



# Check-in @ the new ED

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Report of the **new Adults  
Leicester Royal Infirmary  
Emergency Department**

June 2017



# Foreword

**On April 26 2017, Leicester Hospitals officially opened the £48 million purpose built Emergency Department (ED) to the public. The University Hospitals of Leicester NHS Trust has stated that the new ED has been designed with patients in mind, helping to make it easier to understand where patients need to go and what they can expect.**

Healthwatch Leicestershire (HWL) chose to collect early feedback from patients attending the new Emergency Department (ED) at the Leicester Royal Infirmary (LRI) and gather their experiences of the new service so that we could share the findings for future quality improvements and patient centred processes.

In June 2014, HWL spent 12 hours in the A&E Department at LRI and found that 58% of patients had tried to get help elsewhere before presenting at A&E. In 2015, HWL spent a further 12 hours in A&E and found that 44% of patients had visited A&E previously in the last 12 months.

Our decision to visit the new ED building was also informed by the Care Quality Commission (CQC) inspection in January 2017 that rated Urgent and Emergency Care as 'requires improvement'.

Healthwatch Leicestershire led the observational visit supported by Healthwatch Leicester City and Healthwatch Rutland spending 12 hours in the new Adults ED at the LRI on Friday 19 May 2017.

During that time, using Authorised trained representatives and working to a set brief from 9am – 9pm we spoke with 80 patients, their friends and family members. This represents a quarter of the 329 patients who attended the ED while we were present.

The team members also spoke to staff members and made their own observations of the new department, these findings have contributed to this report.

Healthwatch anticipate that our visit and this independent report will provide the UHL Trust and other stakeholders with some very early feedback and valuable insight into patient's satisfaction and the workings of the service offered in this very new Department.

Based on the emerging findings we will re-visit the ED after there has been a period of time to embed existing and any new practices and procedures that take into account our observations and recommendations.

**Sue Staples,  
Health Lead  
Healthwatch Leicestershire**

## Acknowledgements

We are grateful to John Adler, CEO University Hospitals of Leicester (UHL) NHS Trust and his team who continues to provide Healthwatch staff and volunteers access to patients and staff enabling us to capture honest and unbiased experiences. We would also like to thank the staff and management at the ED for their support and patience on the day.

We would also like to thank the volunteers and the staff team from Healthwatch Leicestershire, Healthwatch Leicester and Healthwatch Rutland that helped to gather vital experiences of patients at the LRI ED. The full list of volunteers and staff is on page 15.

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## Our Aim

The CQC have rated the leadership of urgent and emergency care services as requires improvement because the leadership, governance and culture did not always support the delivery of high quality person-centred care<sup>1</sup>.

Our overall aim was to collect feedback and insights by directly asking patients about their experiences of the new ED. We also wanted to understand if the design and patient flow has improved patient experience.

## Our Approach

### Planning and Preparation

**On 20 April 2017, a small team from HWL visited the new ED building before it was open to the public - the tour gave us a valuable insight to the size and scale of the department and we adjusted our plans to focus only on the Adults department.**

The following week on 2 May 2017, we returned to see the new ED in action with patients and staff. We were aware that attendances had been high and on the afternoon of our visit we saw long queues at reception and almost all the seats filled. We were briefed on the patient journey and this helped to confirm the questions to be asked on the day of the visit as well as review the number of staff and volunteers we needed for the rota.

**Capturing Patient Feedback**  
We designed our survey to capture patient feedback on the following areas:

- Access to the building
- Signage to the ED
- Patient information
- Safety of the environment
- Time and treatment

There were two parts to our survey - Part A was completed with the patient and we gathered the majority of the data from the 22 questions asked. For consistency of data capture, each survey was completed by the Healthwatch staff member or volunteer. Overall 80 Part A surveys were completed.

Part B of the survey was designed as an A5 post card to capture the patients' overall satisfaction of the service. Each patient we spoke to, received a Part B to complete after their treatment and return to us when they left ED. We received 48 Part B post cards.



**Part A Surveys were completed**



**Received 48 Part B post cards**

<sup>1</sup> Leicester Royal Infirmary CQC Report 2017 [http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/healthwatch\\_leicshire\\_week\\_in\\_tri\\_full\\_report.pdf](http://www.healthwatchleicestershire.co.uk/sites/www.healthwatchleicestershire.co.uk/files/healthwatch_leicshire_week_in_tri_full_report.pdf)



## Who we spoke to

**On Friday 19 May 2017, 639 patients were seen across the Emergency Department throughout the entire 24 hours. Of the 639 patients, 459 were seen in the Adult ED department. In terms of performance, of the 459 seen in Adult ED, 341 were admitted or discharged within 4 hours (74.3%).**

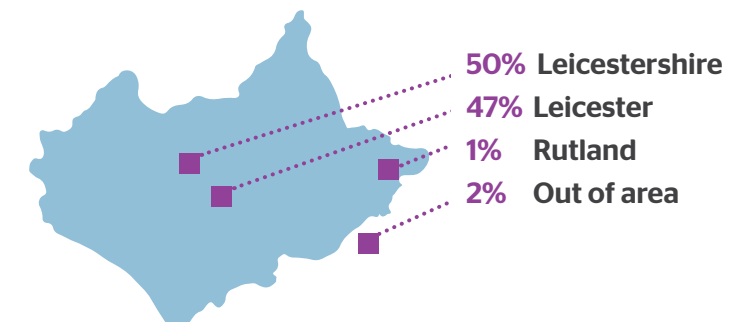
Based on the above data provided by UHL, Healthwatch conducted surveys with a quarter of the 329 patients who presented at the ED between 9am - 9pm.



### Gender



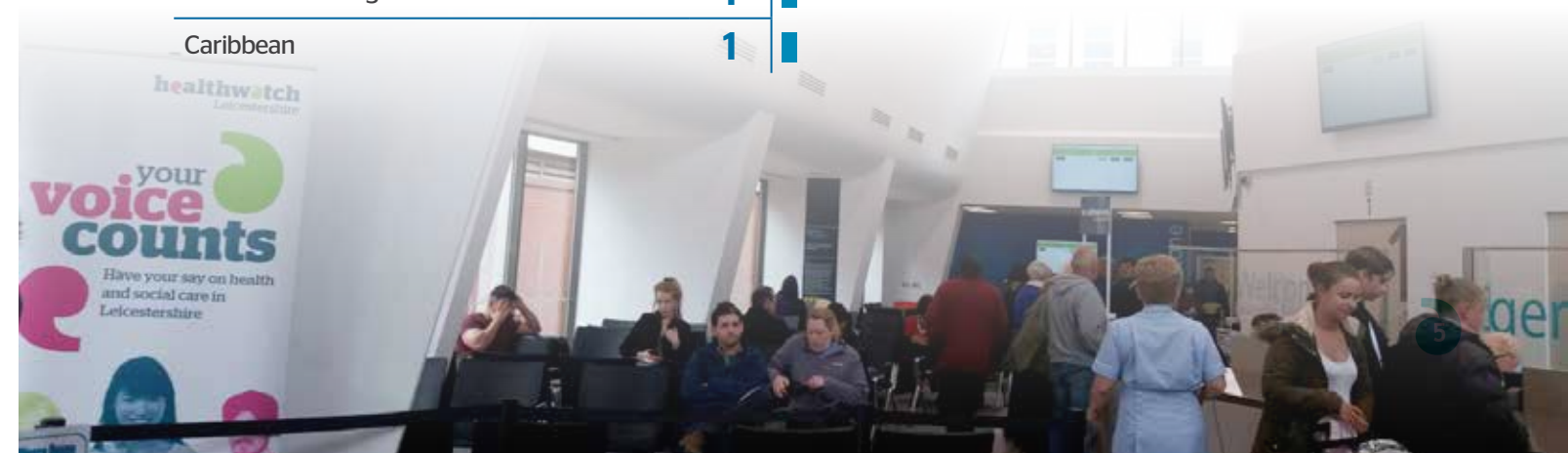
### Area



### Ethnicity breakdown

The following data is reported as the number of people.

English/ Welsh/ Scottish/ Northern Irish/ British	47	
Other White Background	4	
White & Black Caribbean	1	
White & Black African	2	
Indian	15	
Pakistani	1	
Bangladeshi	1	
Other Asian background	1	
Caribbean	1	





# Findings

## Access to the building

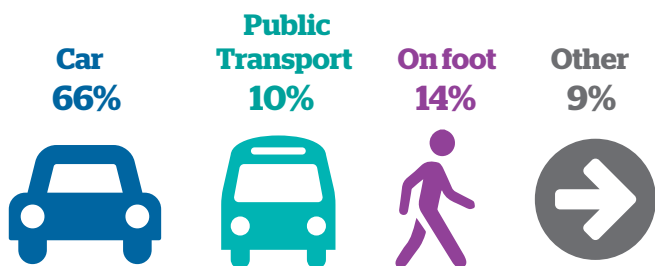
### Did you try to get help before attending ED?

We found that almost two thirds (67%) of patients tried to seek help elsewhere before arriving at ED. A third of patients (33%) that we spoke to in the ED were advised to attend by their GP.



### How did you arrive at the ED?

Almost two thirds (67%) of patients told us that they had arrived by car. Although 43% of patients reported to having a 'good' experience of parking, a third (31%) rated their experience as poor, sighting the distance from ED as the main issue.



“Long way from car park to A&E without chair.”

Leicester City, 35-44 years, Male

“Walked all the way through the hospital!”

Oadby & Wigston, 35-44 years, Female

“I had parking problems. had to ask 4 times for directions to ED.”

Leicester City, 65-74 years, Female

“... There are no signs to the LRI from where the A47 joins the ring road until you are almost on top of the site.”

Healthwatch Representative



## CASE STUDY

Mr Patel's daughter called emergency services as he is aged 70 and was feeling very unwell. He had recently started a new course of treatment for cancer and was suffering with some pains in his legs.

They were directed to the Oadby Walk in Centre and given a timeslot. The GP assessed Mr Patel and given his medical history, made a referral to the GPAU at the LRI.

The daughter drove straight to the LRI and came across a new set up for parking arrangements. The drop off point outside the Adults ED was full, which posed a dilemma as Mr Patel was 70 years old and in pain. She was anxious and concerned but asked her father to wait for her whilst she went to the nearest long stay car park. Whilst she was parking the car, Mr Patel made his way slowly to the reception with his walking stick. He was spotted by a nurse who got him a wheelchair.

By the time the daughter got to her father, he was in a cubicle and waiting for tests.

Mr Patel was seen by the doctor and had X-rays taken. Given his pain levels he was administered pain killers by nursing staff and had regular observational checks whilst waiting for the results. Mr Patel was given water for his medication but no other food or drink was consumed during his wait.

After 4 hours at ED the patient was referred back to his GP.

Compared to previous visits to the ED by Mr Patel and his daughter, this was a nicer experience.

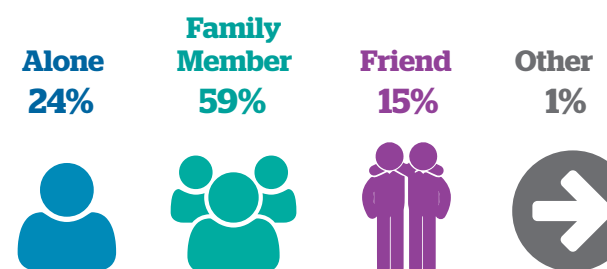
However, they have said it would have been helpful to have known about the car parking arrangements prior to arriving. If for example the Walk In Centre would have explained this or provided a leaflet letting them know what to expect, they could have been better prepared and both would have been less anxious.

**“Having access to a wheelchair outside would have been beneficial to help my father manage from the car to the reception.”**

- As visitor's approach the ED, there is no clear identification or signage on the outside of the building that this is the Emergency Department and which entrance to follow.
- On arrival at the ED, we have an example of a visitor being told by the car park attendant that they could not park with no further explanation. We also observed that there were no specific car spaces for those with a disability.
- Patients commented on the 20 minute drop off and the car park that they had to navigate a difficult one way system back to the main car park, which was particularly frustrating for those that did not know the area.

### Who did you arrive at hospital with?

The new ED is light, bright and airy with 100 seats for patients to sit and wait. Over half of the patients we spoke to, arrived at the ED with a family member and a further 15% with a friend.



“Excellent - lady at reception was very friendly.”

Leicester City, 25-34 years, Male





## Signage

### How do you rate the signage?

A third of respondents told us that the signage directing them to the ED was poor. When we asked if the signs were clear and easy to follow, over a third said No. Although UHL had displayed further signage, for example on the main road and near bus stops, patients travelling from various directions across the City said that they were not sufficiently directed to the new building.

### How would you rate the signs directing you here?



**Good**  
45%



**Fair**  
24%



**Poor**  
31%

"Parked in private car park on Havelock street. Followed the signs for 15 minutes, not the best route, could have been directed via a much quicker route."

**Oadby & Wigston, 55-64 years**



- We noticed a laminated 'Queue Here' sign close to the entrance which was not prominently sited and therefore not meeting its purpose. We also observed a 2nd reception desk believed to be for referred GP appointments (GPAU), however there was no sign to identify its function.
- Inside the ED there was poor signage from the waiting area to treatment rooms which were around the corner and out of sight for many waiting.
- All Signs are in English which is not representative of the communities to be served by this Department.
- The Room numbers - large numbers 1 - 8 on Rooms off the Reception, however in the Waiting Area there needs to be clearly displayed directions to Rooms 9 and upwards.
- We observed on at least three occasions a clinician walk out of a treatment room into the Waiting Area with the patient and point out where to find the Rooms.
- Changing the background colour and heading colour on the TV screens was mentioned by patients, as well as lowering the screens. We were also unsure if those that are colour blind or visually impaired would comfortably be able to read the monitor as it stands. It was also noticeable that the room number directing patients to a particular room was very small.
- In addition, there was some confusion about some numbers having a RED box around the number. We spoke to three separate staff members who could not give us a definitive answer.

"Better signage, better indication of waiting times and more direct information on facilities e.g. toilet, drink machine."

**Charnwood, 45-54 years, Female**

## Patient Information

### How do you rate the new check in/ reception desk?

An overwhelming 85% of patients rated the check in process as 'good', with only 5% rating it as 'poor'. Although, when we asked patients if they think that they were given enough information about what will happen next, over a third (37%) said no or not sure.

### How would you rate the check in process at reception?



**Good**  
85%



**Fair**  
10%



**Poor**  
5%

"I can't read the room number it's too small."  
**Oadby & Wigston, 35-44 years, Female**

"A bit confusing, different screens at reception and blue zone."  
**North West Leicestershire, 24-35 years, Male**



- A number of patients missed their call for assessment because they were not paying attention to the boards. When a patient missed their call, a nurse came out of the Assessment Room and called them by name... not the Patient Number.
- Occasionally numbers would appear on the board showing the consulting room to be used, but then disappear before the waiting patient had noticed. There was no tannoy, and the details of the room to be visited were too small for those with poor eyesight.
- When talking to patients, it was clear that there was some inconsistency in their understanding of what would happen next after the point of check in.
- Some patients did not quite understand that the personal identification number (PIN) related to their position in the queue or where to look for their PIN number.
- There appeared to be some issues around clarity of instructions given, as patients told us that they were not informed by the check in desk where to sit or which screens to monitor before being called in for treatment.
- A number of patients missed their call for assessments because they were not paying attention to the boards.
- At one point, a Healthwatch representative observed a patient asking for directions to the Pharmacy, whereby the staff were unsure where to send him.
- An elderly couple needed help in finding a contact number for the hospital buggy service. This was stumbled across by talking to a security guard outside of the building.

"I observed a member of staff come to the front of the Reception counter to assist in calming a distressed patient without drawing too much attention to the situation."

**Healthwatch representative**





## Safety and the Environment

The new department is bright, light and spacious with the high ceilings, floor to ceiling windows and it was noticeable that this has reduced 'stress levels. These improvements and the overall design considerably lends itself to a more calming experience for patients and the public visiting the department.

We did not ask any specific questions regarding safety and environment as we gained this insight from patient comments and observations by Healthwatch representatives.

- We noticed that there was no hot drinks or snacks available close by for patients or those accompanying them and patients commented on this. In addition, there was no signage to direct patients to the cold drinks machine also situated adjacent to the unnamed second (GPAU) desk.
- We did observe a water cooler machine in a good location however, for the most part of the day, there were no cups available for patients to use. Healthwatch volunteers on several occasions asked reception staff to provide cups which were offered without hesitation. However, this should not have been the case and replenishment of the cups is an important consideration to address especially for elderly patients.

- On the seating, it would be useful to have different coloured chairs for the patients that had been advised they would be assessed in the treatment rooms directly behind reception. This would provide an indication where patients should sit after check in and would help confine the spread of patients in the department; and reduce any confusion regarding which screens patients should monitor for their personal identification PIN Number.
- There needs to be signage for the toilets in the ED waiting area and also hand sanitisers.
- The doors to the Assessment Rooms were sliding doors but this was not made clear with a simple sign. Quite a number of patients appeared to try and Push or Pull the door.

"Much better than before in the previous department"

Harborough, 45-54 years, Female

"Excellent - lady at reception was very friendly."

Leicester City, 25-34 years, Male



## Time and Treatment

### How satisfied were you?

We asked patients to answer three questions after they had received their treatment based around how satisfied they were. Although waiting times continues to be an issue locally and nationally, we asked patients how satisfied they were with their waiting times. Based on the responses we received, 54% rated this as 'good', 38% rated it as 'fair' and 8% rated them as 'poor'.



Good

54%



Fair

38%



Poor

8%

### How satisfied are you with the waiting times today?

Almost two thirds of patients were satisfied with the way they were treated on the day they visited the ED.

"Today was outstanding. Quick, great crisis team worker. By far the most amazing coordinator. Thank you."

Oadby & Wigston, 35-44 years, Male

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



Good

69%



Fair

27%



Poor

4%

### How satisfied are you with your visit today?



Good

65%



Fair

31%



Poor

4%

"Bit slow and received no real explanation of what would happen next"

Leicester City, 35-44 years, Male







“I observed a member of staff come to the front of the Reception counter to assist in calming a distressed patient without drawing too much attention to the situation”. - Healthwatch representative



## What's working well

**Based on our observations and with patient feedback, the new check in/reception system is working well and on the day patients were seen very quickly. In some cases, patients only waited a few minutes before being sent through for an initial assessment. We observed staff at Reception as attentive, caring and efficient when dealing with patients. Patients reported that staff on reception were pleasant and helpful.**

Including nurses at the reception desk appears to improve initial assessment. The flow of patients throughout the majority of the day was efficient and the streaming of patients into different treatment areas for injuries and primary care seemed effective and to be working well.

Although we have highlighted some constructive feedback below, the new screens that display the numbering system, on the whole is working well and patients can relate to this with similar systems used by well-known retail companies.

Separating the ambulance entrance and the entrance visitors use when arriving by car has been a significant improvement and lessened confusion for those arriving on foot.

“Most of the time there was no wait for people to be seen by the reception desk. Patients then did not wait long to be seen by the assessment clinicians and allocated to either injuries or primary care. All the people I spoke to were happy with the reception and assessment process.”

Healthwatch representative

## Conclusion

**Healthwatch Leicestershire first visited the LRI A&E department in June 2014, and we found that 58% of patients tried to get help elsewhere before arriving at A&E. This is in comparison to 67% of patients in May 2017. From this we can assume that patients are making an attempt to get help elsewhere before presenting at the ED.**

Many patients are approaching their GP initially and we found that in June 2014, 37% of patients were advised to attend the ED by their GP, 28% in January 2015 and 33% in May 2017. On average, over each survey we have conducted, 1 in 3 patients that tried to get help, were told to attend the ED by their GP.



# Recommendations

1.

Although signage has been vastly improved in the current ED with striking dynamic design, various pieces of information and a patient journey map. There remains to be issues within the department and to the department, with almost 40% of patients rating signage to the department as poor.

  - We recommend that improvements to the signage around the hospital directing people to the ED is reviewed e.g. from the main car park. We also recommend that internal signs are improved e.g. directing people to the toilets and a sign to show where the GPA check in desk. We also noticed that some of the rooms signs are not as visible as others and that the second reception desk is not signed.
2.

When we asked patient's, what could be done to improve their experience of the ED, a reoccurring theme was the lack of beverages and snacks available. We realise that this is not an intervention that will show improvements medically or to the process of patient flow, however, patients well- being is important given the amount of time spent waiting in the department.

  - We recommend that UHL consider how to provide suitable hot and cold drinks and snacks for patients visiting the ED.
3.

The new technology in the ED is a welcome inclusion, with 67% of patients rating the new TV monitor system as good. The improvements that patients wanted to see were based around visibility of the screens for reasons such as height, font size and colour contrast of the text These issues were coupled with a lack of understanding to watch out for their number on the screens. We spoke to a number of patients that were unaware of which screen to monitor.

  - We recommend that UHL review the colour and text size of the information on the screens especially the room numbers, with an intention to improve visibility.
  - We would also recommend that UHL investigates how staff relay to patients, the instructions regarding Personnel Identification Numbers and the TV screens/ monitors. For example, an audible indication that the board was updated could benefit to patients, particularly those who are visually impaired.
4.

A number of patients arrived saying they had been sent to Urgent Care by their GP, but the Urgent Care Centre no longer exists.

  - We recommend better communications with NHS partners as many GPs had not been advised of the changes at LRI.
5.

We recommend that UHL review arrangements and facilities for the Drop off zone and check in especially for those with a disability.



# List of Staff and Volunteers

Name	Volunteer/ Staff	Healthwatch
Sue Staples	Board member	Healthwatch Leicestershire
Chris Bosley	Volunteer	Healthwatch Leicestershire
Pat Fraser	Board member	Healthwatch Leicestershire
Mike Perks	Volunteer	Healthwatch Leicestershire
Chris Faircliffe	Board member	Healthwatch Leicestershire
Anne Collier	Volunteer	Healthwatch Leicestershire
Rick Moore	Chair	Healthwatch Leicestershire
Vandna Gohil	Director	Healthwatch Leicestershire
Mina Rodgers	Board member	Healthwatch Leicestershire
Yachna Desai	Information Assistant	Healthwatch Leicestershire
Ivan Liburd	Development Officer	Healthwatch Leicestershire
Moraig Yates	Volunteer	Healthwatch Leicester
Kim Marshall-Nichols	Volunteer	Healthwatch Leicester
Micheal Smith	Development Officer	Healthwatch Leicester
Miles Williamson-Noble	Board member	Healthwatch Rutland
Alf Dewis	Board member	Healthwatch Rutland





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