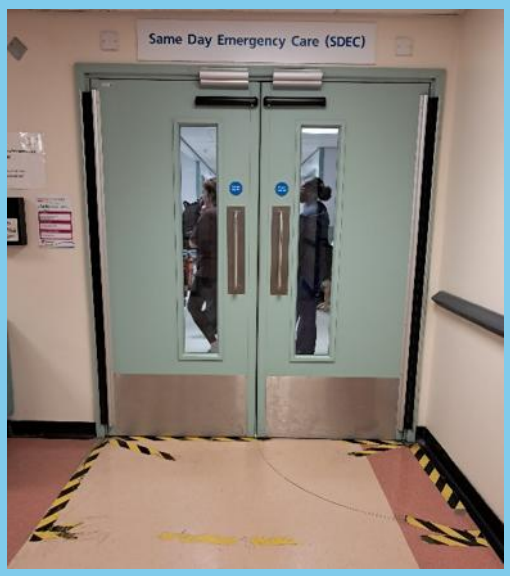
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# Enter & View Report

## Same Day Emergency Care (SDEC)
## Glenfield Hospital

August 2026

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# Report details

| Details of visits | |
|---|---|
| Service addresses | Glenfield Hospital, Groby Road, Leicester LE3 9QP |
| Service provider | University Hospitals of Leicester NHS Trust (UHL) |
| Date and time | Tuesday 25th August 2026, 9.30am |
| Authorised Representatives undertaking the visit | Chris Bosley, Tracey Allan-Jones (HWR staff) and Dulna Shahid (HWLL staff) |

## Acknowledgements

Healthwatch Leicester and Leicestershire and Healthwatch Rutland would like to thank the service provider, patients and staff for their contribution to the Enter & View Programme.

### Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. 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.

All comments included in this report are written verbatim to capture the tone and authenticity of the experience, therefore no editing of comments has taken place. This report is not representative of the experience of all service users.

This report is written by Enter and View Authorised Representatives who carried out the visit on behalf of Healthwatch Leicester and Leicestershire and Healthwatch Rutland.

# Purpose of the visit

- To gather patient views of the service provided at the Same Day Emergency Care (SDEC) at Glenfield Hospital.
- To observe the facilities and operation of the service.
- To gain an understanding of patient views and experiences of accessing the SDEC.

## Methodology

This was an announced Enter and View visit.

We had presented ourselves as Authorised Representatives from Healthwatch Leicester and Leicestershire and Healthwatch Rutland to senior staff and we had access to communal areas during our visit.

The visit was observational, involving the Authorised Representatives observing the surroundings to gain an understanding of how patients engaged with staff and the facilities.

To gather patient experiences, we produced a survey seeking their views on accessing the SDEC. We received 10 responses in total.

# Summary of the findings

### Summary

- The SDEC seemed a well-run, welcoming service with clean, bright facilities.
- During the visit we observed staff being friendly, respectful of patient privacy and attentive to older patients.
- Signage from main hospital reception was good; signage from the South entrance was lacking.
- Some patients said they were kept well-informed. There is also a clear information board on the triage process.
- Survey responses were overwhelmingly positive on staff attitude, communication and speed compared to the Emergency Department (ED) at Leicester Royal Infirmary.
- The visit team observed a compact waiting area, narrow corridors and limited provision for wheelchair users.
- Toilet privacy raised as a concern by a patient.
- Interpretation support, accessible formats and hearing loop information were available but not visibly advertised.
- Matron acknowledged capacity pressures and described plans to improve the department, including layout changes, wheelchair and bariatric chair provision.

# Results of Visit

## Arrival and access

The Same day emergency care (SDEC) is located at the South entrance of the hospital, with parking available on site, including accessible parking. Signage to SDEC from the main hospital reception is good and it was followed without difficulty, to locate the department. However, when entering through the South entrance, there is only one way to go with no signage at the entrance itself. This could be improved with a sign near the South entrance, as visitors must walk straight through a small café area before the sign to SDEC becomes visible above them. The department entrance is then located to the right through double doors leading directly into SDEC reception.

Outside the unit, there is a small overflow area with sofa-style seating, accompanied by a poster. There was a sign clearly stating opening hours of 9.30am to 10pm, though this does not specify whether the department is open seven days a week. A staff member confirmed when asked that it is open Monday to Friday only. We were told that patients that come in late or beyond 10pm are transferred to the clinical decisions unit (CDU). When this happens, their place in the process is maintained so that patients do not have to restart the process again; their waiting time moves with them.

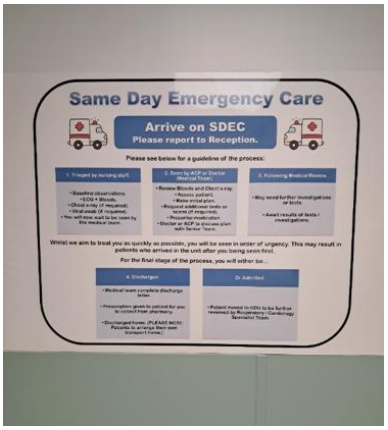



Inside, the reception is located immediately upon entry and the waiting areas, while clean and tidy, are very compact. There is seating for 24 people including bariatric chairs and plenty of hand sanitisers. There are two toilets, though a patient pointed out that a gap down the side of one door meant people seated opposite in the corridor could see in when the door was closed. In addition to the curtained bays, the department includes four individual clinic rooms and a treatment room. The overall area is well lit.

We were told the department had two clinics running at the same time so not all patients would be for SDEC.

## Information and communication

There is a clear SDEC information board in the main seating area, with the same displayed down the corridor where the clinic rooms are located; this describes the process and sets the expectation that patients will be seen in order of urgency. Staff explained the process of the SDEC as follows: patients come in and are triaged, with observations such as height, weight and other checks carried out, followed by relevant tests such as ECGs and bloods depending on symptoms, alongside a discussion of the patient's history. Patients are advised that results typically take 1-2 hours while they wait, after which they are seen by a clinician who reviews the blood test results. Staff explained that the whole process usually takes 3-4 hours, though this can vary. If a patient requires further investigation, they are made aware of this and given a timeframe.




Patient Advice and Liaison Service (PALS) information is displayed along with a QR code inviting patients to give feedback about their experience. Interpretation and translation support is not advertised anywhere in the department, though when asked, the receptionist explained that laminated information is kept behind reception for staff to use to support patients who have limited English, referencing the Word360 telephone interpreting service, which offers many language options. One of the receptionists also speaks a couple of languages herself, including Gujarati and can help out where needed.

No posters or information were observed in accessible formats. A poster is displayed showing where to get drinks or food and some reading materials are available on the windowsill in the waiting area. There is an empty leaflet rack mounted on the wall down the corridor. A red 'message to matron' posting box is wall-mounted by the double entrance doors near reception, though there is nothing displayed about waiting times or delays.

## Patient experience

Staff were welcoming, greeting patients in a very friendly manner and introducing themselves by name. We observed that they were considerate of patients' privacy, ushering them into curtained areas or clinic rooms before discussing their condition or treatment. One member of staff was observed walking very slowly with two different older patients and offering an arm in support.

Patients are called in by staff and when one patient was asked whether they were kept informed while waiting for tests, results or treatment, they confirmed "yes". A patient arriving with a paramedic was told to sit down while the paramedic spoke to reception, and in another instance, when a patient approached reception for an update, staff followed up with the patient directly shortly afterwards, and the patient was called in not long after.

## Environment

Reception is located immediately to the left through the entrance doors, which meant that at the 9.30am opening, people were queuing back from reception and impeding access through the double entry doors, although this was not observed to be a problem once the initial rush had been booked in.

The matron acknowledged that the department could get very busy. Staff manage busy times by advising patients to use the quieter outside seating area and sometimes taking patients down the corridor to the Clinical Decisions Unit (CDU) to wait in the area known to staff as the 'huddle' area. Doctors in the CDU are sometimes called upon, capacity permitting, to help see patients and maintain a good flow.



The atmosphere at the department was calm but could become noisy given the small size of the space; music was playing when we arrived though it was unclear whether this was from a radio or screen but was turned off fairly soon after as noise levels increased. The whole department was observed to be clean and bright. To occupy people waiting, there were some reading materials on the windowsill of the seating area and some photo-sized pictures displayed on the wall nearby. The screen in the main waiting area was turned off.

A sign advises of a water dispenser, which was working and well stocked with paper cups, and there is a hot drinks machine immediately outside the department in the small outside waiting area, along with a café next door. Patients are called in person by a member of staff, who will also call into the outside waiting area if there is no response from inside. Seating was comfortable, comprising a mix of armchairs, armless chairs and three larger chairs. We were told by staff that wheelchairs are available. However, the only one observed was in use by a patient and it left with the patient.

## Accessibility and inclusion

There were no posters or information regarding hearing loops and when asked, the receptionist said that a deaf or hard-of-hearing patient would be taken to a quiet spot or clinic room if needed. No other adjustments were observed for people with additional needs, although one patient praised the colour

scheme (green walls) as calming.

Space in the department is limited throughout, with a narrow corridor leading to the clinic and treatment rooms and a very compact main waiting area filled with chairs; it was felt that manoeuvring and waiting in a wheelchair would be very difficult. A hospital wheelchair was observed being carefully negotiated around other patients to reach a space in the corridor.

Some patients attending were observed to be accompanied by a family member.

The matron spoke enthusiastically about plans to improve the layout and make extra waiting space in the department. The matron also expressed the need for more wheelchairs and bariatric chairs.

### Patient feedback

A survey was completed during the visit. We received **10** responses in total. See **Appendix 1** for the survey responses.

# Recommendations

| We recommend that University Hospitals of Leicester NHS Trust: | |
|---|---|
| 1 | Consider improving signage at the South entrance of the hospital to make it easier to locate for patients entering the hospital from this side. |
| 2 | Address the toilet door gap to ensure patient privacy when in use. |
| 3 | Display the SDEC opening days clearly for patients. |
| 4 | Consider having the TV on during opening hours, either displaying general distraction/entertainment content during quieter periods, or useful information such as waiting times, the SDEC process, or health related information. |
| 5 | Look to increase the wheelchair and bariatric chair provision. |
| 6 | Stock the leaflet rack with relevant health information leaflets and add a wider range of general reading materials to the waiting area beyond what is currently on the windowsill. |
| 7 | Make interpretation and accessibility support visible. |

# Service provider response

The report was agreed with the Service Provider as factually accurate. They have provided the following response to the report:

The team at Glenfield Same Day Emergency Care (SDEC) would like to thank Healthwatch Leicester, Leicestershire and Rutland for undertaking this Enter and View visit and for recognising the positive experiences reported by patients and staff. We are pleased that the report highlights the compassionate, professional and patient-centred care provided by the multidisciplinary team, alongside positive feedback regarding communication, dignity, respect and the timely assessment of patients. These findings reflect the commitment of our staff to delivering high-quality ambulatory emergency care.

We welcome the recommendations within the report and have reviewed each of these carefully. Actions arising include:

- Working with the hospital estates and facilities teams to review signage from the South Entrance and explore opportunities to improve wayfinding for patients and visitors attending SDEC.
- Reviewing the identified toilet door privacy concern and implementing any required remedial work.
- Updating local signage to clearly display SDEC opening days and hours of operation.
- Reviewing the use of the waiting area television screen to provide appropriate patient information, health promotion content and operational updates where feasible.
- Continuing to work with divisional and Trust colleagues to improve access to wheelchairs and bariatric seating, recognising the increasing demands on the service.
- Refreshing patient information resources available within the department, including ensuring leaflet displays contain relevant and up-to-date information.
- Making interpretation, translation and accessibility support more visible through patient-facing information and signage.

The report also recognises the challenges associated with the current physical environment and capacity pressures within the department. Planned expansion works are due to commence in late 2026 and will increase waiting area capacity, improve accessibility and enhance the overall patient experience. In the interim, the team will continue to optimise the existing environment and patient flow processes to maintain safe and effective care.

We are particularly encouraged by the overwhelmingly positive patient feedback, including comments describing the service as a quicker and more responsive alternative to traditional Emergency Department pathways. The SDEC model plays a key role in ensuring patients receive the right care, in the right place and at the right time, and we remain committed to further developing the service through patient feedback and continuous quality improvement.

The Trust accepts the findings of the report and will incorporate the recommendations into ongoing service improvement plans. We thank Healthwatch and the patients who shared their experiences for helping us identify opportunities to further enhance the care we provide.

# Distribution

## The report is for distribution to the following:

- University Hospitals of Leicester NHS Trust (UHL)
- LLR Integrated Care Board (ICB)
- Care Quality Commission (CQC)
- Leicester City Council (LCC)
- Leicestershire County Council (LCC)
- Rutland County Council
- NHS England (Leicestershire and Lincolnshire) Local Area Team
- Healthwatch England and the local Healthwatch Network
- Published on www.healthwatchll.com

# Appendix 1: Survey Findings

10 Patients – responses

## About your visit

Q1. Is this your first time visiting the Same Day Emergency Care?

| Answer Choices | Number of responses |
|---|---|
| Yes | 5 |
| No (move to Q2) | 5 |
| Unanswered | 0 |

Q2. If no, how many times have you visited the department?

| Answer Choices | Number of responses |
|---|---|
| 1-2 times | 4 |
| 3-5 times | 1 |
| More than 5 times | 0 |
| Unanswered | 0 |

Q3. How were you directed to SDEC today? (Please tick one)

| Answer Choices | Number of responses |
|---|---|
| Referred by NHS 111 | 1 |
| Referred by my GP | 2 |
| Referred from the Emergency Department (A&E) | 3 |
| Ambulance service | 0 |
| Another hospital department | 1 |

| | |
|---|---|
| Other (please specify): *Respiratory medicine, LRI ED (it was not good there - this is fantastic), Referred by ward 30 (Renal)* | 3 |
| Unanswered | 0 |

Q4. Was it clear why you had been referred to SDEC?

| Answer Choices | Number of responses |
|---|---|
| Yes | 10 |
| Partly | 0 |
| No | 0 |
| Unanswered | 0 |

Q5. How easy was it to find the SDEC department?

| Answer Choices | Number of responses |
|---|---|
| Very easy | 8 |
| Easy | 2 |
| Difficult | 0 |
| Very difficult (If difficult, please tell us why:) | 0 |
| Unanswered | 0 |

## Accessibility

Q6. Did you experience any difficulties accessing the department?

| Answer Choices | Number of responses |
|---|---|
| Yes (Please tell us more): *"Struggled to get a chair - had to ask." "Distance from car park for respiratory patients' little space at drop off."* | 2 |
| No | 7 |
| Unanswered | 1 |

Q7. Were your accessibility needs met during your visit? (For example: wheelchair access, hearing loop, interpreter, information in another format, support with mobility.)

| Answer Choices | Number of responses |
|---|---|
| Yes | 1 |
| Partly | 0 |
| No | 0 |
| Not applicable | 7 |
| Unanswered | 2 |
| Comments: *"It was easy today because a porter brought my husband in a hospital wheelchair."* | |

## Your experience

**Q8.** How long did you wait before being seen by a clinician?

| Answer Choices | Number of responses |
|---|---|
| Less than 30 minutes | 3 |
| 30 minutes–1 hour | 3 |
| 1–2 hours | 0 |
| More than 2 hours | 0 |
| Still waiting | 2 |
| Unanswered | 2 |

Q9. Did staff explain what was happening and keep you updated?

| Answer Choices | Number of responses |
|---|---|
| Always | 5 |
| Mostly | 0 |
| Sometimes | 1 |
| No | 2 |
| Unanswered | 2 |

Q10. Did you feel involved in decisions about your care?

| Answer Choices | Number of responses |
|---|---|
| Yes | 6 |
| Partly | 1 |
| No | 0 |
| Unanswered | 3 |

Q11. Did staff treat you with dignity and respect?

| Answer Choices | Number of responses |
|---|---|
| Yes, always | 7 |
| Most of the time | 0 |
| Sometimes | 0 |
| No | 0 |
| Unanswered | 3 |

## Environment

Q12. How would you rate the waiting area?

| Answer Choices | Excellent | Good | Fair | Poor |
|---|---|---|---|---|
| Cleanliness | 5 | 3 | 0 | 0 |
| Comfort | 1 | 2 | 4 | 1 |
| Privacy | 3 | 2 | 1 | 1 |
| Unanswered | 2 and 1 person did not rate privacy | | | |

Q13. Were refreshments available if you needed them?

| Answer Choices | Number of responses |
|---|---|
| Yes | 6 |
| No | 1 |
| Didn't need any | 1 |

| | |
|---|---|
| Unanswered | 2 |

## Overall

**Q14. What worked well during your visit?**

"The staff are lovely - especially the receptionists. Staff keep us informed on what is happening next. They take us into a private clinic room to give the results of tests. Previously, a renal consultant has come down from ward 30 to talk through results, it's excellent."

"All good, it helped that we had a hospital porter for the wheelchair."

"Didn't have to wait ages to be seen."

"The board (showing patients the process to expect in SDEC) is really helpful. I've got white coat syndrome and I get really nervous - that's great because it means I'm not blind on what's going to happen. When I told the nurses I have white coat syndrome they were really patient. One said they'd use a smaller needle and the second nurse was chatting to me to take my mind off it. When I felt bad, they stopped just to give me a minute to recover, that was brilliant."

"It was okay, waiting area - a bit crowded."

"Quite fast, not had to wait long, seen clinician quickly, not had to repeat myself - all notes were sent over."

"A lot quicker coming here than A&E, good at keeping you informed, once you see someone, quick process, you are in treatment pathway rather than sitting about."

"Conversation with the prescribing nurse, private, clear and compassionate."

**Q15. What could have been improved?**

"The department could do with being bigger - it's often busy inside and out but they do come outside to shout your name if no answer inside."

"Wheelchair access is difficult with the heavy entrance doors right by reception and this is narrow (we were sitting in the corridor outside the clinic/treatment rooms). They also need new hospital wheelchairs - they are really heavy."

"My mum is sitting opposite the toilet door and she says there is a gap down the side of the door - and you could see in if you looked! It's very stuffy in here."

“The long waiting - wish there was less waiting around.”

“Maybe the TV could have been on to provide a distraction in the waiting area.”

Q16. Is there anything else you would like to tell us?

“Previously when I've been, it's taken 2 and a half hours but that's included having bloods, having an Xray and an ECG and getting the results - it's so much better than in ED that would take hours and hours. you'd give up. It's a godsend. It's a lifesaver.”

“This is the best of all the 3 hospitals, we've been to them all - they are very caring.”

“I like the colour of the walls - it's good and calming - it's like my kitchen.”

“LRI - A&E - could do with learning from here. Was at A&E for 6-7 hours, not been seen, once seen it is great- it's the waiting for here. it's like a waiting game.”

“Could there be a system so people can record if they're nipped to the loo or to get a drink to save time staff searching for people and patients stress in case their name is called.”

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