Appendix 3

Barts and the London Trust THINk recommendations and request for information November 2010

This report contains the recommendations made by THINk that are applicable to the Barts and the London Trust. The recommendations are based on patient and user comments gathered by THINk from local residents, patients and users on their experience of health and social care services between October 2009 and July 2010 and Enter and view visits undertaken in September and October 2010. A full copy of the reports can be found at www.thinknetwork.org.uk .

Service	Evidence	Recommendation	Response	Date	Further Action
BLT Board		1. THINk would like to formally request that BLT include a patient representative on the BLT Board.	THINk is requested to formally write to the Chairman of Barts and the London NHS Trust with a request.		
Mary Ward	Enter and View Visit October 2010	2. The toilet and bathroom facilities in Mary Ward do not enable the hospital to ensure that patient dignity can be maintained. At the very minimum:	There are plans to convert the ablution areas to allow for patients to close the door whilst attending to there personal needs.		
		3. The female and male bays should be swapped over (so that the appropriate toilets are available)	The ward has not yet been able to swap the bays so that they to align with the toilets. This is due to high bed occupancy. However, the toilet signage has been changed		
		4. The toilets should be thoroughly cleaned and maintenance undertaken to ensure that all mechanisms work effectively. It may be necessary to schedule more regular cleaning given the nature of the ward.	The current cleaning schedules have been in place since July 2010. The schedule is for 3 cleans per day which is the standard for most wards. The cleaning standards have improved and in the recent audit the ward received a 100% compliance with the standard		
		5. A new shower should be fitted in Mary A.	The bathroom is being assessed and a plan developed to re-design the space into a shower room. The current shower bath area is being refurbished		

Mary Northcliff Ward	Enter and View Visit October 2010	6. Is there a process for clearly identifying the staff that has a problem providing compassionate care in Mary Northcliff.	Yes, all staff receive ongoing review, direct and indirect supervision by their manager and if concerns are raised these are addressed with the individual		
		7. Has the rotation of night duty staff with day staff led to any recognisable improvements in the experience of mothers?	Yes all staff now rotate, and there is no permanent night staff. Significant improvements have been made with regards to the quality of care. Staffs have been able to access training during the day and acquire new skills. They have been able to work more in a team during the day, because there is more activity. Everyone has been able share the workload more as a result this change.		
		8. Is there any chance of increasing the number of maternity support workers and is there funding to take on the trained maternity support workers from South Bank University funded by NHS London?	There are no plans to increase maternity support workers at present due to budget restrictions. However, their will be development of a transitional care team of support staff in 2011		
		9. Do UCH have the same staffing ratios, if so how are they managing to do it better?	All maternity ratios are assessed using birth-rate + so will be similar throughout maternity units. RLH has the added benefit of breast feeding support workers which many units do not have. The Head of Nursing across London meet and informally share good practices. Recently, NHS Institute for Improvement and Innovation has been looking at improving the number of birth given normally and reducing Caesarean Section. Staff have been sharing and learning via Community of Practice, which is web based tool kit for all clinical staff to share		

			good practice.		
		10. Has there been a local community midwifery recruitment campaign.	Yes we have recently taken on 8 new maternity care assistants from the local community.		
		11. Does midwife training include feedback from mothers about what good and poor care entails?	Yes the maternity unit use feedback from the birth reflections report/complaints and discussions to inform changes in practice.		
		12. Is there information on particular cultural issues regarding giving birth? Could the Maternity Services Liaison Committee feed in to this?	All midwives are given training regarding this – it is possible that more work could be done and we would be interested in the MSLC supporting this		
		13. It is crucial that parents are welcomed on to the ward and receive a Welcome Pack explaining what would generally happen between arriving and being discharged. Who does this? How often does it happen?	This is currently part of the MCA or midwifery role – a short leaflet about the ward is available. However, a new brochure is being developed to improve postnatal information given to women.		
		14. Could the ward provide education sessions for first time parents?	Yes following feedback an afternoon session is planned daily		
		15. How might the issue of lack of breastfeeding support at night time be tackled by the ward?	The breast feeding support workers do not work at night. Information and advice is provided to help support women breast feeding at night. The new maternity unit will also allow partners to stay when requested.		
		16. Are there alternatives to using language line	The advocacy service is under review at		

		for woman in labour?	present and the maternity unit is also introducing the Doula project		
George Ward	Enter and View Visit October 2010	17. Can patients be provided with information before they come in to the hospital on what is likely to happen?	17. Since THINk visited the ward reconfigurations have taken place and there is now a dedicated day care and same day admission unit on Croft ward. George Ward is now a surgical ward incorporating short stay beds and a surgical assessment unit. Dedicated patient information booklets that detail what patients can expect and how their care and treatment will proceed, are provided from pre-assessment, for all patients.		
		18. Once in hospital can whiteboards or information inform patients if things are not happening as normal today and why (e.g there's been a major trauma, or one of the consultants is sick, or they are short staffed) and what the impact is likely to be.	18. Day care staff have close links with theatre and access the information needed to keep patients informed of changes to schedules. Any changes in planned care, such as list progressions or changes in list order are communicated to staff on Croft so that patients can be kept fully updated and informed.		
		19. People should be given information on when they can eat following surgery. Tell people that the surgeons are not going to get around to giving them an update until after they complete all their surgery.	19. We are in the process of updating and improving our post-operative information leaflets so that patients have written specific and general post op instructions, including eating and drinking following surgery.		
		20. How can better communication between doctors and nurses be facilitated to enable more rapid feedback to patients?	20. We now have dedicated staff for Croft ward who link more closely with the surgical teams looking after the patients. This enables nurse-led discharges following surgery and		

			clear information to patients about follow-up appointments, and further care with their GP.		
A& E	Enter and View Visit October 2010	21. Can some form of cushioning be used on the seating in the waiting area if people are waiting up to four hours in A&E?	Infection control considerations prohibit the use of padding on the seats in the department as there is a risk is of body fluids soiling or being absorbed by the cushions.		
		22. Can patient feedback screens be more prominently located and patients proactively engaged to record their experience.	The positioning of our feedback screens is being reviewed in all areas to maximise publicity and use. We are designing new posters to encourage people to participate and there is greater engagement of staff teams as they begin to see the results and use the feedback to improve services		
		23. Is there the possibility for patient held records to fast track frequent visitors to A&E?	Each attendance at A&E has to be logged in the system to enable test and investigation requests. Each attendance is different and needs to be assessed at the time. Although a patients' history is important it would not necessarily lead to them being fast tracked. Clinicians have access to patient electronic records if the patient is being seen in the Trust. We are using patient held records to enhance care - for example in the care of patient's with learning disabilities the patient passport is used to enable rapid assessment.		
Royal London	THINk Comment Report October 2009 to	24. Cleanliness standards and schedules should be posted throughout the hospital with specific contact points for complaints on each ward or area.	All wards and departments have cleaning schedules highlighting the service to the area. A blue cleaning schedule should be visual at all times on the patient information board. Information on how to complain is provided		

	July 2010.		in leaflets and on posters displayed in patient areas. The supply and display of the posters are reviewed by Matrons and complaints staff		
		25. Signage should be developed to inform patients about the 'untidy state' of the hospital and the impending move.	Directional signs have been improved and this is an ongoing programme. PEAT inspections along with weekly site visits manage the untidiness which is gradually improving. There are no plans to develop additional signs to inform patients about the move. We have information available about the new building at the main reception area.		
		26. Where ever possible patients should be provided with information before they enter hospital on what is likely to happen.	Outpatients All patients referred to the Trust receive information with their appointment letter; this includes a comprehensive leaflet with an insert on text messaging. Patients attending certain clinics e.g. Urology One Stop, receive additional, more service specific information. As part of the work undertaken within the outpatient service transformation, all patient correspondence is being reviewed. This includes the proper use of letter preps which are pieces of information that are automatically inserted into the text of letters and relate specifically to the appointment at hand, in order to give the patients more information. The review is to be completed by March 2011.		
		27. What systems are in place to improve communication between staff, particularly between doctors and nurses on wards?	Different wards and departments operate different systems to facilitate good communications. Many areas have multi disciplinary team meetings every week, such as in the Orthopaedics, These meetings will		

			include Doctors, Nurses, Managers and the Physiotherapists and other health professionals. When people have complex discharge or continuing care arrangements, case conferences that include the health professionals, carers and patients and/or relatives are arranged to ensure all the parties are informed of the issues and arrangements. Day to day communication regarding clinical care is achieved through ward rounds, ward diaries and instructions/entries made in the care records. There are handovers of information and care instructions for nurses at the change of each shift. Each Clinical Academic Unit holds monthly meeting to review complaints and serious incidents, decide on actions and next steps and identify points for learning from these. All maternity wards have daily multi-disciplinary ward rounds and a midwife is present at the follow up reviews of women. All care plans are communicated verbally between midwife, doctors and other relevant professional and written in the woman's record.		
		28. Can we ensure that patient feedback is heard by managers and linked into the performance	Patient complaints are discussed with staff and managers during the course of the		

		management system with a clear action plan implemented to bring about change 29. Are there staff competencies in relation to treating patients with respect and dignity?	investigation. . The CAU and Divisional governance teams report monthly to the CAU and Divisional boards. The Boards are made up of senior medical health professional and management staff. The reports include information on patient feedback/complaints and PALS information; Actions plans and changes implemented in response. Complains numbers and themes of complaint are presented in report format to the Quality and Safety committee. Results from the real time feedback project will also be presented to these groups with examples of what is being done in response. There are core competencies for maintaining respect and dignity for all levels of nursing staff.		
		30. Are there clear processes for patient feedback to be taken into account in staff appraisals? Do staff reflection sessions happen at the moment?	If a particular member of staff is named within a complaint or specific feedback about the staff member is received from a patients about their performance it may be recorded as part of a professional portfolio and/or used as part of performance review during appraisal Staff reflection and review happens routinely as part of complaint and incident investigations		.

			Reflective practice is undertaken in different ways, by different staff groups throughout the Trust. Clinical and case supervision is used by health professionals. Staff use patient feedback in their portfolios and staff are beginning to use feedback from the RTF to focus improvements in areas that matter to patients		
		31. Could patients have a small white board at the end of their beds or a card to go with patient notes where they could note down any questions they have for staff or concerns about their treatment?	Thank you for the suggestion We encourage our patients to write down questions or concerns they have in order to help them remember. However, we do not have plans to issues patients with cards or white boards at this time.		
		32. Care for Older People standards should be presented to all nursing and frontline staff and made a performance management priority for supervisions.	Care standards do form the basis for performance management for clinical staff -		
		33. Is it possible to look at developing a system for patient held records for frequent hospital users?	We are currently utilising patient held records to enhance care for some groups e.g. in the care of patient's with learning disabilities we utilise the patient passport. Increasing information that patients have to keep as their own record is being implemented gradually through initiatives such as copies of discharge letter sent to the patients.		
		34. How often does the hospital use language line for the Somali community and is this cost effective? 35. Is it possible to develop a system for	In the last quarter the language line was used 8 times for the Somali Community. The total cost to the Trust for this service was £137.50. There is an advocacy review underway to further develop the way advocacy is provided		

		sessional Somali interpreters to be available as needed for appointments?	in the Trust. We do operate a booking system for appointments and interpreters are booked in advance whenever the need is known. Some of this need is met by the in-house service and some is met by external companies. This includes Somali interpreters.		
		36. Are nursing staff required to attend equalities and diversity training with Compassionate Care standards linked to cultural sensitivity training?	Equalities training is now mandatory for nurses		
		37. There is a need for increased support and signposting by patient advocates and volunteers. We understand that a Doula volunteer project is commencing with Maternity services and it would be good to see the impact of this. Would it be possible to develop a kind of 'meet and greet' volunteer service on some of the more problematic wards? Can THINk work with BLT staff to further develop the Volunteer Programme?	We have volunteer welcomers based in outpatients and the dental hospital and some that work across the whole site. The Doula project has been organised by Women's Health and Family Services based in The Brady Centre. The initiative will work with women in the community in conjunction with Maternity Services. We have volunteers who befriend patients working on some of the wards. Their role is to keep patients company, shop for them and make drinks and encourage patients to use the real-time feedback touch screen. Voluntary Services would be more than happy to discuss with THINk any ideas they may have to improve patient experience in our hospital.		
		38. What are the proposed changes in relation to the Choose and Book system? The appointments process still appears to be a major problem and more information is needed on how this is being resolved. When will GPs be able to book at the time of	Many but outpatient services can now be booked direct from the GP surgery, approximately 65% of BLT outpatient services can be booked in this way. There continue to be some issues with using the service for example		

		appointment? Why does there seem to be a problem with appointments being cancelled so frequently?	The GP is not aware/chose not to use the CAB system The specialty they needed to be referred to was not available on CAB and so the traditional paper route had to be followed The patient asked to make the booking at a later time Plans are in place to have all outpatient services available on Choose and Book for direct booking from GPs by March 2011. Leading up to this there will be a number of communications to GPs to ensure they are aware of the increased service. With regard to the clinic cancellations, these do sometimes happen and recently there has been an increase in the number of cancellations. This is due to clinical services rearranging the clinic templates and schedules in order to meet capacity standards. This work is nearing completion and we expect that the number of appointment cancellations will reduce.		

THINk has agreed that the monitoring of the quality of RLH services is a priority for this year. We aim to achieve this by:

- Developing and supporting THINk **patient service assessors**. These will be members who are users of hospital services and trained in mystery shopping skills who will be provided with guidance on assessing services from a patient perspective and focusing on the areas above.
- THINk members undertaking **discovery interviews** in key areas of the hospital where patient experience is poor. Information is to be fed back to staff so they understand the impact of their attitude on patients.
- Increasing the number of **Enter and View Visits.**
- Looking at supporting greater use of **volunteers and advocates** within the hospital.
- Ensuring that the THINk **Hospital Task Group** has key input into the transfer of services into the new hospital to ensure that old habits do not relocate with staff.