

Enter and View Report

Ealing Urgent Treatment Centre, 29th April 2022



A report by Healthwatch Ealing

“I’ve been well looked after by the doctor, who saw me straight away and held the doors open for me.

They’ve been very nice and I appreciate the care and attention I’ve received.”

Patient

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Visit Details	
Service Visited	Ealing Urgent Treatment Centre (UTC), Ealing Hospital, 601 Uxbridge Road, Southall, UB1 3HW
Service Manager	Sabine Mohammad
Date & Time of Visit	29 th April 2022, 2.00pm - 4.00pm
Status of Visit	Announced
Authorised Representatives	Darren Morgan, Radha Reddy
Lead Representative	Darren Morgan

1. Visit Background

1.1 What is Enter and View?

Part of the local Healthwatch programme is to undertake ‘Enter and View’ visits.

Mandated by the Health and Social Care Act 2012, the visits enable trained Healthwatch staff and volunteers (Authorised Representatives) to visit health and care services - such as hospitals, care homes, GP practices, dental surgeries and pharmacies.

Enter and View visits can happen if people tell us there is a problem with a service, but equally they can occur when services have a good reputation.

During the visits we observe service delivery and talk with service users, their families and carers. We also engage with management and staff. The aim is to get an impartial view of how the service is operated and being experienced.

Following the visits, our official ‘Enter and View Report’, shared with the service provider, local commissioners and regulators outlines what has worked well and gives recommendations on what could have worked better. All reports are available to view on our website.

1.1.1 Safeguarding

Enter and View visits are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with safeguarding policies. If at any time an Authorised Representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the Care Quality Commission (CQC) where they are protected by legislation if they raise a concern.

1.2 Disclaimer

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

1.3 Acknowledgements

Healthwatch Ealing would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

On this occasion, two Enter and View Authorised Representatives attended the visit. The Authorised Representatives spoke to patients and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. About this Visit

2.1 Ealing Urgent Treatment Centre (UTC)

On 29th April 2022 we visited the Urgent Treatment Centre at Ealing Hospital. Co-located with the Accident and Emergency (A&E) department, the service is operated by Greenbrook Healthcare (Hounslow) Limited.

Patients may walk-in, be admitted from the Emergency Department (ED) or receive booked appointments, usually through their GP.

The unit is staffed by a reception team, nurses and general practitioners.

2.2 CQC Rating

The CQC are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

The Urgent Treatment Centre was last inspected by the CQC in June 2017. The subsequent [report](#) rated the service as 'Good' overall, with individual ratings of

‘Good’ for being safe, effective, caring and well-led, and ‘Outstanding’ for being responsive.

The report generally praises systems in place for patient triage and prioritisation, risk management including record keeping and levels of training and skills across staffing categories.

2.3 Online Feedback

The Google [reviews page](#) contains mixed feedback, however comments about waiting times and support levels are largely critical.

3. Executive Summary of Findings

Our analysis is based on the feedback of 7 patients, and detailed observations made during the visit.

This is a summary of key findings - see sections 4 - 6 for findings in full.

Signposting and Information

Notes

- The centre is co-located with the A&E department with a single entrance for both services.

What has worked well?

- Given that the Urgent Treatment Centre (UTC) faces the main road, it is easy to spot, whether arriving on foot, by bus or by car.
- External signposting is very clear. None of the patients we spoke with had difficulty in locating the centre.
- A large 'flow chart' style notice in the seating area gives a good indication of what to expect, in terms of process and prioritisation.
- The complaints policy is clearly displayed, as is the safeguarding procedure.
- A Friends & Family Test notice is on display.

What could be improved?

- If going straight into the main hospital reception, we note that A&E is listed on the departmental noticeboard while the UTC is not.
- While there are some useful condition specific posters on display, the two large leafleting racks are completely empty.
- There is a suggestions box, however on opening we note it is empty. There are also no cards available to write on.

General Environment and Accessibility

Notes

- Security personnel are at the door, once inside there are separate reception desks and waiting areas for A&E and the UTC.
- As well as treatment and x-ray rooms, there are two patient toilets.

What has worked well?

- Patient flow from the entrance, to reception to seating appeared to be orderly.
- The area appeared to be clean, with clinically suitable floor and wall surfaces.
- An electronic 'Hygiene Monitor', clearly visible on the wall counts down, in minutes to the next clean - which was conducted as timed during our visit.

- The unit is at street level and is equipped with automatic doors.
- There is plenty of room for wheelchairs and we observed one wheelchair user waiting, without difficulties.
- We note fire extinguishers placed in suitable positions.

What could be improved?

- The waiting area contains two rows of seats which are quite close together. If using the back row, it is quite difficult to sit down or get up, without brushing against and disturbing other people.
- A 'Keep 2 Metres Apart' floor sticker is unpeeling and presents a potential trip hazard. Other than that, we saw no obvious obstacles or trip-hazards.
- The waiting environment is observed by patients to be clean, however uninspiring - with a lack of colour and focal points, uncomfortable chairs, and no play facilities for children. The absence of wi-fi is also noted.
- While the A&E department has a television with programmes, the UTC counterpart displays presentations which are largely uninteresting.
- During our visit the environment was uncomfortable at times, due largely to patients speaking loudly on their mobiles or listening to music openly.

Covid-19 Protocols

What has worked well?

- Hand sanitiser is directly inside the main entrance and we were encouraged to use it.
- Free face masks were issued to patients on entry, as required.
- Staff were observed to be wearing face masks at all times during our visit.
- Doctors washed their hands between patients.

What could be improved?

- The waiting area seats are too close to facilitate social distancing.

Staffing and Personal Care

Notes

- Waiting times were observed to be around 90 minutes.

What has worked well?

- The security personnel were polite and welcoming at the door.
- Doctors are considered by patients to be kind, helpful and attentive. During our visit we observed good personal interaction.
- On communication needs, doctors and reception staff speak multiple languages and the loudspeaker used by receptionists is appreciated by one patient who is hard of hearing.
- A water fountain is available, with plastic cups issued at reception.

What could be improved?

- As reception staff are behind screens, loudspeakers are used to talk with patients. While this improves communication, it encourages patients to speak loudly in response - we clearly overheard several people give their address and other personal details.
- We note that the language and demeanour of reception staff was 'direct' and 'instructional' and for some, this may be intimidating.
- The food and drink vending machines in the A&E area are well-stocked, however the machine at the UTC is apparently decommissioned - switched off and empty. This is noted by several patients.

Based on findings, we have made several recommendations (see section 7).

4. General Observations

During the visits, the Authorised Representatives made the following general observations:

Location and Signage

Observations

- Given that the Urgent Treatment Centre (UTC) faces the main road, it is easy to spot, whether arriving on foot, by bus or by car.
- External signposting is very clear.
- If going straight into the main hospital reception, we note that A&E is listed on the departmental noticeboard while the UTC is not.

General Environment/Facilities

Observations

- The centre is co-located with the A&E department with a single entrance for both services.
- Security personnel are at the door, and once inside the reception desks, separate for each service and clearly colour-coded are straight ahead. The A&E waiting area is to the left, with the UTC to the right. We noted 3 receptionists on duty.
- As well as treatment and x-ray rooms, there are two patient toilets.
- The waiting room itself accommodates around 30 people.
- A water fountain is available, with plastic cups issued at reception.
- The food and drink vending machines in the A&E area are well-stocked, however the machine at the UTC is apparently decommissioned - switched off and empty.
- While the A&E department has a television with programmes, the UTC counterpart displays presentations which are largely uninteresting.
- The area appeared to be clean, with clinically suitable floor and wall surfaces.
- An electronic 'Hygiene Monitor', clearly visible on the wall counts down, in minutes to the next clean - which was conducted as timed during our visit.

- At times, the environment was uncomfortable, due largely to patients speaking loudly on their mobiles or listening to music openly.

Accessibility

Observations

- The unit is at street level and is equipped with automatic doors.
- Patient flow from the entrance, to reception to seating appeared to be orderly.
- There is plenty of room for wheelchairs and we observed one wheelchair user waiting, without difficulties.
- The waiting area contains two rows of seats which are quite close together. If using the back row, it is quite difficult to sit down or get up, without brushing against and disturbing other people.
- A 'Keep 2 Metres Apart' floor sticker is unpeeling and presents a potential trip hazard. Other than that, we saw no obvious obstacles.
- We note fire extinguishers placed in suitable positions.

Covid-19 Protocols

Observations

- Hand sanitiser is directly inside the main entrance and we were encouraged to use it.
- Staff were observed to be wearing face masks.
- Doctors washed their hands between patients.
- The waiting area seats are too close to facilitate social distancing.

Noticeboard/Information

Observations

- A large 'flow chart' style notice in the seating area gives a good indication of what to expect, in terms of process and prioritisation.
- The complaints policy is clearly displayed, as is the safeguarding procedure.
- While there are some useful condition specific posters on display, the two large leafleting racks are completely empty.
- A Friends & Family Test notice is on display.
- There is a suggestions box, however on opening we note it is empty. There are also no cards available to write on.

Staff

Observations

- The security personnel were polite and welcoming at the door.

- As reception staff are behind screens, loudspeakers are used to talk with patients. While this improves communication, it encourages patients to speak loudly in response - we clearly overheard several people give their address and other personal details.
- We note that the language and demeanour of reception staff was 'direct' and 'instructional' and for some, this may be intimidating.
- Doctors appeared empathetic, with one holding a door open for a disabled patient.
- The Authorised Representatives found management to be accommodating at the visits, and punctual.

Additional Observations

Observations

- Waiting times were observed to be around 90 minutes.

5. Patient Feedback

During the visit of 29th April 2022, we engaged with 7 patients in total.

We asked questions around signage and booking-in, waiting time and environment, and staffing including empathy and communication.

To uphold confidentiality, responses have been grouped and placed randomly for each question.

5.1 Signage and Booking In

Nobody experienced difficulty in locating the centre and booking in at reception is commented to be 'good and very quick'. On communication needs, reception staff speak multiple languages and the loudspeaker used by receptionists is appreciated by one patient who is hard of hearing.

Selected Feedback

Was the Urgent Treatment Centre easy to find?

"Yes, followed the signposts and very easy. My first time visit."

"Very easy, I live locally."

"Language problems have caused some difficulty, but fine other than that."

What was your experience of booking in at reception?

“It’s just five minutes away. Very quick.”

“It’s been quite good, quite quick. I come frequently.”

“Good, I’ve visited often. I can’t speak English well and they’re kind enough to speak with me in my own native language. I’ve had very good experiences.”

“They gave me a face mask (free) and I was asked to wash hands. I find reception to be good. They use a loudspeaker which is useful, as I can better hear what they’re asking for.”

5.2 Waiting Times and Environment

Patients with previous experience of the centre comment on longer than expected waiting times and for those anticipating a long wait, the empty vending machine is a cause of frustration.

The waiting environment is observed to be clean, however uninspiring - with a lack of colour and focal points, uncomfortable chairs, and no play facilities for children. The absence of wi-fi is also noted.

Selected Feedback

What do you think about the waiting times?

“Normally, long. Today it’s been fantastic - five to ten minutes. But usually two hours.”

“It’s been more than an hour since we came. Let’s see how long it’s going to take to see the doctor.”

“Very long always. I came fifty minutes ago and I’m waiting to be seen.”

“I came with my daughter recently; we were here for hours. They need to do something about the waiting times, it’s unbearable sometimes.”

What do you think about the waiting environment?

“Very clean, I have seen the cleaners come often and they pick up any rubbish that’s on the floor.”

“It’s standard, they don’t have anything in the vending machine but it’s alright as I carry a bottle of water.”

“It’s fine but if we have to wait for long then we might need something to drink. The vending machine is completely empty.”

“It’s a bit sterile and unwelcoming in here, the colours are dreadful. It wouldn’t cost a lot of money to add a splash of colour, maybe a plant. We need to make it more comfortable - people would feel a lot better for it.”

“The walls aren’t cluttered, which is good.”

“There’s no internet connection so very boring.”

“Nothing here for kids. I know they don’t treat kids at this hospital, but people will have to bring them at times, if childcare is an issue.”

“These chairs are hard and uncomfortable after a while.”

5.3 Staffing

The patients we spoke with had little, or no indication of waiting times.

Doctors are commented to be polite and caring, examples given include help with translation, and holding doors open for the less mobile.

Selected Feedback

Have you been updated? Do you know what to expect?

“Yes, always. Very happy with the explanation of treatment. I was referred by my GP.”

“Not really, they haven’t informed me of everything yet. They communicate directly with my GP.”

“Waiting to see the doctor. But so far no one has turned up to check or inform how long we have to wait.”

“I don’t know about waiting times - I was just asked to take a seat.”

“This appointment was made through my GP. I don’t expect to be waiting too long, but I have no idea - it could be half an hour or several. No indication of waiting times.”

Have the staff treated you with dignity and respect?

“Always polite, friendly and kind.”

“Staff are good, they give me all support in terms of language. The doctor is very helpful, extremely polite, kind and caring.”

“I’ve been well looked after by the doctor, who saw me straight away and held the doors open for me. They’ve been very nice and I appreciate the care and attention I’ve received.”

5.4 Additional Questions

Suggestions for potential improvements include shorter waiting times, a ticketing system to indicate place in the queue, a more vibrant and stimulating waiting area, and cheaper parking facilities.

One patient would like additional support with translation.

Selected Feedback

In your opinion, what has worked well about the service?

"I have no problems, staff are good at communicating and I'm treated very well. It's clean and they take all the necessary Covid-19 precautions."

"The information they provide, they have stuck all the necessary information on the walls. But it would be helpful if they provided some in other languages as well."

And in your opinion, what could work better?

"Looks fine, they have information posters on the walls. No improvements needed."

"Nothing really, it's good and up to standard."

"More language support in terms of treatment explanation. Sometimes the doctor doesn't understand what I say."

"The waiting arrangements. In McDonalds there's a ticket system and you can see your place on the screen - something like that (though not sure about accessibility or people from various ethnicities). But we need some kind of reassurance that there is a process. Also I've noticed the doctor coming in and out, calling the names of people who aren't here. That is not efficient."

"The parking charges are astonishingly high - £5-90 for 3 hours. 1 hour is not enough, you have to sit usually for a long time and going out frequently to top-up the metre is not a sensible option. I can afford the charges, but I know a lot of people can't. There should be a reduced rate - £1 or so."

Any other comments?

"I'm happy and satisfied, it's only when it's very busy and then the waiting times are very long. Otherwise, they are brilliant and see me quickly."

"Waiting times - they should either employ more doctors, or allocate a specific time to each patient."

"It would not cost a great deal to have a plant to give a feeling of life. It's very stark, drab and needs to be more comfortable. Give this place an uplift!"

"The screen is very boring actually - why not have the news or something? Why aren't there any newspapers or magazines?"

“There are too many notices on display, telling us what, and what not to do. They need to soften the tone and atmosphere.”

6. Staff Feedback

We supplied the service provider with questionnaires for staff and management.

Unfortunately, despite our encouragement and efforts, none were returned to us, we therefore cannot comment on their views or experience.

7. Recommendations

The Authorised Representatives would like to express thanks for the invitation to visit the service at the Urgent Treatment Centre.

Based on the analysis of all feedback obtained, Healthwatch Ealing would like to make the following recommendations.

We make 3 recommendations on Signposting and Information.

7.1 Signposting and Information

If going straight into the main hospital reception, we note that A&E is listed on the departmental noticeboard while the UTC is not.

7.1.1 We suggest that the departmental list, along with associated signage is periodically reviewed - at least annually, to ensure that all major departments are included, and that terminology and directions are up-to-date and accurate.

While there are some useful condition specific posters on display, the two large leafleting racks are completely empty.

7.1.2 We assume that the racks are due to be removed or relocated, or that the leafleting stock is under wholesale review. In the interim, we recommend that a notice is placed, so that patients and others have an understanding, as to the lack of literature available. [We are aware that this may be due to COVID]

There is a suggestions box, however on opening we note it is empty. There are also no cards available to write on.

7.1.3 Given that patient feedback is essential in helping to identify issues, make practical suggestions and improve services, we urge that this is addressed. [We are aware that this may be due to COVID]

We make 5 recommendations on General Environment and Accessibility.

7.2 General Environment and Accessibility

The waiting area contains two rows of seats which are quite close together. If using the back row, it is quite difficult to sit down or get up, without brushing against and disturbing other people.

7.2.1 There appears to be room to widen the gap between seating rows, without compromising the overall waiting area space. If the seating design allows for greater separation of the rows, we suggest that this is considered, for the comfort of patients and others.

A 'Keep 2 Metres Apart' floor sticker is unpeeling and presents a potential trip hazard.

7.2.2 This should be reviewed at the earliest opportunity, to avoid potential trips and accidents.

The waiting environment is observed by patients to be clean, however uninspiring - with a lack of colour and focal points, uncomfortable chairs, and no play facilities for children. The absence of wi-fi is also noted.

7.2.3 Given that waiting times are often substantial, any improvements in the overall environment would be most welcome. We note that the A&E waiting area is generally more comfortable and appealing than its UTC counterpart.

While the A&E department has a television with programmes, the UTC equivalent displays presentations which are largely uninteresting, and therefore ignored.

7.2.4 Further to the previous recommendation, a more interesting range of content, and/or programming would improve the overall waiting experience.

During our visit the environment was uncomfortable at times, due largely to patients speaking loudly on their mobiles or listening to music openly.

7.2.5 We urge that in these cases, patients are politely encouraged to be mindful of the environment, and to be considerate towards others, with intervention from security staff as appropriate. Patients should not be placed in situations of discomfort, or potential conflict while at the facility.

We make 3 recommendations on Staffing and Personal Care.

7.3 Staffing and Personal Care

As reception staff are behind screens, loudspeakers are used to talk with patients. While this improves communication, it encourages patients to speak loudly in response - we clearly overheard several people give their address and other personal details.

7.3.1 We recommend that reception and all other staff are reminded of their obligations under data protection and confidentiality legislation. If the design of reception kiosks is not conducive to speaking at a moderate tone, we suggest that this is reviewed so that personal information is not compromised.

We note that the language and demeanour of reception staff was 'direct' and 'instructional' and for some, this may be intimidating.

7.3.2 It appears that this approach is intended to aide patient flow and minimise queues and congestion, however we suggest that directions can be given in a more personal and sympathetic tone, to uphold duty of care at all times.

The food and drink vending machines in the A&E area are well-stocked, however the machine at the UTC is apparently decommissioned - switched off and empty. This is noted by several patients.

7.3.3 As this is a cause of frustration for patients, we urge that the machine is either restocked or removed, as soon as possible.

We make 2 recommendations on Engagement with Healthwatch

7.4 Engagement with Healthwatch

7.4.1 As part of Enter & View, it is important that staff are aware of the process. We recommend discussing, at a senior management level, how to raise awareness of Healthwatch within the Trust at large.

7.4.2 We received little feedback from staff. We recommend discussing how staff can be supported to improve engagement with Healthwatch and the Enter & View process.

8. Glossary of Terms

A&E	Accident and Emergency
CQC	Care Quality Commission
ED	Emergency Department
UTC	Urgent Treatment Centre

9. Distribution and Comment

This report is available to the general public and shared with our statutory and community partners. Accessible formats are available.

If you have any comments on this report or wish to share your views and experiences, please contact us.

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“It’s a bit sterile and unwelcoming in here, the colours are dreadful. It wouldn’t cost a lot of money to add a splash of colour, maybe a plant.

We need to make it more comfortable - people would feel a lot better for it.”

Patient

10. Appendix

Report & Recommendation Response Form

Report sent to	Nida Alvi	
Date sent	29/09/2022	
Report title	Enter and View Report – Ealing Urgent Treatment Centre, 29 th April 2022	
Date of response provided	17/10/2022	
Please outline your general response if applicable		
Response to recommendations	<p>Please outline what <u>actions</u> and/or improvements you will undertake <u>as a result of the report's findings and recommendations.</u></p> <p>If not applicable, please state this and provide a</p>	<ol style="list-style-type: none">1. Please outline <u>what you are currently doing to address</u> issues identified.2. General comments

	brief explanation of the reasons.	If not applicable, please state this and provide a brief explanation of the reasons.
<p>Recommendation 1.1 – Signposting and Information: If going straight into the main hospital reception, we note that A&E is listed on the departmental noticeboard while the UTC is not.</p> <p>We suggest that the departmental list, along with associated signage is periodically reviewed – at least annually, to ensure that all major departments are included, and that terminology and directions are up-to-date and accurate.</p>	<p>The issue has been escalated to the LNWUHT team to change the signage. Going forward it will be reviewed.</p>	
<p>Recommendation 1.2 – Signposting and Information: While there are some useful condition specific posters on display, the two large leafleting racks are completely empty.</p>	<p>The two large leafleting racks have now been moved to within the department near the clinical consultation rooms. The clinicians hand over condition specific leaflets to the patients .This avoids the clutter created with</p>	

<p>We assume that the racks are due to be removed or relocated, or that the leafleting stock is under wholesale review. In the interim, we recommend that a notice is placed, so that patients and others have an understanding, as to the lack of literature available. [We are aware that this may be due to COVID]</p>	<p>leaflets on the floor in the waiting area .</p>	
<p>Recommendation 1.3 – Signposting and Information: There is a suggestions box, however on opening we note it is empty. There are also no cards available to write on.</p> <p>Given that patient feedback is essential in helping to identify issues, make practical suggestions and improve services, we urge that this is addressed. [We are aware that this may be due to COVID]</p>	<p>We are in the process of installing racks with the leaflets for Friends and Family and will have pens/ pencils made available.</p> <p>We also asked the estates team to move the red suggestion box to the wall in the front of the waiting room to enable easy access for the patients. I can confirm, this has now been moved.</p> <p>In the meantime, Friends and Family card are</p>	

	<p>being collected by the clinicians after the consultation. There is also a QR code in the corridor for family to give online feedback.</p>	
<p>Recommendation 2.1 – General Environment and Accessibility:</p> <p>The waiting area contains two rows of seats which are quite close together. If using the back row, it is quite difficult to sit down or get up, without brushing against and disturbing other people.</p> <p>There appears to be room to widen the gap between seating rows, without compromising the overall waiting area space. If the seating design allows for greater separation of the rows, we suggest that this is considered, for the comfort of patients and others.</p>	<p>The front row of chairs has now been moved as per the feedback .</p>	
<p>Recommendation 2.2 – General</p>		

<p>Environment and Accessibility: A 'Keep 2 Metres Apart' floor sticker is unpeeling and presents a potential trip hazard.</p> <p>This should be reviewed at the earliest opportunity, to avoid potential trips and accidents.</p>	<p>Estates have been requested to remove the two stickers 'Keep 2 Metres apart' in the waiting area.</p> <p>In the meantime, we have taped it to the floor so it is no longer a hazard.</p>	
<p>Recommendation 2.3 – General Environment and Accessibility: The waiting environment is observed by patients to be clean, however uninspiring - with a lack of colour and focal points, uncomfortable chairs, and no play facilities for children. The absence of wi-fi is also noted.</p> <p>Given that waiting times are often substantial, any improvements in the overall environment would be most welcome. We note that the A&E waiting area is generally more comfortable</p>	<p>The current process is weekly audit which is done by the domestic supervisor so the department is cleaned at an expected standard. This is then checked by the service manager so we are up to the hygiene standards.</p> <p>There is a cleaning schedule that gets done every day, weekly audit and monthly deep cleaning.</p> <p>LNWUH – Guest wifi is available in the waiting area.</p>	

<p>and appealing than its UTC counterpart.</p>	<p>We have common waiting area and do not see that many children as we do not have paediatric A & E.</p> <p>We have added relevant posters, TV which is playing video's to enhance the patient education, better signage, complaints and compliments posters are also displayed.</p>	
<p>Recommendation 2.4 – General Environment and Accessibility: While the A&E department has a television with programmes, the UTC equivalent displays presentations which are largely uninteresting, and therefore ignored.</p> <p>Further to the previous recommendation, a more interesting range of content, and/or programming would improve the overall waiting experience.</p>	<p>The waiting room TV is managed by LNWXUHT team, we are speaking with the digital team to see if we can replicate what plays on the A & E side.</p>	

Recommendation 2.5 – General Environment and Accessibility:

During our visit the environment was uncomfortable at times, due largely to patients speaking loudly on their mobiles or listening to music openly.

We urge that in these cases, patients are politely encouraged to be mindful of the environment, and to be considerate towards others, with intervention from security staff as appropriate. Patients should not be placed in situations of discomfort, or potential conflict while at the facility.

We have displayed a poster out in the waiting area as a polite notice for the patients to be discreet in their discussions.

We do use security staff if we get loud and aggressive patients disturbing others in the waiting area.


Recommendation 3.1 – Staffing and Personal Care:

As reception staff are behind screens, loudspeakers are used to talk with patients. While this improves communication, it encourages patients to speak loudly in response – we clearly overheard

The area behind the reception area have ED receptionists , UTC receptionists and UTC streamer hence can get very noisy . We have installed microphones in response to feedback from staff and patients as it was difficult to hear the patients while are they

<p>several people give their address and other personal details.</p> <p>We recommend that reception and all other staff are reminded of their obligations under data protection and confidentiality legislation. If the design of reception kiosks is not conducive to speaking at a moderate tone, we suggest that this is reviewed so that personal information is not compromised.</p>	<p>are booking in and are being streamed .</p> <p>We have reminded our staff about patient confidentiality, but microphone is essential for communication.</p>	
<p>Recommendation 3.2 – Staffing and Personal Care: We note that the language and demeanour of reception staff was ‘direct’ and ‘instructional’ and for some, this may be intimidating.</p> <p>It appears that this approach is intended to aide patient flow and minimise queues and congestion, however we suggest that directions can be given in a more</p>	<p>This recommendation is noted and we do remind staff to be polite and empathetic all the times.</p> <p>We also give out patient information leaflets to inform them of the patient journey.</p>	

<p>personal and sympathetic tone, to uphold duty of care at all times.</p>		
<p>Recommendation 3.3 – Staffing and Personal Care: The food and drink vending machines in the A&E area are well-stocked, however the machine at the UTC is apparently decommissioned - switched off and empty. This is noted by several patients.</p> <p>As this is a cause of frustration for patients, we urge that the machine is either restocked or removed, as soon as possible.</p>	<p>We can confirm vending machine in UTC is fully stocked.</p>	
<p>Recommendation 4.1 – Engagement with Healthwatch:</p> <p>As part of Enter & View, it is important that staff are aware of the process.</p> <p>We recommend discussing, at a senior management level, how to raise</p>	<p>Healthwatch Feedback will be shared with staff via our weekly blog and will be discussed in Clinical Governance meeting .</p>	

<p>awareness of Healthwatch within the Trust at large.</p>		
<p>Recommendation 4.2 – Engagement with Healthwatch:</p> <p>We received little feedback from staff.</p> <p>We recommend discussing how staff can be supported to improve engagement with Healthwatch and the Enter & View process.</p>	<p>We will ensure there will be more staff engagement at the next Healthwatch site visit by ensuring staff are aware of the visit and are able to share their views with Healthwatch team .</p>	
<p>Signed:</p> 		
<p>Name: Temitope Onasanya</p>		
<p>Position: Community Project Officer</p>		