

Chelsea and Westminster Enter & View Report

Outpatient Departments
26th April 2024



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1. Visit Background

1.1 What is Enter & View

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

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

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

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

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

1.2 Safeguarding

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

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

1.3 Disclaimer

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

1.4 Acknowledgements

Healthwatch Hammersmith & Fulham and Healthwatch Kensington & Chelsea would like to thank the staff and customers at the Chelsea and Westminster Hospital for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank our Authorised Representatives, who assisted us in conducting the visit and putting together this report.

The Authorised Representatives spoke to patients and staff. Suggestions have been made on how to improve the service and good practice has been highlighted.

2. Focus of the Visit

As part of our Patient Experience Programme (PEP), Healthwatch Hammersmith & Fulham collects feedback from residents regarding local health and social care services. We do this through inpatient visits to services in Hammersmith & Fulham.

During these visits, we ask patients to share feedback on four types of services that they have used within the last 12 months: GPs, Hospitals, Dentists, and Other services. Our programme also collects feedback from services outside the borough that H&F residents' use. One of these services is the Chelsea and Westminster Hospital in the Royal Borough of Kensington and Chelsea.

Our quarterly reports which present the key findings from the feedback collected are shared with the service providers including the Head of Patient Experience at Chelsea and Westminster Hospital. As a result of sharing our Quarter 2 report in 2023, Healthwatch Hammersmith & Fulham were invited to visit the Outpatient Departments at Chelsea and Westminster Hospital to help improve their services to meet patient needs.

As the hospital is not within the H&F borough, we invited the local Healthwatch at Kensington and Chelsea to conduct a joint Enter & View visit.

The visit focused on outpatient departments:

- Gates 1, 2 and 4 (General Outpatient Departments located on the lower ground floor)
- Trauma and Orthopaedic Outpatient Department (located on the first floor)
- Eye Clinic (located on the first floor)

The observation checklist and patient and staff questionnaires were co-produced with the Head of Patient Experience at Chelsea and Westminster Hospital NHS Foundation Trust to ensure they addressed the specific areas of concern.

The focus of the visits was to collect feedback from **patients** about Appointment Letters, Travelling and Arriving at the Hospital, Signage, and the Waiting Experience.

Similarly, we asked **staff** about Appointments, Travel, Navigation and Signage, Patient Experience and Interactions, and Staff Experience.

During our visit, the Authorised Representatives also made **observations** about Accessibility, Signage, Environment and Facilities, and Information.

This report has been produced as a joint report with staff from Healthwatch Hammersmith & Fulham and Healthwatch Kensington & Chelsea contributing to

the report by summarising the feedback for the specific departments they visited and producing recommendations.

3. Visit Details

The visits were facilitated by Matt Robinson, the Head of Patient Experience at Chelsea and Westminster Hospital NHS Foundation Trust on behalf of the hospital.

Healthwatch Hammersmith & Fulham

Departments Visited	Gates 1 & 2 and the Trauma and Orthopaedic Department
Date & Time of Visit	9am-4pm, 26 th April 2024
Status of Visit	Announced
Authorised Volunteer Representative	Don Ng: Volunteer
Healthwatch Hammersmith & Fulham Representatives	Yee Phyo: Patient Experience Office Mari Tiitinen: Project Officer

Healthwatch Kensington & Chelsea

Departments Visited	Gate 4 and the Eye Clinic
Date & Time of Visit	9am-3pm, 26 April 2024
Status of Visit	Announced
Authorised Volunteer Representatives	Gaenor Holland Williams: Volunteer Fay Sandler: Volunteer
Lead Healthwatch Kensington & Chelsea Representative	Ruth Daniel: Engagement & Volunteer Coordinator

4. Key Findings

This section of the report details the key findings from our observations and the patient and staff feedback collected during our visit to Chelsea and Westminster Hospital Outpatient Departments (Gates 1, 2 and 4, the Eye Clinic, and the Trauma and Orthopaedic Department).

We have split the key findings into five main sections: General Outpatient Experience; Gates 1-2; Gate 4; the Eye Clinic; and the Trauma and Orthopaedic Department.

The General Outpatient Experience- section includes observations and feedback on Accessibility, Signage, Appointment letters, and Travelling and Arriving at the Hospital.

The sections on the different outpatient clinics present the key observations and feedback on the experiences of these specific departments.

4.1 General Outpatient Experience

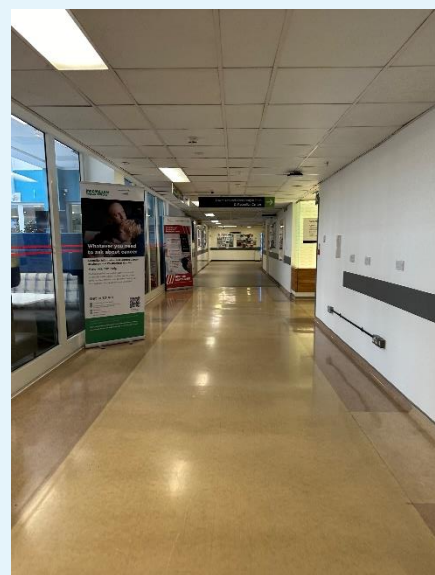
Accessibility

What works well

- The hospital's main entrance has step-free access with revolving and automated doors to make it easier for people with mobility issues.
- Parking, including free parking for blue-badge holders, is available and we observed information about the cost of parking and the blue-badge parking available at the reception.
- The different floors in the hospital can be accessed using a lift, stairs, or escalators.
- We were told that staff assist patients with mobility issues, helping them into and out of chairs and ensuring their comfort while waiting.

What could be improved

- People were challenged by the low availability of parking spaces and the cost of parking.
- The long walk from the hospital's main entrance to the outpatient departments can be difficult for those with mobility issues with a



patient telling us they would have appreciated some assistance.

Signage

What works well

- There is a main directory of departments and clinics at the main entrance.
- There is also signage indicating where the lifts and staircase are located.
- Most people told us they found the signage at the hospital accurate and up to date.
- We were told that signage has already been improved by installing new signage in key locations and that a project to make further improvements is underway.
- Staff offer directions and personally show patients where they need to go if they appear unsure. This helps to reduce anxiety and confusion for patients.

What could be improved

- We did not observe any signage directing us to the Trauma and Orthopaedic Outpatient Department. The first signage we noticed was directly outside the entrance to the department. Both patients and staff members also highlighted this issue in their feedback.
- 4 out of 11 patients found the signage leading to the Eye Clinic too small and unclear, making it difficult to navigate. Patients also told us that once out of the lift, there were no visible or clear directions to the Eye Clinic, leading to confusion.
- There was also confusion around the language used in the appointment letter and the signage around the hospital: the letter refers to the General Outpatient Departments as **Gates 1-4** but the signage at the main entrance to the hospital refers to them as **Outpatients** department.



Appointment letters

What works well

- The majority of the patients we spoke with told us their experience with the appointment letters was generally positive. Patients reported that they could access their appointment letters very easily and rated the clarity and comprehensibility of the information letters very highly.
- They had also been sent a reminder of their appointment closer to the appointment time.
- The staff told us that patients are notified of their appointments via text, email, and letter. These are all accessible on DrDoctor (the online patient platform) if the patient has signed up for this communication method.
- An email address and multiple telephone numbers are provided in appointment letters for patients to contact the hospital staff for further information or enquiries about their appointments.
- Admin team updates patient communication preferences and the appointment letter goes out to them according to these preferences.

What could be improved

- Despite the generally positive experiences, we did hear about some issues with appointment letters and two people had missed an appointment in the last 12 months due to an administrative error.
- The issues regarding appointment letters included: difficulties accessing the letter digitally, receiving the letter on the day of the appointment or after, lacking details of the specific location of the appointment within the hospital, discrepancies in the language used in the letter and the signage in the hospital, and receiving an appointment letter without an appointment being booked.
- One patient, who relies on family to read appointment letters, suggested that having the option for letters in braille would be helpful for visually impaired patients.
- Cancelled/rescheduled appointments are also common according to both patients and staff.
- At Gate 4, two patients reported having had their appointments cancelled and then having experienced long delays before they could be re-booked for another appointment. This caused significant inconvenience and frustration.
- At the Eye Clinic, one patient reported significant delays in rescheduling a cancelled appointment, having to wait five months and then additional months after another cancellation. This forced them to seek private care while waiting.

- Staff told us communication around rescheduled appointments should be improved by providing patients with a phone call to explain the reason behind the rescheduling and allow the patient to choose the new appointment time and request transport if needed.

Travelling and Arriving at the Hospital

What works well

- There were 3 staff members behind a reception desk at the main entrance and we observed people approaching these staff members to ask for directions.
- The majority of patients who had interacted with staff at the main entrance found them approachable and helpful.
- The majority of patients who had travelled by car found that the parking and drop-off points were clearly signposted.
- Staff assess and assist patients with booking Patient Transport Service.

What could be improved

- Patients travelling long distances to the hospital would like to have more flexibility around appointment scheduling.
- There are frequent issues with the lateness of the Patient Transport Service which can be stressful to both patients and staff members. Staff advised us that these patients are always fitted in but this can lead to long wait times for patients who are already vulnerable, although staff try to accommodate these patients as promptly as possible.
- Patients also expressed their frustration about having to wait a long time for the transport service to pick them up and, in addition, poor service for transport home from the clinic.
- Staff suggested that patients should be provided with more information regarding potential delays in parking or at clinics and that patients should be encouraged to arrive early for their appointments.

Selected Comments:



"The wording in the appointment letters should be the same as the signage for directions. I particularly find it confusing that the appointment letter just says 'Gate 1-4 Lower Ground Floor' and does not specify which gate I am going to. Upstairs on the ground floor, there



was no signage showing how to go to the gates as well.” - Patient C [Gate 1-2]



“Sometimes the appointment letter arrives from the post after the appointment. They should include more content in the text message as well. I don't have a smartphone myself, so I cannot go to the link they give me. The text message just sounds to me like 'You have an appointment with us', without any specific details. Also, I was born in 1922 so the system cannot recognise me.” - Patient Y [Gate 1-2]



system cannot recognise me.” - Patient Y [Gate 1-2]

During our visit to Gates 1 and 2, we collected responses from 17 patients. In addition, 6 staff members shared their feedback through our online feedback form.

4.2 Gates 1-2

Environment and Facilities

What works well

- Facilities at the Gates are good: the front doors are automatic, all Gates have waiting areas with plenty of seating and there are water dispensers, accessible toilets, hand gel and face mask dispensers.
- The environment is very clean.
- The clinics are spacious enough for wheelchair users to move around.
- Overall, interactions between staff and patients seemed friendly, and some were even familiar.
- A staff member told us that when a patient is booked for an appointment, the admin team books an interpreter if required.



What could be improved

- Some patients were unaware of facilities such as Wi-Fi and charging stations.

- We did not observe any information about a hearing loop at either Gate, although we have since been advised that a hearing loop is available.
- We did not observe information available in Braille.

Information

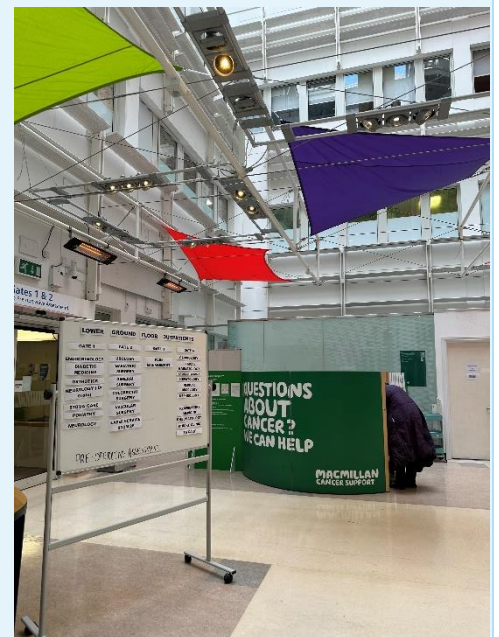
What works well

- There was some information on local health services displayed.
- In the Gate 2 area, we observed a large poster with QR codes that can be scanned to access Patient Information Leaflets about different health conditions.
- All receptions had a poster with a QR code asking people to leave feedback by completing an NHS Friends and Family Test. The poster also advised that hard copies are available.



What could be improved

- The main signage indicating different clinics and 'Gates' at the main entrance to the Gates is made of cut-up pieces of paper - this could perhaps be made slightly more professional looking, although we understand that the clinics rotate between different Gates so the board is constantly changing.
- There is limited information on health services and conditions available for patients. Although there is a large poster with QR codes to access Patient Information Leaflets on different health conditions, this is not accessible to people without smartphones.



Waiting Experience

What works well

- Most people found the experience of waiting for their appointments positive.
- People reported waiting times generally ranged from 10 to 30 minutes.

What could be improved

- A few patients told us their experience had been poor in terms of waiting times with some patients having waited for more than an hour in the past.
- There was a mixed response regarding being updated on waiting time and delays.

Staff Experience

What works well

- All staff members described their working experience as positive. The majority mentioned that they enjoy working with their colleagues and are well supported by the management which makes them want to come to work with a positive attitude.
- All staff members said that their interactions with patients are generally positive as is the patient feedback regarding their department.

What could be improved

- Some of the barriers staff face in addressing patient concerns include poor accountability around mistakes at other departments, appointment booking based on capacity provided by other Divisions, the lack of time during appointments and dealing with patient queries, and language barriers.
- Staff felt that patient experience could be improved by managing patient expectations regarding delays and waiting times, improving the environment in waiting areas, encouraging patients to leave feedback and sharing this feedback with staff.
- Reception staff should be provided training in all outpatient areas to enable them to help with patient queries.
- Staff would like more support from management to handle difficult patients and to have a regular place to share any suggestions.

During our visit to Gate 4, we collected responses from 12 patients.

4.3 Gate 4

Environment and Facilities

What works well

- The waiting area is situated in an open space, not restricted by any doors or roof within the hospital, giving it a clean and modern appearance. Patients can comfortably wait in this area, as the seats are soft and covered with cleanable materials.
- Doctors come out to call patients for their appointments, ensuring efficient communication. The space allows for good social distancing, accommodating wheelchair users with ample space to sit and move around.
- Although there are no toilets directly in the waiting area, patients can access them inside near the consultation rooms. Additionally, volunteers offer hot drinks and biscuits to patients, providing comfort during long wait times.
- The overall environment is open and conducive to patient comfort, contributing to a positive waiting experience for those visiting Gate 4.
- Hand sanitiser stations are available outside each consultation room, promoting hand hygiene and infection control measures among patients and staff.
- Outdoor heaters are installed above the seating area to provide warmth, as the open space can get very cold.
- All patients mentioned that the staff were helpful and approachable, contributing to a positive overall experience.



What could be improved

- Despite the presence of heaters, the open-air nature of the waiting area in Gate 4 makes it very cold, which can be uncomfortable for patients. The heaters provided are not sufficient to maintain a warm environment.
- Although a volunteer offers hot drinks and water, there is no water dispenser in the waiting area itself. Having a water dispenser outside would allow patients to easily access water whenever they need it, without having to wait for a volunteer or go inside.

- There is no loop service available for patients who are hard of hearing or deaf, making it difficult for them to receive the assistance they need while waiting for their appointment.
- The waiting area lacks a TV or music, making the waiting time feel longer and more tedious for patients. Additionally, the hospital Wi-Fi is difficult to connect to, further limiting patients' options for entertainment or productive use of their waiting time.

Information

What works well

- Patients have access to a variety of flyers and medical reading materials placed by the reception area. These materials provide valuable information on health topics, treatments, and preventive measures, empowering patients with knowledge about their health and well-being.
- Information on how to find the department is provided, with an emphasis on ensuring that the letter or message font is large enough for patients with reduced vision. Patients are also informed about the expected duration of their appointment (1-2 hours), allowing them to prepare and bring necessary items to make their wait more comfortable.
- Letters and messages include instructions for patients to contact the department if they are running late. Patients are informed that if they miss their appointment time, they may have to wait to be seen or may no longer be able to be seen on that day.

What could be improved

- The reading materials and flyers available by reception are not accessible to all patients. There are no materials available in Braille or in different languages for patients who are visually impaired or for whom English is not their first language.

Waiting Experience

What could be improved

- Patients expressed frustration with the long waiting times and the lack of updates on when they would be seen. The lack of communication about expected wait times was a significant annoyance for some patients.

Selected comment:



"The outdoor waiting area is refreshing, but it does get chilly. Some heaters or blankets would make the wait more comfortable." - Patient X [Gate 4]



During our visit to the Eye Clinic, we collected responses from 11 patients. In addition, 2 staff members shared their feedback through our online feedback form.

4.4 Eye Clinic

Environment and Facilities

What works well

- The background music created a calming atmosphere for patients while they waited.
- Patients had easy access to water, which was appreciated during their wait.
- The availability of accessible toilets catered to patients with different needs.
- There was a lot of seating available, ensuring that patients could sit comfortably while waiting.
- Doctors and nurses personally coming out to fetch patients when it was their turn added a personal touch and improved the overall experience.
- Patients unanimously praised the friendliness and approachability of the staff.



What could be improved

- Some patients were unable to access the hospital Wi-Fi on their phones while waiting, which affected their ability to stay occupied.

- Patients mentioned the lack of activities or entertainment options for children in the waiting area.

Waiting Experience

What could be improved

- Some patients felt they did not receive enough updates on waiting times, leading to frustration and uncertainty.

Staff Experience

What works well

- Staff report positive interactions with patients, emphasising the friendly and approachable nature of the clinic's personnel. Patients appreciate the supportive environment and the attentiveness of staff members to their needs.
- Overall, staff acknowledge the clinic's need to improve on patients' appointments, teamwork between staff, and proactive measures for improvement.

What works well

- Staff emphasise the importance of accurate appointment scheduling, timely communication, and efficient handling of appointment queries. They acknowledge challenges related to short-notice rescheduling, appointment cancellations, and transportation coordination.
- Staff acknowledge concerns over waiting times, facility accessibility, and amenities during appointments. They recognise the need for improved signage, larger prints, and better communication to ensure patients feel comfortable and well-informed.
- Staff members advocate for increased support and resources to facilitate their work, including adequate staffing levels, access to necessary tools and training, and clear communication channels with management. They stress the importance of a supportive work environment to deliver high-quality care effectively.
- There is a collective focus on ongoing improvement efforts, including initiatives to reduce waiting times, streamline appointment processes, and collect patient feedback regularly. Staff highlight the importance of proactive measures to address patient concerns and enhance service quality over time.

Selected Comments:



"I appreciated the clear and easy-to-understand appointment letters and text reminders. It made managing my schedule much simpler." - **Patient B** [Eye Clinic]



"The soothing music in the background really helped calm my nerves while waiting for my appointment. It created a relaxing atmosphere." - **Patient A** [Eye Clinic]



During our visit to the Trauma and Orthopaedics department, we collected responses from 19 patients. In addition, 13 staff members shared their feedback through our online feedback form.

4.5 Trauma and Orthopaedics

Environment and Facilities

What works well

- Facilities at the department are good: there is a main reception, a large waiting area with plenty of seating, a water dispenser and accessible toilets.
- The environment is very clean.
- The department is spacious enough for wheelchair users to move around.
- Overall, interactions between staff and patients seemed friendly.
- Translator and interpreter services are available via phone line.

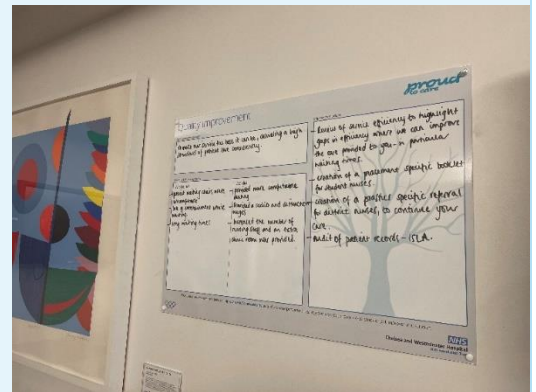
What could be improved

- The Wi-Fi did not appear to be working during our visit and the phone signal was poor.
- We did not observe any information about a hearing loop, and when asked, staff were not aware of it. However, we have since been advised that a hearing loop is available.
- We did not observe information available in Braille.

Information

What works well

- There was a You Said, We Did- board displayed on the wall showing patient feedback on areas for improvement and how these have been addressed. For example, patients had reported that chairs in the waiting area were uncomfortable and these have since been replaced with more comfortable chairs.
- The reception had a poster with a QR code asking people to leave feedback by completing an NHS Friends and Family Test. The poster also advised that hard copies are available.
- There was a small whiteboard displaying the approximate waiting time.



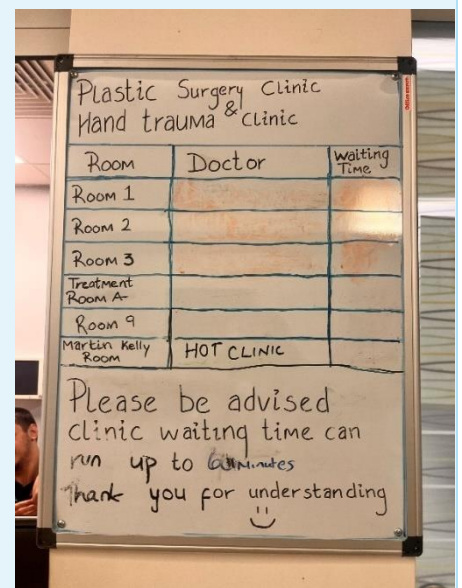
What could be improved

- We did not observe information about local health services and health conditions displayed.
- We did not see a complaints policy displayed.

Waiting Experience

What works well

- Most people found the experience of waiting for their appointments positive.



- Waiting times usually ranged from 5-20 minutes.

What could be improved

- A few patients told us their experience had been poor in terms of waiting times with some patients having waited for more than an hour in the past.
- There was a mixed response regarding being updated on waiting time and delays.

Staff Experience

What works well

- Most staff members described their working experience as positive. The majority mentioned that they have a great team and working environment, and while their work can be challenging, it is also rewarding.
- All staff members said that their interactions with patients are generally positive as is the patient feedback regarding their department.

What could be improved

- One staff member pointed out that the appointment template for staff at the Plastic clinic is different than the template used by reception staff which can cause difficulties when clinical staff request appointments.
- Another staff member reported that people tend to contact the plastic clinic because the department's contact details are provided on the hospital's website.
- Language and lack of time spent with patients are the biggest barriers staff face in addressing patient concerns.
- Staff would like to see improvements to the administration, the IT system, staff breaks and breakrooms, the number of rooms used to see patients, and the overbooking of clinics.
- They also felt that team meetings should monitor performance and be more action-focused to produce more effective working practices. Any issues raised in the meetings should be addressed by management.

Selected Comment:



"When I grabbed the therapist and asked them how long I would have to wait, they replied that I had one person ahead of me. But I did not know how long that appointment would take so I was anxious, especially because I have another commitment to attend to after this as well." - Patient Z [Trauma and Orthopaedic Department]



5. Recommendations

Healthwatch Hammersmith & Fulham and Healthwatch Kensington & Chelsea would like to thank the service for their support in arranging our E&V visit.

Based on all the feedback obtained, we would like to make the following recommendations. Below each recommendation, we have included a response from the Chelsea and Westminster Hospital NHS Foundation Trust.

5.1 Accessibility

People found the availability and the cost of parking mostly poor.

Recommendation 1: *Consider introducing discounted or free parking for people with low income or on benefits. Patients who have an appointment at the hospital should be given priority to the parking spaces.*

Response: *"All patients on low income or benefits are eligible for free parking, as outlined in their benefit statements. Patients are expected to request a reimbursement form from the department during their visit, complete this and hand it to the cashier's office with proof of low income or benefits. The cashiers will validate the request and provide a void parking ticket. This process has been working well for a number of years."*

The long walk from the hospital's main entrance to the outpatient departments can be difficult for those with mobility issues.

Recommendation 2: *Patients should be made aware that assistance can be requested at the main reception. This information could be included in the appointment letter to ensure that patients are aware of it before arriving at the hospital.*

Response: *"We are looking at ways to improve the patient information available on our website and will factor this feedback into any future development and changes.*

Based on the feedback, we will also explore whether we can include a general statement on all pre-appointment patient letters, advising patients to speak with the main reception on arrival if they need any assistance getting to their appointment.

We do have wheelchairs available and staff or volunteers can support those with mobility issues or visual impairments to departments, but the above actions will hopefully increase awareness of this support amongst our patient population."

Patients using wheelchairs have raised concerns about the limited space available at the Eye Clinic, particularly when more than two wheelchairs are present. This limitation restricts mobility and poses challenges in finding suitable seating areas.

Recommendations 3: *Improve accessibility for wheelchair users by ensuring adequate space and seating options that comply with health and safety regulations. Consider redesigning waiting areas to accommodate the needs of all patients, including those with mobility impairments.*

Response: *"The Ophthalmology department has a relatively small waiting area in comparison to other outpatient departments in the hospital. There are allocated spaces in the current layout for patients with wheelchairs; however, it would be difficult to make permanent changes to the waiting area to increase the capacity for this.*

If the demand for space outweighs capacity on a particular day, the department will make temporary accommodations to ensure any patients in wheelchairs (that are unable to wait in an allocated space) can wait in the main area, an example being the removal of the mobile chairs in the corridor space.

The trust has a structured approach to NHS England's Patient Led Assessments of the Care Environment (PLACE) programme, taking part in the annual assessments but also undertaking quarterly internal audits to identify any accessibility changes required to waiting areas. These audits and assessments are done with community disability groups and 'experts by experience'.

A number of changes have been made to waiting areas across the hospital over the last two years to increase capacity and the number of allocated spaces for those patients in wheelchairs."

5.2 Signage

We did not observe any signage directing us to the Trauma and Orthopaedic Outpatient department until directly outside the entrance to the department. Both patients and staff members also highlighted this issue.

Recommendation 4: *More signage should be placed around the hospital to direct patients to the Trauma and Orthopaedic Outpatient Department.*

Response: *“We are in the final stages of introducing new signage, which will include clear directions to the Trauma & Orthopaedic department from the main entrance of the hospital.”*

Patients have reported that the signage leading to the Eye Clinic is too small and not clear enough, causing confusion and difficulty in finding the department.

Recommendation 5: *Install larger and more visible signage leading to the Eye Clinic, with clear directions and maps to help patients navigate the hospital more easily.*

Response: *“A trust-wide project looking at improving the hospital signage started in late 2019 / early 2020; however, clinical and non-clinical priorities changed in response to the COVID-19 pandemic meaning this was paused.*

The project restarted in 2023, with final designs approved by internal & external partners, and patient representatives. Earlier this year, members of the public were invited into the hospital to test whether these designs were fit for purpose, using them to navigate around the site.

Following the Healthwatch visit, we have spoken to the project leads to request that the signage, leading to the eye clinic, be increased in size. Once this is completed, the project documents and signage designs will be shared with our Executive team for sign-off. We expect the new signage to be installed towards the end of the year.”

There are discrepancies between the language used in the signage around the hospital and the language used in the appointment letter, which some patients have found confusing.

Recommendation 6: *The signage at the hospital should use the same terminology/names of departments as appointment letters, i.e. Gates 1-4. The same applies to the main directory at the main entrance.*

Response: *“The trust set up an internal working group in early 2024 to look at how we can better marry up the location names in patient appointment letters to the hospital signage.*

Similar to the actions outlined in response to recommendations 4 and 5, the hospital has put forward the relevant requests to our electronic administration

system (Cerner) which triggers patient letters, for these changes to take place.”

5.3 Appointment Letter

Both patients and staff suggested the appointment letter should include directions and a map of the specific location of the appointment within the hospital.

Recommendation 7: *Appointment letters should include details of the specific location of an appointment within hospitals and both written and visual directions on how to get there.*

Response: *“The trust recognises the need to continuously adapt how we communicate with our patients. Currently our main priority is ensuring that our physical signage in the hospital is fit for purpose and the department location information detailed in an appointment letter mirrors the location name on the signage (as outlined in the responses to recommendations 4-6). However, in the future we will certainly be looking into how we can improve the patient navigation to departments and this may include exploring digital solutions or adding an additional page to letters with a map image, showing directions to a department.”*

The issues regarding appointment letters included receiving the letter on the day of the appointment or after, discrepancies in the language used in the letter and the signage in the hospital and receiving an appointment letter without an appointment being booked.

Recommendations 8: *The same terminology/names of the departments should be used in all communication and the signage around the hospital.*

Response: *“Outlined in response to recommendation 6.”*

Recommendation 9: *A review of the administration process around sending appointment letters should be reviewed to find out the specific problems that cause letters not to be sent out or sent out late.*

Response: *“As a trust, we are one of the leaders in London for digital letters, with over 60% of our patient population accessing their appointment letters on our digital platforms. If patients opt out of receiving letters digitally, there is a process in place for patients to receive physical copies, which are sent at different intervals. One of the challenges we face is being able to see if a patient has read their letter via the digital platforms or whether they have received the physical copy.”*

We do acknowledge there may be occasions when appointment letters are not sent to patients, but it has been concluded that these are due to human factors as opposed to process issues.

As outlined in this response to recommendation 6, the trust has a working group, which looks at signage and patient letters. The group regularly reviews patient feedback or incidents relating to letters and ensures this is included in any changes."

Some patients have complained about their appointments being cancelled and experiencing long delays in getting another appointment, leading to frustration and inconvenience. Staff also told us communication around cancelled appointments should be improved by providing patients with a phone call to explain the reason behind the cancellations and allow the patient to choose the new appointment time and request transport if needed.

Recommendation 10: *Implement a more efficient appointment management system to minimise cancellations and reduce waiting times for patients. This could include better coordination between departments and proactive communication with patients about any changes to their appointments.*

Response: *"Outpatient efficiency and cancellation rates are two priorities we are focusing on in our improvement work, and we hope this will have a positive effect on outpatient experiences over the next 12 months.*

All patients receive an appointment reminder message however, over the last 12-18 months, volunteers have also supported some outpatient departments with pre-appointment reminder calls.

However, we do acknowledge there may be times when appointment cancellations are unavoidable due to staffing issues, and we do try our best to ensure patients are made aware of this as soon as possible."

5.4 Travelling and Arriving at the Hospital

There are frequent issues with the lateness of the Patient Transport Service which can be stressful to both patients and staff members. Staff advised us that these patients are always fitted in but this can lead to long wait times for patients who are already vulnerable.

Recommendation 11: *We understand that traffic and road closures are factors causing the patient transport service to run late. However, a transport coordinator should be responsible for liaising with hospital staff to keep them informed of any delays helping them to reorganise appointments so that these patients can be seen quickly upon arrival.*

Response: *"A member of the transport team acts as a coordinator between patients and outpatient departments. This includes informing patients of traffic or road closures causing pick-up delays and importantly, liaising with individual departments to ensure their appointments can be accommodated;*

however, we acknowledge more could be done to embed this process and will be working with departments on this."

Recommendation 12: *The transport service should also address the issues by investigating whether operational processes can be improved to reduce delays, such as scheduling times allowing more time for patient pick-ups, and better driver training.*

Response: *"The patient experience coordinator referenced in the above response contacts patients the day prior to their appointment, to advise them of ways to best prepare for their hospital transportation.*

The hospital transport team meet monthly to review a number of key performance indicators; these include pick up times, average days of transport being booked, cancellations as a result of transport delays and more. Healthwatch's feedback has been shared with the team and will be factored in their monthly meetings going forward, along with any other patient feedback."

Staff suggested that patients should be provided with more information regarding potential delays in parking or at clinics and that patients should be encouraged to arrive early for their appointments.

Recommendation 13: *Advanced warning of potential delays and highlighting the importance of allowing ample travel time to arrive early for an appointment should be included in the appointment letter.*

Response: *"Information is provided to patients in their appointment letter encouraging them to arrive early. As outlined above, those who have hospital transport are given a call the day prior, to act as a reminder but to also discuss how to best prepare for their pick-up, which includes being ready 2 hours prior to pick-up time.*

We may look at different ways to inform patients of times when there are significant delays in clinics, and this could be through digital channels, but this is not something we are exploring currently."

5.5 Environment and Facilities

We did not observe any information about a hearing loop at the Gates or the Trauma and Orthopaedic Department, and when asked, the staff were not aware of it. We have since been advised that a hearing loop is available.

Recommendation 14: *Information about the hearing loop should be displayed at the reception and all staff should be made aware of it.*

Response: "A hearing loop is available for all outpatient areas. All outpatient clinical staff were made aware of this over a year ago when these were introduced. All staff have been trained on the use of the loop system.

Following the Healthwatch visit, refresher awareness and training sessions have been delivered to staff on the hearing loop system.

Signage for the hearing loop system is currently being finalised; it is hoped that once displayed, this will increase awareness and availability of the system."

Patients have encountered difficulties in connecting to the hospital Wi-Fi, making the waiting experience less enjoyable, especially without alternative entertainment options.

Recommendation 15: We understand that problems with Wi-Fi can occur, but upgrading the hospital Wi-Fi network or providing alternative solutions could improve connectivity for patients. Furthermore, information about Wi-Fi service should be displayed around the waiting room so that patients are aware of it.

Response: "The trust offers a free Wi-Fi service (NHS Wi-Fi) and a Premium (pay to use) service, both provided by an external company. These services run over the same wireless infrastructure as our corporate service (for staff), meaning there is coverage all year round (24 hours per day, 7 days per week across 365 days per year).

Following the Healthwatch visit, we did sample network surveys in outpatient areas across the hospital site, to test connectivity to the Wi-Fi and no issues were apparent. This is further supported by the fact no issues have been raised to our IT service desk from staff regarding Wi-Fi connectivity, so we are confident this is not an issue currently.

Mobile phone signal is an issue that we have identified and acknowledged; we are currently working on a replacement booster system and this is going through the usual internal processes for approving costs.

We are in the process of upgrading the satellite sites and wireless system, but this is not because there are issues with the Wi-Fi, but instead the standard technology refresh.

We will also look at ways to better advertise the Wi-Fi offering at the trust following your feedback."

Patients at Gate 4 have expressed discomfort with the outdoor waiting area, despite the presence of heaters. The space can become extremely cold, impacting the overall waiting experience negatively.

Recommendation 16: Install additional outdoor heaters or alternative heating solutions to mitigate the discomfort caused by the cold environment, ensuring patients are comfortable while waiting.

Response: *“The department does offer blankets and hot drinks in colder temperatures, and cold drinks in hot temperatures. There are currently seven heaters in the waiting area and we are exploring whether we can increase the number of these as we move into winter months.*

However, as a trust, we do acknowledge the impact changing temperatures has on patients who are waiting in this waiting area.”

There is a lack of entertainment options for patients waiting for their appointments.

Recommendation 17: *Add amenities like television for entertainment to provide patients with options to pass the time during their wait.*

Response: *“Following patient feedback, some outpatient departments at the hospital have introduced distraction screens over the last 12-18 months, funded by the trust’s charity.*

There are a number of outpatient departments that have music playing for patients in the waiting area, and the trust’s charity fund musicians to entertain the patients on an interment basis.

We are looking at other outpatient departments and how we can introduce similar distraction screens or other entertainment offerings for patients who are waiting.”

5.6 Information

Limited information on health services and conditions is available for patients in the outpatient departments. At Gate 2, a large poster with QR codes to access Patient Information Leaflets on different health conditions is displayed, however, this is not accessible to people without smartphones.

Recommendation 18: *We understand that the lack of leaflets and posters is part of infection control. However, we feel that more information should be made available for patients who do not have access to online resources. Hospitals and GPs can be the main source of information on local services and health conditions for many people such as the elderly and people who are digitally excluded.*

Response: *“A number of years ago the Trust moved to a digital approach for patient information and leaflets (as advised by NHSE), with QR coded posters displayed around the hospital site linking to Trust specific or department specific patient information. We can see in our data that this has been well received, with the patient leaflet page receiving almost 1 million views per year (significantly higher than any other website page). Having patient leaflets*

available online allows for our accessibility toolbar (ReciteMe) to be used by patients, who may need support with reading information i.e. translation, coloured overlays, audio etc. We are doing a big piece of work across the trust to ensure all staff are aware of ReciteMe and if needed, support patients in using this to access the relevant information.

Departments hold a local repository of paper leaflets to hand out if needed, and as stated above, will typically use ReciteMe whilst in clinic to translate a patient leaflet before printing, albeit more work needs to be done across the Trust to raise awareness of this."

The reading materials and flyers available by reception at Gate 4 are not accessible to all patients. There are no materials available in Braille or in different languages for patients who are visually impaired or for whom English is not their first language.

Recommendation 19: *Include more health materials in different languages and Braille to enhance accessibility for visually impaired individuals and patients with language barriers.*

Response: *"We are currently doing a lot of work to improve the accessibility of our hospital site and patient information. Whilst we are confident staff do support patients at a department level if they require any additional support accessing information, which includes informing patients with visual impairments or who are blind of key safety messages to be aware of, we acknowledge there is more work to do. We will take this feedback into our accessibility working group."*

We did not see a complaints policy displayed at the Trauma and Orthopaedic Department.

Recommendation 20: *Complaints policy should be displayed near the reception where it is visible to patients.*

Response: *"We started a "Don't take your troubles home" initiative in 2023 with the aim to encourage patients to raise concerns with the department leads to have them resolved at a local level. This approach is supported by the Parliamentary Health Service Ombudsman's guidance on complaint resolution best practice but also from our complainants' feedback.*

We do have an official complaint and PALS patient leaflet, which gives information to patients, carers and family members on how to raise concerns. Following the Healthwatch visit, we have increased the number of these leaflets available in outpatient departments; however, our main priority as a trust is to promote the local resolution of complaints through the 'Don't take your troubles home' initiative where possible."

5.7 Waiting Experience

A few patients told us their experience had been poor in terms of waiting times with some patients having waited for more than an hour in the past.

There was a mixed response regarding being updated on waiting time and delays.

Recommendation 21: *Implementing a queuing system with a digital display would provide better information on waiting times and help to manage patient expectations.*

Response: *"The is work being done to introduce self-check-ins via a patient's mobile phone when attending their outpatient appointment, and we will explore whether there is scope for wait times to feed into this.*

Receptionists are encouraged to inform patients upon arrival of expected wait times and any other information needed, and they have since been reminded of this."

5.8 Staff Experience

Lack of time dealing with patient queries was one of the issues reported by staff members. It was also suggested that reception staff should be provided training in all outpatient areas to enable them to help with patient queries.

Recommendation 22: *Implementing a training programme for reception staff would help them deal with the most common patient enquiries enabling them to assist clinical staff with patient enquiries and allowing clinical staff more time to deal with complex cases.*

Response: *"We expect clinical staff to deal with clinical queries, and reception teams have reported they are confident in escalating this.*

The trust is currently doing a lot of work to raise awareness of the translation tools on offer to staff when interacting with patients, which include telephone interpreters, face-to-face interpreters, and a digital app being trialled in some areas with the aim to expand to others and the ReciteMe software available on the Trust's external website."

Language was one of the issues staff mentioned as a barrier in addressing patient concerns.

Recommendation 23: *Access to telephone interpreters should be made available to all staff dealing with patient concerns. In addition, recruiting staff members from the local community would also help with language barriers.*

Response: "Information sheets for staff are available in each department with details of the Trust's translation provider. If it is noted that a patient requires a translator on referrals from primary care, the teams ensure this is arranged prior to the appointment.

We have good links with local schools, colleges and local diverse community groups to raise awareness of job opportunities available at the trust and to also make these groups aware of support that can be accessed when attending the trust.

The Trust's volunteering team have key strategic objectives focused on driving recruitment amongst our more hard-to-reach community groups. However, this is a continued effort and it would be good to collaborate more with Healthwatch on engaging with this population."

Staff felt that team meetings should monitor performance and be more action-focused to produce more effective working practices. Any issues raised in the meetings should be addressed by management.

Recommendation 24: *Implementing regular staff meetings with regular performance updates and a space for staff to voice concerns. Actions from these meetings should be logged and followed up in the next meeting.*

Response: "The outpatient teams meet on a monthly basis to discuss key matters arising at a department level but also a trust level. Clinical governance half days are held quarterly with training specific to the team undertaken.

Outpatient pledges are codeveloped with all staff and robust PDRs are held.

Actions are noted and followed up. However this feedback has been helpful in understanding how information and support is received by members of the team, and we will continue to look at different ways we can support our staff."

Glossary of Terms

AR	Authorised Representative
CQC	Care Quality Commission
Enter & View	E&V
OP	Outpatient Clinics

PDR Performance Development Review
RBKC Royal Brough Kensington Chelsea

Distribution and Comment

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

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

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