

## LISTENING EVENTS EVALUATION REPORT

### 1. Listening Events

#### 1.1 How the Events were Planned

During September and October 2014 the Trust held three Listening Events across the boroughs which we serve - Barking and Dagenham, Havering and Redbridge. The sessions were held in conjunction with the national consumer champion for health and social care - Healthwatch.

Trust representatives met with all three Healthwatch organisations prior to the events in order to agree invitation lists, publicity, event structure and how the information gathered would be disseminated and used after the meetings.

The local Healthwatch organisations provided a rich source of local knowledge which helped to identify locations which would be suitable for each borough. The three locations were chosen based on accessibility, public transport links, capacity to hold 50-70 people, and facilities such as kitchens, projector and screen availability as well as sound equipment.

The following venues were chosen: Harefield Manor Hotel in Romford, Wood Lane Baptist Church in Dagenham and Fullwell Cross Library in Barkingside, Ilford.

The Trust asked the local Healthwatch organisations to assist in identifying topics which were of most concern to local residents. The options presented by the Trust were based on Patient Advice and Liaison Service (PALS) enquiries, formal complaints, NHS Choices and feedback from the Trust's National Patient Survey results. The list of issues chosen for attendees to discuss were based on the following topics - Discharge Arrangements, Emergency Department, Outpatients Department, and Patient Care.

#### 2.2 Invitations & Publicity

Invitations for the events were circulated by Healthwatch. We also sent out information via email and post to:

- Community groups e.g. British Legions
- Churches via the Chaplaincy Team. We also wrote directly to Mosques, Temples and Synagogues
- General Practitioner Surgeries
- Libraries
- Local Councillors, Members of Parliament and Greater London Assembly Members
- Local Council leads
- Pharmacies
- Safer Neighbourhood Teams (Police)
- Schools - both primary and secondary
- Sure Start centres
- Tenants and Resident Associations



Barking, Havering and Redbridge   
 University Hospitals

**Your listening events with  
 King George and Queen's Hospitals**

**You talk, we'll listen**

Barking and Dagenham	Havering	Redbridge
20 October 2014 2pm to 4pm Wood Lane Baptist Church, Wood Lane, Dagenham RM9 5SL	30 September 2014 4pm to 6pm Regency Suite, Harefield Manor Hotel, 33 Main Road, Romford, RM1 3DL Havering Healthwatch 01708 303 300	16 October 2014 2.30pm to 4.30pm Aldborough Room, Fullwell Cross Library, 140 High Street, Barkingside, Ilford IG6 2EA



Please join us at our first series of listening events to share your views about our hospitals with our Chief Executive Matthew Hopkins and your local Healthwatch.

We'll focus on some of the key themes that you and your loved ones raise when you get in touch, complain, compliment us and provide feedback.

Please save the date and if you would like to attend, email [communications@bhrhospitals.nhs.uk](mailto:communications@bhrhospitals.nhs.uk) or call 01708 503624

For more information and to keep up-to-date with our hospitals, visit [www.bhrhospitals.nhs.uk](http://www.bhrhospitals.nhs.uk) or follow us on Twitter @BHR\_hospitals

Flyers are available at our Information Desks

Social media channels such as Twitter and Facebook were used. We also advertised on all three Mumsnet websites, as well as the Trust's website. A number of press releases were sent out to local newspapers and adverts were placed in the Barking and Dagenham post and the Ilford and Romford Recorders.

Posters were displayed across the Trust's hospital sites, in waiting rooms and public areas.

## 2.3 Event Structure

The event structure began with formal openings and introductions from the Trust Chief Executive, Matthew Hopkins and our Healthwatch organisations.

The structured breakout sessions allowed attendees to tell us what they thought about our hospitals, with their suggestions for any improvements to our services facilitated by our frontline staff from across our hospitals.

Attendees were encouraged to write their thoughts on table cloths as the facilitators guided them through the following five key questions:

- Are we safe?
- Are we effective?
- Are we caring?
- Are we responsive to people's needs?
- Are we well-led?

On the tables facilitators provided an overview of the service or issue to set the discussions into context. The following was also provided:

- Information sheets about each topic
- A selection of positive and negative comments from NHS Choices and patient surveys
- Staff profiles of people who work in the areas highlighted

#hello my name is...

Rose Marie is a Staff Nurse in our Outpatients Team which specialises in seeing medical patients, e.g. patients who attend cardiology (heart) clinics.

Rose Marie spends most of her time assisting the Doctors and Consultants to run their clinic smoothly, by making sure patients are in the right place at the right time.

*"I'm originally from the Philippines, I've been working at the Trust for 13 years. I am passionate about serving people. Here in the Outpatient Department, we get to see patients from all different backgrounds with all sorts of conditions, I help to make sure their care is tailored to their individual needs."*

*"I love being there for patients. Doctors sometimes give patients a lot of information in a short space of time, it can sometimes be hard to accept or understand diagnosis. I get to reassure patients, hold their hands, and help them understand what's happening, and what will happen next."*

*"I'm proud to say I work in a great team, we help and support each other well, so we can provide the best level of care possible."*

"Hello my name is Rose Marie Vergara, I'm a Staff Nurse in the Outpatient's Department"

Once the interactive sessions were over the table facilitators provided feedback to the room.

Barking, Havering and Redbridge University Hospitals NHS Trust

### Emergency Department Facts



- Our Emergency Departments (ED) at Queen's & King George Hospitals saw over 244,720 patients last year. That is over 670 patients, across both sites every day.
- Roughly 100 patients a day are admitted at Queen's Hospital and 50 patients at King George Hospital.
- On a busy day 140 ambulances can visit us, and this is just at Queen's Hospital – that would be that's nearly 6 ambulances every hour – however we can receive up to 15 all at the same time. On average we have 130 ambulances visiting both sites each day.
- We have nine more ED doctors in post compared to June 2013.
- We recently appointed two Emergency Nurse Practitioners to support doctor's workloads.
- We have reduced the number of temporary staff in our ED from 50 in August 2013 to 32 in August 2014. This has also meant a reduction in spend of £194,000 (from £603,000 to £409,000). We have achieved this through the recruitment of permanent staff, a revised rota which better suits the needs of our patients and staff, and through better management of our resources.
- When patients are in the department we carry out hourly comfort rounds. We ask every patient, every hour, whether they are in pain, need more pillows or would like anything to eat or drink.
- If you are in the department for a long time we can order you snack boxes and order you hot meals.

Residents were then offered the option to put questions to the Chief Executive and other key members of the Executive Team.

## 2. Results of the Events

### 2.1 Attendance

75 people attended the three Listening Events:

Havering 38  
Barking and Dagenham 21  
Redbridge 16

The table below provides a full breakdown of those who attended.

Organsation (if stated on signing in sheet)	Number of attendees
Public	32
Healthwatches	14
London Borough of Havering Council Staff	4
Patient Participation Group Member	4
North East London Foundation Trust	3
PERF	3
Carer	2
Improving Patient Experience Group (IPEG) member	2
NHS/NHS London	2
Redbridge Pensioners Forum	2
NEL UPC	1
Interpreter	1
LBT	1
Loxford group	1
Royal Association for Blind People	1
Volunteer carers of Barking and Dagenham	1
Barking and Dagenham CCG	1

### 2.2 Key Themes from Breakout Sessions from the Tablecloths (from the three Events)

Themes	Number of mentions
Patients with specific needs such as Learning difficulties/Deaf/Blind/Mental Health	32
Treatment	32
Suggestions on how to communicate with the public in the future	23
Discharge processes	17
Trust buildings/facilities	13
Staffing levels	12
Timescale for appointments/waiting times	10
Current/previous communications	10
GP's	9
Staff Attitude	7
Blood tests	7
Pharmacy	7
After care	6
Poor Customer Service	5
Cancellations	4
Perception and reputation	4
Visiting times	3
Ambulance	3
Food	2
Further staff training required	1
Amount of patients	1

## 2.3 Top 3 Themes by Event

Theme	Number of mentions at Havering
Learning difficulties/Deaf/Blind/mental health	19
Future communication	17
Treatment of patients/patient care	11

Theme	Redbridge
Treatment of patients/patient care	12
Problems with discharge	10
Future communication	5
GP's	5

Theme	Barking and Dagenham
Learning difficulties/Deaf/Blind/mental health	10
Treatment of patients/patient care	9
Building facilities/facilitates	2

## 2.4 Themes Mentioned at Every Event

Treatment of patients/patient care
Learning difficulties/Deaf/Blind/mental health
Future communication
Building facilities/facilitates
Timescale for appointments/waiting times
Staff Attitude

## 2.5 Themes within each Topic

The themes from each topic are contained within Appendix 1 of the report.

## 3. Evaluation Forms Feedback

At the end of every event participants were asked to fill out an evaluation form.

Attendees were asked to score the sessions using the following scoring system:

Poor				Excellent	
1	2	3	4	5	

The results of the completed evaluations are contained with Appendix 2 of this report.

#### 4. **Recommendations**

- Meet with Healthwatch to agree joint report for the public
- Meet with table facilitators/ service area leads to discuss the report
- Meet with PMO Improvement Plan Lead to embed feedback into Improvement Plan workstreams

**Gary Etheridge**  
**Deputy Chief Nurse**

**Emma James**  
**Patient & Staff Experience Facilitator**

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## Appendix 1

### THEMES WITHIN EACH TOPIC

#### Outpatients

Theme	Number of mentions	Key issues raised
Communication issues	14	Some patients got multiple letters that crossed over
		Some patients are not receiving letters
		Patients would like text message reminders
		Patients feel that not all letters are in plain English
		Need signage improvements
		Don't use 0845 numbers use 01708/0208
Learning difficulties/Deaf/Blind/mental health	9	Should be explained that you may not see the Consultant
		Receptionists and front line staff to have better training to deal with patients who have learning disabilities, deaf, or any other disability. At the moment you are providing poor customer service
		Ensure all staff are aware of the Patient Passport
		Ensure patients and staff are aware that we have LD Nurse
		Should have better links with hearing disability organisation – Royal Association for Deaf people
		Audiology department do not sign to deaf patients
Treatment of patients/patient care	5	Need sensory disability champions
		Some patients do not even get eye contact from health professionals
		Patients do not feel they are the priority, everything appears to be run for the Consultants
		We are not always given enough dignity
Timescale for appointments/waiting times	4	Doctors and nurses don't listen enough
		Long waiting lists for pain management team.
		Delays in getting appointments is bad customer service
Cancellations	4	Feel like not getting enough time to tell the Consultant everything, wasted time
		There are too many cancellations
Poor customer service	4	Cancellation letters do not have reasons as to why it has been cancelled
		Reception staff are not always welcoming and do not offer explanations when appointments are delayed or cancelled
		Reception staff are rude
Current/previous communications	3	Doctors and nurses sometimes have a poor attitude
		Poor communication with GPs
Building facilities/facilitates	2	Poor communication between staff
		Wheelchair users find areas hard to navigate
Staffing levels	2	People get lost too often, need more way finders.
Further staff training required	1	Patients wanted to know if we have taken on more staff in Outpatient Departments
Visiting	1	Staff do not the priority system in the Eye Casualty
GP's	1	Need longer outpatient clinic opening times
		GPs need to support the hospital more

## Emergency Department

Theme	Number of mentions	Key issues raised
Learning difficulties/Deaf/Blind/mental health	10	You need better mental health resources
		Should mental health patients be brought to ED?
		You should fast-track patients with learning disabilities
		Have a champion doctor for learning disabilities or LD champions
Treatment of patients/patient care	9	Doctors need to slow down when speaking to LD patients – and use simple language
		ED is not a place of safety, at sometimes it feels unsafe, there are security issues
		Poor treatment in Ophthalmic ED
		Pastoral support needed in ED
		Should have volunteers in ED like Outpatients
		Should have more openness and transparency about care
Staffing levels	9	Lots of vulnerable people in ED
		Patients with known conditions should be able to be send direct to department e.g. Oncology
		Elderly patients should not be alone in side rooms
		You have problems recruiting staff
		You need extra staff on shift
Statement sentences	6	You need more medical staff
		Too many agency staff
Positive	3	You need more doctors and more senior doctors
		e.g. Triage, Assessment Unit
		Improvements are recognised
Concerns regarding care/diagnosis	2	Fantastic experience with broken ankle
		Sing your own praises
		Dementia patients are left alone
Timescale for appointments/waiting times	4	You need quicker assessments
		Long time frame for seeing patients
		Waiting times are an issue in ED
Staff attitude	5	There should be explanations of waits to patients
		Staff need to show more respect
		Helpful people improve customer care
		Improving permanent staff would impact on attitude and behaviour
		Staff have attitudes
Building facilities/facilitates	3	Reception staff – there are customer care issues
		Design of Queen's is poor
		There are too many checking in windows
Ambulance	4	Wheelchairs are never available
		Ambulances (patient transport) should be able to take more than two bags
		Took 3 hours for an ambulance to arrive
		LAS get confused whether to send patients to KGH or QH
Current/previous communications	2	Ambulance protocol
		More communication with patients is needed
Pharmacy	2	Doctors don't consult enough with patients
		Can volunteers be used to fetch and carry drugs to patients?
KGH/ St George future	3	Takes too long to get prescriptions
		What is happening about St George's? We are unhappy about uncertainty
		Save KGH
Future communication	1	Does Maternity services moving to Queen's means KGH will be closing?
Visiting	1	Advertise services better
Problems with discharge	1	Should be easier to find relatives, e.g. a window to so you don't have to queue as a patient
Amount of patients	1	Critical care (CCU) holding patients who are fit to go home as they are waiting for drugs
		Reception is very busy

## Patient Care

Theme	Number of mentions	Key issues raised
Learning difficulties/Deaf/Blind/mental health	10	There should be more use of the patient passport. Staff do not always ask patients if they have one
		Patients with learning disabilities do not always feel listened to - this is made worse when their call bells are not answered or they are given forms they do not understand
		Staff should be trained in how to communicate with patients who have learning disabilities. Many patients with learning disabilities are really scared when they are in hospital
		People with learning disabilities will need extra support in hospital to ensure they understand what is happening and why. This needs to be addressed to ensure they receive equitable health care, and to ensure they are safe in hospital
Treatment of patients/patient care	9	Staff aren't always meeting the patient's needs
		Do we offer denture pots?
		How do we tailor care for Dementia patients?
		You should have specific areas per ward for patients who have extra problems i.e. diabetes etc.
		Call bells are not always answered that quickly
		What does 7 day working mean? Is it rolled out on all wards?
		Out of hours care is required for cancer patients
Building facilities/facilitates	6	Carers should be able to sleep on special chairs next to the patients
		The Lavender Garden is not signposted well
		Patient's should have access to TV's
		Patient's should have access to Wi-Fi
Statement sentences	5	E.g. Shift times
Food/mealtime issues	4	Patients don't always get the help they need to eat
		Do we have mealtime staff to ensure all elderly patients are fed – voluntary? Minimum wage?
		Why were there plastic knives and forks on Erica ward?
		Poor breakfasts on the children's wards
Current/previous communications	3	Patients are given conflicting information
		Staff don't listen to patients
Positive	3	Commissioners are receiving more positive stories about the Trust
		Staff are very helpful and approachable
		Press are only reporting the horror stories
Staff attitude	2	Some staff have an attitude
Timescale for appointments/waiting times	2	Some patients experience delays when they attend outpatient appointments
Staffing levels	2	Are staffing levels high enough on specialist wards e.g. stroke?
Poor customer service	1	Patient's afraid to complain
Future communication	1	Monkey leaflets for children - need to be tailored for day surgery patients and one for inpatients
Pharmacy	1	The Oncology Department needs its own Pharmacy. The wait is too long from the main Pharmacy. You turn up for a 11am chemo appointment then your drugs are requested from Pharmacy and patients then have to wait in waiting room for drugs to arrive – it can take up to 2 hours. Could patients call/text/email first thing in the morning to say they definitely be attending their appointment and the drugs could be ready on patients arrival?

## Discharge

Theme	Number of mentions	Key issues raised
Problems with discharge	17	Discharged too late in the day (4 mentions)
		Delays in care packages affecting discharge (2 mentions)
		Delays in receiving medication/TTA's affecting discharge (2 mentions)
		Poor communication about discharge process (3 mentions)
		Too much paperwork during discharge (2 mentions)
		Sent home without a care package properly in place (1 mention)
		Other ( 3 mentions)
GP's	8	Patients felt that the Trust doesn't collaborate well enough with GP's prior to discharge
		Patients felt that the Trust had poor communication with GP's once they were sent home e.g. re prescriptions or receiving the discharge letter
		Patients do not always have the best relationship with their GPs anyway
After care	5	Care packages not carried out
		Poor care post discharge
		Carers feel they need to double check everything, i.e. Social Services notified but carer checked and not been done. Communication problems. Promises of equipment made not received. Still happens now
		Concerns about lack of care in the community
Pharmacy	4	GP not receiving clear guidance on what drugs should be used, results in the patient not caught in the middle and being sent back and forth
		Need clearer processes for prescribing and dispensing
		Patients receive different drugs at 3pm care from 1pm care
		Formulary choices for drugs – who, what, where, why?
Learning difficulties/Deaf/Blind/mental health	3	Can patient passports be used for Dementia patients?
		Patients with learning disabilities need more time and clearer explanations when given medication
Statement sentences	2	E.g. Redbridge Carers Support Service
Positive	2	Example of good practice where patient/carer came into hospital at weekend and care package for carer/patient in place immediately
		Had a very good experience when husband passed away, visited lots of wards, you can tell by the behaviour of the staff whether leadership present or not!
Treatment of patients/patient care	1	The reductions of rehabilitation bed numbers is affecting care

## Appendix 2

### ANALYSIS OF RETURNED EVALUATION FORMS

#### Havering Listening Event - Tuesday 30<sup>th</sup> September, 2014

Of the 41 attendees at the Havering Listening Event, 27 evaluation forms were completed and returned. This gave a response rate of 66%.

Session	Scores				
	1 Poor	2	3	4	5 Excellent
<b>Welcome, introduction and aims of the event</b> <i>96% response rate</i>	0	1 (4%)	4 (15%)	8 (31%)	13 (50%)
<b>Healthwatch – what we do and our role</b> <i>96% response rate</i>	0	0	2 (8%)	9 (35%)	15 (58%)
<b>Breakout themes (facilitated table discussions)</b> <i>93% response rate</i>	0	0	3 (12%)	8 (32%)	14 (56%)
<b>Feedback from table facilitators</b> <i>96% response rate</i>	0	0	2 (8%)	6 (23%)	18 (69%)
<b>Question and answer session</b> <i>89% response rate</i>	0	0	0	10 (42%)	14 (58%)
<b>Close and next steps</b> <i>85% response rate</i>	0	0	0	9 (39%)	14 (61%)

Key:  = Highest response per session

### Redbridge Listening Event - Thursday 16<sup>th</sup> October, 2014

Of the 16 attendees at the Redbridge Listening Event, 13 evaluation forms were completed and returned. This represents a response rate of 81%.

Session	Scores				
	1 Poor	2	3	4	5 Excellent
<b>Welcome, introduction and aims of the event</b> <i>85% response rate</i>	0	0	1 (9%)	5 (45%)	5 (45%)
<b>Healthwatch – what we do and our role</b> <i>77% response rate</i>	1 (10%)	0	1 (10%)	4 (40%)	4 (40%)
<b>Breakout themes (facilitated table discussions)</b> <i>92% response rate</i>	0	1 (8%)	3 (25%)	5 (42%)	3 (25%)
<b>Feedback from table facilitators</b> <i>92% response rate</i>	0	0	3 (25%)	5 (42%)	4 (33%)
<b>Question and answer session</b> <i>92% response rate</i>	0	0	2 (17%)	4 (33%)	6 (50%)
<b>Close and next steps</b> <i>85% response rate</i>	0	0	2 (18%)	2 (18%)	7 (64%)

**Key:**  = Highest response per session

## Barking & Dagenham Listening Event - Monday 20th October 2014

Of the 20 attendees at the Listening Event, 10 evaluation forms were completed and returned. This gave a response rate of 50%.

Session	Scores				
	1 Poor	2	3	4	5 Excellent
<b>Welcome, introduction and aims of the event</b> <i>90% response rate</i>	0	0	1 (11%)	4 (44%)	4 (44%)
<b>Healthwatch – what we do and our role</b> <i>100% response rate</i>	0	0	2 (20%)	5 (50%)	3 (30%)
<b>Breakout themes (facilitated table discussions)</b> <i>100% response rate</i>	0	0	1 (10%)	8 (80%)	1 (10%)
<b>Feedback from table facilitators</b> <i>100% response rate</i>	0	0	1 (10%)	6 (60%)	3 (30%)
<b>Question and answer session</b> <i>100% response rate</i>	0	0	2 (20%)	4 (40%)	4 (40%)
<b>Close and next steps</b> <i>90% response rate</i>	0	0	2 (22%)	4 (44%)	3 (33%)

Key:  = Highest response per session

## **Results from the Comments Section of the Evaluation form**

Attendees were also provided with the opportunity to share their main highlight of the event, what they felt could be improved, and any other comments. Themes and main comments are detailed below.

### **Question 1: What was your main highlight of the event?**

#### **Theme 1: Being offered the opportunity to provide and receive feedback**

- “Being able to communicate with those who are in charge of the different areas within the hospitals, and getting immediate feedback” (Havering)
- “Talking directly to service users in a non-threatening supportive environment” (Redbridge)
- “To feel that this meeting will get things improved at last” (Redbridge)

#### **Theme 2: Meeting staff / senior staff / management**

- “To actually hear the views by the Chief Executive and staff and for them to hear the public’s view” (Havering)
- “To see so many BHRUT staff willing to meet the public to discuss problems and ways of solving them” (Havering)
- “Opportunity to speak to management” (Havering).

#### **Theme 3: The table discussions**

- “The table discussions were an excellent way of allowing open, honest, transparent conversations, impressed that very senior management team members were present” (Havering).

#### **Theme 4: The opportunity to discuss wide variety of information topics**

- “Very informative, quite a few topics raised. Hopefully the Improvement Plan will take note and improve on feedback” (Havering).

### **Question 2: What could we improve?**

#### **Theme 1: More events and publicity**

- “More listening events with those in charge of the Trust” (Havering)
- “Better publicity” (Havering) and “Make use of more publicity – inform local resident associations and other associations about events” (Barking & Dagenham)
- “More time, wider agenda” (Redbridge)

#### **Theme 2: Better timing, location, venue**

- “Timing of events means carers cannot attend (4pm is a carers’ busiest time)” (Havering)
- “Probably need to do these events in the evening so that professionals who live in the area can also attend” (Barking & Dagenham)
- “Location and parking – e.g. evenings near railway / tube stations and a bigger place with free parking would be more beneficial - saves parking the car in a residential street miles away (Havering)

#### **Theme 3 Issues around tables/groups**

- “If possible, have round tables that are better for discussion, long refectory tables are a bit of a hindrance, it was hard to hear” (Havering)
- “Longer time per table” (Redbridge)
- “More space between tables” (Redbridge)

Please note this question was directed at finding out what improvements the Trust could make to the Listening Events, however, many attendees interpreted the question as being what improvements the Trust should be making to all services/departments. These are listed below.

### **Communication**

- “Need to teach the receptionists to have more communication manners” (Havering)
- “Listening to people and acting on our comments” (Havering)
- “PALS – using answering machines (voicemail) when during working hours and not contacting person leaving message by the latest next working day” (Havering).

### **Accident and Emergency Department**

- “Number of patients attending A&E needs reducing” (Havering)
- A&E need and must raise their standards. Targets not being met although staff levels have been increased” (Havering)
- “A&E waiting time” (Havering).

### **Question 3: Any other comments?**

#### **Theme 1: It was a good event**

- “Very interesting meeting, will follow up with any outcomes in the future!” (Havering)
- “I liked how it was done – going to different tables with different themes and we got the chance to say our views as patients of the hospitals” (Redbridge)
- “An excellent way of communicating and networking” (Barking & Dagenham).

#### **Theme 2: The Trust should do more events such as this and these events should be better publicised**

- “We need more of these events to help build partnerships and Trust” (Havering)
- “Better communication about time and place of events – LBH - Friday ‘Global News’ comms, using email intelligence on NHS Database? GP surgeries, posters / leaflets, local radio / colleges” (Havering)
- “I think this is a very good idea and wish you could hold them on a yearly basis. Especially in local venues like this one” (Barking & Dagenham)

#### **Theme 3: The Trust should act on comments and suggestions made and provide feedback on progress of these actions**

- “Let us hope you really act on our comments” (Havering)
- “Perhaps we could get an email with the conclusion of the listening events when they have all been completed. Or tell the local newspapers (Havering)
- “Feedback / report to groups on action taken as a result of attending and putting their views forward” (Redbridge).

#### **Theme 4: Other comments:**

##### **Negative**

- “It felt like facilitators were ‘defending’ some services rather than listening and taking suggestions on board – that’s how it felt on one table but not on the other” (Havering)
- “More work is needed to improve the needs of deaf people in general” (Havering)
- Need to improve foods for allergy and more choice for vegetarians” (Havering)

- “All the different departments need to do more collaborative work. Discharge needs to be more ‘after discharge’ focused. More questions at admission point to ensure patient has holistic care” (Redbridge)

### **Positive**

- “Very pleased to hear the smoke free hospital – this is vital for everyone” (Havering)
- “BHRUT is improving” (Havering)
- “Thank you to all staff at Queen’s and King George Hospital” (Redbridge)
- “Hope Matthew is going to instil compassion throughout the departments not just the Cancer Department” (Barking & Dagenham)

### **Summary**

From the comments entered on the evaluation forms it is clear that there were themes common across all three events. These include the fact that it was a well received event, with attendees noting that it was a good opportunity to both give and receive feedback, particularly to key senior staff members. The format of the event was also responded to positively, with attendees noting that the table discussions were a good way to discuss information. However, there were a number of suggestions for improvement regarding the layout of the room and the position of the tables, which were not conducive for conversations to take place.

Feedback on the forms highlighted that attendees would like more listening events in the future, with greater publicity, and a possible re-evaluation of timing, length and venue to maximise access and ease of attendance.

Evaluation forms were also used as an opportunity for attendees to share their individual concerns and suggestions for Trust improvements, which ranged from improving services for deaf people, A&E waiting times, and communication, for example with GPs. Actions as a result of these comments are to be agreed.