

Healthwatch Cheshire West Enter and View Report - NHS	
Enter and View Visit to	Haematology and Blood Clinic Countess of Chester Hospital (COCH) Countess of Chester NHS Foundation Trust Liverpool Road Chester CH1 1UL
Date	17 February 2015
Authorised Representatives	Pamela Fox, Alan Murphy, Sue Masterman
Service Provider Staff	Jennifer Halton-Jones, Deputy Ward Manager
Background	<p>A full clinical service covering all aspects of haematology, chemotherapy, gastroenterology, blood transfusion and related services is offered to the Trust and local General Practices on a nine to five Monday to Friday basis.</p> <p>A full diagnostic laboratory service covering these specialisms is available 24/7 all year round.</p> <p>The treatment area consists of five beds, one side room with a specialised chair, a purpose-built area for eleven such chairs and a number of rooms for clinics and supporting functions. Patients have access to a secure garden area, as well.</p> <p>Four Consultants are supported by a Registrar, a Senior House Officer, the Ward Manager, Deputy Ward Manager, three Nurses, a Nurse Blood specialist and two Haematology Nurses plus three staff covering reception and clerical duties.</p> <p>Back office and admin services are accommodated in surrounding rooms and in the laboratory upstairs.</p>
Overall Impression	All three Authorised Representatives gained a very strong impression of a dedicated, positive and well-motivated team working in cramped conditions. Patients' comments were overwhelmingly positive while acknowledging some issues. Service user comments were extremely positive in relation to staff.
Any ideas or suggestions for improving service?	<p>The service is very good but the facilities do not match them and in places appears cramped. In particular, the provision for barrier nursing should be reviewed currently placing great extra strain on already busy staff.</p> <p><b>One toilet for 17 patients and their visitors/carers is inadequate, surely?</b></p>

## Welcoming

The Reception and Waiting area is well-presented and decorated. However, there were three clinics in progress and other patients were waiting for planned treatments so this area was crowded and rather noisy. A television is provided and there are separate male and female toilets adjacent to this area.

The Deputy Ward Manager (DWM) gave us a copy of the Information Pack given to each patient receiving treatment: this includes contact details, the information patients need to have to hand if they need to ring any of a selection of numbers with a problem; details of the staff they will encounter; their treatment plan; information about possible dietary requirements; discharge guidelines; a haematology pack check list; and a patient concerns checklist. She further explained every new patient has this Pack explained to them and their care needs are assessed in a holistic fashion; that is, besides explaining the Information Pack to them the nursing staff also discuss possible side effects of their treatment, any communication issues a patient may have, what their home situation is (regarding, for example, any pets they may have) and how the regular updates for patients and relatives/carers operate. She said “... **[the experience] has to be right for the patient ...**” Later, the Haematology nurse specialist said, “**You really get to know the patients, I’ve looked after one for 15 years.**”

One Healthwatch Authorised Representative (AR) spent some time in the Reception/Waiting area talking to patients. There were no negative comments about the nursing or specialist care - typical comments include “... **can’t praise [the nurses] highly enough ...**” and “... **staff are brilliant ...**” One thought that there weren’t enough staff and had made this point to management using the PALS (Patient Advice and Liaison Service) cards which were prominently displayed in the Waiting area. This same patient stated that “... **admin leaves a lot to be desired ...**” but went on to say he had noticed an improvement since the ‘booking tool’ had been introduced. Reception staff explained that this tool alerted nurses to which patients would require particular treatments later in the day so that actions could be taken to minimise the length of their treatment/stay.

Another AR recorded that the chair lounge, where infusions and chemotherapy were administered, was particularly well thought out - with a view into an accessible garden. This was much appreciated by those we spoke to. A lady who visits monthly for an infusion explained that she and the family had moved back from Cheltenham to Great Sutton; where she originally came from; and had chosen the Countess rather than Clatterbridge because her treatment was stable. “**I have spent enough time staring at blank walls,**” she said, expressing delight at the open plan environment. Although her treatment and that of others was an hour late getting started, (Representatives were told that this was due to a staff shortage at the time of the visit), she was very happy with her current consultant and regarded her treatment there of much better quality than down South.

This view was supported by another patient who said, “**I love coming here, it’s a happy room.**”

## Safety

As noted elsewhere in this report, the general atmosphere of the department gives a strong impression that safety is a major consideration for staff and management. This is supported by a prominent display showing the status of the daily and weekly checks carried out on (mainly) specialist equipment for treatment and general safety equipment. This uses green, amber and red magnetic counters to indicate current status - on our visit all six weekly checks showed green and one out of twelve daily checks showed amber. There were no reds.

The side room (which, at the moment, only has a chair rather than a bed) we were informed is given a deep clean every night to reduce the infection risk.

There is a separate ‘Clean Utility’ room to further minimise such risk by cleaning equipment after each use by a patient.

**On the negative side, there is only one toilet in the treatment area for up to 17 patients and any visitors they may have (although it is fully adapted for use by the disabled).**

### Caring and involving

There appears to be a strong ethos of caring for and involving patients in this department as the comments elsewhere testify. Further evidence for this is the provision of a water cooler and separate drinks machine (with drinkable coffee!) in the Reception/Waiting area. Many patients' treatment covers many hours and a small kitchen is provided for staff or volunteers to make freshly-brewed drinks for them (and visitors/carers). In addition, a snack lunch (soup and a sandwich) is provided for those staying on the ward for most or all of the day.

In response to a query from an AR, the Deputy Ward Manager told us that, ***"All staff have been on placements to gain experience of working with patients with learning difficulties or cognitive impairment."***

Over the recent extended Christmas break, staff had opened the ward on the Saturday as a number of patients could not go four days without treatment. She explained that chemotherapy was planned for patients but that they could receive 'SOS' treatment on the adjoining Ward 50 bypassing A&E. We noted that one patient, while very positive about his treatment generally, had stated that "forward planning could be better." The DWM responded that extensive forward planning was in place but that an adverse test result or a patient presenting with a particular condition could result in a wait while new or fresh medication or treatment was prepared.

### Well organised and calm

Patient comments overwhelmingly support the idea that the service is well-organised. The Reception/Waiting area can appear a bit hectic at times with up to three clinics on the go and up to a further 17 patients and their family/carers waiting for treatment.

In the Anti-coagulant Unit/Warfarin Clinic, six desks were crammed into one room with shelves full of files lining the walls above them. We were told that, because staff all needed to communicate with one another, it was good they were in the same space.

Representatives observed, however, that one staff member was manning the SOS phone line and noted that it would seem very hard to carry on a private, intimate conversation with the general office buzz going on around her and people going in and out of the main door adjacent to her desk.

#### **Other areas visited by representatives:**

**The blood bank** - is not large, but is refilled constantly with fresh supplies from Liverpool. The hospital does not process blood donations.

Upstairs there is a very large laboratory for blood and other testing. It processes samples from the hospital itself and from GPs around the region. It is highly automated and brimming with equipment. Representative was told that the lab would not handle a sample if it was more than 24 hours old and that most results were available within the hour and were immediately transmitted electronically to the doctor or practice concerned.

Representatives pondered this comment in relation to how long some service users have to wait for blood test results through a GP.

**Secretarial Office**- This was a large room housing three full time and one part time haematology secretaries, three full time histo-pathology secretaries and one part time chemical pathology secretary. The two secretaries spoken to had worked in the unit for a considerable time and enjoyed the job, one stating that she felt it was a, ***"Worthwhile use of her secretarial skills."*** We were told that they are not inundated with phone calls from patients, as often happens in other departments, as the patients call the ward directly with any problems. An explanation was given about "e-notes", the system of entering details onto the computer. In the Health Records Department of the hospital there is a Scanning Bureau, where all clinical notes made in the department should be scanned within forty-eight hours (that being the hospital policy) but apparently we were informed that there is not the funding nor the staff to meet this deadline. Communications from outside agencies were scanned by the secretaries and therefore, it is still not a paperless office.

### Additional Comments

- Following consultation with patients, the Unit is recruiting additional staff to allow opening from 8 a.m. to 8 p.m. from April 2015. This will also facilitate the arrival of colleagues from Clatterbridge hospital who had formerly been accommodated within the Ward but had trialled a different approach recently.
- The Transfusion Specialist Nurse is exploring the possibility of introducing home visits so that up to seven patients a day could be treated in their own homes - saving on expense and stress. If viable, this pilot will start in May 2015.
- The efficiency of the testing unit - Observations suggest this is most efficient from the hospital side and, therefore, raises questions of why it takes a week or more to get results for blood tests from your GP.

### Feedback from Provider of Service

*We are conscious of the existing space is now heavily utilised. There are plans being worked through to see how we can maximises the current space, as well as provide additional toilets as we recognise this needs to be improved.*

*We are pleased that the team were able to feel the commitment given by staff and that they felt the positive dedicated team. We are proud of the care they provide. The issues raised are no surprise and we would like to assure you that we are attempting to resolve them. We appreciate the time taken to provide the report and feel this will support out attempts to improve.*

*Sian Williams - Deputy Director of Nursing and Quality COCH (05/03/15)*