

Patient Experience
at
West Hertfordshire Hospitals
NHS Trust

Enter and View Visit Report

Watford General Hospital

St Albans City Hospital

August 2017

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 West Hertfordshire Hospitals NHS Trust (WHHT) and 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 3 Enter and View visits (2 to Watford General Hospital and 1 to St Albans City Hospital) .

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 Watford General Hospital and St Albans City 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 Improvement Sub- Committee and the Trust's Chief Nurse (Tracey Carter) was informed 2 weeks before the first visit. Timings and areas for the visits were unannounced.

Volunteers used checklists to record their observations and talked to patients asking them to score their experience from 1-10 where 1 is poor and 10 is excellent.

Dates of Visits:

Watford General Hospital	07 August 2017, 10.30 - 1430
St Albans City Hospital	09 August 2017, 1030 - 1400
Watford General Hospital	11 August 2017, 10.30 - 1400

Areas/ Wards Visited at Watford General Hospital

1. Acute Admissions Ward (AAU) - Level 1
2. Bluebell Ward (dual fragility unit, dementia)
3. Flaunden Ward (surgical)
4. Heronsgate and Gade Wards (medical)
5. Tudor Ward (step down ward)
6. Katherine Ward (Maternity)
7. Outpatients (various)
8. Discharge Lounge
9. Accident and Emergency

Areas/ Wards Visited at St Albans City Hospital

1. Phlebotomy
2. Ophthalmology
3. De La Mare Ward (orthopaedic and surgical)
4. Minor Injuries Unit
5. General Outpatients Department

Visits conducted by Healthwatch Hertfordshire Authorised Representatives:

Watford General Hospital:

Kumara Moorthy, Virginia Kirri- Songhurst, Sally Gale, Meg Carter, Jane Brown, Barbara Birch, Ken Appel, Madeleine Donohue, Linda Ivey

St Albans City Hospital:

Kumara Moorthy, Virginia Kirri- Songhurst, Pamela Rochford, Chris Lindeman



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 service users (only those who contributed within the restricted time available).

Note:

The Response from West Hertfordshire Hospitals NHS Trust (WHHT) can be found at the end of this report.

Summary Observations

Good Practice

We spoke to over 50 patients and relatives and visited 14 departments and wards. The majority of patients rated their experience as good or very good with many saying how hard the staff worked and how caring they were. Staff came across as professional yet friendly when we visited the wards. Staff did not always use the 'Hello my name is..' phrase but always greeted the volunteers and introduced themselves. If they were unsure of who we were, we were always asked in a non-confrontational way which still felt welcoming.

Some excellent interactions between staff and patients were observed with Bluebell ward showing outstanding care and support.

In outpatients nobody complained about long waits though people expected to wait and came prepared just in case.

Hand gel was available everywhere and none tested were empty.

Areas for improvement

There were inconsistencies around who actually had a Patient Carer and Visitor bedside guide with patients at St Albans City hospital appearing not to have any.

Generally, though there was information about the staff on duty, there were no staff photographs except on Flaunden ward.

Most patients, unless they had walked or came by bus, mentioned car parking and the cost of it as an issue. The Trust is very aware of this and has put a number of initiatives in place to ease the situation. We know from our own experience though that the PayByPhone automated telephone appeared to be temperamental but the mobile App worked well.

Concessionary parking, carers benefits and help if the outpatient appointment runs over need to be more widely advertised.

Communication around delays and what happens next need to be consistent, timely and more detailed. For example letting patients know that emergency admissions may mean increased waiting time or explaining the process as to why it takes several hours to receive medication on the day of discharge.

See also Recommendations at the end of the report.

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

Watford General Hospital

1. Acute Admissions Ward (AAU) - Level 1

We visited blue, yellow, purple and green wards (it was very busy in purple ward as it is the triage ward of the Assessment unit).

We didn't see a 'nurse in charge badge' being worn and there did not appear to be any bedside guides in the AAU.

3 patients we spoke to were unsure about visiting times. They didn't have information about how to complain but they felt they could ask if there was an issue. Private conversations seemed difficult in this area.

It was obvious that some refurbishment has been done since the PLACE (Patient Led Assessment of the Care Environment) visits but there is still more to do. The Trust is aware that the holders for the fire extinguishers here do not fit properly.

Cleanliness in the AAU seemed to have improved.

We also observed that the oxygen cylinders were stored in an alcove by the main door to purple ward. A large notice above these indicated that these must at all times be left un-obstructed. We were therefore surprised to note that hoists, trolleys and other equipment had been left immediately in front of these cylinders, obstructing access to them.

We spoke to a patient, with their husband and daughter in yellow ward AAU who had been admitted early in the morning (5am) who said that staff were polite and 'lovely' and that they were being kept up to date with what was happening and felt confident that any of them could ask questions. Their only complaint was that they had been unhappy with the wait from 6pm until 4 am for a call-back from the 111 service (not provided by WHHT).

Another patient who had been discharged a couple of weeks earlier was taken ill and readmitted as an emergency. The patient was also a Mount Vernon (MV) patient and felt that communication between WHHT and MV was not good. The patient also has appointments at Hemel Hempstead Hospital and didn't know what was happening - they seemed unaware of their care plan.

We spoke to a relative/carer of a patient with Learning Disabilities in the AAU. They had been waiting for an outpatient appointment but now they will be seen as an inpatient. Care had been very good and staff wonderful but ‘nobody writes in the purple folder’¹.

The relative/carer was unaware they could have got a concessionary parking ticket and other carer benefits. They felt that if they could have had a bed next to their loved one they could have been able to give better support.

Another patient was not sure what was happening but care was good. They were waiting to be discharged that afternoon but didn’t yet know the time.

We spoke to a patient who said they were generally happy with their care and had had a blood test and was probably going to have an overnight stay.

One patient was discharging themselves as they was frustrated at the lack of communication and had access to a private care plan in any case.

Overall there were no complaints about the food or noise at night. People got what they ordered and water jugs were evident. It felt a calm environment although bells sometimes took a while to be answered. In green ward a patient thought there was no bell but it had become unplugged and was on the floor.

The overall rating from patients ranged from 2 to 8.

2. Bluebell Ward

The volunteers had to ask for directions to find the ward and found the Reception staff to be excellent.

All the staff on Bluebell ward used the ‘hello my name is...’ phrase and it was clear who was in charge of the ward and responsible for what.

The ward was clean and bright with only a faint smell of food preparation which was not unpleasant. The Reception desk was welcoming with lots of information for carers. Patient bedside guides for patients and carers were available.

There were no pictures of the staff but there were names of staff on duty. All staff were wearing badges including the ‘nurse in charge’ badge.

Volunteers observed excellent interaction between staff and patients and were able to talk to a group of female patients who were obviously enjoying being on

¹ Health Information folder for people with Learning Disabilities.

the ward. Some had been encouraged to be dressed and wear make-up. Staff are all 'lovely' and 'very kind' they said.

Drinks and snacks are available all through the night. One patient said the food was good and she always got what she wanted there was 'so much food'. Pictures of the meals available aided choice.

There had been dancing on the ward the previous day and today they were looking at pictures of the 'Royals' and sharing their memories of different 'Royal' events.

Relatives are positively encouraged to join their loved ones for meals.

This was a calm ward even though a lot was going on; patients were clearly happy.

The male section was quieter. Staff told us that the male patients often have no relatives or visitors.

3. Flaunden Ward

This came across as a well organised and efficient ward. It was evident from the patient status board that the 'red to green'² initiative was being used . There were pictures of staff on this ward.

It could be noisy at night but this could be due to the type of ward.

One patient we spoke to, gave a rating of 8 for their experience.

4. Heronsgate and Gade Wards

These wards appeared less formal than Flaunden ward. We did not see a member of staff with the 'nurse in charge badge' or staff pictures. Clutter was evident at the entrance to the ward.

None of the patients spoken to had any idea about when they might be discharged but were all positive about the staff. One patient had been told they would see the doctor at 9 am and it was now 11 am and was therefore feeling unsettled. Patients need to be kept informed if there are going to be delays.

However good interaction with patients was evident on the ward.

² A system that helps the patients understand the process of treatment. Red - waiting test/investigations
Green - had the tests/investigated now waiting for results and reviewed for the next stage of treatment.

One patient had been admitted via A&E where they had spent the night in a chair but felt that this was possibly better than being constantly wheeled about on a trolley.

A relative said that it was midnight when they were parking and the PayByPhone wasn't working and so they had had to go to a shopping precinct to get some change.

The 'red to green' system was being used here but did not seem to be updated as regularly as on Flaunden ward.

Some patients stay a long time as they are waiting for packages of care. They do get bored and patients can get isolated. There is a 'Kissing it Better Board' in the main corridor showing activities and yesterday they had singing but it tends to be only every 2 weeks.

Patient ratings from the 3 patients spoken to were 8, 9 (for the ward) and 6 overall for the hospital because of the car park and A&E experience, and 10.

5. Tudor Ward

The ward was very clean and tidy and there was a good atmosphere. The ward had been refurbished 2 years ago and still had a new smell.

The store cupboard was colour coded and organised.

The ward was full. We didn't talk to patients here as they were very unwell or confused. Though patients are encouraged to dress in their own clothes we did not see this.

A store cupboard with pillows was found to have a couple of pillows on the floor but this was immediately rectified when pointed out.

6. Katherine Ward - Maternity

Our volunteers were welcomed by the sister in charge and introduced to everybody. It was a calm, clean and patient focussed area (the ward was not overly busy during our visit).

Patient comments are displayed on a board.

An antenatal patient told us she had made a complaint and on investigation we were satisfied that the complaints process was being correctly followed and that the staff had already addressed some of her concerns.

One relative commented that the maternity drop off time was too short to comfortably settle the mum to be and would welcome more time.

Another new mum said how impressed she had been with the midwife who had explained everything and what was happening to her body during the delivery of her baby. There had also been some good guidance on breast feeding. Her rating was 8-9. It would have been a 10 but the (hard) chairs in the triage area had been very uncomfortable.

Another new mum confirmed she had been checked regularly during labour and kept well informed. She felt she had had to wait a long time for pain relief on the recovery day when agency staff were on duty but still gave 9 out of 10 as her overall score.

Patient rating: 8 and 9

7. Outpatients

Phlebotomy

This was busy but there were enough seats for everyone with some making use of the 'Friends' tea area.

We spoke to a patient in their eighties waiting for a blood test with her relative as support who were then going to a cardiology appointment - hoping they wouldn't miss it.

The patient had been on Sarratt Ward 2 weeks earlier. She reported that care was good on the whole and the staff 'worked their socks off' but nurses sometimes assumed that because you were old you were incapable and treated everyone in the same way (there were indeed some very frail people who may have lacked understanding of what was happening but this patient did not).

She felt that some nurses were difficult to understand due to their lack of English. There was one incident which meant she got no sleep as a nurse had been on her mobile phone until midnight. She didn't want to complain but the morning staff realised something was wrong so she told them what had happened. She was happy that her comments were taken seriously by the staff and it didn't happen again.

The patient was discharged direct from Sarratt so did not experience the Discharge Lounge.

Other people spoken to were happy with the service; the main grumble being the parking, the cost and the hill (cardiology patient).

Ophthalmology

Full information about the staff on duty was displayed in the entrance. There was an electronic check-in but also a reception area.

It was busy but patients were coming and going regularly at the time we visited. Seats were available and nobody was having to wait in the corridors.

Those spoken to had no complaints about the GP to Hospital referral system.

The electronic booking system had broken down for a short period but was up and running again when we arrived. One relative told us that the electronic booking system had made a big difference to the waiting times and efficiency of the department.

One thing that a carer felt could improve the system was that currently the nurse has to come out of the treatment area and call the next patient's name. Invariably the patient doesn't hear, either because they are hearing impaired, sitting at the opposite end of the room or down the corridor or because the nurse can't pronounce the name in the way the patient recognises. This means that the nurse has to come further and further into the room calling the name until the patient is eventually found.

The carer thought this was a waste of the nurse's time and delayed everyone. Something else needed to be put in place - like a ticket system as it was also difficult to gauge how long you may have to wait and whether there was enough time to get a drink or go to the toilet.

The main issue reported was again car parking, otherwise the department was easy to find.

Dermatology

The waiting area was pleasant and staff were attentive. There were no patients to speak to as a leg ulcer clinic was about to start. There were large signs about asking patients to ask staff if they felt they were going over the 2 hour car parking limit which would hopefully make patients less worried.

Diabetic Centre

The main complaint was about Patient Transport (not a WHHT service) which was often late or non-existent and the drivers didn't seem to know where the clinic was because the name wasn't on the building.

This was a small clinic and people can wait for 2 hours.

The receptionist didn't seem to be aware of the need to prioritise those with a disability (waiting for patient transport) or those that have booked an interpreter.

Fracture Clinic

Only 1 person was waiting, a dad with his son (who had broken his arm on holiday). He was coming for a check-up and had a quick referral time from GP to the hospital. The father was concerned that his parking ticket would run out before they had been seen. The son felt he had been talked to respectfully and knew what was happening.

8. Discharge Lounge

Monday

This is a new and improved space with dedicated bed cubicles and its own kitchen. Seats are quite close together and when we visited this enabled the people waiting to interact and have a chat.

We saw 3 nurses looking after the patients who were also able to have a meal whilst they waited.

At 2pm there were 9 patients in the Discharge Lounge. We were informed that 1-3pm is normally the busiest period. 6 patients were waiting for family members to collect them though their families had not yet been notified as they were waiting for the Pharmacy to provide their medication. The wait could be up to 4 hours.

One patient told us that that they had already waited 2 hours but that the medicines he needed had been communicated by the ward the previous day so wasn't sure why it was taking so long.

A patient who had been in the hospital for 11 days knew his care plan very well.

All confirmed they had had a bedside information pack and information on how to complain. Staff were genial and supportive.

The Discharge Lounge is near the non-emergency patient transport office so this makes it easy to liaise between the two services. We noticed that patients from outpatients waiting for the non-emergency patient transport were seated on the benches by the reception main entrance and near the door of the Discharge Lounge. These patients are responsible for their own refreshments but those that are frail are often supported in the Discharge Lounge by staff.

Some patients go home with medication to follow. We were unsure how often this happens and how quickly the patient receives the required medication.

We spoke to 7 patients : 6 patients (3 from Heronsgate, 3 from Langley and 1 wasn't sure which ward they had been on) who gave an average of 8-9 for their stay in hospital.

Friday

We visited the Discharge Lounge again on the Friday. 3 people were dressed in their pyjamas or hospital gowns, one man had been going to change but the transport came to take him home.

A patient (being discharged from Heronsgate) who had been in and out of the hospital since May felt their care had been patchy but that the consultant was good. The appointment system worked well and they knew about the concessionary parking and food was good. They did not recall a bedside folder. The patient knew that further tests were needed but didn't yet have that information. A special piece of equipment had been on order for the last 8 days and the patient will need to return to the hospital to get their proper medication. The patient was unhappy about their 10.5 hours in A&E. Rating for his experience was 6 out of 10.

A patient from Cassio who had been in for 10 days felt that the food was good and that nurses and doctors kept them and their relative informed about what was happening. They couldn't remember seeing the patient guide though. They had been asked to provide feedback by the ward and gave their experience as 8 out of 10.

A patient being discharged from Langley who had been in for 5 days was very happy with their treatment and felt they had been kept well informed though they were unsure if there had been a patient bedside folder. They felt that the call bell system could be improved as that had made it noisy at night sometimes. Also nurses from different cultures delivered care in slightly different ways and the patient felt that this should be standardised. However the patient felt the hospital deserved a 10 out of 10 score.

A patient being discharged from a surgical ward (bowel) rated their experience as 8 out 10 because they had worried about the security of a toilet door as it did not fit properly and this had distressed them. Dietary information had also been inconsistent until the dietitian had been called in. However the attitude of staff had been generally good and the patient was impressed with the cleanliness of the hospital.

Patient rating 6,8,8,10.

9. Accident and Emergency Department

We visited at 11 am and there was no corridor waiting and no obstructions at the entrance. The area was cleaner than the main entrance.

There were machines with snacks and drinks. Plenty of information leaflets and posters on Boards including safeguarding.

15 people were in the waiting room which appeared calm and business-like.

The 'nurse in charge' badge was seen.

Note: several patients fed back their experience in A&E with their ward feedback.

10. Other feedback Received

Ridge Ward (not visited but feedback from relative)

The relative was very happy with the level of care provided - he was not confident beforehand because of WHHT's reputation but staff 'can't do enough for you. I've been offered cups of tea, told about the concessionary parking (weekly ticket) and even had a meal which wasn't bad! The staff do seem to be rushed off their feet though.'

Signage to the hospital via the new road could be better.

Carer/relative in the Spice of Life Restaurant (approached us):

He said 'the hospital is grubby, toilets by the Restaurant are poor but staff are lovely'.

We were talking to a patient and friend near the Fracture Clinic who were looking for Ambulatory care. A nurse who was passing asked if she could help and offered to take them to ambulatory care rather than just give directions.

Whenever people mentioned **cardiology** they were full of praise.

Front entrance of the hospital at 11 am on Monday morning was dirty - full bins and lots of cigarette butts. By 11.30 this was swept and cleaned.

St Albans City Hospital

Summary Observations

The following points apply to all the areas visited by the HwH Authorised Representatives:

1. When approaching the hospital by road from the North, overgrown foliage was found to obscure the Hospital Signage.
2. Telephoning the PayByPhone number to pay for parking was difficult . This meant that without cash for the machine our volunteer could not park at the Hospital. There had been similar issues at Watford and these difficulties have been fed back to the Trust's Patient Experience Lead. The mobile app however works well.
No security attendant was visible or present.
3. A volunteer was on duty at the main reception.
4. Generally the signage around the hospital was good, using words and pictures except for signage within the main Outpatients Department area.
5. The Hospital was mostly clean and in good decorative condition and generally good lighting throughout expect for the Pharmacy which was dark.
6. Staff were friendly and polite and appropriately attired. They wore visible name badges.
5. We did not see any 'Nurse in Charge' badges being worn.
6. Staff smiled when approached and were helpful but no one introduced themselves with the 'Hello my name is...' phrase.
7. All areas visited were calm and quiet. The hospital did not appear to be too busy on the day of our visit.
8. Nurses and staff were interacting with patients well.

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

1. Phlebotomy

There were very few patients waiting as this was end of the clinic. All seating is of the same height, except for one chair (out of 20 plus).

Curtains were not drawn between the patients in the cubicles to protect their privacy and dignity. Staff say they ask the patients if they wish the curtains drawn.

Recently refurbished toilets are clean and in good condition. The disabled toilet is not well set out to enable patient transfer from wheelchair. The toilet area is accessed by a heavy door which is difficult for wheelchair users and those with mobility difficulties. There is a tight turning circle for a wheelchair to get to the accessible toilet.

2. Ophthalmology

In the clinic most notices and patient information was not suitable for visually impaired patients as the type face was too small. Most information posters, leaflets and pamphlets were black type on white background and not on a yellow background. No large print material was seen.

Leaflet holders were positioned too high for wheelchair users to access.

Cubicles had only curtains and not doors so potentially compromising privacy and dignity.

One cubicle has a mixture of lighting - day light, white and yellow light at the same time.

However the patients we spoke to were happy with the care and said they had had a quick appointment from the GP referral - within 2 weeks.

3. De La Mare Ward

Hoists were left outside the entrance door to the ward in a public area. The double door was wide open so we walked in unchallenged. We introduced ourselves to the senior sister.

The notice board attached to the door frame named the senior sister and the nurse in charge, with general ward information. There were no staff photographs but there was a poster explaining the different staff uniforms.

There was a poster giving information about the 'carers partnership'. This is a scheme whereby a carer is able to continue to care for their charge whilst a patient on the ward in conjunction with the medical staff. They fill in a form which is held in the patient folder (the sister told us that she did not have any). They are given a yellow badge. They are entitled to refreshments, use of washing facility; concessionary parking and access to a sleeping chair (e.g. recliner, which we were told would have to be brought in from Watford hospital).

There are other notice boards displaying various statistics. The infection control board we assumed was directed at staff as we thought it was confusing for patients. The patient survey results were displayed.

There is a leaflet holder in the Discharge lounge in the ward, with PALS information, but it is obstructed by high back chairs making it difficult to access especially from a wheelchair. We were told patients don't use the discharge lounge and physio equipment is stored in here. The only TV in the ward is located in the discharge lounge though it does not currently work because there is no remote control available.

The visiting hours are displayed on a poster, but was not easily visible. No patients have a bedside guide.

Clear on-door signage to WCs was noted, but not visible from all areas in the ward.

The patient status board is easily visible. Equipment stored in a cupboard was clearly marked with green labels.

Patients are encouraged to dress in their own clothes but we only saw one patient dressed in their own clothes. All patients had menus. Some complained that the food sometimes was not hot enough, but all said the food was of an acceptable quality.

Only two of the eight patients knew how to complain or knew about PALS.

Patients complained about the lack of TV/Radio by the bedside and they could not be hired. Apparently Wi-Fi is available. Although one patient who tried failed to connect her tablet. The patient's relative had made enquiries and was told it does not work.

There was neither information nor evidence of the 'Kissing it Better' scheme.

Plenty of hand gel dispensers were seen throughout the ward.

Patients had access to call bells, drinks, lockers and walking aids. When called, staff responded promptly.

The Trust operates protected times for administering medicines and for meal time. This was observed.

There was clear fire signage.

Patients said they slept well at night.

The patients we spoke to had all been kept informed well about their procedures and prognosis. However no patient knew when they were being discharged. One patient, due to a change in circumstances, will now require discharge to a Rehabilitation facility, but it is not known when a place may be found. The senior sister said patients can wait between 3 and 6 months for this. This patient especially was concerned how they will cope with such a long stay as there is nothing to do and no stimulus, in the ward.

Three patients said that they had waited two years for their operation to happen. One patient had their operation postponed twice before, and two other patients once each.

All patients said they were happy with the treatments and care being received. They all said that they would like a TV/Radio as a minimum. All the patients complained about parking difficulties experienced by their visitors.

Of the eight patients the overall scores ranged between 8 and 10.

3. Minor Injuries Unit (MIU) and General Outpatient Department

We visited the Minor Injuries Unit (MIU) and General Outpatient Clinics (OPD), alternating between the departments to ensure we spoke to as many patients passing through the departments as possible, on average spending 30mins at the departments each time. We were at the MIU at 11am, 12 noon and 1.15 pm. At the OPD at 11.30 am and 12.30pm.

Arriving at the MIU at 11am we introduced ourselves to the receptionist and asked for the sister in charge. We were told that there was no sister in charge today, and the department was manned by just the receptionist and three nurse practitioners. We were welcomed and given free rein to come and go.

We looked at the approach to MIU from the outside, and found the signage to be clear and well positioned. The dedicated car parking area included a number of marked disabled bays.

Full level access through automated external doors leads to the reception area with two windows. There was a prominent banner displaying the Unit's opening times.

Apparently only one of the windows is used to book patients into the MIU, the other being used by out of hour GP service. The signage distinguishing them was not clear and could lead to considerable confusion especially at busy times.

Adjacent to the reception area, there were notices and further notices on boards along the passage leading further into the unit. The staff were friendly and greeted us with a pleasant smile, but we did not hear anyone using the 'Hello my name is...' phrase.

The staff were appropriately attired and wore name badges, but we did not see 'nurse in charge' badges.

There is a waiting area opposite the reception windows. This consisted of quite tightly arranged 20 plus seats of the same height. It was difficult to manoeuvre a wheelchair in the area. There was no space for a wheelchair patient to remain in the waiting area.

There was a designated children area in the waiting room. But it was devoid of

toys. A staff member said that patient donation have been received by the Trust to purchase toys some months ago, but they were still waiting for it to be fulfilled.

There was no water fountain in the waiting room. We saw a notice which invited the patients to ask the receptionist if they required drinking water.

The unit was clean and in good decorative condition. The corridors and treatment rooms were clutter free. However a supplies store room door was left unlocked and wide open - this was potentially accessible to patients.

We spoke with 3 patients, who had been waiting for 10 minutes, 20 minutes and 60 minutes respectively. The longest waiting patient had been triaged, been to x-ray, and was back waiting to see the nurse again. The other two had booked in with the receptionist and were waiting to be seen by a nurse to be triaged.

All three patients scored their experience so far at being between 7 and 9.

We returned to the department at 12noon:

Of the original three patients, 1 patient was still waiting, and as yet had not been seen by the nurse to be triaged. Their waiting time had now grown to 80 minutes.

They revised their patient score to a 6.

There was one other patient, a new patient that had been waiting for 10 minutes, booked in and waiting for triage, *and noted their experience so far to be 7 (parking had been the issue so far).*

There was no electronic or whiteboard display indicating the delay and information to keep patients informed. A nurse put her head around the waiting room and apologised and announced that there will be a delay due to emergency patients being seen.

When we spoke to staff, they told us that they had received two emergency arrivals in the meantime requiring urgent attention. One was being attended to in Resus, and an emergency ambulance had arrived to move the patient to a more appropriate facility.

We returned briefly to the MIU at 1.15pm and observed that the waiting area was empty. All the patients had been discharged and no new patients had arrived.

General OPD Clinics

The OPD area is accessed through a wide doorway adjacent to the cafe.

This doorway leads to large seating area (30 plus seats of the same height) abutting OPD reception windows. Of three positions available, 2 were booking patients attending OPD clinics and one was dedicated to patients for pre-op. There was also one electronic console which was available for patients to book themselves.

There were a number of clines operating. This consisted of:

- Pain Clinic
- Neurology
- Cardiology
- Rheumatology
- Urology
- Gynaecology
- Gastroenterology
- General Surgery Clinic

The clinics were arranged around the OPD areas corridors each occupying one or more rooms. The clinic lead nurses were set up on the corridors with the patient notes trolleys and the patients were directed to the appropriate clinic area to wait to be called.

We observed small white boards noting consultants names but did not see any clinic identified by the condition (e.g. cardiology) so leading to some confusion for some patients. These white boards were also being used to indicate running delays experienced in the clinic.

On arrival at 11.30am, we introduced ourselves at the pre-op window and asked to be directed to the senior sister in charge. We were shown to her office and was welcomed by the senior sister. She asked information about what we were doing, and about HwH and then gave us permission to go anywhere in the OPD and speak with staff and patients.

The OPD was not busy. There were no patients waiting to book in at the reception windows. Very few patients were observed to be waiting to be called.

We spoke with a patient waiting outside Urology. The patient was attending a 6 months review appointment and has been a patient for about 2 years. They said that the appointment was originally for Tuesday, but had received a call late on Monday cancelling the appointment and rearranging it for Wednesday at 10am in the morning. The patient had phoned in the morning and had been told the clinic was running 40 minutes late, and so they planned to arrive late and was now the next patient to be seen (at 11.40). The patient seemed satisfied with the treatment and care to date and felt that they had been adequately kept informed of the treatment plan. They scored a 6 for patient experience.

We then spoke with a mother and son (the patient) waiting for neurology - they had been waiting for 2 minutes past the appointment time so far. The patient had been treated at Watford A&E previously. Subsequent to discharge he had been referred to Neurology by his GP, and this was the first appointment given - a 3 month wait, despite an urgent referral. The mother also expressed disquiet as she said they had been told that the tests (scans etc.) done at Watford hospital was not available to the clinic - causing her to question the continuity of care. The patient scored experience to date as 5.

We returned to the OPD at 12.30:

Both the patients we had spoken to earlier had departed. There were no other patients waiting, except for one for Neurology clinic which was running late. We spoke to the patient who had been referred to the unit urgently last Friday and and received appointment within a week. They were happy and scored the experience to date at 9.

There were no further patients in OPD we could speak with.

Patient ratings: 5, 6, 9.

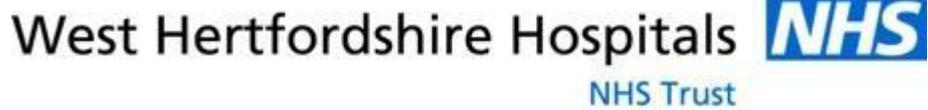
Recommendations

1. Ensure all patients/relatives/carers have access to a bedside guide including St Albans City Hospital.
2. Staff need to be proactive in promoting the 'Carers Partnership' and ensure they have forms available for completion.
3. 'Nurse in charge badges' to be widely promoted.
4. Keep patients and relatives informed of delays during their time in hospital.
5. Review the way patients are called for treatment in Ophthalmology to see if a more effective system could be introduced.
6. Review how patients waiting a long time for packages of care or rehabilitation (Watford and St Albans) on wards that have few facilities for entertainment can be helped to feel less bored and isolated.
7. Review the seating in the maternity triage area.
8. Be assured that frail and vulnerable patients accessing outpatients waiting for non-emergency patient transport at the main entrance are looked after.
9. Review the signage and process for booking in at the Minor Injuries Unit and GP Out of Hours at St Albans City Hospital.
10. Regularly monitor the 'PayByPhone' car parking telephone line to ensure it consistently works well.
11. Consider increasing the maternity 'drop off' time.
12. Keep patients regularly informed of the Trust's plans for car parking so they know something is being done to improve the situation.
13. Ensure outpatient clinics are making patients aware of the car parking support available whether or not the clinic is running late (see dermatology notices).
14. Ensure concessionary parking is routinely notified to visitors as they may not immediately see this in the bedside folder.

Healthwatch Hertfordshire would also like to commend the work of the Trust's Patient and Public Involvement Panel, the Patient Panel and the volunteers who are continually seeking to improve the patient's experience at the Trust's hospitals including many of the issues raised in this report.



Response from West Hertfordshire Hospitals NHS Trust:



Report of Healthwatch Hertfordshire Enter and View Visits

Presented by: Tracey Carter Chief Nurse and DIPC

1. Purpose and Key Issue

The purpose of this paper is to present the report of Healthwatch Hertfordshire (HwH) Enter and View visits that took place during August 2017.

A request from West Hertfordshire Hospitals NHS Trust (WHHT) and 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 3 visits; they took place on 7th & 11th August at Watford and 9th August at St Albans City Hospital.

2. Supporting Information

The HwH report.

The visits covered 15 areas in total, 9 at Watford and 6 at St Albans:

Watford

- Acute Admissions Ward (AAU) - Level 1
- Bluebell Ward (Dual Fragility Unit , dementia)
- Flaunden Ward (surgical)
- Heronsgate and Gade Wards (medical)
- Tudor Ward (Step down ward)
- Katherine Ward (Maternity)
- Outpatients (various)
- Discharge Lounge
- Accident and Emergency

St Albans

- Phlebotomy
- Ophthalmology
- De La Mare Ward (orthopaedic and surgical)
- Minor Injuries Unit
- General Outpatients Department

3. Controls and Assurance

HwH coordinated the visits with the dates selected by HwH. The Quality Improvement Sub-Committee and the Trust was informed 2 weeks before the first visit. The timings and areas for the visits were unannounced.

The Enter and View Visit reports will be reported to the Patient Experience Group. This group reports to the Patient & Staff Experience Committee which is a subcommittee of the Board.

4. Trust Response to Recommendations from Enter and View Visits.

A total of 14 recommendations have been made as part of the report that reflect the more detailed findings from the 3 visits to 14 wards and departments at Watford General and St Albans City Hospital:

1. Ensure all patients/relatives/carers have access to a bedside guide including St Albans City Hospital.
2. Staff need to be proactive in promoting the 'Carers Partnership' and ensure they have forms available for completion.
3. 'Nurse in charge badges' to be widely promoted.
4. Keep patients and relatives informed of delays during their time in hospital.
5. Review the way patients are called for treatment in Ophthalmology to see if a more effective system could be introduced.
6. Review how patients waiting a long time for packages of care or rehabilitation (Watford and St Albans) on wards that have few facilities for entertainment can be helped to feel less bored and isolated.
7. Review the seating in the maternity triage area.
8. Be assured that frail and vulnerable patients accessing outpatients waiting for non-emergency patient transport at the main entrance are looked after.
9. Review the signage and process for booking in at the Minor Injuries Unit and GP Out of Hours at St Albans City Hospital.
10. Regularly monitor the 'PayByPhone' car parking telephone line to ensure it consistently works well.
11. Consider increasing the maternity 'drop off' time.
12. Keep patients regularly informed of the Trust's plans for car parking so they know something is being done to improve the situation.
13. Ensure outpatient clinics are making patients aware of the car parking support available whether or not the clinic is running late (see dermatology notices).
14. Ensure concessionary parking is routinely notified to visitors as they may not immediately see this in the bedside folder.

Immediate Actions taken:

A number of actions have already been taken in response to these recommendations; including the order and delivery of bedside guides to St Albans City Hospital (recommendation 1), the replenishment and issue of 'nurse in charge' badges to all ward/department staff who take charge (recommendation 3) and the purchase of digital radios for patients on Tudor ward at Watford General Hospital and activity trolleys on Bluebell and Winyard ward (recommendation 6) with further plans to purchase tables and chairs for patients on Tudor ward to encourage socialisation between patients, especially at mealtimes.

The Trust has produced and displayed posters that provide information for carers and on concessionary parking (recommendation 2 & 14) but a further review of the location of the posters will be conducted to ensure the information is visible.

The outpatient service has recently commenced monthly 'what matters to you' patient engagement and feedback events to gather patient's views on their experience. The relevant recommendations above can be included as part of this patient feedback.

The Main reception area at Watford do check on a regular basis that any patients waiting for transports in this area are offered the facilities of the discharge lounge and further discussions are taking place to ensure this is routine practice from our discharge lounge.(recommendation 8).

Recommendations 9- 14 are being progressed forward by the Environmental Division.

The remaining recommendations will be shared with the relevant services and actions agreed for inclusion in the Patient Experience & Carer Strategy action plan.

5. Risks

The Trust's principal risks have been identified as part of the Board Assurance Framework and are detailed below. This paper supports the mitigation of the following principle risks within the specific areas visited: –

- PR3
- PR8
- PR9

Principle Risks:

PR1 Failure to provide safe, effective, high quality care (insufficiently robust and embedded quality governance and risk management)

PR2 Failure to recruit to full establishments, retain and engage workforce

- PR3** Current estate and infrastructure compromises ability to deliver safe, responsive and efficient patient care
- PR4** Underdeveloped informatics infrastructure compromises ability to deliver safe, responsive and efficient patient care
- PR5** Inability to deliver and maintain performance standards
- PR6** Failure to maintain business continuity
- PR7** Failure to achieve financial targets, maintain financial control and realise and sustain benefits from CIP and Efficiency Programmes
- PR8** Failure to sustain key external stakeholder relationships and communications compromises the organisation's strategic position and reputation
- PR9** Failure to develop a sustainable long term clinical, financial and estates strategy

Tracey Moran

Lead Nurse Patient Experience

12 September 2017