

A Report on Patient Experience at London North West London University Healthcare in Brent



March 2019

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Introduction

Healthwatch Brent is part of a national network led by Healthwatch England, which was established through the Health and Social Care Act in 2012, to give service users of health and social care services a powerful voice both locally and nationally. We are the independent voice for people's views on Brent services, both good and bad. We listen to local people and feedback patient experience.

London North West London University Healthcare NHS Trust (LNUHT) is the major provider of hospital services to Brent residents. It has recently undergone an inspection by the regulator CQC and was found that its use of resources was inadequate.

HWB has an established and good working relationship with the Nursing Directorate of the Trust who has demonstrated its desire to learn from patient experiences and has welcomed the independence of HWB.

This summary provides an overview of patient experience with services provided by the Trust. The Trust has already provided responses to our individual visits which has been recorded previously. A summary of the Trust's reaction and response to our recommendations is attached in Appendix 1.

Methodology

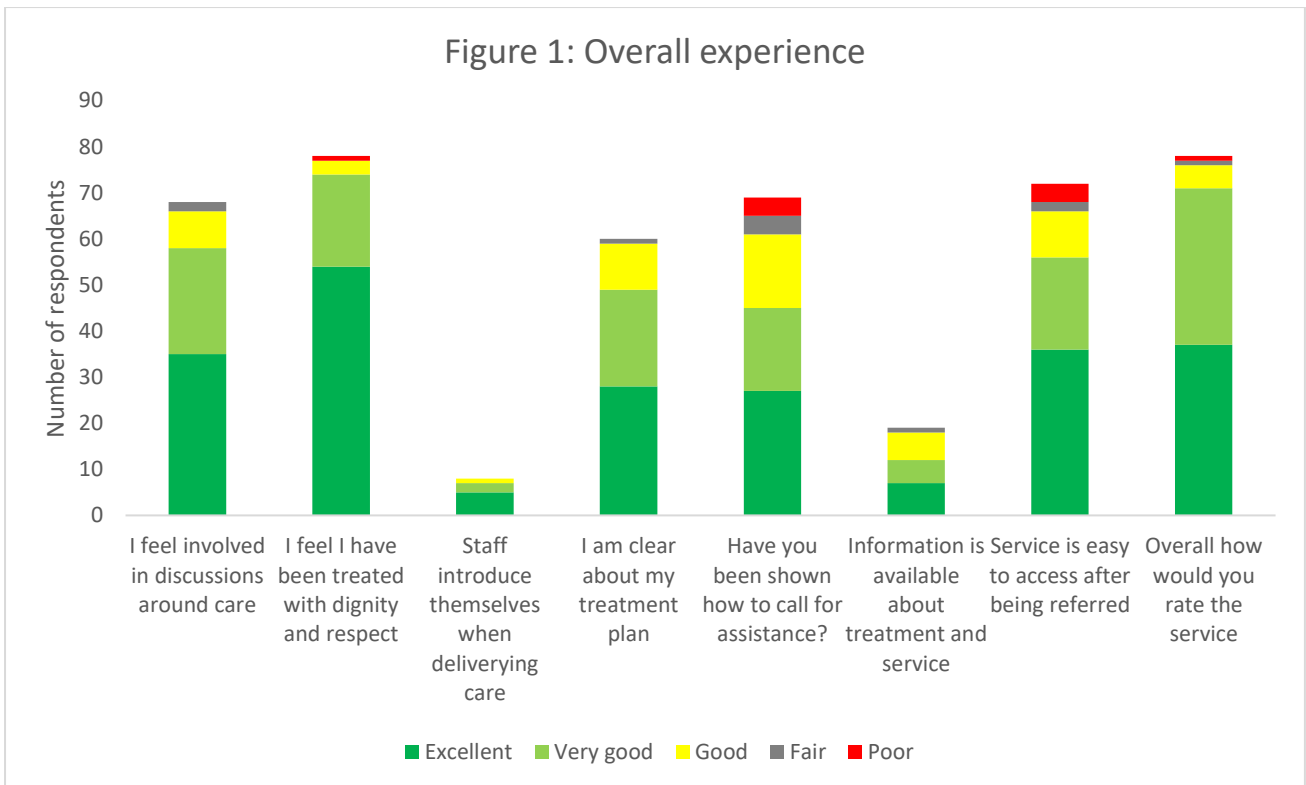
HWB visit one hospital ward or outpatients department at approximately monthly intervals with a member of staff asking a set of eight questions at the point of care. We have spoken with 78 patients across a broad range of wards and shared their responses with the Trust's Nursing Directorate and in particular the Head of Patient Experience who have responded both to comments and to our recommendations. The results and questions are summarized in Fig 1. In addition to the questions, some patients explained their views which is captured in Figure 2.

The responses have also been presented to the Trust's Patient Experience Committee for information and sharing of learning.

All HWB reports, the visit reports are shared with Healthwatch England, the Care Quality Commission, and published on the HWB website. <http://www.healthwatchbrent.co.uk/hospital> Additionally, these reports are shared with the Quality directorate of NHS Brent CCG.

Findings

Figure 1 summarises the distribution of views received. Over 72% of patients expressed satisfaction with their hospital experience, although a small minority had a poor experience.



An interrogation of the responses to the individual questions are summarized in Figures 2-9.

Emerging themes from patients included commentary that patients felt that they got on well with staff, but more importantly, they felt that staff got on well together and shared a positive working environment. It would be useful to compare this perception with the publication of the Trust’s Quality Account which will be published later this year.

The poor comments made by patients referred to treatment received from night-duty staff. Alarming, one patient commented about an aggressive member of staff. This information was reported to the Head of Patient Experience who agreed to investigate the matter. It was not clear whether a formal complaint had been made to the hospital or whether the Patient Liaison Service had been contacted.

Concern was raised that patients felt hurried to understand and process information about procedures, after-care or follow-up information.

Whilst acknowledging the pressure that staff are under, some patients expressed a desire that they would have welcomed some refreshments, television or reading material whilst they were awaiting beds or being admitted for procedures.

There were some isolated comments relating to the cleanliness of the toilets, inadequate heating in waiting rooms and poor signage.

Figure 2: I feel involved in discussions around care

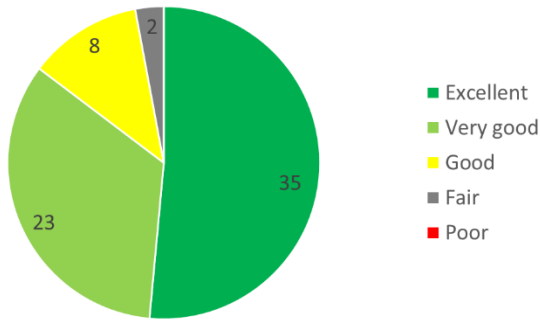


Figure 3: I feel I have been treated with dignity and respect

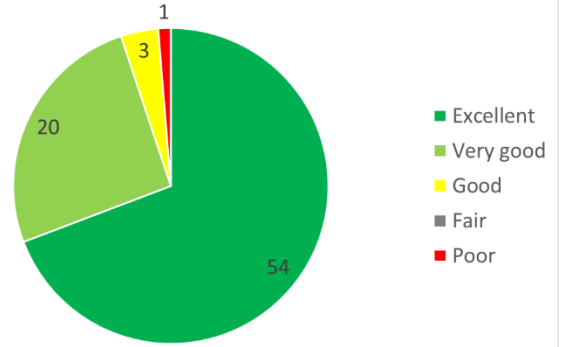


Figure 4: Staff introduce themselves when delivering care

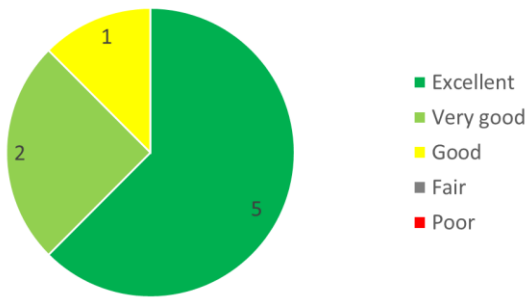


Figure 5: I am clear about my treatment plan

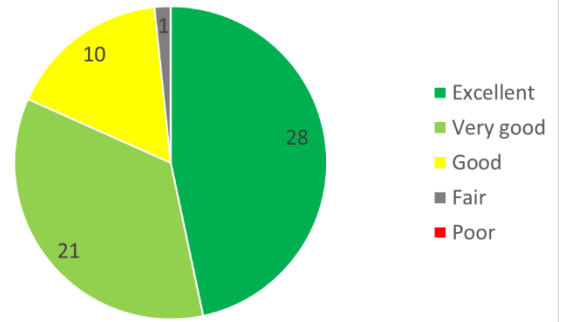


Figure 6: Have you been shown how to call for assistance?

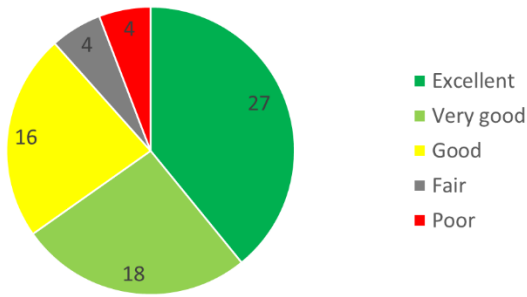


Figure 7: Information is available about treatment and service

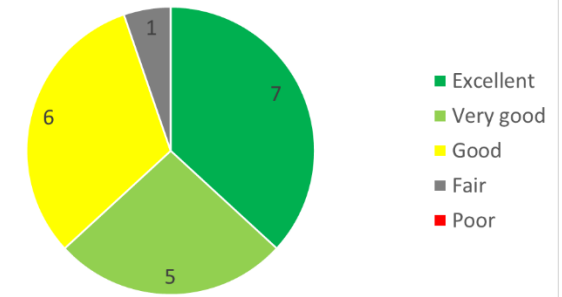


Figure 8: Service is easy to access after being referred

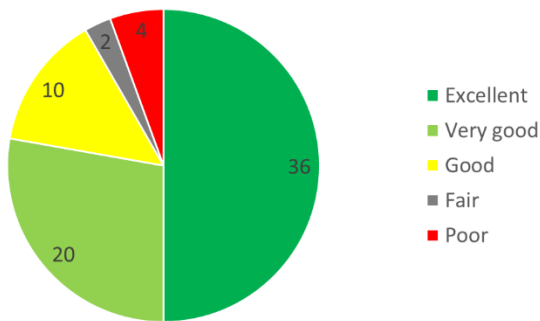
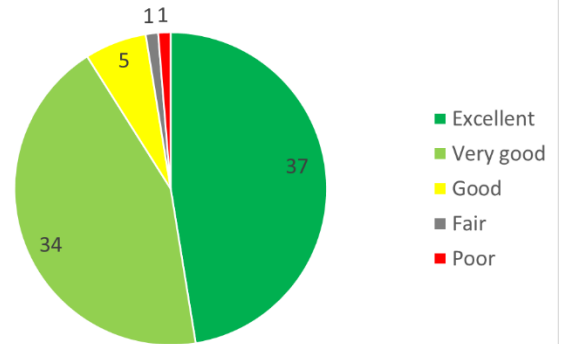


Figure 9: Overall how would you rate the service



Conclusions and Recommendations

Patients attending hospital services within the Trust are overwhelmingly positive about the services provided and often commended staff on their attitude, providing good service, and ensuring they are kept well informed throughout their journey.

There were several concerns raised which can be thought of as improvement objectives that the Trust has responded to with actions. These are detailed in Appendix 1.

The Trust now posts a 'You Said, We Did' summary on the notice board of the ward visited.

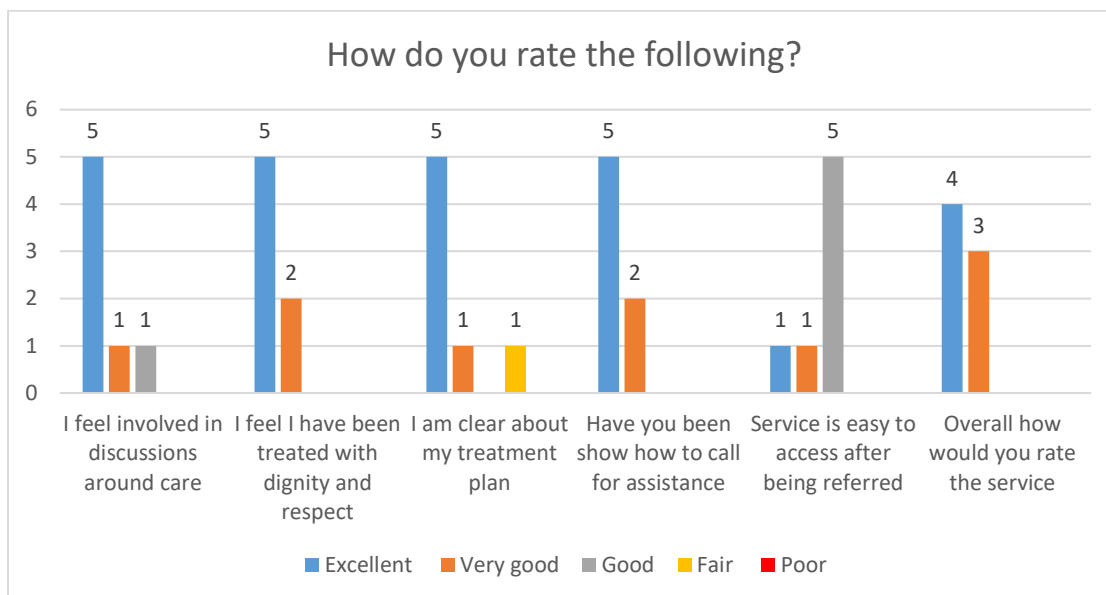
If there are any recommendations that arise from this summary it would be to:

- Continue to inform staff that their service is appreciated by patients and their carers
- Ensure staff are given adequate reminders of the need to maintain their high standard of service delivery with every patient
- Ensure waiting areas are well heated and have adequate amenities for refreshments and entertainment

Appendix 1

Healthwatch Brent recommendations to LNWUHT hospital visits, and the Hospital Trust's responses - Updated March 2019

Abbey Ward, Central Middlesex Hospital - October 2018



Recommendations

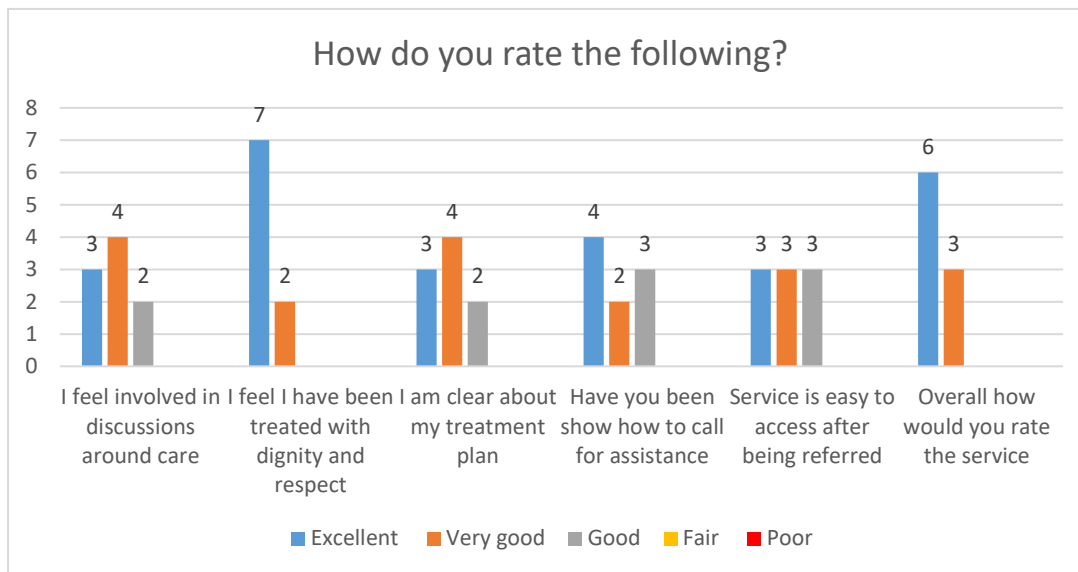
- To praise staff for positive feedback received
- It is understandable that Abbey Ward receive a lot of referrals, is there a way to reduce the length of time patients are waiting after being referred by their GP?
- Keep medical trolleys away from front reception desk
- Do not use a bin to hold open a fire door

LNWUHT Response

Thank you for this helpful feedback.

- To praise staff for positive feedback received: All feedback (both positive and negative) is shared with staff at handovers and ward meetings. We also display feedback in the staff room and on the notice board.
- It is understandable that Abbey Ward receive a lot of referrals, is there a way to reduce the length of time patients are waiting after being referred by their GP? The Trust is undertaking a demand and capacity review of services that are under pressure to deliver against national standards. The Trust is being supported by NHS I in this endeavor. Meanwhile, in order to free up capacity for urgent referrals, the use of other resources including outsourcing or routine procedures is being pursued for those services where there is a concern that they may not be able to meet the various national standards for assessment and treatment
- Keep medical trolleys away from front reception desk: Medicine trolleys need to stay near their allocated nurse's station. We will review the feasibility of relocating each of the trolleys to the far end of the nurse's station so that they are away from the reception desk area.
- Do not use a bin to hold pen a fire door: We will address this directly with the team to ensure that this does not happen.

Fred Salmon Ward, St Marks Hospital - August 2018



Recommendations

- To praise staff for positive feedback received
- Ensure patients are able to absorb all information being explained to them after procedures. May need to follow up with the patient to ensure they have understood what was explained to them and repeat if necessary
- Check the toilets more often to ensure they are clean for the patients
- Due to the frailty of some of the patients each ward should have its own toilets

LNWUHT Response

Thank you for this helpful feedback.

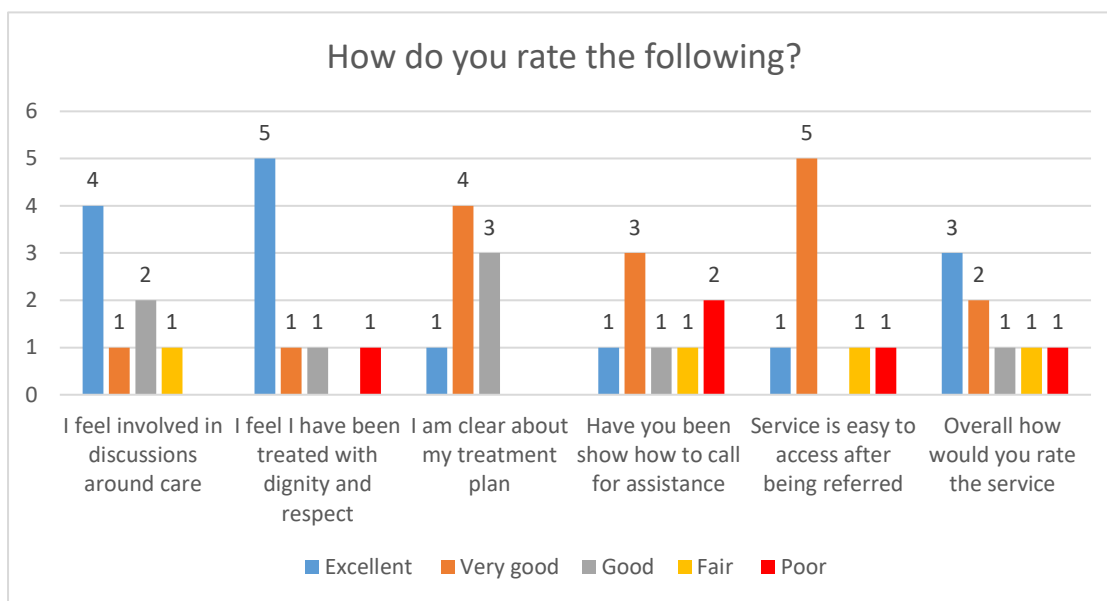
- To praise staff for positive feedback received
All feedback (both positive and negative) is shared with staff at handovers and ward meetings. We also display feedback in the staff room and on the notice board.
- Ensure patients are able to absorb all information being explained to them after procedures. May need to follow up with the patient to ensure they have understood what was explained to them and repeat if necessary
Staff are continuously reminded to ensure that the information received by patients is fully understood, and that they are mindful of medical jargon. We have shared this report and encouraged our staff to ensure they allow enough time when having these conversations and that they confirm with patients/relatives that they have fully understood what has been discussed.
- Check the toilets more often to ensure they are clean for the patients
We will ensure that the necessary checks, cleans and spot checks are carried out each day in accordance with our service standards.
- Due to the frailty of some of the patients each ward should have its own toilets
We acknowledge that the lack of toilets in some bays means that some patients have to access these facilities in the corridor. As part of our capital review, we will be looking at this and planning how we can help deliver additional toilet facilities and if this is at all possible.

Patient Catering

Frederick Salmon Ward has a bespoke menu, designed specifically for this patient group's particular dietary requirements. The menu is reviewed every six months by the dietetic team responsible for this patient

group, in conjunction with our Service Provider Medirest’s Company Dietician and food production unit management. In addition, feedback from patients is also taken into account. Menus are changed every six months, in April and October of each year. The menu items are all from the Steamplivity range. A small team of “menu takers” are dedicated to inputting each patient’s meal choice onto an electronic tablet, which communicates directly with the patients’ Central Kitchen. We are ensuring that every one of these “menu takers” is fully trained in the specific menu requirements of these patients and is able to respond to any questions relating to menu choice. We also encourage the “menu takers” to fully engage with patients, so that if there are any issues, then we can arrange for a member of the catering management team to visit the ward to resolve any problems in a timely manner.

Gaskell Ward, Northwick Park Hospital - July 2018



Recommendations

- Ensure that patients are aware that the night staff are just outside their rooms and cannot sit in their rooms as the lights need to be switched off.
- Have better communication between clinics so patients are not left for several hours after receiving treatment at a different clinic.
- Give patients an option to be pushed or pulled whilst in the wheelchair, but ensure the decision is explained to them.
- Make better use of the day room and offer patients the opportunity use it to talk to other patients if they would like and a chance to get away from their beds for a change of scenery and to watch TV.

LNWUHT Response

Thank you for this helpful feedback. We were sorry to learn of the reports that the care provided by the night staff was poor. Whilst some staff do prefer to work night shifts, and may work more night shifts than day shifts, we do not have nurses on a permanent pattern of night duty, and expect staff to rotate to day shifts regularly to assist with communication, supervision and development. It is our expectation that patients receive a high standard of care at all times, and that our staff provide this in a polite, responsive, caring and professional manner. These expectations are reinforced to staff throughout the Trust and any reports that staff have not behaved in a polite or acceptable manner are taken seriously and addressed with the staff member concerned. As a result of this feedback, in which individual staff members have not been identified, the team on Gaskell ward have been reminded of the Trust values and our expectations in relation to behaviour and attitude.

- Ensure that patients are aware that the night staff are just outside their rooms and cannot sit in their rooms as the lights need to be switched off.**

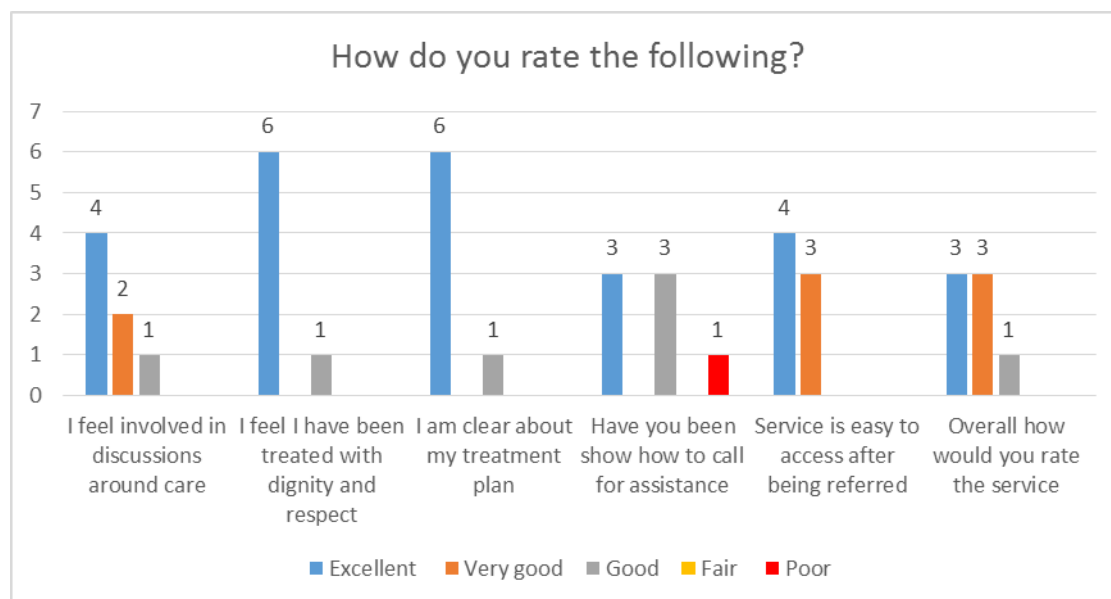
Staff have been encouraged to take a few minutes before they start their medication rounds and observation rounds, to speak to their patients individually wherever possible, as the night activities are too short before patients settle for bed. At handover takeover time, nursing staff have been reminded to ensure that they show each individual patient how to use the call bell system.
- Have better communication between clinics so patients are not left for several hours after receiving treatment at a different clinic.**

This is not our usual practice and should not have happened. We have a clear pathway for portering response times. This report has been shared with staff and they have been reminded to ensure that follow up is made when patients have been off the ward for a considerable amount of time.
- Give patients an option to be pushed or pulled whilst in the wheelchair, but ensure the decision is explained to them.**

All patients should be pushed and not pulled when being transported in a wheelchair. This is for safety reasons and also to ensure that we are properly engaging with our patients. All porters and patient transport staff are instructed and monitored by their supervisory teams about this.
- Make better use of the day room and offer patients the opportunity to use it to talk to other patients if they would like and a chance to get away from their beds for a change of scenery and to watch TV.**

Staff have been reminded to encourage patients and relatives to use the day room.

Theatre Admission Unit (TAU), Northwick Park Hospital - Spring 2018



Recommendations

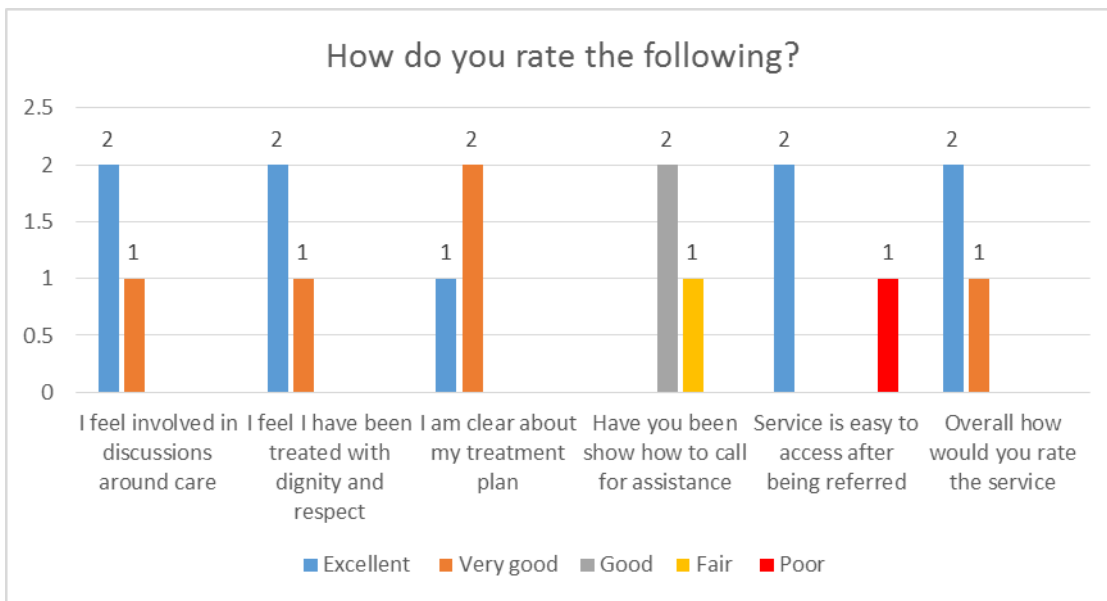
- Ensure that patients' dignity is taking into consideration and close the bathroom door when giving assistance
- One patient received a phone at 9.30pm to be at TAU for 7.30am the following morning. Would it be possible to give patients a bit more notice for their appointment?
- Have water dispensers available in both waiting rooms
- Explore the possibilities of having a tea and coffee station available for carers as some of them are there for a good part of the day
- Keep TV's in both waiting rooms switched on

LNWUHT Response

Thank you for this helpful feedback. It is useful to hear the carers’ perspective. We were pleased to hear that staff were friendly and caring and that trouble was taken to ensure that information was clearly communicated and understood.

- Ensure that patients’ dignity is taking into consideration and close the bathroom door when giving assistance - We were surprised to read this as patient’s privacy and dignity is highly valued. Your findings have been discussed with all staff at daily handovers as a reminder.
- One patient received a phone at 9.30pm to be at TAU for 7.30am the following morning. Would it be possible to give patients a bit more notice for their appointment? - We give as much notice as possible for standard admissions. There is also a standby system where appointments are offered as short notice, when they have become available due to cancellations.
- Have water dispensers available in both waiting rooms
- Explore the possibilities of having a tea and coffee station available for carers as some of them are there for a good part of the day - We have requested quotes for vending machines and water fountains
- Keep TVs in both waiting rooms switched on - We were also surprised to read that the TVs were not all on: they are usually left on all day. Staff have been reminded to check on this.

Intensive Care Unit (ITU), Northwick Park Hospital - February 2018



Recommendations

- Have TV in waiting area switched on
- Add heaters in the waiting area so carers are not cold
- Have a sign hanging from the ceiling on level 3 so carers don’t miss the buzzer to access the ward
- Tell carers how to call for assistance if needed

LNWUHT Response

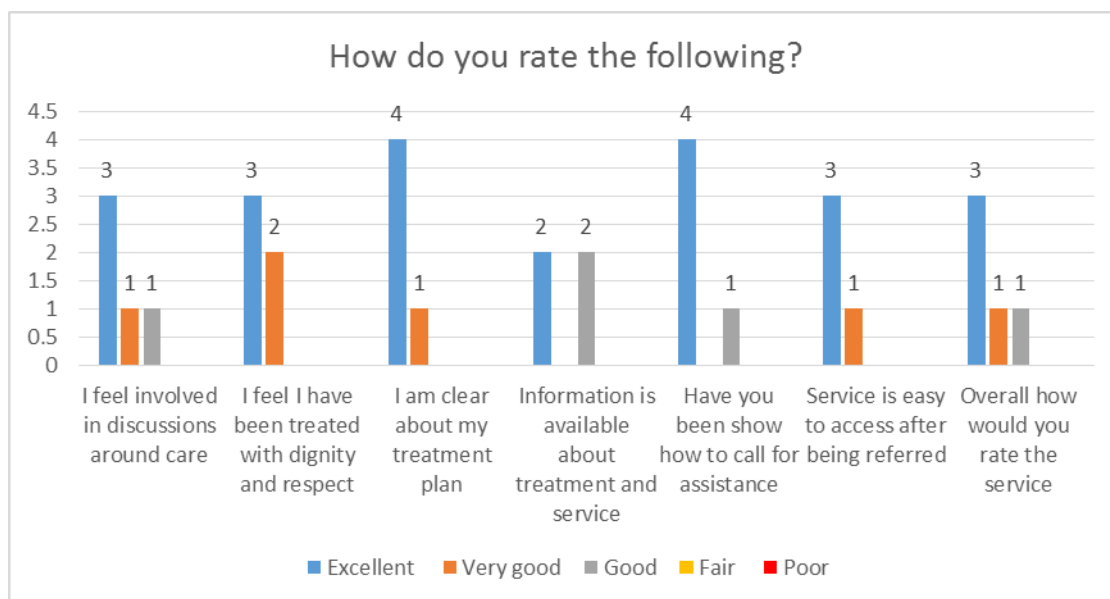
Thank you for this helpful feedback. We were pleased to hear that staff were perceived as skilled and caring. An added heating system has been put into the waiting room for the comfort of relatives and a better sign has been ordered. We were sorry to learn that the TV was off. The Ward Clerk usually switches it on every morning and then relatives can use it as they wish during the day.

The ICU has 1:1 nursing care so there is always someone only a few feet away. We didn't think we needed to tell carers how to call for assistance but now when we welcome them to the unit we make sure to say that they can always speak to the nurse at the bedside if they need anything or have any questions.

LNWUHT update October 2018 – What has changed?

- We now leave a remote control in the waiting area and it is checked daily to ensure it works.
- We now have a sign hanging from the ceiling so that carers do not miss the buzzer to access the ward.
- On admission to the unit, carers are informed on how to call for assistance if needed. This is also reinforced with staff at handovers.

Fifoot Ward, Willesden Community Rehabilitation Hospital - December 2017



Recommendations

- To ensure patients and carers are aware that there is a translator service available if needed
- To ensure that night staff to respond quicker to patients who call for assistants
- For Northwick Park hospital to ensure patients are dressed appropriately for weather condition when transferring them to Fifoot Ward

LNWUHT Response

Thank you for this helpful report. We were disappointed to hear that patients were not clear about translation services. There is a poster advertising this on the ward board. The team often use the service to promote patient involvement in their goal setting. Your report has been circulated to remind them to be proactive in offering interpreters and translations to patients and families.

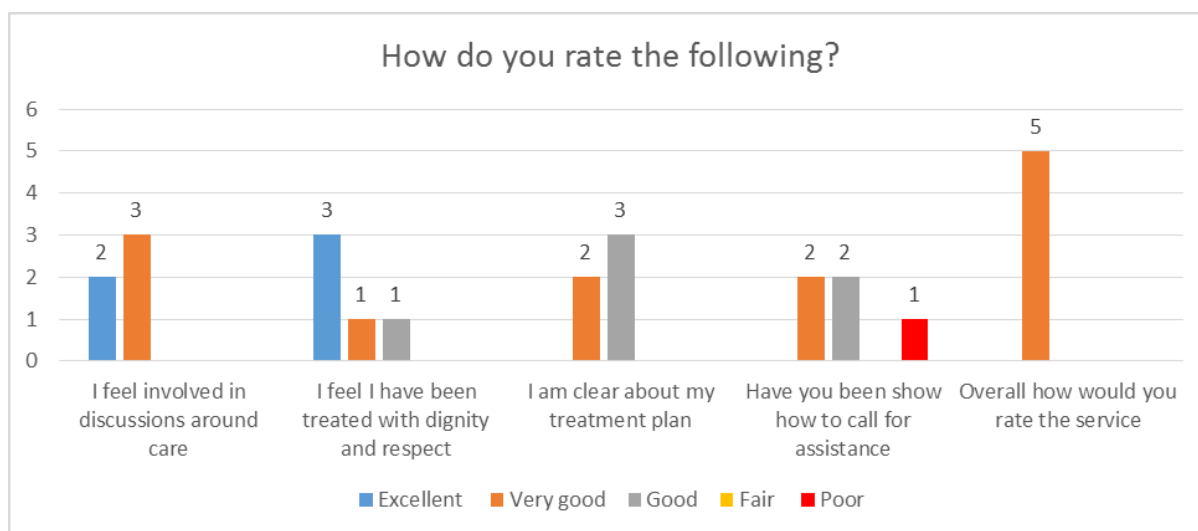
We were pleased to hear that response to call bells was good during the day but concerned that two of the eight patients had long waits at night. This report and the impact on the patients who had to wait has been discussed with the staff. The Head of Nursing for Willesden is conducting random call bell response time audits to make sure that these were isolated incidents.

We were saddened to hear that a patient had been transferred to Willesden without the proper warm clothes. This has been raised with staff at Northwick to remind them to make sure that patients are given appropriate clothes when they leave the hospital.

LNWUHT update October 2018 – What has changed?

- We are continuing to work as we have said we would.
- Staff utilise the translator service when the need is present.
- The call bell response is monitored and there have been no further issues raised with regards to response time. This question is raised by the Matron as part of her audit monitoring.
- Patients arriving into our care have all been appropriately dressed for transfer between hospitals.

Evelyn Ward, Northwick Park Hospital - October 2017



Recommendations

- To provide patients clearer updates to when they will be discharged and reasons for if they are delayed.
- To provide clear information to patients about their condition, the treatment and care plan and any onward care. As patients are being transferred from A+E, it could be that their experience/condition means that information needs to be repeated or given a few times and in different ways (for example, verbal as well as written) to help them remember and adjust to their condition.
- To ensure adequate training, guidance and monitoring is in place so that staff do not come across as rude to patients.
- To ensure cleaners use cloths to wipe down surfaces and remove hair from the bathroom.
- To show all patients how to call for assistants.

LNWUHT Response

Thank you for this useful feedback. We were sorry to hear that patients were not aware of their discharge plans. Since the visit, new systems are in place to improve this: there is a daily ward round and board round which is attended by a senior doctor and nurse, discharge plans are agreed with OT. The discharge coordinators and MDT have more clarity about discharge plans and are able to communicate them with patients and families.

We were disappointed to hear concerns about cleanliness. A new housekeeping role has been developed and is being advertised in the New Year. A key part of this role will be to ensure that the ward is kept tidy and clean. There are regular cleaning inspections and the score for October was low at 94%. This has improved since then with scores of 98% in August, 97% in September and 98% in December. Cleanliness is one of the domains reviewed weekly as part of the matron’s walkabout and is usually good. The condemned chairs have been removed and commodes are replaced regularly.

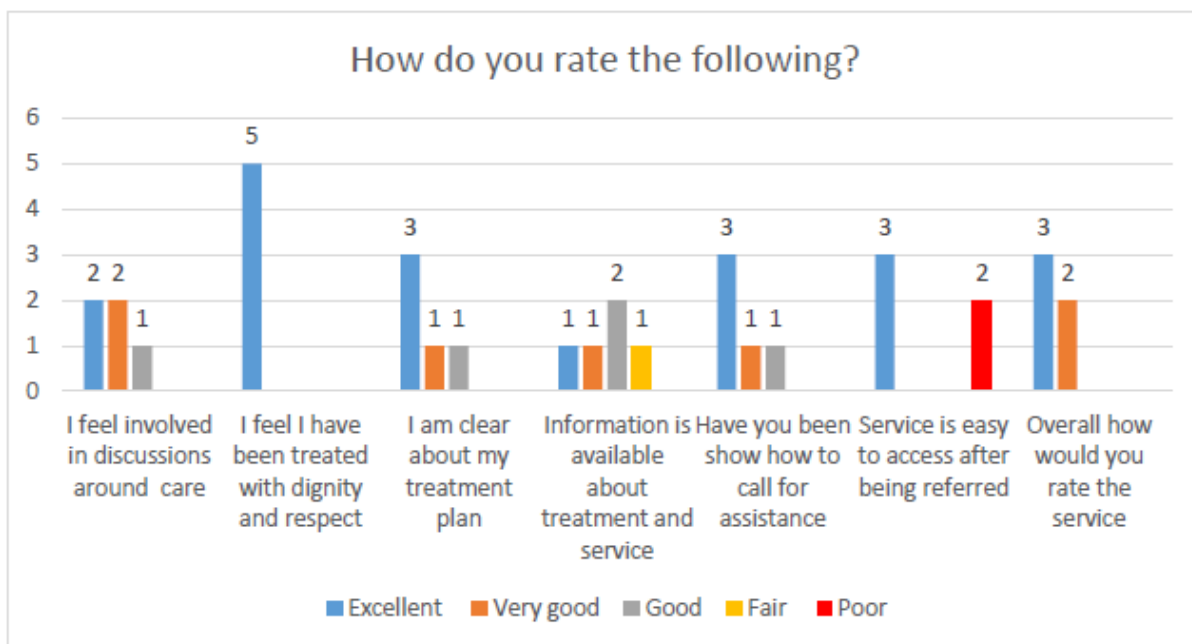
We were pleased to see that most patients reported positive relationships with staff. This matches the results from the weekly 'Perfect ward' inspection where nearly 100% of patient say that they are treated with care and compassion. We have shared this report with the staff and reminded them of the positive impact of politeness and kindness.

The ward is keenly aware of the pressure on beds, but patient safety comes first. On the day of the visit, there was a patient who needed to be in isolation but there were no side rooms available at that time. One was created later that day to allow the bay to be cleaned and opened up.

LNWUHT update October 2018 – What has changed?

- We are completing the weekly Perfect Ward audits and through this are ensuring that the ward environment cleaning remains of a high standard.
- The nursing team are updating patients on their discharge plans following daily board rounds.
- Unfortunately we have not yet been successful in filling the housekeeper role despite advertising and interviewing. The ward manager is currently in the process of interviewing again.
- The ward manager and sister have recently received “HEART” awards. This is also helping to instil the caring attitude that is expected from all our staff on Evelyn ward.

Jonson Ward, Northwick Park Hospital - September 2017



Recommendations

- To ensure patients are always provided with their medications regardless of the time they arrive at Jonson Ward.
- To transfer patients quicker from A&E to Jonson Ward so they are not left waiting on a trolley for 15 hours without an update to let them know when they will be taken to Jonson Ward.

LNWUHT Response

As a specialist ward looking after complex patients many of whom are very unwell, there is constant pressure on the Jonson ward beds. The team is working hard to ensure good discharge practices to free up beds for patients being transferred from ED so that long waits can be avoided.

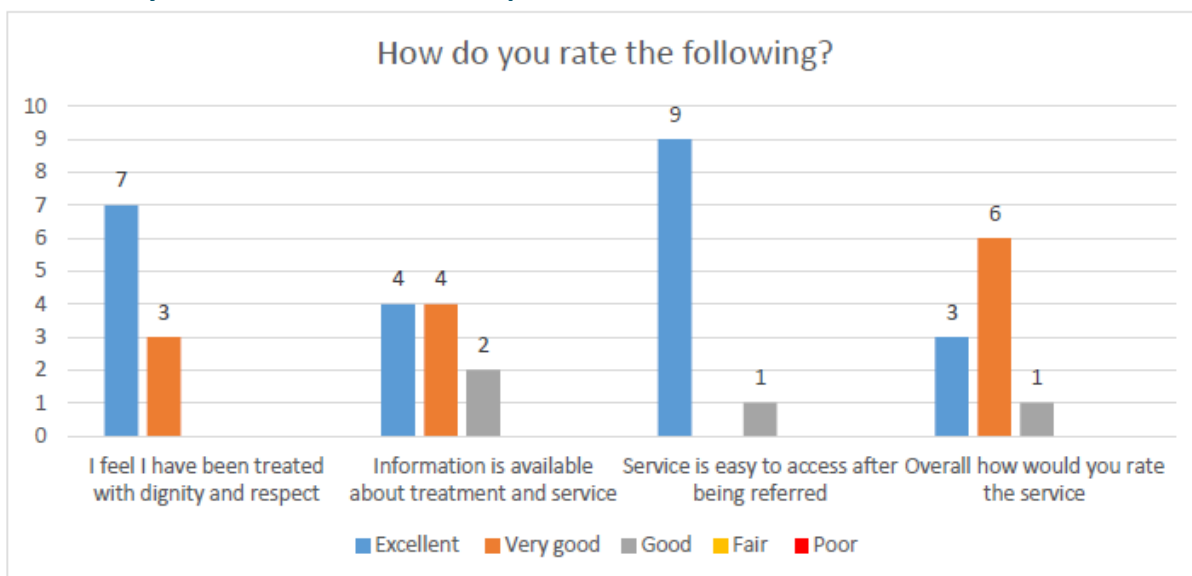
Referrals from other hospitals are proactively discussed and managed. These patients are transferred directly to Jonson bypassing ED. It is good practice for repatriated patients to be sent and received within daytime hours.

The patient who did not receive their medication overnight was an isolated incident, but was escalated and discussed. If patients arrive out of hours, the on call doctor will be bleeped to make sure their clerking and medications are prioritised.

LNWUHT update October 2018 – What has changed?

We are continuing to work to these standards.

Ambulatory Care, Northwick Park Hospital



Recommendations

- To ensure that patients are made aware on how to ask for assistance if needed.
- To provide a rough estimate of how long patients may be waiting, after they have been seen for the first time and waiting for the results in the waiting area.
- Staff should introduce themselves to patients when delivering treatment.
- Some patients did not know if they had a Treatment Plan. For the purposes of this report, we would like to clarify whether this is something the patient should be aware of and contribute to after their first visit.

LNWUHT Response

- To ensure that patients are made aware on how to ask for assistance if needed - There is a Healthcare assistant who is responsible for looking after patients in the waiting area. A sign has been put up with this information and asking patients to ask the receptionist if they need anything.
- To provide a rough estimate of how long patients may be waiting, after they have been seen for the first time and waiting for the results in the waiting area - Staff are expected to keep patients informed about the next steps in their treatment including how long they are likely to wait. They will trial giving patients a note about this too.
- Staff should introduce themselves to patients when delivering treatment - We agree. This feedback has been shared with staff and they have been reminded to offer this basic courtesy.
- Some patients did not know if they had a Treatment Plan. For the purposes of this report, we would like to clarify whether this is something the patient should be aware of and contribute to after their

first visit - All patients do have a treatment plan and this is discussed with them. The matron has put up a sign saying: 'Do you know your treatment plan? If not, please ask the Nursing/Medical staff who will be happy to discuss it with you.'

LNWUHT update October 2018 – What has changed?

- We still have a Healthcare assistant/Housekeeper who is responsible for looking after patients in the waiting area.
- We also have regular comfort rounds at least 3 times a day offering refreshments and updates. A sign is now up in the waiting area, asking patients to ask the receptionist if they need anything.
- A patient leaflet has been made available in the waiting area. This explains how the unit works and details the varying reasons why patients may need to wait.
- Staff introduce themselves and this is monitored/audited weekly on the Matron's walkabout (part of the Perfect Ward app).
- We are constantly trying to improve the way in which we communicate and have a new IT system which allows us to issue clear discharge plans.
- There is now a sign in the waiting area saying: "Do you know your treatment plan? If not, please ask the Nursing/Medical staff who will be happy to discuss it with you".

Fred Salmon Ward, St Marks Hospital - July 2017

Recommendations

- To ensure all PCA wires are connected at all times
- To ensure that patients' medication is taken at the right time and to assist them if needed
- To provide transport information to patients who have travelled from a long distance so they become aware of their travel options once discharged

LNWUHT Response

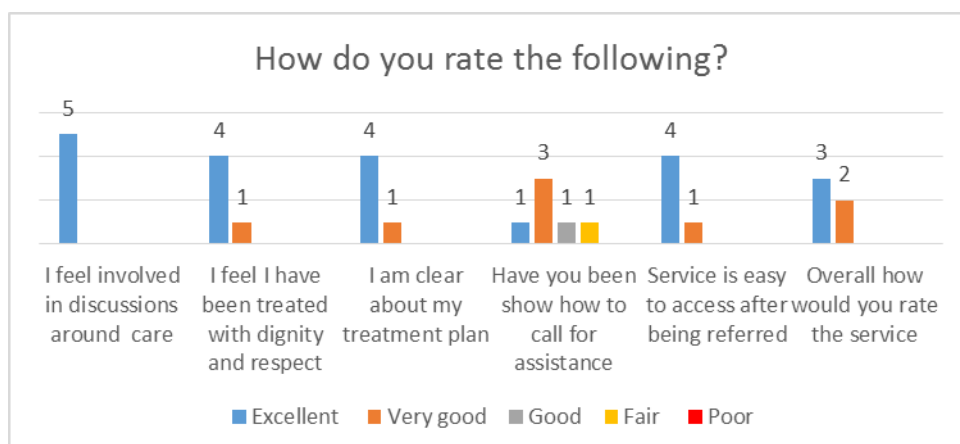
Thank you for this helpful feedback. It has been discussed with the team.

- To ensure all PCA wires are connected at all times - These should of course be kept connected to ensure that batteries are charged to allow patients to move around. Nurses should check this as part of their handover and have been reminded to do so.
- To ensure that patients' medication is taken at the right time and to assist them if needed - We were pleased that the staff responded once this matter had been brought to their attention. As above, nurses are responsible for making sure that medication is taken on time.
- To provide transport information to patients who have travelled from a long distance so they become aware of their travel options once discharged - We were sorry to hear that patients were anxious about how they would get home if they lived a long way away. The discharge coordinator on the ward had retired and her replacement had not started at the time of this visit. We now have a new discharge coordinator who will make sure that patients are involved in their discharge planning and to respond to this sort of anxiety.

LNWUHT update October 2018 – What has changed?

- We have reinforced and continuously promote bedside nursing handover for best practice. We have not had any further concerns regarding this.
- Medicine management is discussed during the safety huddle where staff are also reminded of safety and any incidents relating to medicine are shared.
- We have since recruited two discharge coordinators. Their role includes communicating with patients and families regarding issues relating to discharge (including transportation).
- Matron Rounds are completed regularly and the team feel reassured in talking with patients and relatives that these recommendations are being met.

Dowland Ward, Northwick Park Hospital - June 2017



Recommendations

- To explore ways that enable and ensure night staff to respond more quickly to patients when they call for assistance and that there is always a call button available whilst plugged in.
- To introduce a better signage from main reception to Dowland Ward, for an easy and quick access.
- To consider refurbishing the ward looks especially their bathrooms.

LNWUHT Response

Thank you for this helpful visit and feedback. We were pleased to see that patients felt involved in their care and were treated with dignity and respect.

- The ward was indeed in need of refurbishment at the time of the visit. The bathrooms are being decorated and the ward re-painted in August.
- We were sorry to hear that patients were not always able to get the attention of staff especially at night, and that call bells were not always available. The matron investigated the example that was raised and is confident that this is not the usual experience on the ward. That said, the matron and ward manager are monitoring this carefully.
- A Sister will be allocated on to night duty on some shifts to monitor standards of nursing care. The Clinical Ward Manager checks in with patients every morning to ensure that there are no concerns.
- The matron now undertakes weekly audits using a 'perfect ward app' which checks on a range of measures of quality, safety and patient experience, including the accessibility of call bells. Since the visit in June, there have been no similar reports.
- It is difficult to find Dowland Ward. Following your visit, we created a set of easy to follow directions. These are available on the ward so that visitors can share them with other people who plan to come and at the main reception. Staff also have copies on the ward so they can give directions by phone. The Trust is aware that signage needs to be improved and is in discussions with a wayfinding consultant and is exploring technological solutions. Meanwhile there is a team of wayfinding volunteers to help guide visitors to their destinations.

LNWUHT update October 2018 – What has changed?

- Refurbishment works have been completed.
- Staff grades were revived on night duty and changed to 3 trained nurses on duty; Ward sisters also undertake night duties to review standards. Staff are regularly reminded of answering call bells as promptly as possible.
- This is monitored and recorded as part of our quarterly EAT assessments.

Phlebotomy, Northwick Park Hospital - October 2016

Recommendations

What would you like to have more of?

- Water dispenser: a number of patients would like to have a water dispenser in the waiting area
- Seats in the waiting area: Patients said that when the clinic gets busy, more seats would be appreciated to be able to sit down
- Seats: Seats in the waiting area could be more comfortable
- Television: Having a TV for patients to look at will help pass the time, whether it is showing medical advice or showing the news with subtitles

What would you like to have less of?

- Less waiting time. Patients said that there are days when the wait is not too long but there are times when you have to wait for an hour
- Less expensive parking charges. Patients would like to have some clarity how much to pay at times when they do not know how busy the clinic will be
- Time with staff: A few patients would like to feel less rushed with staff

LNWUHT Response

The team has discussed the observations and were disappointed that patients had not been kept properly informed of delays on the day of the visit. They have reminded the whole team to make sure that the admin staff are kept informed of the reasons for any delays, and the admin staff to make sure that patients are kept informed of any delays.

Although car parking charges are outside of the service's specific remit, the Trust offers a range of concessions to make it easier for our patients and visitors. In line with Department of Health guidance, discounted passes are available for patients and families who need to visit our hospitals regularly or for long periods. Three, five and seven day passes are available as well as reductions for renal patients. Free parking is available for Blue Badge holders (when parked in a designated bay).

In order to minimise waiting times in the phlebotomy clinic, there are now always 5 staff on duty. Ticket machines are put out at 7.30 in response to other patient feedback. A television has been installed and a second more accessible water filter is being put in place. At present, the team has been unable to secure additional or new funds for more chairs but this is something that could be reviewed again at a future date.

LNWUHT update Oct 2018 – What has changed?

- We continue to ensure that there are 5 staff on duty during peak times. A member of the senior management team makes announcements advising patients of any long waiting times and reasons for delays. We also redeploy staff where possible.
- We have a working TV in place and a water dispenser in the phlebotomy room.
- Unfortunately we have still not been able to source additional chairs for the waiting area. However staff are monitoring this and when additional seating is required staff are able to source this from other areas.

Physiotherapy, Central Middlesex Hospital - October 2016

Recommendations

Patient experience with the service:

- Treatment plan: patients are aware of their treatment plan, feel supported, and improvement measures are taken into consideration when suggested by patients. Patients learn about their treatment progress at the appointment session.
- Service information: Physio gives patients verbal information as well as leaflets
- Patient involvement: Patients report to have one-to-one in-depth consultations about their care
- What to expect in appointments: Mixed patient experience is highlighted. Some patients know what to expect of the service, including planning for future appointments, and are kept informed and up to date about the service. Other patients would like to have More information to be provided when sending confirmation booking. On patients first appointment they were not sure what to expect.
- Flexible appointments: One patient was told by a different department at Central Middlesex Hospital to go to Physiotherapy department and see if they could book a future appointment. The Physio department had a free slot and was able to see them on the day.

LNUUHT Response

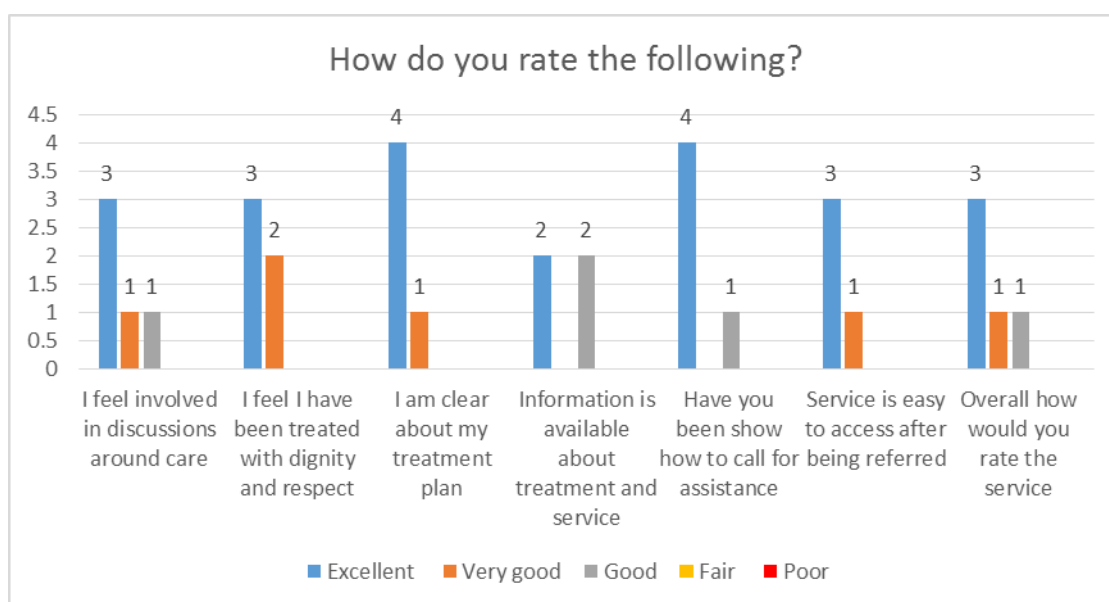
- The clinical director of adult therapies, has discussed this report with her staff. They have been reminded to check whether patients need interpreters before the sessions and to ensure that they are booked if so.
- The team thought the idea of a special hydrotherapy session for elderly patients was an excellent one and will explore introducing one.

LNUUHT update Oct 2018 – What has changed?

Ongoing.

- We were not able to provide a special hydrotherapy session but there are popular sessions for people over 50 with osteoarthritis.

Maternity, Maternity Unit, Northwick Park Hospital - November 2016



Recommendations

- To ensure that patients bed sheets are changed quickly, especially if they have been sick or bleeding.
- Guidance to ensure that front desk staff do not come across as aggressive to carers.
- Check that staff respond promptly to call bells.

LNWUHT Response

Thank you for this helpful visit and feedback. We are pleased to see that staff had developed good relationships and the women felt involved in their care. We are sorry to hear that the sheets were not changed. This matter has been discussed with the matron who will ensure that this doesn't happen again. The matron now undertakes weekly audits using a 'perfect ward app' which checks on a range of measures of quality, safety and patient experience, including the accessibility of call bells. Since the visit, there have been no similar reports. We were disappointed to hear that one staff member was described as aggressive. They have since participated in the Trust HEART's values training and have been reminded that they are the face of the organisation. We have fed back to the parent education team and the breastfeeding team on the positive feedback from the women.

LNWUHT update October 2018 – What has changed?

- Daily checks of the wards are carried out by the Matron and Ward Manager. Co-ordinating staff are also encouraged to check the wards on their shift with the expectation that they delegate to junior staff to ensure that all areas are addressed.
- Staff are reminded on a regular basis during the safety brief to complete comfort rounds for all women. This includes checking whether sheets need to be changed.
- Weekly 'Perfect Ward' checks are carried out by the Matron or Ward Manager. Any areas that require attention are handed over to the Midwife in charge of the shift.
- Regular assessments are carried out by a senior midwife from a different area for a 'Fresh eyes' view of the ward. A 'dummy' call bell test is included. Findings are passed onto the matron to action. This includes a 'dummy' call bell test.
- The Trust HEART value are reiterated at each safety brief to all staff.