunteers and the staff team from Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland who gathered experiences of patients at the LRI ED.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

This report is written by Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland.

Acronyms used

ED	Emergency Department
LRI	Leicester Royal Infirmary
CQC	Care Quality Commission
VAC	Visual Assessment Clinician
EDU	Emergency Decisions Unit
MIAMI	Minor Injuries and Minor illness

Purpose of the visit

The overall aim of the revisit was to:

- Gather patients' opinions and details of their experiences of the department.
- Observe the nature and the quality of the services and care provided to patients.
- See any improvements to the department based on our recommendations from the previous two visits in September 2022.

Method

This was an announced Enter and View visit.
We contacted the Management Team in advance and had access to communal areas during our visit.
The visit was practical involving the Authorised Representatives observing the surroundings to gain an understanding of how patients engaged with reception staff and the facilities.
During the visit, we spoke to patients and asked if they would like to participate in our survey.

Introduction

This report details the work undertaken by Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland to explore people's experiences of the Adult Emergency Department (ED) at Leicester Royal Infirmary (LRI) in September 2023.

The ED, serving Leicester, Leicestershire and Rutland, is situated within a large, city-centre hospital with difficult transport options for people from the rural areas of Leicestershire and Rutland. The Care Quality Commission (CQC) rated the University Hospitals of Leicester NHS Trust Urgent and Emergency Care service as 'requires improvement' in April 2022.[1]

The Healthwatch teams visited ED in September 2022. Public concerns raised with Healthwatch included: long waiting times; a confusing patient numbering system allocated at check-in and displayed on screens in a system that was difficult to read and understand; delays in care; poor facilities within ED; ambulance handover delays; and insufficient capacity across the system to see and/or admit patients. Based on what the public told us and observations of authorised Healthwatch representatives in ED, 16 recommendations were included in the Healthwatch report.[2]

The revisit conducted by Healthwatch in September 2023 uses these 16 recommendations as a framework for assessing changes that have been made over the year since the original visit, to improve patient experience.

Retrieved from: [1]https://api.cqc.org.uk/public/v1/reports/057561fd-f3a3-4cba-9606-6272cdbbc9da?20221128140550
[2]Leicester Royal Infirmary Emergency Department Visit Report | Healthwatch Rutland

Summary of the 2023 findings

Summary

- Moving seats away from the reception desks has created more space for wheelchair users and there were new parking spaces in the blue zone. There are still areas where manoeuvring and parking wheelchairs is difficult.
- Patients in pain still have nowhere to lie down unless there is a spare assessment room and their pain level has been noted and acted upon.
- At check-in, there are notices informing patients that they can discuss their condition privately. More privacy is afforded by the chairs having been moved further back and markings on the floor positioned to keep people further away from the check-in desks. Patients' opinions about the check-in process vary.
- Whilst portable warning signs about slippery floors are needed, they also provide a tripping hazard when placed immediately at the patients' entrance.
- The electronic information screen in the third area is extremely useful but this information is not available in the first waiting area. All information is in English with little obvious consideration for those who do not speak or read English.
- There is little consideration for those who have hearing or visual impairments.
- The wall screens displaying numbers allocated to patients are no longer used. Hard copy notes given to patients have a confusing number. Clinicians call people in by name but this increases background noise and can cause confusion. Also there appears to be no system for ensuring patients are informed about what to do if they temporarily leave the waiting area nor for ensuring they do not lose their place in the queue.
- Patients are not provided with information about the triage process or potential waiting times.
- Patients still need to repeat their clinical history when referred by their GP or NHS 111.
- Observations of a patient's condition and the giving of results and medications occur at times in the public waiting areas and patients can be waiting many hours for beds to become available.

Results of Visit

Reception

We had arrived at 10am and the ED was quiet with no queues. There was a slow flow of patients coming in. Patients were being called to the reception desk immediately on entering and then invited to sit and wait on

chairs opposite for a call to be triaged. In this first hour or so, all patients seemed pleased with the ease of check in. However, by the time we left people were queuing out of the door to be checked in.

A security guard was near the door and directing people to reception. Alongside the reception check there were some 'clinical' points where some patients were being asked for more information. Other patients were shown into small consulting rooms for triage.

In the waiting areas, all the seats were hard plastic but were clean both on the front and the back. In the third section of the waiting area (furthest away from the door), there were spaces marked for wheelchair users but not in the first two areas.

We noticed that there were patients who were struggling to walk but no one volunteered any help with moving around. We did see patients in hospital wheelchairs in the queue as we were leaving the ED. There appeared to be no facilities available for mothers with babies and small children.

Additional observations

Ambulance pod

This was not present last year and has been built where the ambulances used to wait at the side of the Emergency Department. We spoke to one of the Estates staff who gave the following information:

Patient on Ambulance Escalation Area (PEP) has 14 trolley cubicles and 2 chair spaces plus an overflow area with 18 bays for assessment. This frees ambulance crews to get back on the road and has made a good improvement. However, it still reaches capacity so patients then stay in ambulances and all seizes up again.

Review of previous recommendations

For each of the recommendations made in the 2022 report, Healthwatch findings recorded during the 2023 revisit are described.

1. **Consider the layout of the waiting room to allow for wheelchair users to manoeuvre throughout the department.**

Inside the Emergency Department, there has been a slight improvement in the layout of the reception/ initial triage zone. The seats seem to have been moved back to create more distance between waiting patients and the reception desks. This provides more privacy for patients checking in and more space for people in wheelchairs to pass through.

The Blue zone has wheelchair spaces at the end of rows, so parking is available. There is no improvement in manoeuvring space for wheelchairs.

The main inner electronic entrance doors were randomly opening and closing on the day of the visit. We had to manually push the doors to open. Wheelchair users could not have managed and there were no volunteers or staff available on the day to help them. Upon leaving, one authorised representative observed someone working on fixing the problem with the doors.

Outside of the Emergency Department, the obvious wheelchair approach is blocked by a porta cabin that looks to be unused. Wheelchairs could use the paved pedestrian sweep that borders the turning circle in front of the building. This route gives access to the ramp that's hidden by the porta cabin but no signs were

observed to give any directions.

2. Explore options for people who may need to lay down whilst waiting for assessment.

There still appears to be nowhere for people to lie down unless there is a spare clinical side room. We spoke to a nurse who told us that, whilst there is not an option for people who may need to lay down, patients are prioritised if they are in pain. They are given pain relief by a visual assessment clinician (VAC) if available or will be prioritised to be seen in an assessment room to be given pain relief.

3. Review and improve the patient check-in process.

Patients' experiences and opinions varied. One patient described it as 'slow'. Other patients found it 'good'. The patients we spoke with were satisfied with the confidentiality of the check-in process. There were notices at each station advising patients that it was possible to have a conversation in a more private area. One patient had noted this.

It was pleasing to note that yellow markers had been placed on the floor asking patients to wait to be checked in. This meant that patients at triage were able to speak confidentially with the triage nurse without being overheard by patients standing immediately behind them.

4. Review the current posters and notices for patients and include information on the 'Complaints Procedure', 'Carers Charter' and 'Data Privacy - use of health records'. Consider the needs of those for whom English is not their first language or who are unable to read.

We arrived in the middle of a heavy downpour. There were portable yellow warning signs which had been positioned across the entrance and main walkways, advising patients that the floor was slippery. We did not see the first sign on entering and walked into it, knocking it over. We observed a patient do this too.
In each of the three sections, there were signs in English telling patients that they might need to wait etc. In the third section there was a large map on the wall with different patient pathways clearly set out in English.

There was also an electronic screen with several information 'pages' titled: admission to hospital; critical medication; food and drink (patients to ask if they were unsure whether they should be nil by mouth); patient experience; get in the know about the local health services; and who we are (explanation of the different uniforms). This was really useful information. In the third zone there were also drinks dispensing machines and signs to toilets and a shop. There were also coloured lines on the floor which patients could follow to various departments.

There were two glazed advertising boards for companies to rent. A third glazed board contained the results of the Friends and Family tests and a notice encouraging patient feedback.
We saw no signs in other languages and very few posters or other reading material. We did not see anything about 'carers charter', 'data privacy' etc.

5. Ensure that all signage within and outside the ED is clear and easy for people to follow.

We accessed the Emergency Department via foot and the sign was clear and easy to follow.

The patients we spoke with found the signage within and outside the ED easy to follow. The door to the main entrance could perhaps have a sign saying 'main entrance'.

6. Check if there is a hearing loop available for patients and provide one if not. Advertise availability

using signage.

There were signs to say that there was a hearing loop available. The screens were not on. Patients had to rely on being able to hear their name being called into clinical areas.

7. **UHL to work with primary care partners to review how people are being signposted to ED and other services including Urgent Care Services across the city and counties.**

One patient was impressed with the communication between the NHS 111 service and the Emergency Department.

One patient had attended due to advice from their GP. One patient had been brought in by ambulance and another had self-referred.

One patient said, "I called the GP and was told to come to ED. I gave NHS 111 a call and they told me to go to the GP. There was no need to go to the GP as they told me to come to ED. So I came here instead. I checked in and I was told I would be called."

8. **UHL to effectively communicate the ED process to people who are waiting for treatment and ensure that patients understand how the triage system works when they check in. Explore options for providing key information in other languages.**

In the waiting area there is a large information wall which explains the process in English. We did not see information in any other language. There are no posters or information sheets in other languages around the waiting area or by the entrance door. There was no indication of information for patients who speak another language and require a translator.

We observed patients being called in to assessment rooms, with some moving down to the blue zone/ ambulatory. Some patients were called to a clinical desk and then sent to assessment room or to other areas.

One patient said they had been told by the GP to attend ED straight away. They described the check-in process as 'very good'. We asked if the triaging system was explained. The patient said that the nurse would call them in and no details were given about waiting times.

9. **UHL to review the number system in use, the positioning of screens and ensure patients are provided with details on how the number system works.**

The screens were not in use. We asked a staff member at the clinical desk about this and were told the screens and number system is no longer used. The nurse is able to make notes and prioritise patients on the computer system. Staff call patients in to be seen by name. Patients are prioritised and will be sent to the most appropriate service. This can be 'assessment', Minor Injuries and Minor illness ('MIAMI') or to their GP etc.

We asked another staff member about the number system not being in use anymore. This is partly because of the feedback saying it was confusing with small writing, the colour and the fact that numbers moved up and down the board with no explanation.

Now patients are called into treatment or assessment areas by name which can create a lot of background noise. We observed there are times when several clinicians are calling out names at the same time. Patients were getting confused about where to go and who to go to. We understand that alternative screen-based

systems are being looked for.

One patient said, "They did have number system but no longer on the screen. On the paper the number is still there and it is confusing."

10. **UHL to work with health partners to explore a system wide collaboration to improve patient journeys through the health system and avoid duplication of medical assessments.**

We spoke to waiting patients who were sent to the Emergency Department by their GP and then had to explain everything again to the nurse.

One patient, who had been advised to attend by the NHS 111 service was impressed as they had made an appointment for her at ED and this speeded up the check-in process.

11. **Review the privacy given to patients at the reception desk.**

The layout of the reception/ clinical area is the same. There are signs to indicate who the patient will be speaking to and whether it is a reception staff or clinical staff member. Louder conversations can still be overheard by other patients. On the reception/ clinical desk area there are notices informing patients that they can let staff know if they would like to speak privately.

12. **Review the appropriateness of carrying out medical checks in the waiting room areas.**

At about 11am, we spoke with a patient in the 'third zone' who had arrived at 7pm the previous night. He passed through reception and the first triage quickly and his observations were done in the reception area. He was then taken into a side room where his observations were repeated. He was told that his bloods would be taken but this 'was forgotten'. Eventually they were taken. Regular observations were taken and analgesia given in this third (waiting) zone.

After 15 hours of waiting he was eventually given an identity band. He was told this was so that staff could scan the band and not have to keep asking his name and date of birth. About half an hour later a member of staff brought him some pain killers and asked him to say his name and date of birth. He was told he would be transferred to the Emergency Decisions Unit (EDU) but there were no beds available. While we were talking two members of staff approached him with his notes and started to talk to him about the test results in the presence of other patients.

13. **Continue to provide hospital staff in the waiting area to assist and observe patients within ED for potential deterioration in their condition and to inform patients how they can alert to worsening signs and symptoms of their illness or injury.**

We did not notice any staff members observing the patients sitting in the waiting area - only a security official.

Patients sitting in the 'blue area' are not in direct line-of-site of the front desk clinical staff and at no time did we observe anyone checking on those patients.

14. **Details of waiting times should be made available to patients where possible.**

We spoke to one person, who said they had arrived 30 minutes ago - had been triaged and told to sit down while the staff decided what to do. No time frame was given to her.

We noticed that the patient left within an hour of speaking to them.

The patient told me they had been here a week ago and had asked how long she would have to wait. She was told, "How long is a piece of string".

We did not see any signs or notices stating the waiting times.

15. **There needs to be a system in place that reassures patients that they can use the toilet, get fresh air or a drink and that they will not lose their place in the queue.**

There were no notices or posters giving information about this. No signs saying who to speak to should the patient need to visit the toilet, vending machine or café. Four patients were asked if they knew the process of being able to get food, going to the toilet etc. They said they did not know the process. Most patients were accompanied by a friend or family member.

16. **Improve the route from the ED to the MIAMI unit to facilitate wheelchairs and provide greater safety for those susceptible to falls.**

From the waiting room, there are coloured lines on the floor labelled for each department, with arrows. The MIAMI line leads to a lift and stairs. Also, the option to access MIAMI via outside is still available.

Patient comments

"I went to the GP this morning and was told to come straight here. It's been okay so far. I checked in at the 'reception' window and went straight to the 'clinical' window to answer some questions and was then told to wait to be called. I'm happy that I know what to expect next."

"I came straight here. Checked in at reception and then was quickly called to tell the nurse what's wrong. I've had a good experience so far but I don't know what to expect next."

"Good so far, the reception was really quick and I was sent straight through to be seen in one of those rooms. I'm now waiting to be seen again."

"I can never get an appointment with my doctors so I don't try any more. I've been here an hour and I am waiting to be called. At least I know I will be called whereas when I try to go to the doctors it might take days and I'm left to feel bad with no help."

One patient who had been brought to the hospital by car by a work colleague. The car park was full so her colleague had left her to go through the system alone. The patient said that the car parking facilities 'could be better'. She said she thought the ED environment was 'nice'. She said she was finding it difficult as triage nurses were coming from different directions and she did not know where to look for her name to be called and where she would need to go to be clinically assessed. She thought it would be better to have patient names put up on the screens when it was their turn to be called in.

"Discharged last evening but collapsed in the night and brought in by ambulance via 999. Doctors did not listen last evening but today ED staff very good."

Recommendations

Healthwatch acknowledges the UHL response to the 2022 report and the huge amount of work carried out across Leicester, Leicestershire and Rutland to improve patient flows. We also recognise that ED is an area where patient demand can often exceed resources. With these in mind, and following our revisit, we recommend continuing with improvement works with a particular focus on the following:

1	Continue to explore options for people who may need to lie down whilst waiting for assessment.
2	Consider using screens that are not in use to display information for patients such as waiting times, complaints procedure, carers' charter and data privacy.
3	Find a system for calling patients into assessment or treatment areas which is straightforward, does not introduce excessive background noise and is appropriate for those people with hearing or sight problems.
4	Establish a procedure for those patients who have to temporarily leave the waiting areas so they do not lose their place in the queue.
5	Remove the unused porta cabin outside ED to provide easier access for people with addition needs and those who use wheelchairs.
6	Consider displaying posters and information in other languages.
7	Review the appropriateness of giving diagnoses and test results in the waiting room in the presence of other patients.
8	Ensure consistent assistance and observation of patients in the waiting room for signs of deterioration.
9	Display clear information for patients about how they can alert staff to their worsening signs and symptoms of illness or injury.
10	Position portable warning signs where they do not present a tripping hazard.

Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following response to the report:

"We welcome feedback from patients and the public on our services, so I would like to thank Healthwatch for carrying out the enter and view survey of patients and visitors to our Emergency Department at the Leicester Royal Infirmary on September 26, 2023.

"We were pleased to read about the positive experiences many patients had on arriving and being assessed at Emergency Department, as well as the recognition of the impact of the new ambulance pod in reducing ambulance handover times.

"We appreciate recommendations for how we can improve the way we deliver care, and as a result have undertaken work to improve patients' experience of our Emergency Department. This includes updating and expanding the range of information on display screens, and ensuring dedicated staff are providing consistent observation of patients in the waiting area for signs of deterioration. Work is underway to look at removing the portacabin to improve access, and we are developing ways to both improve the way patients are called and reduce background noise in reception areas. Our Patient Experience team is exploring ways in which we can provide information in other languages, and our cleaning teams are reviewing how they position portable warning signs to avoid creating a trip hazard.

"We would like to thank all patients and visitors to the Emergency Department for their patience and understanding, and apologise to anyone who has experienced a long wait over the busy winter months."

Richard Mitchell
Chief Executive
University Hospitals of Leicester NHS Trust

University Hospitals of Leicester NHS Trust

Healthwatch report action plan – February 2024

	Action	By when	Progress Update	RAG Status*
1	Continue to explore options for people who may need to lay down whilst waiting for assessment.	Ongoing	Patients are assessed on an individual basis and wherever possible a trolley space is provided if required, noting at times during overcrowding this is not always possible.	4
2	Consider using screens that are not in use to display information for patients such as waiting times, complaints procedure, carers' charter and data privacy.	March 24	The front door team, made up of nurses, doctors and managers, have reviewed and updated the information provided on the screens in the waiting room.	5
3	Find a system for calling patients into assessment or treatment areas which is straightforward, does not introduce excessive background noise and is appropriate for those people with hearing or sight problems.	May 24	We are currently working with Nervecentre to look at the calling system options and how we make this easier for patients and a local company to look at possible solutions to reducing background noise in adult reception	4
4	Establish a procedure for those patients who have to temporarily leave the waiting areas so they do not lose their place in the queue.	April 24	The front door team to review signage in the area. Waiting room screens updated with information on the queue process.	4
5	Remove the unused porta cabin outside the Emergency Department to provide easier access for people with addition needs and those who use wheelchairs.	March 24	A paper for the removal of this portacabin has been discussed with the executive team. For further discussion by the Urgent and Emergency Care Steering Group.	3
6	Consider displaying posters and information in other languages.	May 24	We are currently working with the Patient Experience lead to explore suitable options	4
7	Review the appropriateness of giving diagnoses and test results in the waiting room in the presence of other patients.	March 24	Reminder to be sent to staff that this is not to be undertaken in the waiting room.	4
8	Ensure consistent assistance and observation of patients in the waiting room for signs of deterioration.	In place	Healthcare Assistants (HCAs) and members of our Amvale team work at the front door and complete observations to ensure patients are safe. In times of escalation and busy periods, additional staff are moved there to monitor patients. A senior nurse is always allocated to the Visual Acuity Clinician (VAC) role. NB: Amvale paramedics and technicians support delivery of patient care.	5
9	Display clear information for patients about how they can alert staff to their worsening signs and symptoms of illness or injury.	March 24	Included on updated waiting room slides	5
10	Position portable warning signs where they do not present a tripping hazard.	March 24	This has been raised with the Domestic Manager in Estates and Facilities, who has confirmed they will address the issue.	5

Both numerical and colour keys are to be used in the RAG (Red-Amber-Green) rating. If target dates are changed this must be shown using ~~strikethrough~~ so the original date is still visible.

RAG Status Key:	5	Complete	4	On Track	3	Some Delay – expected to be completed as planned	2	Significant Delay – unlikely to be completed as planned	1	Not yet commenced

Distribution

The report is for distribution to the following:

- University Hospitals of Leicester NHS Trust (UHL)
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicestershire County Council (LCC)
- Leicester City Council (LC)
- Rutland County Council (RCC)
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network

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