

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

**Enter and View Visit Report**

**Lister Hospital  
New QE11 Hospital  
July 2019**

## 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.

These Enter and View visits were conducted to check on progress that had been made since our visits in March 2018. At the Lister hospital this was to Phlebotomy and the Lister Macmillan Cancer Centre, as these were the areas where the most recommendations were made. HwH also wanted to speak to patients who may also be receiving their care at the Mount Vernon Cancer Centre as this is currently the subject of a major review by NHS England Specialised Commissioning. At the request of the East and North Hertfordshire NHS Trust and the East and North Hertfordshire Clinical Group, HwH also agreed to visit the Urgent Care Centre at the NQE11 as the Care Quality Commission inspection was due at the end of July 2019.

## Methodology

The focus for the visits was to speak to patients to gather first hand and current feedback on their experiences at the 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 2 weeks before the first visit.

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 to 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 or felt it was too soon to make a judgement).

### Dates of Visits:

Lister Hospital 12 July 2019, 10.30am - 2.30pm

NQE11 Hospital 16 July 2019, 10.30am - 12.15pm

### Areas Visited at Lister Hospital

1. Phlebotomy (Blood testing)
2. Lister Macmillan Cancer Centre

### Areas Visited at NQE11 Hospital

1. Urgent Care Centre

### Visits conducted by Healthwatch Hertfordshire Authorised Representatives:

#### Lister Hospital:

Sally Gale, Roger de Ste Croix, Sweenie Gunasekera, Annabel Chapman, Chloe Carson, Jane Brown

#### NQE11 Hospital:

Virginia Kirri-Songhurst, Sundera Kumara Moorthy, Annabel Chapman, Chloe Carson, Jane Brown

### Acknowledgements

We would like to thank the patients and families and members of staff who we spoke to whilst on 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

We spoke to 44 patients at the Lister and NQE11 hospitals that were attending Phlebotomy, Lister Macmillan Cancer Centre and the Urgent Care Centre. In all the areas visited, improvements could be identified compared to the visits in March 2018.

### Good Practice

- Patients were very complimentary of the Phlebotomy service and the care they received in the Lister Macmillan Centre.
- Good volunteer support in the Lister Macmillan Centre was noted by patients and the HwH Authorised Representatives.
- The check in experience at the Urgent Care Centre QE11 was again rated good.

### Areas for Improvement

- The long waiting times in the Lister Macmillan Centre.
- The environment and information available in the Phlebotomy Centre.
- Collecting patient feedback in the Phlebotomy Centre.

**See also Recommendations and ENHT response at the end of the report.**

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 blood testing unit between 9.30am and 1.30pm and spoke to 13 patients. The area had been busy initially but by 10.30am there were only a handful of patients in the waiting area who did not have to wait long to be seen (5-10 minutes). This was in complete contrast to when we visited in March 2018 when patients were queuing out into the main hospital and were experiencing waits of 90 minutes or more.

The HwH representatives were able to talk to the manager of the unit. She said that more phlebotomists have now been employed and this has made a difference to waiting times. There are also clinical advantages of having shorter waiting time as both patients and staff feel more relaxed which seems to have a positive impact on the level of pain experienced. The patients we spoke to after the procedure stated that the blood test had hurt less than usual and all were complimentary of how they had been treated by staff. Between 8.00am and 10.00am the manager told us that the unit had completed around 100 blood tests.

Patients provided an overall positive experience with a number of 9s and 10s scored (10 being the highest). However patients we spoke to had not been asked to complete any feedback such as the Friends and Family Test.

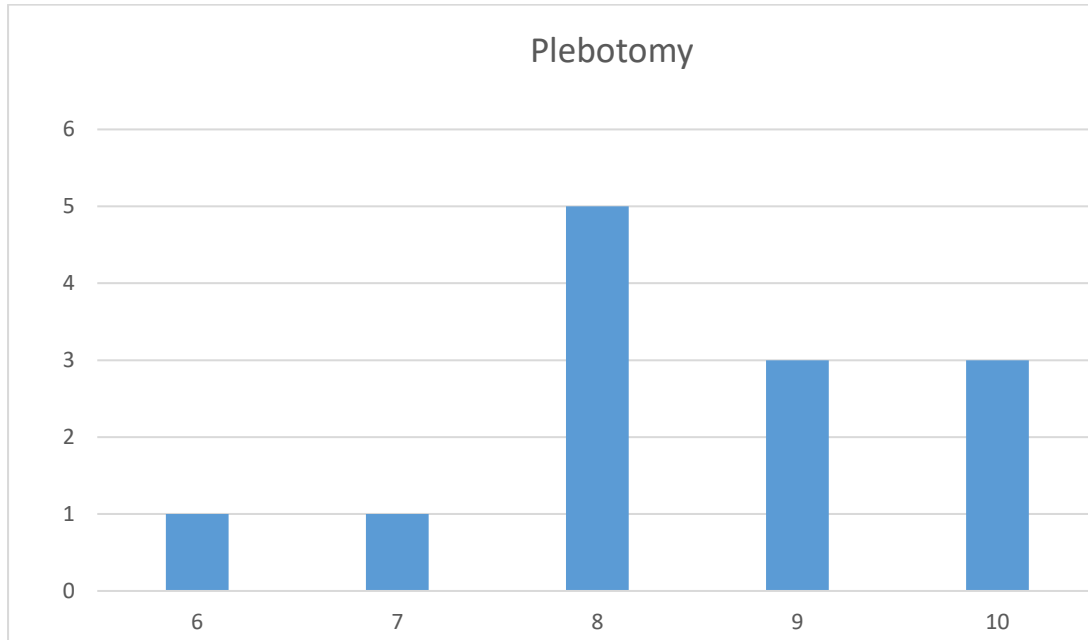
### Patient comments included:

‘Fine, appeared busy but it was very quick - couldn’t believe how fast.’

‘Busy, dull, seems clean’

‘It was quiet which was a relief’

## Patient Feedback Scores



Average score = 8.5 compared with 4.4 at the last visit.

### What works well or could be improved:

Patients told us that on the whole the system works well but that they felt the environment was shabby and could do with refurbishment. Information was sparse and notices were either in the wrong place or too small. Comments included:

‘New paint needed’

‘Décor needs improving’

‘Been a quick visit - they know what they’re doing’

‘Queue down the middle of the room is impractical and removes space for people especially disabled people’

‘No improvements, but it would be good to get a blood test fast at my GP’

‘The ticket system is explained on the door but the sign is not clear enough’

‘Dismal surroundings’

‘Works well’

Our Authorised Representatives noted that the waiting area was ‘scruffy’ and was in need of redecorating to bring it up the standard of the other areas of the hospital such as the pharmacy.

Hand gel could be better positioned and signposted for people to use (no one was observed using the hand gel).

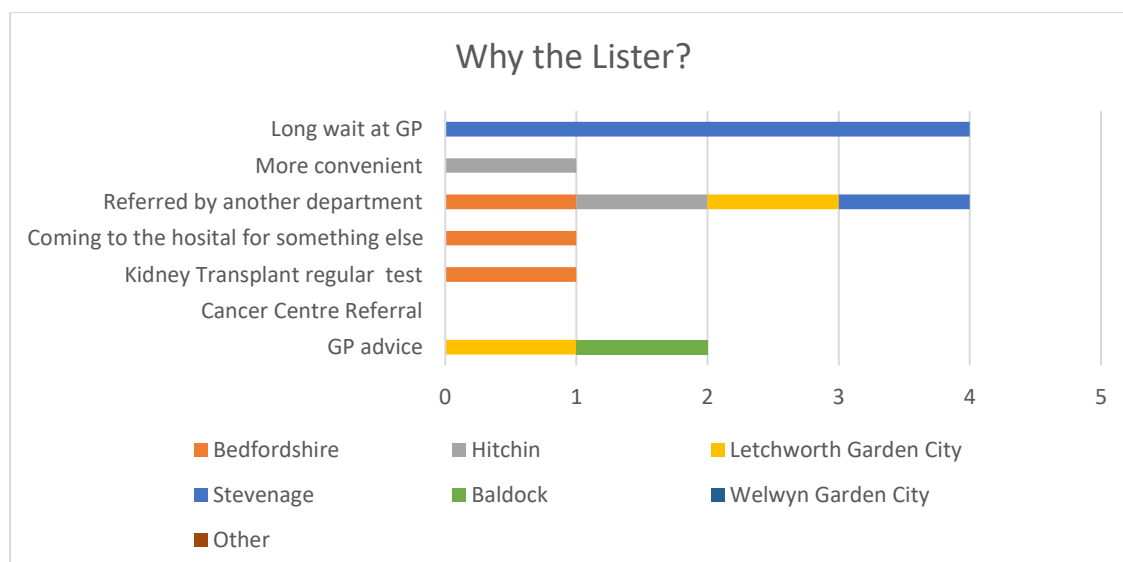
There was not much space for people with pushchairs or wheel chairs particularly when the area is busy.

There was no visible information for patients and carers or photos of staff though there were some toys and books for children.

A ticketing system is available when needed but it is not well advertised.

Overall it was felt that the environment did not reflect the good service being provided by the phlebotomists and that it gave the feeling that it is not an important part of the hospital which it obviously is. The waiting area should be upgraded to improve patient experience and to support the staff that work there.

### Reasons why patients come to the Lister Hospital



A number of patients said they came to the Lister Hospital for a blood test as it was too difficult to get it at their GP surgery. This time there were no patients from the Cancer Centre as the Cancer Centre’s blood testing diagnostic machines were now fully operational.

## 2. 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 18 patients in the waiting area from 10.00am to 11.15am and 1.00pm to 2.00pm. The Information Centre and treatment area is a partnership with the Trust and Macmillan Cancer.

We found the admin staff to be much more welcoming than on the previous visit. All patients said staff were friendly and that the atmosphere in the waiting area was good. Volunteers were providing refreshments which patients felt made for a good atmosphere in the Centre waiting area. Patients really appreciated this.

Those that attend Mount Vernon Cancer Centre (run by East and North Hertfordshire NHS Trust) for treatment, without exception, spoke of the excellent care they receive there whilst acknowledging the poor environment at the Hillingdon NHS Trust site, where Mount Vernon is situated.

When we spoke to patients about the support they receive, not everyone seemed to have a Clinical Nurse Specialist assigned to them (or were unaware they had one).

The main issue for patients was the waiting times for the start of the chemotherapy treatment (2 hours for one patient) which patients understood was because of a shortage of staff. Staff do their best to create a calm and positive atmosphere however as patients find the waiting time very difficult.

The HwH representatives noted the calm atmosphere despite the long delays and the positive interaction of staff with patients to keep 'spirits up' whilst they wait for their treatment.

The lower part of the Reception Desk was where the boxes of patient notes were stored as in our last visit. This seems to be an operational necessity.

Generally patients reported that communication was good with texts and reminders for appointments. Most patients prefer appointment information in letter format (as sent) though some would have liked information by email. One patient that we spoke to was someone we had spoken to in March 2018 and they confirmed they had seen improvements. However there was one new patient who seemed confused about why they had been asked to come to the Lister instead of the QE11 and this accounted for the low score of 1.



There were several comments about paying car parking in ‘blocks’ (e.g. 3 months). These don’t seem to match the attendance pattern at the Centre and patients said they have to visit several times to obtain the ticket. Patients felt these concessions could be more flexible to match their needs.

### Patient comments included:

‘Good waiting area, nice and airy (door open)’

‘Waiting 10 minutes so far but I don’t expect to be seen on time.’

‘Running late and kept informed - well-handled when busy’.

‘Happy - lot of support and lots of numbers to call. Carer is also well supported’

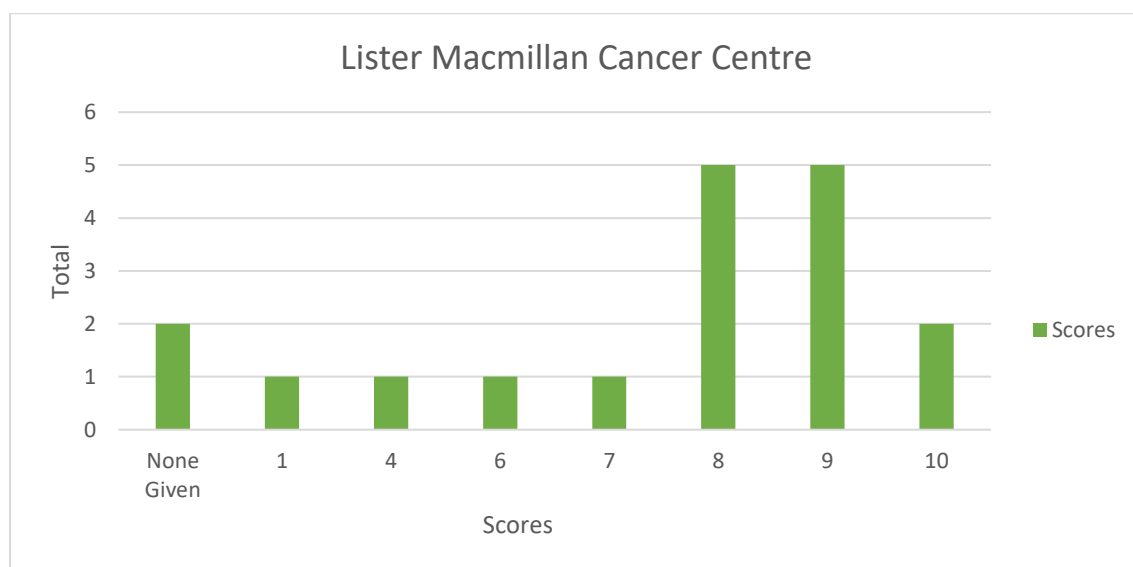
‘Waiting time is painful - need more staff’

‘Specialist nurse was very helpful - feel well supported’.

‘Despite it being scary they have made this area relaxing and nice.’

The Macmillan Information Centre told us that patients receive an information pack on support and benefits but they felt that patients may not always be aware they have it as they receive a lot of information at the start of their treatment programme. Various information sessions have been trialled but this relies on additional staff and wasn’t always possible to maintain.

### Patient Feedback Scores



Lower scores were generally given because of the long wait and car parking rather than the care. One patient commented that individuals would score much higher.

## **New QE11 Hospital (NQE11)**

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

There is a good number of car parking spaces near the main entrance (at the back of the building) as well as drop off areas near the Urgent Care Centre which was the area we were re-visiting today.

The new café is up and running (May 2019) providing a selection of food and drink and there are also drinks and snacks machines available for patients, carers and staff to use.

### **1. Urgent Care Centre (UCC)**

We visited the UCC from 10.15am to 11.50am and spoke to 13 patients.

We were warmly welcomed by the Reception staff. Patients also told us that their experience of 'checking in' was good and that staff were 'efficient and friendly'.

There are a number of information leaflets for patients to access as well as posters covering 'Stop Smoking', the 111 service, safeguarding, home care, dementia to name but a few.

Patients are told the waiting time when they register and there is a board behind the Reception desk displaying current waiting times (90 minutes at 09.50). Most patients we spoke to knew this was there.

#### **Patient comments included:**

'Very good,'

'Busy, very clean'

'Calm, clean and tidy'

'Very good and necessary'

'Fine - respectful, friendly'

‘Nicer than the old one - waiting time is too long though’

One patient who had not visited before thought the hospital was ‘impressive’ as they had come through the main entrance to the UCC. Another gave an example of how a nurse (on a different occasion) had ensured their child with special needs had been given a quiet space to wait to keep them calm and felt this showed excellent care and awareness.

As patients exit the treatment rooms there is a dedicated UCC Information Board displaying the latest performance figures and comments received from patients. ‘You said - we did’ posters showed what action had been taken in response to feedback. For example the Trust had employed an extra band 5 staff member to reduce long waiting times.

The Friends and Family feedback box was clearly displayed together with an encouraging note to nurses to give out more feedback forms as the GPs were apparently doing better than the nursing staff.

When asked what improvements could be made, other than keeping waiting times down, most patients felt that the UCC worked well. However one parent with a small child felt that there could be more available for children to keep them occupied such as a play table.

There was a television on for patients but it might have been better to have sub titles on so that people could enjoy the programme from wherever they were seated without having to have the sound too high.

We asked patients why they chose the UCC today.

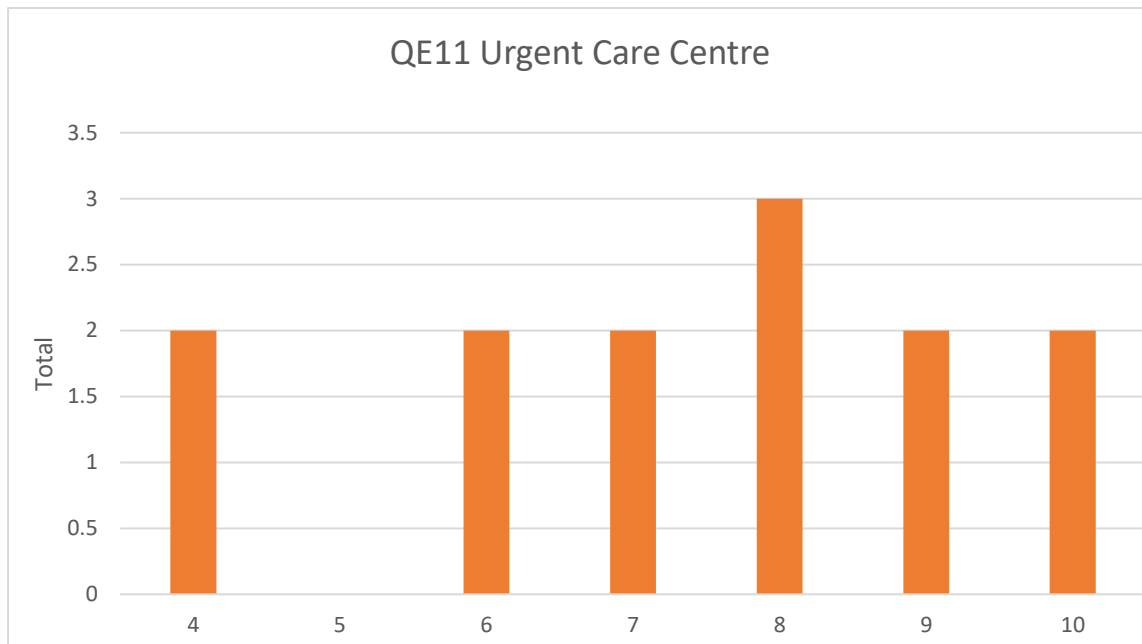
**Why did you come to the UCC:**

111 Service referral	No referral came direct	GP/ Clinician
2	8	3*

- \* 1. Practice Nurse suggested A&E but patient chose to come to UCC.
- 2. Wanted a second opinion.
- 3. GP told patient to attend the UCC if things didn’t improve

All patients arrived by car either driving themselves or given a lift by a friend or family member.

## Patient Feedback Scores



*Patient rating of the service before seeing a clinician ranged from 10 to 4. Average = 7.4 (low scores reflected patients waiting the longest who were experiencing pain)*

## Recommendations

### 1. Blood testing:

- Refurbish the waiting area to improve patient experience, support the staff that work there and reflect the quality of service being offered. Patient experience of the hospital often starts with a blood test.
- As part of the refurbishment, ensure there is a good variety of patient information that meets the accessible Information standards and highlights key information such as the priority ticketing system.

- c. Review the queuing system to better accommodate patients with disabilities.

### 2. Lister Macmillan Cancer Centre

- a. Look at ways to reduce waiting times or to make them more bearable for patients.
- b. Assess whether more flexible car parking options could be offered to match patient treatment patterns and to ensure that any concessions are well understood by patients.
- c. Ensure that patients are aware of the ongoing support available to them such as a clinical nurse specialist.

### 2. Urgent Care Centre

- a. Provide sub titles on the television programmes.

**Please see the response from East and North Hertfordshire NHS Trust on the following pages.**

## Healthwatch Enter and Visit report – Lister Hospital and New QEII Hospital – July 2019

### ACTION PLAN - Blood Testing

Issue	Action(s)	Lead	Target date
Refurbish the waiting area to improve patient experience, support the staff that work there and reflect the quality of service being offered. Patient experience of the hospital often starts with a blood test.	<ul style="list-style-type: none"> <li>Repair and paint damaged walls</li> <li>Add paintings to improve the ambience in the waiting areas</li> <li>Recruit to vacancies to increase staffing levels. This will enable the waiting times to be reduced.</li> </ul>	<p>Elaine Stokes</p> <p>Phlebotomy Services Manager</p>	Completed September 2019
As part of the refurbishment, ensure there is a good variety of patient information that meets the accessible Information standards and highlights key information such as the priority ticketing system.	<ul style="list-style-type: none"> <li>Display the Accessible Information poster to encourage patients to seek assistance</li> <li>Identify ways to improve our patient pathway by following the pathway with a patient who requires assistance.</li> </ul>	<p>Elaine Stokes / Jane Unwin</p> <p>Phlebotomy Services Manager / Head of Nursing CSS</p>	October 2019
Review the queuing system to better accommodate patients with disabilities.	<ul style="list-style-type: none"> <li>Recruit to vacancies to increase staffing levels. This will enable the waiting times to be reduced.</li> <li>Identify ways to improve our patient pathway by following the pathway with a patient who requires assistance.</li> </ul>	<p>Elaine Stokes / Jane Unwin / Jodie Deards</p> <p>Phlebotomy Services Manager / Head of Nursing CSS / Carers Lead</p>	Complete by November 2019



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	<ul style="list-style-type: none"><li>• Work with the Carer's Lead to improve staff knowledge and patient experience</li></ul>		
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### ACTION PLAN – Lister Macmillan Cancer Centre

Issue	Action(s)	Lead	Target date
Look at ways to reduce waiting times or to make them more bearable for patients.	<ul style="list-style-type: none"><li>• We are currently purchasing patient held buzzer system that allows you to leave the centre and be called when the team are ready for you.</li><li>• We are investing in the phlebotomist service so that bloods are taken in the unit and more efficiently.</li><li>• We are getting new chairs in waiting room, and TV that shows programmes with subtitles on.</li><li>• We are implementing the new chemo process fully at LMCC which will ensure that patients are treated in a more efficient time frame mirroring MVCC.</li><li>• We have been working hard on the admin process and now have a new notes storage system which reduces the frequency of missing notes and time waiting.</li></ul>	Michelle Orsmond and Sarah Morgan  Matron / Senior Nurse   Sue Collins  Deputy Head of Nursing (Cancer & End of Life Care)	Feb 2020



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	<ul style="list-style-type: none"><li>• We are working with the nursing team to provide a nursing manger in the LMCC at all times and ensuring the communication of clinic times and chemo waiting times is always adhered to.</li><li>• We are working with the admin team to review and change consultant templates to ensure the correct time are given to patients with enough time to talk at their appointment. This will reduce the time waiting as patient will have the correct allocated time.</li></ul>		
Assess whether more flexible car parking options could be offered to match patient treatment patterns and to ensure that any concessions are well understood by patients.	<ul style="list-style-type: none"><li>• We need to look at national recommendation for parking for cancer patients and write a paper on these finds to bring to board.</li><li>• While we are looking at better parking options we will advertise the current patient options with a reduce rate so that all are aware.</li></ul>	Abdellah Elalami Trisha Webb General Manager - ENHT Cancer Services Division	Feb 2020
Ensure that patients are aware of the ongoing support available to them such as a clinical nurse specialist.	<ul style="list-style-type: none"><li>• We have introduced in our chemo consultation that all patients are asked whether they know their Clinical nurse specialist and if they do not they will be referred to one.</li><li>• We are introducing the band 4 support worker role to be able to expand the CNS service over the next</li></ul>	Maggie Fitzgerald Deputy Head of Nursing (Cancer)	September 2020





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	year. Enabling CNS time to be free and the support team to provide practice support.		
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### ACTION PLAN - Urgent Care Centre

Issue	Action(s)	Lead	Target date
Provide sub titles on the television programmes.	<ul style="list-style-type: none"><li>Turn sub titles on television</li></ul>	Jennie Bloom / Alison Gibson Matron / ENP New QE11 UCC/ACC	Completed 23/09/2019