



Rochdale Infirmary  
Outpatients Department  
Enter and View Report

REVISIT – March 2024

# Introduction

## About Healthwatch Rochdale

Healthwatch Rochdale is the local independent health and social care champion for the Rochdale borough. We are here to listen to local people's experiences of using health and social care services and we use those experiences to help improve services locally and nationally.

## About Enter and View

Healthwatch Rochdale is part of the Healthwatch network which was established by the Health and Social Care Act 2012, with the right to 'Enter and View' places that deliver health and care. The right to 'Enter and View' is a statutory power for Healthwatch.

The objective of an 'Enter and View' visit is to understand the experiences of patients, collect their views and make observations of the site.

As part of an Enter & View visit Healthwatch Rochdale:

- Collect the views and lived experiences of people at the point of service delivery (users, carers and relatives).
- Observe the nature and quality of services being delivered.
- Write up a report which may include recommendations or praise for good practice.
- Share findings & reports with providers, regulators, local authority, NHS commissioners and quality assurers, the public, Healthwatch England and other relevant partners.
- Use insights and recommendations to shape health & care decisions that are being made locally.

Our Enter and View policy is available to view at

<https://healthwatchrochdale.org.uk/news/2023-01-18/our-policies>

You may also wish to look at The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 available to view at

[http://www.legislation.gov.uk/ukxi/2013/351/pdfs/ukxi\\_20130351\\_en.pdf](http://www.legislation.gov.uk/ukxi/2013/351/pdfs/ukxi_20130351_en.pdf)

## Acknowledgements

Healthwatch Rochdale would like to thank Rochdale Infirmary management and staff members, patients and all those who took the time to speak to us on the day.

## Disclaimer

Please note that this report relates only to the service observed at the time of the revisit. This report is not a representative portrayal of the experience of all patients and is only an account of the views of those who met with the Enter and View team at the time of the revisit.

Enter and View revisits are not inspections but are an opportunity for patients to share their views on the care they are receiving and to see the impact of recommendations made from the first visit. It is not the role of Healthwatch Rochdale to see evidence of policies, procedures, care plans or any other written evidence.

## Enter and View Visit Information

Service address	Whitehall Street, Rochdale, Lancashire, OL12 0NB
Service Provider	Northern Care Alliance NHS Foundation Trust
Type of service	NHS Hospital
Date and time of Enter and View revisit	Tuesday 5 <sup>th</sup> March 2024 10.30 a.m. – 1.00 p.m. First visit: Wednesday 1st February 2023 1.00pm – 3.00pm
Authorised Enter and View Representatives	Kate Jones, Margaret Parker, Karen Kelland, and Moira Auchterlonie.

## Care Quality Commission rating

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety. The CQC publish their findings, including performance ratings to help people choose care. To read the inspection report please visit <https://www.cqc.org.uk/location/RM316>

## Visit Background & Purpose

The visit was a planned revisit with the provider being notified in advance and given a to-week timeframe of when the visit would take place. In addition, a pre visit meeting was held between the Enter and View lead representative and Rochdale Infirmary management staff.





You can read the initial Enter and View report here:

<https://healthwatchrochdale.org.uk/report/2023-04-14/our-findings-and-recommendations-following-our-enter-and-view-visit-rochdale>

## Methodology

To mirror the first report, only patient and Authorised Representative observations are shared. Staff views were not included on the first visit as there was pressure catching up with clearing outpatient clinic backlogs. On the revisit, some staff observations are included to give context of this snapshot review of the services as observed on the day.

Enter and View representatives on this visit were:

-  Kate Jones
-  Margaret Parker
-  Moira Auchterlonie
-  Karen Kelland

On arrival we spoke to the duty sister in charge who gave us a tour of the outpatients department and advised us what clinics were being held that day. At



the time of our visit the department was quiet as most clinics had been held in the morning. On the visit we spoke with 19 patients. Following the revisit, we met with management staff, provided feedback on the visit and advised that we would be sending a report with recommendations which require a response within twenty working days in line with the following legislation.

<http://www.legislation.gov.uk/uksi/2012/3094/regulation/44/made>



## What is working well

On arrival we spoke to the duty sister in charge who advised us what clinics were being held that day. Specialties included orthopaedics, endocrinology, vascular, ears, nose and throat and rheumatology.

- All 19 patients we spoke with were happy with the quality of service they were receiving.
- All patients had received an appointment letter with the clinic and consultant name.
- The reception area was clean, bright and tidy with comfortable seating and refreshments available to purchase in the main foyer.
- Hand sanitisation was available throughout.
- Volunteers in the outpatient's reception area provide excellent helpful signposting to patients.

## Results of revisit



### Waiting for an appointment

On the revisit to Rochdale Outpatients Department, we spoke with 19 patients compared with eleven patients on the first visit. The revisit captured feedback from 17 of these patients, seven on a first appointment and ten were on a follow up visit. Waiting times for a first appointment varied from three weeks to over 12 months. For follow up appointments waiting times varied from a month to over 12 months. Some patients felt

the time for a follow up appointment had been delayed. Only a third of patients had been advised how long they might have to wait for their appointment at the time of referral.

Patients had been 'lost' in the system and no follow up was arranged resulting in two patients having to chase and two patients going privately before continuing with NHS care.

## **Patient feedback:**

Lived experiences captured on the day around waiting for appointments:



*"Previously attended clinic at Nye Bevan and confirmed diagnosis. Recommended to attend this clinic in August 2023 and informed would be seen very soon. Had not heard- so phoned to chase up and got through to Secretary who apologised profusely. Said I should have received a letter for an appointment in October 2023. Not sure what had happened to the system and so the secretary arranged for the appointment today, less than three weeks later."*

*"Waited two months, went privately but NHS appointment came through before expected..."*

*"Had problems getting the follow up appointment at this hospital (Rochdale Outpatients) and needed to chase up and phoned several times. Eventually spoke to consultant secretary to sort."*

*"Received no advice or support, only advised would need to be referred to Rochdale clinic and would be notified of appointment."*



## **Advice on who to contact while waiting for the appointment.**

At the first visit in February 2023, no patient received any advice or support to help maintain their physical or mental health whilst waiting for their appointment such as 'While You Wait'.

On the revisit in March 2024, 7 out of the 19 questioned said they knew who to contact if their condition worsened whilst waiting for this appointment,

with comments that this was advised by the GP or Accident and Emergency or in the appointment letter.



## Clinic delays.

It was good to see that a clinic delays section was visible on each clinic whiteboard within the Outpatient Department. This was a recommendation from the first Enter and View visit a year ago. At the start of the revisit (11:00a.m.) no clinics delays were written, but it was not obvious there were no delays as some of the whiteboards were not updated. During the revisit, some delays were identified in the clinics. In one clinic, a staff member announced the delay with an apology, but no reason given, and updated the whiteboard afterwards. We noted that those who were hard of hearing or who arrived following the nurse's announcement could be unaware of the delay.



*"Appointment 10.10 am, but not been waiting long and now know 30 min delay for appointments via the notice board."*

*"Heard the announcement and seen the 30-minute delay on the board."*

## Communication

100% of the patients we spoke with received a letter explaining the clinic they would be attending and said the letter stated the name of the consultant they would be seeing.

Only one patient received an information booklet about what to expect at their appointment, compared with three at the initial visit. Only one received a clinic location map.



*"Wrong information for clinic sent, so went to the wrong department first."*

*"Difficult to find right department as procedure was moved."*

*“Patient showed me a copy of the letter she had received. Only in English. Son helped with the translation.” Patient had translator arranged who was there later.*

Some patients were not Rochdale residents and had not visited the hospital before. We recommend again that all patients receive an information booklet about what to expect at their appointment and a map of the hospital to show the location of the clinic.



*“Wrong information for clinic sent - went to Whitehall Street as stated but appointment in Outpatient Department. Found disabled parking confusing.”*

## **Quality**

The patients we spoke with were happy with the care at the Outpatients Department and told us:



*“Excellent service in every aspect. Very happy with advice and support from staff etc. No complaints at all!”*

*“Early to say, but up to now- fine. Never had a problem here. Been coming since I was 28.”*

*“Everything Alright, but last time was seen immediately.”*

*“Seen quickly had surgery explained...”*

*“Seen on time; friendly and efficient.”*

## **Patient feedback on their care:**

Additional comments were made on the revisit by patients in the waiting room:



*“My patient history was not really acknowledged; I would like to have felt heard.”*



*“Frustrated by the times of appointments, cancellations, and changes. It has been very confusing. Not been good.”*

*“Blood results unavailable – didn’t take relevant bloods at GP so have to be done again!”*

## Snapshots

- **How to complain.** Seven patients knew how to complain. (PALS, reception, hospital website.)
- **Travel to the clinic.** Eleven patients came by car, eight by public transport.
- **Parking.** Parking difficulties – Patients and Enter and View Representatives had to park off site. Disabled parking was limited and confusing.

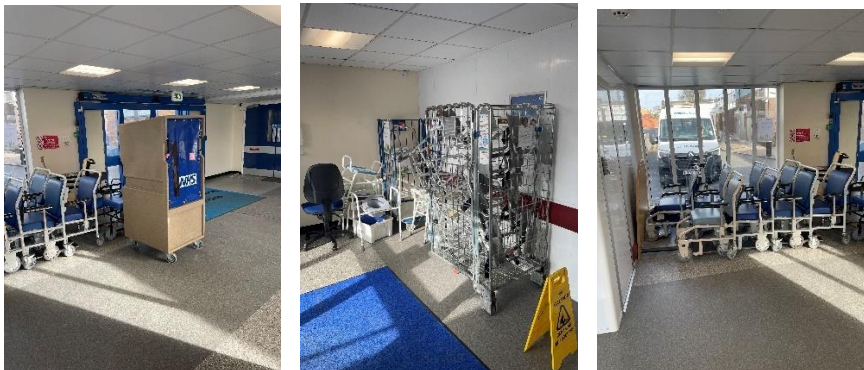


*“I circled the hospital site several times to find disabled parking which was accessible to the outpatients area, nothing. All the parking in this area is for staff permit holders. What didn’t help was the amount of work being done at the entrance to the outpatient department, in the end I had to park on double yellows and hope I didn’t get a ticket.”*

## Observations

### Main entrance

The main hospital entrance was messy with commodes and wheelchairs at the entrance but nowhere else. We observed a lot of porter traffic moving through departments with empty trolleys.





*"I came in through the main front entrance. I had to park there as there was no parking in the area directly leading to the outpatients' entrance. There were volunteers in this area as well and several wheelchairs."*

### **Outpatient Reception.**

The staff in reception were friendly and welcoming to patients. Worthy of special mention are the volunteers at reception who provide excellent helpful signposting to patients. They are a real asset to both patients and the department. The main reception waiting area was clean and bright, with comfortable seating and refreshments available to purchase at the Café.



The Café area was very clean, but there was some food on the floor and rubbish left on the side. This was moved after 45 minutes.

The Pharmacy has moved out of the main reception area around the corner. There is a TV screen in the reception area showing order prescription progress but there are no signs to say where the pharmacy has moved to, just a TV screen in the main reception area stating prescription information, which was very confusing as there was no content to information shown.



We did not see available wheelchairs within the clinic areas, only stacked at the outpatient's entrance, which was blocked for access due to the work being carried out.

We noted that all signage and information was only available in English and not suitable for those with a visual impairment. Considering the diverse population of the Rochdale borough and following recommendation from our first Enter and View we anticipated seeing information in languages other than English. Also information leaflets were not available, only QR coded posted, this raised concerns for patients who are digitally excluded or not familiar with how QR codes work



## Clinics



Suite 6 had a very cluttered corridor, with beds and equipment along it.

## Quality and patient safety

### Name badges

We observed name badges on nursing, administration, and volunteers. The doctors only had Trust lanyards which were difficult to read and did not have name badges. The portering staff had no observable identification.



### Patient feedback

There were PALS posters in the reception, clinics, and corridors with information about how to give feedback, positive or negative, we noted small QR codes on the posters. There was additionally Weekly Safety Summit and monthly PALS report.



There was no evidence of feedback forms for patients to complete in the clinics and no Friends and Family Test (FFT) information visible anywhere. The lead Nurse said that a new FFT scheme was imminent, and they were waiting for staff training in April 2024.

We saw evidence of completed FFT feedback sheets in the sister's office. It was explained the new scheme will code each department, to identify feedback by department. Currently all feedback is blended so it is of little use as an improvement tool. Nursing staff advised us of the low response rate to text feedback request sent to patients after their appointment. They Nursing Manager added that the text wording is confusing and means that the second follow up text gets very few responses.



## Infection control, hand sanitisers and face masks

We saw clear information for visitors about infection control via posters and leaflets. There were hand sanitation units and stations but limited prompts by staff to use them. Other than one porter, we did not observe patients or staff using the sanitation units. The face mask dispensers were empty with non-available in the reception areas. We were advised that the wearing of face masks was no longer Trust policy however there were no signs to say how to obtain a face mask if the patient required one.



## Fire Exits

Not easily identified in the reception area and limited signage throughout the department.

## Information

Posters added to the noticeboards once the revisit has started at about 11:00am. Ideally it would be helpful for these to have been in place before patients arrived.





Notice boards in reception areas and corridors were very cluttered and it was hard to find relevant information. Some notices were outdated. We found no information in the main reception as to what clinic was being held that day and in which suite.

## Patient experience

### Clinic cleanliness and toilet facilities

Treatment rooms were clean overall. The four toilets we viewed were accessible and clean, though we only observed the female facilities. Clinic 6 has clearly signed disabled WC. Staff room toilet door notices were in different languages.

### Accessibility

The entrance on one side of the outpatients' entrance was limited due to work being carried out. Better clearer temporary signs are needed to advise patients of what is happening. No wheelchairs were evident in any of the clinics observed or around the direct entrance to the outpatients' reception area. This is where the wheelchairs were located at the first visit.

The X-ray department is a walk away from the fracture clinic and on another floor. No wheelchairs seen nearby to help patients to their next part of their treatment, the majority of patients had had to come back to the fracture clinic. In our Representatives opinion it is a poorly thought-out positioning of linked departments. Staff said X ray used to be next to the clinic.

## Seating in clinics

In the Fracture Clinic the new seating is poorly designed and does not meet the needs of patients making it inappropriate seating for this clinic. Most will have mobility issues given the clinical need of the patients using this clinic. Only four chairs with arms were observed to help rising and only one wider chair. Two large, but very low, sofas dominate the waiting room. We observed these were difficult to get out of and no arms to help and little room for wheelchairs if being utilised by the patients. Staff said they were not consulted about the new seating, it just appeared.



## Environment



The temperature felt cool in reception, yet warmer in other suits. Room lighting was adequate although the staircase down to the physio department quite dark and industrial. Workmen walking into reception were observed on their mobile phones with dirty clothes and boots, we did not observe any health and safety actions such as hand sanitising or covers for dirty work boots.

## Other observations

- Via discussion with patients it transpired they were there with their carers, , unfortunately it was observed that there was no specific information on display for them. Missed opportunity.
- A lot of unutilised space – empty clinics how can these be better utilised?
- A lot of empty noticeboards yet ones that are full have information of limited use and too small to be noticed/read.
- TVs in clinics and waiting areas showed daytime TV rather than useful patient information. See recommendations.

- Limited information provided in the clinics – no Friends and Family Test, no carer resources.
- It was observed that no managers were within any of the departments on the day of our visit.
- Patients told us they were unable to book follow up appointments at Rochdale Infirmary.
- Little or no evidence of Patient Initiated Follow Up (PIFU). What do patients do, who do they contact if their condition deteriorates?

## Review of the 2023 Agreed Action Plan

Following the first Enter and View visit in 2023 and the Healthwatch Rochdale recommendations, the Senior Management Team (SMT) agreed a seven-point Action Plan. The table below shows the actions to date with the evidence we observed based on the recommendations. (March 2024).

Action Ref no	Recommendation	Action required	Lead person (job title)	Target date for completion	Evidence of completion by HWRE & V Reps
1	Waiting times to be written on the notice board in the clinic	Boards in each OPD suite to be checked regularly during the day by the circulating nurse	B&S Operational Manager, Operational Lead of Group Health Records	March 23	<b>Waiting time information on some clinic white boards. Heard nurse explaining about delay in clinic and apology. Then updated the whiteboard section on delays.</b>
2	All patients to receive an information booklet about what to expect at their appointment and	GPAA to consider if link to information leaflet and map of the site can be	Rochdale Health System Estates Manager/ RI estates manager	September 23	<b>Most patients had not received an information booklet prior to their appointment or a map of the clinic location.</b>

	a map of the hospital to show the location of the clinic	included in all appointment letters			
3	For the reception grille to be fixed and for a sign to be visible informing patients of the need to book in at the main reception before going to clinic	Reception grille to be removed as part of OPD reception redesign.  Signage to be reviewed as part of OPD redesign	Rochdale Health System Estates Manager	June 23	<b>Reception area now has a new area with a low accessible desk and grille removed.</b>  <b>Signage not updated and stickers over the main sign look scruffy.</b>
4	Information and/or signage to be available in other languages in accordance with the needs of Rochdale borough residents	Signage to be reviewed across the site for and proposal discussed at patient experience group	OPD manager	September 23	<b>Signs only in English. No other languages offered in any part of OPD. No alternatives offered or other ways to access translated information e.g. QR codes.</b>
5	Notice boards to be updated with information on how to provide feedback or make a complaint and that waiting times are written on notice boards in clinic	PALS information to be displayed in each Suite of OPD  'Time to talk' posters displayed in each suite	OPD development group	May 23	<b>Lots of PALS posters visible with small QR code links. No evidence of Friends and Family Test posters or feedback forms for patients to complete during clinic. Concerns on how feedback is being gathered. Evidence of weekly safety summit and monthly PALS report</b>

6	To consult with patients or a patient experience group to ensure the new outpatients department is created in coproduction with patients and their needs and requirements are taken into consideration	Patients or patients' representative to be consulted regarding planning of new OPD development	B&S Operational Manager, Operational Lead of Group Health Records	December 23	<b>There is no Board to go through. Did the consultation happen?</b>  <b>Area looks a lot brighter in some areas but tired in other areas.</b>
7	To carry out an Equality Impact Assessment (EIA) regarding the transformation of the outpatient's department to identify impact on patients and identify actions to mitigate this	EIA to be completed as part of redesign process	OPD development group	December 24	<b>Not completed</b>

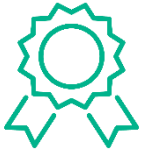
## Recommendations

The findings in this report are based on our observations on the date of the revisit and the information that people told us.

**We were pleased to see that our recommendations had made impact by....**

- ✓ **A refreshed entrance to the outpatient department with a new check in desk in place.**
- ✓ **PALS posters and banners in place with information for patients.**





## 2023 Recommendations – We Said, You Did...

1. Waiting times to be written on the notice board in the clinic
2. All patients to receive an information booklet about what to expect at their appointment. (*recommendation partially completed – see below*)
3. For the reception grille to be fixed. (*recommendation partially completed – see below*)
5. Notice boards to be updated with information on how to provide feedback or make a complaint and that waiting times are written on notice boards in clinic. Lots of PALS posters visible with small QR code links. Evidence of weekly safety summit and monthly PALS report. (*recommendation partially completed – see below*)



## 2023 Recommendations – We Said...Still Needs to Be Done...

1. **Not actioned.** All patients to receive map of the hospital to show the location of the clinic.
2. **Not actioned.** Sign needed at main reception and also in the appointment letter to inform patients of the need to book in at the main reception before going to clinic.
3. **Not actioned.** Information and signage to be available in other languages in accordance with the needs of Rochdale borough residents.
4. **Not actioned.** Notice boards to be updated with information on how to provide feedback. Need to restart Friends and Family Test and display posters or feedback forms for patients to complete during clinic.
5. **Not actioned.** To consult with patients or a patient experience group to ensure the new outpatients department is created in coproduction with patients and their needs and requirements are taken into consideration.
6. **Not actioned.** To carry out an EIA regarding the transformation of the outpatients' department to identify impact on patients and identify actions to mitigate this.

## 2024 NEW Recommendations

- 1. Appointment information to be improved.**
  - We recommend again that all patients receive an updated information booklet about what to expect at their appointment and a clear map of the hospital to show the clinic location.
  - To provide appointment letters in other languages or QR code on the letter to access translations.
  - To include public transport links and contact numbers to help patients get to the hospital.
- 2. Doctors to wear name badges** with their department and hospital as well as lanyards. e.g. Dr X – ENT, NCA Salford.
- 3. Carers' information** available in clinic areas for carers who accompany patients to the clinics.
- 4. New Pharmacy sign in main reception** to say where the Pharmacy now is and signs along the corridor to guide people.
- 5. Face masks.** Clear signage to say how to obtain a face mask if the patient requires one. This is important for patient choice. We were advised that the wearing of face masks was no longer Trust policy.
- 6. Co-production between Patients and Senior Managers.** No managers were in any departments on the day of our visit. We recommend that senior managers undertake an outpatient department 'walk through' with patients. To provide an impact report and feed into the plans for the new department. This follows on from the 2023 recommendation (**not actioned**) to consult with patients or a patient experience group to ensure the new outpatients department is created in coproduction with patients and their needs and requirements are taken into consideration.
- 7. Patient Information on Clinic TVs and Screens.** We recommend showing information to help and educate patients rather than daytime TV. Many GP practices already do this.
- 8. Patient Feedback.**
  - Test the text feedback wording with patients to improve the communication to clinic attendees and get more meaningful patient experience feedback.

- Feedback posters to have more prominent QR codes so it is easier for patients to send their feedback.
- Posters to include information on how to use QR codes to ensure equity of access to information.

## Response from Provider

I hope this covers all the issues raised in the report. We will monitor this via the Divisional Quality group to ensure timely closure of the actions. Delays will be highlighted to the Care Organisation via the monthly highlight report.

Thank you once again for the feedback for the service.

Sue Anderton  
 Divisional Director of Nursing  
 Division of Planned Care  
 Rochdale Infirmary

<b>Date:</b>	<b>Action:</b>	<b>Owner:</b>	<b>Deadline:</b>	<b>Comments:</b>
28.06.24	Provide appointment letters in different languages or a QR code for accessing translators.	B & S Tracey Wright (TW), Donna Lewis (DL)	28.09.24	
28.06.24	Explore if B&S still provide a map and information booklet for OPD at RCO.	B & S DL to ask the question.	28.07.24	
28.06.24	To escalate to Shona McCallum to correspond with	K McDaid (KMc)	28.07.24	

	medics re always wearing their ID badges in the clinical areas. Assurance to be gained on the monthly QAA.	DL, Nicola Hurdiss (NH).		
28.06.24	Source and display carers information in patient waiting areas.	DL	28.08.24	
28.06.24	Add signage to direct patients to the pharmacy department in the reception area.	DL	28.07.24	
28.06.24	Senior nurse walk around to continue at the OPD department and ad hoc visits when required throughout the week, as per current practice.	Sue Anderton (SA), Nikki Downes (ND), Kath Brearley (KB).	Ongoing.	
28.06.24	To reinstate the clinic allocation board in main reception.	DL	28.07.24	
28.06.24	To declutter and tidy the main reception at OPD	Estates Trevor Mathew, Keith Buckland.	28.08.24	

### Further assurances.

- Feedback posters are now in place, QR codes for IQVIA.
- Daytime TV on which prevents patients overhearing private conversation in clinic areas. The TV choice is always easy watch.
- The transformation of OPD is in progress divisionally.
- A high back chair and bariatric chair is available in each patient waiting area.
- Hand gel dispensers on entrance to each area and work men mop and replace floor covings daily.
- Pals' posters are on display in all clinic areas. The poster has been provided by the PALS team and the QR code size is out of OPD's remit.
- Porters are requested via the portal system if a patient needs a wheelchair transfer to Xray. This prevents slip/trip/fall hazards of previous times when patients transferred themselves from A to B.



# Contact us



Healthwatch Rochdale  
No. 2 The Esplanade  
Second Floor, Suite 5  
Rochdale  
OL16 1AE  
Tel 01706 249 575  
[info@healthwatchrochdale.org.uk](mailto:info@healthwatchrochdale.org.uk)  
[www.healthwatchrochdale.co.uk](http://www.healthwatchrochdale.co.uk)



© Healthwatch Rochdale LTD 2024.

Registered Company Number: 08429721

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address above.



SMALL CHARITIES

Achieved.  
Valid Until  
April 2024

