

February 2023



Enter and View visit

**Adults: Leicester Royal Infirmary
Emergency Department**

healthwatch
Leicester

healthwatch
Leicestershire

healthwatch
Rutland

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Disclaimer

This report relates to our findings. Our report does not represent the experiences of all people but only those who contributed at the time.

Acknowledgements

We would like to thank all the staff, volunteers and management team at the ED for supporting our visits.

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

Introduction

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

The ED serving Leicester, Leicestershire and Rutland is situated within a large, city-centre hospital with difficult transport possibilities for people from the rural areas of Leicestershire and Rutland.

The University Hospitals of Leicester NHS Trust (UHL) September 2022 Board papers provide the following Emergency Department performance statistics:

| | Government target | UHL performance (year to date - July) |
|------------------------------------|-------------------|---------------------------------------|
| Friends and Family Test % positive | 77% | 79% |
| ED < 4 hour waits | 95% | 69.3% |
| Mean time to assessment | 15 | 40.6 |
| Number of 12 hour waits in ED | 0 | 10,432 |
| Time clinically ready to proceed | 60 | 268 |
| Ambulance handovers >60 minutes | 0% | 35.5% |

Table 1 UHL Emergency Department Performance Statistics Year to Date in July 2022

The last Healthwatch 'Enter and View' visit to the ED was in 2017. Public concerns raised with Healthwatch include long waiting times, delays in care; facilities at ED, ambulance handover delays and insufficient capacity across the system to see and/or admit patients. The Care Quality Commission (CQC) inspection in April 2022 rated the Urgent and Emergency Care as 'requires improvement'.

The patient feedback we receive shows high praise for medical staff and treatment once seen. However, patients are sharing increasing struggles of, generally, navigating emergency care systems and, specifically, their difficulties with LRI ED processes and environment.

Retrieved from:

[http://www.library.leicestershospitals.nhs.uk/pubscheme/Documents/How%20we%20make%20decisions/Board%20Papers/\(2022\)%20-%20Thursday%201%20September%202022/paper%20F.pdf](http://www.library.leicestershospitals.nhs.uk/pubscheme/Documents/How%20we%20make%20decisions/Board%20Papers/(2022)%20-%20Thursday%201%20September%202022/paper%20F.pdf)

Aims of the visit

The overall aim of the visit is 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.
- Provide feedback to service providers about what is working well for patients and where improvements or changes might be needed.

Our approach

We visited on Friday 23 September 2022, 7am-7pm and Monday 26 September 2022, 7am-7pm and spoke with patients, their friends, carers, and family members.

We designed a survey to capture feedback on how people access the ED, signage, check-in process, waiting times, the hospital environment, and facilities. Our authorised representatives also carried out observations within the department across the two days.



Summary of findings

- Signs to LRI, parking and to the ED were not adequate for those not familiar with the city or the hospital. The main sign to the ED is hidden from view.
- Most patients had contacted their GP Practice before attending the ED.
- The staff at the entrance were appreciated by the public.
- Although this is a modern, purpose-built ED, there is insufficient space for wheelchair users and for ensuring patient confidentiality and privacy at busy times.
- Most people rated the check-in procedure as 'poor'.
- Patients told us they do not understand the number system allocated at check-in and cannot see the screens clearly due to the colours and font size used.
- Patients were often ill-informed about the length of time they would have to wait and the patient journey through the ED processes.
- Signposting to the hospital restaurant is not clear and patients risk losing their place in the queue if they leave the ED in search of food. Many are not sure whether it is appropriate for them to eat or drink.
- There is minimal provision for those who cannot read English or who use a wheelchair, hearing aids or a guide dog or need somewhere to lie down due to pain.
- Patients cannot understand why tests such as phlebotomy or X-rays cannot be done in the early stages of triage so that results are available when they finally get to see a clinician.
- The environment was clean, although occasional litter and scuff marks on the backs of chairs were noted.
- We noted that there was no information on the 'Complaints Procedure', 'Carers Charter' or 'Data Privacy' and the use of patients' health records.
- Patients referred from the ED to the Minor Injuries and Minor Illness (MIAMI) unit are directed via an outside path that is not wheelchair friendly and poses trip hazards. Although it is possible to access MIAMI using an internal route from ED, the only lift observed between the different floors is in frequent use by hospital staff transporting patients in beds.

Visit findings

Building

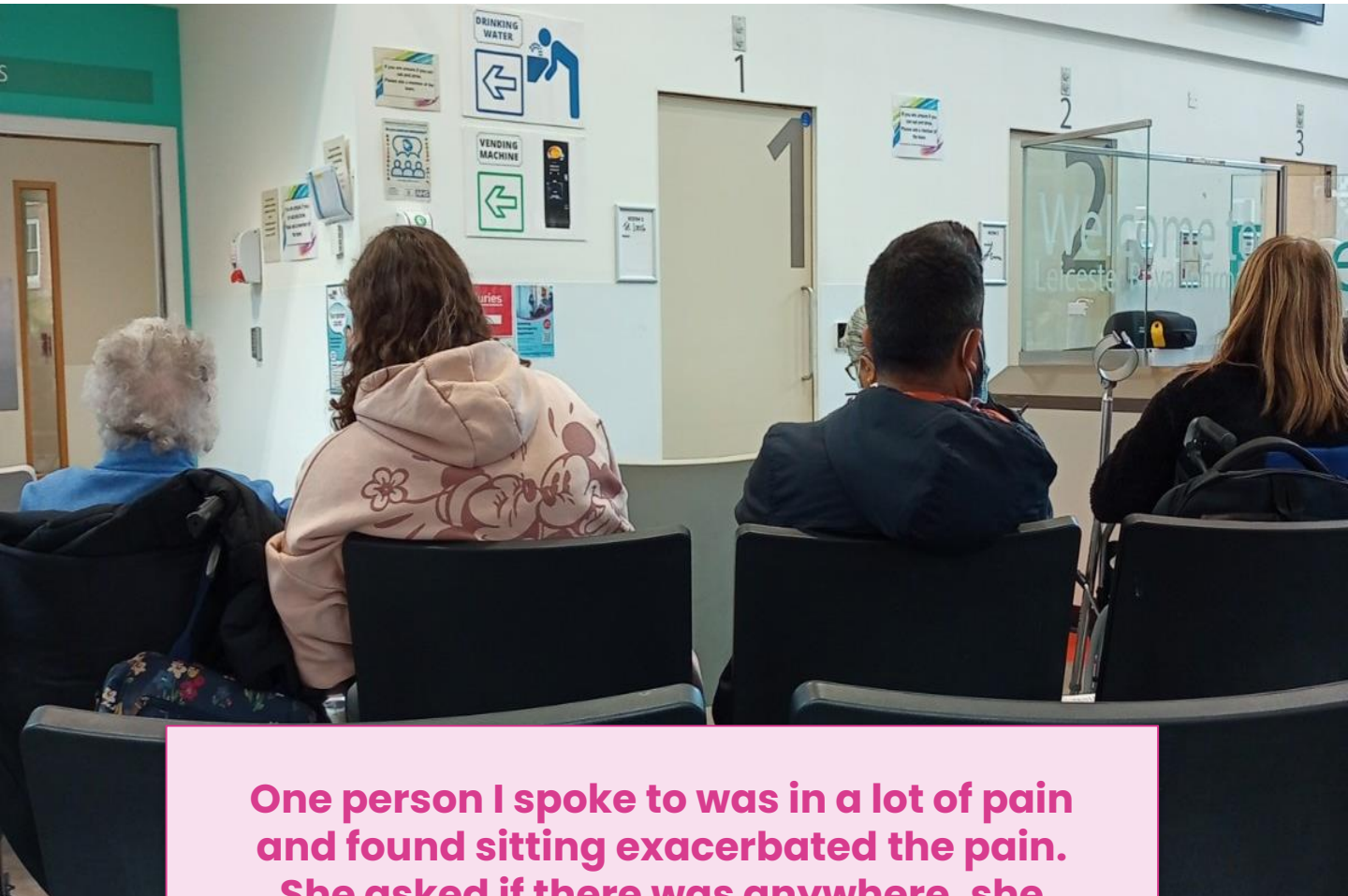
The ED building was opened in 2017. There are stairs to the entrance as well as ramp access. The building looks big from the outside. We noted that the sign 'Emergency Department' is in a corner hidden behind a portacabin and was difficult to see.



- Access is via automatic doors.
- On entry there is a station with face masks and hand sanitisers available.
- The ED is on one level.
- There is a large reception desk with eight reception positions.
- Behind the reception desk are eight triage rooms.
- The room has lofty ceilings, plenty of windows and lights.

There is adequate seating available for patients. Patients progress through three distinct seating areas: 'triage', 'observation' and the 'blue zone' in which patients were waiting for further clinical assessment.

The seats were hard, plastic and some had armrests. We did not observe anywhere where patients could lie down.



One person I spoke to was in a lot of pain and found sitting exacerbated the pain. She asked if there was anywhere, she could lie down while waiting and she was told, 'no.'

Healthwatch representative observation



Patient Information

There are seven television screens in the ED placed above the reception desk. Three of the screens were displaying the patient numbers and one TV screen had patient information.

There are permanent signs about ED in the reception, blue zone waiting area and a patient journey map. There are signs displayed in words and pictures. Easy read symbols are in use.

There are A4 posters and notices all around the waiting room - all with different fonts and sizes. We did not observe any posters in other languages. There is not a designated area where leaflets are kept for patient use.

There were no leaflets nor reading material; notices were very clear, however the font size on some was very small. There was no information about 'Complaints Procedure', 'Carers Charter' or 'Data Privacy' and the use of patients' health records.

We saw a 'friends and family test' poster with survey forms for patients to complete and a comments box.

Facilities

There is free water and hot drinks available in the department. During one of our visits, the coffee machine was out of order.

There is a vending machine with drinks, but no food was available.

There is clear information directing patients to the café or onsite shop - but halfway down the corridor, there are two pathways but no clear indication which to take for the shop.

Wheelchairs are available for patients, but they are claimed quickly resulting in a queue forming for a vacant wheelchair.

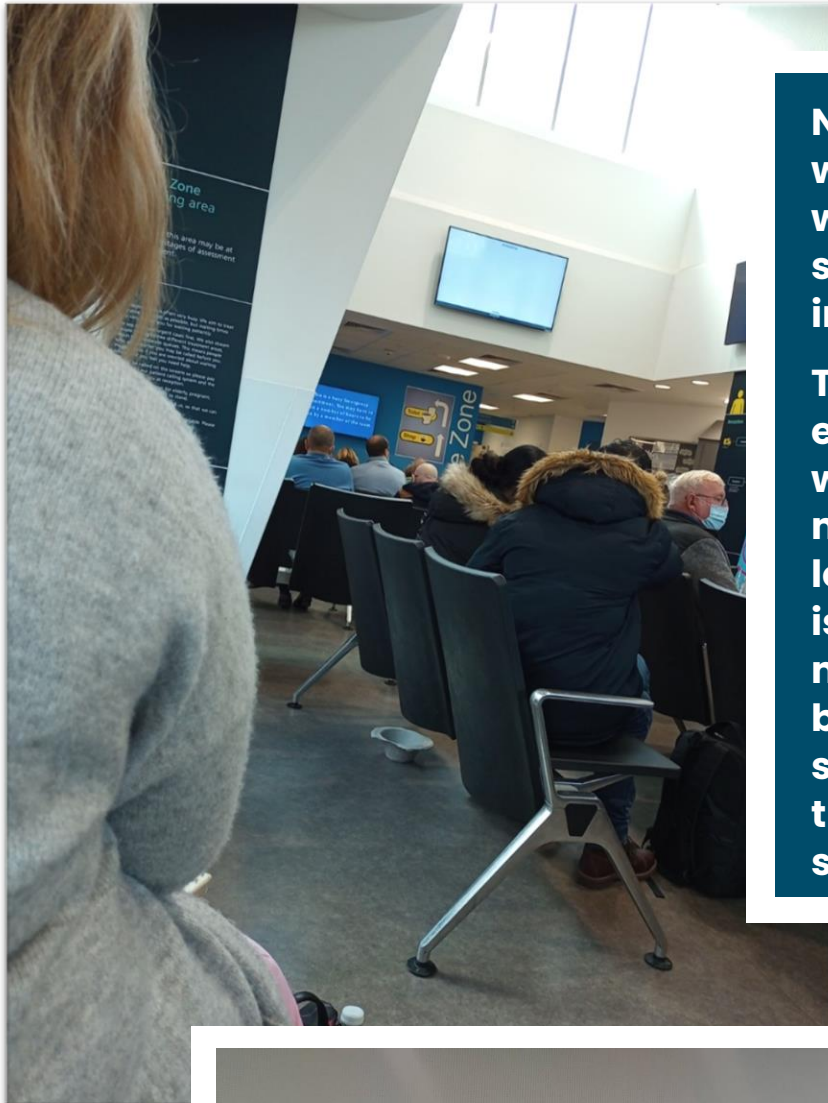
As wheelchairs become available, they are given to seated patients who have requested one.

There was confusion as to whether there is a hearing loop. Upon being asked, staff were not sure if there is one available.

Wi-Fi is available throughout the ED. There are no clocks.

Toilets are available in ED. There are signs directing people. Accessible toilets are also available. A checklist is maintained to record regular cleaning.

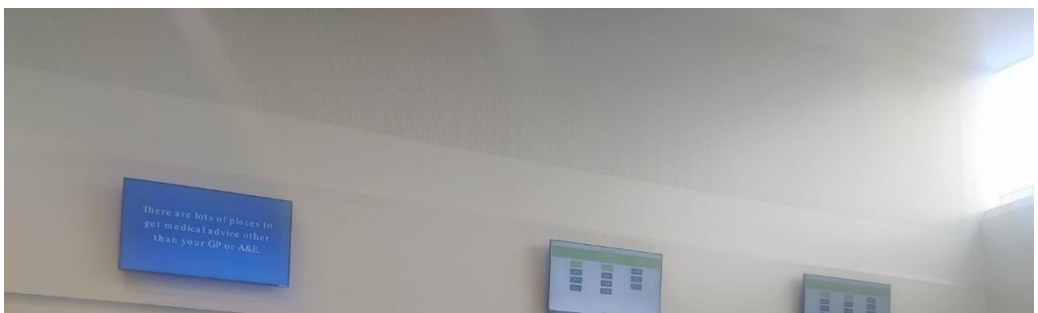




Not much room to sit with your person in wheelchair. Hard to squeeze around people in wheelchairs.

There is just about enough room for a wheelchair user to move around, there is a long walkway but really isn't much room to move when it gets busy, and people are standing and queuing the space gets a lot smaller.

Healthwatch representative observation



There are seven television screens in the ED placed above the reception desk.

Three of the screens were displaying the patient numbers and one TV screen had patient information.



Survey findings

There were 139 responses in total, however not all patients answered every question.

Arrival at the Emergency Department (ED)

Did you try to get help before attending the ED?



Yes



No

109 people (78%) tried to get help elsewhere before arriving at the ED.

If yes, which service did you contact?

| | |
|--------------------|----|
| GP Practice | 68 |
| NHS 111 | 20 |
| 999 | 11 |
| Urgent Care Centre | 4 |
| Other | 6 |

68 people (62%) we spoke to contacted their GP practice before attending the ED.



People told us who they had contacted before they went to ED and how they came to be there.

Comments:

"Inflammatory Bowel Disease (IBD) nurse told me to come to ED, as can't reserve a bed straightaway."

"I contacted my dentist - not GP as can't even get appointment."

"Here at ED yesterday, GP did not have an appointment today or tomorrow."

"GP Surgery. NHS 111 not helpful. No appointment at Hinckley. Could not get to see GP even though [in] pain for 8 days."

"Been phoning for hours/days and waiting for ambulance. Then they phoned back and said they were too busy and I would have to find my own way here."

"Urgent Care Centre (UCC) - sent me to ED. GP - I tried for 2 days for appointment. Feel very messed about."

"5 hours waiting for ambulance to take me to hospital and 5 hours waiting in an ambulance at Leicester Infirmary before being admitted."

It was also obvious that this is a very busy department with a lot of people telling me they had come either because they could not get a GP appointment or because their GP had sent them.

I also spoke with one lady who had a procedure carried out privately and that there had been complications.

The consultant who had carried out the procedure had sent her to ED. I also spoke with two other people who had already been in ED a day or two earlier and discharged but had needed to return.

There is some evidence that 'Getting it Right First Time' might not be happening and this is putting more pressure on the system.

Healthwatch representative observation

How did you arrive at the ED?

| | |
|------------------|----|
| Car | 90 |
| Taxi | 25 |
| Ambulance | 11 |
| On foot | 6 |
| Public Transport | 3 |
| Other | 4 |

90 people (65%) arrived at the ED via car. Some people had difficulties with the parking at the hospital and told us that:

“Car park horrendous - no spaces - especially disabled - nowhere near entrance - had to get into wheelchair in normal bay.”

“Car park signs covered by tree.”

“Taken 50 minutes to park and get into ED.”

“Depending on where you park, it's hard to know where to go.”

“Been before, don't always clock sign when ill/anxious waited one hour in car park queue and went round and round trying to find a spot.”

“Didn't know where to go. Trying to park was difficult. Car park too far away from ED.”

“There were slight delays getting into the multi-storey car park because traffic lights were in operation due to ongoing building work and a temporary one-way system in operation.”

I found it difficult to park and find A&E on driving in (as someone who has never been before) there is very little parking at ED but multi-storey car park reasonably close.

Come midday, parking spaces can be difficult to find. The walk from the multi-storey car park is about five minutes. Outside of the ED building there is a 20 minute drop off point.

We noted that sometimes triage takes longer than 20 minutes.

Healthwatch Representative observation

Who did you arrive at hospital with?

| | |
|-------------------------|----|
| Family Member | 72 |
| Alone | 52 |
| Friend | 9 |
| Other (work colleagues) | 6 |

52% of people had arrived with a family member; 37% were alone and 6% were with a friend.

Signage

How would you rate the signs directing you the department?

| | |
|-----------|----|
| Very Good | 26 |
| Good | 50 |
| OK | 33 |
| Poor | 9 |
| Very poor | 7 |

(14 not answered)
 76 people (55%) rated the signs as 'very good' or 'good'.

Comments from those who rated the signs as 'good' or 'very good' included:

- "Very clear on signs and on coloured lines."*
- "Hospital staff was on hand to help with directions. This being new A&E department, I needed help to navigate otherwise all good."*
- "Well sign posted, large bold letters in white with red background."*
- "Large clear signage."*

Comments from those who rated the signage as 'poor' or 'very poor' included:

- "Signage from main car park to A&E is poor."*
- "Signage is appalling, road system is very bad for people coming from East of Leicester."*
- "I got a bit lost when following the signs to get to ED because some signs are not big enough."*
- "Signs were ok but very long-winded way to get to A&E. Also, blue badge spaces are not well signposted."*

The direction signs and walking route from the car park to the ED were clear. Signage directing to the ED are quite high, not eye level, you must look around for the ED sign, not always visible. The big ED sign on side of the building is hidden behind a portacabin. Signage to ED throughout the hospital was good with ED being consistently displayed in red – but only in English.

Reception

On entering the department, people were requested to wear a mask and use the hand sanitiser. They were then directed to the reception desk to book in.

At times, we observed long queues forming. On checking-in, patients were given a number and invited to take a seat while waiting to be called back to the desk for an initial assessment with a visual assessment clinician (VAC) nurse.

The chairs in reception are close to the check-in desk with insufficient space for wheelchairs. Those sitting nearer to the reception desks could overhear conversations taking place and patient confidentiality was compromised. One patient said: *“Dreadful receptionist and zero concern for patient confidentiality.”*

The waiting room is large enough, but the number of seats makes the space quite cramped and hard to manoeuvre around.

It becomes even more cramped when it gets busy and people are queuing all the way outside the main entrance, round the building.

Healthwatch Representative observation

How would you rate the check in process at reception?

| | |
|------|-----|
| Good | 8 |
| Fair | 25 |
| Poor | 101 |

(5 not answered)
 101 people (73%) rated the check in process as 'poor'.
 Only 8 people (6%) rated the process as 'good'.

Comments

"No one explained the number system."

"Initially seems unorganised but soon understood the procedure."

"No eye contact, no signs of listening. Having a conversation with someone else."

"Didn't wait long to check in."

"Didn't ask what would happen and was not told."

"A bit slow and chaotic. I was lucky to register first and then triaged by the nurse at the front desk. I had seen others register but miss the second clinical triage desk. Some waiting an hour and then being added for 1-1 consultation triage. I saw many go through this. Completely unacceptable. Easily fixed by implementing good processes."

Were you given enough privacy when discussing your condition with the receptionist?

| | |
|--------|----|
| Yes | 90 |
| No | 32 |
| Unsure | 14 |

(3 not answered)

90 people (65%) said that there was enough privacy at reception; 32 people (23%) said that there was not enough privacy and 14 people (10%) said that they were not sure.

Comments

"Other people might like more privacy. Needed to talk quite loudly through gap. Sitting in main room taking people's blood pressure."

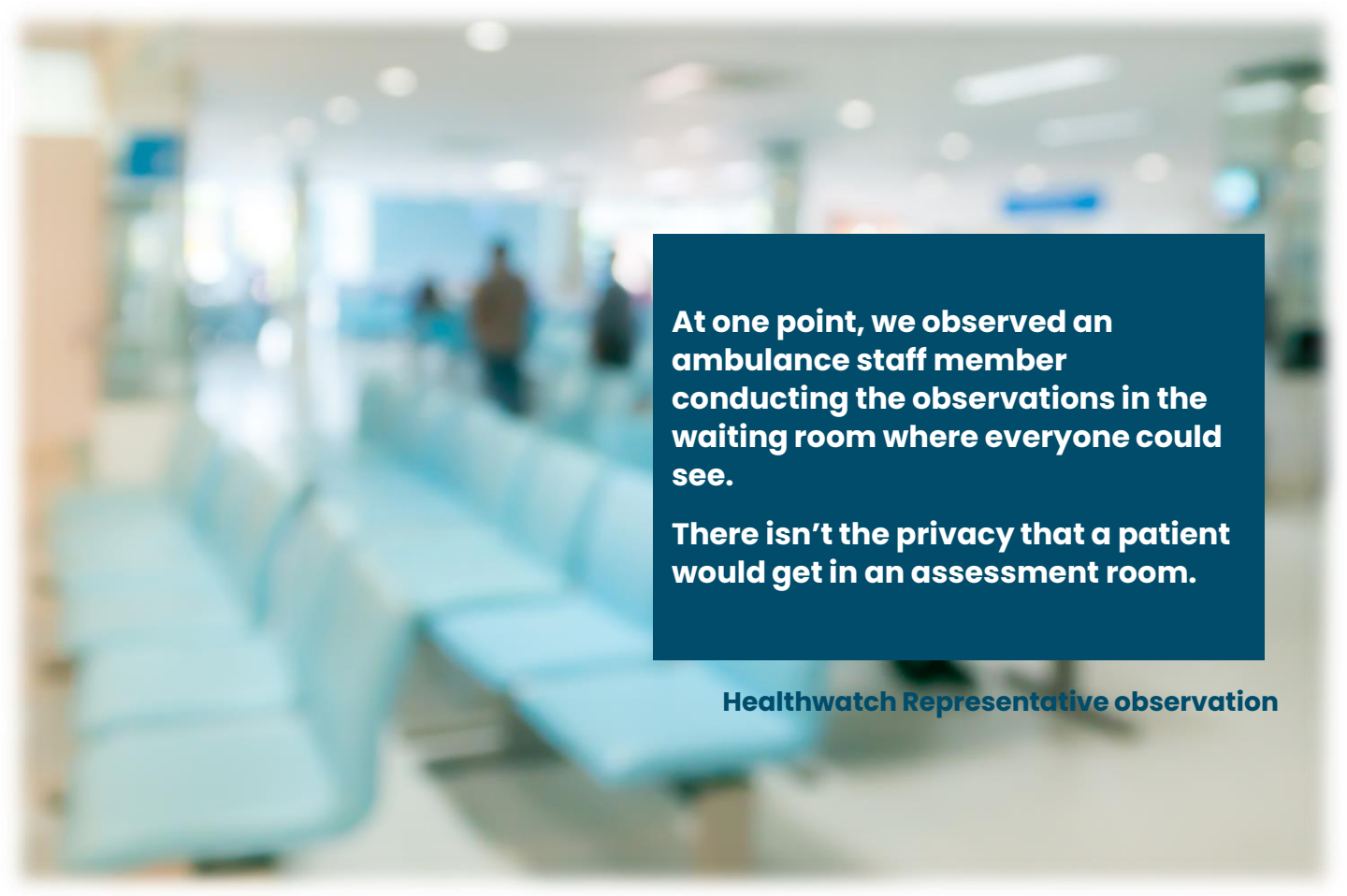
"It was quick - back to see nurse, service relatively quick. Would be good to have that privacy when discussing medical information."

"If I wanted more privacy, I suppose I could have asked for it."

"If it had been a sensitive matter, I would have wanted more privacy."

"Very pleasant, had already been examined at Urgent Care Loughborough - why do I have to go through this again."

"I am in pain and need to lie down. I can't sit so, where do I lie - on the floor? They won't give me anywhere to lie down."



At one point, we observed an ambulance staff member conducting the observations in the waiting room where everyone could see.

There isn't the privacy that a patient would get in an assessment room.

Healthwatch Representative observation

When checking in, was it explained to you what would happen next?

| | |
|-----|----|
| Yes | 98 |
| No | 38 |

(3 not answered)

98 people (71%) said that they were told what would happen next after they checked in. 38 people (27%) said that they were not. We asked people 'what were you told' with the following replies:

Comments have been grouped into themes from the patient feedback.

Information on process

"Was told to wait for my name to be called out."

"It's good, it takes time but good."

"Took 3 hours before I got checked."

"The doctor (GP) has referred (me) so I thought information would be on system. Felt a bit like 'why are you here?'. Had to shout because of masks and surrounding noise. Didn't explain number system. Have to listen quite hard for name."

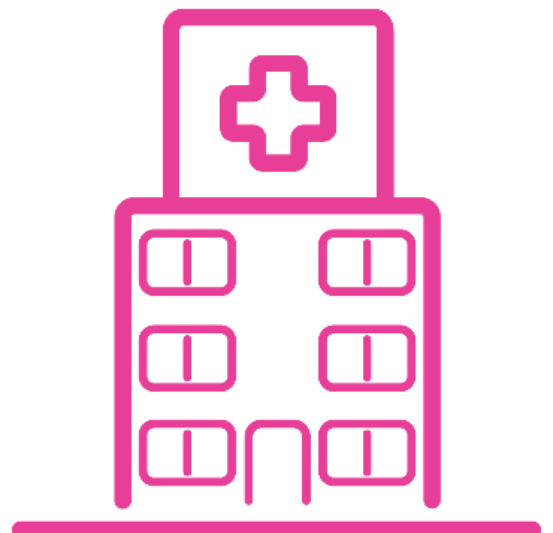
Sometimes there are names being called out in all directions.

It can be very confusing for patients because they do not know which way to go and who to go to as they don't know who it is calling their names.

When they approach the receptionists, they get told to sit back down. It gets quite congested as a lot of people are getting up at the same time.

That happened quite a few times.

Healthwatch Representative observation



People commented on the triage numbering system which they found to be confusing.

"I have a number but don't know what it signifies."

"List of number screen too small."

"Don't understand the numbering system and what information it is producing."

"No waiting time, only waiting number."

"No one explained the number system."

"Due to the huge numbers of people attending, I think it would help if names were shown on screen rather than staff calling sometimes as not clear it is your name being called out."

"Prefer screen with names rather than shouting - get confused and miscommunication"

The video screens showed the number of patients waiting in triage and the patients' allocated number. The numbers were white on black background. However, when the patient was ready to be seen by a clinician the colours changed to white on green. The room number was displayed in a very tiny font. These were very difficult to read and totally unreadable for anyone colour blind. There was no screen displays for post-triaged patients.

We noticed that the clinicians were coming out of their rooms to call patients by name. We enquired at the desk what the numbers meant. We were told that they call the patients' name out, if there is no response, they put the number up on the monitor. We observed patients being confused by the system.

The numbers on screen make no sense – we watched one number shoot up to the top of the screen and then a few minutes later it went right back down. This is very confusing for patients. There is a sign in ED advising people to "pay attention to the patient calling system and details given by reception". Reception do not give details of how this system works.

Healthwatch Representative observations

Assistance dogs

“Security need to be trained to know the different types of assistance dogs that are allowed in hospitals.”

Staff

We noted that there were staff within the ED supporting patients entering the department and observing patients in the waiting room. There were security guards on duty.

“The gentleman on the door was very helpful.”

“The gentleman at the door was really helpful and directed me.”

On one shift the welcomer role wasn't in place and on another shift the welcomer was there, telling people where to go and what to do. He also mingled around patients, answering queries etc.

This appeared to be a very useful role to have to help keep patients calm etc. He may have looked like a volunteer but he said it was his paid role.

Healthwatch Representative observation

“They are trying their best but they need to understand that patients in pain need help straight away and not in 8 hours.”

“They're doing their best with lack of government funding. If you could get into GP you wouldn't need to be here - especially on Mondays. I couldn't get through to GP until 11am and no appointments told to go to A&E. A lot of people are here who can't get to see GP. Should have an x-ray so people can go straight in - say separate from being assessed. People say NHS is free but it's not free - we have to pay for it in tax.”

Have you been told how long the wait will be?

| | |
|-----|-----|
| No | 121 |
| Yes | 15 |

(3 not answered)

121 people (87%) were not told how long the wait would be. **15 people** (10%) said that they were told.

Comments

“The screen states the number of people waiting.”

“Told there was a wait but not accurate time. It would be good to know how long the wait would be.”

“Assuming around 4 hours.”

“Could be better if told how long the wait is going to be.”

“We did ask and told very long.”

“Told 6 hours, now on 9th Hour.”

“Took 3 hours before I got checked.”

“It would be important to have a general outline on how long the wait would be.”

“Overheard nurse talking about wait time, was not told direct.”

Is the waiting time clearly displayed?

| | |
|-----|-----|
| No | 127 |
| Yes | 6 |

(6 not answered)

127 people (91%) reported that there were no indications of waiting times on display.

Comments

“No waiting displayed on any screens.”

“The wait time is too long. Not the first time I have been here, sometimes you are here 5-7 hours and that’s not good if you are in pain. I am a heart patient and they can’t even prioritise that.”

“There are no clocks.”

“It clearly says outside of the building that waiting times can be very long.”

“It would be nice to know how long the wait time will be.”

“They should give a rough time as when would be seen.”

“You’re kept in the dark too much about what’s happening and what you are waiting for or for how long. Very frustrating. The staff are actually pleasant, but terrible communicating the process which makes the experience frustrating.”

How clean is the Emergency Department?

| | |
|------------------|----|
| Very Clean | 38 |
| Clean | 84 |
| Not very clean | 10 |
| Not clean at all | 1 |

(6 not answered)

122 people (88%) said that the ED was very clean or clean; 10 people (7%) said that it was not very clean.

We observed a cleaner cleaning the floor, although they missed on more than one occasion, a liquid spillage under a chair. There are bits of litter around the room.

The seats were clean to sit on but there were scuff marks and mud on the backs of seats – as if waiting patients had put their feet up on them.

Healthwatch Representative observation

Were you able to get food and drink whilst you were in the Emergency Department?

(10 not answered)

37 people (27%) said that they were able to access food and drink whilst they were in the ED and 27 people (19%) said that they were not.

Comments

"I see there's a sign telling you where to get food and drink. If you are diabetic you can ask a nurse for food."

"I would struggle to get anything to eat as I have coeliac disease. I have been here before and there's never anything I can eat."

"Seen signs for vending machine and shop if we want something to eat or drink."

"The hot drink machine wasn't working."

"Very good in supporting patient with food and drinks."

There was a lady who has been at ED for many hours, she got hungry so left to get food and in doing so lost her place as she didn't realise she needed to tell someone.

Healthwatch Representative observation

How would you rate the communication with the hospital?

| | |
|----------------------|----|
| Very bad | 36 |
| Bad | 64 |
| Neither good nor bad | 18 |
| Good | 8 |
| Very good | 4 |

(9 not answered)

100 people (72%) rated the communication at the hospital as 'very bad' or 'bad'; 12 people (9%) said that it was good or very good.

Comment

"Most of my 11+ hour wait was process issues. All easily solved. Patient journey needs to be measured. Please invest in capacity and demand for the ED department. I was registered and triaged by clinical nurse on the desk within 30 minutes. I had a 1-1 assessment with a nurse 45 minutes later. The requirement was to have a blood sample taken and an EEG to rule out epilepsy and stroke. At this stage my sample and measurement could have been taken but wasn't. I subsequently waited 9 hours."

Was the information available easily in different languages?

| | |
|----------------|----|
| Yes | 15 |
| No | 23 |
| Not Applicable | 99 |

(2 not answered)

99 people (71%) had not needed to access information in other languages. 15 people (11%) who answered the question said that it was easy to access information in other languages and 23 people (17%) said that it was not easy to access.

Comments

“There was a sign in triage about different languages. In other wards there are different languages on wall etc.”

“Haven't seen anything in another language but then I'm not looking.”

“If you need language help, they give it.”

We spoke to one patient who could understand English but was unable to read or write in English. She could not understand the documents given to her. We noticed that a Polish couple could not understand the number system and documents given to them. There was an English man who was given the forms all the patients were given but he could not read or write. There seems to be a common assumption that everybody can speak, read and write in English.

Healthwatch Representative observation

After treatment survey findings

We gave patients the option of providing feedback after they had received their treatment. We received 8 completed surveys. The findings show that there is a mix of satisfaction from patients.

How satisfied are you with the waiting times today?

| | |
|-------------------|---|
| Very dissatisfied | 0 |
| Dissatisfied | 1 |
| Neutral | 3 |
| Satisfied | 2 |
| Very Satisfied | 2 |

How satisfied are you with the way you have been treated today?

| | |
|-------------------|---|
| Very dissatisfied | 0 |
| Dissatisfied | 1 |
| Neutral | 1 |
| Satisfied | 3 |
| Very Satisfied | 3 |

How satisfied overall are you with your visit today?

| | |
|-------------------|---|
| Very dissatisfied | 0 |
| Dissatisfied | 2 |
| Neutral | 2 |
| Satisfied | 4 |
| Very Satisfied | 0 |

Additional comments:

“Never referred to the injury clinic due to discovery of high blood pressure – 91 year old expected to sit and wait all night.”

“Treatment is good, waiting time is long, staff are very good.”

The results of the after survey, although not statistically significant due to a small number of responses, indicated that people seem more satisfied once they had been through the system and were leaving the department.



Additional findings

MIAMI Unit

We observed that some of the people presenting at the ED were sent to the Minor Injuries and Minor Illness (MIAMI) unit. One of the Healthwatch team was shown the MIAMI unit by a UHL volunteer.

Patients were directed by the ED receptionists to go to MIAMI. There was clear signage outside ED to direct patients to MIAMI. However, MIAMI is not signposted from inside the ED.

Patient access to MIAMI is via an outside walk of several minutes. Accessibility for wheelchairs and those with mobility issues was observed to be poor, with several raised and dropped grate covers, an adverse camber on a narrow pavement in a roadway and quite a steep slope down into the Balmoral building.

There is an internal route from ED to MIAMI but it is through the ED treatment area. ED and MIAMI are on different floors and the only lift is a staff lift in frequent use by porters for transporting bed bound patients.

On Monday morning, we observed people being referred to MIAMI at the point of booking into ED. MIAMI was very busy by mid-morning. MIAMI has its own treatment bays and a small booking-in desk. As with the ED, no indications of waiting times were observed.

Ambulances

The ambulance waiting bays are at the rear of the building. We noted that the number of ambulances waiting to handover patients fluctuated throughout the day.

At 8.55am on Friday 23 September, the ambulance crews had no patients waiting inside ambulances. There were at least 5 or 6 ambulances waiting to be called out. We spoke with some of the crews who said it was very quiet but went on to say it could get very busy – there is no pattern. At 1.40pm there were 12 ambulances waiting and two police cars.

On Friday, we observed the following:

10.21am – 5 ambulances waiting, 15 minute turnaround time for 1 ambulance

11.10am – 11 ambulances waiting, 25 minutes turnaround time

12.17am – 9 ambulances waiting, 20 minute turnaround time

We were told by the ambulance crews that the wait is usually a lot longer than this.



Recommendations

1. Consider the layout of the waiting room to allow for wheelchair users to manoeuvre throughout the department.
2. Explore options for people who may need to lay down whilst waiting for assessment.
3. Review and improve the patient check-in process.
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.
5. Ensure that all signage within and outside the ED is clear and easy for people to follow.
6. Check if there is a hearing loop available for patients and provide one if not. Advertise availability using signage.
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.
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.
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.
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.

11. Review the privacy given to patients at the reception desk.
12. Review the appropriateness of carrying out medical checks in the waiting room areas.
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.
14. Details of waiting times should be made available to patients where possible.
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.
16. Improve the route from the ED to the MIAMI unit to facilitate wheelchairs and provide greater safety for those susceptible to falls.

We plan to revisit the department in 12 months' time to see if there are any changes made to the service provided to patients.

Service provider response

The report was agreed with the service provider as factually accurate. They have provided the following response to the report.

“We would like to thank Healthwatch for undertaking the enter and view survey of patients and visitors to our Emergency Department at the Leicester Royal Infirmary over two days in September 2022. We welcome patient and public feedback on our services and recommendations for how we can improve.

We were heartened to see the praise for our urgent and emergency care colleagues, who continue to do their best for patients under intense pressure. We would like to thank all patients and visitors to the emergency department in recent months for their patience and understanding, and apologise to anyone who has experienced long waits to be seen over what has been a challenging Winter.

We have taken several steps over the course of the last year to make our Emergency Department more accessible. This has included design of a new centralised system to support those with additional needs, following engagement with these groups. This will enable UHL teams to proactively book interpreters, guides, accessible documents and other relevant support as patients arrive at the department. The new way of working will be embedded over the course of 2023. Similarly, we will be taking the Healthwatch report’s findings on processes and environment through the relevant teams to establish where further improvements can be made. This will complement existing projects to improve our signage at the Leicester Royal Infirmary, and the patient and visitor experience of navigating the hospital as a whole.”

Richard Mitchell
Chief Executive
University Hospitals of Leicester NHS Trust



Demographics

139 people

Gender

| | |
|-------------------|----|
| Female | 85 |
| Male | 45 |
| Prefer not to say | 9 |

Area

| Where do you live? | |
|---------------------------|----|
| Leicester City | 71 |
| Charnwood | 12 |
| Hinckley & Bosworth | 10 |
| Blaby | 9 |
| North West Leicestershire | 8 |
| Oadby & Wigston | 8 |
| Harborough | 6 |
| Rutland | 3 |
| Melton | 2 |
| Prefer not to say | 10 |

Age

| What is your age group? | |
|-------------------------|----|
| 18-24 years | 17 |
| 25-34 years | 20 |
| 35-44 years | 26 |
| 45-54 years | 15 |
| 55-64 years | 27 |
| 65-74 years | 14 |
| 75-84 years | 10 |
| 85+ years | 4 |
| Prefer not to say | 6 |

Ethnicity Breakdown

The following data is reported as the number of people

| What is your ethnicity? | |
|---|----|
| White: British/English/Northern Irish/Scottish/Welsh | 81 |
| Asian/Asian British: Indian | 28 |
| Black/Black British: African | 5 |
| Asian/Asian British: Any other Asian/Asian British background | 4 |
| Asian/Asian British: Bangladeshi | 3 |
| White: Any other White background | 3 |
| Asian/Asian British: Chinese | 1 |
| White: Gypsy/Traveller/Irish Traveller | 1 |
| Mixed/Multiple Ethnic groups: Any other Mixed/Multiple ethnic groups background | 1 |
| Arab | 1 |
| Black/Black British: Caribbean | 1 |
| Mixed/Multiple Ethnic backgrounds: Asian and White | 1 |
| Prefer not to say | 9 |

Disability

| Do you have a disability? | |
|---------------------------|-----|
| No | 103 |
| Yes | 26 |
| Prefer not to say | 10 |

Long term condition

| Do you have a long term condition? | |
|------------------------------------|----|
| No | 62 |
| Yes | 61 |
| Prefer not to say | 16 |

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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