

JC/SL/DM

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Private & Confidential

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Dear Jane

University Hospital of North Tees 'Communication Report' – January 2017

Thank you for giving us the opportunity to comment on the report's findings. We welcome the feedback from Healthwatch Stockton on Tees based on interviews with patients and staff in three of our Outpatients departments as well as additional feedback that was gathered. As agreed I have distributed the report amongst colleagues for further dissemination and discussion to ensure inclusion in our continuous improvement programmes. We would like Healthwatch to consider the following responses on behalf of the trust:

- The report is gratefully received and the comments very supportive in sharing positive areas and highlighting areas where we can improve our communication processes.
- The comments do mirror some themes that we pick up as part of the internal monitoring processes and which have been aligned with our Outpatient department transformation programme.
- Following the Information Commissioner Data Protection and Audit visit which focussed upon data protection governance and security of personal data we were delighted that their report, dated March 2017, awarded the Trust a rating of High Assurance which indicates that there is a high level of assurance that processes and procedures are in place and are delivering data protection compliance with only limited scope for improvement in existing arrangements.

Communication

Effective communication with patients, service users and their significant others is a key priority for the Trust and we recognise that there is scope for further improvement. Following establishment of the Trusts Patient and Carer Experience Committee we will explore and implement additional strategies to continually improve in this area. In addition, we are currently undertaking work to improve our processes when concerns or complaints are received.

Accessibility Standard

We note your recommendation in relation to further improvements in relation to ensuring our compliance with the Accessibility Standard. There are currently symbols through departments on both hospital sites indicating the availability of hearing loop systems and we

have ensured that signage for ward areas is in the recommend NHS England communications font and colour size. However we would be happy to work with you to seek additional information and or further guidance for additional signage. We will also encourage access to the volunteers available at our reception areas on both sites who will guide patients to the department or area they require.

The Trust has a number of strategies in place to improve patient experience in relation to accessibility. If we are aware via referral systems (i.e. GP) that a patient has extra support requirements around communication the Trust endeavours to arrange interpreters or additional patient information beforehand. All departments and ward areas have on display the interpreter poster for languages. Any patient information, Health Care Records or dinner menus can be obtained in different formats such as braille or large print using our current provider. Staff in the clinical areas have the ability to order the documents in different formats and all patient information has the wording, “ *This leaflet can be made available in other formats including large print, CD, and Braille , and in other languages other than English, upon request* “ on it advising the information is available in different formats. It is expected that as part of a patients assessment clinical staff offer this information to help determine what communication needs a patient has and what support and or resources can be provided that are suitable for the patient .

The core admission document prompts staff to ask about sensory loss or impairment and communication needs so that support and/or reasonable adjustments can be put in place to support the patient through their stay. Portable hearing loops are available 24 hours a day, 7 days a week for patients who require support with hearing difficulties at their bed side. As part of the Trust Equality and Diversity work sensory loss and sensory impairment is a key characteristic which we have enhanced our delivery on. There is an Accessibility Standard Steering Group overseeing the work of implementing the Standard in the Trust in relation to the 5 key areas of actions.

To further enhance our developments in this area the Trust plans to ensure that there are resources available in all clinical areas in terms of picture cards and, posters with some symbols on. An e- learning programme around the Accessibility Standard and raising awareness of sensory loss/ sensory impairment is being finalised with our education department; this will be rolled out across the Trust work force. Updates and sharing of communication around the Accessibility Standard have been shared on communications quarterly for Trust staff.

We are currently awaiting recommendations from the National Accessibility Standard Review which took place in March 2017 and will learn from the subsequent guidance and ensure relevant actions are taken.

Terminology

We note your recommendation in relation to terminology within policy and procedural documents pertaining to Trakcare. This will be escalated to the Trust Health Care Records Committee for dissemination to policy leads and monitoring of the conclusion of the action.

Outpatient Transformation Programme

In December 2016 as part of our outpatient transformation programme the Orthopaedic outpatient's reception changed its processes which has substantially reduced queues as well as reducing complaints about queuing. This has resulted in a reduction in concerns being raised. Further a band 3 administrator has recently been appointed to provide leadership in the reception area, which has improved staff morale. In addition an electronic check in system will be introduced to further reduce waiting times in orthopaedic outpatients. It is envisaged that staff will be able to answer phones more promptly as well as give review appointments on the day.

Learning from this project will be utilised to make improvements in other departments.

Access to Medical Records

We note the feedback that staff would like to have a 'closed door' policy in relation to access to medical records. For clarification we wish to confirm that the Trust does not have an 'open door' policy. To ensure the safety and security of medical records access to the department is controlled via a PAC controlled access system with additional DigiLocks.

Answer Machine in Fracture Clinic

We can confirm that an answer machine is in use in the Fracture Clinics at both the University Hospital of North Tees and the University Hospital Hartlepool.

Training

We note there are a number of areas within the report which indicate a need for further training to address staff understanding or ability to utilise the improved functionality of the Trakcare system. The comments have been shared with relevant colleagues and the IT Training Department have advised that they now have responsibility for the continued training support to TrakCare. The implementation of Trakcare and the original training was completed by the Electronic Patient Record team. At the initial outset of the programme a significant number of staff required training and it is recognised that as a result some staff may have experienced briefer training sessions a little while before the go-live date therefore leaving a gap between training and using the system.

Following implementation the IT training team within the Education Department have assumed responsibility for the training support for the system. A comprehensive programme of training is now provided for staff that are either new to the system or who require additional or refresher training. Access to this will be supported to ensure that the concerns raised by staff within the report are resolved.

Misplaced Notes

The theme of misplaced notes is prevalent throughout the report and we note the frustration this has caused for both patients and staff alike. Our Health Records Team have advised that on average 3900 record movements take place daily (based on the number of tracking movements recorded on Trakcare). This is an area which the team maintains significant scrutiny of and can confirm that 98% of records are made available on-time for Outpatient clinics. This is, however, an area we will continue to scrutinise closely.

In summary, we would like to reiterate our thanks to the Healthwatch team for the time invested in undertaking this important piece of work and we have noted the recommendations. It is extremely useful to receive feedback to enable us to improve and enhance our services and we look forward to working closely with the team in the future.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Julie Clennell', with a stylized flourish at the end.

Julie Clennell
Associate Director of Risk and Clinical Governance
On behalf of North Tees and Hartlepool NHS Foundation Trust