

Enter & View

**Queen's Hospital,
Romford**

**Rom Valley Way
Romford RM7 0AG**

Public areas

21 November 2017



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

Once we have carried out a visit (statutory or otherwise), we 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.

Queen's Hospital - background

Queen's Hospital is one of the largest and busiest hospitals in London, if not in the UK. As such, many thousands of people pass through it daily, as patients (both in- and out-), as friends and relatives of patients, as clinical staff, as administrative staff and as visitors for other purposes. There is a large entrance area or Atrium that leads to various out-patient departments and wards, which are accessed by corridors, with upper floors accessed by lifts or stairways. The Emergency Department (A&E) has its own, rather smaller, entrance some distance from the main entrance.

Queen's Hospital was provided through a PFI arrangement and much of the hospital's non-clinical staffing is contracted to Sodexo, which employs staff such as cleaners and porters rather than the hospital's managing Trust, the Barking, Havering and Redbridge University Hospitals Trust (BHRUT).

For the purposes of this report, "public areas" means the Atrium and the associated adjacent public area (including café/restaurant facilities, public conveniences and general waiting areas), the corridors, lifts and stairways leading from the Atrium to out-patients' department areas, wards and office accommodation (but not those areas and wards themselves, nor the administration areas that are not open to the public) and the external approach to the main entrance. The team also assessed signage within the public areas to ascertain how user-friendly it was for people with impaired hearing or vision.

Following reports that some of these areas were in a less-than-desirable condition, Healthwatch Havering decided to carry out an

Enter & View visit to see conditions for themselves. A team of Healthwatch members thus attended the hospital for the visit; they split into three groups for the task.

External entrance area

The main entrance to the hospital is approached through a large, open area beyond which are access roads, car parks and a bus station. The hospital has good public transport links with several bus routes running through its grounds, some of which terminate there. The buses serve a wide area within Havering and beyond, to destinations including Barking, Brentwood, Canning Town, Claybury, Dagenham, Ilford and Stratford. More bus routes pass within walking distance of the hospital without entering its grounds.

In the past, the entrance area was used extensively by smokers (despite many signs asking them to refrain from smoking - and including many patients who were able to walk out of their wards) and although there is evidence that the incidence of smoking has reduced, it clearly continues and discarded cigarettes still litter the area. During this visit, members of the team approached an individual about their smoking in the area, and were met with blank incomprehension as to why smoking was discouraged there.

There is a stall selling fresh fruit and vegetables in the area, and recently installed at the time of the visit was a mobile optician's unit. The team observed that there was a flight of three steps leading up to its entrance - when they enquired about access for people with a mobility impairment, they were told that a ramp would need to be 30ft long and would completely block the entrance.

There is a drop-off point for people arriving by car but it provides only 5 spaces, which at the time of the visit was clearly inadequate as cars were using adjacent parking spaces reserved for Patient Transport Ambulances. The remainder of the parking area in front of the entrance is restricted to Blue Badge holders, although (as elsewhere)

non-Blue Badge holders to park there without authority, denying use of the area to legitimate users. Parking for all other visitors is available in a multi-story car park, although that is often full. The issue of charges for parking in the hospital is outside the scope of this report but it is relevant to record here that charges for parking are levied and are often the subject of criticism by visitors, patients and staff.

The main entrance

The hospital is accessed through two sets of electronic doors with dirt-absorbing floor surfaces between them. There is a bank of hand sanitisers situated between these doors but, at the time of the visit, very few visitors appeared to avail themselves of them. Although there is a large notice encouraging visitors to use the sanitisers, not only is it located inside the interior door, but it also faces inward, so that people entering the hospital are unlikely to notice it; for those leaving, the notice serves no practical purpose.

Wheelchairs for less mobile visitors are supposed to be in this area but, at the time of the visit, only one was available, the upholstery of which was badly damaged, although attempts had been made to patch it.

The Atrium

The Atrium is a large, open area, containing a Reception Desk, two café/restaurants (one an outlet for a large chain of coffee shops, which is very popular and rarely less than full), a newsagents/convenience shop, and access to wards, departments (including Pharmacy and Phlebotomy) and administrative offices. A popular feature is a grand piano that was donated to the hospital and is available for use by anyone who can play it and wishes to entertain passers-by (it was not in use at the time of the visit).

Public convenience facilities

The Atrium is also the location for the only publicly available toilet facilities in the hospital. Unfortunately, although segregated from it, they share an entrance with one of the café/restaurants.

When checked, it was found that the ladies' toilets were generally clean, although there was some litter on the floor. However, three out of the four hand sanitisers were empty. There was a unit on the wall stating that the toilets would be checked in 1hr. 24mins. The team approached a Sodexo employee and advised her about the empty sanitiser units, and she agreed to deal with them. When asked about the frequency of checking, she said that the toilets were checked every hour; when asked about the wall unit she appeared not to know its purpose. The team was later advised that the wall unit showed when the next supervisory check was due as they were undertaken less frequently than the cleaning. There were only four cubicles in this facility which, given the number of footfalls through this area, seemed rather few.

There was no evidence of check sheets or of information about how to report any cleaning needs or any malfunctioning units.

There was only one disabled toilet, which doubled as a baby changing area: it appeared to be clean. The team noted, however, that there was no facility for changing of adults: while this is understandable in general public conveniences, where adult changing is rarely necessary, in a hospital frequented by adults with all manner of special needs, the absence of dedicated changing facilities can lead to distressing and embarrassing situations arising unnecessarily.

The team was unable to visit the male facilities but observed that they were constantly in use during the visit. Users of these facilities before the visit have reported that they were generally clean, but it had often been observed that wash basin taps and hand-driers were not working properly.

Reception Desk

The reception desk staff comprise both BHRUT-recruited volunteers and employees of Sodexo. The staff seen there were helpful and friendly but the team felt that, resources permitting, it would be helpful to those callers unfamiliar with the layout of the Atrium if a small number of staff could be on hand, nearer to the entrance and walking rather than seated, to “meet and greet” them and direct them as necessary.

The desk area was clean and tidy, with a lower surface for wheel-chair users.

Main floor area

The visit coincided with the weekly fire alarm test, and the team noted signs advising that fire testing was in progress. The escalator leading to the first floor had, however, been taken out of use and visitors were directed to use lifts instead; this was apparently due to the fire test in progress. There were, however, no signs directing people to the lifts and, whilst the need for regular fire testing is obvious and acknowledged ¹, there did not appear to be any sound reason for inconveniencing people by taking the escalator out of use, especially as the lifts are some distance from it. Although a flight of stairs adjoins the escalator, not everyone is comfortable using stairs of the length of those in the Atrium.

The Atrium appeared bright and open but, although at the time of the visit, the temperature was acceptable, the team wondered whether the vast expanse of glass at the entrance meant that the internal temperature would rise when external temperatures were high. There were two stalls selling various items in spaces rented out by the Trust; the team was told that, in general, they did not present any operational problems and were a useful service to staff, patients and visitors.

¹ See also “Queen’s Hospital: Outpatients’ Department - Fire Evacuation Procedure” Healthwatch Havering, October 2015

The team was unable to find any obvious information for people with hearing impairment other than one small notice near the reception area, which could easily be missed. Reception staff advised that they “believed” that they had an induction loop but that they “did not think” that it was functional, and that they had received British Sign Language (BSL) training about 5 years ago but felt that they would have difficulty using it as there was little demand and they had become rusty. It was disappointing to learn this, given that colleagues from Healthwatch Redbridge had visited the hospital in April 2015² specifically to see how well visitors and patients with hearing impairments were catered for, and had recommended then that improvements be made to enable reception staff to communicate better with deaf visitors and patients, which BHRUT had accepted at that time; and indeed, for which BHRUT subsequently received an award.

There was a communication book on the reception area for staff and the team was advised that, although no pay phone was available, there was a free taxi phone for those needing transport (other than buses) and reception staff would allow visitors who did not have access to a mobile phone to use their desk phone for brief calls.

Signposting to wards was good in general although the design of the hospital can be very confusing, not just for first-time visitors but for those who have been there before and even, occasionally, for those who work there. There were no visible fire alarm buttons in the Atrium, but the team was assured that, in the event of a fire, the fire warden system would be deployed quickly to ensure that members of the public were made aware of any problem and of the process for evacuation. There also did not appear to be any directional signs to fire exits, which may be a breach of fire regulations.

The food outlets in the area were very busy and the team noticed some food debris that had clearly been lying under the bench areas for

² “Deaf Inclusion Project - Enter & View Reports”, Healthwatch Redbridge (on behalf of Healthwatch in North, Central and East London), April 2015

some time. There was evidence of a lack of cleaning around the edges of floors in the food outlet run by Sodexo, although tables and equipment all appeared to be well maintained.

A water dispenser (but no cups) was available but the team had to ask where it was; it was situated outside the PALS office, partially hidden behind a wall that runs along the left side of the Atrium. This hidden area also proved to be a treasure trove of information leaflets and advice on myriad topics, but its concealed location and the absence of any sign pointing to it probably meant that it was rarely visited.

It was noted that two public telephones were available near the Phlebotomy area but they appeared to be inappropriately placed there, as they were in a very public, noisy position making confidentiality and privacy impossible; one was out of order. Although most people may have access to mobile telephones and generally have no need of a public telephone, the two in question clearly provide a service but, to do so, need to be operational and perhaps either re-sited or provided with hoods to so that passers-by cannot overhear conversations.

Corridors, escalator, lifts and stairs

Corridors

All corridors and public areas appeared clean and well maintained.

However, in the corridor leading through to MAJORS, near the blue lifts, a fire door had been left open, although there was a clear and substantial sign on it stating that doors must be kept closed. Given that just one fire door being open could compromise fire safety within the hospital, the team considered that all staff should be reminded not to leave fire doors open.

In the first-floor corridor where there was clear LFB (London Fire Brigade) signage with arrows. A Sodexo member of staff questioned as to the meaning of one of these signs, which had an arrow pointing upwards, told the team “that means Lower Basement Floor”. Clearly,

a misunderstanding of the meaning of key fire precautions signage is worrying. While it may have been a “one-off” situation, for any member of staff not to be aware of the importance of fire safety messages could compromise the safety of everyone and steps need to be taken to ensure that all staff - BHRUT and Sodexo - are fully aware of fire safety and precautions.

There is inadequate provision of seating in the corridors, and the direction indicators give no idea of actual distance to the destinations. People with ambulatory difficulties would benefit from knowing the distance they might have to walk between available seating. An arrow is not enough.

The corridor leading to the Lavender Garden would benefit from more seating and more interesting information and cheerful pictures and drawings.

Escalator

As noted earlier, the main escalator to the first floor was out of service, with very unclear signage of alternative ways of reaching upper floors, bearing in mind that the out-patients' area it leads to includes a clinic for people with eye conditions

Lifts and Stairs

All lifts that the team checked were clean and in good working order. Lifts arrived promptly when called.

In each stair well, there were charts indicating the number of calories burned while using each flight of steps (rather than the lift). While informative, the team questioned whether providing this information was a good use of hospital finance, and whilst encouraging staff to walk is a healthy option, there might be occasions when taking the lift would save time and money.

Recommendations

Entrance area

- 1 While accepting that people have a right to smoke if they wish, it is reasonable that they should be discouraged from doing so within the environs of a hospital - particularly where the smoker is a patient. BHRUT should consider whether more could be done to discourage smokers from congregating near the entrance to the hospital; not only does that create a bad impression but it inconveniences the many people arriving at the hospital who do not wish to inhale others' smoke or witness the mess created by discarded cigarette ends.³

Car park area

- 2 Consider whether the "drop-off zone" in the car park can be enlarged to provide more space for patients being dropped off.
- 3 Consider whether more can be done to enforce parking restrictions to ensure that only Blue Badge holders park in designated disabled peoples' parking spaces.

Cleanliness, hygiene and fire safety

- 4 Consider whether the hand sanitiser at the entrance is in the best location; irrespective of that, review the signage to ensure, on arrival, that patients, visitors and staff are strongly encouraged to use the sanitiser.
- 5 Ensure that all cleaning staff are trained fully in hygienic practices and cleanliness. Staff should know how frequently to check the condition of public conveniences and ensure that the facilities are thoroughly clean, that basin taps, soap dispensers and hand driers are working (and how to ensure that any defects

³ Healthwatch Havering stands ready to assist in this process, for example by sponsoring a schools' competition to create "No smoking" posters

are attended to with urgency); staff should also ensure that eating areas are checked for food debris and full clean at all times.

Given the need to eradicate hospital-acquired infections, staff should be encouraged to report (anonymously if need be) any uncleanliness they observe so that it is attended to promptly.

- 6 Consider the provision of changing facilities for adults in addition to those available already for children.
- 7 Whilst acknowledging that fire tests and drills are essential:
 - Consider whether it would be preferable and possible to hold them at times when fewer members of the public will be in the hospital;
 - Irrespective of the time of the drill/test, consider whether it is essential to take the escalator out of use for the duration of that test/drill
 - If the escalator is out of use, rather than simply re-directing people, consider whether a sign should be provided indicating when service will be resumed so that people have the option of waiting if they so prefer
- 8 Ensure staff are reminded not to leave fire doors open.
- 9 Ensure all staff are familiar with fire safety notices, including the meaning of the initials “LFB” and their importance.
- 10 Review the existing Fire Exit notices and consider whether more should be provided.

Signage and information

- 11 Re-visit arrangements for assisting people with a hearing impairment:
 - Ensuring that the actions logged following the 2015 visit by Healthwatch volunteers to assess the “hearing impaired

friendliness” within the hospital have been fully implemented, reviewed and updated as necessary

- Consider whether staff should be offered training/re-training/enhanced training in the use of BSL and
- Ensure that the hearing-aid loop system is fully functional and operating.

- 12 Review signage generally to ensure that there are clear directions both within the hospital and outside; and consider whether to display a detailed site map or maps of the hospital on the BHRUT website and within the Atrium (preferably in more than one location, and particularly in the vicinity of lifts and staircases).
- 13 Consider relocating the information leaflet stand in a more visible, prominent location; alternatively, if relocation is not practicable, provide clear signposting so that people know where to find the leaflets.
- 14 Consider whether the privacy arrangements for the payphones in the Atrium could be improved.
- 15 Consider whether, staff resources permitting, some reception staff could be on hand in the entrance area to “meet and greet” people and give them directions as necessary.

General

- 16 When additional facilities are provided in the external entrance area, such as the mobile optician’s unit there at the time of the visit, consider whether action is needed to assist patients who might wish to visit the that facility who have a disability that restricts their mobility, and take such steps that are reasonably

- practicable to provide that assistance ⁴.
- 17 Consider whether seats can be provided in the corridors for those who are less mobile and may wish to rest before continuing on the, often, long walk to their destination.
 - 18 Consider providing wheelchairs along the corridors as well as at the entrance area and ensure that the locations are checked regularly to confirm that wheelchairs are available, and that the wheelchairs be checked regularly to ensure that they are in an appropriate condition ⁵.
 - 19 Consider providing “how far to” signs as well as direction signs so that people have some idea of how far they are from their destination.
 - 20 Consider providing more cheerful pictures in the corridor leading to the Lavender Garden.

The Appendix sets out the formal response of BHRUT to this report and includes a further Action Log arising from this visit and report.

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 November 2017 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.

⁴ While a failure to provide such assistance for temporary facilities may not be a breach of the Disability Discrimination Act, it would certainly be in keeping with the spirit of that legislation to consider doing so and acting where practicable.

⁵ BHRUT indicated subsequently to the visit that they intended to acquire a “buggy” for use by patients with limited mobility. Healthwatch welcomes this development and will be working with the Trust to see it come to fruition.

APPENDIX

Barking, Havering and Redbridge 
University Hospitals
NHS Trust

FORMAL RESPONSE TO ENTER AND VIEW VISIT

1 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.

2 HEALTHWATCH HAVERING REPORT

The visit was completed on Tuesday 21 November 2017, Healthwatch authorised representatives split into three groups and undertook visits to several public areas of Queen's Hospital to observe what condition the areas were in. This visit was announced and this response should be read with the report on Queen's Hospital public areas.

3 BACKGROUND

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.

4 BHRUT RESPONSE TO HEALTHWATCH HAVERING REPORT

Recommendation - Entrance area

While accepting that people have a right to smoke if they wish, it is reasonable that they should be discouraged from doing so within the environs of a hospital – particularly where the smoker is a patient. BHRUT should

- Consider whether more could be done to discourage smokers from congregating near the entrance to the hospital; not only does that create a bad impression but it inconveniences the many people arriving at the hospital who do not wish to inhale others' smoke or witness the mess created by discarded cigarette ends.

Response

The Trust has a smoking cessation group, the issue of visitors and patients smoking around the hospital site has been considered on many occasions and actions have been taken for example putting up signs up around the hospital exterior asking visitors not to smoke and offering support to quit.

Staff and security regularly approach smokers to highlight that we are a smoke free trust and ask them to put out their cigarettes. There is further ongoing discussion about the best way to progress this issue particularly in light of the new guidance that has been released by NHS Public Health England. We would welcome the support of Healthwatch to lobby the Council to make smoking in outdoor public spaces unlawful.

Recommendation – car park area

- Consider whether the “drop-off zone” in the car park can be enlarged to provide more space for patients being dropped off.
- Consider whether more can be done to enforce parking restrictions to ensure that only Blue Badge holders park in designated disabled peoples’ parking spaces.

Response

There is currently space for between four to five vehicles in the pick-up and drop off zone. The area is clearly sign posted as a drop off only and vehicles should not wait in the area. To increase the number of spaces in this area would require losing disabled car parking spaces or would encroach in to the ambulance area. Parking enforcement officers patrol the car park to ensure that visitors are not parking illegally across drop curbs.

Recommendation - Cleanliness, hygiene and fire safety

- Consider whether the hand sanitiser at the entrance is in the best location

Response

The bank of hand sanitisers was originally situated in the middle of the main atrium. Our Infection Control team recommended locating the bank to its current area to encourage visitors to use before entering and before leaving. This also allows more space within the main atrium and better visibility to see the stairs and signage providing clearer pathways for visitors to move through the atrium.

- Ensure that all cleaning staff are trained fully in hygienic practices and cleanliness.

Response

All sodexo staff receive training on hand hygiene and personal hygiene. Infection control passports are issued to Sodexo staff. Infection control is on staff induction and Sodexo induction

- Consider the provision of changing facilities for adults in addition to those available already for children.

Response

There is a working group established which includes staff and representatives of Positive Parents to look at provision of adults changing facilities. Currently if adults require changing facilities then a room can be made available and a hoist can be accessed from the wards.

Recommendation – escalator

Whilst acknowledging that fire tests and drills are essential:

- Consider whether it would be preferable and possible to hold them at times when fewer members of the public will be in the hospital; Irrespective of the time of the drill/test,
- Consider whether it is essential to take the escalator out of use for the duration of that test/drill
- If the escalator is out of use, rather than simply re-directing people, consider whether a sign should be provided indicating when service will be resumed so that people have the option of waiting if they so prefer.

Response

The escalator is isolated during fire testing so does continue to work however on the day of the visit, the escalator was out of use for maintenance. In an event of a fire, the escalator would cease to work. Signage is placed at both ends of the escalator when it is out of use. Due to the nature of repairs it would be difficult to advise patients of how long the escalator might be out of action.

Recommendation – staff training and signage

- Ensure staff are reminded not to leave fire doors open.
- Ensure all staff are familiar with fire safety notices, including the meaning of the initials “LFB” and their importance.
- Review the existing Fire exit notices and consider whether more should be provided

Response

All Trust and Sodexo staff complete mandatory fire training on a yearly basis and Trust is fully compliant with regard to fire safety notices.

The LFB signs that were commented on are present for the use by Fire Brigade and not for Trust staff.

During Healthwatch visits if there are any fire/health and safety queries the Trust would welcome the opportunity to debrief post visit, as this may help any immediate concerns to be alleviated.

Recommendation – signage and information

- Re-visit arrangements for assisting people with a hearing impairment: Ensuring that the actions logged following the 2015 visit by Healthwatch volunteers to assess the “hearing impaired friendliness” within the hospital have been fully implemented, reviewed and updated as necessary
- Consider whether staff should be offered training/re-training/enhanced training in the use of BSL and ensure that the hearing-aid loop system is fully functional and operating.

Response

Although a significant amount of work has taken place to ensure the right information and support is available for our deaf community, we recognise further improvements can be made. The Trust has a Deaf Patient Access Group arranged by the Patient Experience Team where a quarterly work plan is produced based on what matters to our deaf community the most. At our last meeting, it was agreed we need more support from the community, we are doing a recruitment drive to encourage more people to get involved in being a member of the Deaf Patient Access Group.

We will be approaching established groups and schools/colleges to ensure we have a varied aged group going forward.

As a Trust, we are committed to making improvements and educating our members of staff and volunteers to be deaf aware, we offer Deaf Awareness Training supported by the Royal Association for Deaf People. We are in process of producing British Sign Language clips for the community and a digital animated clip for our staff and volunteers to reinforce what support is available and to ensure we ask how you wish to communicate. The Trust will complete a review of the 2015 visit to assess the hearing impaired friendliness within our hospitals and request a review of hearing loops to ensure the system is fully functional.

All other recommendations regarding signage have been addressed in the action log attached.

Recommendation – general

When additional facilities are provided in the external entrance area, such as the mobile optician's unit there at the time of the visit,

- Consider whether action is needed to assist patients who might wish to visit the that facility who have a disability that restricts their mobility and take such steps that are reasonably practicable to provide that assistance.

Response

The Trust works with external providers to deliver these services, we will continue to ask for accessibility to be factored in when booking trailers, although this may not always be possible.

- Consider whether seats can be provided in the corridors for those who are less mobile and may wish to rest before continuing on the, often, long walk to their destination
- Consider providing wheelchairs along the corridors as well as at the entrance area and ensure that the locations are checked regularly to confirm that wheelchairs are available, and that the wheelchairs be checked regularly to ensure that they are in an appropriate condition.

Response

The corridors are circulation corridors and fire safety cannot be blocked with seating or additional furniture. However in most departments there are waiting areas if patients require to rest. We are looking to introduce buggies, similar to those in airports which will be able to transport patients and relatives to their destination in the hospital. It is hopeful that charities will fund these buggies.

- Consider providing "how far to" signs as well as direction signs so that people have some idea of how far they are from their destination.

Response

We are currently reviewing the signage across the Trust and where it's not feasible to put information up in the hospitals, we will aim to put this on our website for patients to access when planning their visit.

5 **CONCLUSION**

We would like to take the opportunity to thank Healthwatch Havering 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 the on-going aim to improve patient experience in relation to meal times.

ACTION LOG FOR MATTERS ARISING FROM HEALTHWATCH ENTER AND VIEW INSPECTIONS

Item No.	Area	Issue	Lead	Target closure date	Action	Status
1	Cleanliness and hygiene	Ensure that eating areas are checked for food debris and full clean at all times.	Sodexo/Estates	18 February 2018	Estates to add food areas to regular monitoring. Estates to request that Sodexo to add food areas to their self-monitoring contract	
2	Signage and information	Ensuring that the actions logged following the 2015 visit by Healthwatch volunteers to assess the "hearing impaired friendliness" within the hospital have been fully implemented, reviewed and updated as necessary.	Patient Experience Team	27 February 2018	Deaf awareness training sessions have taken place since the last visit. Queen's has been awarded the RAD charter mark for services to our deaf and hard of hearing patients and visitors. A further four sessions will be taking place in 2018 to ensure that training is kept up to date.	
3		Ensure that the hearing-aid loop system is fully functional and operating.	Estates	18 February 2018	Loops to be tested to ensure they are functional.	
4		Consider whether to display a detailed site map or maps of the hospital on the BHRUT website and within the Atrium (preferably in more than one location, and particularly in the vicinity of lifts and staircases).	Estates	February 2018	Maps are available at the main reception and on our website. Action completed.	
5		Consider relocating the information leaflet stand in a more visible, prominent location; alternatively, if relocation is not practicable, provide clear signposting so that people know where to find the leaflets.	Comms/Estates	April 2018	To improve the signage to the information area.	
6		Consider whether the privacy arrangements for the payphones in the Atrium could be improved.	Estates	April 2018	Estates to review usage of the phones as both have been out of service for some time. Review if phones should be removed.	
7		Consider whether, staff resources permitting, some reception staff could be on hand in the entrance area to "meet and greet".	Voluntary services manager	April 2018	To explore the development of this role based on public and volunteer feedback.	

Item No.	Area	Issue	Lead	Target closure date	Action	Status
8	General	When additional facilities are provided in the external entrance area, such as the mobile optician's unit there at the time of the visit, consider whether action is needed to assist patients who might wish to visit the that facility who have a disability that restricts their mobility, and take such steps that are reasonably practicable to provide that assistance.	Comms	February 2018	Comms team to add this to booking request for providers.	
9		Consider whether seats can be provided in the corridors for those who are less mobile and may wish to rest before continuing on the, often, long walk to their destination.	Estates	February 2018	Estates, Fire Safety and PE team met 02/02/18. The corridors are circulation corridors and fire safety cannot be blocked with seating or additional furniture Action completed.	
10		Consider providing wheelchairs along the corridors as well as at the entrance area and ensure that the locations are checked regularly to confirm that wheelchairs are available, and that the wheelchairs be checked regularly to ensure that they are in an appropriate condition.	Estates	February 2018	Estates, Fire Safety and PE team met 02/02/2018. We are looking to introduce buggies, similar to those in airports which will be able to transport patients and relatives to their destination in the hospital. Action completed.	
11		Consider providing "how far to" signs as well as direction signs so that people have some idea of how far they are from their destination.	Estates/Comms	April 2018	To incorporate this suggestion when reviewing signage.	
12		Consider providing more cheerful pictures in the corridor leading to the Lavender Garden.	Charity/Patient Experience Team	February 2018	We have considered this recommendation but the pictures were provided by local children at the time and also progress of the work undertaken.	

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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