

Enter and View Report

Ealing Acute Care Unit, 15th March and 29th April 2022



A report by Healthwatch Ealing

“They’ve made me tea and sandwiches, and have looked after me well.

Very happy with the place here.”

Patient

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Visit Details	
Service Visited	Ealing Acute Care Unit (EACU), Ealing Hospital, 601 Uxbridge Road, Southall, UB1 3HW
Service Manager	Senake Rodrigo
Date & Time of Visits	15 th March and 29 th April 2022, 2.00pm - 4.00pm
Status of Visits	Announced
Authorised Representatives	Darren Morgan, Radha Reddy
Lead Representative	Darren Morgan

1. Visit Background

1.1 What is Enter and View?

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

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

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

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

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

1.1.1 Safeguarding

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

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

1.2 Disclaimer

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

1.3 Acknowledgements

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

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

2. About this Visit

2.1 Ealing Acute Care Unit (EACU)

On 15th March and 29th April 2022 we visited the Acute Care Unit of Ealing Hospital. The hospital is operated by London North West University Healthcare NHS Trust (LNUHT).

Patients may be admitted from the Emergency Department (ED) and additionally booked appointments, usually through GPs are facilitated for specialist care.

The unit is staffed by trained nurses, who oversee the reception area.

2.2 CQC Rating

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

Ealing Hospital was last inspected by the CQC in August 2019, as part of a wider inspection of LNUHT.

The subsequent [report](#) rated the service as 'Requires Improvement' overall, with individual ratings of 'Good' for being caring, and 'Requires Improvement' for being safe, effective, responsive and well-led.

On the ED generally, the CQC found that mandatory training compliance rates had improved, and the average appraisal rate - previously below the Trust's target was now outperforming this marginally by 2%. It was also concluded that monitoring of patients at risk of deterioration was more robust, and there was a greater leadership presence, with better name recognition of senior managers on the front-line.

2.3 Online Feedback

The Care Opinion [review page](#) contains mixed feedback, with the majority of reviews positive in nature.

3. Executive Summary of Findings

Our analysis is based on the feedback of 8 patients, plus detailed observations made during the 2 visits.

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

Signposting and Information

Notes

- The unit has two entrances, one accessible from the outside, and the other from within the building.
- While some patients found the unit without difficulty, others had to seek assistance from staff.

What has worked well?

- The outside entrance is well signposted, with arrows giving straightforward, easy-to-follow directions.
- Within the unit there is plenty of service-related information on display, including individual profiles of the nursing compliment and PEC (Patient Experience Committee) audit results.
- Names of the nurses on duty are posted clearly at the reception desk.
- The safeguarding policy is clearly displayed.
- Condition-specific leaflets and brochures are available.

What could be improved?

- If accessing through the main hospital reception, there is no mention of the Acute Care Unit on the departmental list - it would be difficult to locate without seeking assistance.
- Internal signposting from the unit to the main hospital reception is lacking - during the first visit, the Authorised Representatives had difficulty in finding a clear route out.
- We do not recall seeing the complaints procedure.

General Environment and Accessibility

Notes

- The facility itself has a central corridor, with a reception along one side, and wards for up-to 6 people, plus a waiting room along the other. It appears to be modern and well-maintained, with various treatment rooms and facilities.

What has worked well?

- Wards appear to be comfortable, with substantial, well-padded reclining chairs.

- On accessibility, there is plenty of room for wheelchairs, the central corridor has a substantial hand rail and no obstacles or potential trip-hazards were observed inside the unit.
- At both visits, all areas appeared to be clean, with clinically suitable floor and wall surfaces. Waste bins are commonly sited.
- Wi-fi is available.
- Fire extinguishers and designated fire exits were noted.

What could be improved?

- On both visits the unit felt very warm; some of the patients mentioned this. We note that many were perspiring - some looked visibly thirsty.
- The outside entrance/exit has an automatic door which swings inwards, very quickly. If entering from the outside this is not an issue, however if exiting this may startle people, and constitute a potential collision hazard.

Covid-19 Protocols

What has worked well?

- An infection prevention and control notice is displayed.
- There is plenty of hand sanitiser available - positioned at entrances and along the corridor.
- PPE (Personal, Protective Equipment) including face masks and gloves are also readily available. During both visits, all staff were observed to be wearing face masks.
- Chairs in the waiting room are socially distanced.

What could be improved?

- We found no areas for potential improvement.

Staffing and Personal Care

Notes

- During the two visits, waiting times ranged from 30 minutes to over 3 hours.

What has worked well?

- We found the security personnel to be polite and welcoming at the door.
- The patients we spoke with comment that booking in at the unit reception is 'quick and easy'.
- Staff are largely considered by patients to be kind, helpful and attentive. During our visits we observed good personal interaction.
- Most of the patients we spoke with were aware of approximate waiting times, knew generally what to expect while in the unit and received updates from staff.
- Thanks to the well-padded, reclining chairs, those waiting on the wards for several hours stated that they felt comfortable.

What could be improved?

- Some patients tell us that staff have not offered water or food while waiting - one person with diabetes, on the unit for 3 hours has had to 'go upstairs to find water'.

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

4. General Observations

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

Location and Signage

Observations

- The unit has two entrances, one accessible from the outside, and the other from within the building. The outside entrance is well signposted, with arrows giving straightforward, easy-to-follow directions. If going into the main hospital reception instead, there is no mention of the Acute Care Unit on the departmental list - it would be difficult to locate without seeking assistance.
- On leaving the unit after our first visit, the Authorised Representatives got lost and eventually found a lift.

General Environment/Facilities

Observations

- The unit has a central corridor, with a reception along one side, and wards for up-to 6 people, plus a waiting room along the other. It appears to be modern and well-maintained, with various treatment rooms and facilities.
- Two toilets are available, along with a shower facility.
- Wards appear to be comfortable, with substantial, well-padded reclining chairs.
- On both visits the unit felt very warm (around 26 degrees) and many patients were perspiring - some looked visibly thirsty.
- The waiting room may safely accommodate 10 people. Although slightly cooler, it was still warm. A TV is available, along with newspapers and magazines.
- At both visits, all areas appeared to be clean, with clinically suitable floor and wall surfaces. Waste bins are commonly sited.
- Wi-fi is available.

Accessibility

Observations

- The central corridor has a handrail.
- At both entrances there are automatic doors. The outside entrance has an automatic door which swings inwards, very quickly. If entering from the outside this is not an issue, however if exiting this may startle people, and constitute a potential collision hazard.
- We saw no other obstacles and note there is plenty of room for wheelchairs.
- Fire extinguishers and designated fire exits were noted.

Covid-19 Protocols

Observations

- An infection prevention and control notice is displayed.
- There is plenty of hand sanitiser available - positioned at entrances and along the corridor.
- PPE (Personal, Protective Equipment) including face masks and gloves are also readily available.
- During both visits, all staff were observed to be wearing face masks.
- Chairs in the waiting room are socially distanced.

Noticeboard/Information

Observations

- The main wall is adorned with plenty of noticeboards - all containing useful service, or condition specific information.
- The safeguarding policy is clearly displayed.
- We do not recall seeing the complaints procedure.
- Details of the staffing compliment (including nurses names) are posted on the wall.
- PEC (Patient Experience Committee) audit results are also on display.

Staff

Observations

- The security personnel were polite and welcoming at the door.
- Nurses names are posted clearly at the reception desk.
- Clinical, nursing and reception staff appeared to be polite and kind towards patients.
- The Authorised Representatives found management to be accommodating at the visits, and punctual.

Additional Observations

Observations

- The clock is 2 minutes slow.

5. Patient Feedback

During the visits of 15th March and 29th April 2022, we engaged with 8 patients in total.

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

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

5.1 Booking In

While some patients found the unit without difficulty, others had to seek assistance from staff. On arrival at reception, booking in is said to be 'quick and easy'.

Selected Feedback

Was the Acute Care Unit easy to find?

"It wasn't difficult."

"Yes, staff helped me to find it."

"It was a bit confusing initially, but after that the staff guided me."

"No. My GP told me to go to the 'ambulatory care unit'. I got here and found out this does not exist - staff members could not help me either. I later discovered it was the acute care ward."

What was your experience of booking in at reception?

"First time visit - it was quick and easy."

"It's nice, it was quick. I came with my wife."

"It was fine - only 10 to 15 minutes to book in, and get a blood test."

5.2 Waiting Times and Environment

During the two visits, waiting times ranged from 30 minutes to over 3 hours. Some patients tell us that staff have not offered food or water while waiting - one person with diabetes, on the unit for 3 hours has had to 'go upstairs to find water'. Some patients find the environment to be excessively warm.

Furniture, such as the padded reclining chairs are commented to be comfortable.

Selected Feedback

What do you think about the waiting times?

"I've been in A&E for 6 hours. But here, 30 minutes so far."

"I'm waiting for the blood test results now. It usually takes 30 or 40 minutes to see the doctor."

"Long, extremely long, more than 3 hours. Nobody has come to check about food and water. I am diabetic, I have to go upstairs to get water as none is available here."

What do you think about the waiting environment?

"This chair is okay but I prefer the 'lovely blue one' I had the other day - you press a button and 'off it goes'."

"It's not bad, just that we are simply sitting and waiting for a long time. It's frustrating."

"It's great, quiet but really warm."

"I'm comfortable enough, it's a nice chair. Staff seem caring and nice, however no refreshments have been served and I feel a bit warm."

5.3 Staffing

The majority of patients we spoke with were aware of approximate waiting times, knew generally what to expect while in the unit, and received updates from staff.

Staff are largely considered to be kind, helpful and attentive.

Selected Feedback

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

"My GP referred me. It's fine, they've told me about the waiting times, and staff come and check on us."

“Yes they explain well and I’m satisfied. They always keep me updated.”

“I always feel answered. I feel extremely confident and comfortable in being able to ask questions. They know me, which helps!”

“The letter they sent for this appointment was clear enough. Not too sure about precise arrangements today, timings for example.”

“They have explained. Initially they did not give me all the information but later on they gave me an update. Not knowing was a frustration.”

“The treatment is explained very well. No update on the next steps though.”

“I’ve got no idea when I’ll be seen, I just have to wait.”

Have the staff treated you with dignity and respect?

“They’ve all been very helpful and kind.”

“They’ve made me tea and sandwiches, and have looked after me well. Very happy with the place here.”

“I find the staff to be good and very pleasant. My warfarin is low, the doctor has been very good to me.”

“I feel comfortable and it seems like they’re on the ball. Very pleasant, considering.”

“Not very attentive. They’re busy and don’t have time to answer our queries.”

5.4 Additional Questions

When asking for any other feedback, the general facilities are complimented.

Suggested areas for improvement include better signage, shorter waiting times, the offer of food and water while waiting and a more comfortable (cooler) temperature. One patient expresses difficulty in pre-booking hospital transport to the unit.

Selected Feedback

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

“The service is far better here, than in A&E.”

“Other than the lack of transport, this hospital is brilliant.”

And in your opinion, what could work better?

“I had difficulty finding this place, got totally lost in the hospital. Clearer directions please!”

“They should work on the waiting times. There should be provision of food and water when they know we’ve been waiting for several hours.”

“You need to book hospital transport 2-3 days in advance and it’s a real hassle, I have to phone the GP receptionist, who gets the GP to phone me, then the transport is booked. Today I had to get a cab - I can’t bend my knees and it’s a painful journey. My daughter is annoyed at the transport situation.”

“Not this unit, but they should improve the waiting times at A&E. Adds to overall discomfort.”

Any other comments?

“They have all the facilities. The hospital is very nice - a good building and very clean.”

“It’s a bit warm.”

“A lack of staff...”

“I was in A&E a couple of days ago. At 2am, this Filipino girl told me to go home, I refused as I was scared, didn’t have my keys on me, or medication at home. I’m in my 80s and living alone. I did tell her, but she seemed determined - I was surprised by the attitude. Thankfully a Somalian girl saw what was happening and got me a bed for the night.”

“At Northwick Park I was on a trolley for 5 nights. The staff are good and doing their best but the accommodation is very bad.”

6. Staff Feedback

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

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

7. Recommendations

The Authorised Representatives would like to express thanks for the invitation to visit the service at Ealing Acute Care Unit.

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

We make 3 recommendations on Signposting and Information.

7.1 Signposting and Information

If accessing through the main hospital reception, there is no mention of the Acute Care Unit on the departmental list - it would be difficult to locate without seeking assistance.

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

Response: There are plans to rename the EACU to SDEC (Same Day Emergency Care), in line with national guidelines. In this instance, the signage will be replaced with the advisories taken on board. In the meantime, temporary signs have been added to the Reception from the Main hospital end of the corridor. We will also contact Estates to update internal sign direction boards once a decision on renaming has been made.

Internal signposting from the unit to the main hospital reception is lacking - during the first visit, the Authorised Representatives had difficulty in finding a clear route out.

7.1.2 If signage does exist, it is not clear or effective. We recommend that management and premises staff review the allocation and placing of exit signs in particular - perhaps patient's groups, and/or a brief patient survey could help to identify misleading signage, or gaps in coverage.

Response: We have highlighted the areas where additional signage will be required. The team will explore colour-coded (for example purple) signs to guide the pathway from entrance, similarly to what has been done in case of Moorfields. Hanging ceiling direction signs are required outside in corridor opposite the lifts. A wall space has been identified for a 'map' to be added to specify the three different areas (Discharge Lounge, Frailty and EACU/SDEC) and their functions. A specific EACU/SDEC sign is planned for the nurses' station area to signpost to specific section of the ward. For exit signs, one sign needs reattaching and an additional one will be added at the entrance/exit area.

We do not recall seeing the complaints procedure.

7.1.3 It is common practice to place the complaints procedure near the reception desk area. We would encourage the service to check whether this is the case.

Response: Trust PALS and Complaints poster has been obtained and added to the display adjoining to waiting area.

We make 2 recommendations on General Environment and Accessibility.

7.2 General Environment and Accessibility

On both visits the unit felt very warm and some of the patients mentioned this. We note that many were perspiring - some looked visibly thirsty.

7.2.1 For the comfort and convenience of patients and others, we urge that water is made available, and is easy to obtain.

Response: Bays have windows that can be opened and ventilation, which the ward manager has highlighted with staff. Patients are offered sandwiches, tea and coffee between 12noon-1pm but the team will prioritise patients who are unable to purchase their own food at this time. Water is available on request as due to infection prevention and control regulations water fountain for patients is not available. The ward manager has updated signage to inform patients that water can be provided from water jugs, and awareness of this has been highlighted with staff.

The outside entrance/exit has an automatic door which swings inwards, very quickly. If entering from the outside this is not an issue, however if exiting this may startle people, and constitute a potential collision hazard.

7.2.2 We recommend that this particular door is calibrated to open more slowly, to minimise accidents while exiting.

Response: The team has contacted Estates regarding the door opening and potential additional sensors that could be added. Signage has been updated to inform those exiting the area also.

We make 1 recommendation on Staffing and Personal Care.

7.3 Staffing and Personal Care

Some patients tell us that staff have not offered water or food while waiting - one person with diabetes, on the unit for 3 hours has had to 'go upstairs to find water'.

7.3.1 It is either the case that some patients do not meet the criteria for the offer of refreshments, or that the policy is inconsistently applied. To limit discomfort for those waiting - especially those with conditions such as diabetes,

we urge that patients are checked on periodically and offered necessary sustenance, as appropriate.

Response: Due to Infection prevention and control guidelines around water safety there is no longer a water fountain in the area. Staff have added signage to inform patients to request for water if they needed, which is provided from water jugs. Alongside provision of coffee, tea and sandwiches between 12noon-1pm information about provision of food outside mealtimes which is facilitated by Medirest team and can be ordered via Helpdesk, will be highlighted with staff. This aligns with Trust Nutrition and Protected mealtimes project on response to 2021 Patient Survey priorities identified.

We make 2 recommendations on Engagement with Healthwatch

7.4 Engagement with Healthwatch

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

Response: Dr Riaz Hossein would be keen with the team to organise a meeting with Healthwatch. The Trust Patient Experience team facilitates a monthly Patient Experience Collaborative where representatives from Ealing, Harrow and Brent Healthwatch's are invited to participate. Healthwatch partners are also invited to present and share their findings at the Quarterly Patient Experience Executive Committee chaired by the Chief Medical Officer.

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

Response: HW staff surveys have been shared with the area manager who can encourage more of the team to complete the surveys and we welcome HW Ealing to return for further visits to obtain feedback.

8. Glossary of Terms

CQC	Care Quality Commission
EACU	Ealing Acute Care Unit
ED	Emergency Department
LNWUHT	London North West University Healthcare NHS Trust
PEC	Patient Experience Committee
PPE	Personal, Protective Equipment

9. Distribution and Comment

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

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

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Telephone: 0203 8860 830

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Website: www.healthwatchealing.org.uk

“You need to book hospital transport 2-3 days in advance and it’s a real hassle, I have to phone the GP receptionist, who gets the GP to phone me, then the transport is booked.

Today I had to get a cab - I can’t bend my knees and it’s a painful journey.

My daughter is annoyed at the transport situation.”

Patient

10. Appendix

Report & Recommendation Response Form

Report sent to	Annika Towell & Senake Rodrigo	
Date sent	8 th August 2022	
Report title	Enter and View Report – Ealing Acute Care Unit, 15 th March and 29 th April 2022	
Date of response provided	23/09/22	
Please outline your general response if applicable	Thank you for sharing this report alongside the verbal feedback that was provided at the time of visit. We welcome Healthwatch insights to support our improvement.	
Response to recommendations	Please outline what <u>actions</u> and/or improvements you will undertake <u>as a result of the report's findings and recommendations.</u>	1. Please outline <u>what you are currently doing to address</u>

	<p>If not applicable, please state this and provide a brief explanation of the reasons.</p>	<p>issues identified.</p> <p>2. General comments</p> <p>If not applicable, please state this and provide a brief explanation of the reasons.</p>
<p>Recommendation 1.1 – Signposting and Information: If accessing through the main hospital reception, there is no mention of the acute care unit on the departmental list – it would be difficult to locate without seeking assistance.</p> <p>We suggest that the departmental list and associated signage is periodically reviewed. Also, ensure that terminology and directions for all</p>	<p>There are plans to rename the EACU to SDEC (Same Day Emergency Care), in line with national guidelines. In this instance, the signage will be replaced with the advisories taken on board. In the meantime temporary signs have been added to the Reception from the Main hospital end of the corridor.</p> <p>We will also contact Estates to update internal sign direction boards once a decision on renaming has been made.</p>	

<p>major departments are up-to-date and accurate.</p>		
<p>Recommendation 1.2 – Signposting and Information:</p> <p>Internal signposting from the unit to the main hospital reception is lacking – during the first visit the Authorised Representatives had difficulty in finding a clear route out. If signage does exist, it is not clear or effective.</p> <p>We recommend that management and premises staff review the allocation and placing of exit signs in particular – perhaps patient’s groups, and/or a brief patient survey could help to identify misleading</p>	<p>We have highlighted the areas where additional signage will be required. The team will explore colour-coded (for example purple) signs to guide the pathway from entrance, similarly to what has been done in case of Moorfields. Hanging ceiling direction signs are required outside in corridor opposite the lifts.</p> <p>A wall space has been identified for a ‘map’ to be added to specify the three different areas (Discharge Lounge, Frailty and EACU/SDEC) and their functions.</p> <p>A specific EACU/SDEC sign is planned for the nurses’ station area to signpost to specific section of the ward.</p> <p>For exit signs, one signs needs reattaching and an additional one will be added at the entrance/exit area.</p>	

<p>signage, or gaps in coverage.</p>		
<p>Recommendation 1.3 – Signposting and Information: It is common practice to place the complaints procedure near the reception desk area.</p> <p>We would encourage the service to check whether this is the case.</p>	<p>Trust PALS and Complaints poster has been obtained and added to the display adjoining to waiting area.</p>	
<p>Recommendation 2.1 – General Environment and Accessibility:</p> <p>On both visits the unit felt very warm and some of the patients mentioned this. We note that many were perspiring – some looked visibly thirsty.</p> <p>For the comfort and convenience of patients and others, we urge that water is made available, and is easy to obtain.</p>	<p>Bays have windows that can be opened and ventilation, which the ward manager has highlighted with staff.</p> <p>Patients are offered sandwiches, tea and coffee between 12noon-1pm but the team will prioritise patients who are unable to purchase their own food at this time.</p> <p>Water is available on request as due to infection prevention and control regulations water fountain for patients is not available. The ward manager has updated</p>	

	<p>signage to inform patients that water can be provided from water jugs, and awareness of this has been highlighted with staff.</p>	
<p>Recommendation 2.2 – General Environment and Accessibility:</p> <p>The outside entrance/exit has an automatic door which swings inwards, very quickly. If entering from the outside this is not an issue, however if exiting this may startle people, and constitute a potential collision hazard.</p> <p>We recommend that this particular door is calibrated to open more slowly, to minimise accidents while exiting.</p>	<p>The team has contacted Estates regarding the door opening and potential additional sensors that could be added. Signage has been updated to inform those exiting the area also.</p>	
<p>Recommendation 3 – Staffing and Personal Care:</p> <p>Some patients tell us that staff have not offered water or food while</p>	<p>Due to Infection prevention and control guidelines around water safety there is no longer a water fountain in the area. Staff have added signage to inform patients to request for water if they</p>	

<p>waiting – one person with diabetes, on the unit for 3 hours has had to ‘go upstairs to find water.’</p> <p>It is either the case that some patients do not meet the criteria for the offer of refreshments, or that the policy is inconsistently applied. To limit discomfort for those waiting – especially those with conditions such as diabetes, we urge that patients are checked on periodically and offered necessary sustenance, as appropriate.</p>	<p>needed, which is provided from water jugs.</p> <p>Alongside provision of coffee, tea and sandwiches between 12noon-1pm information about provision of food outside mealtimes which is facilitated by Medirest team and can be ordered via Helpdesk, will be highlighted with staff. This aligns with Trust Nutrition and Protected mealtimes project on response to 2021 Patient Survey priorities identified.</p>	
<p>Recommendation 4.1 – Engagement with Healthwatch:</p> <p>As part of Enter & View, it is important that staff are aware of the process.</p>	<p>Dr Riaz Hossein would be keen with the team to organise a meeting with Healthwatch.</p> <p>The Trust Patient Experience team facilitates a monthly Patient Experience Collaborative where representatives from Ealing, Harrow and Brent Healthwatches</p>	

<p>We recommend discussing, at a senior management level, how to raise awareness of Healthwatch within the Trust at large.</p>	<p>are invited to participate. Healthwatch partners are also invited to present and share their findings at the Quarterly Patient Experience Executive Committee chaired by the Chief Medical Officer.</p>	
<p>Recommendation 4.2 – Engagement with Healthwatch:</p> <p>We received little feedback from staff.</p> <p>We recommend discussing how staff can be supported to improve engagement with Healthwatch and the Enter & View process.</p>	<p>HW staff surveys have been shared with the area manager who can encourage more of the team to complete the surveys and we welcome HW Ealing to return for further visits to obtain feedback.</p>	
<p>Signed:</p> 		
<p>Name: Temitope Onasanya</p>	<p>Annika Towell</p>	

Position:
Community Project
Officer

Head of Patient Experience
LNWUH

