

Ear, Nose and Throat (ENT) Department

Enter and View Visit Report

21 April 2026

Contents

About us	2
What is Enter and View?	3
Visit information.....	4
About the Ear, Nose and Throat department.....	5
The visit.....	8
Why did we do this visit?	9
How did we do it?.....	10
Who did we speak to?	11
What did we see and what did people tell us?	14
Conclusion.....	42
What should happen next?	43
What has happened so far?	44
Thank you & Disclaimer.....	54

If you require this document in an alternative format, please get in touch with us using the details on the back page.

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 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:**

Ear, Nose and Throat (ENT), department Chesterfield Royal Hospital, Chesterfield Road, Calow, Chesterfield, S44 5BL

**Service provider:**

Chesterfield Royal Hospital NHS Foundation Trust

**Date of visit:**

Tuesday 21 April 2026

**Ward Matron:**

Angela Innes

**CQC rating:**

Chesterfield Royal Hospital Overall: Good

**Authorised Representatives (ARs) who visited:**

Lisa Brightmore, Kath Dawson, Alistair Garrett, Helen Rose, Helen Severns

Healthwatch Derbyshire Volunteer coordinator:

Helen Walters

Number of Healthwatch Derbyshire volunteers who reviewed website:

Twelve

Accessibility Assessment representative who visited:

Tammi Cooke

**Healthwatch Derbyshire Enter and View Officer:**

Claire Connor

About the Ear, Nose and Throat Department (ENT)

The ENT department at Chesterfield Royal Hospital offers a range of services for both children and adults. The department offers both outpatient appointments and admissions.

Core ENT services and specialist clinics

- Audiology
- Audiovestibular Medicine
- Children's ENT Clinic
- Day Case Surgery
- Emergency ENT Clinics
- General ENT consultations for all types of ear, nose, and throat complaints.
- Minor Procedures
- Neck Lump Clinic
- Rhinology (Nose) Clinic
- Specialised nurse-led clinics
- Specialist Head & Neck Cancer Clinic
- Specialist Surgery
- Speech and Language Therapy.

The department has up to 11 staff working each day. The number of staff needed depends on which clinics are running each day. Each clinic has up to 12 people booked to be seen.

On the day of the Enter and View visit there was:

- One doctor
- One matron
- One sister
- One receptionist
- Two staff nurses
- Two specialist registrars
- Three health care assistants.

Each appointment is supported by a nurse or health care assistant. There are always two staff members at each appointment.

Clinical space

The enter and view officer had a tour of the clinical space. This was well maintained, appearing clean and welcoming.



There are four consulting rooms, two microsuction rooms (microsuction is the safe removal of ear wax) and two audiology booths).

A quiet room is available for meetings between staff and patients. The enter and view officer was told it is mainly used on Wednesdays for sensitive discussions, such as conversations about a person's cancer diagnosis.

The ENT department offers a large seating area. When busy, people will sit in what used to be the Suite 2 waiting area. This is outside the ENT department and can be seen in the photo below.



The visit

Summary

This was an informative visit with a mixture of good and not so good responses from the people we spoke to. Based on their views, we received some recommendations for improvements.

The people we spoke to were:

- Assistant service manager
- ENT Department staff members
- Healthwatch Derbyshire authorised representatives
- Healthwatch Derbyshire volunteer coordinator
- Healthwatch Derbyshire volunteers
- People who were accessing the service.

On the day of the Enter and View visit, the ENT department was expecting:

- Ten people for emergency appointments
- 78 people for pre-booked appointments.

The enter and view officer was informed towards the end of the day that ten people did not attend their appointment.

During our visit, we spoke to 54 people.

A member of the ENT department staff told the enter and view officer that the busiest days are Thursdays and Fridays. Therefore, Healthwatch Derbyshire authorised representatives did not observe how busy the service could be.

However, the information gathered provided a very useful understanding of the mixed experiences of those accessing this department.

The recommendations and the responses from the ENT department can be found on pages 44-53. These recommendations aim to support the continued good work of the service.

Key themes

Whilst feedback was mixed, there were key themes that came from people's responses:

- Some people found the ENT website difficult to navigate
- Some people said parking was difficult, including for Blue Badge holders
- Some people found it difficult to find the ENT department from the main entrance
- Some people felt the waiting area is too small when busy
- Some people said there were limited facilities for children in the waiting area
- Some people said the screen in the waiting area was not used as well as it could be
- Some people experienced delays in communication or received no communication from the medical secretarial team
- Some people experienced long waiting times and appointment delays.

Why did we do this visit?

This was a planned and announced Enter and View visit to the ENT department, a service we have received some feedback about.

Our aim was to listen to and understand people's experiences of using the service.

The key areas we were looking at were:

- How long people had been waiting for their appointment
- If people knew who to contact if they had any questions or issues while waiting for their appointment
- How easy people found it to get to their appointment
- If people felt that the waiting area could be improved, and how.

How did we do it?

Before the Enter and View visit, the enter and view officer met with the patient experience advisor/quality governance lead (patient liaison advisor) to discuss the purpose of the visit. The enter and view officer identified some key themes from this discussion.

These themes helped to develop a survey to support the information gathered on the day of the visit. A draft of this survey was shared with Healthwatch Derbyshire volunteers for feedback on language and accessibility.

On the day of the Enter and View visit, the enter and view officer and the authorised representatives attended the ENT department during the opening hours of 9:00 am to 4.30 pm.

We collected feedback in the following ways:

- A survey was completed by people using the ENT department
- Authorised representatives shared their general thoughts about the environment in the ENT department and experience of getting to the department from the car park
- Direct observation between staff and people using the ENT department
- Talking to people about their experiences of the ENT service
- Talking to staff working for the ENT department
- The completion of an accessibility audit.

Staff feedback was gained through open conversations; no survey was used for this. On the day of the Enter and View visit, ENT staff members made themselves available throughout the day to answer any questions.

Accessibility audit

Alongside our Enter and View visit, we also carried out an accessibility audit. The Healthwatch Derbyshire staff member who gave feedback on this audit is a wheelchair user.

The feedback from this audit reflects her experiences on the day along with the experiences of the volunteer coordinator who supported the audit.

Who did we speak to?

Overview of the people we spoke to

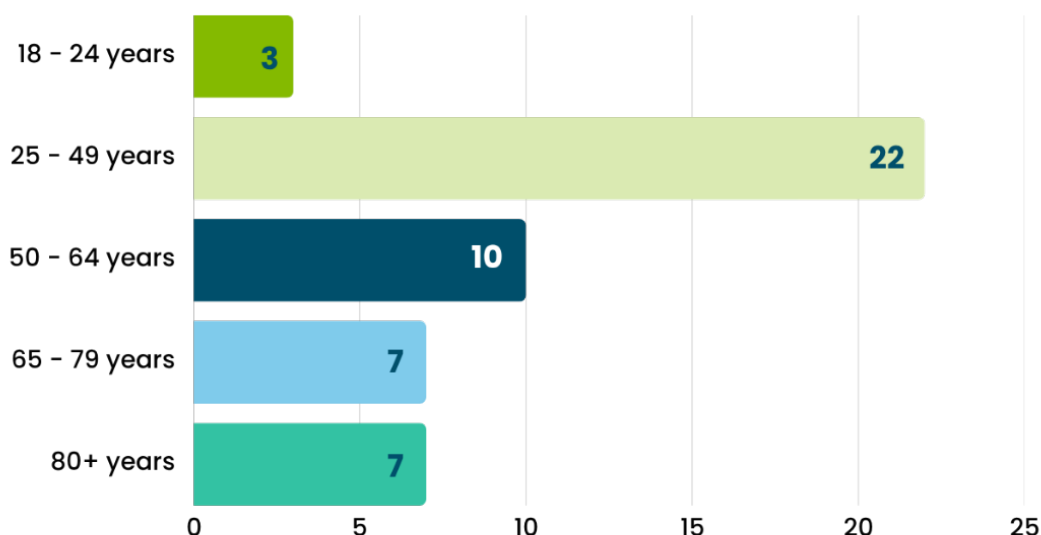
We spoke to 54 people.

Of these, 46 people told us they were the patient:

- One person we spoke to was supporting their partner. They had used the ENT service in the past but were no longer receiving appointments. They asked to complete the survey.
- Seven people told us they were an unpaid carer, family member, or the person who was supporting the patient.

Of the 54 people we spoke to, 51 completed the demographic questions. All demographic questions were optional. Some people chose not to answer all these questions.

49 people answered the age question. Most of the people were aged 25 – 64 years old. All the age groups are shown below:



Gender

We asked people to tell us their gender. 51 people answered this question:

- 31 people selected female
- 20 people selected male.

Ethnicity

51 people answered this question. Most people were White British:

- One person told us they were Asian/Asian British: Indian
- One person told us they were Mixed/multiple ethnic groups: Black Caribbean and White
- One person told us they were Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background
- One person told us they were White: Irish
- One person selected 'Prefer not to say'
- 46 people told us they were White: British/English/Northern Irish/Scottish/Welsh.

Area of Derbyshire people live

We asked people which area of Derbyshire they were from. 50 people answered this question:

- One person was from Sheffield
- Two people were from the Derbyshire Dales
- Two people were from the High Peak
- Four people were from Amber Valley
- Nine people were from Bolsover
- Nine people were from North-East Derbyshire
- 23 people were from Chesterfield.

Disability and long-term health conditions

We asked the people we spoke to if they had a disability.

42 people answered this question:

- Seven people said that they have one or more disability
- 35 people said that they did not have a disability.

Of the people who had a disability, we asked if they would share information about their disability with us:

- One person told us they have arthritis
- One person told us they have exhaustion
- One person told us they have mobility difficulties
- One person told us they have a spinal injury
- One person told us they have spondylosis
- Four people told us they have some form of hearing loss.

We asked the people we spoke to if they have a long-term health condition.

41 people answered this question:

- One person selected 'Prefer not to say'
- 12 people said that they have a long-term health condition
- 28 people said they didn't have a long-term health condition.

Ten people shared details about their long term-health condition, some had more than one condition:

- One told us they have asthma
- One told us they have balance problems related to hearing loss
- One told us they have carpal tunnel syndrome
- One person told us they were recovering from cancer treatment
- One told us they have diabetes
- One told us they have fibromyalgia
- One told us they have a heart condition
- One told us they have hypertension
- One told us they have mental health difficulties
- One told us they have osteoarthritis
- One told us they have sciatica
- One told us they have sinusitis
- Three people told us they have COPD.

What did we see and what did people tell us?

Referral to the ENT department

We wanted to know who referred people to the ENT department.

54 people answered this question:

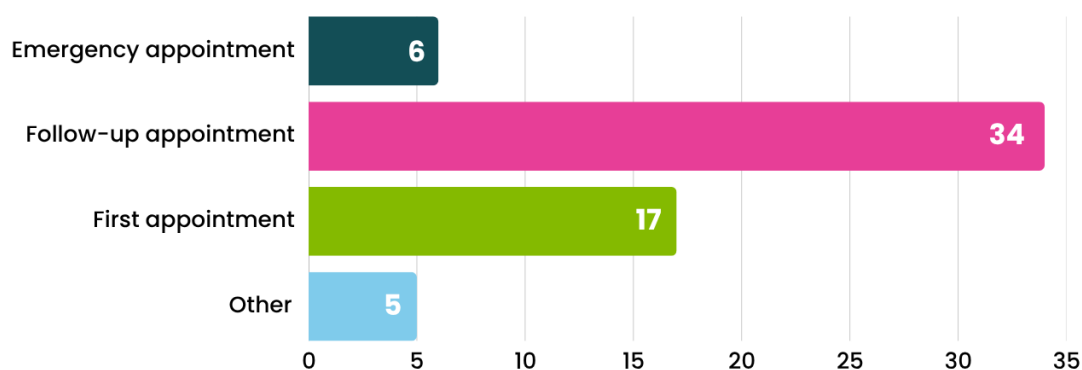
- Six people told us they were referred by the Chesterfield Royal Hospital Accident & Emergency department
- Six people selected 'Other'
- 42 people told us their GP referred them.

The people who selected 'Other' provided more details:

- One person referred themselves after previously being referred by their GP
- Five people were referred by the audiology department.

What type of appointment are you here for today?

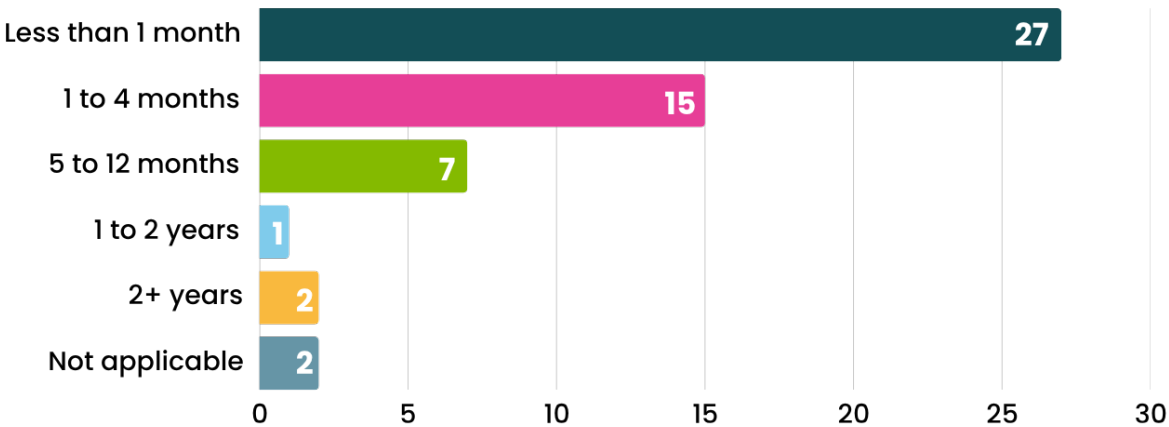
We asked what type of appointment people were attending. 54 people answered this question. Some people selected more than one answer, telling us if their emergency appointment was also their first appointment with the ENT department:



Waiting time

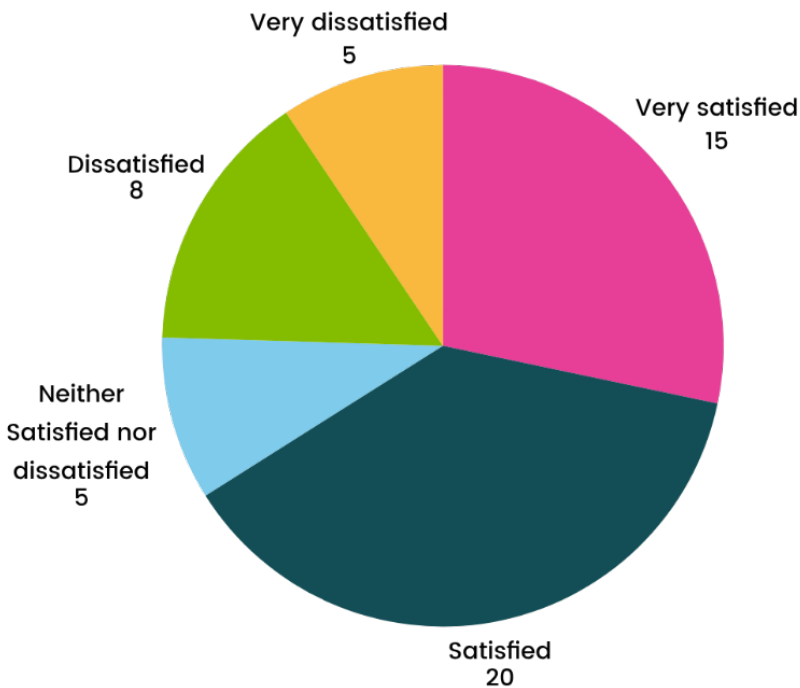
We wanted to know how long people had been waiting for their appointment. 54 people answered this question.

Most people had been waiting less than one month, whilst some people had been waiting over a year:



We wanted to know how satisfied people were with the amount of time they had been waiting for their appointment. 53 people answered this question.

The responses told us that most people were 'Very satisfied' or 'Satisfied' with their waiting time:



We asked people to explain their answer. Seven people told us that they thought the appointment would be sooner.



"I thought my appointment would come quicker. I waited over a year for my initial appointment."

"Two delayed surgeries. Spent hours trying to get hold of people."

"I do understand the need to wait so long as I have worked in a hospital. But this has been a detriment to my quality of life, not knowing what the diagnosis is."



Five people told us they experienced a quick service.



"I thought this appointment would be a lot longer wait and was surprised it was only about four weeks."

"The process here has been very smooth, only around six months from the first appointment to sinus surgery."



The enter and view officer was informed by the patient liaison advisor that the ENT department, at the time, had a 30-month waiting time for an appointment. There was also a 60-week wait for new referrals.

The ENT website tells people that:

Outpatient waiting time targets for an ENT appointment stand at 4 weeks and we maintain waiting times well below the Outpatient National Targets. Most appointments are booked online (at your GP practice), so patients can choose the date and time they are seen.

Recommendation 1:

Consider updating the website to help people know how long they may have to wait.

We wanted to know if people had any questions or concerns whilst waiting to receive their appointment. If so, did they know who to contact.

This question was answered by 54 people:

- One person selected 'Not applicable'
- Five people selected 'Other'
- 14 people selected 'No', they did not know who to contact if they had any questions or concerns
- 34 people selected 'Yes', they knew who to contact if they had any questions or concerns.

24 people explained their answer.

This information told us that most people knew who to ask for help. They also knew who to ask for information while waiting for their appointment.



"I would phone the audiology department [who referred them] or speak to my GP."

"It was on the letter I knew where to ring. I got the letter through and a text message reminder. I'm happy with that."

"Link on NHS App with reference documentation and who to contact."



However, not everyone using the NHS App had the same experience:



"My appointment came via NHS App. There was nowhere on it to ask anything and no telephone number."



It is unknown what information people receive to advise them what to do if they have any questions or concerns whilst waiting for their appointment.

Recommendation 2:

Review what information could be given to people who are waiting to receive an appointment to inform them where they can go if they have any questions or concerns.

Five people used this question to tell us that they had contacted the ENT department but had been unable to speak to anyone.



"Secretaries do not answer the phone. Do not respond to voicemail. Twice I have only got appointments by going through PALS."

"I tried calling but could never get through."

"The consultant's secretary never got back to me. You can't get through to reception on the phones, and the voicemail is always full."



The ENT department shared a copy of the 'New Appointments' letter. This is sent to people coming to the ENT department for a first appointment.

The enter and view officer, volunteer coordinator and Healthwatch Derbyshire volunteers read the letter and provided feedback on content and health literacy.

New Appointments
Mon/ Wed/ Thur 08:30-17:00 & Tues/Fri 10:00-14:00
Telephone: 01246 512673


**Chesterfield
Royal Hospital**
NHS Foundation Trust
Calow
Chesterfield
S44 5BL

Tel: 01246 277271
Minicom: 01246 512611
www.chesterfieldroyal.nhs.uk

21 Apr 2026

Your NHS Number:
Your Hospital Number:

Dear

I write to confirm that an appointment has been made for you -

Your appointment details:

Your appointment time:

Your clinic or outpatient suite: Ear Nose & Throat

Important information for this appointment:

On arrival, please report to the **Main Reception** situated in the **Main Entrance**.
Alternatively, you can use one of the self-service check-in machines situated near the main reception in the main entrance.

If you are taking any medication you **must** bring them with you.

Parking is available in **car parks 1 and 10**. Limited parking is available for Blue Badge Holders in **car parks 2 & 3**.

If you do not attend and do not let the hospital know, in line with trust policy you may not receive another appointment.

Please telephone (the details are at the top of this letter) if this appointment is not convenient or you decide you no longer need it.

Yours sincerely
On behalf of New Appointments

This letter provides people with a contact telephone number if they can't make, or need to change, their appointment.

The telephone number under the address on the right-hand side takes people to the general hospital number. The number on the top left-hand side of the letter takes people to the new appointment team. Some people rang the general hospital number first as they thought this was the number to contact.

Recommendation 3:

Consider replacing the text 'the details are at the top of this letter' with the new appointment number for clarity.

Two Healthwatch Derbyshire volunteers said it might be useful to advise people to arrive early due to parking difficulties.

Recommendation 4:

Consider providing an estimated time to allow for parking.

All the Healthwatch Derbyshire volunteers suggested that the letter could be made easier to read and understand by making use of health literacy.

Recommendation 5:

Increase accessibility to the letter by reviewing language used through the NHS Medical Document Readability Tool website: [NHS Document Readability Tool](#).

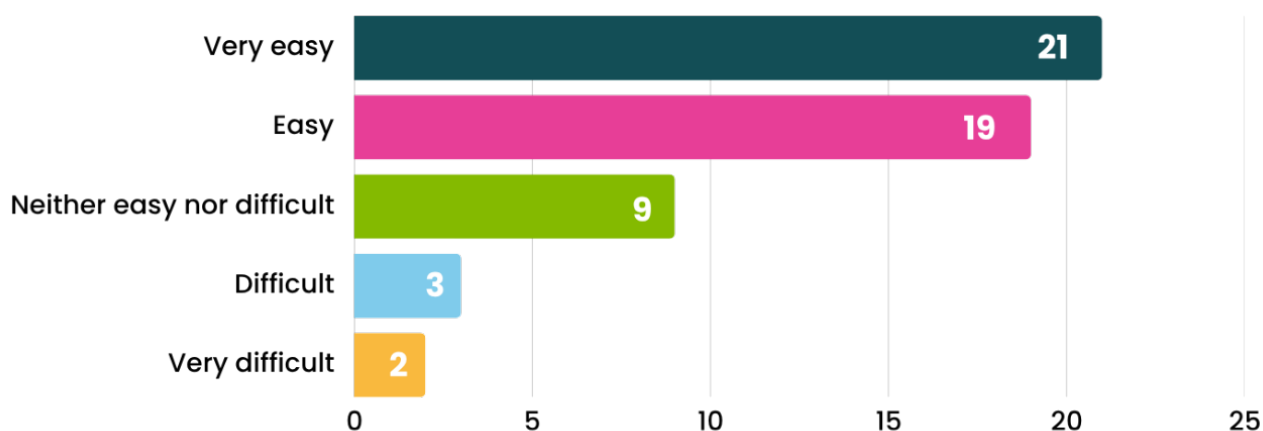
Two Healthwatch Derbyshire volunteers thought it would be helpful to mention accessibility details.

Recommendation 6:

Consider adding information to inform people:

- How to request an interpreter
- If a hearing loop is available
- The availability of wheelchairs.

We asked people how easy it was for them to get to their appointment. This question was answered by 54 people. Most people told us it was either 'Very easy' or 'Easy':



30 people explained their answer. Some people responded positively about finding the ENT department but told us that parking was difficult.

18 people commented on parking being a problem.



"Nightmare parking."

"Parking difficult even with a Blue Badge."

"Car parking was an issue. Left plenty of time but arrived for appointment two minutes late."



There is no information in the new appointments letter, or in the ENT department waiting area, to tell people about the bus services to the hospital.

Recommendation 7:

Increase awareness of bus services in:

- The new appointments letter
- The waiting area of the ENT department.

Other people told us that improved signage would help:



"It is not obvious from signage where to go from the main entrance."

"I just think in the main hospital there needs to be a clear signpost to show where the ENT department is, I struggled to find it as it isn't on the boards."



Authorised representatives shared their experience of finding the ENT department. One authorised representative, who had parked at the rear of the hospital, had to go to the main reception to ask for directions.



"It was not clear how to find the ENT department from a different entrance point."



Recommendation 8:

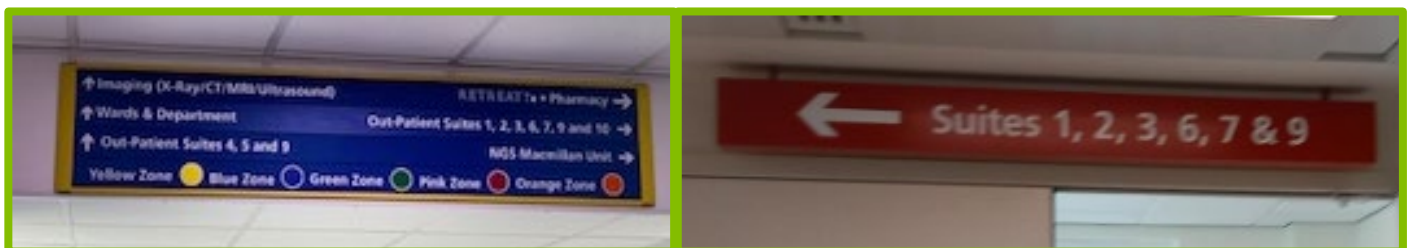
Review signage within the hospital to ensure the ENT department can be found from any entrance.

Two authorised representatives referred to the colour coding of the signs. The ENT department is based in Outpatient's Suite 2 in the yellow zone.

However, one authorised representative said:



"I assumed that the colour coding would be obvious in the signage on arrival. While coding was there in part, initial signs are all in red, so not so obvious."



Another authorised representative said:

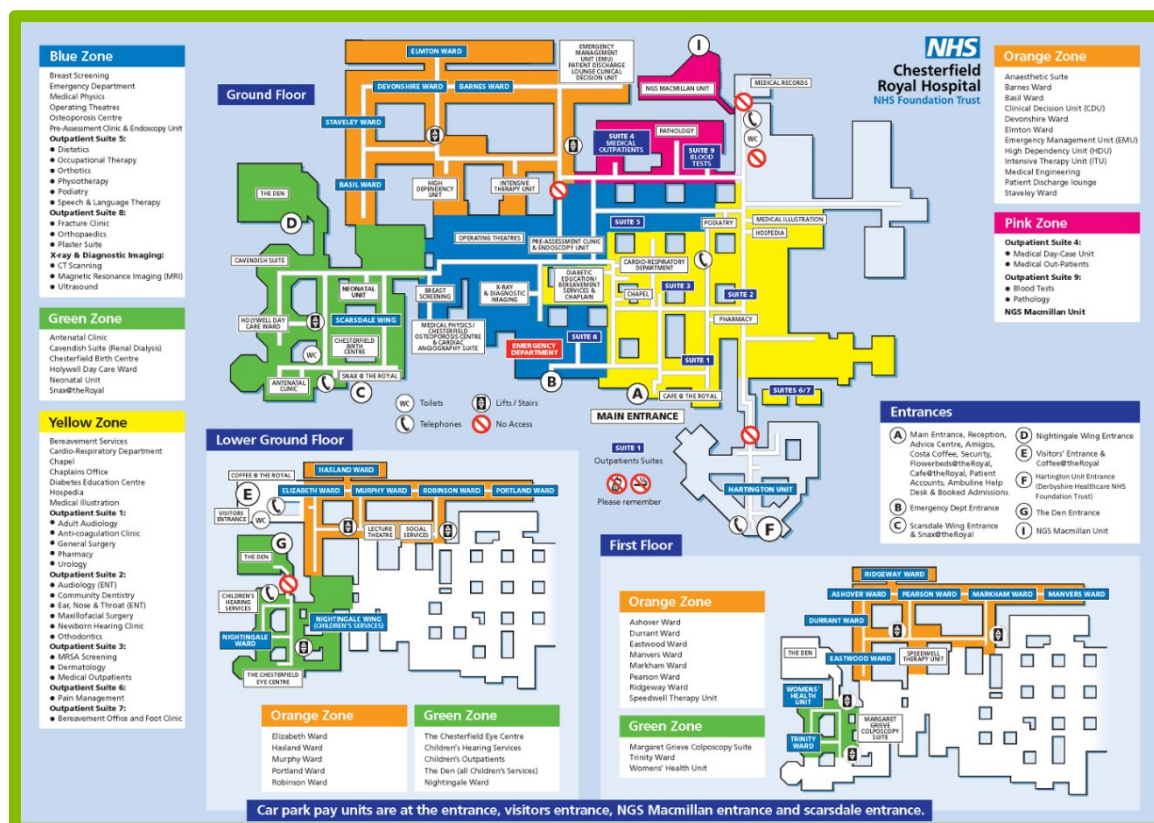


"I didn't find anywhere that indicated which department each numbered suite was."



Recommendation 9:

- Suggest to hospital services that a map is made available in the main entrance with the colour zones and suite numbers as seen on the website (image below)
- Consider adding to the new appointments letter which coloured zone the ENT department can be found in.



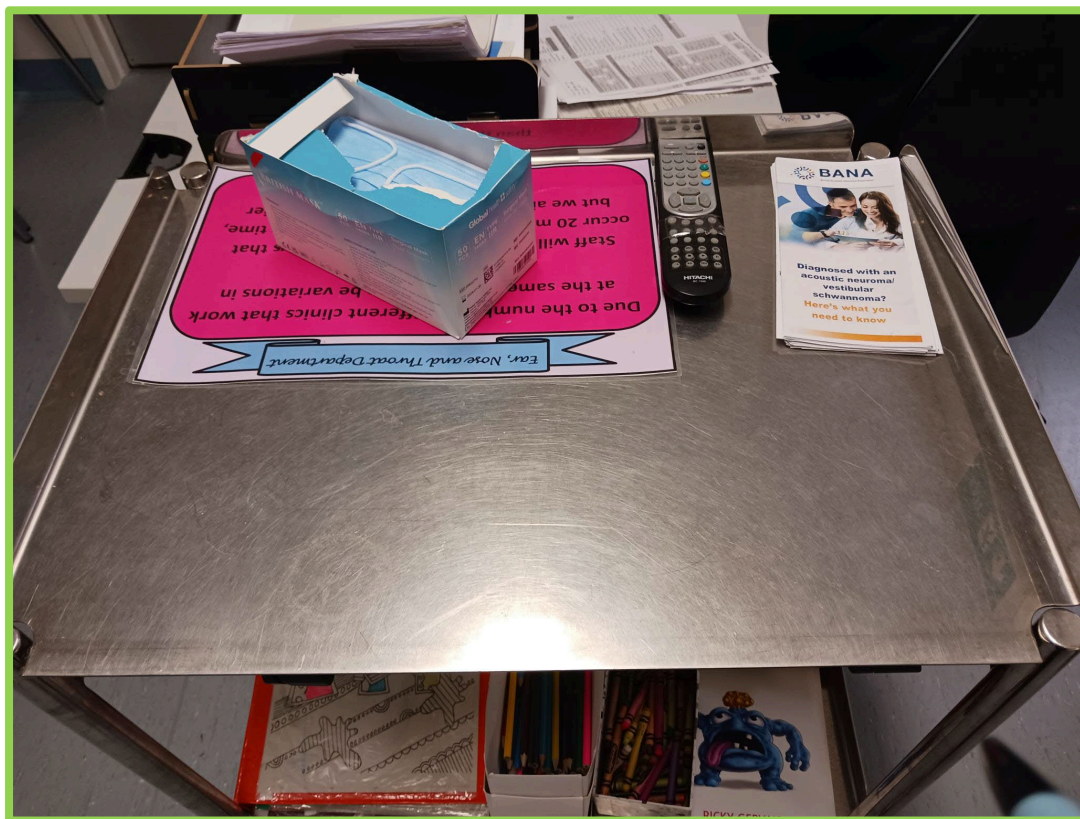
We wanted to know if the waiting area could be improved. 53 people answered this question:

- 21 people said 'Yes'
- 32 people said 'No'.

26 people explained their answer, with some people providing more than one suggestion.

Six people said that it would be helpful to have something for the children to do.

It was observed that there was a trolley by the reception desk which had drawing supplies and a couple of books on it for children, although this was not easily seen.

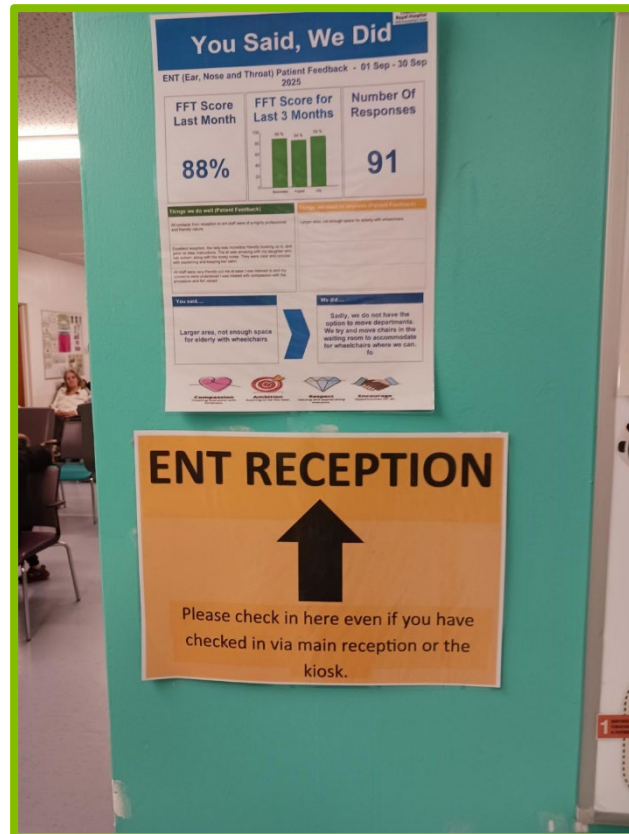


Recommendation 10:

Consider how to increase visibility of the crafts and reading books available for children.

The reception desk is not near to the entrance of the ENT department. This was commented on in the survey, during the accessibility audit, by authorised representatives and by some ENT staff members.

There is a sign when entering the ENT department which tells people where the reception is.



The Healthwatch Derbyshire staff member completing the accessibility assessment told us:

- The position of the 'ENT RECEPTION' sign is too low down on the wall. It is well-placed for a wheelchair user but may not be suitable for all. It could be placed a little higher on the wall
- The font size of the information telling people to check in needs to be much larger and on a separate sign, but still displayed on the same wall underneath the reception sign
- The 'You said, We did' poster could be moved next to the patient experience feedback form box within the ENT department. This would allow more space on the wall for the reception sign and a larger check in sign.

Recommendation 11:

Consider making the ENT reception sign more visible:

- Review its placement on the wall
- Have two signs, one for the ENT reception, and one showing larger check in information
- Remove the 'You said, We did' poster and keep this area for reception information only.

Other feedback included:



"The reception desk is tucked away at the back and difficult to spot when you enter."

"Reception desk not at entrance."



An authorised representative also shared:



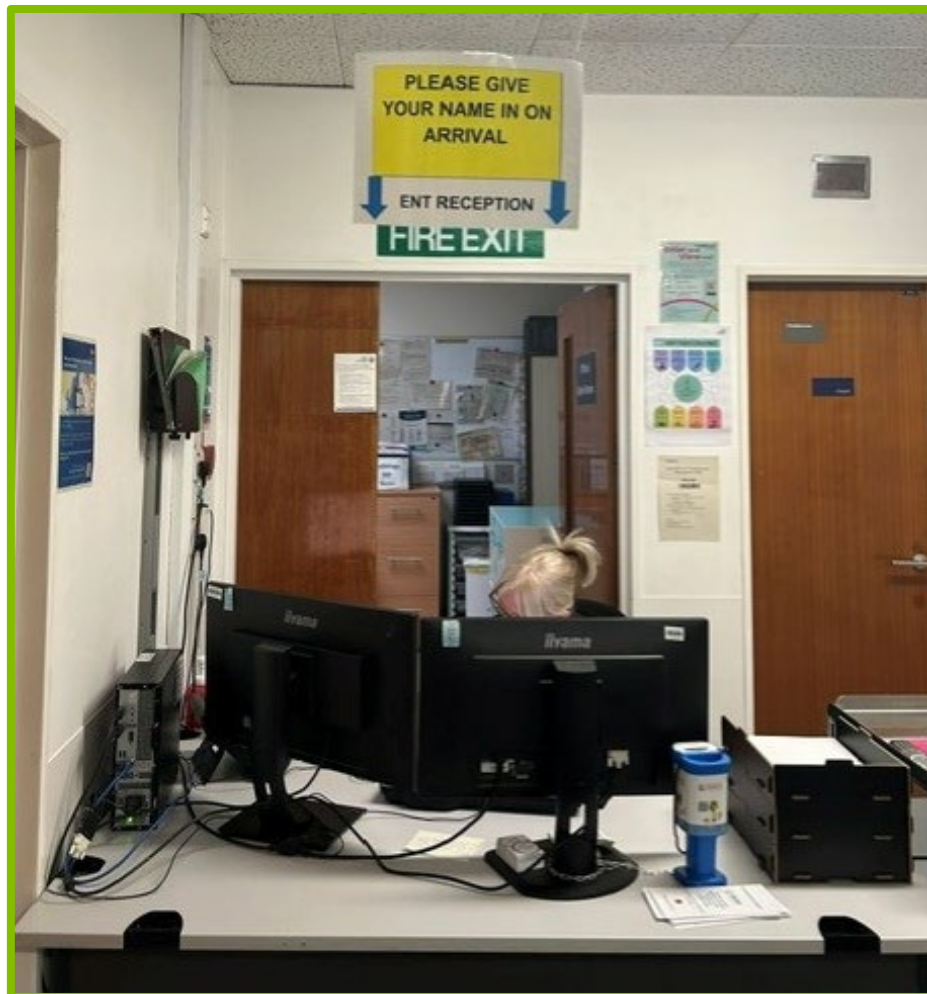
"When entering the department, it is not clear where the reception desk is and it almost feels like it is hidden at the rear of the reception area."



ENT Reception desk

Some ENT staff explained that the reception desk had previously been at the entrance to the department. It was moved to its current location to make more space, and it is not possible to move the reception desk back to the entrance. Staff members understand that this is problematic.

There is signage above the reception desk that tells people that this is the 'ENT RECEPTION'. A sign also asks people to sign in. The font for the 'ENT RECEPTION' is not as easy to read as the yellow sign above it.



Recommendation 12:

Review the 'ENT RECEPTION' signage above the reception desk to increase visibility.

On arrival, people attending an appointment at the hospital need to register at the main reception or via a self-service check-in machine.

Then, on arrival at the ENT department, people also need to check-in with the department's reception. It was observed by a couple of authorised representatives at different points in the day that people weren't always clear that they needed to check-in again.

A couple of members of staff also commented that there is some confusion about the double check-in process.

One authorised representative commented:



"I observed two people entering and showing confusion as to where they should register. I had to direct one person to the reception desk."



Recommendation 13:

Consider adding information to all appointment letters to inform people that they need to check in twice, once at the hospital reception and also at the reception desk for the ENT department.

There is a sign above the reception desk that also asks people to register their arrival with the receptionist. Two people commented that the chairs don't face the reception desk.



"I feel the seats are facing the wrong way and it makes it confusing as the reception area is behind everyone. It makes it hard to hear when your name is called."

"Reception area at the back seems out of place. Chairs facing the wrong way with back to reception. Feels like there are lots of things happening behind you and I have neurodiversity."



Consider turning the chairs to face the receptionist. This may increase people's chances of seeing the sign above the desk asking people to sign in.

Recommendation 14:

- Consider turning the chairs to face the receptionist
- Consider asking for further feedback from people about how the waiting area could be improved.

(Recommendation 12 supports this).

The enter and view officer spoke with some ENT staff members, who identified a few difficulties with the space available in the department.

The staff members we spoke to mentioned about the waiting area being too small and the consultation rooms also being too small and not soundproofed. The soundproofing raised a couple of concerns:

- A lack of confidentiality
- Discussion in one room impacting on another appointment in another room.



"You can hear what is being discussed in another appointment."

"The doors between rooms are not sealed."



Whilst relocating the ENT department is not currently an option, appointments should offer confidentiality.

Recommendation 15:

Discuss with senior management how poor soundproofing is affecting appointments and confidentiality.

ENT department staff also commented on temperature control. Depending on the weather, the consultation rooms can be either very cold or very hot. Staff explained that they don't have control of the radiators and only one room has an air conditioning unit.

Recommendation 16:

The ENT department to raise the impact of the poor temperature control in their department, and to offer solutions such as:

- More air conditioning units
- Identify a contact within the team who manages the hospital heating system to enable ENT staff members to request for the heating to be on or off.

The waiting area has a small TV screen which shows the radio station that is being played at the time.

Some people thought it would be helpful to:



"Use the TV for the news or something."

"A screen showing patient names when being called, specifically for people who can't hear very well."



Recommendation 17:

Review the use of the TV screen by asking people using the ENT department for their suggestions.

Is there anything else you would like to tell us?

We asked people if there was anything else they wanted to tell us about the ENT department. Of the 53 people who responded:

- 33 people said 'Yes'
- 20 people said 'No'.

37 people explained their answer.

We received several positive comments that highlighted the good work of the ENT department:



"Always been fantastic."

"Really first-class service. Can always ask staff anything. Experience of the hospital is really positive. They send letters as requested rather than text."

"Staff are calm and reassuring."



Recommendation 18:

Let the ENT department team know how appreciated they are by people using the service.

Some people commented on it being difficult to communicate with the ENT department. It was explained to the enter and view officer that there have been staff shortages within the medical secretarial team. This has affected communication with people wanting to book or rearrange appointments. People told us they were unable to get through and don't get a reply to messages left.



"Response to phone messages is poor. I called and left messages for weeks and never got a response."

"[I was] told that an urgent appointment was needed. My daughter was put on the routine list. Weeks of chasing up followed, both GP via secretaries and me via secretaries. No response. Went through PALS. After two weeks, we were eventually given an appointment."





"Response to phone messages is poor. I called and left messages for weeks and never got a response."



The service is aware of the impact of this and is taking steps to overcome this issue.

Another person explained;



"Previously very dissatisfied about chasing appointments, I'm meant to be seen every 10 to 12 weeks. Ringing department is difficult. I googled to ask, 'Why can't I get through on phone?' AI response gave me an email address. I emailed and got a response straight away."



Recommendation 19:

Consider having an email option for people to contact the ENT department secretaries. Provide an automatic reply to tell people when they should expect a response.

Some people told us that it would help to know what the expected waiting time for an appointment is.



"I appreciate NHS waiting times, but transparency, honesty and managing expectations around this would help!"

"Better communication, transparency regarding waiting times. Secretaries to respond to messages left."



Recommendation 20:

Review how communication with people calling the secretaries can be improved.

Recommendation 21:

Consider reviewing the voicemail message to tell people when they can expect a response to their query.

Some people told us that they understood the difficulties being faced by the ENT department:



"I understand the service is under pressure at the minute."

"They need more support, more consultants, better telephone service. I paid privately for a scan (at a cost of £1,500) to avoid the year-long wait, but I can't afford the cost of private surgery. I've given them my scans but am still having to wait now. I understand the waiting times are now 12-18 months."



Recommendation 22:

Consider providing more up-to-date information about waiting times.

During the Enter and View visit an authorised representative and a couple of people in the waiting area told us a water fountain would be useful:



"Access to drinks/water."

"A water dispenser would be good; I wouldn't want other drinks because they would be too expensive."



The enter and view officer had seen a water fountain available in the main corridor outside of the ENT department (see photo).



Recommendation 23:

Provide signage to inform people where the water fountain can be found.

An authorised representative and another person told us:



"I've no idea where the toilets are."



Two authorised representatives and the enter and view officer went to the main entrance to use the toilets. The enter and view officer was shown when leaving that there were toilets situated closer to the ENT department. There was no obvious information to tell people where the nearest toilets can be found.

Recommendation 24:

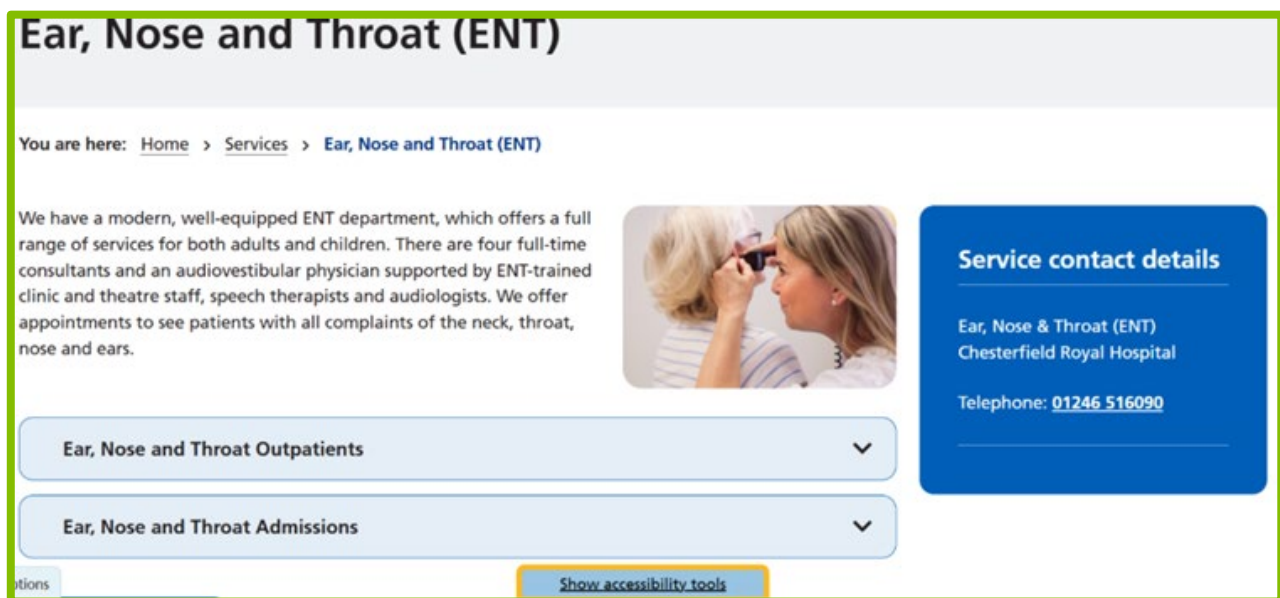
Provide signage in the ENT department to inform people where the nearest toilets are.

The website

Healthwatch Derbyshire volunteers and authorised representatives looked at the hospital's website. Overall, it was easy to find the ENT department on the website.

The authorised representatives used different applications including an iPhone, iPad, and laptop. They used different terms when searching including 'ENT department' and 'Chesterfield throat'. All searches showed the ENT department as the top result.

The website was very simple to use, with only a few links to choose from.



The Healthwatch Derbyshire volunteers selected 'Show accessibility tools'. This gives the option to translate text, enlarge text, and change contrast. The volunteers found these tools easy to locate and very helpful, especially for those with English as their second language.



"I welcomed the ability to translate the page into French and Arabic."

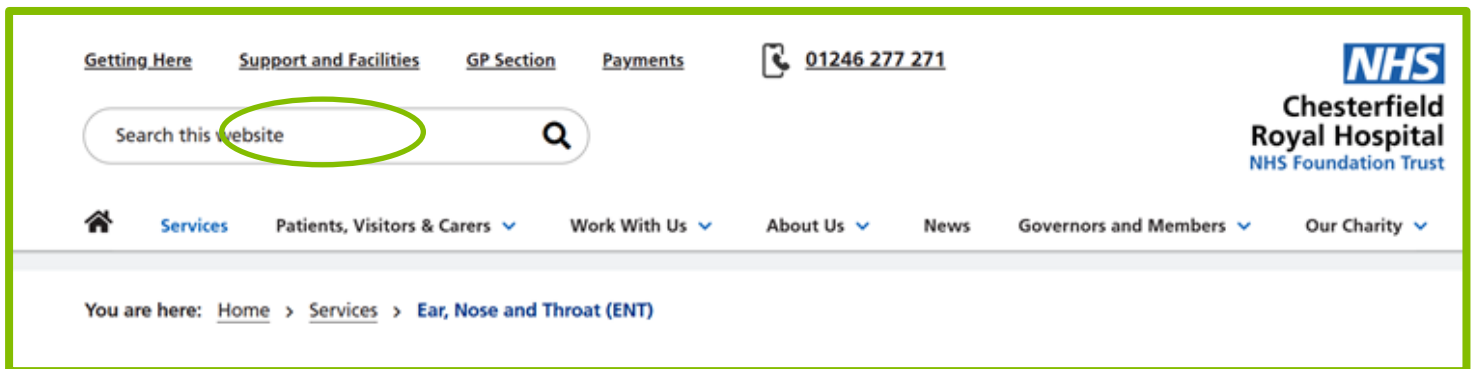


However, there is no evidence of the website having a read-aloud option.

Recommendation 25:

Review if a read-aloud option can be added to the accessibility tools.

At the top of the ENT website page there is a link called 'Support and Facilities'.



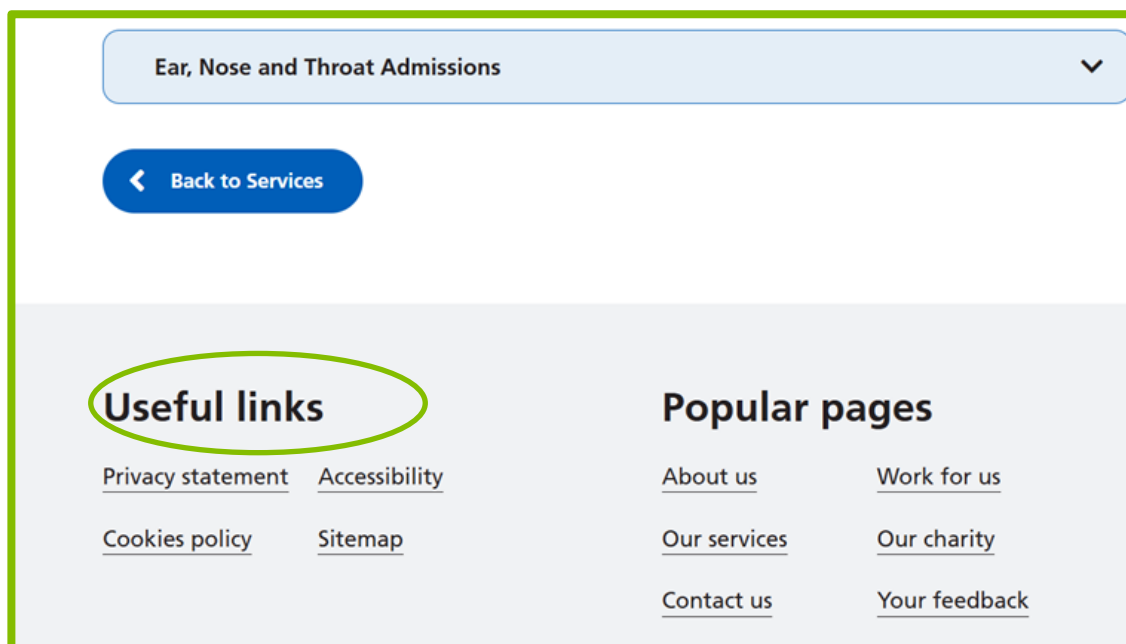
Some Healthwatch Derbyshire volunteers found this slightly confusing. When selecting this option, you are taken to a separate website about the service which manages hospital property. One volunteer said:



"For people who click on this link to access alternative forms of support, or to understand more about the facilities (like accessing a map), this is pretty confusing."



At the bottom of the same page there is a 'Useful links' heading with an 'Accessibility' link.



Healthwatch Derbyshire volunteers found this information confusing and not particularly helpful. One volunteer commented:



“So not really very patient-friendly or helpful to people looking for wider accessibility information.”



Recommendation 26:

Request a review of the ENT department’s webpages to ensure that hyperlinks are relevant only to the services of the ENT department.

Healthwatch Derbyshire volunteers gave feedback on how easy it was to understand the information on the website. They thought that most of the language used was understandable. However, there were some difficult words, such as:

- audiovestibular
- audiologist
- mastoid cavity.

These words were used without any further explanation. There was also reference to medical equipment, such as microscopes and endoscopic equipment.

The NHS Readability Tool was used to check whether health literacy principles were being applied. Health literacy guidance recommends that written information should be aimed at a reading age of nine to 11 years.

The enter and view officer selected a couple of sections from the ENT page. On average, these were written for a reading age of 18 years.

Recommendation 27:

Increase accessibility of the website by reviewing language through the NHS Medical Document Readability Tool website: [NHS Document Readability Tool](#).

Healthwatch Derbyshire volunteers found the website welcoming, clear, and easy to navigate. They liked that users could choose to access more information if they want to.

The ENT department webpage was easy to read but does not have many photographs. Healthwatch Derbyshire volunteers felt it would benefit from more images, especially photographs of the department and staff.

Recommendation 28:

Consider adding more photographs of the ENT department to the department's webpage.

Healthwatch Derbyshire volunteers noted that there is no information about directions and how to get to the department on the actual ENT webpage. The hospital's website has site maps and details of help if required. However, it is hard to locate Suite 2 and the ENT department on the site map.



"I found this hard. You must do quite a bit of detective work to find it is in Suite 2 (Yellow)."

"Suite 2 can be located via the site map, but I have no idea where the ENT department is within the area. It is one of several in Suite 2."



Recommendation 29:

- Add the department location to the ENT webpage
- Make signage clear that the ENT department can be found in the 'yellow zone'.

There is information about how to get to the hospital via bus, including links to bus timetables. However, there is no information on access to the hospital if catching the train.

Additionally, locations of the bus stops are not provided on the map nor detailed in the section about access to transport.

Location of the bus stops would help people visiting the hospital to understand how far they have to walk from/to the bus stop to the hospital main entrance.

Recommendation 30:

- Provide information about how to access the hospital from Chesterfield train station
- Show the locations of bus stops on the site map.

The website provides details of the 'Service contact details':

Healthwatch Derbyshire volunteers thought it would be useful to have:

- Other contact options
- Service opening times.

Service contact details

Ear, Nose & Throat (ENT)
Chesterfield Royal Hospital

Telephone: 01246 516090

Recommendation 31:

Add clinic opening hours to the ENT department's webpage.

Recommendation 32:

Consider whether other contact options could be made available and if they would be useful, such as an online contact form.

Locating building and signage

The survey responses, authorised representatives, the accessibility audit volunteer and the volunteer coordinator told us that they had no difficulties finding Chesterfield Royal Hospital.

The accessibility audit volunteer and volunteer coordinator shared that the Blue Badge parking area was not clearly signposted. Without an appointment letter to refer to, it was not clear where they should park.

Recommendation 33:

Review signage for those visiting the hospital who may not have had access to a letter advising where Blue Badge parking is located.

Once parked in the Blue Badge parking area at the front of the hospital, the accessibility audit volunteer and volunteer coordinator could not see a pedestrian walkway leading into the hospital.

With difficulty, they went up the steep ramp used for vehicles to access the Blue Badge parking area. However, once at the top of the ramp, the pedestrian walkway was partially blocked by a car parked in the drop off zone. (See photo).

This walkway might not be accessible during busier time as the gap between parked cars to the walkway may not allow for wheelchair access.



On leaving the hospital, the pedestrian walkway route became clear, but this could not be clearly seen from where they had parked their car on arrival.

Recommendation 34:

Review signage in the disabled car park area to clearly show the pedestrian walkway from the car park to the main entrance.

This was the volunteer and volunteer coordinator's first visit to the hospital's Blue Badge parking area. It was unclear if they needed to pay for parking. They had seen car park barriers at other car parks on the hospital site.

A member of the hospital's staff advised them that they should visit the security office before leaving.

When leaving, they went to the security office and another person ahead of them appeared to be asking the same question about payment for parking.

The volunteer and volunteer coordinator were informed that no payment was necessary when leaving the Blue Badge parking area. The Blue Badge must be scanned only when leaving a car park with a car park barrier.

Recommendation 35:

Review signage in the Blue Badge car park area to inform people about Blue Badge parking rules.

Conclusion

There were mixed comments about the ENT department. Feedback highlighted several areas where patient experience could be improved.

This included better signage and clearer information to make it easier to find the ENT department from the main entrance. Clearer signage is needed to inform people to sign in at reception and where to find the ENT department reception on arrival.

People commented on the difficulty finding parking spaces, including Blue Badge parking. The new appointments letter could be more helpful by giving more details about how to get to the hospital.

Some people thought that making people more aware of the resources, within the ENT department, for children would be helpful.

Some people thought the screen in the waiting area could be better used to inform people about their appointment waiting time. This would also support those who are hard of hearing to know when they are being called.

Some people experienced delays in communication from the medical secretarial team. Some people also said they had long waits for their appointments. Consider how to keep people updated whilst they are waiting to be given an appointment.

There are also some improvements that could be made to the website to make it easier to use.

What should happen next?

The information in this report is intended to support the ENT department at Chesterfield Royal Hospital in reaching its goal of improving the patient and carer experience.

In line with Healthwatch Enter and View requirements, Healthwatch Derbyshire expects to receive acknowledgement from the ENT department regarding this report and its recommendations.

A response should be received within 20 working days of receipt. If needed, an action plan should be developed within 30 working days. Responses to our recommendations from the ENT department are below.

What has happened so far?

	Recommendations for improvement:	Provider response:
1	Consider updating the website to help people know how long they may have to wait.	We have discussed with the Trust's communications team who is looking into updating the Trust's website with all relevant information.
2	Review what information could be given to people who are waiting to receive an appointment that informs them where they can go if they have any questions or concerns.	We will review the letters that patients receive regarding appointment times and waiting times for surgery. Patient Advice and Liaison Service (PALS) contact details are available on the Trust's website and information is displayed within the department.
3	Consider replacing the text 'the details are at the top of this letter' with the new appointment number for clarity.	We are currently reviewing what is included in our letter templates to ensure all relevant information is included. This is part of a Trust-wide review which is in progress and is ongoing.

	Recommendations for improvement:	Provider response:
4	Consider providing an estimated time to allow for parking.	Advice regarding car parking is included in all template letters. Parking remains the responsibility of the patients to allow additional time for transportation and parking.
5	Increase accessibility to the letter by reviewing language used through the NHS Medical Document Readability Tool website: NHS Document Readability Tool.	This is already in place. All letters can be translated by contacting the interpreting service via CRHFT.interpreting@nhs.net We have an electronic patient administration system which alerts when an interpreter is required for a patient. A request is sent by the central booking team when an appointment is arranged.

	Recommendations for improvement:	Provider response:
6	Consider adding information that informs people: • How to request an interpreter • If a hearing loop is available • The availability of wheelchairs.	As above, this provision is already in place. It is the department's responsibility to organise interpreters when required. However, pre-arranged bookings are set up at the time of appointment booking. Hearing loops are available in all outpatient areas. There are wheelchairs available in all entrances. The Trust also provides an internal transport vehicle (Royal Rider), which is staffed by volunteers. The Royal Rider is based in the main entrance. However, all wards and departments can book this service direct if required.
7	Increase awareness of bus services in: • The new appointments letter • The waiting area of the ENT department.	There are digital boards in various locations throughout the hospital i.e. main entrance, Costa café etc. Please ask a member of staff if you require any further help or signposting.

	Recommendations for improvement:	Provider response:
8	Review signage within the hospital to ensure the ENT department can be found from any entrance.	There is an ongoing piece of work around signage in partnership with patient experience and Healthwatch Derbyshire.
9	• Suggest to hospital services that a map is made available in the main entrance that shows the colour zones and suite numbers as seen on the website (image below) • Consider adding to the new appointments letter which coloured zone the ENT department can be found in.	There is an ongoing piece of work around signage in partnership with patient experience and Healthwatch Derbyshire.
10	Consider how to increase visibility of the crafts and reading books available for children.	In the process of acquiring charitable funds to enhance the children's area within the department.

	Recommendations for improvement:	Provider response:
11	Consider making the ENT reception sign more visible: • Review its placement on the board. • Have two signs, one for the ENT reception, and one showing larger check in information. • Remove the 'You said, we did' poster and keep this board for reception information only.	We are currently reviewing the signage above the reception desk to improve the current signage and visibility. This is NHS England guidelines regarding FFT data and must be displayed in this area.
12	Review the 'ENT RECEPTION' signage above the reception desk to increase visibility.	As question 11.
13	Consider adding information to all appointment letters to inform people that they need to check in twice, once at the hospital reception and at the reception desk for the ENT department.	Patients are only required to check in at the ENT reception. This information is being reviewed as part of the patient letter template work.

	Recommendations for improvement:	Provider response:
14	- Consider turning the chairs to face the receptionist. - Consider asking for further feedback from people about how the waiting area could be improved. (Recommendation 12 supports this).	This has now been actioned. Please see picture at the end of the recommendations.
15	Discuss with senior management how poor soundproofing is affecting appointments and confidentiality.	This has been discussed with the matron. However, due to department logistics, this is unachievable.
16	The ENT department to raise the impact of the poor temperature control in their department, and to offer solutions such as: - More air conditioning units - Identify a contact within the team who manages the hospital heating system to enable ENT staff members to request for the heating to be on or off.	This is being added to the risk register and also a Health & Safety risk assessment has been undertaken. The Trust estates department is aware, and reflective film has been installed to all windows.
17	Review the use of the TV screen by asking people using the ENT department for their suggestions.	The TV is being utilised to enhance the paediatric experience. We have dedicated children's channels on for this reason.

	Recommendations for improvement:	Provider response:
18	Let the ENT department team know how appreciated they are by people using the service.	Feedback is shared regularly with staff and displayed in our waiting area.
19	Consider having an email option for people to contact the ENT department secretaries. Provide an automatic reply to tell people when they should expect a response.	There are currently shortfalls within the admin team. In the short term the team is being supported by the service managers and plans for recruitment are in place.
20	Review how communication with people calling the secretaries can be improved.	As above.
21	Consider reviewing the voicemail message to tell people when they can expect a response to their query.	The service managers will review the current voicemail message to incorporate your suggestions.
22	Consider providing more up-to-date information about waiting times.	As per point 1.
23	Provide signage to inform people where the water fountain can be found.	Completed.

	Recommendations for improvement:	Provider response:
24	Provide signage in the ENT department to inform people where the nearest toilets are.	Completed.
25	Review if a read-aloud option can be added to the accessibility tools.	The Trust's Patient Experience Adviser has taken this action to discuss with Trust communications. This is in progress and will provide an update when completed if possible.
26	Request a review of the ENT department's webpages to ensure that hyperlinks are relevant only to the services of the ENT department.	As per point 1.
27	Increase accessibility of the website by reviewing language through the NHS Medical Document Readability Tool website: NHS Document Readability Tool .	There is a dedicated interpreter page on the website and on the Trust's intranet.
28	Consider adding more photographs of the ENT department to the department's webpage.	The Trust's Patient Experience Adviser has taken this action to discuss with Trust communications. This is in progress.

	Recommendations for improvement:	Provider response:
29	• Add the department location to the ENT webpage • Make signage clear that the ENT department can be found in the 'yellow zone'.	The Trust's Patient Experience Adviser has taken this action to discuss with Trust communications. An update will be provided in due course as this is a Trust- wide improvement project.
30	• Provide information about how to access the hospital from Chesterfield train station • Show the locations of bus stops on the site map.	The Trust's Patient Experience Adviser has taken this action to discuss with Trust communications. An update will be provided in due course as this is a Trust-wide improvement project.
31	Add clinic opening hours to the ENT department's webpage.	The Patient Experience Adviser requested the update to the webpage which is overseen by the Trust's communications team.
32	Consider whether other contact options could be made available and if they would be useful, such as an online contact form.	Online contact forms are available under general enquires on the Trust's website.
33	Review signage for those visiting the hospital who may not have had access to a letter advising where Blue Badge parking is located.	Disabled parking is clearly displayed when entering the hospital site.

	Recommendations for improvement:	Provider response:
34	Review signage in the disabled car park area to clearly show the pedestrian walkway from the car park to the main entrance.	The Trust's Patient Experience Advisor has discussed this with the estates department. An update will be provided on completion.
35	Review signage in the Blue Badge car park area to inform people about Blue Badge parking rules.	The Trust's Patient Experience Advisor has discussed with the estates department. An update will be provided on completion.



Thank you & Disclaimer

Thank you

We would like to thank the patient liaison advisor in their support for setting up this enter and view. We would also like to thank the staff of the ENT department for their support during the Enter and View visit.

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

Disclaimer

This report relates to findings gathered when visiting Chesterfield Royal Hospital's Ear, Nose and Throat Department on 21 April 2026. It provides an account of what was observed by our enter and view officer, authorised representatives, volunteer coordinator, and the feedback we gathered at the time of the visit. It also provides an account of our volunteers' experience of the website.

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

Derbyshire

Healthwatch Derbyshire,
Suite 14,
Riverside Business Centre,
Foundry Lane,
Milford,
Belper,
Derbyshire
DE65 0RN

www.healthwatchderbyshire.co.uk

t: 01773 880786

e: enquiries@healthwatchderbyshire.co.uk

 @HWDerbyshire

 /HealthwatchDerbyshire

 Healthwatch Derbyshire

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