

# Liverpool University Hospitals NHS Foundation Trust (LUHFT), A&E Listening Events Report, December 2022

The Royal Liverpool Hospital – 14 December 2022  
Aintree University Hospital – 16 December 2022



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# 1) Introduction

This report was produced jointly by Healthwatch Liverpool, Healthwatch Knowsley and Healthwatch Sefton. In December 2022 we held Listening Events at the A&E Departments at The Royal Liverpool and Aintree University Hospitals – both part of Liverpool University Hospitals NHS Foundation Trust (LUHFT). We spoke with patients, family members and staff at both hospitals and listened to what they had to say about their experiences of the A&E Departments.

The Listening Events, which are detailed in this report, were prompted by:

- a) recent feedback from local patients about long A&E waiting times and overworked staff,
- b) media stories focusing on the pressures on A&E Departments nationally and locally,
- c) an invitation from LUHFT to visit the A&E Departments at Aintree Hospital and the new Royal Liverpool Hospital during December, a month which historically sees ‘winter pressures’ in A&E and which was expected to be particularly challenging in 2022.

Staff from Healthwatch Liverpool and Healthwatch Knowsley visited The Royal A&E Department on Wed 14<sup>th</sup> December 2022, and staff from Healthwatch Knowsley visited Aintree A&E Department on Fri 16<sup>th</sup> December. Staff from Healthwatch Sefton were unfortunately unable to attend the visits due to sickness but were closely involved in the planning and preparation of the events.

The day between these two visits (Thur 15<sup>th</sup> December) was a day of industrial action by Royal College of Nurses (RCN) members. Media reports during the week were dominated by stories about the crisis facing NHS A&E services.

The aim of the events was to engage with patients, family members and staff, to gather feedback about their experiences of treatment and care at LUHFT’s A&E Departments. We wanted to find out what people thought was good and what they thought needed improving.

The three local Healthwatch organisations worked together to develop a survey for use across both sites, and this was designed to include some questions which were similar to those already in use by LUHFT’s Patient and Family Experience Team (to allow for some comparison), as well as some additional questions based on feedback that Healthwatch had received from the public in the lead-up to the visits.

At The Royal we mainly spoke with people in the waiting room, the corridors and the Major’s ambulatory area. As might be imagined, not all patients or family members were willing or able to speak with us and we used our judgement about who to approach.

**28 surveys were completed at The Royal.** We also spoke to several staff members.

At Aintree we spoke to patients in the Minors waiting area, the corridor and the Majors corridor. Again, we used our judgement about who would be appropriate to approach.

**17 surveys were completed at Aintree.** We also spoke to a number of staff members.

This report details all the feedback gathered.

Thanks are due to staff in both A&E Departments for taking the time in their busy schedules to welcome us and speak to us so openly. Thanks, too, to LUHFT's Patient and Family Experience Team for supporting these visits. And thanks to the patients and family members who agreed to speak to us at a particularly stressful and often painful time for them.

We asked people whether they had any stories they'd like to share with us about the care and treatment they'd received at LUHFT's two A&E Departments.

Some people had been to A&E several times in the previous 12 months so their replies were not always just about their experiences on the day that we spoke to them.

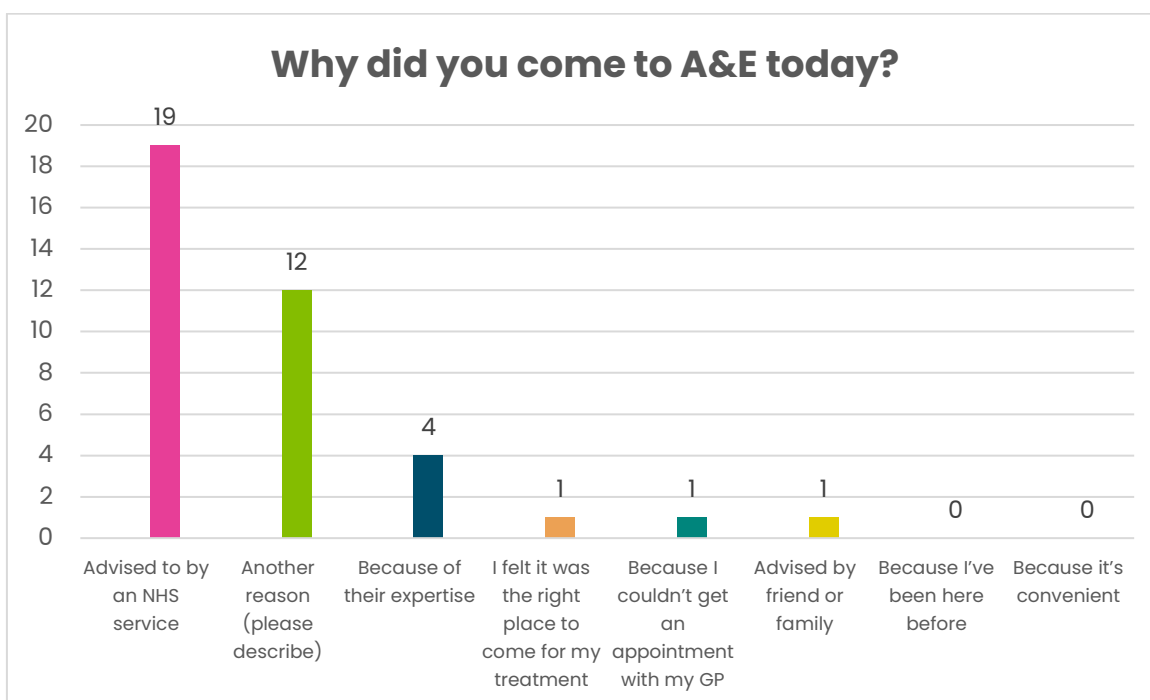
# 2) Key Findings – The Royal

## a) The Royal – Patient and Family Survey Feedback

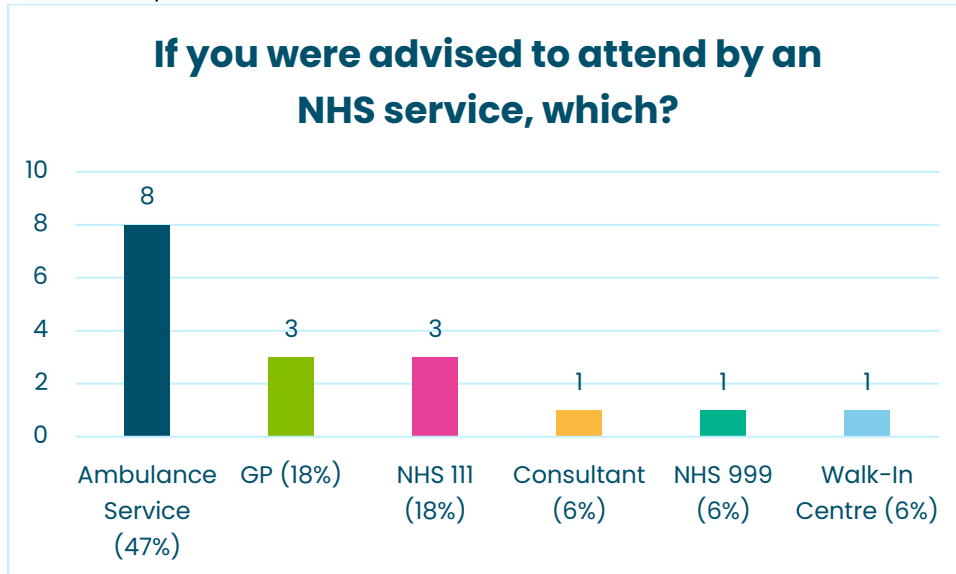
We spoke to 28 people at The Royal. Not everyone answered every question. All percentages in the charts below (and in the charts for Aintree) are based on the actual number of people who answered each individual question.

### 1) Why did you come to A&E today?

Our first question was about why they had decided to attend A&E. Some of them had come for more than one reason but well over half (68%) had been advised to by another NHS service.



Where people had been advised to attend by another NHS service, almost half (47%) had been advised by the ambulance service, with GPs and NHS 111 accounting for 18% each of referrals.



Other comments received about why people had decided to attend were:

*"I had had a headache for 8 days and it was getting worse. I think my wife spoke to the GP but I was too out of it. I don't know what the GP said to my wife but she decided I needed to go to A&E and dragged me in. It turned out I had a bleed on the brain so it was good that she did. I wouldn't have gone if she hadn't made me."*

*"I made a 999 call. I called about 2:40am, they came almost 2 hours later and brought me in. The ambulance crew stayed until triage and were fantastic. Couldn't have asked for nicer."*

*"The ambulance arrived about 11:00pm last night. It's now almost 12 hours later."*

*"Paramedics."*

*"Her nursing home called us and they said she needed to come in."*

*"I'm asthmatic and it gets worse in winter. It got bad and I called the GP. The receptionist said they had no appointments left and to call 111. The 111 operator heard how wheezy I sounded and said to go to a Walk-In or A&E. I went to the Walk-In and they wanted to give me steroids. Last winter I had a reaction to steroids I was given and it got worse. I told the Walk-In this and they called my GP practice. The GP (not my regular one) said to give me a lower dose of the steroids which I agreed to try, and some antibiotics. The next day I knew I was getting the same side-effects from the steroids (I was hyper, couldn't sleep) so I can't be given more steroids, but my lungs are more crackly. The GP said to come into A&E as I needed oxygen and couldn't get that otherwise."*

*"I fell at 5:00am. I wasn't wearing my emergency alarm, I hit my mobility scooter so was lying on the floor until my sister found me some hours later and called 999. An ambulance brought me in."*

(This patient was a bit confused over how long he had been there. It was about 12:30pm when we spoke. At one point he said he came in the day before then later said it was that day.)

*"I'm daft. I fell over. I've got my friend with me."*

*"I fell and my Lifeline sent me in."  
"I arrived yesterday by ambulance."*

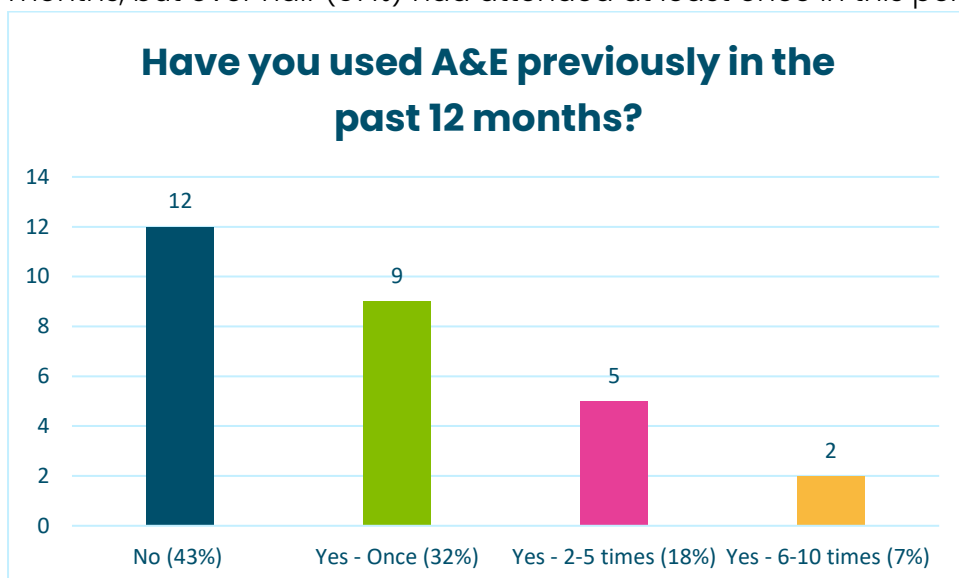
*"I was advised to by an NHS service and because of the A&E expertise and for another reason. The angina attack happened last night, the ambulance didn't arrive within 45 minutes, so I was brought in by family who are NHS staff."*

*"My daughter drove me."*

*"I arrived about 10:30 yesterday and was seen at 12:30."*

## 2. Have you used A&E previously in the past 12 months?

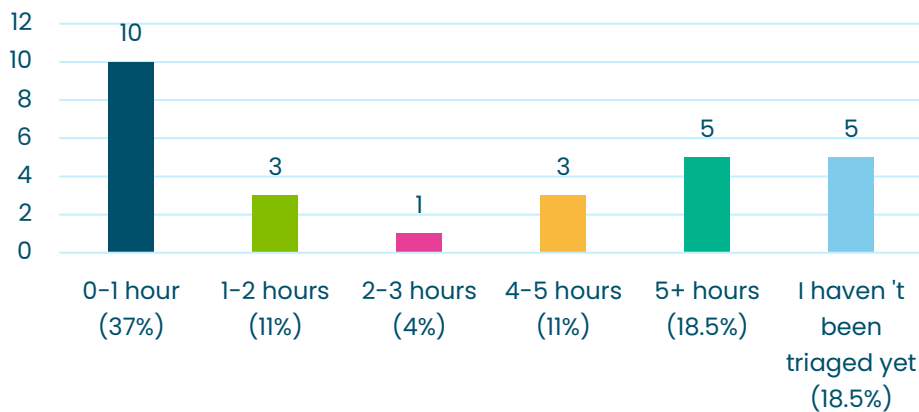
A little under half of the people we spoke to (43%) had not previously attended A&E in the past 12 months, but over half (57%) had attended at least once in this period. 7% had attended 6-10 times.



## 3. How long have you been waiting to be triaged/assessed?

At the time we attended, 37% of those we spoke to had waited for an hour or less to be triaged and 18.5% said they hadn't been triaged yet. 5 people (18.5%) had been waiting for over 5 hours for triage. Two of these people told us they had been waiting 12 hours and a third told us they had been waiting nearly 24 hours.

## How long have you been waiting to be triaged/assessed?



### 4. Can you rate your experience of the triage process?

Over half the people we spoke to at The Royal (52%) felt their triage experience had been 'Extremely Good' or 'Good', however over a quarter (28%) reported a 'Poor' or 'Very Poor' triage experience.

## Rate your triage experience



Further comments that we received about the triage process were:

*"They did the usual tests. They then did a scan really quickly and found the bleed. He had another scan this morning. He just missed the doctors because he was away for a scan when they came around so he's now waiting to see them. He doesn't know what happens next."*

*"I've got pancreatitis so I have repeat visits. It's been OK. What you'd expect. Obs and blood tests. I got 3 tablets, the equivalent of Librium. I've also had an IV paracetamol started for the pain which has helped enormously."*

*"The only issue was timing. The ambulance crew stayed until triage and were great"*

*"My daughters stayed until 4am when my son took over. They were told they couldn't all stay because of shortage of space. My son then went home for rest and my daughters took over again."*

*"Wonderful. I wrote in to thank them (on a previous occasion). I had heard there were 50 patients waiting to be admitted but I was lucky and got in straightaway."*

*"A triage nurse brought in someone else (I'm not sure what their role was but they were wearing purple. I assume it was someone more senior) because I was so breathless. They gave me a nebuliser which has helped. Later someone else came. They put in a canula and took blood. I've also now had a chest x-ray."*

*"They did an ECG and bloods."*

*"Satisfactory – no problem."*

*"I'm used to it. I've had lots of strokes, but this time it was not a stroke but my 'jelly legs' giving way under me."*

*"We came in Monday night when the accident happened but were waiting over 6 hours so eventually left. We then came back today because her injuries worsened and have been waiting 4.5 hours now."*

*"He's a young doctor, asked probing questions to make us think and get the full picture of the situation."*

*"I'm a carer from her care home. She's a dementia patient. She has had her ID bracelet checked 3 times, been asked her name 3 times, had 1 set of obs done. I get blank looks from staff when I ask for her meds, she's not been given her medication even though I have requested it. Due to this she has become agitated and when I was struggling none of the hospital staff offered to help me. They just walked past."*

*"Triage has been really good. I arrived yesterday and have been kept well informed by the consultant."*

*"I went to Majors last night where I was checked and had an ECG. I've not been seen this morning. I've just arrived onto the corridor and I'm not sure if I'm waiting for a ward."*

*"I was assessed in Broadgreen Hospital then sent to the Royal."*

*"It's been 5 hours waiting for a blood test. I've been here since yesterday."*

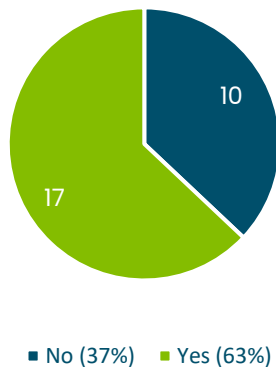
*"It's been a long time to wait. I've waited too long a time. No food and no drink, it's uncomfortable."*

## **5. Are you clear what the next steps are for you?**

The majority of people that we spoke with at The Royal (63%) felt that they were clear about what the next steps were but 37% were unclear.



## Are you clear what the next steps are for you?



Additional comments that we received were:

*"I'm used to A&E. I know I can't drink with the pancreatitis and I hadn't had any in months but then I had a major family upset and hit the bottle which kicked off the pancreatitis. I've previously brought myself into A&E and had to wait for hours. This time I had all over pins and needles and didn't trust myself to get down the steep stairs from my flat so I called 999. By the time the paramedics came I was a bit less wobbly. I think I got seen faster because of coming by ambulance. I'm feeling a million times better now. Waiting for the alcohol nurse. I've been told they will hopefully give me a few doses of Librium to take home and taper off. If they don't come today I'm going to discharge myself. I have to be home tonight as I start a work shift at 7.00am tomorrow and have to be in for that. I've been doing my job for 20 years and can't afford to lose it. I need to be seen by my boss as being reliable."*

*"I'm waiting to see a doctor, I've only seen nurses so far."*

*"I'm waiting to see a doctor again. They've said they are sending me back to the nursing home but I want to see a doctor again first as I still have bladder pain and it still hurts when I pass water."*

*"I was put in the waiting room and told to wait for bloods. Then I was called and taken into a room for bloods and a canula was fitted. Then they told me to sit back in the waiting room. I was called for an x-ray and told to sit back in the waiting room again. Now I'm waiting."*

*"I've not yet been treated. Only painkillers."*

*"I've ordered a taxi to take me home. I've had enough. I want to go home."*

*"My friend has been for x-ray which was made clear but we're now unsure of next steps."*

*"I wait. I want to be kind to them."*

*"We are waiting for an X-ray and an endoscopy."*

*"Just keep getting told it's a 4+ hour wait for a doctor, though they are just wandering round."*

*"Next steps have been discussed on the 'phone."*

*"Last night was good, lots of communication."*

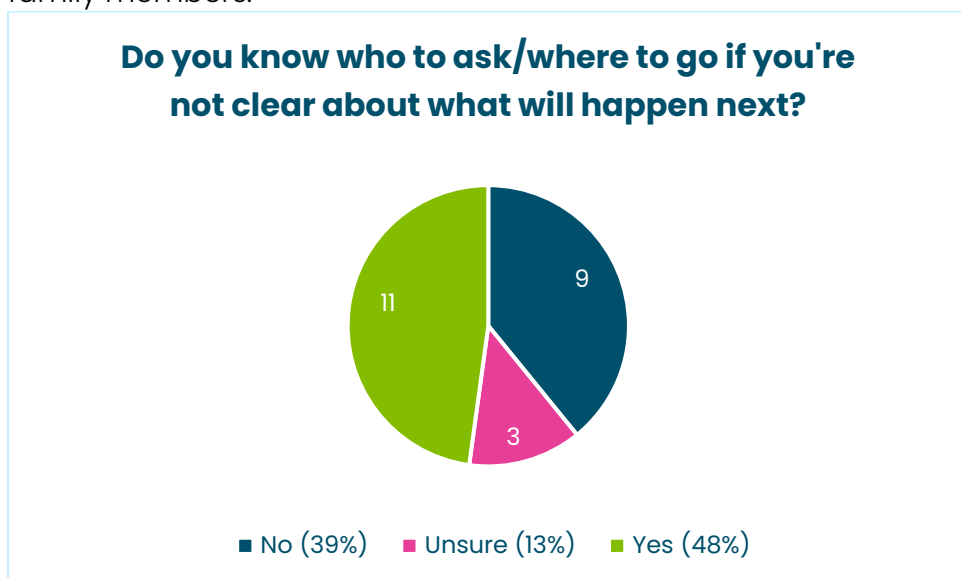
*"Communication has been very good."*

*"Still waiting to be seen. I asked to go home."*

*"Nobody has mentioned anything about further treatment."*

## 6. Do you know who to ask or where to go if you're not clear about what will happen next?

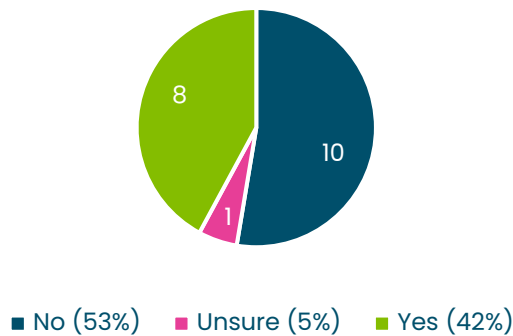
There was a fairly even split between those who knew who to ask or where to go if they needed additional information or clarification (48%), and those who didn't know (39%) or were unclear (13%) – indicating that improved communication about this would be helpful to patients and family members.



## 7. If your health is getting worse since you were triaged, have you been told who you should speak to and where they are?

Over half (53%) of those who answered this question were not sure what they should do or who they should speak to if they felt that their health was deteriorating.

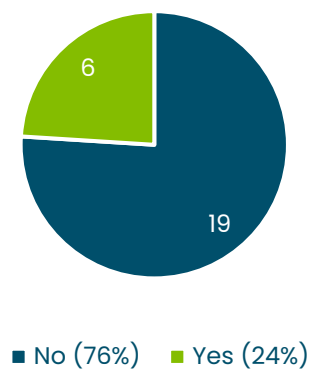
### If your health is getting worse since you were triaged, have you been told who you should speak to and where they are?



### 8. Have you been kept up to date on your waiting time?

Just over three-quarters (76%) of those we spoke to felt they hadn't been kept well enough informed about waiting times, which was a particular cause of anxiety for some.

### Have you been kept up to date on your waiting time?



Additional comments received about this included:

*"I was given a vague idea but no specific timescale."*

*"I've asked twice and no one was able to answer. If it was getting worse I would ask any nurse, there are staff up and down the corridor."*

*"I didn't need treatment, just monitoring. I had an ECG and then the GP referred me on to the Heart and Chest Hospital for follow up."*

*"It's not clear who is who. I'm scared to ask. Some are nurses and some are doctors. I don't want to ask the wrong person. They'd probably just tell me to sit down."*

*"They said 12 (hours), it's been 1.5."*

*"The waiting time sign in the Minors waiting room was last updated at 6:30am, its now noon."*

*"I overheard a member of staff say 20 hours wait to another staff member and thought 'Oh god'"*

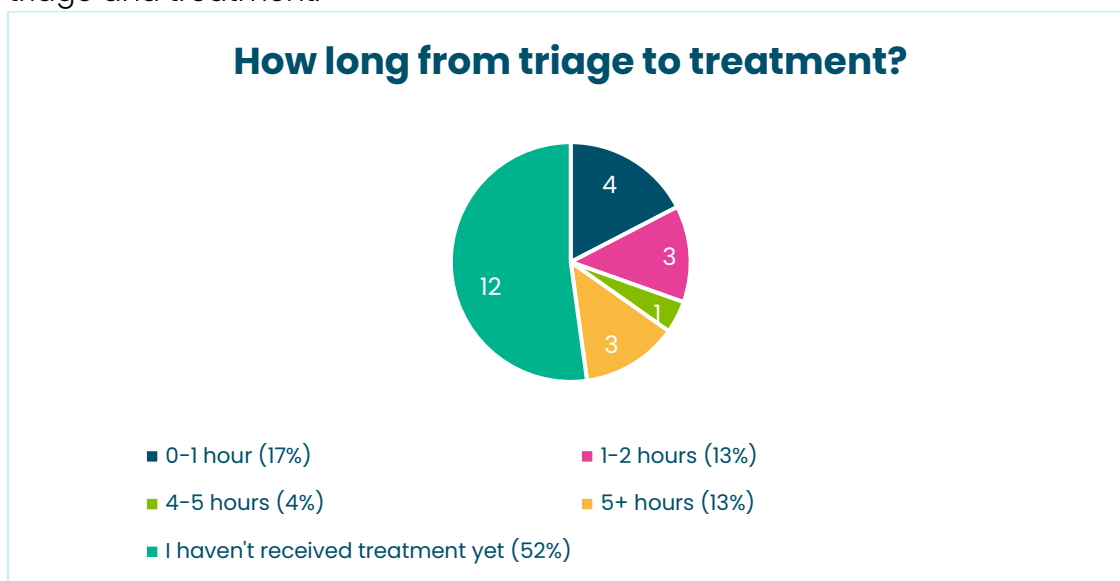
*but you can't blame the staff. The frustration does make you get snippy with the staff sometimes but then you know it's not their fault and say sorry."*

*"5+ hours. I got my treatment plan at 7:00am - really prompt."*

*"No. There's a gap in info now - as I don't know when the ward bed will be available."*

### 9. After you were triaged, how long did it take until you started your treatment?

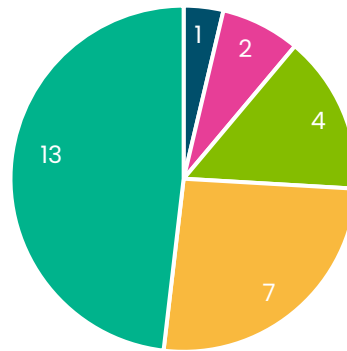
A small majority (52%) of those who answered this question had not yet received treatment but, of those who had, 17% had been treated within an hour, 13% within 2 hours, and 4% within 5 hours. However, 13% had waited over 5 hours. One person specified that they'd waited 6 hours between triage and treatment.



### 10. Have you had access to food and drinks regularly during your wait?

Nearly half (48%) of those we spoke with had not had refreshments while they waited. In some cases this was their own choice but others were less clear about how to access food or drink, or felt unable to access it because it would mean leaving the person they were caring for.

## Have you had access to food and drinks regularly during your wait?



- Yes (I came with my own food & drinks) (4%)
- Yes (I have bought food & drinks from hospital) (7%)
- I haven't been here that long (15%)
- Yes (the hospital has provided me with food & drinks) (26%)
- No (48%)

Additional comments included:

*"I had toast this morning and a sandwich and drink today for lunch."*

*"I've had a sandwich, biscuit, 2 teas and juices. I hadn't eaten anything the day before at home because of the pain."*

*"I had a sandwich and cup of tea last night and a cup of tea and toast this morning."*

*"A sandwich and a drink."*

*"I brought my own drinks."*

*"Nothing has been offered. I was on the floor at home for 8 hours before I came here. I came in this morning."*

*"The patient I'm with has had access but as her carer from the Home I have been offered nothing and I cannot leave as the patient could wander off or become upset. I cannot even go to the loo, and I've been here since 6:00am, several hours ago."*

*"The patient is nil by mouth, and I've only just arrived as a family member so, no."*

*"Yes, I've had toast. I declined a sandwich, but the choice was there."*

*"I'm the carer and I went and got myself a drink but as the wait was not long the patient was not offered a drink."*

*"I was offered soup and a drink and breakfast."*

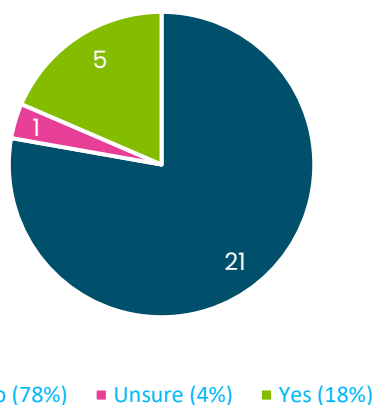
*"Water, so far."*

*"My medication is still at home."*

## 11. Has the cost-of-living crisis impacted on your health and is this the reason why you have come here today?

At Healthwatch, we are interested in health inequalities and the impact of the cost-of-living crisis on people's health and wellbeing, and on their access to health and social care services. Over three-quarters (78%) of people we spoke to at The Royal did not feel that their attendance at A&E was related to e.g. lack of heating or nutrition. However, 5 people (18%) did feel it had been a factor in their ill health. This should be an issue of concern to the whole health and care sector.

### Has the cost of living crisis impacted on your health and is this the reason why you have come here today?



Further comments included:

*"No. A big family issue stressed me and led to me drinking and then to the pancreatitis flare up."*

*"No. But if I had more money I would pay for private care."*

*"No. He has been unwell for years and I finally convinced him to let me call an ambulance."*

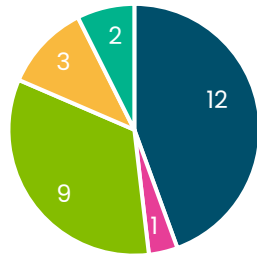
*"I'm meant to be at work. I have been here 17 hours and I don't get paid when I am sick."*

*"There are less resources for GPs and waiting times are longer."*

## 12. How did you travel here today?

We were interested to know how people were getting to A&E, particularly given the ongoing pressures on the ambulance service. The largest group of people (44%) had arrived by ambulance but a third (33%) had been driven by family or friends.

## How did you travel here today?



- Ambulance/paramedic (44%)
- Public Transport (4%)
- Somebody else drove me (33%)
- Taxi (11%)
- Walked (7%)

Where people had arrived by car, we asked how easy it had been to find a parking space. The main concern for people was the distance of the hospital from the available parking.

*"We parked in a disabled area and were straight in."*

*"I was dropped off."*

*"My daughter drove me, it was ok."*

*"Fine."*

*"Parking is too far."*

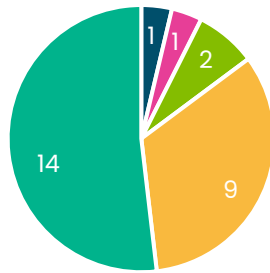
*"There is not enough parking and the car park is too far."*

### 13. How would you rate staff attitude today?

One of the most important factors in patient and family experience is the attitude of staff – across all areas of the staff team. Over half (52%) of the people we spoke with gave staff a 5 Star rating and a further third (33%) gave staff 4 Stars. Nevertheless, some patients felt that individual staff members had been rude, impatient, or dismissive of them or had not taken the time to communicate fully. Whilst patients tended to be aware of the pressures that staff were under, they did not feel that this was an excuse for impolite behaviour.

Patients and family members also praised paramedics, and we will pass this feedback to North West Ambulance Service (NWAS).

## How would you rate staff attitude today?



■ 1 star (4%) ■ 2 star (4%) ■ 3 star (7%) ■ 4 star (33%) ■ 5 star (52%)

Additional comments included:

*"All great, really helpful and nice."*

*"Staff are brilliant. Nurses ask how I am. I don't feel forgotten. Can't ask for anything more the way things are at the moment. They're having to use the corridor but "needs must"."*

*"3 for hospital staff, 5 for paramedic. Would give him 6 if I could."*

*"The paramedic was attentive, very quick at responding and great in the corridor looking after her."*

*"Nurses did a blood test but not that much interaction to comment on. It would have been good to have more interaction."*

*"Its fine."*

*"Very caring. I felt safe. My mum died of a heart attack at my age so I was concerned."*

*"Most, to be fair, have been nice. I heard how a doctor spoke to another patient when she asked for a drink of water for her sick husband. He said he was a doctor and he didn't get water. She didn't know who he was and if they treat an old person like that, what would they be like with me, a young person? It made me worried to ask anything."*

*"Very good - friendly."*

*"Clearly hugely under pressure but still trying their best."*

*"One staff member was snotty and rude, everyone else has been lovely."*

*"Inside I'm angry but it's not at the staff, it's the government underfunding the services."*

*"My experience includes my previous attendance to the A+E. Staff are ok."*

*"Staff are lovely when they see you."*



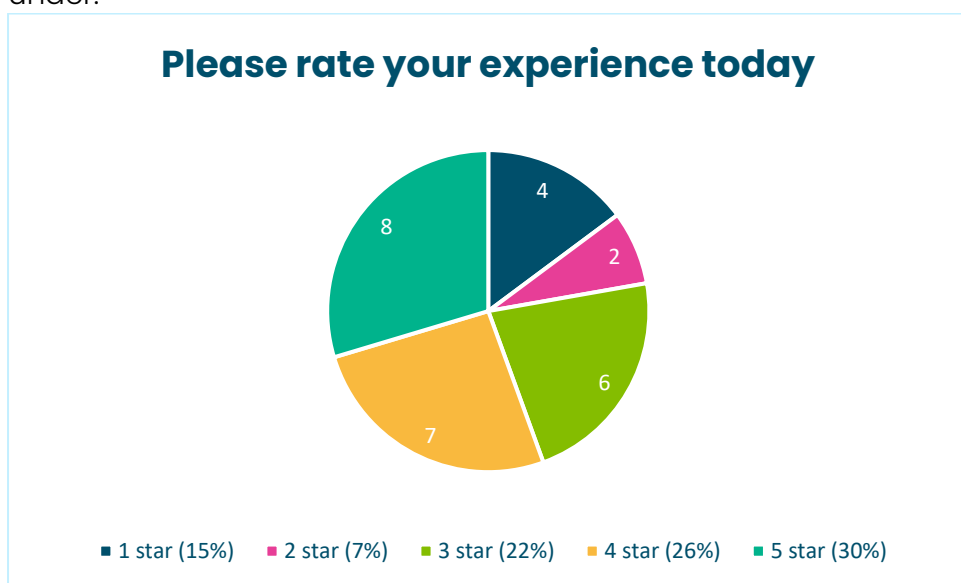
*"Some are a bit rude."*

*"Sometimes they are not patient, but the majority are fine."*

*"I don't blame staff for anything."*

#### **14. Please rate your experience today**

We also asked people to rate their overall experience of A&E at the time that we spoke with them. Here, the response was rather less positive, with 30% of people giving a 5 Star rating and 26% awarding 4 Stars – still a combined total of over 50%. Nevertheless, the numbers rating their experience as 3 (22%), 2 (7%) or even 1 Star (15%) tend to bear out the issues of concern raised by staff members (see below) and suggest that further work is required to bring the new A&E Department up to standard, notwithstanding the ongoing pressures the Department is working under.



#### **15. Was there anything particularly good about your care in the Emergency Department today?**

With the above ratings in mind, we asked what people had found particularly good about their experience. Again, the emphasis is on the quality of the staff:

*"The staff."*

*"Staff."*

*"3 Stars doesn't include the paramedic who would be 5+."*

*"Fine."*

*"Staff."*

*"It's warm and I got to charge my 'phone."*

*"Scan results were requested via Broadgreen and were provided straight away. Cannot fault staff"*

*or communication from either Broadgreen or the Royal."*

*"Staff have been excellent - whole experience, due to the wait, has been good."*

*"Everything was very good."*

*"Everything was better."*

*"It's cleaner but the old one was better."*

*"Compared to the last time it is warmer."*

*"Less communication than last time."*

*"Staff and nurses."*

*"Clean."*

*"Nothing, socialising with other patients was good."*

*"Staff Helpful."*

## **16. Was there anything which can be improved or anything you would like to add about the questions you have answered today?**

We also wanted to give people the chance to suggest improvements or make further comments. The people who chose to comment said:

*"Some signs. I can see people going up and down the corridor looking lost, people don't seem to know where they are going."*

*"I'd just rather not need to be here."*

*"It's shocking to see patients in the corridor. You can see the problems in the NHS from all the beds in the corridor. Very worrying."*

*"The wait and the use of the corridor is unacceptable" <sup>1</sup>*

*"Room. Beds. They need more of them and they need more doctors. How come there are so few in the department? There were only 2 yesterday. Where is NHS money going? Why is the hospital too small? What will happen in the future? Will they build another hospital. We need one. This one*

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<sup>1</sup> While we were speaking to this patient they were moved from one corridor to the next. The nurse pushing said she'd spent her day moving trolleys along the corridor. They were trying to get them in order of arrival so that people were seen in order, always taking risk factors into account. The patient's daughters had found one chair and were alternating who sat in it. They carried it with them. The second corridor was so busy that there was only just room to squeeze the chair between their mother's trolley and the next one and the person who was not sitting had to stand blocking the corridor, as we did when we spoke to them. Every time someone came past with a trolley we had to move.

won't do. I feel like I'm watching a war film or a refugee camp with all these patients on trolleys. It causes stress for doctors, nurses and patients. It must also end up costing more. I think if my mum had seen a doctor last night she'd probably have been able to go home. It really isn't going to work here in this hospital. They need another one."

"It's smelly in A&E today. It's heaving. It's only weeks since it opened and it's such a shame that it's already smelly. Medication isn't clear. I sat in the discharge area for quite a while and then a young girl came and gave me a packet of medication. They told me to take as required but no one said how I would know if I needed to take them. The tablet label says to take daily but that doesn't match so I'm unsure. I'll have to get an appointment with my GP to discuss it."

"It isn't clean at all. It is such a shame for a new hospital. I saw a young girl mopping in the main waiting room but I've not seen any of the seats being wiped down and there are people vomiting, people with wounds and homeless people. I saw a bowl of sick on the floor in the main area with a pile of blankets and no one cleared it away. There's no privacy. It's degrading and upsetting for people to be sitting there in public vomiting. I'm scared to put my mask down (oxygen mask) so I'm keeping it in my hands because I don't think the chairs are clean. There is no handwash in any toilet. In the one off the main waiting room there was no toilet paper and urine on the seat. I did tell someone. Not enough toilets either for how busy it is. I think there should be a different area for people with drug and alcohol issues and people who are homeless."

"I don't want to be here. Getting me home sooner (would be an improvement). I didn't want to come in. I want to be in my home."

"Waiting time. We should have been assessed when we originally came in."

"Access to drinks in the minor A&E waiting room, the vending machine has one drink left and there are no cups for the water machine. No hot drinks options at all."

"Staff attitude towards dementia patients. Offer support to carers and outside NHS staff attending with patients with dementia/agitated patients."

"More chairs in the waiting area for relatives and carers."

"More seats in the seating area, parking was too far."

"More staff."

"Better communication needed."

"Less waiting."

"More staff. Cleaner area in the waiting room and toilets."

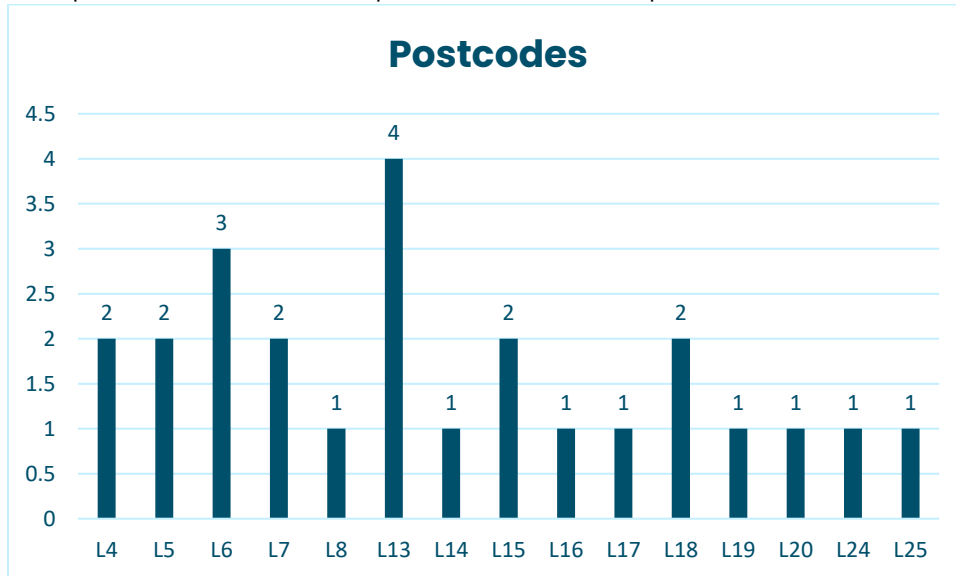
"Less waiting and provide drink and food."

~~"Build a bigger hospital with more beds. Build a car park nearer and pay more to staff."~~

*“Pay the nurses more money, I feel sorry for staff.”*

## 17. Postcodes

We asked people for the first part of their postcode, so that we could gain some insight into where they'd travelled from. As we would expect, the patients came mainly from central and south Liverpool, with some exceptions such as the person from the Bootle area (L20).



## **b) The Royal – Staff Feedback**

Staff members who spoke to us at The Royal made a number of important points, as follows:

### **Mental Health Issues**

At the time of our visit, the Mental Health Hub that was built to be an integral part of the new Royal A&E Department was not compliant as a Place of Safety under the terms of the Mental Health Act. The Section 136 room (which should be used for patients detained under S136 of the Mental Health Act 1983) was not in use either for similar reasons. It had a door that gave access to the outside, a window that needed replacing, the wrong locks had been installed on the toilet doors, and there was a blind spot where patients could not be seen. It also needed a two-way mirror, and doors needed changing so they could open two-ways. The door handles also needed changing. For these reasons, Mersey Care were unable to use it at the time of our visit. However, some work was taking place while we were there – a sink was being removed to replace it with a ligature-safe one. Oxygen tubes were also due to be removed. In the meantime, there was nowhere to put patients with mental health issues so they either had to take up a bed in Majors (which was also needed for medical patients) or sit in the Ambulatory Majors area which was busy and not an ideal environment for them or other patients.

In cases where there was no option but to temporarily place a S136 patient in this space we were told that they must have a member of LUHFT's nursing staff with them at all times before they could be transferred to Aintree Hospital or to Mersey Care's Clock View facility, thus reducing available staff capacity elsewhere in the Department. Although LUHFT staff can deal with any physical health issues these patients experience, the patients then need to be moved on as quickly as possible to specialist mental health care – but this is subject to bed availability and system pressures. Staff told us that this has had a particularly big impact at Aintree where S136s were previously relatively rare compared to The Royal.

Patients with mental health support needs which do not fall within S136 can be disruptive or cause anxiety to other patients and attempts are made to keep them close to nursing staff in the main waiting area. However, one patient we spoke to (see above) was frightened by patients that they assumed to be homeless and/or substance misusers, and felt that they were unhygienic in a space that already appeared to the patient to be unclean. They were worried that chairs were not visibly cleaned on a regular basis.

### **Bed/Treatment/Waiting Space**

Staff also pointed out that the move to the new Royal meant they had lost 22 spaces. They used some spaces allocated for Same Day Emergency Care to help make up some of the shortfall but were still down by 14 even accounting for this.

Same Day Emergency Care doesn't run at weekends so, in theory, more of their spaces could be used then but staff tend not to do this because it would just add more pressure to get it cleared by each Monday.

It appeared that there were some areas which had to be overstaffed because of the design.

Resuscitation (Resus) was one. In this case, staff can't see all patients from one place as is the case in most hospitals. The Resus family rooms were not currently being used for their intended purpose as it was not felt appropriate for families to come out to a corridor full of waiting patients after potentially upsetting conversations. Instead, one of these rooms was being used for patient comfort (washing/toileting) due to a lack of other facilities.

The waiting room is a lot smaller than in the previous Royal building and only had 28 chairs when we visited. Although more were on order at the time of our visit it was hard to see where they would fit.

The Department has also seen a reduction from 3 triage cubicles to 2 which slows triage down although staff try to provide rapid triage at reception where possible.

The Department at The Royal has an Eye Room because all Emergency Medical Physicians (EMPs) have been trained in minor eye injuries for out-of-hours care. The Department GP currently uses this room when it isn't otherwise in use but it was hoped that the GP would move to their own room before Christmas.

The Department has access to a direct/clinical streaming system whereby patients can be assigned to one of a number of parallel clinical pathways (including the GP) but it takes discussion and requires triage. We were told that two streaming nurses were being recruited to support this system.

A key problem for the Department was the lack of time during the transition from the old hospital to reset and adjust to the new environment, which seems poorly designed and lacking space. Corridors feel very narrow compared to other similar hospitals. The seating area in Minors is too small and cold due to its proximity to the doors (although we did visit on a very cold day).

## **Corridor Care**

Corridor care was very much in evidence at The Royal and the longest-waiting patient that morning had been there for 27 hours, although several had been there since the previous day. Staff told us that the corridor situation was not good but was manageable, and that Ambulatory Majors was possibly the riskiest area because of how busy it is and the mix of patients.

We were told that Majors was full on day one of the new building being open and they were using the corridor for care within 25 hours. They have since added power points along the corridor for machines. They have also ordered screens to put between the trolleys for some privacy although they can't put screens along the sides as there's not enough space.

New screens, meant to provide additional privacy for patients, were delivered whilst Healthwatch was in the Department, and it was clear that these were not the screens that had been ordered. This added to an already stressful situation for the medical staff, and for the patients.

Patients come into the corridors from ambulances (or are moved there from reception) and are triaged there. Staff try to minimise handover delays so that ambulance crews can get back out because they know the biggest risk is in the community before people are reached. Two corridors

were packed the morning that Healthwatch visited. There was one more corridor that couldn't be used because patients aren't visible to staff there so when capacity was reached on the other corridors the ambulance crews and patients were held outside.

Some patients can be moved back out to Reception if needed but staff told us they were always juggling to keep the most unwell patients where they can best be observed.

Another issue raised was that the lights don't go out on the corridors as they are motion-activated. They keep coming on because the corridors are constantly in use, so it is very hard for patients to get any rest or sleep. Staff told us that they were hoping to get dimmable lights for night-time.

There are no toilets on the corridors so even if a patient was able they can't toilet themselves, meaning that staff must help them.

Two additional rooms have been co-opted for patient care so they have to wheel a patient into these if they need washing or toileting.

A positive feature was that UV air filters to remove Covid-19 from the air had been installed in the corridors because of their heavier usage.

### **Patient Access to Refreshments**

Catering at The Royal was provided by ISS at the time of the visit. The company policy was not to give patients a hot drink unless they had a table to put it on. Because of the lack of space in the Royal waiting rooms no hot drinks were provided to patients no matter how long they have been waiting, unless a relative or carer could go and get one for them. They had to get a table for each trolley in the corridor.

The available food was usually a sandwich although sometimes patients could get a bag with a cold pastie or sausage roll. Staff were sometimes able to heat these up but there was not usually the capacity to do this. Staff told us that older people in particular were often not happy with a cold pastie.

### **Equality, Diversity and Inclusion**

We asked about The Royal's ability to cater to diverse dietary needs and were told that this is very difficult. Staff mentioned that there had been a complaint from a patient about the lack of Kosher food. Some appropriate food was found in the end but it wasn't an easy process. One of the matrons went to speak to the patient on the ward to apologise.

Staff have access to Language Line to assist in communicating with people whose first language isn't English, but there is no British Sign Language (BSL) facility, only American Sign Language (ASL) which is not appropriate. They have been told they will soon be able to use a new contract for sign language, but patients and families are left without this support for the time being, meaning they do not receive the same level of care as hearing patients or family members.

~~The pressures and lack of suitable space mean that people with additional needs such as~~

Learning Disabilities have to sit in chairs in busy areas for extended periods waiting for bed availability. This can also be difficult for neurodiverse people.

Pressure and lack of support mean that carers for people with dementia or other conditions which make it unsafe to leave them alone are unable to take time to go to the toilet.

### **Other feedback from staff**

We were told that doctors were often uncomfortable using the computers in patient rooms in Majors, so they had migrated to the nurses' station and we noticed that there were a lot of staff sitting there working including sitting on the desk because there was not enough chair space. Staff said they had been told to focus on the basics of care (such as patient comfort and dignity issues) over medical tests, even if that delays treatment slightly. On busy days (i.e. most of the time) everyone is supposed to be on 'the shop floor' and Health Care Assistants (HCAs) are prioritising keeping patients comfortable and safe.

A recent innovation was the introduction of Body Cams worn by certain staff. This was popular with staff as aggressive behaviour towards staff had increased. A nurse had been badly assaulted recently. A patient was being taken to court over this. There are strict guidelines around the use of Body Cams which are only switched on when there is an incident and after telling the person concerned that they will be filmed – provided the person is thought to have the capacity to understand this.

Signage was an acknowledged issue with patients frequently accessing the wrong doors or Departments. Many doors had additional printed signs such as 'No Through Corridor' or 'Staff Only' to restrict the flow of people in clinical areas. Snagging issues for the Department had apparently been escalated to Estates and Building Contractors prior to the A&E Department opening, and were still being worked on when we visited.

Staff told us that Informal complaints have "gone through the roof" since the move to the new hospital. Complaints were generally not about the staff (which would certainly tally with the feedback we received from patients) but about delays and the physical environment in the Department.

One positive piece of feedback at The Royal was that having their own scanning facility was very helpful.

### **c) Equality, Diversity and Inclusion - The Royal**

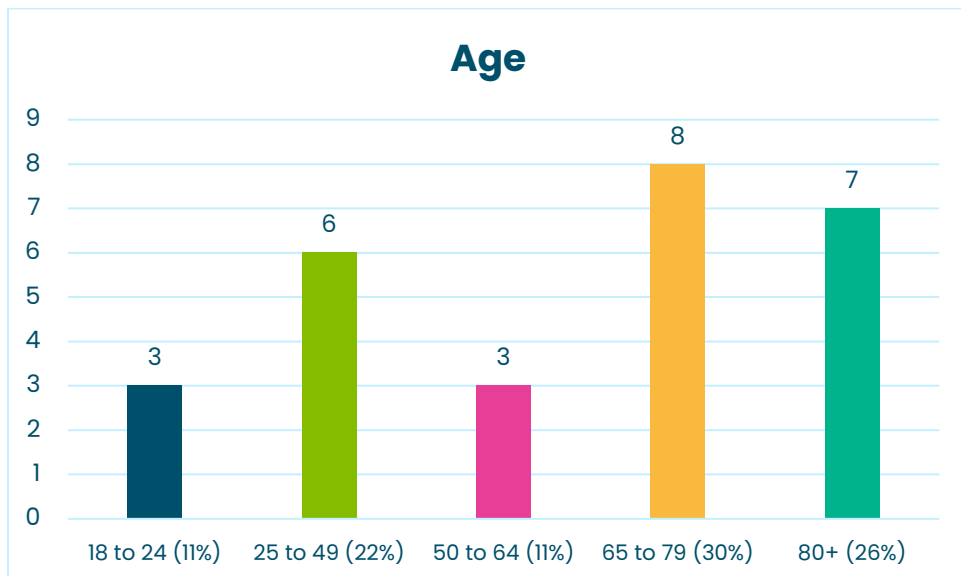
We asked people to share anonymous details in answer to five questions developed by Healthwatch England, aimed at collecting the minimum useful data about the people we spoke with. We did this because we are interested in knowing whether different groups of people feel they have received the same standards of care from LUHFT. We did not gather any information which suggested that anyone we engaged with on the dates covered in this report had received less-favourable care or treatment on the grounds of their specific characteristics. Further details are available below.

#### **a) What age group are you in?**

A&E Listening Event Report, Dec 2022

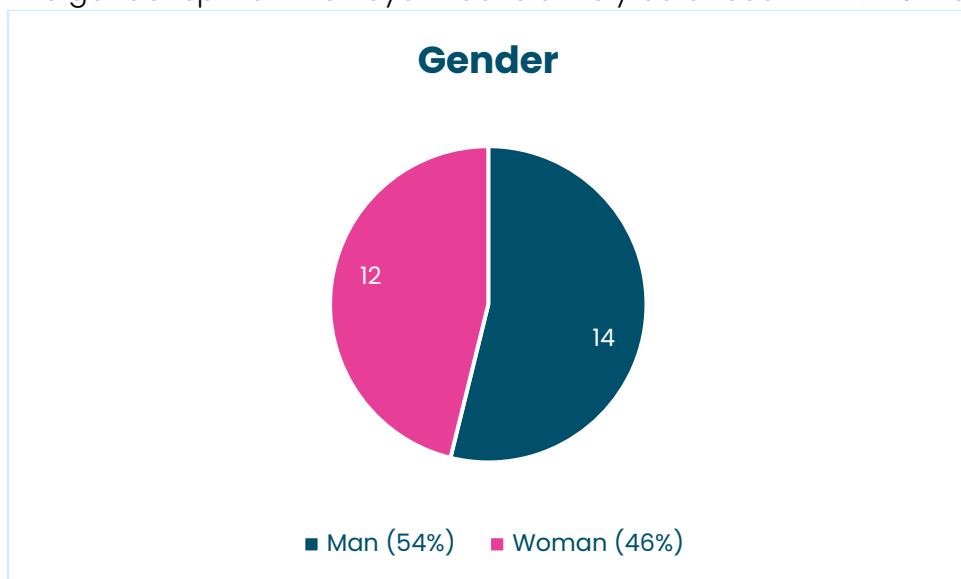


27 of the 28 people that we spoke to at The Royal A&E provided at least partial Equality, Diversity and Inclusion (EDI) information. Over half (56%) were aged 65 or over but a third (33%) were aged between 18 and 49.



### b) Gender

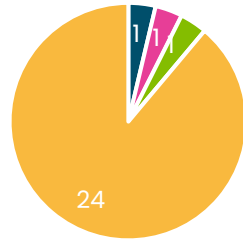
The gender split at The Royal was relatively balanced with 54% men and 46% women.



### c) Ethnicity

As at Aintree (see below) 88% of people that we spoke to at The Royal told us they were White (British/English/Northern Irish/Scottish/Welsh) but we also spoke to one Black/Black British: African person, one Black/Black British: Any other Black/Black British background person and one person who identified as coming from Any other ethnic group – in this case they were British Algerian.

## Ethnicity

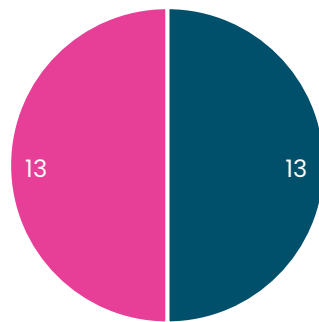


- Any other ethnic group (4%)
- Black / Black British: African (4%)
- Black / Black British: Any other Black / Black British background (4%)
- White: British / English / Northern Irish / Scottish / Welsh (88%)

## d) Do you have a disability?

The people that we spoke with at The Royal were evenly split between those who did and didn't self-describe as having a disability.

## Do you have a disability?

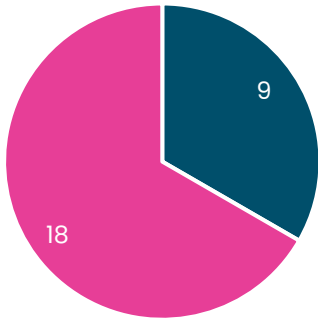


- No (50%)
- Yes (50%)

## e) Do you have a long-term condition?

Similarly, they were more likely (62.5%) than not (37.5%) to have a long-term health condition.

# Do you have a long-term condition?



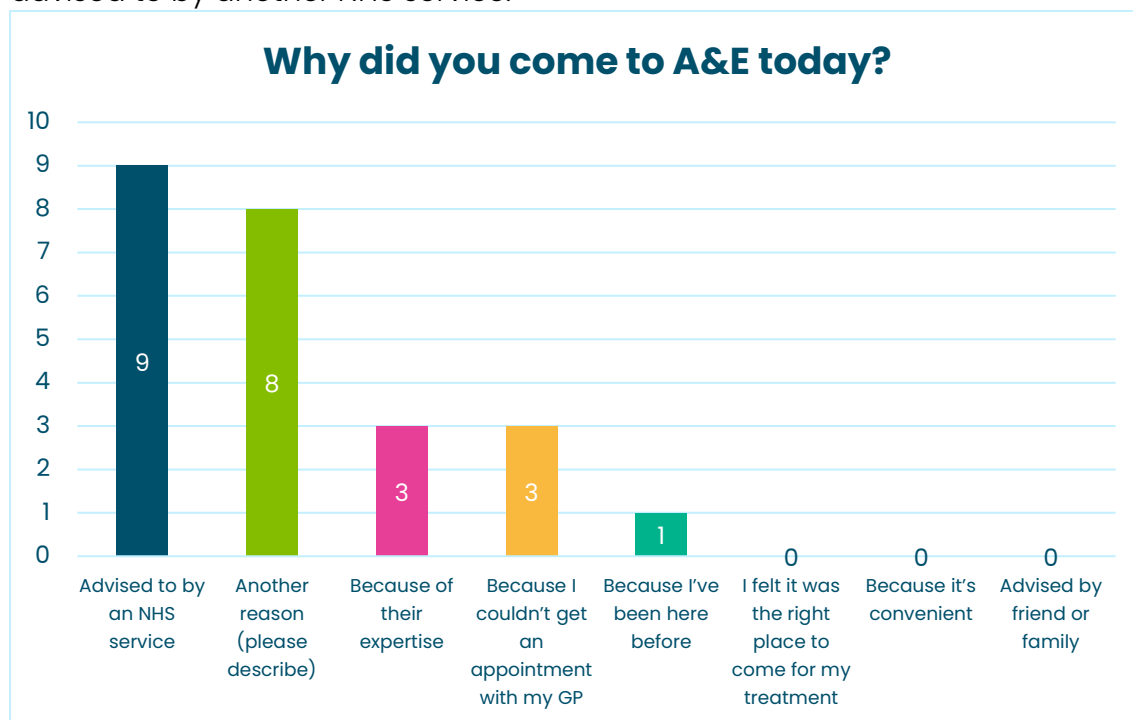
■ No (33%) ■ Yes (67%)

# 3) Key Findings – Aintree

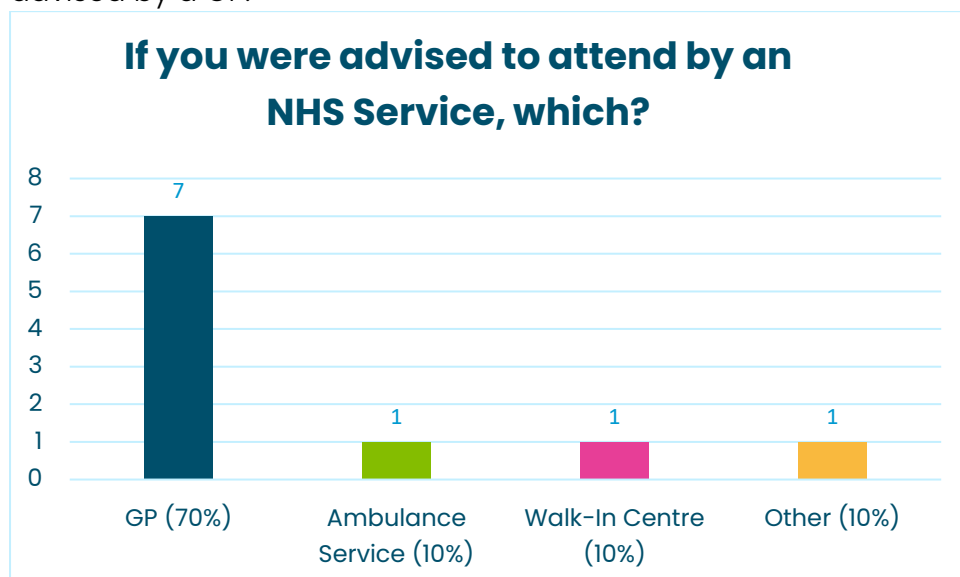
## a) Aintree – Patient and Family Survey Feedback

### 1. Why did you come to A&E today?

We spoke to 17 people at Aintree. Our first question to them was about why they had decided to attend A&E. Some of them had come for more than one reason but over half (53%) had been advised to by another NHS service.



Where they had been advised to attend by other NHS services, the majority (70%) had been advised by a GP.



Other comments received about why people had decided to attend were:

*"A carer attended and felt we needed an Ambulance."*

*"I was here for an eye test and passed out/had a seizure, they are checking me out now and unsure why I collapsed."*

*"An antibiotic course has not worked so I was advised by my GP to attend."*

*"Not getting a GP appointment is a problem generally."*

*"It is a nightmare getting an appointment (at a GP). An Advanced Nurse Practitioner told me my chest was viral and I have been put on steroids in A&E."*

*"It's an ongoing issue but I was sent by my GP. I had an appointment with the GP last night."*

*"I tried to contact my GP but was only allowed an appointment from the 22nd, but I'm away on holiday then."*

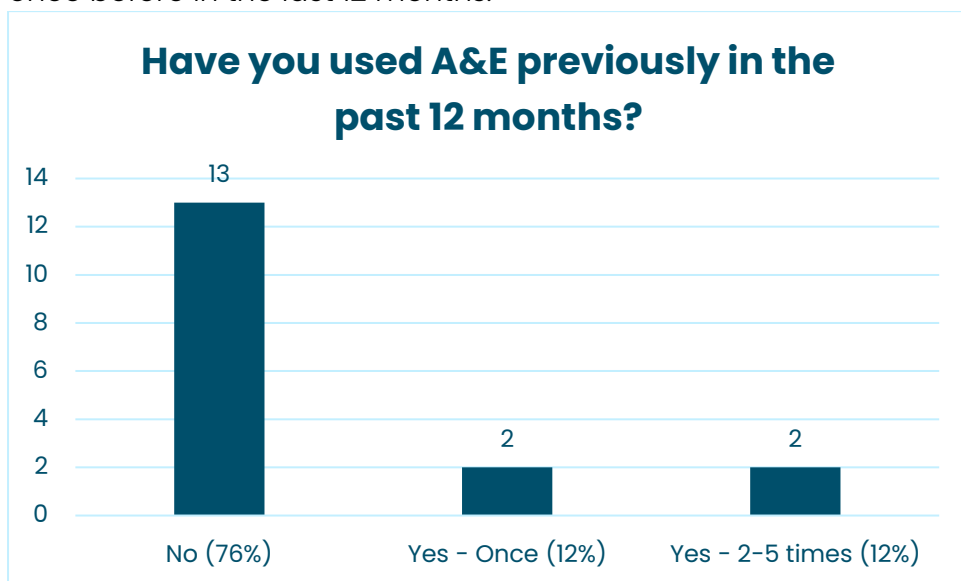
*"I had to call an ambulance; I chose to come to hospital myself. Waited 24hrs for the ambulance following a call, the paramedics came and said I did not need to attend the hospital, but I chose to come myself, the ambulance did bring me because I wanted to come here."*

*"I had a fall, went to the GP and was told to go to A&E."*

*"The Brain Injury Unit (BRIU) spoke to a medic who told us to come in."*

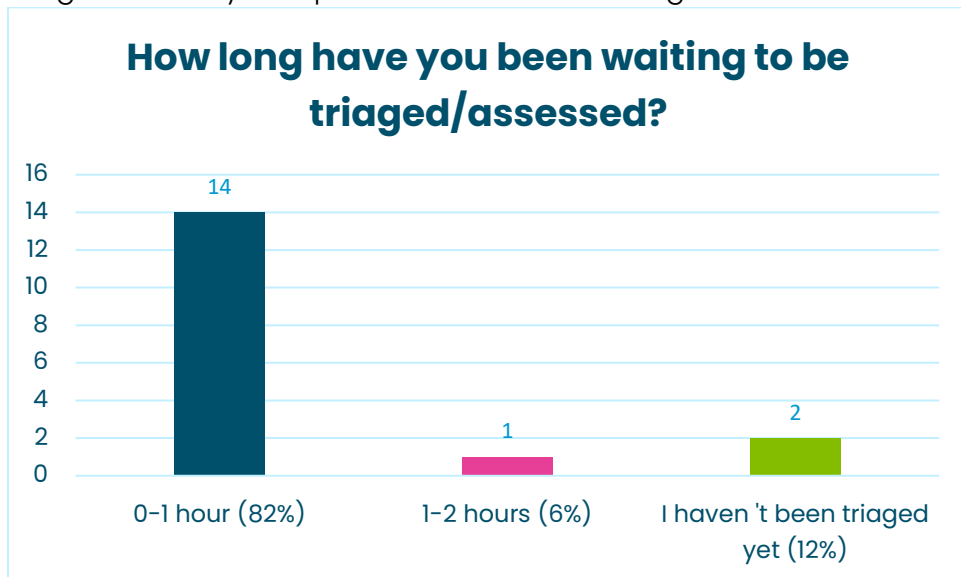
## 2. Have you used A&E previously in the past 12 months?

Just over three-quarters (76%) of those we spoke to had not previously visited A&E in the past 12 months, but 2 people (12%) had needed to attend on 2-5 occasions. A further 12% had attended once before in the last 12 months.



## 3. How long have you been waiting to be triaged/assessed?

At the time we attended, 82% of those we spoke to had been waiting for an hour or less to be triaged. Nobody we spoke to had been waiting for 5 hours or more.



#### 4. Can you rate your experience of the triage process?

Of those we spoke to at Aintree A&E, the majority (60%) felt their triage experience had been 'Extremely Good', and a further 27% felt it was good. Nobody felt that their triage experience had been bad.



Further comments that we received about the triage process were:

*"I'm waiting on the corridor; I arrived by ambulance. Temperature and blood pressure was done but not sure what will happen next, it's a guessing game."*

*"I went straight through to a bed on the corridor as I had passed out. I'm just waiting for test results."*

*"I explained what the GP said in terms of care to A&E. The scan I need can only be done here."*

*"It's slow and feels chaotic, but it's not staff members' fault. It's what is going on, some patients have been kicking off in reception, that has added to the pressure."*

*"All good."*

*"It has been really quick."*

*"They are really busy and don't take as much time, they get you in and out."*

*"I had a GP letter and was sent here today. Arrived at 10am, was seen really quickly and am waiting on a medical team to come."*

*"I came yesterday and was told to wait 7 hours, so came back today."*

*"Very efficient and friendly."*

*"Very good, excellent."*

*"Only waiting 15 minutes so far, very good, pleasant."*

*"Only been here 20 minutes."*

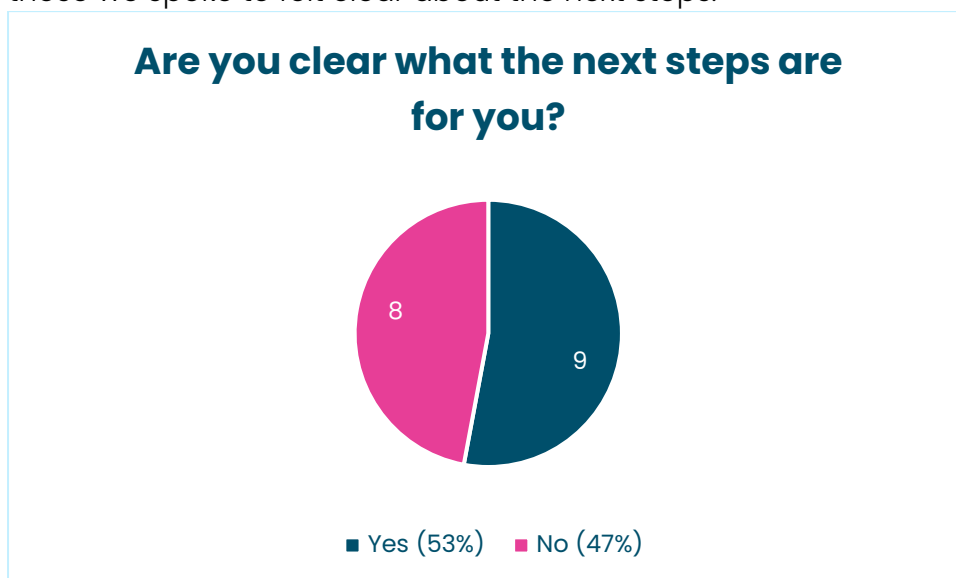
*"Only waited 5 minutes."*

*"Only waited 20 minutes."*

*"Only been here 10 minutes."*

## 5. Are you clear what the next steps are for you?

When asked how sure they were about what was due to happen next, only just over half (53%) of those we spoke to felt clear about the next steps.



Further comments about this from patients and family members were:

*"I'm not really sure what will happen next, but I've only been here 40 minutes."*

*"I'm waiting to see someone next."*

*"I was just told to wait outside. It's frustrating waiting and not knowing what the next step is - the more communication about what will happen the better."*

*"I have been told that I will have tests."*

*"Waiting for bloods."*

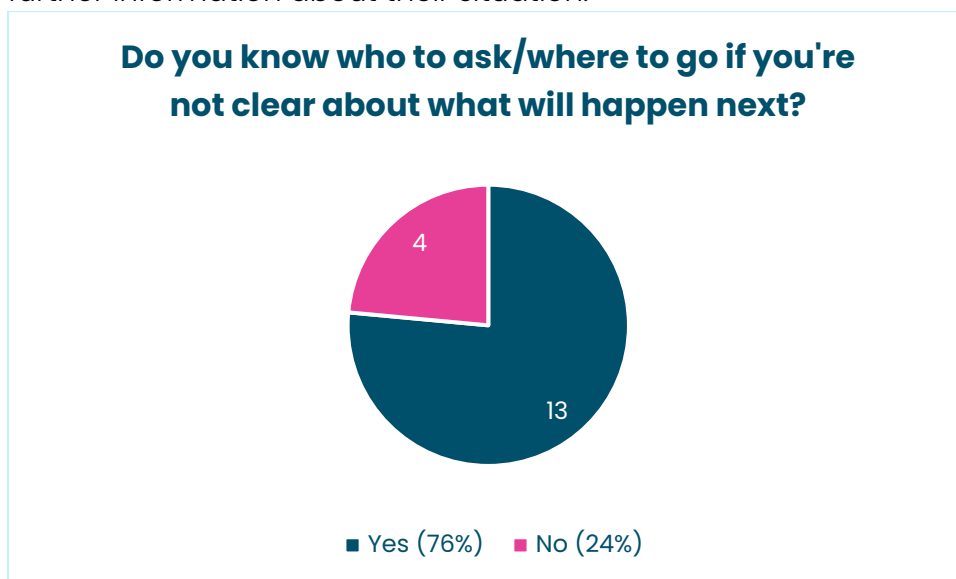
*"I had to ask."*

*"We knew we needed to book in via A&E, we were seen quickly, and staff were very jolly. They asked how we were, and we were in and out quick, it was confirmed that we're already in the system and we're just waiting for next steps."*

*"Vaguely. I know I need a scan."*

## 6. Do you know who to ask or where to go if you're not clear about what will happen next?

Despite some lack of clarity about next steps, just over three quarters of those we spoke to felt clear about who to ask or where to go to get the information they needed, if necessary. However, there were still almost a quarter (24%) of people who did not feel clear about where or how to get further information about their situation.

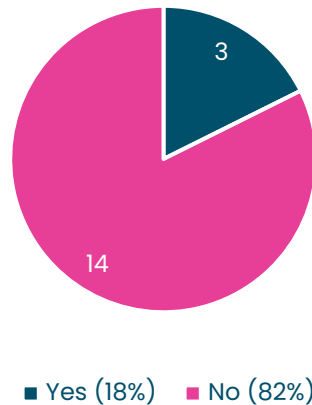


## 7. If your health is getting worse since you were triaged, have you been told who you should speak to and where they are?

The lack of clarity about where to get further information or help became more concerning when the overwhelming majority of those we spoke to (82%) said they had not been told what to do if they felt their health, or the health of their loved-one, was deteriorating.



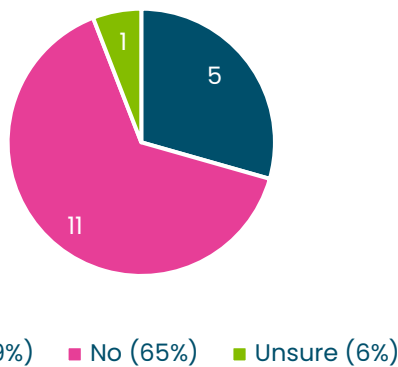
### If your health is getting worse since you were triaged, have you been told who you should speak to and where they are?



### 8. Have you been kept up to date on your waiting time?

Lack of information about A&E waiting times is something that patients mention to us regularly. On this occasion, 65% of those we spoke to did not feel they had been kept up to date about what their expected waiting time might be. However, over a quarter (29%) felt well-informed about this.

### Have you been kept up to date on your waiting time?



Four people commented that “Information is on the screen” and further comments included: “I have not waited long so far today really, all quick, just now waiting on test results.”

“It says 3 hours on the screen, but what does that apply to? What part of the journey does that apply to? Not sure where I am up to in the process.”

“Just told to sit and wait. A display on the board helped, stating ‘Please see a member of staff if situation worsens’, just watching the screen. Info is on the screen but not sure which one applies to me.”

“I will catch staff if needed. Happy to wait, understand that things take time, understand that often complex conditions and people take priority.”

*"Fine, really efficient, I expect it can be a long time, I know how busy it gets."*

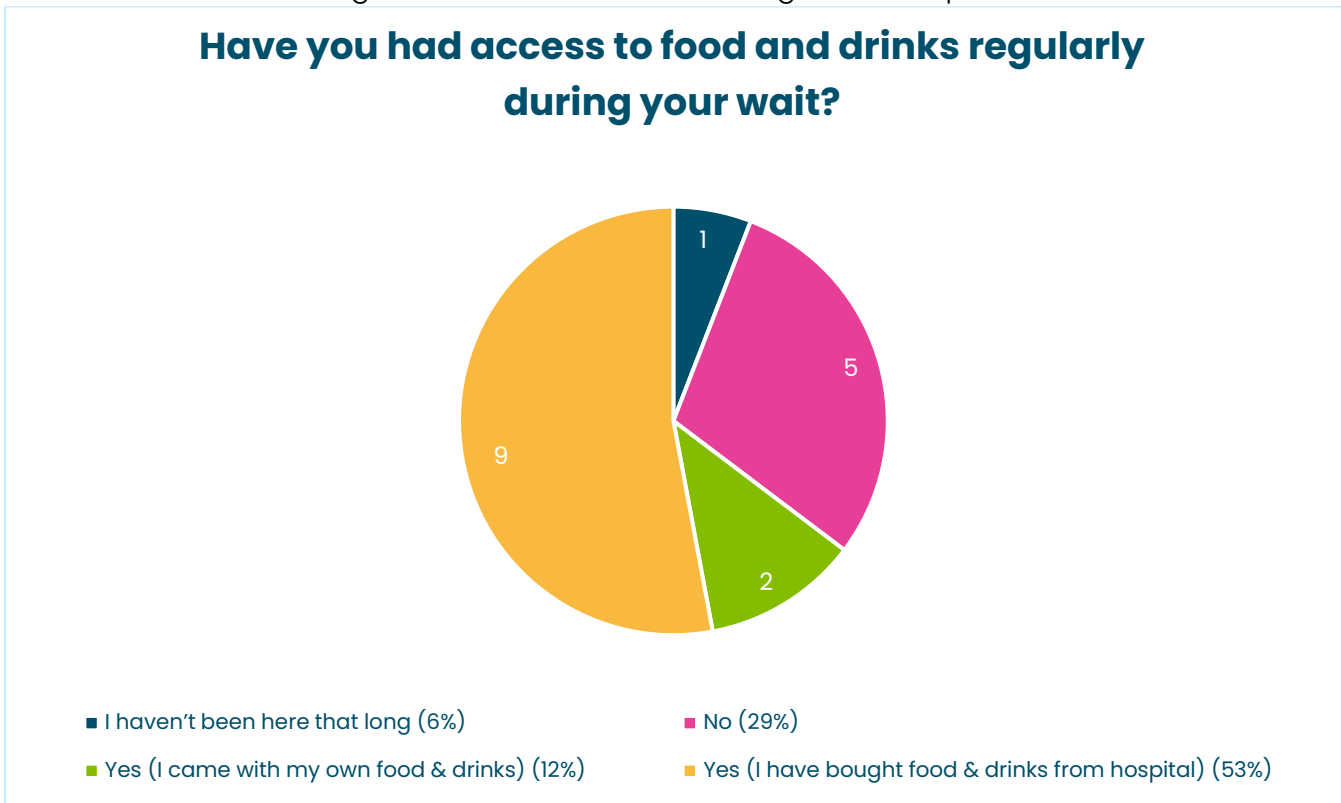
### 9. After you were triaged, how long did it take until you started your treatment?

The 15 people who responded to this question all told us that they had not yet received treatment.

### 10. Have you had access to food and drinks regularly during your wait?

We wanted to know whether people waiting in A&E had sufficient access to food and drink while they were waiting. At Aintree, the majority of people we spoke to had been able to eat and drink. Just over half (53%) had bought refreshments at the hospital and 12% had brought refreshments with them. Over a quarter (29%) had not accessed food and drink although some were aware of where to get it, but it was not clear whether others had chosen not to, or had either not had the money to do so, or could not find options that were suitable for them.

One comment, *"There is a sign to say not to eat or drink"*, caused us some concern as it seemed to contradict the facts and may have caused some people not to eat or drink when they needed to for their own wellbeing. None of our staff saw the sign that the patient referred to.



Additional comments included:

*"I have been here before and am aware of the coffee shop."*

*"Only been here 1hr 45 mins."*

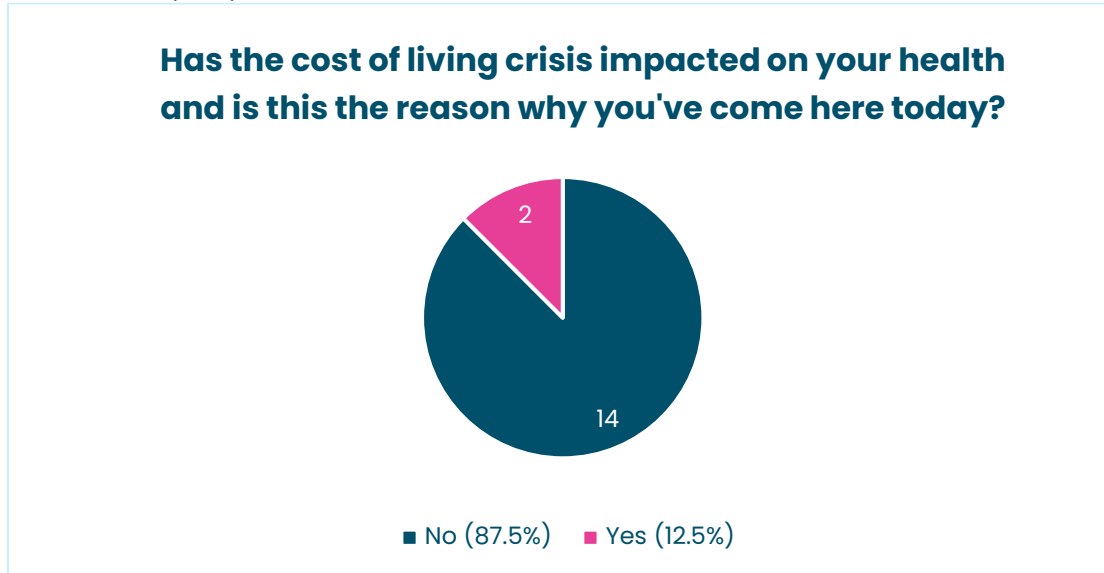
*"I don't need anything as yet."*

*"I am aware that there is a café."*

*"I am aware of the café."*

## 11. Has the cost-of-living crisis impacted on your health and is this the reason why you have come here today?

As mentioned in the section about The Royal (above), at Healthwatch, we are interested in health inequalities and the impact of the cost-of-living crisis on people's health and wellbeing, and on their access to health and social care services. The vast majority of people we spoke to at Aintree (87.5%) did not feel that their attendance at A&E was related to e.g. lack of heating or nutrition. However, 2 people (12%) did feel it had been a factor in their ill health.



Comments included:

*"It's not the main reason but it's a factor as I can't afford gas and electric."*

*"The house is really cold and I'm here with a respiratory issue."*

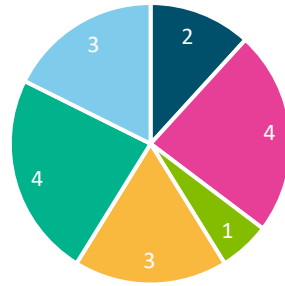
*"No. But it's really cold and I'm scared of how much the bill will be."*

*"We're lucky to be able to keep our heads above water."*

## 12. How did you travel here today?

We were interested to know how people were getting to A&E, particularly given the ongoing pressures on the ambulance service. Almost half (47%) had either driven themselves or been driven by family or friends. 18% had called a taxi and the same percentage had used public transport. Only 12% had arrived by ambulance and a further 6% had used patient transport.

## How did you travel here today?



■ Ambulance/paramedic (12%) ■ I drove myself (23.5%) ■ Patient Transport (6%)  
■ Public Transport (18%) ■ Somebody else drove me (23.5%) ■ Taxi (18%)

Where people had arrived by car, we asked how easy it had been to find a parking space. Most people who replied had found it relatively easy to park but one mentioned that signage had not been clear:

*"Very full but got a space on the 3rd floor."*

*"It was fine."*

*"Perfect."*

*"Very good."*

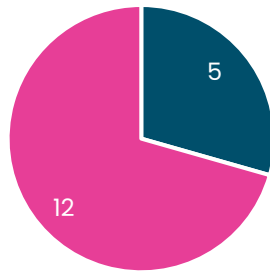
*"Yes I got a space, no problem."*

*"Difficult to know where to park, parked in the multi-storey in the end. Not very well signposted."*

### 13. How would you rate staff attitude today?

One of the most important factors in patient and family experience is the attitude of staff – across all aspects of the staff team. We are pleased to report that the patients and family members who we spoke with at Aintree on this occasion were very impressed by the attitude of staff members in A&E. On a scale of 1 – 5 Stars, 71% gave staff 5 Stars and 29% gave 4 Stars. Nobody awarded less than 4 Stars overall, but there was one comment about the dismissiveness of Reception staff.

## How would you rate staff attitude today?



■ 4 star (29%) ■ 5 star (71%)

Additional comments were:

*"So far staff have been pleasant."*

*"They have been fine/excellent."*

*"They do their best."*

*"Professional/Good."*

*"Brilliant."*

*"Good."*

*"Health service and staff have always been brilliant."*

*"All have been good."*

*"Efficient and friendly, very professional."*

*"They work hard."*

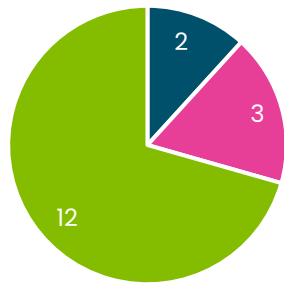
*"They're not paid enough to have people screaming at them."*

*"4 stars for reception staff 5 stars for nurses. Reception staff were very matter of fact and a bit dismissive of the reason why we are here."*

### 14. Please rate your experience today

We also asked people to rate their overall experience of A&E at the time that we spoke with them. Again, the response was overwhelmingly positive with 70% of people giving a 5 Star rating and nobody awarding less than 3 Stars.

## Please rate your experience today



■ 3 star (12%) ■ 4 star (18%) ■ 5 star (70%)

### 15. Was there anything particularly good about your care in the Emergency Department today?

With the above ratings in mind, we asked what people had found particularly good about their experience. Their answers were:

*"Still getting amazing services - really valuable NHS service."*

*"Only had an ECG but that was really quick. Nurses really nice."*

*"It's has been sound/great."*

*"It hasn't finished yet - it is good that it is here in an emergency."*

*"I can't fault it."*

*"Triage was quite quick."*

*"Receptionists were good."*

*"Can't fault the service, really helpful, happy to wait, I can get a coffee if needed, it's a bit draughty with the door."*

*"Staff have been good."*

*"Ambulance was efficient and friendly and handed over really well. Can't fault it, it is amazing."*

*"Feels quite calm."*

*"Not received anything yet."*

*"Not had any yet."*

*"Paramedics were really responsive and staff on arrival did not really communicate much, it was a medical focus rather than ignoring me."*

## 16. Was there anything which can be improved or anything you would like to add about the questions you have answered today?

We also wanted to give people the chance to suggest improvements or make further comments. The people who chose to comment said:

*"Happy to wait but the more communication the better."*

*"I am hard of hearing so when names are called I find it difficult to hear, a screen with names on would be useful."*

*"It is really busy."*

*"No, clean and tidy, all you can ask for."*

*"No, they all work hard."*

*"Government funding, staff overworked and underpaid."*

*"Nothing, but maybe areas for people who are distressed."*

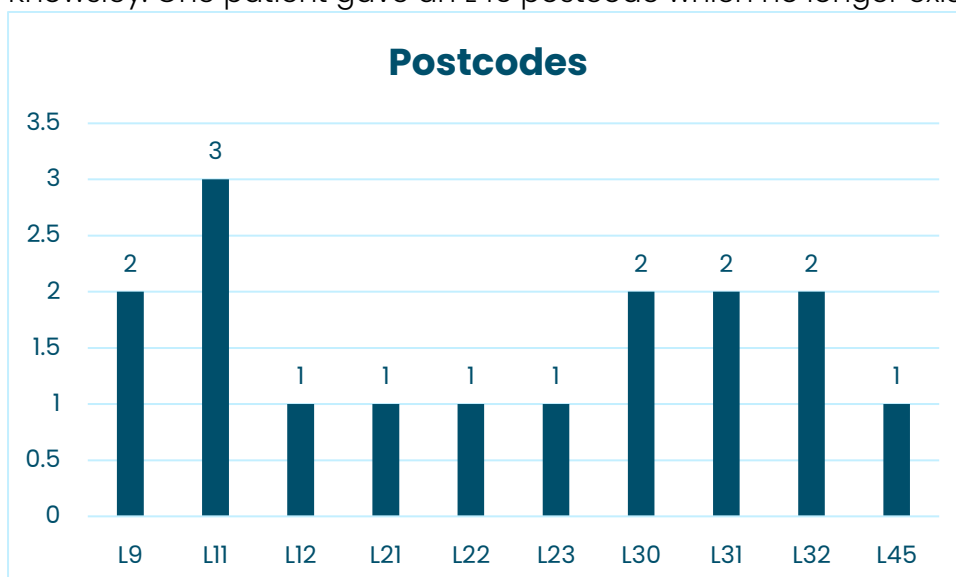
*"Signage for A&E and would be nice if waiting times were shorter."*

*"The need for pain relief, I did tell Reception that he was in a lot of pain."*

*"Waiting times."*

## 17. Postcodes

We asked people for the first part of their postcode, so that we could gain some insight into where they'd travelled from. As would be expected, the patients came from north Liverpool, Sefton and Knowsley. One patient gave an L45 postcode which no longer exists.



## b) Aintree – Staff Feedback

On arrival for the observational visit, Healthwatch staff were met and briefed regarding the A&E Department by members of the LUHFT Patient Experience Team. This included an update on patient experience insights gained through the Patient Experience team activities, and responses in place to help support positive patient experience whilst receiving services in the Department. The pressures on the Department and the knock-on implications for patient experience were also discussed.

Healthwatch were provided with an opportunity to meet the Matron on duty for the Department and to undertake a tour of the floor space. This was welcomed and provided a helpful starting point for the visit. As part of this guided tour Healthwatch were introduced to senior staff members leading key areas of the Department and descriptions were provided on the patient pathways in place and processes for the Minors area of the Department.

Staff told us that it was a very quiet morning in terms of numbers of people accessing the service. Waiting Times displayed at 10:30 a.m. stated:

- See and Treat – 3 hours approx.
- A&E Minors – 1 hour approx.
- A&E Majors – 3 hours approx.

We were told that all of these reflected very short waiting periods in comparison to what had been experienced over the previous weeks and months.

The context to the visit is important to note, as the visit took place on Friday 16<sup>th</sup> December 2022, which fell on the day following the first in a series of nurses' strikes. This may have impacted on the numbers of people opting to use A&E on the 16<sup>th</sup> December. It would be helpful to understand if this was the same picture across neighboring Trusts on this day or if the Trusts response to the strike action the previous day had put the Department in a strong position to respond to the patient flows expected.

Staff we spoke to suggested that this was *"the calm before the next storm"* and it did feel that the atmosphere within the Department was relaxed, and the patients felt relatively positive about their experiences at that point at which we spoke with them. This situation also potentially provided a good opportunity to observe how well the department could function under appropriate levels of patient arrivals. The RCN strike and the opportunity to progress discharges seemed to have created capacity to admit patients to wards in a more timely manner. On the morning of our visit, only 5 patients were being cared for on the corridor alongside the Majors Department and each of them had either only just arrived at the Department or had waited very short lengths of time to be seen and assessed by staff (no one had been there more than 2 hours). It would appear that all patients we spoke with felt relatively comfortable and confident about what was happening with their care.

When we arrived, a patient was being detained by the police and this was clearly uncomfortable for patients sitting nearby but the situation was dealt with quickly. We did prompt one patient to



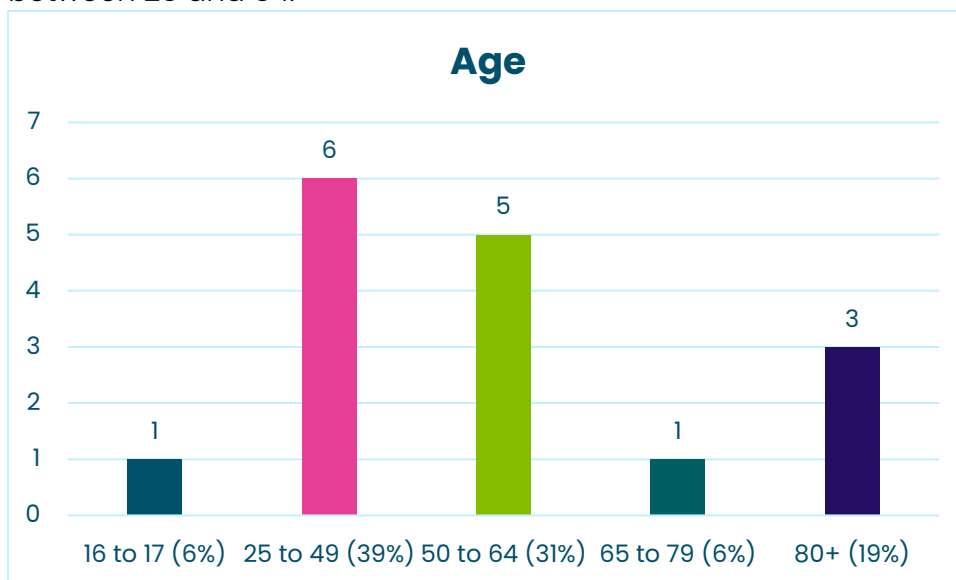
suggest “designated areas for people who are distressed” but this comment was balanced with the understanding that space was tight in the department.

### c) Equality, Diversity and Inclusion – Aintree

We asked people to share anonymous details in answer to five questions developed by Healthwatch England, aimed at collecting the minimum useful data about the people we spoke with. We did this because we are interested in knowing whether different groups of people feel they have the received the same standards of care from LUHFT. We did not gather any information which suggested that anyone we engaged with on the dates covered in this report had received less-favourable care or treatment on the grounds of their specific characteristics. Further details are available below.

#### a) What age group are you in?

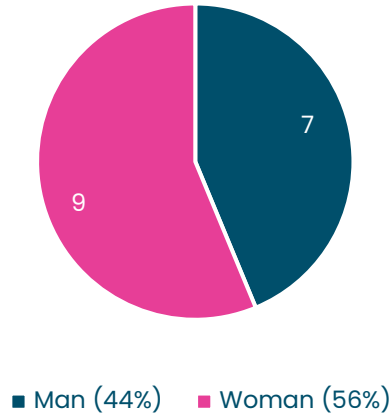
16 of the 17 people that we spoke to at Aintree A&E provided Equality, Diversity and Inclusion (EDI) information. These 16 people came from across the age spectrum, but the majority (70%) were between 25 and 64.



#### b) Gender

The gender split at Aintree was relatively balanced with 56% women and 44% men.

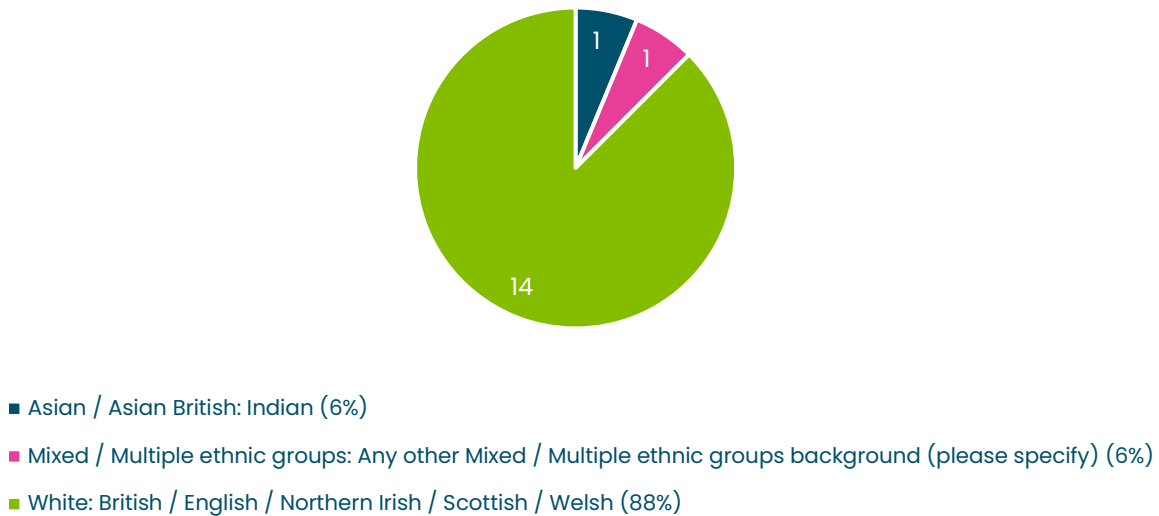
## Gender



## c) Ethnicity

The vast majority of people told us they were White (British/English/Northern Irish/Scottish/Welsh) but we also spoke to one Asian/Asian British: Indian person and one person who identified as Mixed/Multiple Ethnic Groups but chose not to provide any more specific details.

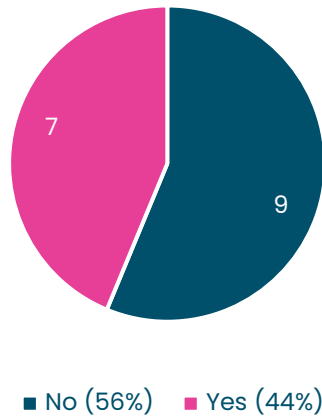
## Ethnicity



## d) Do you have a disability?

The people that we spoke with at Aintree were slightly more likely to have a disability (56%) than not (44%).

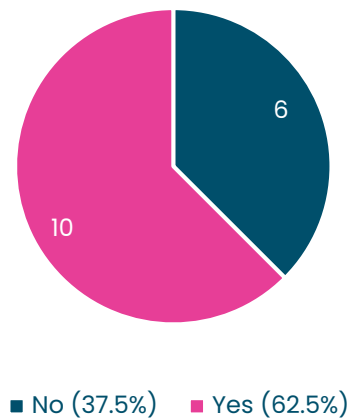
## Do you have a disability?



### e) Do you have a long-term condition?

Similarly, they were more likely (62.5%) than not (37.5%) to have a long-term health condition.

## Do you have a long-term condition?



# 4. Additional Comments and Recommendations

It is important to be aware that our visits to the A&E Departments at The Royal and Aintree Hospitals can only provide a snapshot of the circumstances on the days that we visited, based on our own observations and the feedback we received from the people who were willing to speak to us. They cannot show the wider picture for patients, family members, carers or hospital staff. The circumstances in both Departments can change from minute to minute and we do not wish to imply that the days on which we visited were necessarily typical. We would certainly be interested in visiting again to observe changes that have been made since December (particularly at The Royal), as well as to talk to patients and staff on different days of the week and at different times of day. For instance, due to the timing of our visit to Aintree, we tended to speak to people who had just arrived in the A&E Department, so their full journey was not captured. This is learning for the planning of similar activities in the future.

We are aware that some changes have been made since our visits (again, particularly at The Royal) and some of these have addressed, or begun to address, issues that we note below in our recommendations (e.g. in respect of catering and cleaning arrangements with these services due to move back 'in house', and joint work between LUHFT and Mersey Care on the S136 suite at the Royal). Nonetheless, we make the following observations and suggestions based on our findings on the dates concerned.

Theme	Recommendations		
	Royal	Aintree	Both
<b>1. Staff</b>			
a) Staff were praised by almost all. Gratitude and appreciation towards staff were common themes, and feedback also reflected patient awareness of the pressures staff were under.			<i>Please share this finding with A&amp;E staff on both sites</i>
b) Several patients were unclear about how to differentiate between staff (e.g. which were doctors or nurses).			<i>More clarity about how to identify which staff are which, and who to approach for further information or to report health deterioration</i>

Theme	Recommendations		
	Royal	Aintree	Both
			<i>concerns to would be useful. If there are signs showing which uniforms are worn by which staff, it would be helpful to point them out to patients/family members/carers. If there aren't signs, it might be useful to install them.</i>

## 2. Information and Communication

a) Patients, family members and Healthwatch staff found the lack of signage at the Royal A&E to make the experience more difficult.	<i>Improved signage to help wayfinding at The Royal would be welcome.</i>		
b) An observation, for consideration, is that it's not necessarily clear which point in the journey the displayed waiting times apply to. Patients appreciated that this may differ depending on clinical priorities.			<i>Further work could be done to provide and display regularly updated waiting times with clarity about each stage..</i>
c) A particular concern on the day we visited The Royal was the lack of a working tannoy system to communicate waiting time messages or other important messages to patients, although we understand that this was on the list of pending building jobs.	<i>Assurance that the tannoy system is working.</i>		

Theme	Recommendations		
	Royal	Aintree	Both
d) We were not clear whether any account is taken of people with sensory impairments, language support needs, or who are neurodiverse when they are waiting in A&E.	<i>Assurance that the tannoy system is working.</i>		<i>It would be interesting to know what additional support and consideration is given to patients who may have sensory impairments, additional language support needs or who are neurodiverse.  e.g. Ensuring people with hearing difficulties can see information screens, and that people with visual impairments can hear announcements.</i>
e) Patients at The Royal did not always feel they were given clear responses from staff to questions about e.g. pain relief.	<i>It may be useful, where possible, to clearly explain the purpose of triage and to ask patients/family members/carers to reflect back what they've been told, to ensure understanding.</i>		

### 3. Triage

a) When asked about triage or assessment, some people at The Royal told us that they had not been triaged but it later became clear that they had. This indicates that some patients are not clear what the triage process entails and how it relates to their treatment pathway.	<i>It may be useful to produce a poster or leaflet with a flow chart outlining what patients might expect on their journey through A&amp;E.</i>		
b) Patients arriving at Aintree on the day we attended appeared to be triaged quickly, after speaking to		<i>We acknowledge that we attended Aintree A&amp;E on an unusually quiet morning, but is</i>	

Theme	Recommendations		
	Royal	Aintree	Both
Reception staff. This seemed to help people to feel confident about what was due to happen next.		<i>there anything about the Aintree triage procedure that differs from The Royal?</i>	
c) Not all the patients that we spoke with had brought necessary medication with them or had access to the medication they needed while they waited for treatment. Some were anxious that their health may deteriorate because of this.			<i>When patients arrive at A&amp;E, ensure that they have all necessary medication with them, or ask whether they are due any medication before they wait for assessment or treatment.</i>

#### 4. Environment

a) The waiting room at The Royal was small and overcrowded. There was a lack of chairs for relatives/carers while patients were being treated and the chairs that were provided were not comfortable. Patients were seen to be 'guarding' seats when they were lucky enough to have them.	<i>We would welcome information on what measures are being taken to address the overcrowding and lack of seating at The Royal.</i>		
	<i>In particular, more designated bed bays and chairs (for patients and family members/carers) are needed at The Royal.</i>		
b) The toilet in the waiting room at The Royal was dirty, however the new Royal A&E was generally thought to be much cleaner than at the old hospital site (although not everyone felt this).	<i>The Royal would benefit from improved cleaning/hygiene levels throughout the A&amp;E Department, including in the toilets, especially at times of high patient numbers.</i>		
	<i>We understand that cleaning has now been taken back 'in house' at The Royal and we hope that hygiene standards will remain high. It would be</i>		

Theme	Recommendations		
	Royal	Aintree	Both
	<i>useful to know how patients/families/carers can report e.g. dirty toilet facilities.</i>		
c) We felt that staff at The Royal were keeping the Department calm and managing the environment and its challenges very professionally in very pressured circumstances.	<i>Please share this feedback with A&amp;E staff at The Royal.</i>		
d) According to staff at The Royal there were approximately 60 jobs on the maintenance 'to do' list on the day we visited.	<i>We would welcome an update on progress with the 'snagging' list at The Royal A&amp;E.</i>		
e) At Aintree the Department looked and felt clean and calm.		<i>Please share this feedback with A&amp;E staff at Aintree.</i>	
f) The Minors area at Aintree started to get busier throughout the morning but this was partly because multiple people (carers and family members) had attended with some patients. Nevertheless, everyone we spoke to seemed to feel comfortable in the Department.		<i>Please share this feedback with A&amp;E staff at Aintree.</i>	

## 5. Refreshments



Theme	Recommendations		
	Royal	Aintree	Both
<p>a) Access to food and drink was mixed. Although most people had sandwiches and cold drinks, there were health and safety issues at The Royal which prevented hot drinks being served to anyone without a table. Given the lack of space for tables (and chairs) this meant that many people were going without hot drinks. Food such as sausage rolls could only be heated by nursing staff and this was seldom a practical option given the demands on staff time. There was also no evidence of food suitable for e.g. halal or kosher diets, or for people who are e.g. gluten intolerant or vegan. Some of the people we spoke to at The Royal had waited over 15 hours and one person told us that while they were waiting they were not offered any drink or food and had left their medication at home.</p>	<p><i>We understand that catering at The Royal has now been taken back 'in house' which should lead to more flexibility and an improved patient and family experience around access to food and drink within the A&amp;E Department. However, we would be interested to know more about plans for this.</i></p>	<p><i>Improve the offer of food and drink for patients, family members and carers, including food suitable for a range of dietary needs, a choice of hot or cold food and working vending machines including a choice of healthy food. Ensure that carers as well as patients have access to refreshments.</i></p>	

## 6. Parking

Theme	Recommendations		
	Royal	Aintree	Both
a) Parking provision for The Royal was felt to be lacking and too far away.	<i>Consider ways to improve information about car parking, shuttle bus service and average walking times between Q-Park and A&amp;E – including any advice for people with limited mobility.</i>		
b) Parking at Aintree on the day we visited was generally felt to be adequate but signage to the multi-storey carpark could have been improved.		<i>Review signage to multi-storey carpark.</i>	
<b>7. Discharge</b>			
a) We were concerned that some patients were leaving A&E without a clear understanding of medication they had been prescribed, or how/when to take it.			<i>Ensure that medication instructions are clearly understood by patients before they leave the Department.</i>

## 5) Response from LUHFT

I would like to express sincere gratitude on behalf of Liverpool University Hospitals NHS Foundation Trust (LUHFT) for the joint Listening Events Report produced by Healthwatch Liverpool, Healthwatch Sefton and Healthwatch Knowsley.

We are extremely grateful to the Healthwatch staff and volunteers who attended the Emergency Departments at our Aintree University Hospital and Royal Liverpool University Hospital sites in December 2022 to speak with patients, visitors and staff about their experiences. This event was part of ongoing collaboration with Healthwatch to use the experiences of patients and families to support the improvement programme in our Emergency Departments.

We fully agree with the comments in the report explaining the context of when the listening events took place in December 2022. This was during a time of significant media coverage of the pressures facing Emergency Departments nationally and the events took place during the week of industrial action by the Royal College of Nursing. The listening event took place within the first two months of the new Royal Liverpool Hospital site opening, which provided us with valuable insight of patients using the department at time.

We were delighted to read the many examples in the report of the praise from patients and their families about the care and compassion from our staff. We have shared this feedback with the staff in our departments.

While there were many areas of good practice outlined in the Listening Events report, we recognise that there were many areas for improvement highlighted in the feedback. We agree with the comments and recommendations outlined in the report relating to:

- Awareness of staff roles
- Information and communication
- Triage
- Environment in department
- Refreshments
- Parking
- Discharge

The management teams in our Emergency Departments were extremely grateful for this feedback and have used this insight to support the improvement programme in both departments. There has been extensive improvement work that has been undertaken, and we are continuing to undertake. We have detailed this work in response to each recommendation in the 'Additional Comments and Recommendations' section of the report. The Listening Events report and our response to the recommendations have been reviewed and approved at the Quality and Safety meetings for the Aintree University Hospital and Royal Liverpool University Hospital sites.

The themes in the report were consistent with other feedback we have received from patients, families and staff. We hope that the responses to each of the recommendations provides assurance that the feedback from patients, families and staff has been taken seriously and incorporated into how we monitor and improve our services.

As you have discussed with our Head of Patient Experience, we are keen to invite Healthwatch to walkabouts in each of our Emergency Departments so that our management teams can show you the changes that have been made and answer any queries about the improvement actions we have detailed in the report. Our Patient Experience Team will be in contact with you to agree dates for these visits.

We value our relationship with each of the Healthwatch organisations for Liverpool, Sefton and Knowsley. May I reiterate our gratitude for working so closely with us in partnership to help us understand and act upon the voices of people in our communities.

We look forward to continuing this valued partnership with Healthwatch.

Yours sincerely



**Fiona Murphy MBE**  
**Director of Nursing, Corporate Services**

Theme	Response to Recommendations		
	Royal	Aintree	Both
<b>1. Staff</b>			
a) Staff were praised by almost all. Gratitude and appreciation towards staff were common themes, and feedback also reflected patient awareness of the pressures staff were under.	<b>Praise for staff shared with Service Leads for cascade to all ED staff.</b>	<b>Praise for staff shared with Service Leads for cascade to all ED staff.</b>	<i>Please share this finding with A&amp;E staff on both sites</i>
b) Several patients were unclear about how to differentiate between staff (e.g. which were doctors or nurses).	<p><b>The following reflects the response from both Emergency Departments at the Trust:</b></p> <p><b>All staff at the Trust wear an ID badge which details their name and role and as part of the “#Hello my name is campaign” all staff should verbally introduce themselves and their role to all patients on introduction and before any intervention.</b></p> <p><b>It is compulsory, however, that all staff, should follow Trust policy of introducing themselves and explaining their role and asking each patient how they would like to be addressed before any clinical or care intervention takes place.</b></p> <p><b>Doctors within ED wear a lanyard which details their role however, it was agreed that patients may be unsure of different roles including healthcare assistants, nurses of different bandings and other Allied Health Professionals.</b></p> <p><b>The Trust has invested in staff uniforms and each role is clearly identified by the uniform and embroidered designate.</b></p> <p><b>ED Service Leads will liaise with the Trust Communications and Reprographics Team to develop</b></p>		<p><i>More clarity about how to identify which staff are which, and who to approach for further information or to report health deterioration concerns to would be useful. If there are signs showing which uniforms are worn by which staff, it would be helpful to point them out to patients/family members/carers. If there aren't signs, it might be useful to install them.</i></p>

Theme	Response to Recommendations		
	Royal	Aintree	Both
	a poster/visual resource of key staff uniforms within the Department and their designated roles to display across ED.		
<b>2. Information and Communication</b>			
a) Patients, family members and Healthwatch staff found the lack of signage at the Royal A&E to make the experience more difficult.	<i>Improved signage to help wayfinding at The Royal would be welcome.</i> Since the Listening Event in December 2022., there has been extensive reworking of the signage across the ED Department to assist with wayfinding for patients and visitors. There are currently two jobs outstanding with the Estates Department- the signage for the Hub and the "No exit" sign for the ambulance entrance. These jobs should be completed in due course	The AUH ED Team are involved with creating New Signage to help patients and relatives to understand their journey within the Emergency Department	
b) An observation, for consideration, is that it's not necessarily clear which point in the journey the displayed waiting times apply to. Patients appreciated that this may differ depending on clinical priorities.	<p>The following reflects the response from both Emergency Departments at the Trust:</p> <p><b>This will be addressed in a number of ways:</b></p> <ul style="list-style-type: none"> <li>• The Trust Communications Team is currently costing an infographic for the ED waiting room areas to detail the different patient pathways to assist with patient understanding.</li> <li>• The ED Service Leads are meeting with IT Department to ensure that waiting times are displayed digitally on one of the two screens within the waiting room area. This will distinguish (where possible) the distinction between waiting times for different pathways e.g. See and treat, minors and majors</li> </ul>		<i>Further work could be done to provide and display regularly updated waiting times with clarity about each stage..</i>

Theme	Response to Recommendations		
	Royal	Aintree	Both
c) A particular concern on the day we visited The Royal was the lack of a working tannoy system to communicate waiting time messages or other important messages to patients, although we understand that this was on the list of pending building jobs.	<p><i>Assurance that the tannoy system is working.</i></p> <p><b>The Tannoy system has now been installed and is live with updated messages to keep patients updated and informed.</b></p> <p><b>There are two screens in the waiting area. One displays the news as a distraction/entertainment for patients. The other displays rolling Trust information including the Healthwatch feedback posters.</b></p> <p><b>This is the screen that will be used to also display anticipated waiting times</b></p>		
d) We were not clear whether any account is taken of people with sensory impairments, language support needs, or who are neurodiverse when they are waiting in A&E.	<p><b>The following reflects the response from both Emergency Departments at the Trust:</b></p> <p><b>ED staff will endeavour to ensure that appropriate support and reasonable adjustments are made for patients with sensory impairments, language support needs and those who are neurodiverse when they are waiting in the Department.</b></p> <p><b>This support would be identified on the patient's arrival in the Department or at Triage and the range of support offered would include:</b></p> <ul style="list-style-type: none"> <li>• <b>Identifying patient's preferred method of communication and ensuring this information is shared with all staff caring for the patient.</b></li> <li>• <b>Interpretation and translation provision is currently provided by Language Line (spoken languages &amp; interpretation) and BSL interpretation via Signalise.</b></li> </ul> <p><b>RLUH ED has access to two "Interpreter on wheels" devices which provide</b></p>		<p><i>It would be interesting to know what additional support and consideration is given to patients who may have sensory impairments, additional language support needs or who are neurodiverse.</i></p> <p><i>e.g. Ensuring people with hearing difficulties can see information screens, and that people with visual impairments can hear announcements.</i></p>

Theme	Response to Recommendations		
	Royal	Aintree	Both
	<p>video interpretation services and 1 on AMU.</p> <ul style="list-style-type: none"> <li>• The link for signalise is available on every Trust device and instructions for the booking process for face-to-face interpreters have been shared with all areas across the Trust. However, in ED video interpretation can also be arranged via the interpreter on wheels to provide a timely response.</li> <li>• The Trust Interpreter and translation Service is exploring the use of real Time location technology to ensure that the interpreter on wheels devices are accessible at all times.</li> <li>• In addition, the Trust Interpreter and translation Service are developing an Improvement Group in ED on both sites to increase staff awareness and improve services for patients who are deaf, hard of hearing or require translation services.</li> <li>• ED Staff should ensure that information is provided both visually on the screens and audibly by both Tannoy and staff</li> <li>• Providing patients with their own space to wait in if required and if possible, within the Department capacity at that time</li> <li>• We are also reviewing the use of PICTURE CARDS across all areas of the Trust, including ED to provide an additional communication tool resource</li> </ul>		
e) Patients at The Royal did not always feel they were given clear responses from staff to questions about e.g. pain relief.	<p><i>It may be useful, where possible, to clearly explain the purpose of triage and to ask patients/family members/carers to reflect back what they've been told, to ensure understanding.</i></p> <p><b>ED Service Leads to work with Triage Nurses to ensure that they clearly</b></p>		

Theme	Response to Recommendations		
	Royal	Aintree	Both
	<p>communicate how to escalate issues if required including information regarding pain management and access to additional pain relief if required.</p> <p>Service Leads to liaise with Trust Communications Team and Reprographics Department to develop posters for the waiting room areas to highlight who to refer to if pain is escalating.</p> <p>In addition, Observation Guardians and Triage Nurses are available at all times and Trust policy states that all patients with pain scores over 6 at Triage must have repeated assessment 6 hourly with medical review if required.</p> <p>Matrons in ED also facilitate a 2 hourly walkthrough the department to review patients and ensure that pain is being managed.</p>		

### 3. Triage

<p>a) When asked about triage or assessment, some people at The Royal told us that they had not been triaged but it later</p>	<p><i>It may be useful to produce a poster or leaflet with a flow chart outlining what patients might expect on their journey through A&amp;E.</i></p> <p><b>ED Service Leads to work with Triage Nurses to ensure that they are</b></p>		
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Theme	Response to Recommendations		
	Royal	Aintree	Both
<p>became clear that they had. This indicates that some patients are not clear what the triage process entails and how it relates to their treatment pathway.</p>	<p><b>providing clear communication regarding the triage purpose and process to patients.</b></p> <p><b>The Trust Communications Team is currently costing an infographic for the ED waiting room areas to detail the different patient pathways to assist with patient understanding and this will include triage.</b></p>		
<p>b) Patients arriving at Aintree on the day we attended appeared to be triaged quickly, after speaking to Reception staff. This seemed to help people to feel confident about what was due to happen next.</p>		<p><i>We acknowledge that we attended Aintree A&amp;E on an unusually quiet morning, but is there anything about the Aintree triage procedure that differs from The Royal?</i></p> <p><b>We aim to identify clinical priority as soon as possible after the patient has registered in the department, therefore; a rapid assessment is completed within 15 mins to arrival clinical priority of patients.</b></p> <p><b>All patients will also receive a secondary assessment in order of clinical priority.</b></p>	

Theme	Response to Recommendations		
	Royal	Aintree	Both
c) Not all the patients that we spoke with had brought necessary medication with them or had access to the medication they needed while they waited for treatment. Some were anxious that their health may deteriorate because of this.	<p><b>The following reflects the response from both Emergency Departments at the Trust:</b></p> <p><b>At triage, patients are asked if they take any time critical medications including:</b></p> <ul style="list-style-type: none"> <li>• <b>Anti-Epilepsy Medication</b></li> <li>• <b>Insulin</b></li> <li>• <b>Medications for Parkinson’s Disease</b></li> </ul> <p><b>7-critical medications will be reviewed by the Doctor who will also access the E exchange to review GP patient records and medication history. Pharmacists are also available within the Department to ensure that medications can be reviewed and dispensed appropriate to the patient needs.</b></p>		<p><i>When patients arrive at A&amp;E, ensure that they have all necessary medication with them, or ask whether they are due any medication before they wait for assessment or treatment.</i></p>

#### 4. Environment

a) The waiting room at The Royal was small and overcrowded. There was a lack of chairs for relatives/carers while patients were being treated and the chairs that were provided were not comfortable. Patients were seen to be ‘guarding’ seats when they were lucky	<p><i>We would welcome information on what measures are being taken to address the overcrowding and lack of seating at The Royal.</i></p> <p><i>In particular, more designated bed bays and chairs (for patients and family members/carers) are needed at The Royal.</i></p> <p><b>Since the Listening event in December 2022, 16 additional chairs have been added to the waiting room area which has increased the capacity of the waiting room to accommodate 48 people and 4 people using</b></p>		
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Theme	Response to Recommendations		
	Royal	Aintree	Both
enough to have them.	<p><b>wheelchairs.</b></p> <p><b>In addition, the ED Department has been reconfigured and further expanded to “pull through” patients to other areas in majors 2, SDEC and CDU.</b></p>		
b) The toilet in the waiting room at The Royal was dirty, however the new Royal A&E was generally thought to be much cleaner than at the old hospital site (although not everyone felt this).	<p><i>The Royal would benefit from Improved cleaning/hygiene levels throughout the A&amp;E Department, including in the toilets, especially at times of high patient numbers.</i></p> <p><i>We understand that cleaning has now been taken back ‘in house’ at The Royal and we hope that hygiene standards will remain high. It would be useful to know how patients/families/carers can report e.g. dirty toilet facilities.</i></p> <p><b>Since the Listening event, ISS Staff are now employed by the Trust and the ED Department has introduced an improved cleaning schedule with increased focus in the waiting room area including the toilet facilities.</b></p> <p><b>In addition, Matrons facilitate a 2 hourly walkthrough the department to review</b></p>		

Theme	Response to Recommendations		
	Royal	Aintree	Both
	<p>patients and also check the hygiene and cleanliness of the waiting room areas.</p> <p>The ED Reception Team also conduct 2 hourly environmental checks and escalate any concerns or issues to the more senior staff on duty (Band 7 and above) for action.</p>		
c) We felt that staff at The Royal were keeping the Department calm and managing the environment and its challenges very professionally in very pressured circumstances.	<p><i>Please share this feedback with A&amp;E staff at The Royal.</i></p> <p><b>Praise for staff shared with Service Leads for cascade to all ED staff.</b></p>		
d) According to staff at The Royal there were approximately 60 jobs on the maintenance 'to do' list on the day we visited.	<p><i>We would welcome an update on progress with the 'snagging' list at The Royal A&amp;E.</i></p> <p><b>Since the Listening event, all items on the "snagging list" following the move to the new hospital have now been actioned and the department has returned to business as usual. There is a fortnightly walkabout in the Department by ED Service Leads, Estates and</b></p>		

Theme	Response to Recommendations		
	Royal	Aintree	Both
	Facilities Department and Patient Experience to review areas in both ED and AMU/AMUA and ensure any jobs and issues are logged and actioned in a timely manner.		
e) At Aintree the Department looked and felt clean and calm.		<i>Please share this feedback with A&amp;E staff at Aintree.</i> <b>Praise for staff shared with Service Leads for cascade to all ED staff.</b>	
f) The Minors area at Aintree started to get busier throughout the morning but this was partly because multiple people (carers and family members) had attended with some patients. Nevertheless, everyone we spoke to seemed to feel comfortable in the Department.		<i>Please share this feedback with A&amp;E staff at Aintree.</i> <b>Praise for staff shared with Service Leads for cascade to all ED staff.</b>	

## 5. Refreshments

a) Access to food and drink was mixed. Although most people had sandwiches	<i>We understand that catering at The Royal has now been taken back 'in house' which should lead to more flexibility and an improved patient and</i>	<b>A café is situated in the main ED waiting area which is open 24/7. The café serves a variety of hot and cold food / drinks. There are</b>	<i>Improve the offer of food and drink for patients, family members and carers, including food suitable for a range of dietary needs, a choice of hot or cold food</i>
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Theme	Response to Recommendations		
	Royal	Aintree	Both
<p>and cold drinks, there were health and safety issues at The Royal which prevented hot drinks being served to anyone without a table. Given the lack of space for tables (and chairs) this meant that many people were going without hot drinks. Food such as sausage rolls could only be heated by nursing staff and this was seldom a practical option given the demands on staff time. There was also no evidence of food suitable for e.g. halal or kosher diets, or for people who are e.g. gluten intolerant or vegan. Some of the people we spoke to at The</p>	<p><i>family experience around access to food and drink within the A&amp;E Department. However, we would be interested to know more about plans for this.</i></p> <p><b>Since the Listening Event, there is now a new vending machine in the ED Waiting area stocked with snacks. A coffee machine is on order and should be installed in due course.</b></p> <p><b>In other areas of ED more bedside tables have been procured to ensure that hot drinks can be provided safely for patients. Additionally at times of high pressure, when patients are being cared for on trolleys in the corridors, they have a bed tray to ensure that hot drinks can be served.</b></p> <p><b>Patients throughout the departments in ED have 6 rounds of drinks offered each day with an additional round of drinks served by a Healthcare Assistant during the evening.</b></p> <p><b>There is currently a project in progress to introduce a 7-day rolling programme of menu choices for all patients admitted in the</b></p>	<p><b>additional hot and cold food outlets open in the main hospital between (9.00 am and 5.00 pm)</b></p> <p><b>There are also vending machines and a water cooler</b></p> <p><b>For patients in the main waiting area to access.</b></p> <p><b>A poster in ED directs patients to Triage if they do not have access to money to buy drinks / food and they will be provided with a voucher to be used in the ED café.</b></p> <p><b>Patients waiting to be admitted or waiting to be seen in majors will be provided with food (grab bag) or hot meal / Soup. For patients with special or Cultural dietary requirements including Halal, Kosher, vegan, and gluten-free these diets are ordered, and provided on request.</b></p>	<p><i>and working vending machines including a choice of healthy food. Ensure that carers as well as patients have access to refreshments.</i></p>

Theme	Response to Recommendations		
	Royal	Aintree	Both
Royal had waited over 15 hours and one person told us that while they were waiting they were not offered any drink or food and had left their medication at home.	<p><b>department for over 24 hours to expand their options and food choices.</b></p> <p><b>For patients with special or Cultural dietary requirements including Halal, Kosher, vegan, and gluten-free these diets are ordered, and provided on request.</b></p> <p><b>The 10-inch digital screens outside each patient room will also display any special dietary requirements to ensure that appropriate food choices are provided for patients.</b></p> <p><b>Patients with extended waiting times should be supported and reviewed during the 6-hour daily rounds to ensure that required medication and food/drinks are provided.</b></p>		

## 6. Parking

a) Parking provision for The Royal was felt to be lacking and too far away.	<p><i>Consider ways to improve information about car parking, shuttle bus service and average walking times between Q-Park and A&amp;E – including any advice for people with limited mobility.</i></p> <p><b>Suggestions shared with the Trust Outpatient Transformation Project Leads on review of patient correspondence and</b></p>		
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Theme	Response to Recommendations		
	Royal	Aintree	Both
	<p>information provided in letters for all patients and identifying support for those with limited mobility. Detail to be added to the Trust website map information page.</p> <p>Trust Estates Team also to review suggestions made and look to improve patient information. The Trust shuttle bus availability and times of operation are promoted in the Q Park and main entrance- Estates will look to provide similar signage in A &amp; E for patients leaving the Department during operating hours.</p>		
b) Parking at Aintree on the day we visited was generally felt to be adequate but signage to the multi-storey carpark could have been improved.		<p><i>Review signage to multi-storey carpark. This has been shared with the Maintenance Department who are responsible for signage on site and will review the signage from ED to the multistorey Carpark.</i></p>	

## 7. Discharge

a) We were concerned that some patients were leaving A&E without a clear	<p><b>The following reflects the response from both Emergency Departments at the Trust:</b></p> <p><b>ED Service Leads to increase staff awareness of this important issue, ensuring that all patients are fully informed of their medications and how</b></p>	<p><i>Ensure that medication instructions are clearly understood by patients before they leave the Department.</i></p>
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Theme	Response to Recommendations		
	Royal	Aintree	Both
understanding of medication they had been prescribed, or how/when to take it.	<b>and when to take them on discharge. Any changes to medication would be referred to the patient's GP.</b>		

# Appendix A

## Examples of LUHFT A&E feedback received from the public by Healthwatch Liverpool, Healthwatch Knowsley and Healthwatch Sefton

The feedback below has been anonymised but is typical of what the public told us in the 3 months prior to our Listening Events at LUHFT.

### a) Royal and Aintree (Healthwatch Liverpool)

Patient reported lengthy delays in being seen when presenting at both The Royal and Aintree A&E with a suspected stroke. After calling for an ambulance and being advised of a 10-hour delay, the patient took a taxi to A&E at The Royal. They advised staff that they may be experiencing a stroke and had high blood pressure readings but felt others were being 'taken in' ahead of them. The patient waited 2.5 hours to be seen by a triage nurse and a further 12 hours for a consultant registrar to assess them and perform a CT scan. Patient was then advised to attend the Stroke Unit at Aintree where they were taken to A&E to wait a further 6 hours to see a consultant.

### b) Aintree (Healthwatch Liverpool)

Patient contacted Healthwatch whilst waiting at A&E with a deep, 2 inch long, cut on their hand. They had waited 1 hour for triage and then another 4 hours without being seen. The bandage applied at triage was soaked in blood 4 hours later and the waiting time displayed when the patient contacted us was 15 hours. The patient said they were having "a really bad experience. If the cut wasn't that deep we would have left. I can't believe somebody can be expected to wait so long with a bleeding cut."

### c) Royal (Healthwatch Liverpool)

Patient reported a 6.5-hour delay when attending A&E due to chest pain. They asked for pain relief after 2 hours and were offered paracetamol. Patient advised that they typically took morphine, they then waited a further 2 hours to receive this. Patient was distressed by waiting in pain and watching others in a similar situation. They felt people were not being triaged correctly, with temperature and blood pressure readings being the method of assessment. Patient also commented on the lack of social distancing or mask wearing in the waiting area, drunk people in wheelchairs and others hooked up to drips. They felt the situation in the new Royal was worse than it was in the old building.

### d) Royal (Healthwatch Knowsley)

Patient arrived by ambulance was left in the corridor for a couple of hours before being taken to a ward where they were "stuck with older people who were moaning all the time", and they felt the nurses weren't very friendly. They had an arterial blood clot in their leg and felt that nurses didn't really help them to get around. They also said that nurses wouldn't really respond adequately to questions and would take hours to respond to requests. The student nurses were the only ones

who were responsive and helpful. The patient couldn't sleep because the lights were on all the time. The food was "awful", and it wasn't possible to see out of the windows. *"It was just a dirty scruffy hospital"*.

#### **e) Aintree (Healthwatch Sefton)**

Patient returned to A&E two weeks after having a heart attack as they were feeling awful. They arrived at 9.30am on a Saturday. By 2.33am on the Sunday they were still waiting for a bed. Patient had been diagnosed with elevated platelets and fluid on lungs. They said they'd received no communication from staff as to how long the wait was. The patient felt their experience was *"Disgraceful, worst service ever."*

#### **f) Aintree (Healthwatch Sefton)**

Patient provided feedback on A&E and an inpatient admission. Overall, their experience was good but they were concerned that on both admissions their discharge sheet said they were tested for Covid-19 but they said they were never tested for this on either admission.

#### **g) Aintree (Healthwatch Sefton)**

Patient was sent to Aintree A&E via NHS 111 because they couldn't get a GP appointment. They arrived at 10.00am, were triaged at about 11.30am, and saw a doctor at about 2.30pm. The doctor took bloods as the patient hadn't been called to have them done. They came out at 3.10pm to await blood test results and finally left A&E at 7.15pm. The majority of the waiting time was down to the doctor finding a room free to discuss symptoms and then blood test results. The patient felt that this was an issue to be looked at as they'd been left *"sitting here amongst people who have got goodness knows what illnesses. The staff were amazing, but the system is broken. Why can't we get to see a GP?"*

#### **h) Aintree (Healthwatch Sefton)**

Patient rang NHS 111 and was told they needed an x-ray and to go to A&E. They went to A&E on a Saturday afternoon, were seen straight away and were in and out within 2 hours. They were happy with their care and experience and were diagnosed with nothing serious.

# Appendix B

## LUHFT A&E Survey Questions, December 2022



Share your experience of this Accident & Emergency department.

Healthwatch is your local health and care champion and gives you the opportunity to share your experiences of using health and social care services. Healthwatch Knowsley, Liverpool and Sefton are working together today within this Accident & Emergency department to find out what your experiences are today.

### 1. Why did you come to A&E today? (tick all that apply)

- Advised to by an NHS service
- Because of their expertise
- I felt it was the right place to come for my treatment
- Because I've been here before
- Because I couldn't get an appointment with my GP
- Because it's convenient
- Advised by friend or family
- Another reason (please tell us more if you'd like to using the box below)

### 2. If you answered 'Advised by an NHS Service' as an option to the previous question, were you advised to attend by:

- |  |  |
|--|--|
| <input type="checkbox"/> Ambulance service         | <input type="checkbox"/> Walk-in Centre  |
| <input type="checkbox"/> NHS 111                   | <input type="checkbox"/> NHS 999         |
| <input type="checkbox"/> GP                        | <input type="checkbox"/> GP Receptionist |
| <input type="checkbox"/> A & E previously          | <input type="checkbox"/> Consultant      |
| <input type="checkbox"/> Hospital Ward/ Department | <input type="checkbox"/> District Nurse  |

Midwife

Other (please tell us)

**3. Have you used A & E previously in the past 12 months?**

No  Yes (Once)  Yes (2 - 5 times)  Yes (6 - 10 times)

**4. How long have you been waiting to be triaged/assessed?**

I haven't been triaged yet  0 - 1 Hour  1 - 2 Hours  2 - 3 Hours

3 - 4 Hours  4-5 Hours  5 plus Hours (Please tell us in the box below how many hours this took)

**5. Can you rate your experience of the triage process?**

Extremely Good  Good  Satisfactory  Poor  Very poor

Can you tell us more about your triage in the box below

**6. Are you clear what the next steps are for you? (For example, who will see you next/why they need to see you/ What will happen then?)**

Yes  No

If you would like to tell us more about this, please use the box below.

**7. Do you know who to ask or where to go if you're not clear about what will happen next?**

Yes  No  Unsure

**8. If your health is getting worse since you were triaged, have you been told who you should speak to and where they are?**

Yes  No  Unsure

**9. Have you been kept up to date on your waiting time (the expected time you will have to wait) at each stage of your journey through the department?**

Yes  No  Unsure



13. How did you travel here today?

Ambulance/Paramedic

Taxi

I drove myself

Patient transport

Walked

Public Transport

Somebody else drove me (i.e. friend/family member)

Other(please state)

[Empty text box]

14. If you drove yourself or had someone else drive you here today, please use the box below to share your experience of using the car parking facilities.

[Large empty text box for sharing experience]

15. How would you rate staff attitude today (1 star being very poor & 5 being excellent)

<input type="checkbox"/>	★				
<input type="checkbox"/>	★	★			
<input type="checkbox"/>	★	★	★		
<input type="checkbox"/>	★	★	★	★	
<input type="checkbox"/>	★	★	★	★	★

You can use the box below to tell us more about staff attitude

Empty rounded rectangular box for text input.

16. Please rate your experience today using the scale below (1 star being very poor & 5 being excellent)

<input type="checkbox"/>	★				
<input type="checkbox"/>	★	★			
<input type="checkbox"/>	★	★	★		
<input type="checkbox"/>	★	★	★	★	
<input type="checkbox"/>	★	★	★	★	★

17. Was there anything particularly good about your care in the Emergency Department today?

Large empty rounded rectangular box for text input.

18. Was there anything which can be improved or anything you would like to add about the questions you have answered today?



[Large empty rounded rectangular box for text input]

19. Please tell us the first three letters of your postcode (e.g. L18, PR9, L32):

[Input box for the first three letters of the postcode]

This survey and your comments are confidential. You do not have to give your name or contact details. However, if you would like us to contact you to talk about your feedback you can share your details below:

Name: [Input box for name]

Telephone Number or Email: [Input box for telephone number or email]

For Healthwatch use:  
Area of Dept survey completed:



- White: British / English / Northern Irish / Scottish / Welsh
- White: Irish  White: Gypsy, Traveller, or Irish Traveller  White: Roma
- White: Any other White background (please specify):
- Any other ethnic group (please specify):
- Prefer not to say  Not known

**Do you have a disability?**

- Yes  No  Prefer not to say  Not known

**Do you have a long-term health condition?**

- Yes  No  Prefer not to say

**Thank you for taking part in this survey.**

# About Healthwatch

Healthwatch is the independent champion for people who use health and social care services in. We're here to make sure that those running services put people at the heart of care. One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch Liverpool, Healthwatch Sefton and Healthwatch Knowsley are part of a national network made up of local Healthwatch organisations in every local authority area of England (and Healthwatch England, the national body). Our work contributes to a nationwide perspective of health and social care services. We also work with neighbouring local Healthwatch to gather patient experiences from a wider local footprint when it is useful to do so. Healthwatch also provides an information and signposting service which helps to put people in touch with services and activities that can help maintain and improve their health and wellbeing.

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