



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

July 2025

healthwatch
Lincolnshire

Introduction

In July 2025, Healthwatch Lincolnshire's Enter + View Authorised Representatives were invited to be part of a joint quality visit to the Emergency Department at Pilgrim Hospital in Boston, alongside colleagues from Lincolnshire NHS Integrated Care Board (ICB).

A quality visit includes a visual inspection of the site along with quality assurance checks that policies and procedures are up to date and robust.

Observing what happens in a service gives an opportunity to see and hear how services are provided and collect evidence about the quality of that service.

This quality visit took place on Tuesday 8 July 2025. It was a rescheduled visit due to infection prevention and control measures in place during the original planned visit in December 2024.

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

Attendees

Healthwatch Lincolnshire Authorised Representatives:

- Oonagh Quinn, Engagement Officer (Enter + View Lead)
- Alison Cadman, Enter + View volunteer

Lincolnshire NHS ICB members.

Areas visited

During the visit, attendees were shown:

Reception, seated majors, majors, Clinical Decision Unit (CDU), Same Day Emergency Care Unit (SDEC), Paediatrics and discharge lounge.

The Emergency Department had officially opened approximately six weeks prior to the visit. The build was behind schedule.

Observations from Healthwatch Lincolnshire

Upon arrival, it was reported that more than 50 patients were in the department.

The main waiting area is shared with Outpatients and the Fracture Clinic. The waiting area is part of the main thoroughfare through the hospital and there is also a refreshment area. It is very busy and can get noisy. An area away from the designated seating area is slightly quieter but is still on the main route.

At the reception area, patients are offered privacy on request in a nearby room. Within the waiting area, regular checks are carried out on patients by staff. Patients have been given clear instructions on what is going to happen next (e.g, waiting for a blood test or x-ray).

Pilgrim Hospital has embedded the Call for Concern initiative which launched across the Trust in early December 2024.

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

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

Observations continued...

The Trust has secured funding to install a new scanner in a purpose-built area within the department. At the time of the visit, this area was being used as a temporary paediatric treatment area.

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

Water jugs and cups are available on small tables for patients to help themselves.

Mental health planning was in place, with teams working closely with colleagues from Lincolnshire Partnership NHS Foundation Trust (LPFT). There is a designated suite within the department to support patients who are undergoing mental health assessments.

The Discharge Lounge has individual rooms as well as small six-bed side rooms for patients, as well as seating areas.



Shared Patient Experiences

Healthwatch Lincolnshire Authorised Representatives spoke with five patients in the Emergency Department to understand their experiences. Patients were approached respectively, shown photo ID and told the purpose of the conversation. Oral consent was obtained before any discussions took place and no personal details were recorded.

Patient 1

The patient had been referred from Skegness Community and District Hospital the previous evening due to a suspected blood clot. They had been transferred to the SDEC early hours of the morning and they were awaiting a scan scheduled later that day. The patient was made very comfortable, and their partner had been looked after by the staff. Both had been provided with hot drinks and blankets. The patient had not been offered a comfort pack but they had brought their own from home. The patient was checked on a regular basis and felt that the staff were professional and compassionate. The clinician leading the patient's care and treatment also checked on them regularly and kept them updated with progress.

Patient 2

The patient had been waiting for two hours and knew that they will be admitted to hospital, so were waiting for a suitable bed. The patient needed iron transfusion. They'd had one the previous week and returned for the second of the course. The patient was fully aware of the treatment and what it involved. If the second attempt failed, the patient was made aware that an option to be considered would be a portable ultrasound to locate a good vein. A member of staff had issues inserting the canula as the patient might have been slightly dehydrated, so they were given fluid before a second attempt. The patient was aware of facilities such as toilets and access to drinks. Parking was okay and no issues recorded. The patient said their chair was comfortable.

Patient 3

Staff introduce themselves to the patient and answered all their questions. The patient found the staff kind, friendly and professional. The patient was offered drinks and food suitable for their diabetes. The patient was made aware of the location of the toilets and found the area clean and tidy. The clinic will contact the diabetic nurse on behalf of the patient and they were aware of what would happen next. The discharge lounge was comfortable had a TV to watch. Surroundings, temperate and noise levels were comfortable for the patient. When any observations by the clinical team were needed, the patient's consent was requested every time (e.g., blood pressure, sugar recordings etc.). The patient felt that the whole experience was positive.

Patient 4

The patient was referred in by their GP on the Friday afternoon prior to the visit (Tuesday). They had a booked appointment for SDEC and waited approximately 45 minutes in the waiting room area before being called by a nurse and escorted for their scan and a blood test. The patient was happy with the speed that they had got their appointment and felt that it was a very positive experience being seen in SDEC rather than via the main Emergency Department. They had been told that their results would be shared with their GP within a few days and that they would be called back by their GP to discuss the results. The patient felt very reassured.

Patient 5

The patient was admitted the day before after a 13-hour wait and were back on the day of the visit to collect the results of scans. They had been waiting 40 minutes. While in the Emergency Department, the patient had to ask for information, painkillers, food and water. They were made aware that they were nil by mouth but given water when it was okay to do so. The patient found the chairs uncomfortable and were unsure how long that they'd have to wait. The nurse looking after them behaved professionally, introduced themselves and checked on the patient regularly, with updates when available. The patient was made aware that there was a slight delay with scan results.



Environmental Observations

Despite the high patient numbers and ongoing construction work, the department maintained a calm atmosphere. Patients in the Same Day Emergency Care unit (SDEC) were accommodated in individual bays and were being monitored by designated staff members. The SDEC unit is laid out as a ward but has areas containing seating to accommodate a range of patient needs.

Construction work was ongoing and the department made the best of the available space, liaising directly with colleagues to have the least disruptive impact on patients. However, this created a busy and noisy main seating area, as this was also used by the Fracture Clinic and was part of the main corridor linking front and back of the Outpatient Department. Once building work is complete, recommendations were made to improve interior walls and surfaces to ensure a more professional and high-quality finish.

The Discharge Lounge was on the first floor was very calm, clean and uncluttered. However, the décor was dated as this was an older part of the hospital. All staff encountered on the visit were professional, friendly and patient focussed. They wore identification badges, followed infection prevention protocols and demonstrated a commitment to high standards of care.

We did not observe QR codes on equipment for cleaning purposes and were not made aware of how this process was embedded into daily practice. The new building layout and atmosphere was calm, spacious and colour-coded in muted colours to reflect the diverse community that use the facilities.

On this occasion, we did not observe a staff huddle, where all team members involved in a patient's care came together for a briefing. However, due to the timings of the visit it is assumed that they would have occurred either prior to us attending that area or after we had left.

Conclusion

The visit to Pilgrim Hospital's Emergency Department provided valuable insights into the patient experiences and staff practices. Despite pressure on the department, staff demonstrated professionalism, compassion and a strong focus on patient care. Healthwatch Lincolnshire commends the efforts made to improve patient experience, including the introduction of comfort and sensory packs and the ongoing initiatives to reduce falls and pressure injuries.

Following feedback from patients, the Trust has introduced improved signage and drinks rounds are part of routine checks with patients.

Once the building has been completed, access to the Emergency Department will be much improved.



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