

# **Audiology Department – Suite 7**

**Enter and View Report**

12 November 2024

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# About us

We are an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

## Our mission

We are a strong, independent, and effective champion for people that use health and social care services. We will continue to influence health and care services and seek to improve joined-up care for the people of Derbyshire.

## Our vision

We want to see people who use health and social care services centre stage, so that service providers and commissioners listen to what they have to say and use their voices to shape, inform and influence service delivery and design.



# What is Enter and View?

One of our roles at Healthwatch is to undertake Enter and View visits. Our team of trained authorised representatives (ARs) enter and view local health and social care services to find out how services are being run in action.

We collect evidence on what works well and what could be improved to make people's experiences better. We then provide recommendations to the service.



Our Enter and View visits are not intended to identify safeguarding issues or act as inspections. However, if safeguarding concerns arise during a visit, they are reported in line with our Safeguarding Children & Adults policy.

Following Enter and View visits, we collect all the feedback and produce a report with recommendations. These reports are shared with service providers, The Care Quality Commission (CQC) Derbyshire County Council and Healthwatch England. The final report will also be published on our website and Joined Up Care Derbyshire's Public and Patient Insight Library.

# Visit information

**Service address:**

Audiology Department, Suite 7  
Chesterfield Royal Hospital  
Calow, Chesterfield  
Derbyshire  
S44 5BL

**Service provider:**

Chesterfield Royal NHS Foundation Trust

**Date of visit:**

Tuesday 12<sup>th</sup> November 2024

**Manager:**

Jo Sare, Lead Audiologist & Audiology Service Manager  
Telephone:01246 514403

**CQC rating:**

Chesterfield Royal Hospital Overall: Good

**Authorised Representatives who visited:**

Claire Connor, Helen Severns, Helen Rose, Alistar Garrett

**Accessibility Assessment Representatives who visited:**

Helen Walters, Ruth Grice

**Healthwatch responsible officer:**

Claire Connor, Enter and View Officer  
Telephone: 01773 880 786

# About Audiology department – Suite 7

Audiology services are available across the county. The Adult Audiology department at Chesterfield Royal Hospital is one of these services. A service is also delivered in Buxton to meet the needs of High Peak patients.

The Adult Audiology department at Chesterfield Royal Hospital provides the following:

- Diagnostic hearing tests
- Advice on communication strategies
- Top-of-the-range NHS hearing aids
- Ongoing support and follow-up care
- Tinnitus specialist service
- Balance specialist service.

The dedicated Audiology team consists of:

- Head of department
- Two lead audiologists
- Three senior specialist audiologists
- Four senior audiologists
- Six audiologists
- One apprentice audiologist
- Four assistance technical officers
- Two reception staff.



The service is also a teaching and training centre for student audiologists.

## Clinical space

The enter and view officer and an AR had a tour of the clinical space. This was well maintained, appearing clean and welcoming. The service continues to operate a one-way system following Covid measures.

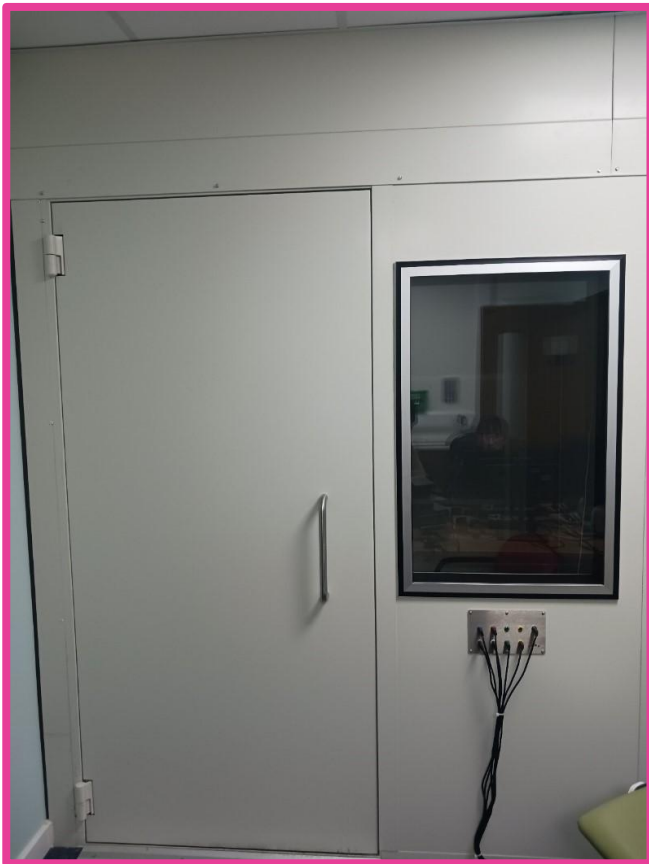
Patients are invited to their appointment from the waiting area.

Patients can leave from a side door which leads onto the ramp that can be used to access the building.



We observed patients access both the one-way system and returning through reception.

There are eight rooms in Suite 7, one with an accessible booth for hearing tests.



Accessible Hearing Test Booth

# The visit

## Summary

Overall, this was a positive visit with both patients and staff speaking well of the service. However, we do have some recommendations for improvement based on patients, staff and volunteer feedback. These recommendations aim to support the continued good work of the service.

- We spoke to 20 patients accessing the service who were positive about the Audiology service
- We met and spoke to four staff members who spoke positively about the team and environment
- Three ARs and the enter and view officer shared their experiences

- The Healthwatch Derbyshire volunteer coordinator and a volunteer also contributed to the Accessibility Audit
- On the website there was some inaccurate information. For example, parking payments and details about where the Audiology department is located
- Patients, staff and the ARs told us that parking was difficult. However, Chesterfield Royal Hospital does have a good bus service. Further promotion of this would help patients access the Audiology department
- The overall environment was seen as positive with some patients wanting the reception area to be more interesting
- Overall, the space and service were found to be accessible. Some patients found it a long way from the main entrance to the main hospital. Some signage needs reviewing to ensure the department can be found easily.

## Why did we do this visit?

This was a planned and announced Enter and View visit to gain patient feedback about a service that we do not currently hear about regularly. This was planned to improve the service where needed, based on patient feedback.

We wanted to engage with patients and observe how the service was running from a patient's perspective.

The key areas we were looking at were:

- A patients view on waiting times
- How to improve patients waiting time experience
- An understanding of why patients are not accessing other service options to reduce their waiting time
- To provide insight on accessibility.

## How did we do it?

The enter and view officer and three ARs attended during the working day of the Audiology service. We planned this on a day when the service was known to be busy.

The service runs from 8:00am until 5:00pm. We attended 8:00am – 12:00pm and 2:00pm – 4:00pm.

This is how we collected the information:

- Direct observation of interactions between staff and patients
- Observation of access to the waiting area



- Assessing the suitability of the environment in which the service operates
- Observing some engagement between staff and patients
- Talking to patients, carers and staff about their experience of the service
- Observing accessibility throughout the building, and other facilities provided for patients and carers.

All the information captured was recorded by the ARs through a coproduced survey.

ARs used open text boxes for patients and carers to expand on their answers. ARs noted their personal feedback to the enter and view officer.

## **Accessibility Audit**

Alongside our Enter and View visit we also completed an Accessibility Audit. The volunteer coordinator attended with a Healthwatch volunteer to complete the audit.

The volunteer that gave feedback has a mobility issue and a visual impairment.

The feedback gathered is relevant to the volunteer's experience on the day. Accessibility feedback began from the main reception.

- The volunteer coordinator along with volunteer completed the accessibility questionnaire. The volunteer coordinator took notes and photos on behalf of the volunteer
- Verbal discussions took place throughout the visit. This provided a reflection of a disabled person's experience of accessing Audiology
- The volunteer observed the accessibility throughout the building, and other facilities provided for patients and carers.

# **What did we see and what did people tell us?**

## **Overview**

We spoke to 20 people, 18 were patients and two were carers.

- Most people were aged 65-79
- Seven were 80+ years old
- Two were aged 25-49 years old
- One person was aged 50-64.

Of the people who spoke to us, there was a nearly even split between male and female respondents.

- Most people identified as White: British
- One person identified as White: Irish
- Most people reported having a disability or long-term condition.

The reason people were visiting:

- Ten people attended for ongoing support or follow-up care
- Seven came to access hearing aids
- Two attended for diagnostic hearing tests.

Feedback on facilities:

- 17 people felt the waiting area didn't need improvement
- Three suggested it could be improved
- Most people were not offered another clinic option, though four were.

Satisfaction with service:

- 16 people were "very satisfied" or "satisfied" with the time taken to access the Audiology service
- Only one person was dissatisfied with a seven-month wait for a hearing test but was very satisfied with a two-day wait for hearing aids.

Reducing wait times:

- Two people mentioned delays caused by their GP
- One highlighted difficulty accessing their GP
- One noted the time it took for their GP to complete the referral
- Two people suggested receiving confirmation of being on the waiting list would have been helpful.

Some patients shared their views on the service and staff team:

- "Team are fabulous"
- "Helpful"
- "Bend over backwards"

- “Eleven out of 10, exceptional service.”

### **Recommendation 1:**

Provide confirmation to patients of being on the waiting list.

## **The website**

The Healthwatch staff and volunteers looked at the website. They all searched for audiology.

The website took us to the audiology page which explains what the service covers. The Audiology service is for 17+. It would be beneficial to say the age range that the service meets. Referring to adults can be confusing for parents of someone under the age of 18 years.

### **Recommendation 2:**

Provide age remit of service in welcome on the website.

Some wording used on the website is difficult to read for a wide range of readers. A Health Literacy approach would benefit accessibility. The current reading age is 18.5 years old. Reviewing the wording using the NHS readability app would increase accessibility.

### **Recommendation 3:**

Use the NHS readability app to increase accessibility of website. Aiming for reading age seven to 11 years.

The website doesn't provide information on where to find the Audiology department. Which would be helpful for patients who have not visited the department before.

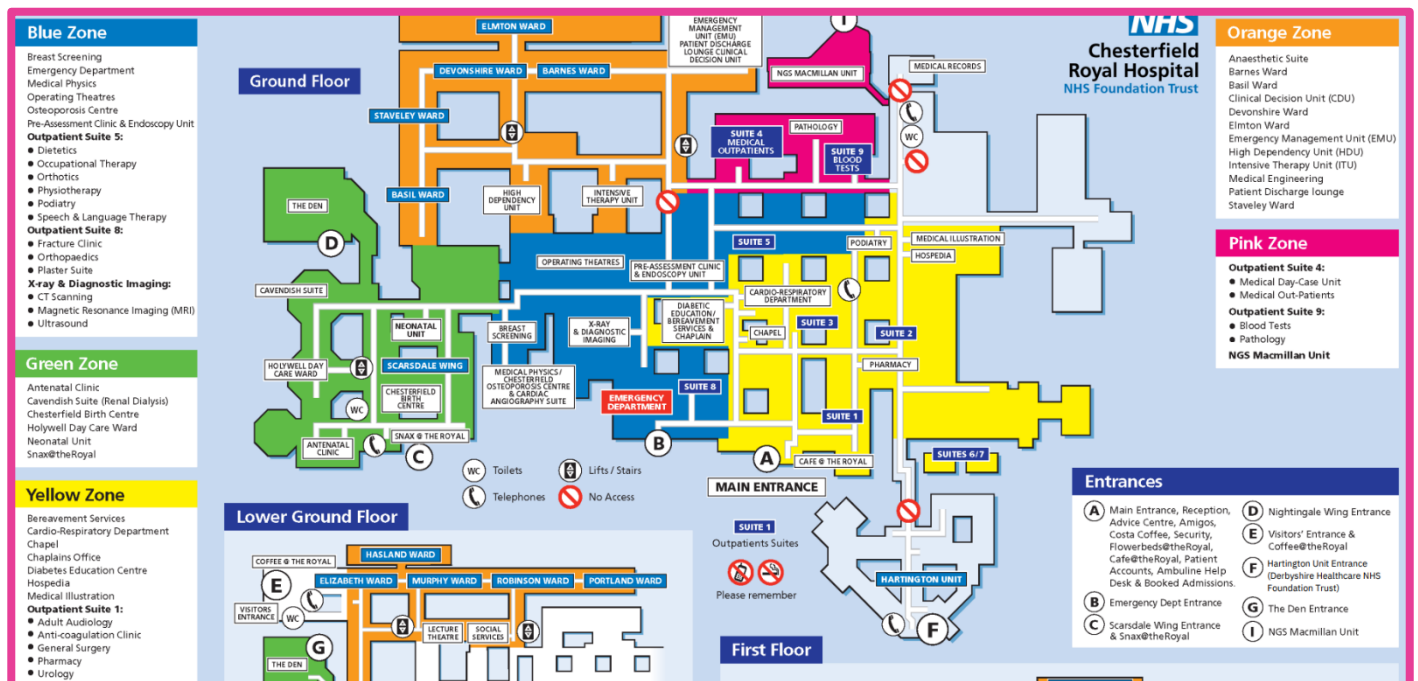
When selecting the 'Getting Here' option the website provides useful bus information. The hospital is well covered by local buses. There is also live bus information available in the main entrance of the hospital.

There is another section on the website called “Getting here by car” that needs updating. The payment system has changed, and the current information is not up to date.

### Recommendation 4:

Update car park payment system information on the website.

There is a map on the website. However, the map shows **Suite 1:** Adult Audiology; and **Suite 7:** Bereavement Office & Foot Clinic.



### Recommendation 5:

Update map to show where the Audiology department is in the hospital.

The hospital offers the hire of an electric scooter or booking the Royal Rider. This is an internal transport service. Both options are for those visiting the hospital with mobility problems.



The website doesn't have any information about electric scooters. This service was important to our volunteer who has impaired mobility. The enter and view officer searched for the Royal Rider on the website, and it was not possible to find any information.

## Recommendation 6:

Make it easier to find information about the accessibility services on offer and improve the search options on the website.

## Parking



There is a large carpark available for patients and visitors, even though it is a large car park, there are not always spaces A member of staff commented:

 "Arriving before 9.00am is needed to find a car parking space." 



Whilst not all patients said that getting to their appointment was difficult. Many had been dropped off at their appointment or had ordered a taxi to ensure they arrived on time.

 "[We] came in a taxi because of parking ... it's £11.00 each way." 

Volunteers and patients arriving later in the day took on average 45 minutes to find a car parking space. Leaving early to ensure they weren't late for their appointment.

 "[It's] taken an hour to park [I] had to park on the main road, don't know if I will get a ticket." 

Another patient told us:

 "As I drove into the car park it said 'Staff Only'... It's the way I had to go to get a disabled car parking space, it's right outside the door." 

There is a car park next to Audiology. This is a staff car park and is clearly marked.

It is unclear whether this can be used as a drop-off without getting parking fine.



### Recommendation 7:

Increase awareness of bus services in the waiting area of the Audiology department.

### Recommendation 8:

Increase signage to advise of drop-off points for patients.

## Locating building and signage

The postcode took us to the hospital site. Once on site, the volunteer coordinator found the signage confusing. The volunteer coordinator had to ask a member of staff to find the Audiology department.



There is a sign outside the main reception for Audiology. This is most likely to be seen when leaving the hospital, rather than when arriving.

This image shows the sign for the Audiology department circled.





This is the sign directing Outpatients to Suite 7 Audiology.

### **Recommendation 9:**

Repositioning of signage so it's visible walking up the main path to reception.

The move of the Audiology department from Suite One has taken this service further from the main entrance. This has created some difficulties for patients.



“My husband has mobility issues and had to stop a few times before getting here.”



The hospital provides an internal patient transport service called the Royal Rider, but this information is not easy to find on the website limiting its access and use of the service.

### **Recommendation 10:**

Increase awareness of the Royal Rider and other internal transport options for patients.

### **Recommendation 11:**

Use the appointment letter to let patients and their carers know where they can go to drop off for the Audiology department.

# Signage

From the main reception through to the Audiology department – Suite 7 there was good signage available.

Fire exits were clearly signed with both words and images.

Some signage for the department is on the sliding doors. Which meant that this signage isn't always visible to you when doors are open.

“The sticker on the sliding doors has Suite 7 on the doors. This is blocked when [the] doors open.”

## Recommendation 12:

Ensure all signage is visible, use the wall beside the sliding doors so signage isn't missed.

Once outside leading to Suite 7, there was some signage across from the ramp access to the Audiology department. This sign was not in keeping with other hospital signage as a printed piece of paper stuck on a door. This sign was also not easily seen by our volunteer co-ordinator or volunteer carrying out the accessible audit.



## Recommendation 13:

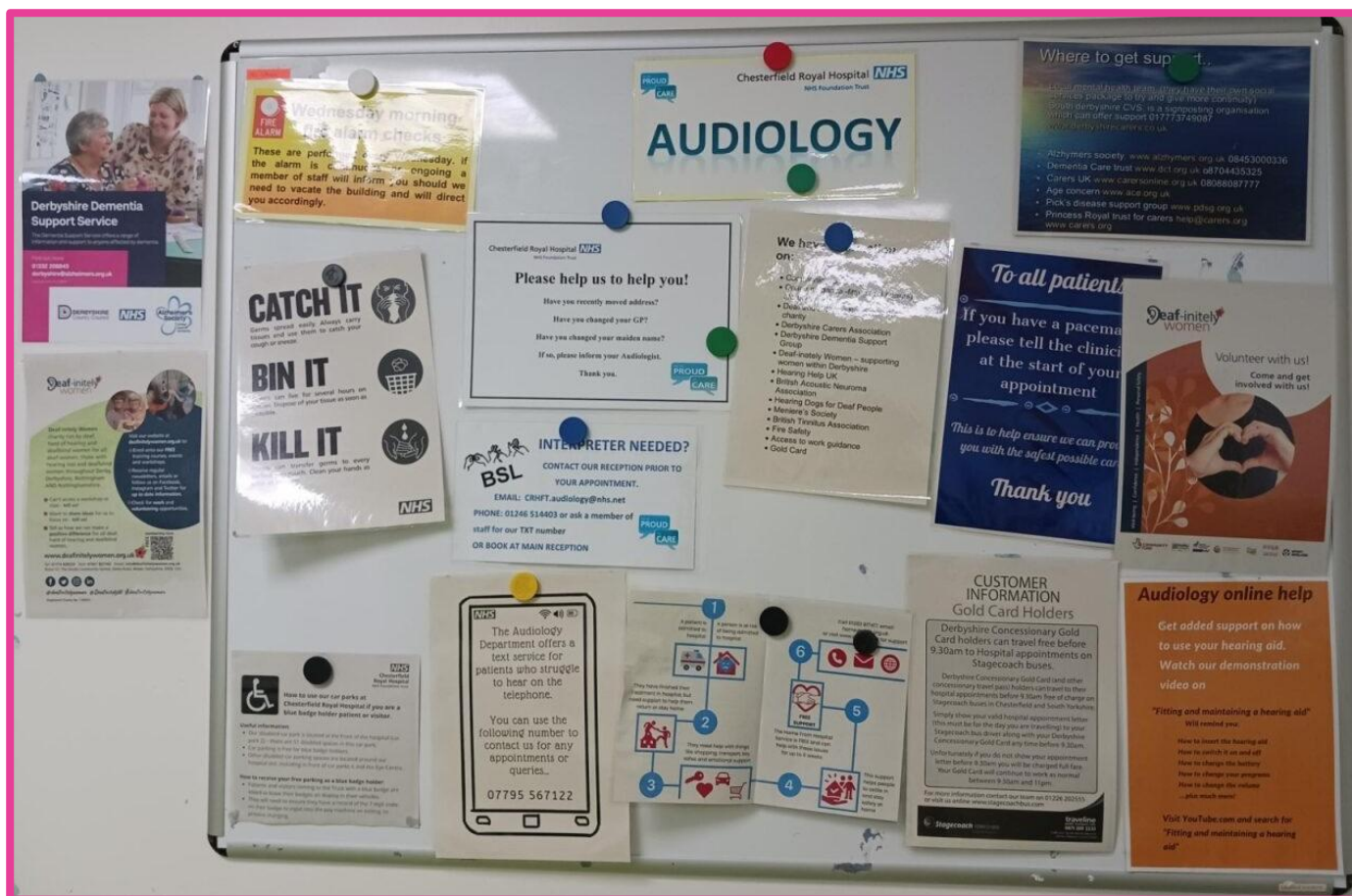
Place signage near the ramp to improve access.

The toilet signage was good and was dementia friendly. However, when exiting the toilet there are two doors. There is a risk of creating confusion within the toilet when wanting to exit.

## Recommendation 14:

Improve dementia friendly signage by providing an exit sign on the door within the toilet area.

The notice board could be made easier for patients by having bigger print on the posters. This would improve access to important information. For example, details about the free bus service called, 'Derbyshire concessionary gold travel scheme'. This service provides free bus travel to appointments before 9:00am.



## Recommendation 15:

Look over the information on the display board to make it easier for patients to find what they need.

## Waiting area

We asked patients if the waiting area could be improved. 85% of patients said 'no'.

Some patients said the waiting area was 'very comfortable'.

Of those that responded 'yes', the waiting could be improved, one patient expressed that the space could be "a little more happy." They commented that the Covid stand "closes the space."

Two patients said they would like to see more reading material in the waiting area.

## Recommendation 16:

Consider options to offer more visuals within the waiting area to make it welcoming for all.

## Clinic choices

The Audiology service wanted to learn from patients why they come to the hospital, as there are alternative providers with reduced waiting times. The alternative providers offer free NHS Hearing Tests and services.

The patient can choose the service which suits them best based on where they live or recommendation from a friend.

We gained some insight into this and identified four reasons from those we spoke to.

Two patients told us that they had a negative experience with the alternative service and wanted to wait for the NHS.



"Poor experience with [alternative provider], prefer to wait."







"Tested by [alternative provider], [I am] still experiencing difficulties. Not happy with [alternative provider]."



Two patients wanted to wait as another family member was accessing the service and this was good for them too.



"Mum uses this clinic; I would prefer to come to the hospital."



A majority of those we spoke to had not been offered an alternative. This was due to them being with the service prior to alternative options being made available.



"A regular patient of Audio since age 4."



Another patient comes to the hospital for other health needs so only wants to come to there.

### Recommendation 17:

Raise further awareness of the alternative service providers for patients who aren't aware of these options.

## Workforce

We spoke to four members of staff across the day. All staff spoke positively of the service and about meeting patient needs.

All staff commented on the known difficulties relating to waiting times that have increased since Covid. They told us:



"There used to be a three week wait and this is now an eight month wait."



It is recognised that the alternative clinic offer has supported the speed of patients being seen.

The choice of a different provider is offered when patients are notified that there is a waiting time when booking their appointment. Some patients decide that they would prefer to wait than see the alternative provider.

One staff member commented:



“If I was a patient I would be satisfied, my mum accesses the service.”



A staff member told us that patients don't make use of the bus service. Some patients can access free transport before 9.30 a.m. when they show the driver their appointment letter.



“This is a service [that] patients are not regularly accessing.”



The Audiology department moved in the November of 2019, this has provided a quieter space for patients. Staff are aware that this means a longer walk for patients.

Staff spoke about the Royal Rider being an option to reduce the amount of walking. Patients also have the option of being dropped at the drop-off point.

### **Recommendation 18:**

It would be useful to speak about the drop-off point in the appointment letter. Also, to provide information about Royal Rider and electric scooter hire options.

All staff mentioned difficulties due to staff shortages and the impact this has on the waiting list. Staff explained that audiology is a niche area of work impacting on recruitment due to location.

# Conclusion

Most feedback about the service was positive, for both the service and the staff.

Some comments were about Chesterfield Royal Hospital, not just the Audiology department. These included issues like:



- Trouble finding a parking space
- The long distance to walk from the main reception to the Audiology department.

Waiting times are a known issue. However, many respondents said they would prefer to wait than access an alternative provider.

The website could be more useful for patients if it was updated.

There could be some improvement with signage both outside of the Audiology department and within it.

# What should happen next?

The information below is intended to support the Chesterfield Royal Hospital Audiology department in reaching its goal of improving the patient and carer experience.

Under Healthwatch Enter and View requirements, Healthwatch Derbyshire must get acknowledgement and response from CRH Audiology Department to this report and recommendations made, where appropriate develop an action plan, within 30 working days.

# What has happened so far?

	<b>Recommendations for improvement</b>	<b>Provider response:</b>
<b>1</b>	Provide confirmation to patients of being on the waiting list.	<p>A letter will be sent to patients when they are added to a waiting list if the expected wait time is longer than six weeks.</p> <p>Action planned for completion: April 2025.</p>
<b>2</b>	Provide age remit of service in welcome on the website.	<p>A full review of the Audiology Section of the website will be undertaken.</p> <p>Action planned for completion: Sept 2025.</p>
<b>3</b>	Use the NHS readability app to increase accessibility of website. Aiming for reading age seven to 11 years.	<p>A full review of the Audiology Section of the website will be undertaken.</p> <p>Action planned for completion: Sept 2025.</p>
<b>4</b>	Update car park payment system information on the website.	<p>The Trust website is managed by a Trust-wide team. The finding will be raised with the appropriate people to resolve.</p> <p>Action planned for completion: Jan 2025.</p>

		<p>Once the Trust website has been updated a link will be added to the Audiology website.</p> <p>Action planned for completion: Sept 2025.</p> <p>Once the Trust map has been updated a link will be added to the Audiology website.</p> <p>Action planned for completion: Sept 2025.</p>
<b>5</b>	<p>Update map to show where the Audiology department is in the hospital.</p>	<p>The Trust map is managed by a Trust-wide team. The finding will be raised with the appropriate people to resolve.</p> <p>Action planned for completion: Jan 2025.</p> <p>Once the Trust map has been updated a link will be added to the Audiology website.</p> <p>Action planned for completion: Sept 2025.</p>
<b>6</b>	<p>Make it easier to find information about the accessibility services on offer. Improve the search options on the website.</p>	<p>The Trust website is managed by a Trust-wide team. The finding will be raised with the appropriate people to resolve.</p> <p>Action planned for completion: Jan 2025.</p> <p>Once the Trust website has been updated a link will be added to the Audiology website.</p>

		Action planned for completion: Sept 2025.
<b>7</b>	Increase awareness of bus services in the waiting area of the Audiology department.	A review of the waiting area will look at this further.  Action planned for completion: June 2025
<b>8</b>	Increase signage to advise of drop-off points for patients	Signage cannot be installed for a drop-off point in Car Park 9 as it is not an official Trust-wide drop off point.  However, we can display information regarding this within Suite 7. A review of the waiting area will look at this further.  Action planned for completion: June 2025.
<b>9</b>	Repositioning of signage so it's visible walking up the main path to reception.	A job will be raised with the Estates Team to implement changes to the sign positions.  Action planned for completion: June 2025.
<b>10</b>	Increase awareness of the Royal Rider and other internal transport options for patients.	This will be addressed as per item 6 above.
<b>11</b>	Use the appointment letter to let patients and their carers know where they can go to drop off for the Audiology department.	A review of the appointment letters will be undertaken.  Action planned for July 2025.

12	Ensure all signage is visible, use the wall beside the sliding doors so signage isn't missed.	<p>A job will be raised with the Estates Team to implement changes to the sign positions.</p> <p>Action planned for completion: June 2025.</p>
13	Place signage near the ramp to improve access.	<p>A job will be raised with the Estates Team to implement changes to the sign positions.</p> <p>Action planned for completion: June 2025.</p>
14	Improve dementia-friendly signage by providing an exit sign on the door within the toilet area.	<p>A job will be raised with the Estates Team to implement changes to the sign positions.</p> <p>Action planned for completion: June 2025.</p>
15	Look over the information on the display board to make it easier for patients to find what they need.	<p>A review of the waiting area will look at this further.</p> <p>Action planned for completion: June 2025.</p>
16	Consider options to offer more visuals within the waiting area to make it welcoming for all.	<p>A review of the waiting area will look at this further.</p> <p>Action planned for completion: June 2025.</p>
17	Raise further awareness of the alternative service for patients who aren't aware of these options.	<p>The alternative providers are not available to <u>all</u> of our patients. Only patients meeting the AQP criteria can choose to go to alternative providers.</p>

		This option is discussed with patients who meet the AQP criteria and are due for their first assessment or a reassessment. (This occurs three years after they had their hearing aid fitted).
<b>18</b>	It would be useful to speak about the drop-off point in the appointment letter. Along with information about Royal Rider and electric scooter hire options.	A review of the appointment letters will be undertaken.  Action planned for July 2025.

# Thank you & Disclaimer

## Thank you

We would like to thank Chesterfield Royal Hospital Audiology Department for their support in setting up this Enter and View visit. We would also like to say thank you to the service manager and wider team who made us feel welcome.

A special thank you is also extended to the patients who agreed to speak with us during our visit and contributed to this report.

## Disclaimer

This report relates to findings gathered when visiting Chesterfield Royal Hospital Audiology on the 12 November 2024. It provides an account of what was observed by our ARs and the feedback we gathered at the time of the visit.

Enter and View visits are not inspections but are an opportunity for people to share their views on their care. It is not the role of Healthwatch Derbyshire to see evidence of policies, procedures, care plans, or any other written evidence.



# healthwatch

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