healthwatch Havering

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Enter & View

Queen's Hospital, Romford Outpatients Department

21 May 2018

Healthwatch Havering is the operating name of
Havering Healthwatch Limited
A company limited by guarantee
Registered in England and Wales
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What is Healthwatch Havering?

Healthwatch Havering is the local consumer champion for both health and social care in the London Borough of Havering. Our aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally.

We are an independent organisation, established by the Health and Social Care Act 2012, and employ our own staff and involve lay people/volunteers so that the group can become the influential and effective voice of the public.

Healthwatch Havering is a Company Limited by Guarantee, managed by three part-time directors, including the Chairman and the Company Secretary, supported by two part-time staff, and by volunteers, both from professional health and social care backgrounds and lay people who have an interest in health or social care issues.

Why is this important to you and your family and friends?

Following the public inquiry into the failings at Mid-Staffordshire Hospital, the Francis report reinforced the importance of the voices of patients and their relatives within the health and social care system.

Healthwatch England is the national organisation which enables the collective views of the people who use NHS and social services to influence national policy, advice and guidance.

Healthwatch Havering is your local organisation, enabling you on behalf of yourself, your family and your friends to ensure views and concerns about the local health and social services are understood.

Your contribution is vital in helping to build a picture of where services are doing well and where they need to be improved. This will help and support the Clinical Commissioning Groups, NHS Services and contractors, and the Local Authority to make sure their services really are designed to meet citizens' needs.

'You make a living by what you get,
but you make a life by what you give.'
Winston Churchill

What is Enter and View?

Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

These visits can be prompted not only by Healthwatch Havering becoming aware of specific issues about the service or after investigation, but also because a service has a good reputation and the group would like to know what it is that makes it special.

Enter & View visits are undertaken by representatives of Healthwatch Havering who have been duly authorised by the Board to carry out visits. Prior to authorisation, representatives receive training in Enter and View, Safeguarding Adults, the Mental Capacity Act and Deprivation of Liberties. They also undergo Disclosure Barring Service checks.

Occasionally, the group also visit services by invitation rather than by exercising our statutory powers. Where that is the case, the group indicate accordingly but our report will be presented in the same style as for statutory visits.

Once the group have carried out a visit (statutory or otherwise), the group publish a report of our findings (but please note that some time may elapse between the visit and publication of the report). Our reports are written by our representatives who carried out the visit and thus truly represent the voice of local people.

We also usually carry out an informal, follow-up visit a few months later, to monitor progress since the principal visit.

Background and purpose of the visit:

Healthwatch Havering is aiming to visit all health and social care facilities in the borough. This is a way of ensuring that all services delivered are acceptable and the welfare of the resident, patient or other service-user is not compromised in any way.

It is customary within reports of Visits for the Healthwatch members carrying them out to be referred to as "teams". The hospital, however, uses the term "Team" to refer to the physical location within the hospital accommodating particular outpatients' specialties. For ease of reference and to avoid the possibility of confusion, in this report the term "Team" refers to the locations of the outpatient services: Healthwatch members are referred to as "the group".

Appended to the report are the formal response of the Barking, Havering and Redbridge University Hospitals Trust (BHRUT)) (Appendix 3A), and the initial Action Log (Appendix 3B).

The Premises

Queen's Hospital (which is provided by BHRUT is one of the largest and busiest hospitals in London, if not the United Kingdom as a whole. In addition to extensive Accident and Emergency Services and in-patient Wards, the Hospital offers a wide range of Outpatient Services. These are accommodated in four discrete areas called "Teams" – known as Teams One to Four - which are used by several clinical specialties at different times and days of the week. Appendix 1 to this report sets out the weekly list for which specialty is in which Team (and, where relevant, when).

As part of its continuing review of services at the Hospital, Healthwatch Havering carried out an Enter & View visit to all four Teams. The Healthwatch members who carried out the visit split into three groups – one visiting each of Team One and Team Two, with the third visiting both Team Three and Team Four.

The Hospital is a modern, purpose-built facility, with separate

accommodation for outpatients' clinics, Emergency Department, Maternity Unit and Wards. Despite its modernity, however, not all patients and other visitors find it easy to navigate from the main entrance atrium to the specific location for their appointment. Signage has been improved but newcomers in particular can find it confusing.

Team One

On arrival, the group were immediately aware of a lack of space within the accommodation in this Team.

The group spoke first to the Team One Matron and two colleagues about the activities in this Team. Matron had previously been Matron of an Emergency Department and was thus well-experienced. Her responsibilities did not extend to the Ophthalmology Department and the group did not visit that department on this occasion.

The group were advised that patient check had temporarily been removed to enable IT staff to update them but would soon be returned to use. The group were also told that the CCG pay BHRUT for only one follow-up outpatient visit to the Department.

The group discussed patients' confusion about where they should go for appointments as information imparted by phone call and text messages often did not include details of where to go or for which department the appointment was. It would be helpful if the required department were to be named in these messages so patients know where they are expected to go.

It was obvious that staff were aware of the lack of space and that it caused problems for them, as they were constantly trying to improve the flow of patients through the areas. At the time of this visit, the only patients attending Team One had follow-up appointments. New patients require longer consultation times as they need consultants' advice as well as to be seen by less senior doctors.

The group spoke to a number of patients on the day, all of whom gave positive feedback, and the group themselves felt that they had a good experience as well.

The patients to whom the group spoke who were waiting to be seen had a good rapport with Staff and Doctors, and none of them complained about the time they had been waiting to be seen; there are occasions when the Team is very busy that waiting times can be extended to as much as three hours. Some patients had received appointment reminders by text or phone call, but not all – that might have been because those who were not notified had not given permission for those contact methods to be used.

Patients' views

Some patients said that they had had a long wait to be seen for the first time as GPs had been told to cut down on the number of referrals they make.

All patients to whom the group spoke who had been seen by the doctors, commented positively and no one was unhappy with their outcomes.

Questions about the environment in the Team were all answered positively, particularly mentioned being staff dealing with patients with specific conditions such as Learning Disability, and hearing or sight impairments; patients felt staff made contact and dealt with them according to their needs. However, not all staff were wearing name badges; although they were displaying their identity cards, those are no substitute. There were no books or magazines available for those waiting, nor a TV screen, but the whiteboard showing doctors' names, updates and delays was updated twice while the group were there.

The response rate to the group's enquiries was around 98% favourable – the remaining negative points were too minor to be a matter for concern.

Team Two

First and foremost, everyone to whom the group spoke was very happy with the clinical care they received. The main concern was with the time patients must wait to be seen after their appointment times; it appeared that being seen late was the accepted norm, happening virtually every day with no one seemingly in the least concerned about it. Patients had to wait around 45 minutes on average to be seen by a clinician.

The result of these long queuing times is that patients become agitated and restless and take up more staff time arguing and complaining about how long they have been waiting. The waiting areas are very crowded, but this would be alleviated if people were not kept waiting so long. In Ophthalmology, there were very young children waiting to be seen nearly an hour after their appointment times, with the inevitable result that children were miserable and crying, and their parents were stressed by trying to comfort and pacify them as best they could.

The group considered that a more orderly and structured appointment system was needed, with adequate time allowed for each patient to be seen, clinicians arriving and starting their clinics on time, and an end to the acceptance that it is inevitable that patients have wait excessive times to be seen at the clinicians' convenience. The services provided in both areas of Team 2 did not appear to be patient-centred, although it should be stressed again that the actual clinical care was good.

If proper, realistic appointments were made, and clinics run on time, then waiting area overcrowding would simply not exist.

The group observed that the toys in the children's waiting area were very dirty. They saw the "Audit Log" for cleaning them but were not convinced that it had been completed accurately. When pointing out the poor cleanliness of the toys, one of the group gave them a simple wipe with a "Clinell" wipe, which easily removed the grime.

A majority of the Staff were friendly, helpful and smiling. Nearly every Nurse had a clearly readable name badge on, although the doctors only had their ID/security passes, which were mostly not visible because they were turned over and worn on their waist band.

One nurse was wearing neither ID/security pass nor name badge; he told the group that he had just returned from attending a prayer session and had forgotten to replace his badge; but even then, he did not have his name badge with him, only his ID/security pass.

The Maxillo-Facial clinic had the same problem with waiting times as the eye clinic and the same general, resigned acceptance that such waiting was "the norm", was perfectly acceptable and nothing could be done about it. There were, however, more white boards being better used in the Maxillo-Facial waiting areas and they were more up to date, with staff telling waiting patients about the delays and apologising to them.

Patients' views

The patients the group spoke to reported that, throughout their visits to the hospital, they were generally being treated well, with dignity and respect.

There was a big queue at the reception desk to book in, spilling out into the corridor at times, but everyone the group spoke to had only waited a couple of minutes and was happy with the way they had been booked in. The waiting areas were very busy, but well ventilated and there was just about sufficient seating available. Toilets were available and they were clean, although the male toilet by Ophthalmology had an unpleasant odour in it. The toilets were well signposted.

In Ophthalmology, there was a board showing a delay of up to an hour before a consultant would be available to be seen. The delay board was not easily visible from the children's waiting area because of screening, and the children/parents the group to whom the group

spoke would have a long wait that they were not even aware of. It would be helpful if a nurse could periodically tell the people in the children's area about the current delays. On the subject of the children's waiting area, it is not clearly shown as a children's area, and some of the seats were taken by adults, resulting in some children being in the seating in the corridor outside the consulting rooms. The staff were attentive, noticed this and ask the adults to swap places with the children, which was very encouraging – but with better signage, the situation could have been avoided altogether. Drinking water was available, but one had to ask for it. There was a TV on the wall by their waiting area, showing children's programmes.

Patients reported that they were mostly there for follow up visits, and they had been made on time i.e. a six-month appointment was made for six months, not longer, and none had been cancelled or rescheduled; most had received either a text or telephone reminder of their appointment a day or two before, but not everyone had. Patients were not, however, given a choice of appointment dates and times, although they had been given advice regarding rearranging the appointment if necessary.

When talking to patients after their treatments, around half of them had not seen any of the clinicians wash their hands, although they had worn gloves. Many of the clinicians had introduced themselves properly, but not necessarily clearly, while just as many had not. Everyone felt they had been able to ask relevant questions and were given adequate time during the consultation. There were no reports of equipment shortages.

To sum up, the group were told by patients that Appointment to Treatment times were very poor; delays should not be accepted as "the norm". The toys in the children's waiting area were very dirty, although now having been pointed out and the need for cleanliness stressed, hopefully that has been addressed. The clinical area was reported as good and general satisfaction was high. Staff were smart and looked professional, and were polite, helpful and smiling. The

environment was well maintained and mostly clean, except as already noted. Patients' only complaint was about the time spent waiting to be seen when they attend for their appointments. The clinical care patients received was reported as very good. If the waiting issue could be addressed, this would be a very good clinic.

Summary charts of the views expressed by patients to the group are shown in Appendix 2.

Teams 3 and 4

After checking in at reception, the group found their own way to clinics, which were clearly signposted in the orange area.

On arrival, the group found that the waiting room had a calm ambiance about it. When they arrived at approximately 2.15pm the clinic was in full operation, although the group were told it was a quiet day. The waiting room was clean and tidy with a rack of magazines and information for patients. There was a large sign directing patients to check in at reception. The whole time the group were there were never more than two people waiting. There were two televisions on with subtitles, and there was also a large display area offering information for patients with learning disabilities.

Patients' views

All patients the group spoke to were happy with the quality of service. The short snapshot of the afternoon provided an insight to the running of the clinics. Only two patients had had their appointments changed, one as the surgeon was unavailable, and another because of a fire. Only one patient had been given a choice of time when booking. All patients had been given either a telephone or text reminder and in some cases both. None of the patients had any problems finding the clinics, indeed one reported that they thought the clinic was well signposted. They were either given directions, a volunteer guided them, or they knew where to go. All patients reported that they did

not have to queue for very long to check in and that reception staff were friendly, helpful and mostly smiling.

All patients agreed the waiting area was comfortable with plenty of seating and could hear/see when patients were being called. Most of the patients interviewed thought the waiting rooms were in a good state of repair. Comments on the negative side were that is was "a bit tatty" and "could do with a lick of paint". The toilets were clearly signposted. In each waiting room the group visited there appeared to be one wall toy for children; most patients thought this was inadequate. All patients reported that they had been treated with dignity and respect during their visit. Drinking water was clearly available.

Patients told the group that most staff had clearly visible name badges on. Patients mostly could identity staff by their uniform, and there was a poster on the wall clearly identifying the different uniforms worn by the various categories of staff.

The clinics were nearly all running late, between 15 and 30 minutes. 57% of patients thought the board giving details of appointments, although clearly visible, was not up to date (although BHRUT have said that staff should update these details hourly). One patient told the group that they thought it unfair that the clinics could run late but if a patient was five minutes late for their appointment it was cancelled.

28% of the patients interviewed complained about problems with parking.

Teams 3 and 4 have three part-time volunteers to help with patients and general duties. Although all clinics are fully staffed, the use of bank staff is sometimes unavoidable (agency staff are not used). A theme that seems to be running through all the clinics is that the appointments should be allocated longer times. This would reduce waiting times. Staff told us that a lot had been accomplished recently with team work, ensuring the clinics ran smoothly, all reception, supervisors and staff had worked hard at creating a good

communication process in the clinic. Pagers were used if waiting times were becoming too extensive, which gave patients the option to leave the waiting room and go for a walk or perhaps get some refreshment. Automatic check-in is due to resume in the clinic, which will free staff to perform other duties. Staff told the group that patients who gave the correct details would receive two text messages, the first one week before the appointment, giving details of when and where to attend, and the other 48 hours before, just reminding of the appointment. It was reported that patients sometimes do not know where to attend – but after looking at the original text are reminded. When patients are checked in by reception they are flagged and if not available for their appointment a nurse or member of staff would look for them.

Conclusions

Although the four Teams each cover very different specialisms and thus work differently, a common theme is that, while patients regard the clinical service they receive highly and praise individual staff for their effectiveness and helpfulness, there are significant issues around the appointments processes and over-crowded accommodation. In particular, there seems often to be an inordinate time between arrival for an appointment and actually being seen by a clinician. There is a significant risk that the benefits of excellent treatment could well be obscured by the frustrations of getting to be seen, both in terms of waiting time and being in an over-crowded location. It is also unfortunate that patients appear to be penalised for late arrival for appointment whereas there is no balancing compensation to them for being delayed while waiting to be seen.

In Teams 3 and 4 patients who were waiting had the option of going elsewhere within the hospital to wait in more congenial surroundings such as the coffee shop in the hospital atrium. This should be extended to all of the Teams.

Another recurring theme was the apparent reluctance of some staff to enable patients to identify them. BHRUT issues name badges, indicating an individual's name and role and these should be worn; ID/security passes are insufficient for this purpose. ID/security passes and name badges serve different purposes and neither is adequate substitute for the other.

Finally, it was clear that most clinics operate in a somewhat cramped environment. This is good for neither the patient nor the staff they need to see. Overall, the Queen's Hospital is, despite its size, a very congested environment and it may be helpful if some at least of the out patients' clinics could be accommodated elsewhere than in the hospital. There are a number of NHS facilities across the Barking, Havering and Redbridge area where satellite outpatient services could be provided, bringing services nearer to the patient's home while relieving some of the pressure on accommodation at the hospital. It is acknowledged that this already happens: both King George and Barking Hospitals are used in this way; but there may be opportunities to make use of accommodation in other NHS facilities, not owned by BHRUT, such as the Harold Wood Polyclinic, for outpatients' consultations.

Recommendations

1 That the appointments process be thoroughly reviewed to bring patients' arrival times more closely into alignment with consultation times. **The seemingly routine expectation that there is inevitability about the delay between arrival at a specified time and being seen is unacceptable**.

2 While it is acknowledged that patients' failure to attend for appointment is a frequent event that causes unnecessary expense and disruption, patients who arrive late for their appointment should not routinely be penalised and, in particular, threatened with the cancellation of treatment.

3 Patients who arrive on time for appointment but have to wait for more than a short time before seeing a clinician should be compensated in some way: at the very least, pager devices (such as those commonly used in restaurants) should be issued to patients to enable them to wait elsewhere if they so wish until they can actually be seen by the clinician(s) with whom their appointment is.

4 Patients should be given detailed guidance about how to get to the place of their appointment and reminders, whether by telephone message, or text, should reiterate that.

5 In addition to formal ID/security passes, staff should be required to use name badges (which are issued in any event). Temporary staff could be issued with re-usable name badges similar in style to those used by permanent staff, in which locally-printed name slips can be inserted.

6 Given that accommodation within the hospital is at a premium, to the extent that the Teams' accommodation is frequently over-crowded, consideration should be given to operating more clinics from satellite sites.

Healthwatch Havering thanks all service users, staff and other contributors who were seen during the visit for their help and co-operation, which is much appreciated.

Disclaimer

This report relates to the visit on 21 May 2018 and is representative only of those service users, staff and other contributors who participated. It does not seek to be representative of all service users and/or staff.

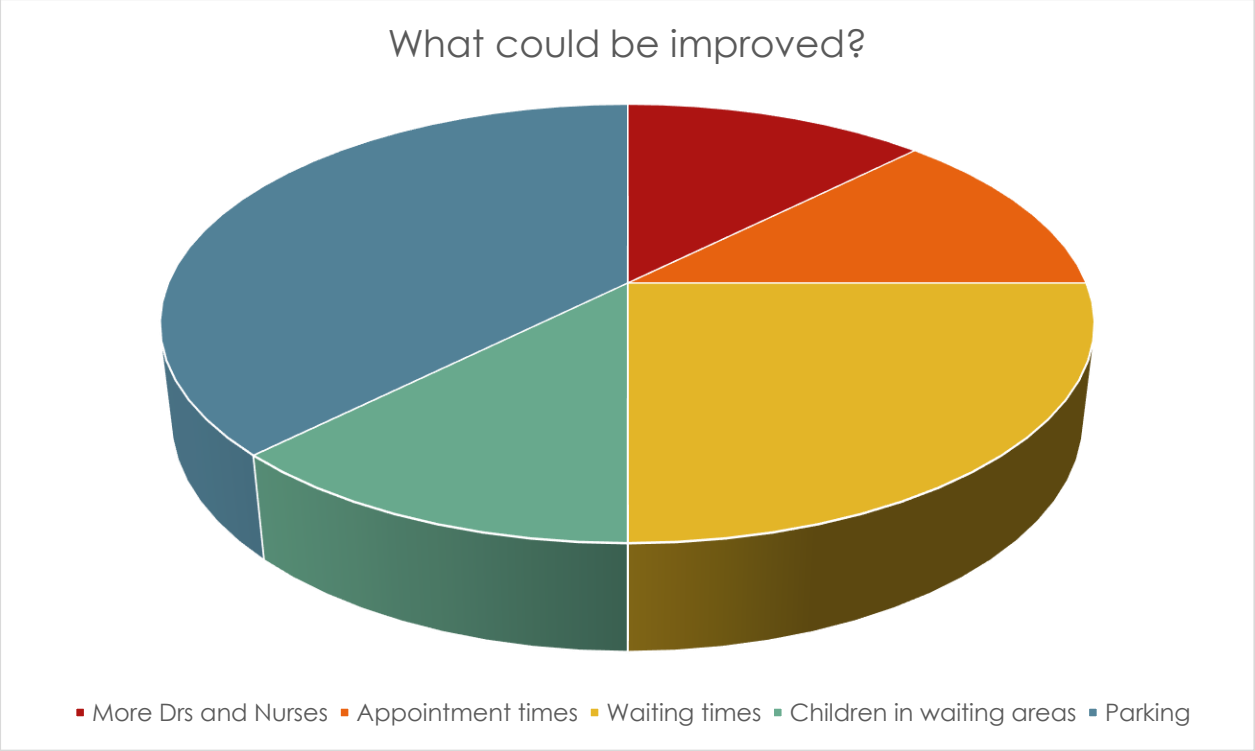
APPENDIX 1

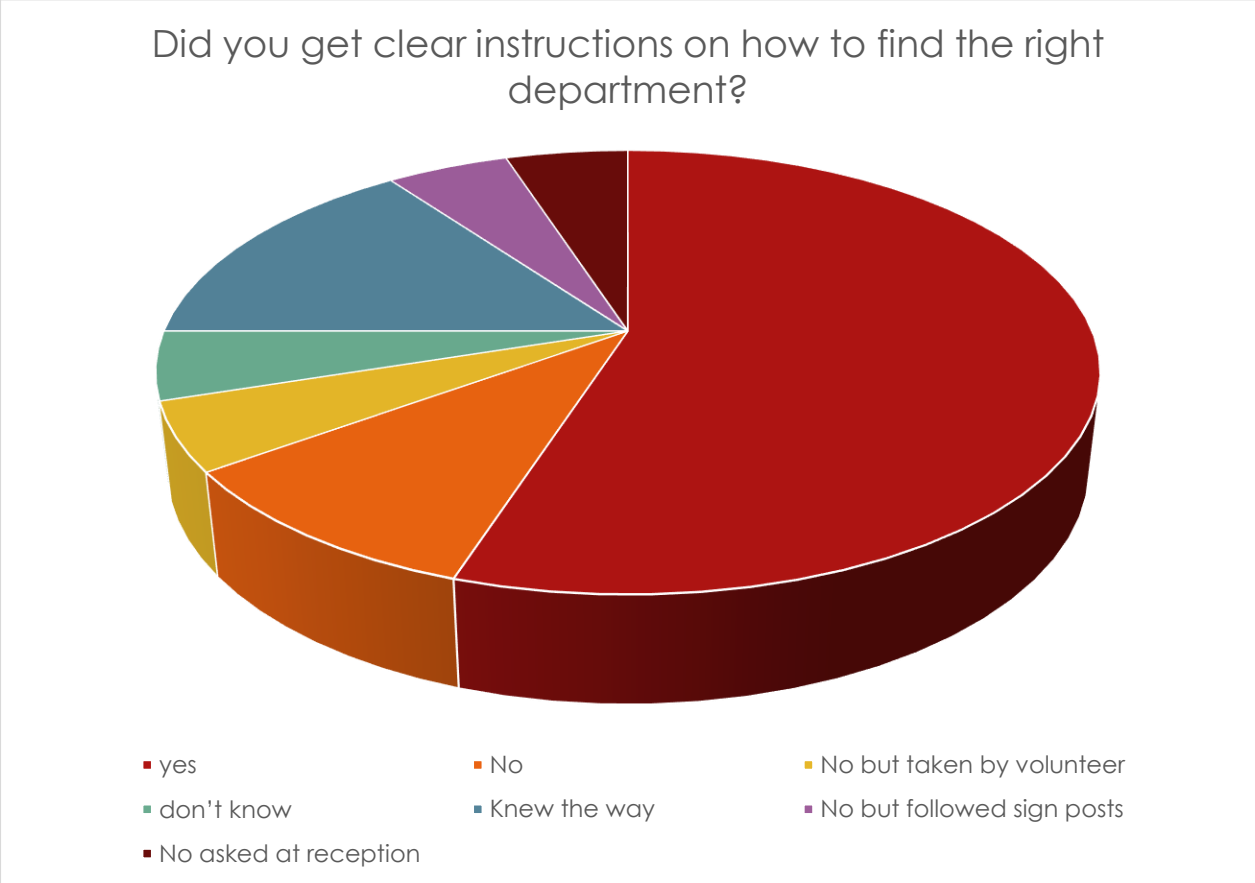
Weekly Clinic Specialities Plan

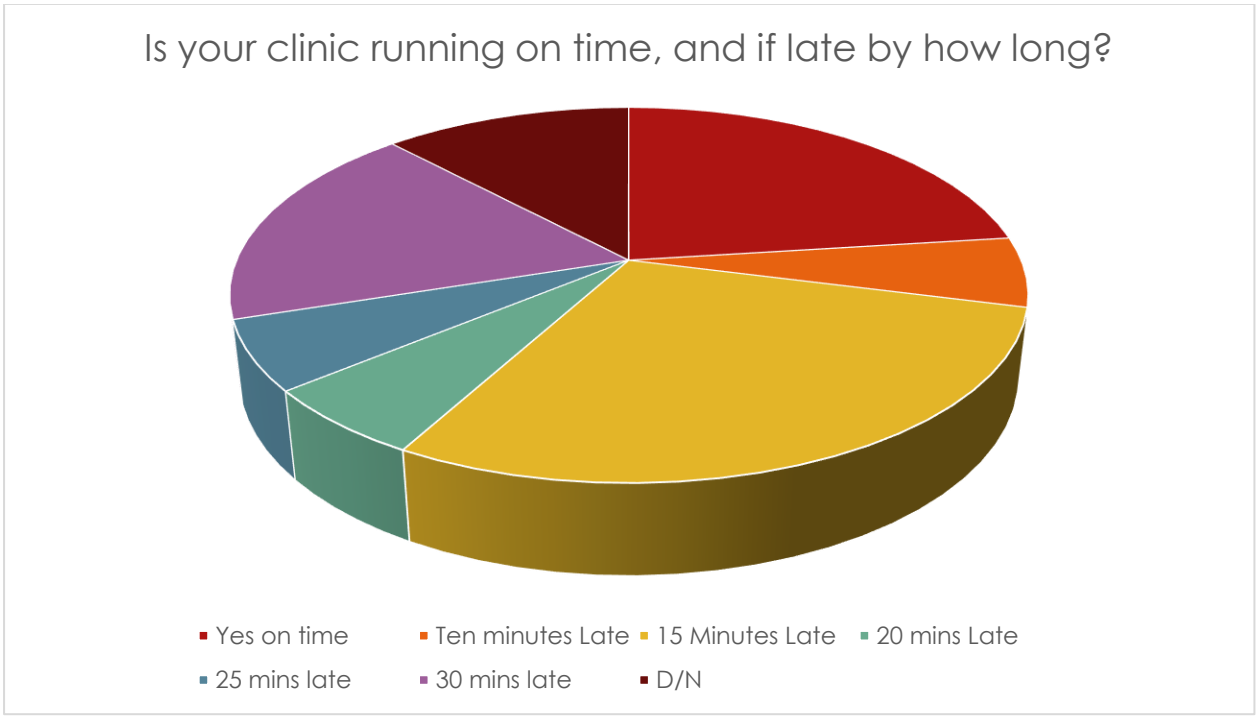
	TEAM 1	TEAM 2	TEAM 3	TEAM 4
Monday AM	Fracture Orthopaedics Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Cardiology Care of Elderly Renal Respiratory	Gastro Urology
Monday PM	Neurosurgery Orthopaedics Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Cardiology Care of Elderly Neurology Renal	Neurology Pain Surgical
Tuesday AM	Neurology Fracture Orthopaedics Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Diabetes/Endo Care of Elderly Neurology Respiratory	Neurology Neurosurgery Surgical
Tuesday PM	Neurology Fracture Orthopaedics Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Diabetes/Endo Gastro Neurology Pain	Gastro Neurology Neurosurgery Surgical
Wednesday AM	Neurology Fracture Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Diabetes/Endo Gastro Care of Elderly Neurology Pain	Neurosurgery Surgical Urology
Wednesday PM	Neurology Fracture Orthopaedics Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Care of Elderly Respiratory Urology	Gastro Neurosurgery Surgical
Thursday AM	Neurology Fracture Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Neurology Pain Renal Respiratory Urology	Gastro Surgical Urology
Thursday PM	Neurology Fracture Orthopaedics Renal Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Cardiology Diabetes/Endo Gastro	Gastro Neurology Neurosurgery Respiratory
Friday AM	Fracture Orthopaedics Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Diabetes/Endo Care of Elderly Neurology Neurosurgery Pain	Gastro Surgical Urology
Friday PM	Fracture Orthopaedics Rheumatology	Ear, Nose and Throat Maxillo-Facial Ophthalmology	Cardiology Gastro Neurosurgery Pain Respiratory	Gastro Neurology Surgical

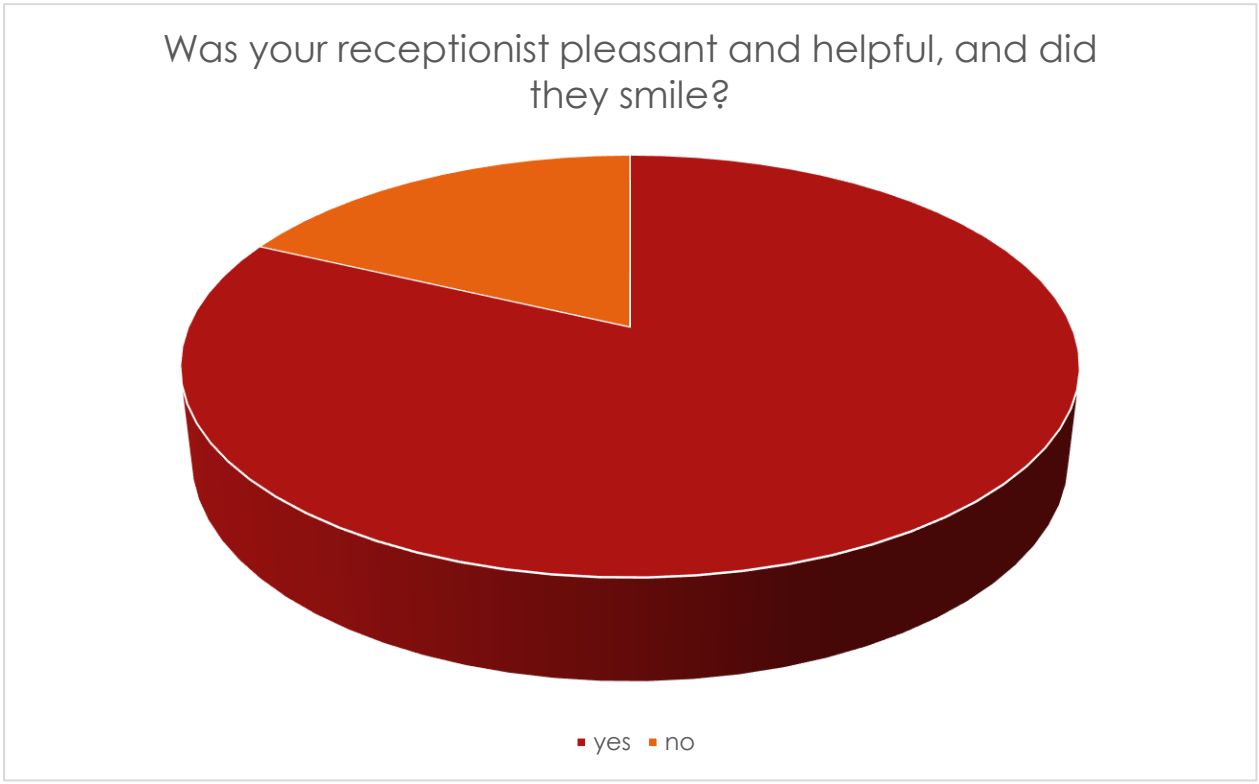
APPENDIX 2

Patients' views expressed to the Healthwatch visitors






Is your clinic running on time, and if late by how long?
Yes on time
Ten minutes Late
15 Minutes Late
20 mins Late
25 mins late
30 mins late
D/N


Was your receptionist pleasant and helpful, and did they smile?
yes
no

APPENDIX 3A

BHRUT formal response to the report

Barking, Havering and Redbridge NHS University Hospitals NHS Trust

INTRODUCTION

Healthwatch Havering is the local consumer champion for both health and social care. Their aim is to give local citizens and communities a stronger voice to influence and challenge how health and social care services are provided for all individuals locally. Under Section 221 of the Local Government and Public Involvement in Health Act 2007, Healthwatch Havering has statutory powers to carry out Enter and View visits to publicly funded health and social care services in the borough, such as hospitals, GP practices, care homes and dental surgeries, to observe how a service is being run and make any necessary recommendations for improvement.

HEALTHWATCH HAVERING REPORT 21ST MAY 2018

Healthwatch Havering (HWH) undertook an Enter and View of Queen's Hospital outpatient department on 21st May 2018 and this report was received on 13th August 2018. HWH decided initially to visit outpatients as part of their planned objective to visit all health and social care facilities in the borough. Thus ensuring that all services delivered are acceptable and the safety of the resident is not compromised in any way.

QUEEN'S HOSPITAL OUTPATIENTS BACKGROUND

Queen's Hospital offers a wide range of outpatient services. These are divided into different specialties, which are accommodated in nine areas. For the purpose of this visit, the HWH teams attended teams 1-4. Overall, BHRUT sees 3,300 patients attend the outpatient services daily. Catherine Wood is Outpatient Matron and has been in position for ten years, previously working in BHRUT as Sister in Emergency Department.

BHRUT RESPONSE TO HWH RECOMMENDATIONS

4.1 The appointment process be thoroughly reviewed to bring patients' arrival times more closely into alignment with consultation times**. The seemingly routine expectation that there is inevitability about the delay between arrival at a specified time and being seen is unacceptable.**

Audits are completed daily reviewing every aspect involved on the day of the appointment, to ensure effective running of the clinic. This ensures that over a 15 week period every speciality is audited and any issues are identified and addressed. The appointment times are calculated depending on the speciality and whether the patient is attending a new appointment or a follow up appointment. Complexity of a patient's condition impacts upon the length of time required and this cannot always be determined prior to appointment. Appointments in clinics vary in the clinical treatment required - consultation, investigation or procedure.

4.2 While it is acknowledged that patients' failure to attend for appointment is a frequent event that causes unnecessary expense and disruption, patients who arrive late for their appointment should not routinely be penalised and, in particular, threatened with the cancellation of treatment.

The Trust would like to provide reassurance that patients are not penalised for late attendance. Where possible, we try to accommodate a 20-30 minute window after the appointment time, should the consultant's commitments allow. Ultimately it is at the consultant's discretion if the patient is late whether or not the appointment can be moved to a later slot on that day, or if their other clinical commitments may be compromised by doing so. The majority of patients who arrive late are able to be accommodated and are seen on the same day.

Our appointment letters make reference to issues which may impact on patients getting to an appointment on time for example, we do advise patients to allow at least 30 minutes for parking and travelling to the clinic.

4.3 Patients who arrive on time for appointment but have to wait for more than a short time before seeing a clinician should be compensated in some way: at the very least, pager devices (such as those commonly used in restaurants) should be issued to patients to enable them to wait elsewhere if they so wish until they can actually be seen by the clinician(s) with whom their appointment is.

Teams 1-4 all have 30 patient pagers which can be given to patients who have to wait for a long time. There is an issue criteria which includes delayed clinics as one of the triggers to offer a pager to a patient. Not all patients want to take the pager or utilise it effectively however, where possible a pager is always offered when the service is aware of a delay.

The Trust recognises that delays have a significant impact on patient experience. Most of our outpatient areas have been supplied with current magazines and a TV with subtitles. We are aware that some adult patients may attend with children so we supply either a children's waiting area or some form of entertainment for children.

We review this on a regular basis and consider patient feedback when identifying additional actions required.

4.4 Patients should be given detailed guidance about how to get to the place of their appointment and reminders, whether by telephone message, or text, should reiterate that.

We recognise that it can be difficult to navigate the hospital to correctly get to the correct place and in response to this, we took action some time ago to recruit volunteers to support our patients. The Outpatient Patient Experience Co-ordinator is responsible for our volunteers and we currently have three volunteers – 1 recruited over a year ago, and 2 recruited in the last 3 months. If someone attends the information desk and needs assistance our volunteer will go and meet them and escort them to their appointment. This is a very new service and we are undertaking regular review to identify any issues and address them quickly. We are also recruiting further volunteers to join our team.

Text messaging was introduced in November 2017 and has since been reviewed and updated. The update has given us a two way conversation facility. A text message is sent to the patient a week before the appointment, detailing where their appointment is, what time it is and what date it is. The text will also give them the option to either, cancel, rebook or accept the appointment. As this is a relatively new service we provide we are regularly reviewing patient feedback on this service. There is also an option for some narrative. Then a further text message is sent 48 hours before the appointment - this is not as detailed as the first text as this is sent as a reminder text. All of our reception desk staff check patients' demographic details when they attend to ensure we have an up to date and correct mobile phone number so that this system can be used for as many patients as possible. Using this system if a patient cancels or rebooks allows us to give that appointment to someone else which reduces waiting times for appointments and avoids patient not attending - that is why the initial text is sent out a week before with a reminder 48 hours before the appointment.

4.5 In addition to formal ID/security passes, staff should be required to use name badges (which are issued in any event). Temporary staff could be issued with re-usable name

badges similar in style to those used by permanent staff, in which locally-printed name slips can be inserted.

All staff should have a name badge as well as their security badge. All nursing staff are reminded of this, we do have to put in reoccurring orders because unfortunately the magnetic badges do fall off the nurses, so we are now ordering the pin ones. Matron and the Outpatient Patient Experience Co-ordinator do challenge staff who are not wearing a name badge. Staff should be wearing their name badge and both nursing and reception staff are reminded of this. Bank staff attend their shift with name badges.

4.6 Given that accommodation within the hospital is at a premium, to the extent that the Teams' accommodation is frequently over-crowded, consideration should be given to operating more clinics from satellite sites.

To accommodate the 3,300 patients that we have attending on a daily basis, we do actually have satellite clinics, Loxford, Barking and Harold wood. However we are aware that some patients do not like attending these clinics, even though they are viewed as closer to home, Clinics held at Loxford clinic have had to be pulled back to our main hospital site, as the facility does not have the capability to provide a one stop service, we also found a high number of patients did not attend. In addition, satellite clinics have very limited space and we are aware that there is no more space available at Barking or Harold Wood. We do continually review the accommodation at both Queen's and King George Hospitals to see how we can best deliver services.

We have recently implemented a room booking system called Bookwise which allows us to identify vacant clinic rooms. This ensures that rooms are utilised at the optimal level and additional clinics can be held when needed.

CONCLUSION

We would like to take the opportunity to thank HWH for undertaking this Enter and View visit and for the feedback provided in the report. We are aware of some of the issues identified and are managing these as part of our on-going aim to improve patient experience in relation to the patients in outpatients. We also recognise the great work and already much improved areas that have taken place since this visit.

APPENDIX 3B

BHRUT ACTION PLAN

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
1	Outpatients	Patients' arrival times more closely into alignment with consultation times	Catherine Wood & Elaine Clark	1st February 2019	Audits will continue as per plan and be reviewed by Matron and Outpatient Patient Experience Lead. Where patterns are identified, these are escalated to speciality managers for improvement action to be identified.	Closed
2	Outpatients	Patients who arrive late for their appointment should not routinely be penalised and, in particular, threatened with the cancellation of treatment	Catherine Wood & Elaine Clark	14th January 2019	This is already the case where possible but will be audited to ensure consistency in areas.	Ongoing
3	Outpatients	Patients who arrive on time for appointment but have to wait for more than a short time before seeing a clinician should be compensated in some way: at the very least, pager devices (such as those commonly used in restaurants) should be issued to patients to enable them to wait elsewhere if they so wish until they can actually be seen by the clinician(s) with whom their appointment is	Catherine Wood	08.10.18	Pager system is already in place across teams 1-4 but following the findings, team 1-2 will be audited to demonstrate compliance.	Ongoing

Item No.	Ward	Issue	Lead	Target closure date	Action	Status
4	Outpatients	Patients should be given detailed guidance about how to get to the place of their appointment and reminders, whether by telephone message, or text, should reiterate that.	Catherine Wood		In addition to signage across the hospital, volunteers at front of house support patients to reach the correct place. This is continually reviewed. No further action at this time.	Closed
5	Outpatients	In addition to formal ID/security passes, staff should be required to use name badges (which are issued in any event). Temporary staff could be issued with re-usable name badges similar in style to those used by permanent staff, in which locally-printed name slips can be inserted.	Catherine Wood & Elaine Clark		This is part of the Trust uniform policy but spot checks do take place across all areas to ensure compliance and individual concerns are addressed.	Closed
6	Outpatients	Given that accommodation within the hospital is at a premium, to the extent that the Teams' accommodation is frequently over-crowded, consideration should be given to operating more clinics from satellite sites.	Catherine Wood & Outpatient Department Management	1st February 2018	This would need to be considered at a strategic level and in discussion with partner organisations. Currently the Trust utilises premises where possible in the community. There is an internal space allocation group and space is prioritised for clinical services with some corporate functions being moved off-site to free up space. No further action.	Closed

Participation in Healthwatch Havering

Local people who have time to spare are welcome to join us as volunteers. We need both people who work in health or social care services, and those who are simply interested in getting the best possible health and social care services for the people of Havering.

Our aim is to develop wide, comprehensive and inclusive involvement in Healthwatch Havering, to allow every individual and organisation of the Havering Community to have a role and a voice at a level they feel appropriate to their personal circumstances.

We are looking for:

Members

This is the key working role. For some, this role will provide an opportunity to help improve an area of health and social care where they, their families or friends have experienced problems or difficulties. Very often a life experience has encouraged people to think about giving something back to the local community or simply personal circumstances now allow individuals to have time to develop themselves. This role will enable people to extend their networks, and can help prepare for college, university or a change in the working life. There is no need for any prior experience in health or social care for this role.

The role provides the face to face contact with the community, listening, helping, signposting, providing advice. It also is part of ensuring the most isolated people within our community have a voice.

Some Members may wish to become **Specialists**, developing and using expertise in a particular area of social care or health services.

Supporters

Participation as a Supporter is open to every citizen and organisation that lives or operates within the London Borough of Havering. Supporters ensure that Healthwatch is rooted in the community and acts with a view to ensure that Healthwatch Havering represents and promotes community involvement in the commissioning, provision and scrutiny of health and social services.

Interested? Want to know more?

Call us on **01708 303 300**

email **enquiries@healthwatchhavering.co.uk**

Find us on Twitter at @HWHavering

Healthwatch Havering is the operating name of
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