

**Patient Experience
at
East and North Hertfordshire
NHS Trust**

Enter and View Visit Report

**Lister Hospital
New QE11 Hospital
March 2018**

Introduction

Healthwatch Hertfordshire (HwH) is the independent health and social care champion. Local Healthwatch is in place to gather the views and experiences of people accessing services, to use this information to influence decisions and to provide information and advice to the local community about health and social care services.

Legislation allows HwH authorised representatives to 'Enter and View' health and social care premises to see and hear for themselves how services are provided.

A request from the Care Quality Commission (CQC) was made for some independent feedback prior to the Trust's CQC inspection. It was agreed that HwH would make 2 Enter and View visits (1 to Lister Hospital, Stevenage and 1 to the New QE11, Welwyn Garden City) .

Methodology

The focus for the visits was to speak to as many patients, relatives and carers as possible to gather first hand and current feedback on their experiences at Lister Hospital and New QE11 Hospital.

Our trained volunteers (Authorised Representatives) also made observations on the following key themes:

- Welcoming
- Well organised and calm
- Caring and involving
- Safe

It should be noted that Enter and View visits are not inspections but instead offer a lay person's perspective on service quality and provision.

Visit dates were chosen by the HwH Quality Manager and the Trust's Chief Nurse (Rachel Corser) was informed 3 weeks before the first visit. The focus for the visits was Outpatients at both hospitals, Urgent Care at NQE11, Emergency Department and Discharge Lounge at the Lister Hospital.

Volunteers were able to go unaccompanied by staff to the areas of focus and used checklists to record their observations and talked to patients using short tailored surveys asking them to score their experience from 1-10 where 1 is poor and 10 is excellent. (Note: not all patients gave a rating or they were called in for treatment before this question was asked).



Dates of Visits:

NQE11 Hospital	05 March 2018, 10.30 - 14.30
Lister Hospital	07 March 2018, 10.30 - 15.30

Areas Visited at NQE11 Hospital

1. Phlebotomy
2. Outpatients
3. Urgent Care Centre

Areas Visited at Lister Hospital

1. Phlebotomy
2. Outpatients
3. Lister Macmillan Cancer Centre
4. Discharge Lounge
5. Accident and Emergency

Visits conducted by Healthwatch Hertfordshire Authorised Representatives:

NQE11 Hospital:

Sally Gale, Jo Cahill, Pamela Rochford, Joan Twitchett, Paul Regan, Keith Shephard, Alix Lewis, Jane Brown

Lister Hospital:

Sally Gale, Joan Twitchett, Meg Carter, Roger de Ste Croix, Sarah Clemerson, Sweenie Gunasekera, Paul Regan, Ken Moore, Jane Brown

Acknowledgements

We would like to thank the patients and families and members of staff who we spoke to whilst on the visits. We would also like to thank David Brewer and Senior Sister Dagma Louwe for facilitating the visits.

Disclaimer

This report relates only to specific visits (points in time) and the report is not representative of all patients (only those who contributed within the restricted time available).

Summary Observations

Good Practice

We spoke to over 90 patients and relatives in outpatients and emergency care at the Lister and NQE11 hospitals. The majority of patients had nothing but praise for the care they had received at both hospitals. One patient was keen to tell us that they had had 5 choices of hospital for their treatment but chose the Lister following the excellent medical care they had received previously.

Patients felt that the care they received by staff and volunteers in the Lister Macmillan Centre and support provided by the Macmillan Information Centre was excellent.

The check in experience at the Urgent Care Centre QE11 and A&E Lister was rated good.

Patient feedback was evident via Friends and Family Test feedback boxes and posters showing actions taken.

Areas for Improvement

Patients seem to have long waits in all the areas of the hospital we visited.

Waiting for blood tests was the area most patients complained about. Demand for tests at both hospital sites has put pressure on the waiting areas at both hospitals. Reasons for people accessing the NQE11 appeared to reflect the problems patients had obtaining tests at their GP (the wait could be up to 3 weeks at the GP surgery) and also that the hospital was seen as the local place for blood testing even if blood tests were offered at the GP. At the Lister it was more complex and whilst some patients did use it because of lack of timely testing at their GP, many needed the blood test at the Lister because of their medical condition or ongoing treatment.

The site of the blood testing unit at the QE11 hospital does not seem to be big enough for the amount of people using it and impacts on the initial good impression of a bright, welcoming new hospital to one of feeling cramped and chaotic. (The Trust is a tenant of the NQE11 and was given this space for blood testing). Seating elsewhere is readily available.

There does not appear to be enough phlebotomists and we were told that the Lister/QE11 phlebotomists also go out to the GP surgeries.

Patients appreciated that they may have to wait and capacity is an issue for the Trust but there are some things that could be done to alleviate patient's anxiety and make the waiting more bearable. It was good to hear that the Senior Sister Clinical Lead at the NQE11 was going to focus on the blood testing unit as an area for improvement.

Patients using the Lister Macmillan Cancer Centre felt that the Trust needed to adopt a more proactive approach to managing the risk of key equipment breaking down.

See also Recommendations at the end of the report and the response from East and North Hertfordshire NHS Trust.

Further detailed observations and patient feedback is set out under each hospital and area:

Lister Hospital

The Lister Hospital is a 730-bed district general hospital in Stevenage. Most patients know how to get to the Hospital and the few we met who had never been before felt it was well signposted and easy to access by car or bus.

There is an Information/Reception desk close to the main entrance and often there is a volunteer greeting and supporting patients.

1. Blood Tests (Phlebotomy)

The blood testing unit in the hospital is a walk-in service (no appointment necessary) staffed Monday to Friday, 8.00am to 5.30pm (excluding bank holidays) and Saturday 8.45am to 12.45pm. It is situated off the main corridor not far from the main entrance, coffee bar and shop and close to outpatients.

We visited the unit between 10.30 and 12.15 and 13.45 and 14.30 and spoke to 20 patients and several staff members.

At the entrance there is information about the unit, hand hygiene and the Friends and Family feedback box. There was adhesive on the walls where presumably other information had been displayed previously.

There were already long waits for blood tests and a long queue waiting to book in. The waiting time was displayed (90 minutes at 10.30). Patients register at Reception and are informed of the waiting time and advised to come back nearer

the time they are likely to be seen. Patients are seen in arrival order via a card system and are only fast tracked in special circumstances.

However there is no ticketing system or electronic display screen for patients to know where they are in the queue when they return. They may have to wait outside of the room when they return because of the queue and lack of seating and could miss hearing their name called.

There was little space for patients with limited mobility or for wheelchair users. The waiting room appeared quite warm and some patients preferred to wait outside because they told us they felt hot and claustrophobic in the room (assuming a seat is available). Staff (who were all wearing badges) are very busy but seemed organised in the circumstances.

On our second visit, waiting time had increased and people were waiting in the main corridor or coffee bar. We observed that a patient was called but the staff member did not go very far down the room and as no one responded, the patient's card was replaced in the box (we are not sure if they lost their place entirely). Staff said they didn't have time to check outside as that would delay them even further.

A couple of patients that we spoke to who had had their blood tests were complimentary about the actual blood test procedure saying that they had been treated in a courteous and professional manner and that it had been a 'good experience'.

First impressions of blood testing from patients:

'Room full and corridor too. Staff friendly and honest.'

'Airport waiting lounge. Brought crochet as I knew there would be a wait.'

'Too many people waiting.'

'Oh my god packed! I'll be here a while!'

'Organised but very full.'

'Very busy - difficult to know best time to come.'

We asked patients and staff what improvements could be made, below are some of the comments:

'More room for wheelchairs and information of where you are in the queue like they do in pharmacy. Demand is too big for the hospital. Small changes make a difference. Standing is not good when you are feeling ill.'

'Streaming according to need. More staff at busy times. GP practices doing more.'

‘More tests at GP. Every time I come it's the same wait. Access to GP is a major problem.’

‘I also attend Luton and Dunstable Hospital - should shadow them. Advised to go away and come back but no idea where in the queue I am. Parked in Sainsbury’s down the road.’

‘Ticket system and more staff.’

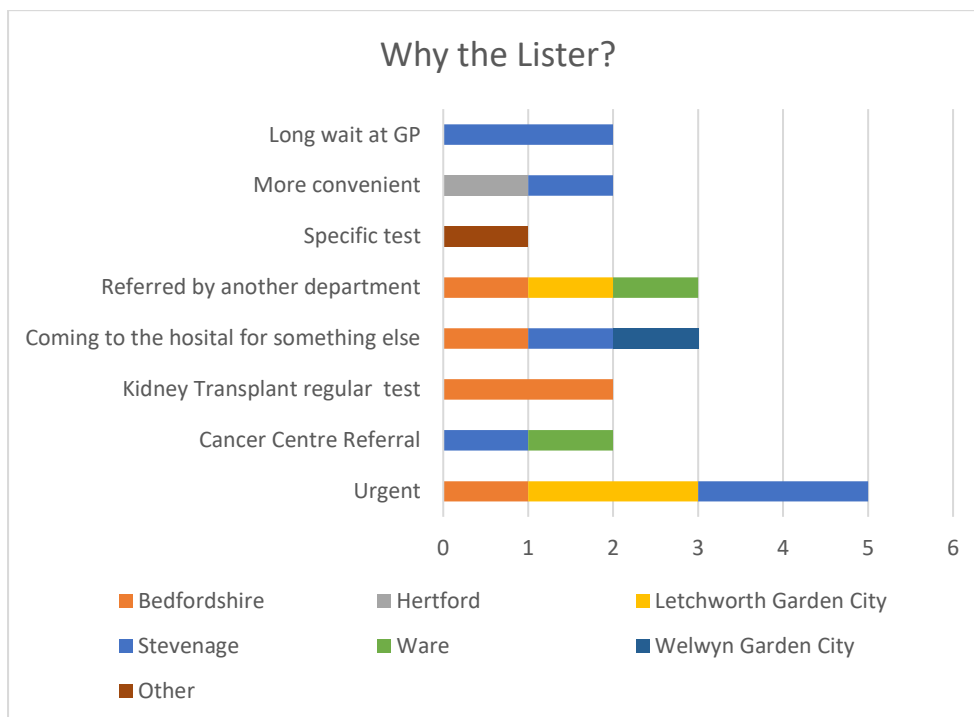
‘Bigger area.’

‘Staff lovely but always a delay. Should fast track patients, more phlebotomists - was 1 hour now 1.5. Local hospital is Bedford but they don't communicate well so I have tests at the Lister.’

‘More staff and improve the system.’

‘Don't always hear name being called - need a ticket system and screen.’

Reasons why patients come to the Lister Hospital



Patient rating of the service ranged from 8 to 1. Average = 4.4

2. Outpatients

Most outpatient clinics are situated in the Yellow zone, level 3 Area and most patients will access them from the Main entrance. Patients may have appointments at both the Lister and QE11 hospitals. Ear Nose and Throat (ENT) is a permanent clinic but most other clinics will ‘float’ into the available areas depending on

which clinic is available on any particular day. Patients will be directed to an 'Area' for their appointment. This enables the hospital to be flexible to need and capacity.

We talked to patients in Area 2 (Cardiology), Area 6 (Urology) and Area 10 (ENT). Area 6 (Urology) was running late and in addition a specialist there was called to theatre. The clinic managed to make some time up later in the day.

Most clinic areas seemed quite spacious with uniform seating. They felt relaxed and looked clean. Staff were interacting with patients well and were happy and confident in explaining to us the current situation in the clinic.

Patients are seen in time order but they may be seen by a different clinician so it may seem that patients have gone out of order. Patients are used to waiting and expect this. However patients felt that communication about waiting times could be better. Waiting time is communicated when they book in but patients felt that updates through the day would make them feel less anxious and feel more relaxed.

In one 'Area', patients were waiting in what appeared to be a 'walk through' corridor which made it feel slightly chaotic.

Generally, patients felt that the information letter for their appointment was clear though one patient told us their letter said Area 5 but was redirected to Area 11 and then to Area 10. As clinics move around, patients said they sometimes got confused when they had to go for a test in another 'Area' and then come back to the original area. Some patients said that the information about the clinic on the Board e.g. consultant names, didn't match with what they were expecting. Clearer signage on the day would help.

We were told that patients who attend via Choose and Book don't always have letters with the correct clinic/area details on and on occasion even have the wrong hospital site.

A patient attending with their relative told us that they had been expecting a follow up appointment in April but had been contacted to come into the hospital today with little explanation. This had meant taking time off work for both the patient and the relative and they were really worried about the reason for being called in. They felt some information could have been given prior to this appointment. The patient had had an accident in January and been admitted to the hospital via A&E. They were keen to let us know that the medical care at the Lister Hospital had been excellent and that they had been well looked after.

We observed that hand gel units did not always seem to be well signposted and one in the outpatients and one near the Lister Macmillan Cancer Centre appeared to be empty. On the Outpatients main corridor there was a line of information boxes on one wall that was empty but there were full boxes on the opposite wall including Healthwatch Hertfordshire cards.

Patient rating of the service ranged from 9 to 6. Average = 7.4

3. Lister Macmillan Cancer Centre

The Lister Macmillan Cancer Centre is a new (opened 2014) purpose built area to deliver chemotherapy and related care. It is situated close to the Main entrance.

We spoke to 11 patients both in the waiting and treatment areas. The Information Centre and treatment area is a partnership with the Trust and Macmillan Cancer and liked by patients. The facility is modern, clean and welcoming with a well-resourced information/quiet room in calm and comfortable surroundings attached to the unit. Staff were wearing photo ID badges and greeted patients warmly and offered refreshments.

Patients told us that 'care was outstanding -better than Mount Vernon' and that nursing staff were 'wonderful' and volunteers 'lovely'. 'The helpfulness and professionalism of medical staff can't be faulted'.

Patients said that information was very good (though one patient found the amount of information overly confusing and not in a logical order - key information like car parking discounts had not been included in their pack).

However there were some areas that were causing frustration to patients and their carers and impacting on their experience. Patients need a blood test prior to the start of the chemotherapy session. This is normally done very quickly in the Centre but the diagnostic blood machine used for this procedure has been out of action for some months which has caused long waits before treatment can start as this has to be done in Phlebotomy. Patients have contacted their MPs and us to highlight the issue. A new machine has now been installed but requires calibration and staff training before it can be used. Patients felt that the Trust had not been proactive enough to minimise the impact of a key machine not working on their treatment plans. Patients were also concerned that this increased pressure on staff.

The Reception area in the waiting room has a high desk with a lower area for access for wheelchair users. However this lower area was completely blocked by big crates full of case notes. Some patients also commented that Receptionists 'don't make eye contact or acknowledge you if you have to wait' and that the 'Receptionists were under a lot of pressure and don't have time to answer your questions at length'.

As the Reception desk is quite high and staff are seated at a low level compared to patients, this may contribute to the negative comments about eye contact and first impressions.

One patient said that the administration for cancer patients in their experience was better at Mount Vernon: 'streets ahead and worked like clockwork'.

A patient who had had a 'follow up' appointment on Monday (5th March) to have bloods said their experience was confusing, there was a long wait. My name wasn't on the list and I wasn't sure what was going on. However today has been good and I've been kept informed and up to date.'

One patient said that they regularly got no answer when they phoned and drives to the Lister to get appointments.

Another said 'I quite often get forgotten. Today I was forgotten so they had to go and find my notes - that's happened twice. They need a better queuing system.'

A new patient commented that they waited 7 weeks from diagnosis which they felt was too long but that having been one of the first in today found it 'better than I thought it would be'.

On the day of our visit there were long waits e.g. 1 hour outside the waiting room and 2 hours in the waiting area. One patient commented that 'it seemed beyond capacity'. Another: 'where are we going to sit?'

Other comments: 'Here we go again - waiting room crowded and airless. Pharmacy and pathology even worse.' 'everyone is busy but still behind.'

There was a sign in the waiting room apologising for long delays due to staffing levels in the unit.

Patient rating of the service ranged from 10 to 6. Average = 7.9

4. Discharge Lounge

We visited the discharge lounge between 12.45 and 13.30 and spoke to 6 patients who were waiting to go home. Patients were being offered drinks and lunch and all

patients spoken to had been given refreshments (one patient had had 2 lunches one on the ward and one in the discharge lounge).

The area was calm and well-staffed and included volunteers who were talking to patients. However there was one patient who seemed confused and frightened and though staff did check on this patient at intervals, it seemed that this patient would have benefitted from more reassurance and attention. Volunteers seemed more comfortable talking to the patients who didn't need as much support.

One patient said their walking stick had been left behind and staff couldn't find it.

The first impression of the Discharge Lounge was that it felt out of the way and a little antiseptic - more like a ward than a lounge and that this could potentially be developed into a more comfortable setting for patients.

We asked patients a number of questions including:

1. How much notice did you receive about being discharged?
2. When do you expect to go home?
3. Do you have a discharge pack or letter or is there anything else you need?
4. Were you involved with decisions about your discharge?
5. What support is available at home?
6. Have you been asked to give feedback on your experience at the Lister Hospital?

Ward being discharged from	Notice of discharge	Wait time and going home	Discharge Pack and letter, meds etc.	Support at home	Involved in discharge decisions?	Asked for Feedback?
11B	Told in the morning after GP rounds	Likely to be 2.5 hours as waiting for lift from family member	Given letter and pack and understand them	Family member taking time off work	Yes	Yes
A & E (admitted previous night not sure which	Told at 7am	No idea – was here at 9 am.	Given a letter. Waiting for transport	Family member but nothing specific organised	No	No

area admitted to afterwards)						
SSU	9 am this morning	1 hour so far being picked up by family member at 6pm	Waiting for Discharge letter and medication	No but family member lives close by	No	No
Strathmore	Yesterday	Not sure	Transport but letter may have been given to family member	Family member and other care	No	Yes
Medical/asthma?	This morning	An hour so far	Waiting for transport. Discharge letter at the desk	Family member and organised help	No	No
Not sure	It's taken 5 days to organise respite care and knew yesterday it had been organised	Not sure when leaving	Need a pack and information about medication	Respite	No	No

Patient rating of the service ranged from 10 to 2. Average = 7.3

(Note: 2 was given due to long wait in a corridor in A&E, ward experience was good).

5. Accident and Emergency (A&E)

A&E is currently undergoing some building work to create a more efficient triage system and this impacted on first impressions particularly as there were a number of ceiling tiles missing, the chairs in the waiting area are all in rows and not aligned to the television (presumably temporary) and the Reception desk was quite small with a high desk. Overall it felt quite scruffy though generally clean.

The building work was impacting on the environment and patients didn't seem to know why, though there was a sign apologising for the building work. One patient commented: 'Fed up that it's happening again'.

There was very little information available in the waiting area and we did not see information about safeguarding though we noted the Friends and Family test feedback information but no forms to complete.

There is a small café and drinks machine at the entrance. One toilet was out of order and we saw a big blue bin that seemed out of place which had a fine layer of 'builders' dust on it.

Staff were wearing badges.

We visited A&E between 10.45 and 11.15 and 14.20 and 15.00. We spoke to 25 patients in the waiting area (some were in Children's A&E in the afternoon). The check in system was rated good or fair by everyone and the Receptionist welcomed patients in a friendly and helpful manner. In the morning there were no queues and the area felt calm. Patients were told when they were booked in how long the wait was going to be which was around 2hours on our first visit but became progressively busier through the day.

We asked patients if they had sought other help before coming to A& E and also how they got to A&E:

How were you referred to A&E:

111 Service	No referral	GP/ Clinician	School	Urgent Care Centre
2	10	11	1	1

How did you arrive at A&E:

Ambulance	Car	Walked	Taxi	Bus
2	18	2	2	1

There were triage rooms available but some triage was also carried out close to the Reception desk (screened but not totally private). Most people had been seen by triage in good time though some patients we spoke to seemed to have waited between 20 minutes and an hour for triage.

A relative of a 10 year old child that we spoke to said they had had to carry their child from the multi-story car park with their other 4 year old child as they could not find any wheelchairs (14.43). They remarked that they had also had to queue to get into the car park.

First Impressions from patients included:

‘Everyone smiley and friendly (Children A&E).’

‘More building work!’

‘A rabbit warren - left to own devices to find way around.’

‘Different - haven't seen it since they changed it.’

‘Pretty clean.’

‘I wanted my blood tests results explained and had to keep asking for this’

‘Stressful- no one to help anxious patients, no medical staff called to help poorly confused patient. (A patient had arrived that seemed to require assistance but was ignored initially).’

Patient rating of the service ranged from 10 to 3. Average = 7.2

New QE11 Hospital (NQE11)

The NQE11 hospital is a new (2015) purpose built building in Welwyn Garden City owned by East and North Herts Clinical Commissioning Group. East and North Herts NHS Trust are tenants and use the building mainly for Outpatient clinics, blood testing and an Urgent Care Centre.

Patients we talked to like the new building and the environment which is modern clean and welcoming. It is airy and light and the building surrounds a central courtyard. The Reception area has plenty of seating at different heights and an information area for patients. We observed a full Friends and Family Test feedback box on arrival.

There is a good number of car parking spaces near the main entrance (at the back of the building) as well as drop of areas. Currently there is still some building work going on outside of the hospital grounds which means the road into the car park is uneven and accessibility can be reduced to single file at times. Sat Nav can take you to the wrong area if you have not been to the hospital before.

1. Blood Tests (Phlebotomy)

The blood testing unit in the hospital is a walk-in service (no appointment necessary) staffed Monday to Thursday, 8.00am to 5.30pm (excluding bank holidays), Friday 8.00am -5.00pm and Saturday 8.00am to 12.00pm. It is situated along a corridor not far from the main entrance next to the café in a room just off a corridor which looks out onto a landscaped courtyard.

We visited the unit between 10.45 and 12.30 spoke to 22 patients.

Like the Lister hospital this was very busy and felt slightly chaotic though staff were managing volumes as best they could. There was a notice that said they were short staffed today.

The waiting room is small and cramped with plastic seats very close together. Many patients also found it quite claustrophobic. Patients were sitting in the window seats in the small corridor outside. Some of these had cushions but not all.

There was little room for wheelchairs, pushchairs or walking frames and in fact one wheelchair user had to wait outside adjacent to people sitting in the window seats which created a small space for patients and visitors walking through to other areas of the hospital. Other patients had to stand. We observed a heavily pregnant lady sitting in one of the window seats.

Patients were advised as they registered how long the wait time was. At 12.30 it was a 2 hour wait.

Again there was no ticketing system or indication where you were in the queue and people strained to hear their name being called. The small café nearby was not liked by a number of patients. Some commented on the taste of the coffee and the high cost of refreshments. There were no gluten free savoury items available.

First impressions of blood testing unit from patients:

‘Waiting area is too small, can’t get coffee or use the toilet. When it was all in one room it was better.’

‘The waiting, busy. Told an hour wait. Last time I came it was 3 hours.’

‘There are a lot of people. Last year I only waited 20 minutes.’

‘No complaints other than the long wait. You can’t hear names being called.’

‘Busy - aware there will be a wait. Monday and Friday busy. Friendly and professional.’

‘A shock because of the queue. Get used to waiting. Everyone is nice just busy.’

‘Make it bigger! It’s a central unit for a large area and bloods is needed for most people.’

‘Busy, aware necessary to wait. Monday and Friday busy.’

We asked patients and staff what improvements could be made. These are some of the comments:

‘Bigger waiting area because of various age groups and conditions.’

‘More tests at GP. Every time I come it's the same wait. Access to GP is a major problem.’

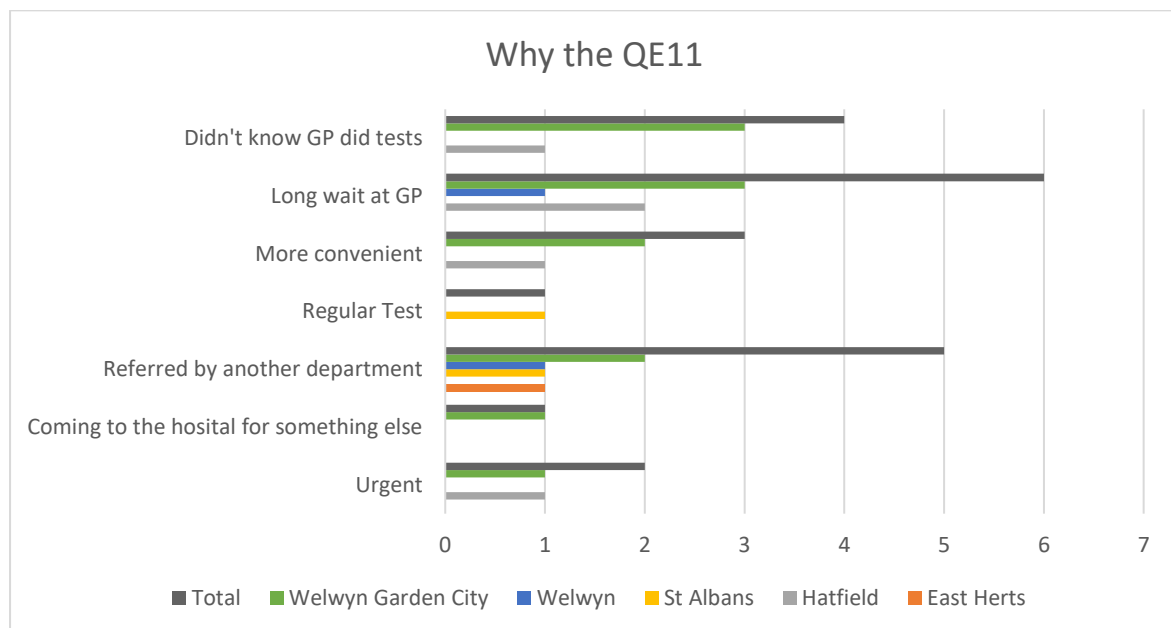
‘Adequate seating. Some kind of PA system. I have hearing aids and struggle.’

‘Some kind of number system you can see displayed. Awareness of waiting times - more frequent updates.’

‘You can’t hear the announcements. A bigger blood testing place on its own somewhere.’

‘Give a time slot or tickets especially when you have to be back at work.’

Reasons why patients come to the QE11 Hospital



Patient rating of the service ranged from 10 to 1. Average = 5.8

2. Outpatients

Outpatient clinics are situated in colour coded areas which are spacious and comfortable to wait in. If patients are unsure where to go there are information desks and a 'meeter and greeter' welcoming you as you enter the building. Clinics can change depending on the day so boards need to accurately reflect which clinic is in progress.

We visited the Eye Clinic (yellow), Urology and Children Orthodontics.

Waiting areas felt calm and well organised and staff were observed warmly welcoming patients. Seating is varied and comfortable.

In the eye clinic there was a chair that had been marked as 'broken' which was swiftly removed by Maintenance when we queried it. 'You Said, We Did' posters were visible in the clinic area and outside, though the inside poster was dated 2015.

Feedback included 'Busy clinic, but seen quickly'; 'It's good and clean'.

Staff in children's orthodontics commented that parents were not always happy about the timing of appointments as these are in school hours.

Patient rating of the service ranged from 10 to 8. Average = 9

3. Urgent Care Centre (UCC)

We visited the UCC from 10.45 to 11.30 and spoke to 11 patients.

By comparison to the blood testing clinic the Urgent Care Centre was less busy and felt calm. Some patients who were waiting for blood tests also sat in here.

Information leaflets were available as well as a poster showing actions taken from patient feedback and safeguarding information. A Friends and Family Test feedback box was on the Reception desk. The drinks machine appeared to be out of order.

Patients said that staff were welcoming and friendly and everyone rated the check in facility as good or very good. First impressions feedback ranged from 'Good, friendly', 'Clinic clean and tidy', 'Staff friendly' to 'Nice - not busy'.

Waiting time was around an hour and patients had received triage which was described as ‘quick and efficient’ by one patient. However as triage is done in the waiting area and not in a side room, one patient did say they were unhappy with the lack of privacy particularly as they felt that people booking in could overhear what was being said.

Patients are told the waiting time when they register but didn’t receive any further updates unless they asked.

We asked patients why they were attending the UCC today.

Why did you come to the UCC:

111 Service referral	No referral	GP/ Clinician
1	7	3*

* 2 by GP, 1 by Pharmacist

Patient rating of the service ranged from 10 to 5. Average = 7.9

Recommendations

1. Blood testing at both hospital sites:

- a. Review the blood testing process to ensure the needs of vulnerable and fasting patients are taken into account. (Areas also need to be made more accessible for people with disabilities).
- b. Introduce some kind of ticketing system so that patients have a better idea of where they are in the queue and can plan their wait time more effectively. This should include a visual board/screen for patients .
- c. Consider moving the blood testing unit at QE11 to a more appropriate space or a devise a plan to manage the queues more efficiently.
- d. Ante natal clinics sending patients for blood tests could consider giving out ‘baby on board stickers’ for pregnant patients to alert people to give up a seat.

2. All clinics, Urgent Care Centre, A&E to think about giving regular updates of waiting times if clinics are running late.
3. If the Trust wants patients to use hand gel more routinely, these need to be more prominently signposted (Lister and QE11).
4. Look into the comments around administration in the Lister Macmillan Centre to see what can be done to improve patient experience.
5. Remind staff that the reception desks should not be used as storage spaces and in particular the drop down area should be kept clear.
6. Ensure Boards in the clinics show the correct information for the day.
7. Review staff and volunteer training around supporting vulnerable patients in the Discharge lounge.

Response from Racheal Corser, Director of Nursing, East and North Hertfordshire NHS Trust:

Blood testing at both hospital sites:

- a. Review the blood testing process to ensure the needs of vulnerable and fasting patients are taken into account. (Areas also need to be made more accessible for people with disabilities).

We will undertake a review and involve Healthwatch in the process to deliver a better blood testing process for patients including vulnerable and fasting patients and patients with disabilities. We will report on our review by 30 September 2018.

- b. Introduce some kind of ticketing system so that patients have a better idea of where they are in the queue and can plan their wait time more effectively. This should include a visual board/screen for patients.

We will investigate the feasibility of introducing a ticketing system with visual display for patients waiting for blood tests and

incorporate this into the one review reporting by 30 September 2018.

- c. Consider moving the blood testing unit at QE11 to a more appropriate space or a devise a plan to manage the queues more efficiently.

We will certainly look into the feasibility of finding a better space for patients waiting for blood tests at the new QE11 - this will have to be done with commissioners as we are only a tenant - and again this will be incorporated into the one review reporting by 30 September 2018.

- d. Ante natal clinics sending patients for blood tests could consider giving out 'baby on board stickers' for pregnant patients to alert people to give up a seat.

This is an excellent idea and we will implement this as soon as possible and certainly by 30 June 2018.

2. All clinics, Urgent Care Centre, A&E to think about giving regular updates of waiting times if clinics are running late.

We are aware regular updates on waiting times are important for our patients. We will look into how this can be best achieved for each area.

3. If the Trust wants patients to use hand gel more routinely, these need to be more prominently signposted (Lister and QE11).

We will improve availability of and signposting to hand gel dispensers at the Lister and new QE11.

4. Look into the comments around administration in the Lister Macmillan Centre to see what can be done to improve patient experience.

We will review feedback and implement appropriate changes to improve patient experience in the Lister Macmillan Centre.

5. Remind staff that the reception desks should not be used as storage spaces and in particular the drop down area should be kept clear.

We will issue regular reminders and review our operations to ensure reception and drop-down areas are not used inappropriately.

6. Ensure Boards in the clinics show the correct information for the day.

We will look at the procedure for the daily refresh of clinic information for patients and ensure this works appropriately.

7. Review staff and volunteer training around supporting vulnerable patients in the Discharge lounge.

We will review our staff and volunteer training in support of patients in our discharge lounge.