

University College London Hospitals NHS Foundation Trust UCLH Listening Event February 2018

Introduction

On Wednesday 21st February 2018, the Trust held a Listening Event from 5:30pm until 7:30pm. The focus of the Event was to get input into the Trust's strategy and provide an update on the new hospital facilities. In addition, we updated patients on what has happened since the Listening Event in April 2017 and asked about what else matters when it comes to UCLH services.

The Event was introduced by Head of Patient Experience, Lisa Anderton. Laura Churchward, Director of Strategy presented information about the new developments and Jonathan Gardner, Deputy Director of Strategic Development presented the draft strategy.

Thirty-six patients and members attended the Event, and were first asked what is important to them when it comes to UCLH services. For the remainder of the session attendees heard from staff representatives on the new developments at UCLH including a new clinical facility for proton beam therapy, blood disorders and surgery and the new facility for the Royal National ENT and Eastman Dental Hospitals. The agenda for the evening can be found in Appendix 1.

'What matters to you?'

Patients and members talked; UCLH listened

A number of topics that are important to patients and the public were identified, through post-it comments and table-group discussions. The main themes that emerged are presented below; the full list of post-it comments can be found in Appendix 2.

Staff attitude

Several comments reflected the importance of staff attitude including showing kindness and attentiveness and being patient centred. Being treated with respect is important to attendees. Some comments reported poor attitude of some reception and security staff.

Communication

Better communication between the hospital and its patients was one of the main themes from the event, as well as better communication between departments. Keeping patients updated about waiting times and being updated during treatment is important to attendees. Other comments included

having main notices in other languages, being addressed appropriately and not patronised and having clear information about the wards. In addition, frustration over the telephone system was expressed.

Hospital services

Hospital transport, pharmacy and the Patient Advice and Liaison Service were all noted to need improvement by some attendees. Reducing waiting times in clinics and at pharmacy was a prominent theme. Transfer of patients between hospitals was highlighted for improvement. One suggestion was received to charge for missed appointments and add into text reminders the cost of non-attended appointments.

Care

Attendees felt that better planning of care is important, with patients being involved in decision making “no decision about me without me”. Patient and consultant relationships were emphasised along with clinical expertise and diligence. There was a call for more information about what UCLH provides and prompt treatment from diagnosis. It was suggested that patients are asked about hearing loss as part of the admission process. Safety was a prominent theme and patient’s mental health and wellbeing was noted as being an area that is often overlooked; this was suggested as a topic for a future event.

Environment

A number of comments highlighted the need for clear signage, at eye level, and the possibility of using colours for way-finding; patients want to be included in decisions made about signage. Maps or apps to help with way-finding were suggested as a helpful tool for patients. Other comments included clean facilities, access to toilets and good lifts being important to patients. Requests to advertise research opportunities in reception areas were made, as well as requests for Wi-Fi. Some attendees felt that the main reception area at UCH is unwelcoming and commented on the overcrowding in reception areas.

Electronic Health Records System

A number of comments from attendees will be addressed as part of the new Electronic Health Records System. These include: being able to book appointments and other services via an online portal, easier access to change appointments, prompt receipt of results, and better communication following outpatient appointments. More clarity and openness around EHRS was requested along with patient input into the system. IT security of patient data was also raised.

Positive Comments

In addition to the above, a number of positive comments were received including “Very good feedback, very good experience”, “Happy with services” and “Admission nurses were amazing, caring, knew their jobs inside out”.

‘UCLH Strategy - Have your say’

The second part of the event centred on presentations and table-facilitated discussions about the UCLH Strategy. Ideas were presented and key themes generated about the draft strategy:

Initial thoughts on strategy

The strategy was well received by attendees and labelled as ‘aspirational’, however it was queried whether the actions delivered would match up. Comments were made about the use of abbreviations and NHS jargon in the strategy. Concern was raised over the risk of the budget being taken away making the strategy unachievable. The term “customer” was not well received by attendees with some stating it undermines the patient’s relationship with the NHS. Attendees felt that it is important that staff and patients are kept up to date and are involved in the developments. Some concerns were expressed about not wanting UCLH to be a research hospital however many attendees felt that research opportunities were important and should be available to all patients.

What is missing?

Some attendees felt that the strategy lacked quantifiable objectives and that commitment to raise the level of administration to level of clinical care was missing from the strategy. Other attendees felt that there should be more about technology in the strategy and it should include making sure IT equipment is up to date. Attendees asked for more clarity to be included on the benefit of research and the term ‘working with partners’. Including the Francis Crick Institute was suggested.

New Developments

Concern was expressed about the funding for the new developments (phases 4 and 5) and the consequences of merging hospitals. Attendees queried how staffing needs to deliver the services in the new facility would be met.

Summary and next steps

The Event allowed the Trust to inform patients and members of the new developments at UCLH and to seek initial feedback on the draft strategy. We collected many useful comments and queries, which have given us plenty to think about and work on. The presentations were well received, and many attendees were enthusiastic about the new developments.

Holding further events

This was the third in a series of events. Further events will be arranged on specific topics of interest raised by attendees. Our aim is to hold an event every six months, therefore the next event will be held in late summer 2018. The topic is yet to be confirmed.

Appendix 1

Event agenda

- 1) Head of Patient Experience Lisa Anderton opened the Event as the Event facilitator. Lisa gave an overview of the structure and aims of the Event and introduced the first activity.
- 2) Attendees were asked 'what matters to you', and were invited to discuss, by means of table-group conversations and noting comments on post-its.
- 3) Staff representatives gave brief presentations on the new developments at UCLH and the draft strategy.
- 4) The remainder of the session was filled by table discussions for attendees to comment on the strategy.
- 5) Lisa Anderton closed the Event by giving a brief summary of the evening's aims, discussions and next steps, and thanking all who attended.

Appendix 2

Care

- Better planning of care
- Experience and clinical expertise and excellent judgement
- Clinical and nursing skill and diligence
- No decision about me without me!
- Prompt treatment from diagnosis
- When attending A&E having a triage to be directed to a GP chemist or A&E to speed up process
- When appointments get cancelled great delay for next appointment – need to chase
- Right amount of staff who feel appreciated
- More for open days for information and what UCLH provides, one patient is on board and his outcome is 1-2-1 basis
- Ill health investigating should be thoroughly looked at before dismissing patient
- Patient and consultant relationship
- Is there possibility of moving all of your patients to have all his/her medical conditions treated in UCLH
- If your condition is untreatable, could your consultant refer you for research
- Monitoring of departure from hospital not staying longer than necessary
- Safety in procedures
- Deafness
- All patients entering process e.g. A&E or O/P asked about hearing loss as part of process

Communication

- Good communication between disciplines and departments
- Time to get departments to communicate with each other and the patient. The pharmacy is particularly bad at listening and communicating. Silo mentality
- Waiting at clinics – being informed of delays
- On the day results
- Being kept updated during treatment (good communication)
- Being treated and addressed appropriately is being asked how to be called. Not to be patronised
- Transparency about waiting times and treatments
- Clear information
- Main notices in languages other than English
- Clear documentation about what to expect on ward e.g. meal times
- Being clear of who is in charge, feels insecure, feels like no-one in charge

on wards

- I overheard a patient telling his wife that no one told him to drink plenty of water before a blood test – printed sign and water dispensers near phlebotomy?
- Communication between consultant and GP isn't always accurate and consistent
- Why cannot we have a human as our first contact on the telephone
- Feeling at ease, understanding what is happening
- Telephone access
- Ward/clinic staff do not bother to answer a ringing telephone
- Opportunities to ask questions of clinical teams
- Details between UCLH – GP practices. Need to improve rapidly
- I witnessed one hospital telephone call to enquire on how I felt after 2 weeks after a procedure here. Can same calls be arranged for check-ins on your patients on a regular basis not including whether or not we have appointment.
- Hearing aids info as some types making a noise = why?
- Prompt treatment from diagnosis (not just cancer and heart)
- MRI – patients need more details to reduce stress

EHRs

- Electronic health records – more clarity, openness and patient input into development
- Being able to book transport, appointments, other services via a portal inc. self help
- Easier access to change appointments
- Prompt scan results
- Better communication following outpatient appointment i.e. copy of letter to GP, some departments are much quicker than others. Standardisation of letters
- Inconsistency of text reminders but over repetition
- IT security of my details

Environment

- Have some toilets for people with long legs
- Fracture clinic nothing to rest ortho boots on – no leg room! Foot stools
- Wi-Fi for mobile phones and computers
- Clear signage
- Main reception area at Euston road is unwelcoming and impersonal, please improve
- Wayfinding using colours might be an options for some patients not suffering from colour-blindness
- Clean facilities

- Good lifts!
- Extreme overcrowding in hospital reception
- Signs at eye level (for average height or lower)
- Consult patients for appropriate signage
- Maps or apps to have to find way round hospital
- Leaflets about research in reception
- Screen in waiting area advertising opportunities to participate in research

Positive

- Very good feedback, very good experience, patient representative in community
- Happy with services
- Admission nurses were amazing, caring, knew their jobs inside out

Services

- Charging for missed appointments and time wasters, add into text reminders the cost of DNAs
- PALs office is the worst, no confidentiality, not helpful
- Patient transport
- Delivery company – particularly bad
- Pharmacy
- How are cleaning staff going to be protected from the impact of chemical sprays for sanitising surfaces

Staff Attitude

- A&E staff and security staff behaviour and language they use
- Kindness, attentiveness
- Quality of personnel
- Being treated with respect
- Attitude of receptionists in several outpatient clinics needs improving
- Person centred
- Less pharmacy waiting times and longer hours
- Outpatient clinics being on time
- Compassion towards all different patients

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We are committed to
delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving