

Enter and View Visit Leicester Royal Infirmary Children's Emergency Department

August 2024



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List of acronyms

LRI	Leicester Royal Infirmary
ED	Emergency Department
HWLL	Healthwatch Leicester and Healthwatch Leicestershire
HWR	Healthwatch Rutland
UHL	University Hospitals of Leicester NHS Trust
MIAMI	Minor Illness and Minor Injuries
PILS	Patient Information and Liaison Service
PALS	Patient Advice and Liaison Service
PPE	Personal Protective Equipment

Introduction

Details of the visit	
Service Address	Children’s Emergency Department Leicester Royal Infirmary Leicester LE1 5WW
Service Provider	University Hospitals of Leicester NHS Trust
Key Staff Members	Kerry Morgan – Head of Nursing Julie Hogg – Chief Nurse
Dates and timings of visits	Tuesday 20 August 2024 8am – 6pm
Healthwatch Authorised Representatives	Chris Bosley Debra Watson Lee David Wyatt Howard Marshall Dulna Shahid (staff) Tracey Allan-Jones (staff) Hollie Hughes (staff)

Acknowledgments

Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland would like to thank staff, volunteers and the University Hospitals of Leicester NHS Trust (UHL) for accommodating the visit at the Children’s Emergency Department. We would also like to thank the public for providing feedback.

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 Children’s Emergency Department.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above, along with online survey responses from people who have used the service in

the last two years. All comments included in this report are written verbatim to capture the tone and authenticity of the experience, therefore no editing of comments has taken place. This report is not representative of the experience of all service users.

What is Enter and View?

Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland have the statutory right under the Health and Social Care Act 2012 to carry out 'Enter and View' visits to NHS health and adult social care services.

Healthwatch staff and volunteers (Authorised Representatives) work together to carry out these visits.

The aim of these visits is to primarily listen to the feedback of service users, their families, carers and staff and to observe service delivery and the facilities available for patients. The feedback and observations are then collated into a report, including any suggested recommendations. The service has the opportunity to comment on the report before it is published.

A service can be visited for several different reasons such as:

- The public has provided feedback about the provision.
- It is part of a rolling program of visits to similar services.
- A service is running well and good practice could be implemented in other places.

Purpose of the visit

Background

The visit to the LRI Children's Emergency Department completed a rolling programme of urgent and emergency care visits.

Objectives

- To observe the service and how it runs.
- To understand the experiences of patients, family members, carers using the service and to hear staff views.
- To identify best practice or areas of concern.
- To provide a short report, including recommendations to be made available to the service provider, commissioners and the public.

Method

- This was an announced Enter and View visit. We had contacted the Management Team in advance and had access to communal areas during our visit.
- The visit comprised of three person teams made up of at least one Healthwatch staff member with Authorised Representatives.
- Patients were asked if they would like to participate in sharing their pre-treatment experiences by providing feedback through a pre-planned survey. This was then followed by a short after care survey.
- An online survey was offered to gather a wider range of patient feedback.
- Throughout the visit, the teams observed the environment and interactions between staff and patients.

Details about the Children's Emergency Department



The Children's ED operates from the Leicester Royal Infirmary Hospital and is run by the University Hospitals of Leicester NHS Trust (UHL).



The service operates 24 hours per day, every day of the week, all year around.



This is a walk-in, emergency service for people aged 0 – 17 years old.



The ED offers 24-hour x-ray facilities.

Summary

- The waiting areas are bright and clean with modern facilities.
- Most patients contact other services before attending the ED such as NHS 111.

- Patients and carers told us that they are 'satisfied' with the treatment they receive and appreciate the staff who work within the department.
- More communication is needed from staff to patients while patients are using the waiting area, particularly with regards to the waiting times.
- We observed that the department can quickly change from an empty waiting area and patient triage within 15 minutes to a full waiting area with unclear treatment times.
- There are resources such as TV screens in the department which could be utilised to give better patient experience.

Response from UHL

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

"We appreciate Healthwatch's recent Enter and View survey, which gathered feedback from 46 families who used the Paediatric Emergency Department (PED) at Leicester Royal Infirmary. It's encouraging to hear that families are satisfied with the care provided, praising our dedicated staff and the bright, modern facilities. Many also shared positive experiences of accessing services like NHS 111 before attending".

"The survey highlighted opportunities to further enhance the experience for families, particularly around providing clearer updates on waiting times and making better use of resources such as TV screens in the waiting areas. We've already taken steps to improve communication, ensuring families are kept informed during busy periods, and are updating our screens with more helpful information".

"We are committed to continuous improvement and have plans to further enhance the environment and streamline patient flow to reduce delays. Thank you to all families who shared their feedback—we value your support as we work to provide the best possible care for children and their families".

Julie Hogg
Group Chief Nurse
University Hospitals of Leicester NHS Trust

Section 1: Findings from the visit

Shortly after arrival at the Children's ED, the Duty Matron gave the team a tour of the department. They shared the following information:

- The Children's Emergency Department was opened in 2018.
- A Healthcare Assistant completes the initial assessment when patients arrive at the department.
- There is an infection control room straight off the waiting area.
- All assessment rooms can be accessed straight from the waiting area. Five rooms have a door directly onto the main corridor to the treatment rooms. This means that patients do not need to return to the waiting area and staff have an extra exit point if a safeguarding issue arises.
- The Minor Illness and Minor Injuries (MIAMI) department can be used by children who may have needed to see a General Practitioner rather than attend the ED. However, it is not as child friendly as the Children's ED as it is shared between children and adults. The MIAMI department closes at midnight, it is not a 24-hour service.
- The staff within the department encourage the ratio to be one parent or carer per patient however sometimes this is not possible.
- There is always a minimum of three children's nurses on duty however these positions are hard to recruit. Some nurses from adult wards within UHL have been upskilled to be able to nurse children.



"The target for initial assessments is 15 minutes however in busy periods it can take up to an hour."



Duty Matron

When asked to suggest one area which they would like improved, the Matron said that they would change the size of the waiting area. They said, "It is not big enough for the area which the service covers". During busy periods, the waiting area can fill quickly, especially if more than one carer attends with a child or there are siblings, pushchairs etc. Whilst we were at the department there were low numbers of patients with plenty of space available to wait. We observed children going into initial assessments within 15 minutes of arrival.

1.1 Arriving at the Children’s Emergency Department

Externally, there are no signs informing patients that the department is a 24-hour service. You can enter the department by using stairs or a ramp which leads to an automatic door into the building. There is clear, red signage indicating the ‘Children’s Emergency Department’ and ‘Children’s Emergency A&E’. There is an allocated zone to the front of the building which allows cars to drop off or collect patients within a 20-minute time frame. There is also a space which is marked on the ground for a police car. Ambulances have a separate entrance and drop off point to the department.

There is clear signage outside the department doors which states ‘strictly no smoking on these premises’. However, one Authorised Representative observed three people smoking and vaping outside the doors on the ramp leading to the building. One family during the visit voiced distress at having to walk through the smoke with their infant who has respiratory difficulties.

On the UHL website¹, the recommended short stay car park for the Children’s ED is between the Balmoral, Jarvis and Kensington buildings.



“Some patients interviewed remarked on the time it took and the difficulty of parking even when the hospital was generally quiet.”



Authorised Representative



“I had travelled via bus, signage to the department from the bus stop is easy to read and accessible, it is only a two minute walk to the department.”



Authorised Representative

1.2 Entrance

There is a poster externally and upon entrance to the department, highlighting the importance of informing the staff straight away if there is suspected measles.

There is one wheelchair positioned in the entrance to the building which is available for patients to use if needed. There is also a free phone which can connect patients to a taxi company, an NHS emergency dentist, the LRI switchboard and Patient Information and Liaison Service (PILS). The PILS service has now changed to Patient Advice and

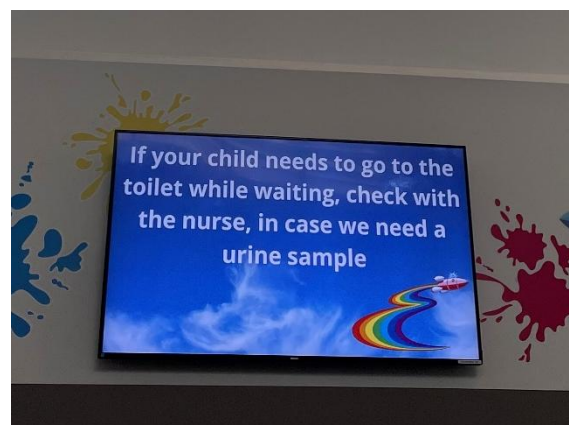
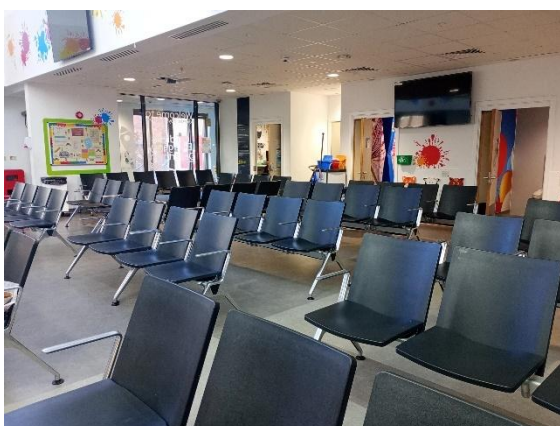
¹ [Emergency Department \(leicestershospitals.nhs.uk\)](https://www.leicestershospitals.nhs.uk)

Liaison Service (PALS) and should be updated to avoid confusion. Opposite the free phone, there is a Personal Protective Equipment (PPE) station which offers masks, hand sanitiser and a bin. The mask dispenser was empty and the sign for the bin which stated 'for disposal of PPE only (gloves & masks)' was placed above the mask dispenser opposed to on or near the bin. There were no gloves available on the station.



1.3 Reception and Waiting Areas

The waiting area is naturally bright. There is no background music other than sounds from the interactive games. At the time of our visit, the waiting area comprised of 67 hard chairs which were moveable, in rows. There is adequate space around the edge of the seating area for a wheelchair user to manoeuvre. The Matron reported that at times, all chairs can be filled although during our time at the department it was quiet. One Authorised Representative noted that when three patients arrived at the same time, they filled the area for inner access to the reception desk. There are six video screens, one out of the six was on throughout our time at the department. This displayed a variety of different health or department related messages on a rolling programme.



As well as by condition, patients are prioritised by age:

- Priority 1 - under 1 month old
- Priority 2 - 1-3 months
- Priority 3 - Over 3 months

Patients who arrive by ambulance will be triaged to the same principles, they will not be prioritised because they have arrived by ambulance.

Within the waiting area there is a welcome display board with information for people with learning disabilities. This shows a Makaton sign of the week and information based around the play specialist service which supports patients during their time in hospital. There is also information on patient passports and a picture of ear defenders. People can access these by asking the reception team. There is no information on the board for carers.



Since the COVID-19 pandemic, the toys have been removed from the waiting areas and replaced with wall toys and interactive screens. We were told that these have been well received by children visiting the department. The wall toys look attractive however some are broken with parts missing, for example the xylophones do not have the mallet which is used to make the sound from the instrument. There is a cleaning checklist for the toys attached to the wall, this was up to date from the previous day. One Authorised Representative observed the toys being wiped with an antibacterial wipe by a staff member. There is also a DVD player which is played at busier times as a distraction for the patients.



There are hand sanitiser stations around the waiting area. During our time at the department, we observed a member of staff checking that these were full. There were

also sick bowls visible on top of a counter which would be easy to access for patients if needed.

There is a separate small waiting area designed for teenagers. This has a mental health information board with substance use support information. The area is brightly decorated and has an interactive screen for patients to use.



“Youth arrived clutching chest and appearing to be in pain. They were placed in a wheelchair. An adult booked them in and then they were immediately taken through doors to main treatment bay area.”



Authorised Representative

There is a ‘your opinion counts’ poster. There were no paper feedback forms but there is a QR code on the poster leading to an online form. There is another poster displaying a different QR code to thank a nurse by nominating them for a Daisy Award. Research programmes are also promoted. One in particular invites people to participate in a survey on how UHL can improve services for autistic people.

1.4 Facilities

There is free WIFI available. The duty matron informed us that the department does offer sandwiches, crisps and fruit to patients. Housekeeping visit to offer hot drinks, we were not told if this happened at regular times throughout the day. There are also vending machines available for snacks and drinks, these are positioned in front of the patient information wall. Food vouchers are given out to patients who spend a long time in the department. Although staff told us that patients can leave the department to visit the canteen or onsite shops, we saw no evidence on posters to advise this.

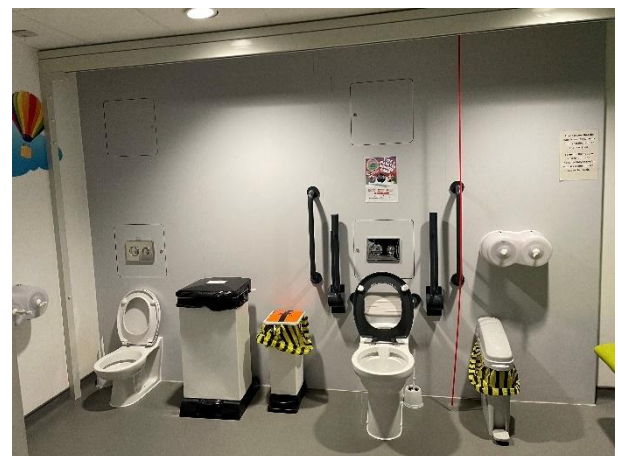
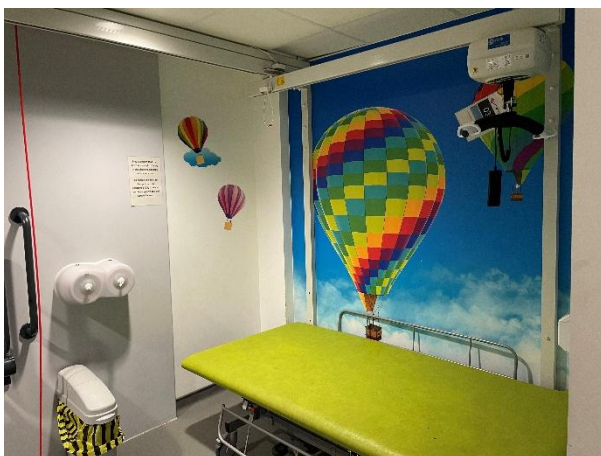
When the reception team are informed, they can hold the patients place in the waiting queue. We were told that people do often leave the ED temporarily or go home without updating the reception team. This can lead to safeguarding concerns for the patient.



There is a water station within the waiting area however there were no cups available. When the matron was asked if patients or carers need to request cups, she said that the cup holders should be full.

There is a breastfeeding room which is attractively decorated with comfortable seating. There is a dignity curtain inside as well as a sign which can be placed on the door to show that someone is using the room. There is also information on breastfeeding support which patients can take away.

There are 2 accessible toilets. One is spacious and equipped with a hoist, baby change and assistance bed. There is also a small toilet for children and a standard sized toilet. There is a cleaning checklist on display which was up to date.

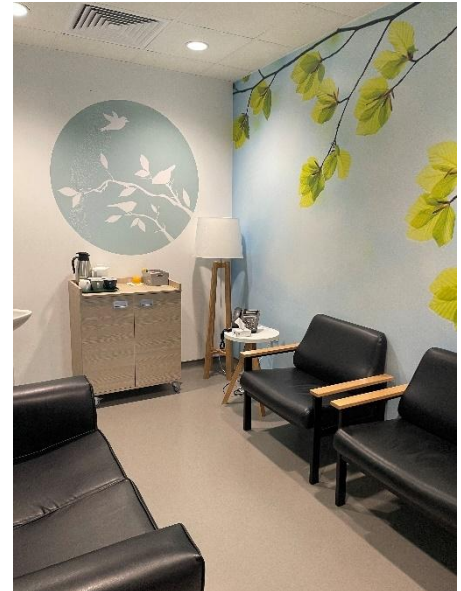


In all toilets there is automatic lighting. There was no cleaning checklist visible in one of the toilets when we initially checked however this was in place and up to date later in the day.

1.6 Emergency Department treatment rooms

There are 4 injury bays and a medication room which is locked through a number pad. All cupboards within the room are also locked using number pads. There are ten major rooms. These rooms vary and can meet different needs. For example, a screen can cover all equipment in one of the rooms if the patient is at ligature risk or at risk of damaging the department. Some rooms have play equipment on the walls for distraction. There is also a room which has an observation window so that staff can observe the patient from a separate room. The same room has a screen which can be pulled to cover equipment and a dignity curtain on the outside rather than inside the room.

There are three high dependency bays which are better equipped for an emergency. Next to these bays is a relatives' room with tea and coffee making facilities, a sofa and a sink. In the unlikely event that all three bays are taken, a fourth can be flipped from adults to children. The row of bays starts at the children's ED and leads straight onto the adult's ED so if a fourth was needed, it would still link to the children's ED area.



1.7 Children's Emergency Department Staff

The staffing ratio in the children's ED is 11 staff on duty per day shift, 14 per afternoon/twilight shift and 11 per night shift.

We spoke to the reception team who were on duty at the time of our visit, they confirmed that there is a hearing loop available however we did not observe a sign for this. There is no information available in braille.

We asked if there is information available in other languages for patients to access. They advised us that they do not have written information in other languages however, due to the large number of staff within the hospital who speak other languages, if they ever needed this support they could easily call over the tannoy for assistance.



"I observed patients who spoke another language being assessed by a member of staff who spoke the same language. That was appreciated by the parents of the patient."



Authorised Representative

One Authorised Representative asked the reception team if nappies or formula is available for patients. They were told that these items are available upon request.

We asked the reception team if there was anything they would like to see improved within the department. One receptionist said that it would be helpful for them if patients were kept up to date more frequently on wait times and given a brief reason why if there is a long wait. Another member of the team said that they often have to de-escalate situations. Parents or carers might not understand if others are seen for treatment before them even if they have been waiting for a longer period of time. Staff confirmed that priority order is always determined in relation to the child's condition rather than the amount of time that people have been waiting.

Another suggestion from a staff member was for a second infant feeding or quiet room along with another infection control room for patients who need to be isolated with viruses such as measles.

The reception staff told us that the patient call in system changed during the COVID-19 pandemic. There used to be a number-based system displayed on the screens. Now the patients are not given numbers, the clinicians call the patients in when it is their time to be seen. The message on the notice boards around the waiting areas refer to the previous system; 'you will be called on the screens so please pay attention to our patient calling system and the details given to you at reception'. One Authorised Representative commented that the font should be larger on the boards as they are difficult to read when sat a few feet away.



“Staff interaction with patients is very good, very welcoming, caring and helpful.”

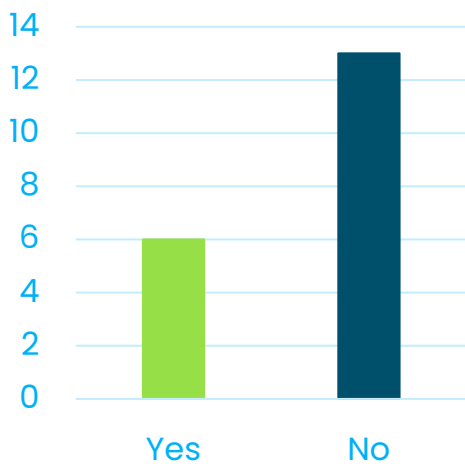


Authorised Representative

Section 2: What patients told us

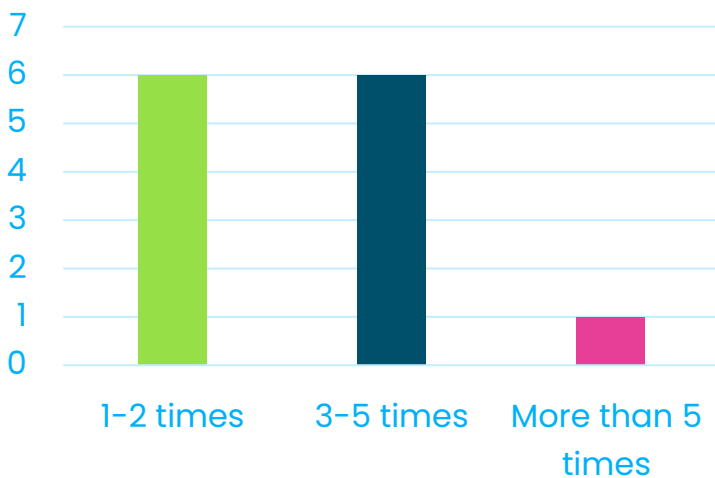
We heard from 19 patients or parents or carers of patients attending the Children's ED on the visit date, or by patients, parents or carers who attended the unit and left their feedback in a Healthwatch feedback box between 16 August and 27 August.

Q1. Is this your first time visiting the children's ED?



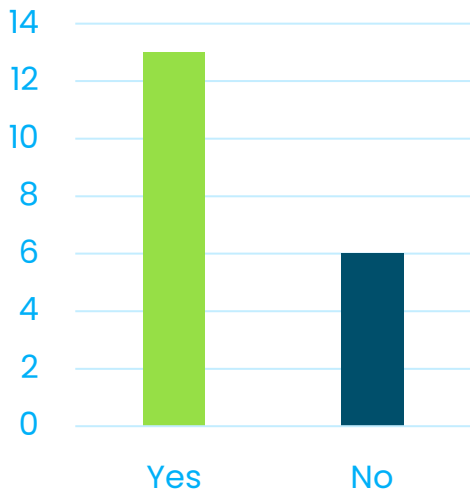
The majority of respondents (13) had visited before. For 6 people, it was their first time visiting the Children's ED.

Q2. How many times have you visited the department in the last 2 years?



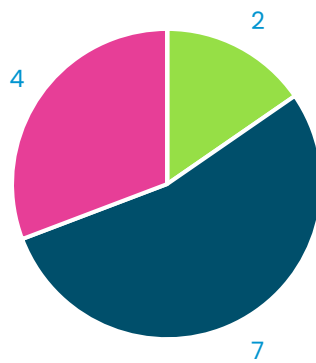
In the last 2 years, 1 person has visited the ED more than 5 times. 6 people have visited the ED 1-2 times and a further 6 people have visited 3-5 times. 6 people skipped the question.

Q3. Did you try to get help before attending the department?



The majority of people (13) had tried to get help before visiting the department. 6 people did not try to get help elsewhere.

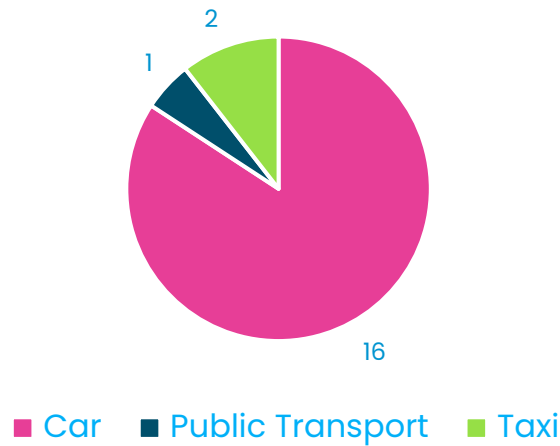
Q4. Which other services did you contact?



- NHS 111
- GP Surgery
- Other (please state)
- Pharmacy
- 999
- Urgent Care Centre

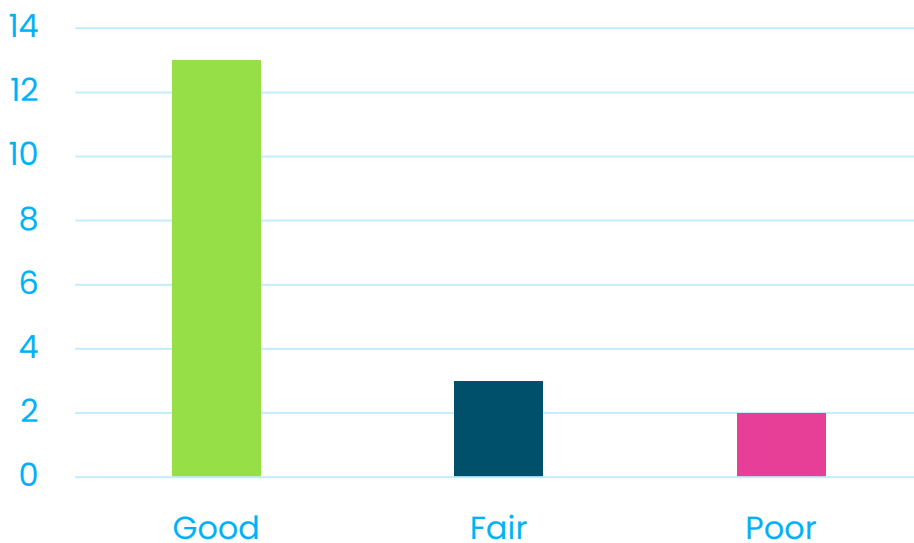
Out of the 13 people who had contacted a service before attending the children’s ED, 7 contacted their GP and 2 people contacted NHS 111. No patients called 999 or visited an Urgent Care Centre.

Q5. How did you arrive at ED?



Most patients (16) arrived at Children’s ED by car. 1 person arrived by public transport and 2 people by taxi.

Q6. How would you rate the signs directing you to the department?



13 people rated the signage as good, 2 people rated it as poor and 3 people rated the signage as fair. 1 person skipped the question.

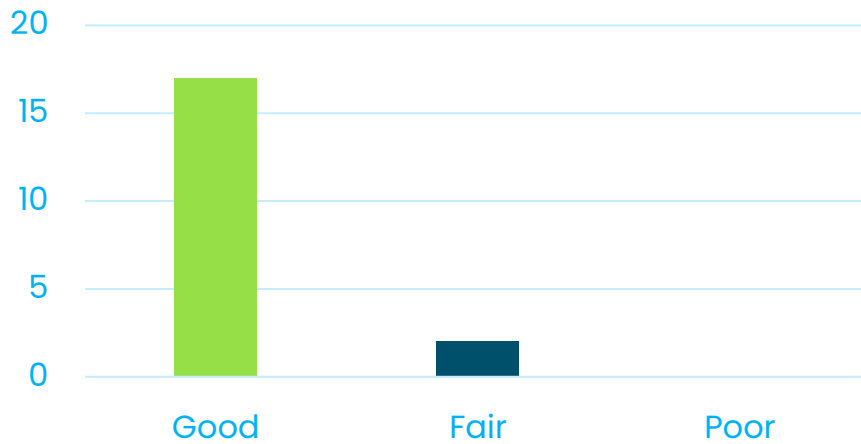


Patients, parents, and carers told us:

“Drop off is fine, parking is difficult”
“Not needed, we are seasoned pro’s after having 3 kids!”
“Found with help”



Q7. How would you rate the check in process at reception?



17 people rated the check-in process as good, 2 people rated the check-in process as fair.



Patients, parents, and carers told us:

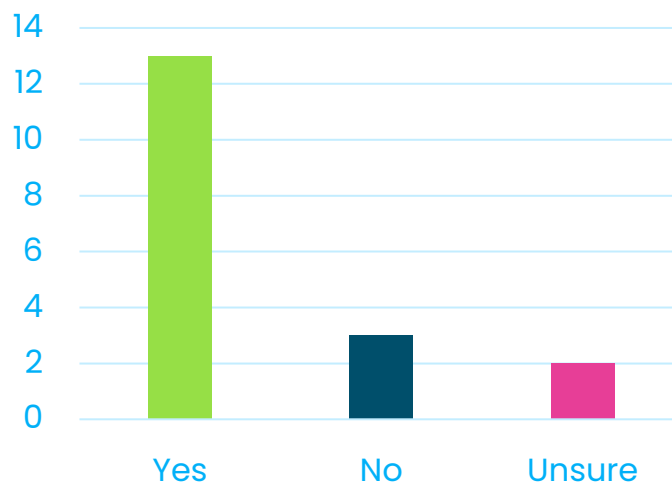
“Today was good because it’s not busy. We come 3 times a week and when it’s busy, everyone queues in front of the desk and around the doors. Our son has respiratory problems and is vulnerable, so we struggle to keep him away from others when it’s busy.”

“Very friendly and welcoming”

“It’s quick when there’s no queue like today but we’ve had to wait previously”

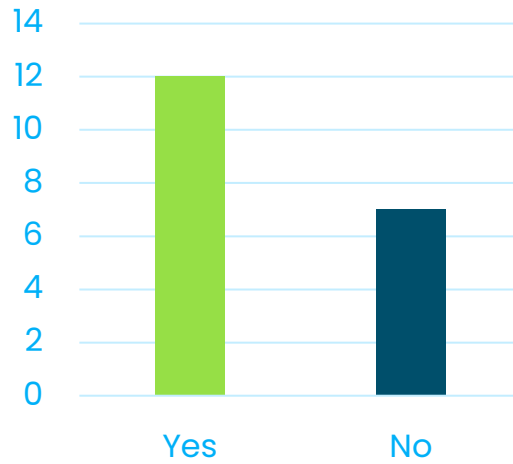


Q8. Were you given enough privacy when discussing your child’s condition with the receptionist?



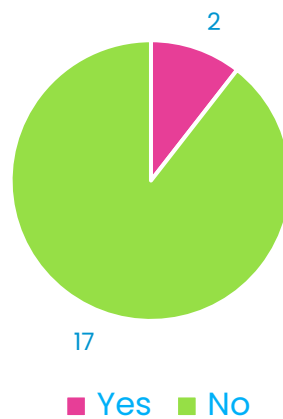
Out of the 19 respondents, most (13) felt that they were given enough privacy when discussing their child’s symptoms with reception. 3 people didn’t feel that there was enough privacy and 2 people were unsure. 1 person did not respond.

Q9. When checking in, was it explained to you what would happen next?



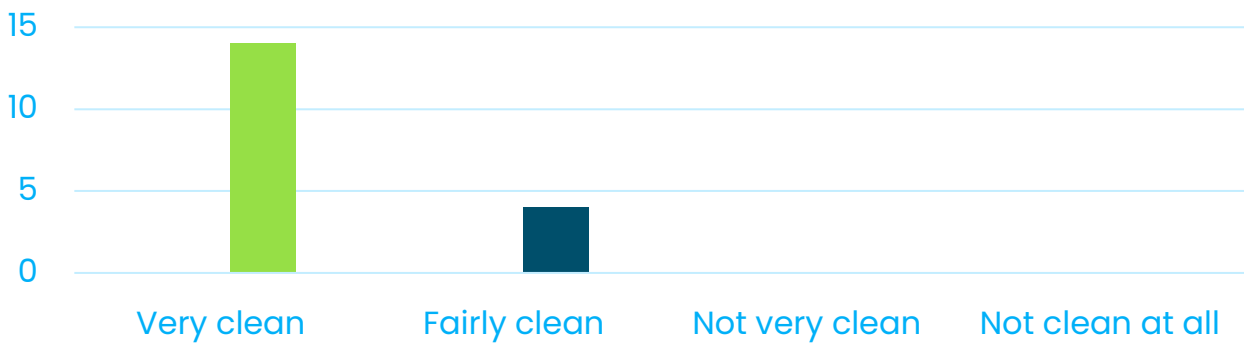
Even though the majority (12) people were told what would happen after check-in, over one third of patients (7) were not given any further information or instruction.

Q10. Have you been told how long the wait will be?



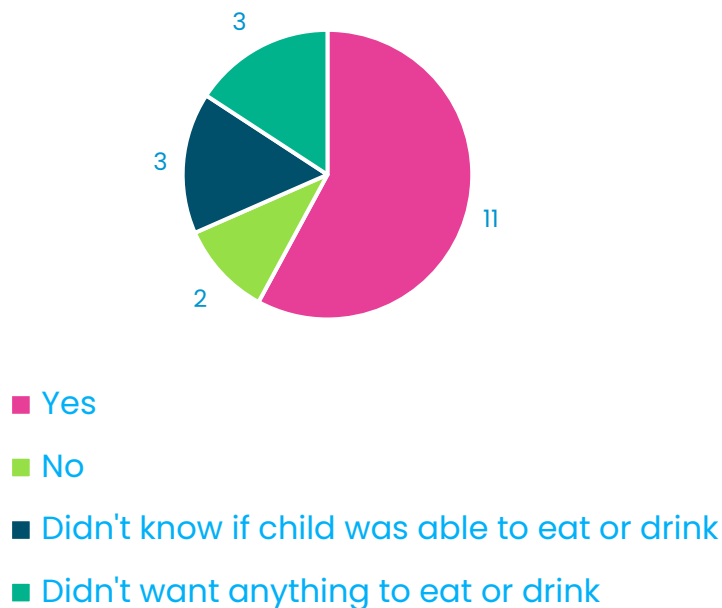
Out of the 19 respondents, 2 were told how long their wait would be.

Q11. How clean are the waiting area facilities?



All patients or carers who responded to this question felt that the children’s ED was either very clean or fairly clean.

Q12. Have you been able to get food and drink whilst waiting?



Most respondents (11) were able to get food or drink whilst they were waiting to be seen. 3 people did not know if the patient was able to eat or drink along with another 3 patients who did not want anything to eat or drink at the time that they were there. There were 2 people who couldn't get food or drink whilst waiting to be seen. No comments were given with further detail.

Q13. What are your thoughts on the waiting room and environment?

"Good"

It is really nice, big and spacious. Not crowded like before. More light and more colourful."

"Generally ok when not busy. After 3pm it does get busy and it's difficult to get space. We sometimes use a separate room. Although we were told we should isolate [the patient] there are no notes on the system so we don't often get offered a room. Sometimes we put the rain cover on [over the pram] when it's packed and we are out here [in the main waiting area]."

"Bright, lots of light."

"Bright, colourful, airy, well informed, a lot of information boards about certain things."

"Calm, has a film on to entertain."

"Relaxing environment."

"Very nice, modern and clean. Things for the children to do."

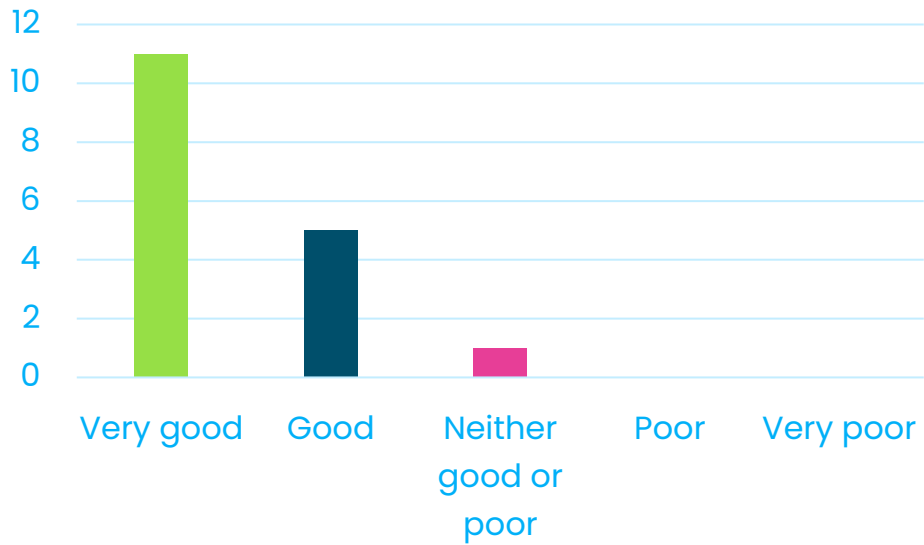
"Good"

"It's ok"

"Would have liked to have been able to have a hot drink but understand there might be reasons for not being able to get one, health and safety? Toys are broken."

"It's ok, a few more smiles off the reception ladies would help."

Q14. How would you rate the communication here today?



16 people rated the communication within the department as very good or good and 1 person rated the communication as neither good nor poor. Nobody rated the communication as poor or very poor.

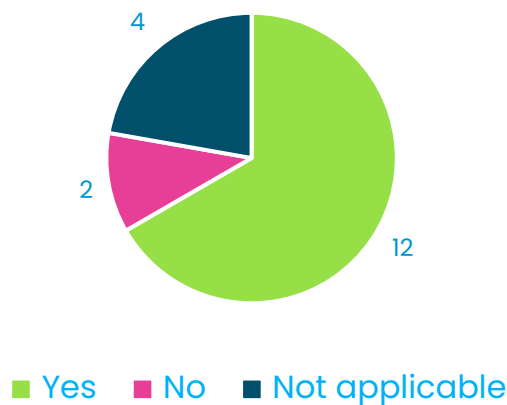
One carer or patient told us:



"[The staff] understood everything, good nurse interaction and explanation"



Q15. Were you able to use your chosen language?



Two patients felt that they were unable to use their chosen language. This question was not applicable for 4 patients and 12 patients could use their chosen language. When an Authorised Representative asked about languages, they were told that language assistance could easily be found through the UHL staff team if needed.

Q16. We asked if carers or patients would like to add any additional comments. We received 8 responses:



“No, very happy with the service”

“They have always been good, the last time we were here they looked after us. Helps that it’s not busy”

“We would wait outside when it’s very busy but there’s no way to get called so we can’t do that – we would miss our turn

People are often smoking and vaping right outside the doors, visitors not staff. We have no choice but to walk through it with our son (who has respiratory problems)”

“When it’s busy there is not enough room, make space in the waiting area”

“[Mother] asked for interpreter – one on hand immediately”

“It’s been really good and was the same on Saturday when we came. I didn’t need to buy anything to eat today, we were all given food by the staff, sandwiches and crisps etc”

“I called NHS 111 first and they referred me to the GP. The GP then referred her straight here”

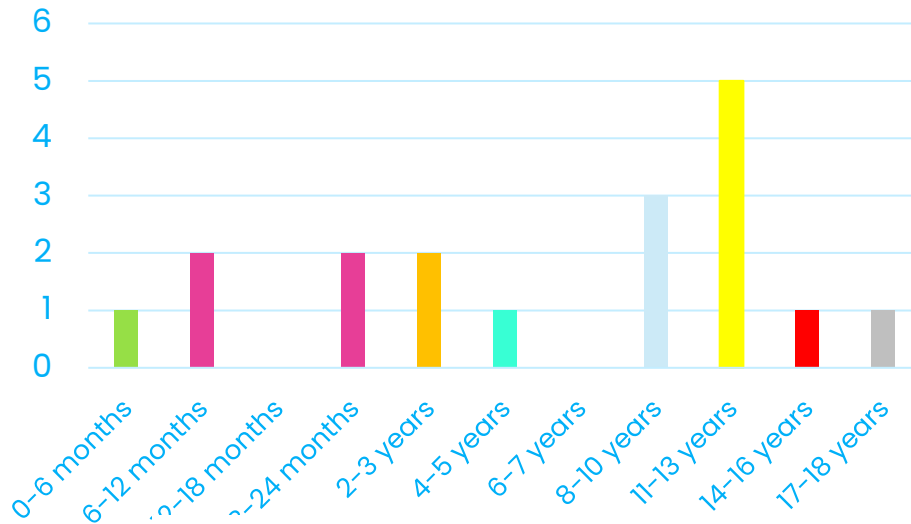
“Was happy to see it wasn’t busy for once”



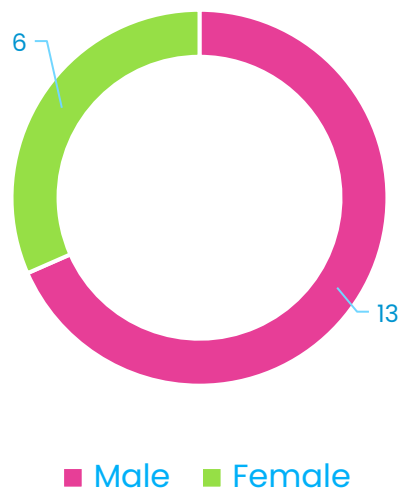
Section 3: Visit Demographics

Area that the patients live:	
Blaby	3
Charnwood	1
Leicester City	9
Market Harborough	1
Hinckley and Bosworth	1
Melton Mowbray	2
Oadby and Wigston	1
Rutland	0
Out of area	0

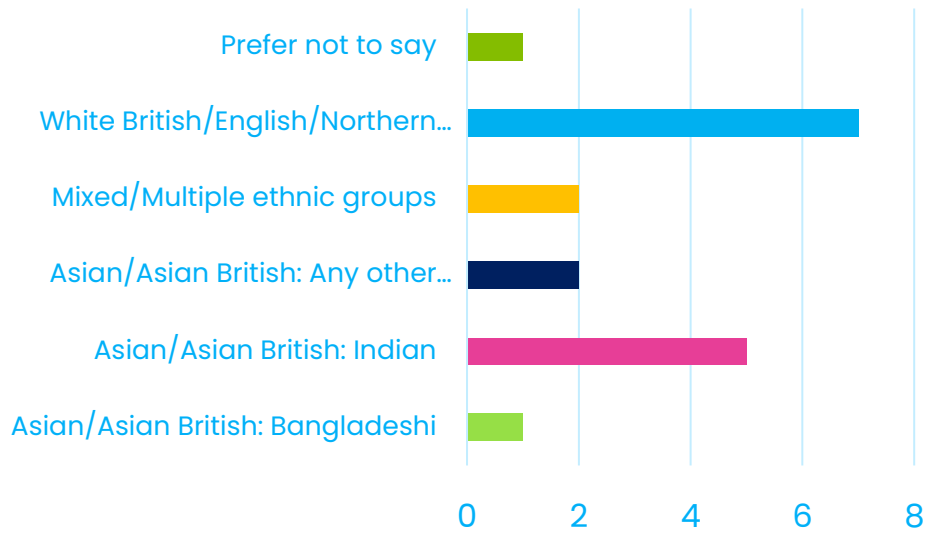
Patients age:



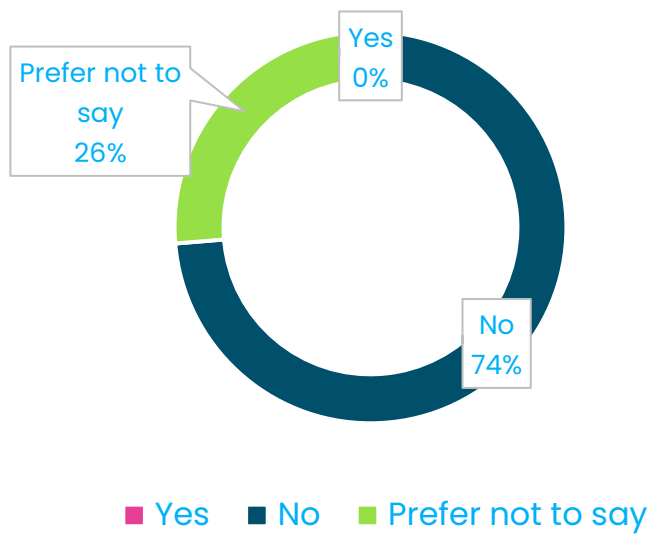
Patients gender:



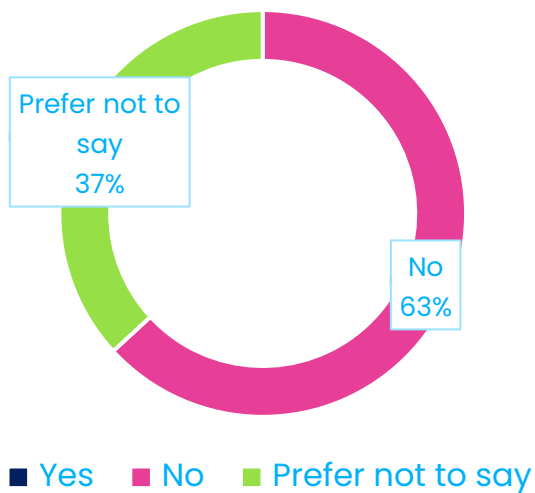
Patients' ethnicity:



Patients' who have a disability:



Do any of the patients' have a long-term health condition?



Section 4: What patients told us – After Treatment

We received 4 completed after care surveys. These were completed by parents or carers of patients attending the children’s ED on the visit date, or by patients, parents or carers who attended the unit and left their feedback in a Healthwatch feedback box between 16 August and 27 August.

Q1. How happy are you with the waiting times today?

Two people were ‘very happy’ or ‘happy’, one person was ‘neutral’ and one person was ‘unhappy’.

Q2. How happy were you with how your child was treated?



3 carers selected ‘very happy’, and 1 carer selected ‘happy’ with the treatment their child received.

Q3. How happy overall are you with your visit to the Children’s ED?

Three patients were ‘very happy’ and one patient was ‘unhappy’.

One carer told us:



“Excellent both times we’ve been – today and last weekend”



Q4. What works well within the department?

One person commented:



“Staff are nice, doctors and nurses are nice”



Q5. We also asked what could be improved? We received the following comments:

“Be seen quicker, it wasn’t even busy”

“Nothing”

“Waiting time”

“The vending machine charged more than what is mentioned/ displayed next to the item”

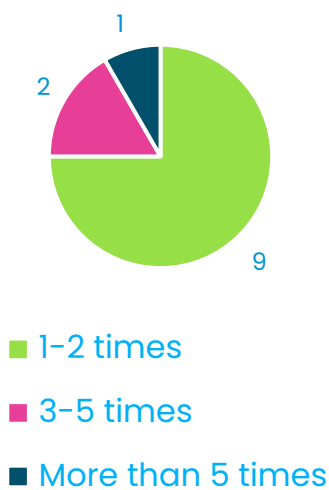
Section 5: Online survey results

Between 13 August and 16 September there was a survey available to complete through the Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland website. A total of 23 people completed the survey, but not all completed or declared their demographic status or opinion in every question.

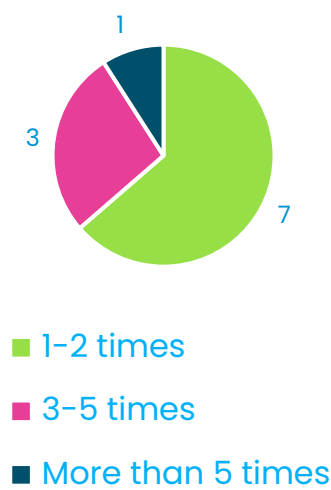
12 residents of Leicester and Leicestershire completed the online survey along with 11 Rutland residents.

Q1. How many times have you accessed the Children’s Emergency Department at the Leicester Royal Infirmary in the last 2 years?

Leicester and Leicestershire:

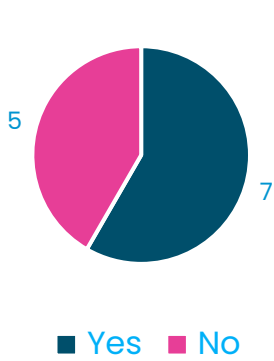


Rutland:

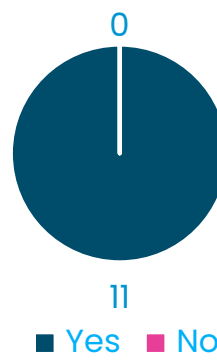


Q2. Did you try and get help before attending the department?

Leicester and Leicestershire:



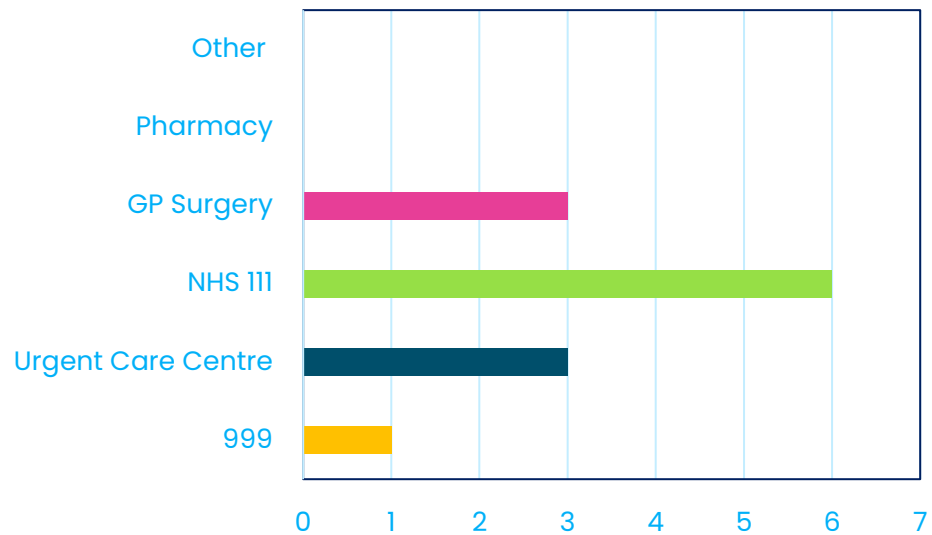
Rutland:



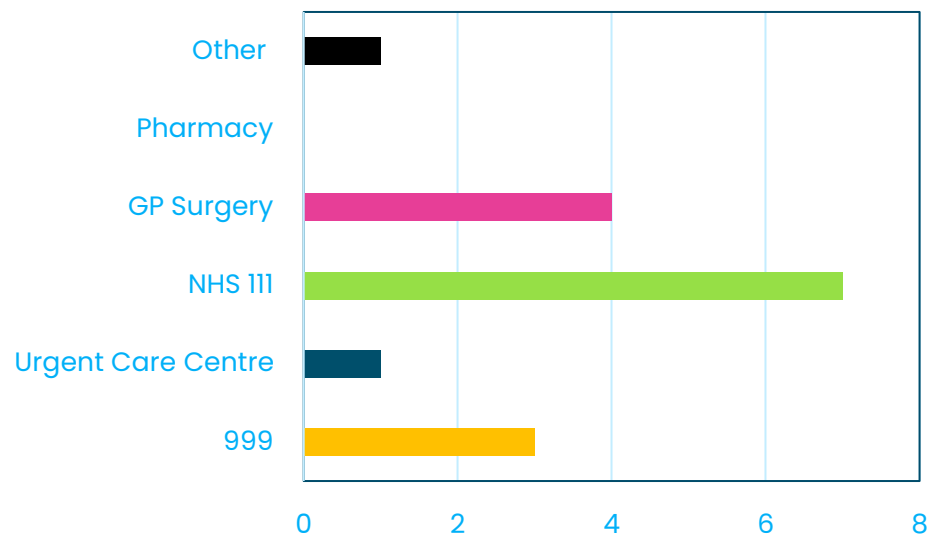
All Rutland respondents received help before attending the Children’s ED. 5 of 12 Leicester or Leicestershire respondents went straight to the department without seeking help beforehand.

Q3. If yes, which services were contacted?

Leicester and Leicestershire:



Rutland:



NHS 111 was the most common service which was contacted for help by LLR residents. This was followed by the GP surgeries. No patients went to a pharmacy to seek help.

One person from Rutland selected 'other'. They contacted a consultant before going to the ED.



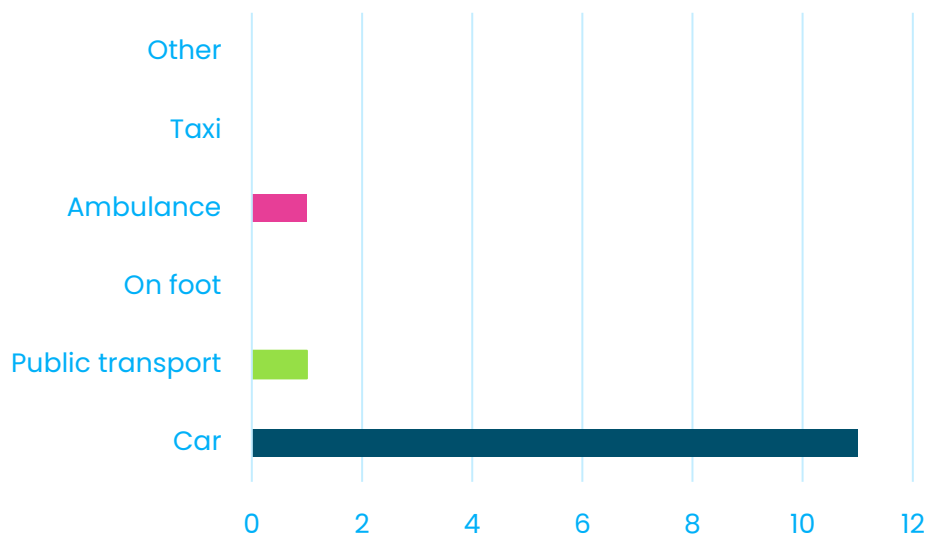
"Tried to contact NHS 111, they did not return our call as promised so we decided to go to ED anyway as my child's symptoms were getting worse."



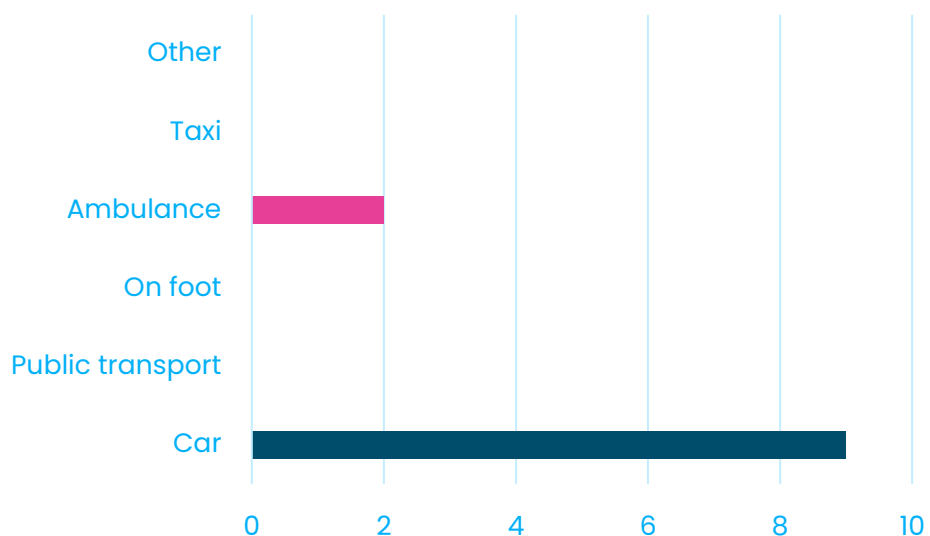
Rutland resident

Q4. How did you arrive at the Children's Emergency Department?

Leicester and Leicestershire:



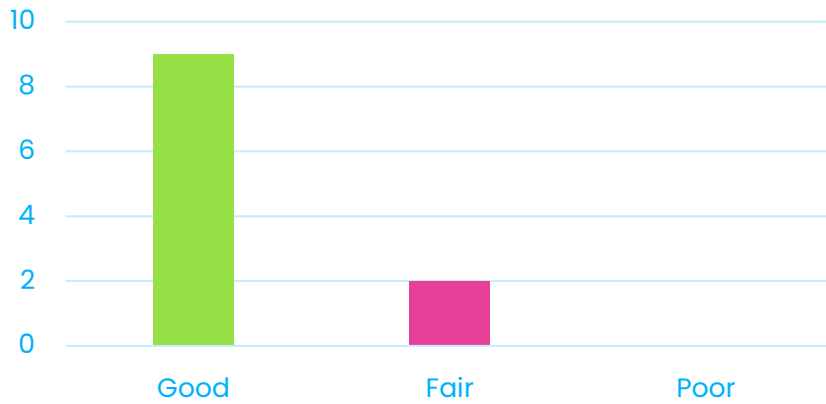
Rutland:



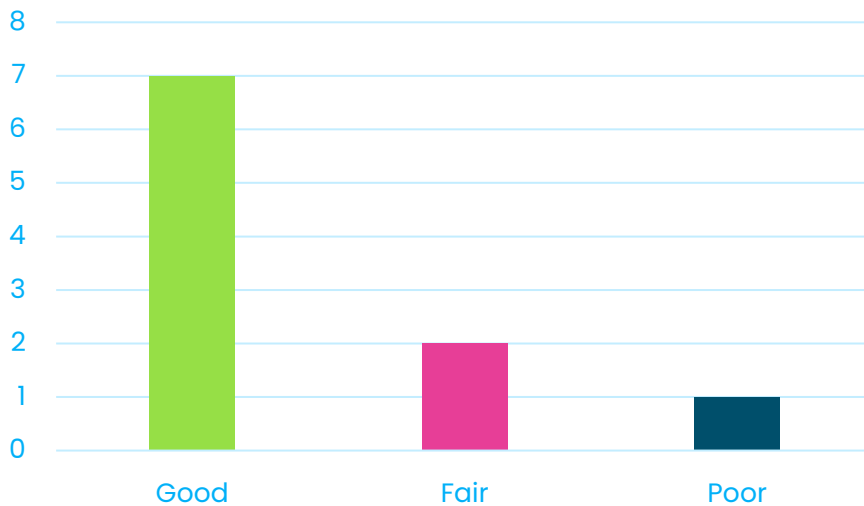
The most common way to travel to the ED was by car.

Q5. How would you rate the signage directing you to the department?

Leicester and Leicestershire:



Rutland:



Most people (16) they felt that the signage was good, one person from Rutland rated the signage as poor and two people from each county rated it as fair.

One person from Rutland stated that they did not need signage, they were brought to the ED by ambulance.



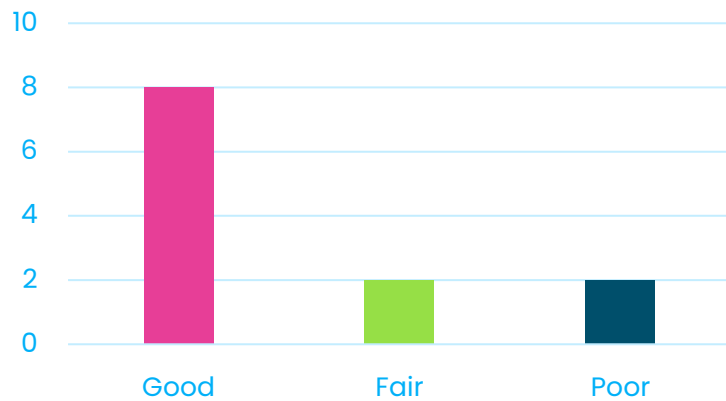
“No problem finding the department but a bit of a walk from the multi-storey car park!”



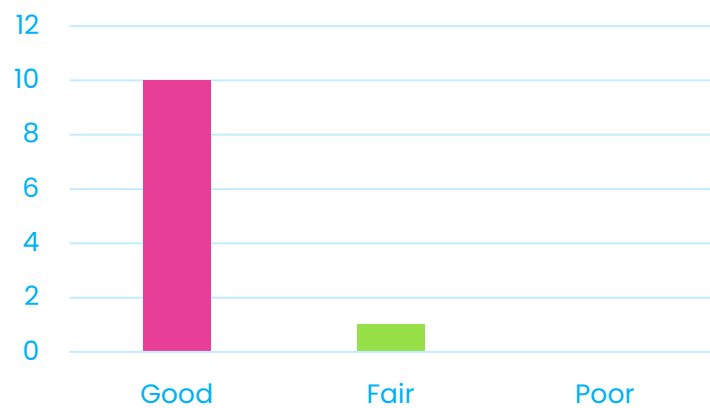
Rutland resident

Q6. Overall, on your visit/s, how would you rate the check-in process at reception?

Leicester and Leicestershire:



Rutland:



We received the following comments from Rutland residents:



"We were seen quickly both times"



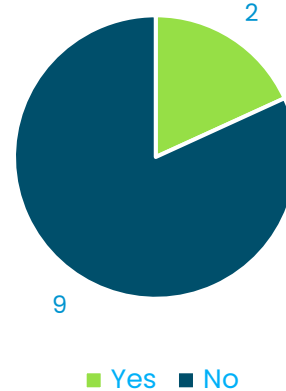
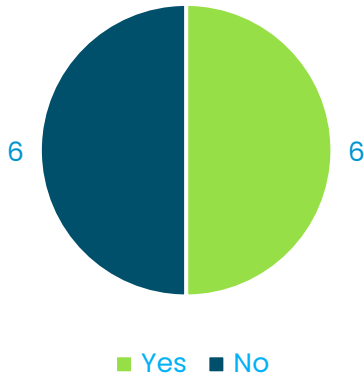
"[NHS] 111 give you a time slot suggestive of an appointment time but they contradict this at reception [of ED]"

"The department use to have a clearer system for where you were in the queue but the TVs are now turned off"

Q7. Overall, on your visit/s, were you given enough privacy when discussing your child’s condition with the receptionist?

Leicester and Leicestershire:

Rutland:



Overall, most people felt that there were not given enough privacy when discussing their child’s condition at reception.

We received 6 comments from Leicester and Leicestershire residents:



“GP surgery had rang ahead. Reception staff denied all knowledge.”



“We did not have any issues of privacy when discussing our child’s conditions but I did not see anything in place to have the discussion with enough privacy with the receptionist.”

“No privacy at all. Crowded with people pushing passed between at least 3 reception staff. One was having a heated argument with a paramedic.”

“No privacy with reception. Queue behind us and had to talk about son’s additional needs.”

“There was no one else in the emergency department when we arrived so privacy was not a concern”.

“Know the way to the department due to numerous visits. The reception and check-in provides no privacy when talking about the health problems facing your child when you check-in.”

We received 2 comments from Rutland residents:



“Everyone else listening”

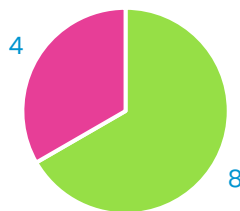


“The reception desk can be heard by the whole department waiting area”

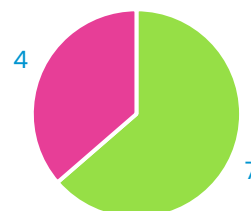
Q8. When checking in, was it explained to you what would happen next?

Leicester and Leicestershire:

Rutland:



■ Yes ■ No



■ Yes ■ No

Additional comments from Leicester and Leicestershire residents:

“We asked about how long it would take but they were not sure”

“Just told it would be ‘a while’. No updates. My daughter has complex disabilities. Managing her drugs, toileting etc was particularly difficult. She was in pain and I couldn’t tell her how long it would take. My doctor had rung ahead, we were expecting to be seen quickly. Reception staff were not interested”

“We were through to triage and into a room very quickly so we were not updated, but there was no necessity to be informed”

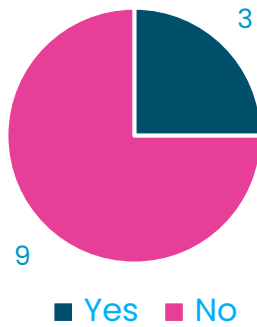
Additional comments from Rutland residents:

“Communication was rather poor and we didn’t know who we were going to see next, when this could be or what area to look for the next part of the process”

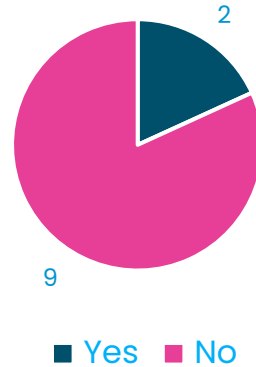
“It would be good to know the nurse might do a pre-screen [assessment] and that is not actually your appointment”

Q9. Were you kept informed with the waiting time to be seen?

Leicester and Leicestershire:



Rutland:



Additional comments from Rutland residents:

“This would be helpful”

“Waiting time was ages and very hard to keep autistic child waiting”

“TVs in the area use to have a confidential ways of seeing where you were in the queue/wait time. Now TVs are turned off”

“We felt that the process was smooth and the staff all so friendly, helpful and concerned for our child’s wellbeing which reassured us that we made the right decision to go straight there”

Additional comments from Leicester and Leicestershire residents:

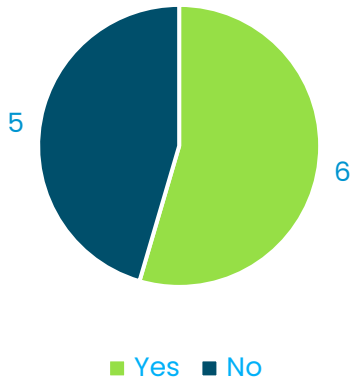
“We were only told to sit down and someone will see you”

“Minimal information”

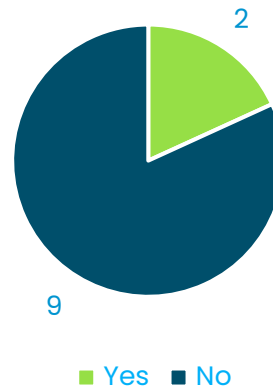
Even though the majority of patients were told what would happen once they had checked in, most people were not given information on waiting times.

Q10. Were you able to get food and drink whilst you were in the department?

Leicester and Leicestershire:



Rutland:



Additional comments from Rutland residents:

“Very limited food choices”

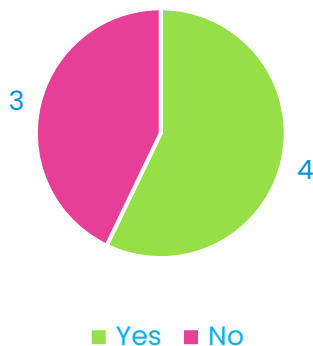
“Vending machine was broken”

“Vending machine broken in wait area. Nearest food and drink in café/restaurant.
Usually staff helpful in department if in bay for offering food or drink”

“Not needed”

Q11. Was there information available in different languages?

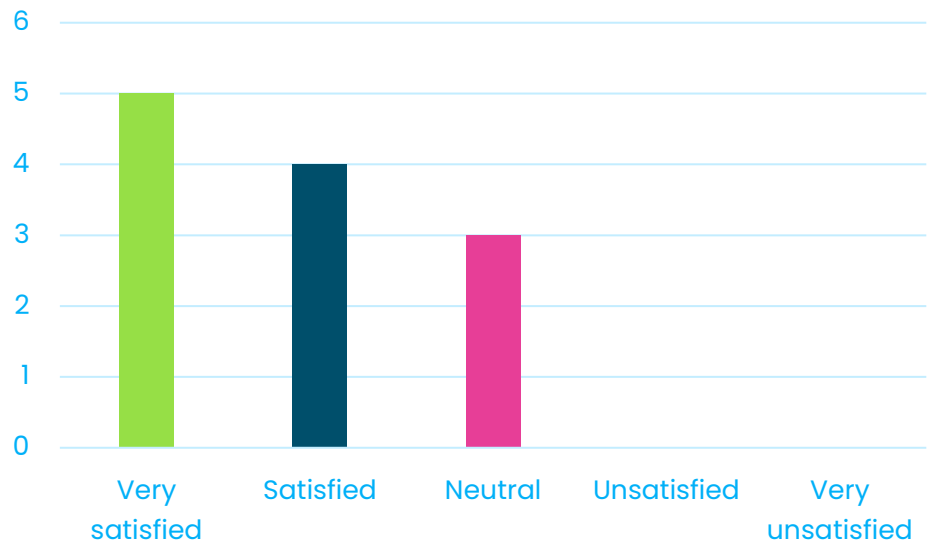
Leicester and Leicestershire:



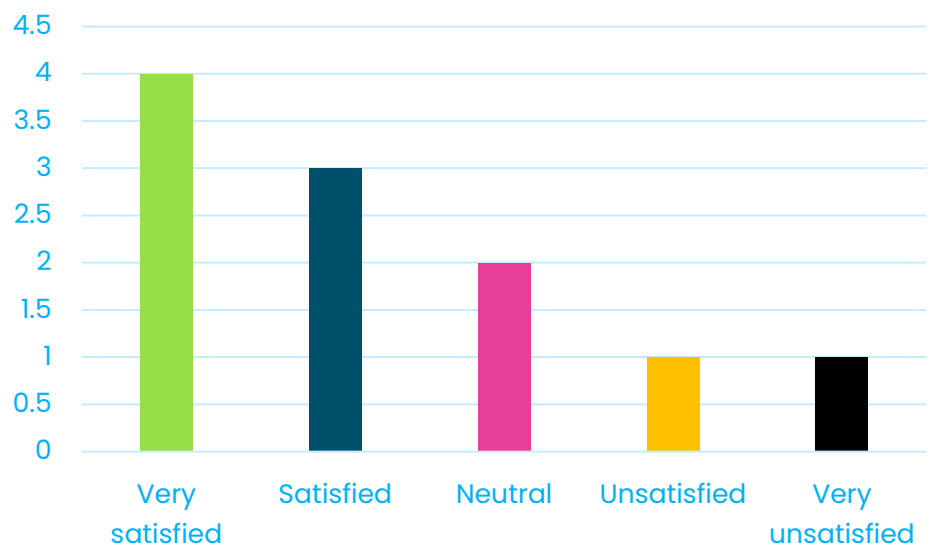
For Leicester and Leicestershire residents, 4 people could access information in different languages, 3 people could not and 3 people skipped the question. All 11 respondents from Rutland stated that this question was not applicable to them.

Q12. Overall, how satisfied were you with the way your child was treated?

Leicester and Leicestershire:



Rutland:



There is a higher satisfaction rate from the Leicester and Leicestershire residents in comparison with Rutland residents. However most (7) of the Rutland residents did feel 'satisfied' or 'very satisfied' with the way their child was treated.

We received 4 comments from Leicester and Leicestershire residents:



"The overall process was good, [child] was seen very quickly as they had a breathing issue. All staff were friendly and listened really well."



“Medical staff were brilliant. Overall set up poor. No facilities to hoist my child in the department or x-ray. My partner lifted. I could not have managed on my own. No cot sides on bed in x-ray, I stayed with my child to make sure they didn’t fall off”

“My child had a head injury and felt sick. It would seem sensible to have sick bowls around as he had to run to the toilets”

“Very long wait times. Always incredibly warm in there”

We received 4 comments from Rutland residents:



“Satisfied in that we were treated but it took a long time and communication was poor”



“Some experiences were good, some were not very positive”

“We waited all night, from 9pm to 8am before being seen by a doctor, it was horrendous”

“Overuse of drugs and no further investigation done as previously recommended by Doctor seen at Loughborough Hospital. Treatment given could have been given at Loughborough without going to Leicester, resulting in panic in child”

Q13. What works well within the Children’s Emergency Department?

Leicester and Leicestershire:

We received 8 comments from Leicester and Leicestershire residents:



“Quite quickly we were able to see the first nurse/doctor for the first assessment and they were very good. The second doctor who gave the treatment was also very good and gave the treatment very quickly”



“Communication between staff to ensure children with serious issues to be seen immediately”

“Priority given to children with autism or additional needs. Seeing nurse practitioner instead of Drs for injuries. They are easier to understand and relate to the children better. Marks it an overall better experience”

“Medical staff”

“The time you wait. It seemed efficient. Some things to do for children.”

“The process was smooth, and once we were triaged in a separate room (suspected measles so we were put in a side room) we were seen quickly by the Doctor and then regularly. The staff are incredible”

“Been with urgent care needs and with injuries and always dealt with promptly and when it is an imminently urgent condition was dealt with and monitored properly”

“Great doctors and nurses”

We received the following comments from Rutland residents:



“Everyone is clearly working hard”



“The whole process seemed quick and efficient. You didn’t feel like you were in an A&E which was nice. Everyone seemed calm. We were incredibly grateful both times for the care we were given during what was a very stressful time”

“Quality of care”

“There is one TV playing a film”

Q14. What could be improved in the Children’s Emergency Department?

We received 8 comments from Leicester and Leicestershire residents:



“Having a number system might be useful to see when will be our turn or at least tell us how long it will take us. Also, if they sat it in 2 or 3 hours of waiting time. There should be opportunity for the parent and child to step out of the department and come back again so that they can get any essentials they need to get which they might have forgotten to bring in due to the



hurry such as food or warm clothes and not cancel their name from the list when the child and parent are back in the timeframe given by the receptionist. Also, it is a very long waiting time around midnight but the waiting time around 4/5am was not very long. We were able to see in 1 hour"

"Explaining the next steps, what the wait time will be, if you are allowed to give food and drink to the kids"

"Healthy snacks in waiting room"

"Facilities for children with disabilities. Reception that separates children who actually need emergency care from those that clearly don't and should be sent to their GP"

"Waiting times"

"We had to tell 5 people the same thing. Need quick access to sick bowls. Not everyone talks in a child friendly manner. Not everyone is aware of hidden disabilities"

"Once we moved from the triage room into the rooms behind, we were moved onto the temporary ward. This was all fine and we got comfortable but then we were moved back to the other rooms just behind the triage rooms as the ward apparently doesn't like a transfer from the temporary ward at the end of the corridor. It was a lot of moving around to then wait in a noisy, busy department until 9pm to then move up to a ward. Seems to not make sense when there could be a child who needs to be in the rooms behind the triage rooms when we could have been on the temporary ward"

"Waiting times but this is always going to be an issue so can't be helped"

We also received 8 comments from Rutland residents:



"Communication. Even if you have to wait some time, better communication of this wait time and also what the process is going to be would be helpful. We are not medically trained and the staff often take it for granted that patients and their children understand the processes and terminology when we only access these services rarely. Better service design could help this"

“Waiting times. Communication between staff. Access to food and drink”

“On our second visit we did have to wait quite a while and missed lunch, I didn’t want to leave the department to grab food as didn’t want to miss our place in the queue but there wasn’t much choice in the vending machines for child friendly healthy food”

“Information on waiting times”

“More TVs, more toys or play things or colouring to distract from waiting”

“Better communication, no understanding or accommodation for child with autism”

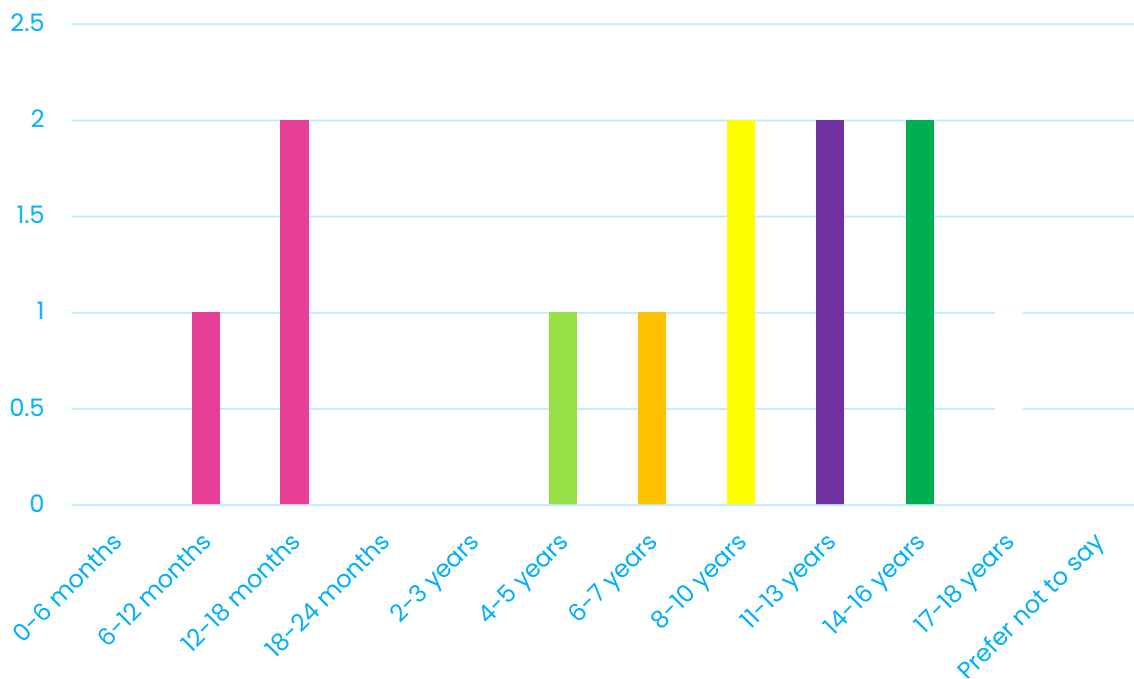
“Waiting area. Felt at times a little left without answers. One particular clerking, the nurse appeared unaware of our situation and when asking questions showed little interest in answers given. This was 1 occasion”

“Nothing from our experience, we came away feeling that we had all been looked after”

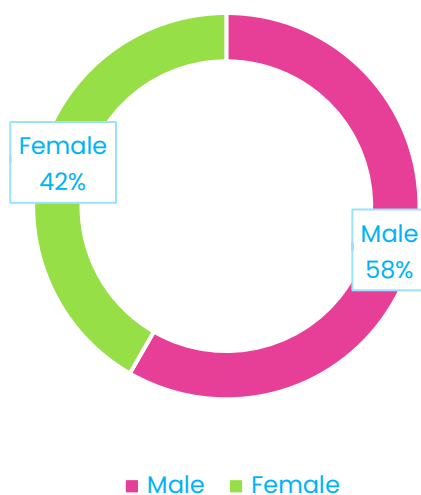
Online survey demographics

Area that the patients live:	
Blaby	1
Charnwood	3
Leicester City	3
Market Harborough	1
Hinckley and Bosworth	0
Melton Mowbray	0
North West Leicestershire	2
Oadby and Wigston	2
Rutland	11
Out of area	0

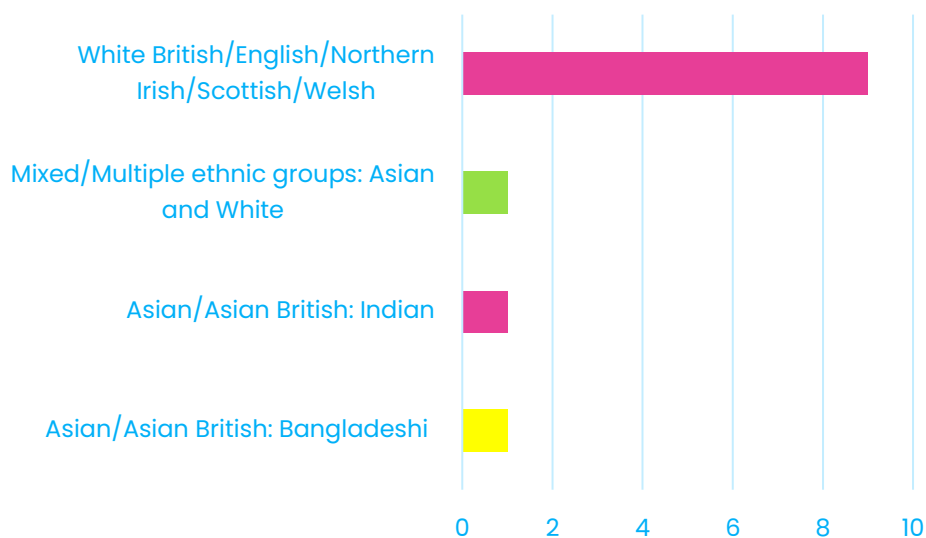
Patients age group:



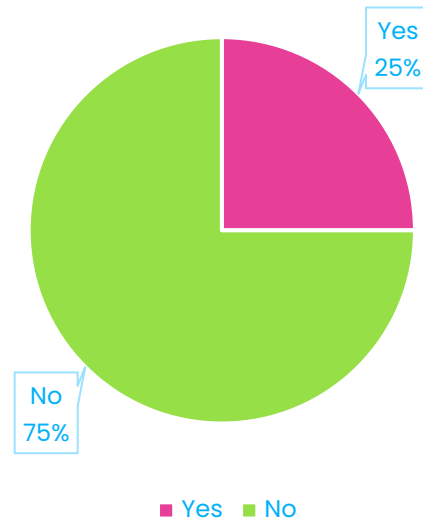
Patients gender:



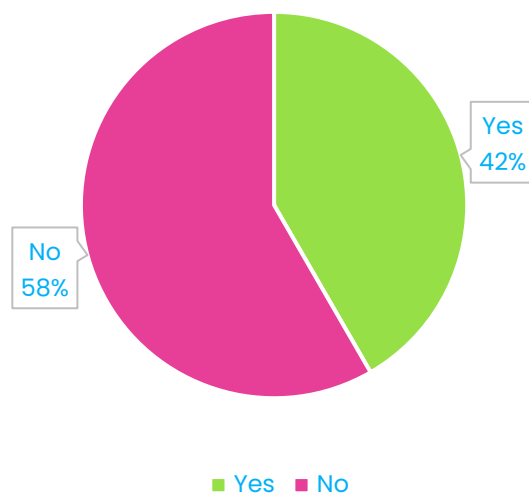
Patients ethnicity:



Patients who have a disability:



Patients who have a long term health condition:



Section 6: Comparing feedback

Question	Variables	Visit	Survey
Were you given enough privacy when discussing your child's condition with the reception team?	Yes	72%	35%
	No	17%	65%
	Unsure	11%	0%

A higher percentage of people we spoke to at the visit felt that they had enough privacy whilst discussing their child's condition compared to the respondents from the survey. One carer commented that they didn't have any issues with privacy however they did not see any alternative spaces available should they need a private space for discussion.

Question	Variables	Visit	Survey
Were you kept up to date with the wait times to be seen?	Yes	11%	22%
	No	89%	78%

Feedback given on both the online and visit survey shows that most people are not kept up to date with the time it may take to be seen by a clinician.

Question	Variables	Visit	Survey
Overall, how satisfied were you with the way your child was treated?	Very Satisfied or satisfied	100%	70%

People are satisfied with the service they receive at the children's ED. There were no unsatisfied reports in overall satisfaction from the online survey or from Leicester and Leicestershire residents who spoke to us on the visit. Two people from Rutland answered unsatisfied or very unsatisfied through the online survey, one person linking this to facilities such as no hoist being available within the x-ray room.

Conclusion

This Enter and View visit and survey involved 46 patients who had used the Children's Emergency Department at the Leicester Royal Infirmary in the last 2 years. The results show that patients feel satisfied with the treatment which they or their children have received at the department. However, there are some elements which could be improved, particularly around communication in busy periods and making information clearer within the waiting areas.

Recommendations

1. Improve communication during busy periods and make information clearer in waiting areas, consider using the screens to provide information such as waiting times.
2. Repair or replace the broken wall toys in the waiting area.
3. Clearly inform patients through posters and verbal reminders from the reception team at book-in that if they leave the department either temporarily or to return home, they must notify the reception staff.
4. Ensure that cups at the water station are always available.
5. Ensure Personal Protective Equipment (PPE) units are always stocked upon entrance for patients to use on arrival, before they reach the reception team.
6. Amend or move the PPE disposal sign in entrance so that it is on or next to the bin.
7. Monitor the area to the front of the building to ensure people do not smoke or vape near the entrance area, particularly focusing on the ramp and steps.
8. Add information, signposting carers for support on or next to the learning disability information board.
9. Change messaging about the patient call in system on display boards to avoid confusion. The boards currently state that 'you will be called on the screens so please pay attention to our patient calling system'.
10. Display a sign for the availability of a hearing loop.

11. Relocate the vending machines so that they are not in front of the patient information wall.
12. Make more use of the fitted screens for health and department information. This will enable patients to read them when sat facing different directions.
13. Look to provide a dedicated room for private and confidential conversations and have clear signage stating this.
14. Ensure a mobile hoist is readily accessible within the department.

Healthwatch report action plan – August 2024

	Action	Lead	By when	Progress Update	RAG Status*
1.	Improve communication and provide clearer information in the waiting area around waiting times.	Front Door Team	April 2025	The team are looking at the Adult reception areas and will be developing a similar rolling electronic information screen to provide better information for waiting patients and families. There is one screen that has information in the area, this will need an update. There are currently screens that are not utilised in the area.	
2.	Purchase the IT equipment to utilise all the screens in the waiting room and ensure the information meets the department's needs.	Front door team	April 2025	Discuss ordering the necessary equipment (IT Raspberry pie equipment) for the screens not utilised. Review the current patient information and update.	
3.	Repair or replace the broken wall toys	AP/JF	April 2025	Order equipment and obtain quotes for repair.	
4.	Ensure patients are aware to inform the receptionist if they are leaving the department for a short period of time.	AP/JF	April 2025	Ensure clear patient and family information is part of the new rolling screen information.	
5.	Ensure cups are available at all times at the water station	AP/JF	January 2025	Order paper water cup dispensers and attach to the wall.	
6.	Ensure the PPE station in the lobby of reception is stocked up at all times. Move the sign re; disposal of PPE is next to the bin	AP/JF	December 2024	Communicate to the clinical team the importance of stocking up and checking the PPE station. Move the disposal sign.	
7	Liaise with Security regarding patient relative's smoking/vaping near the entrance of CED.	JF	January 2025	Liaise with security to ensure this is managed appropriately. Signage already in place. Staff to report if this is not adhered to. Communicate to team appropriate escalation strategies for noncompliance.	
8	Add information signposting carers for support on or next to learning disability information board	AP	December 2024	Information to be added by clinical team.	

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that 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
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9	Review the calling system and whether a new or adapted one is reinstated. In the meantime, remove signage around the calling system to avoid confusion for patients	JF/GL/AP	January 2025	Meeting around the calling system being reinstated when booked in and planned discussions around options available. Remove the information around the calling system within the signage around the waiting area prior to this meeting.	
10	Display a sign for the availability of a hearing loop	JF	December 2024	Hearing loop stickers to be requested from the UHL print room. Ensure they are clear to see in area.	
11	Move the vending machines – currently situated in front of the patient information wall	Senior Team	April 2025	The team are unable to move the vending machine due to the required electrical plugs and other adequate space to accommodate this. To look at moving the flow information behind the vending to an alternative place potentially the lobby entrance. To move any other patient information on to the rolling information electronic screen when completed as part of the improved communication plans.	
12	Make more use of the screens for health and department information.	AP/ JF	April 2025	Look to utilise all the current screens in the waiting areas with patient and public information.	
13	Look to provide a clearly signposted dedicated room for private and confidential conversations	Senior Team	January 2025	Add signage at the reception desk that offers a private conversation if patients and family's request this. Look at the current space available and dedicate a space that is clearly signposted for staff to use when a privacy request is made.	
14	Ensure a mobile hoist is readily accessible within the department	AP/JF	January 2025	Ensure a mobile hoist is available.	

* Both numerical and colour keys are to be used in the RAG rating. If target dates are changed this must be shown using ~~strike through~~ so that 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
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Distribution list

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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About Healthwatch

Healthwatch Leicester, Healthwatch Leicestershire and Healthwatch Rutland are your health and social care champions. We make sure NHS leaders and other decision-makers hear your voice and use your feedback to improve care. We are part of a national network of 152 local Healthwatch in England. We have three main areas of work:

- Listening to people's experiences and seeking out feedback on health and social care services. Healthwatch has legal powers to undertake Enter and View visits to NHS and social care settings to observe and hear how users are experiencing the services. We also spend time building relationships and attending meetings within the local health and care system so that the patient's voice can be heard in the right places, at the right time.
- We provide information, advice and guidance to help people to navigate health and care services.

Your experiences matter, we strive to be a strong voice for local people to help shape how services are planned, organised and delivered.

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