



**United Lincolnshire Teaching
Hospitals NHS Trust (ULTH)
Emergency Department Quality Visits**

December 2024

healthwatch
Lincolnshire

Introduction

In December 2024, Healthwatch Lincolnshire's Authorised Representatives were invited to be part of joint Quality Visits within the Emergency Departments at Lincoln County Hospital and Pilgrim Hospital, Boston, alongside colleagues from Lincolnshire NHS Integrated Care Board (ICB).

A Quality Visit includes a visual inspection of the site along with quality assurance checks that policies and procedures are up to date and robust. The visit will ensure that policies are reflected in practice across the following dimensions: safeguarding the vulnerable, safe people, safe premises and safe children. Observing what happens in a service will give an opportunity to see and hear for yourselves how services are provided and collect evidence about the quality of that service.

The Quality Visit to Lincoln County took place on Tuesday 10 December 2024.

The planned visit to Pilgrim Hospital for Friday 13 December 2024 was postponed due to a critical incident (infection prevention and control measures) being called. This visit will be rescheduled for early 2025.

Healthwatch Lincolnshire's role was to listen to the experiences of patients and make observations.

Attendees

Healthwatch Lincolnshire's Authorised Representatives Oonagh Quinn (Enter and View Lead) and Enter and View volunteer, Alison Cadman, attended alongside Lincolnshire NHS Integrated Care Board (ICB).

Areas visited

During the visit, attendees were given a tour of various areas within the Emergency Department: The Lecture Suite, Reception, Seated Majors, Majors, the Clinical Decision Unit (CDU), the Same Day Emergency Care (SDEC) Unit, Paediatrics and the Discharge Lounge. Observations were made jointly by Lincolnshire ICB and Healthwatch Lincolnshire, with specific areas reviewed by Healthwatch Lincolnshire independently, namely Seated Majors, Majors and the Discharge Lounge.

Observations from Healthwatch Lincolnshire

Upon arrival, it was reported that more than 70 patients were in the department at that time. The Clinical Decision Unit (CDU) had been operational for four to five weeks. The Same Day Emergency Care Unit (SDEC), which had five to six available beds, was identified as requiring expansion to approximately 28 beds to adequately meet the needs of the population.

Mental health planning was in place, with teams working closely with colleagues from Lincolnshire Partnership NHS Foundation Trust (LPFT). The Discharge Lounge had a capacity of six beds and 12 seated spaces designated for patients deemed “fit to sit.” A new initiative, Call for Concern, had been launched in the week beginning 9 December 2024.

Call for Concern is part of Martha's Rule, a national patient safety initiative providing patients and families with a way to seek an urgent review if their or their loved one's condition deteriorates and they are concerned this is not being responded to.

Additionally, work was ongoing to reduce the risks associated with falls and pressure damage among patients. Staff members across the department were actively sharing best practices through visual boards displayed in the area.

To improve patient comfort, the Trust had introduced comfort packs and sensory packs for those in need. Work was also underway to support the parents of children aged 0-4 who were identified as frequent attenders to the Emergency Department.

Shared Patient Experiences

Healthwatch Lincolnshire representatives spoke with five patients in the Emergency Department to understand their experiences. Patients were approached respectfully; representatives introduced themselves, showed photo identification and explained the purpose of the conversation. Oral consent was obtained before any discussions took place and no personal details were recorded.

Patient 1

Patient had arrived by ambulance and experienced a wait time of more than four hours before being brought into the department. They were aware they needed surgery and were awaiting assessment by the surgical team. The patient, who was hard of hearing, found it difficult to understand staff members who spoke quickly or had strong accents. Their next of kin was addressed first upon arrival, before the patient was directly spoken to. They had not been offered food or drink but were receiving fluids via intravenous therapy (IV).

Patient 2

Patient had fallen a few days prior and had been in the department since then. They were due to be discharged later that day. This patient spoke highly of the care they received, stating that staff treated them with respect and dignity and kept them informed about their treatment and discharge process.

Patient 3

Patient had been sent to the department following a GP referral and had been in the hospital for more than 24 hours. They appeared slightly disoriented but understood that they were waiting for their daughter to collect them. They described the staff as kind, caring and attentive, expressing satisfaction with their overall experience.

Patient 4

Patient was in the Majors area after falling and breaking their hip. They had been in the department for more than 24 hours and had arrived with the assistance of a relative due to long ambulance wait time exceeding four hours. The patient was aware they were awaiting surgical assessment and hoped to have surgery later that day. They expressed satisfaction with the care received and pain management but noted that they had not been offered food or drink, though they were receiving fluids through Intravenous therapy (IV).

Patient 5

Patient with learning difficulties had been brought in by ambulance and experienced a wait time exceeding four hours. They had not been asked if they required food or drink. While they were connected to various drips, they did not have access to their buzzer to call for assistance. Due to mobility challenges, a commode was provided and a nurse explained the reason for its use, ensuring privacy and dignity were maintained. The patient was aware they were awaiting further tests but was unclear about the specific next steps or whether they would be admitted.



Environmental Observations

Despite the high patient numbers and ongoing construction work, the department maintained a calm atmosphere. Patients in the Same Day Emergency Care (SDEC) unit were accommodated in individual bays and were being monitored by designated staff members.

In the Clinical Decision Unit (CDU), construction work was ongoing. Some lounge chairs were temporarily placed in the corridor and the nursing station was operating effectively in a small, confined space near glass doors. However, this did not create excessive noise or clutter beyond what would be expected in a busy emergency department under construction. Once building work is complete, recommendations were made to improve interior walls and surfaces to ensure a more professional and high-quality finish.

The Discharge Lounge was noted to be bright and calm, providing a homely atmosphere. Large, brightly coloured plastic containers were used to hold patients' personal belongings next to their seats. When chairs were not in use, they were cleaned and marked with the containers to indicate availability.

All staff encountered during the visit were professional, friendly and patient-focused. They wore identification badges, followed infection prevention protocols such as keeping hair tied back and adhering to the 'bare below the elbows' policy and demonstrated a commitment to high standards of care. Throughout the visit, QR codes were observed on equipment for cleaning purposes, though it was unclear how this process was embedded into daily practice.

In the Majors area, a staff huddle was observed, where all team members involved in patient care came together for a briefing. Healthwatch representatives were not part of this discussion but noted its effectiveness in maintaining a coordinated approach to care.

Conclusion

The visit to Lincoln County Hospital's Emergency Department provided valuable insights into patient experiences and staff practices. Despite pressures on the department, staff demonstrated professionalism, compassion and a strong focus on patient care. Healthwatch Lincolnshire commends the efforts made to improve patient experience, including the introduction of comfort and sensory packs and ongoing initiatives to reduce falls and pressure injuries. Recommendations from this visit will be shared with relevant stakeholders to support continued improvements in emergency care services across Lincolnshire.



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