Guy's and St Thomas' NHS
NHS Foundation Trust

Council of Governors Meeting

29th April 2015

(CoG/15/13)

Council of Governors
Questions and Answers

Status: *A Paper for Information*

History: *Regular Report*

Sir Hugh Taylor
Chairman

The following questions have been raised by governors during the last quarter. Answers are included or are ongoing and will be provided to governors once available.

Note: ***Governors are asked to send any queries to Sandrine Michel-Gibson or Peter Allanson and not directly to directorates. We will log questions and ensure they are properly handled.***

Matters of interest/question	date raised	Responses	Progress/further information	Completed date
The CEO says that there is a programme of work underway by the Medical Director to address "hospital at night concerns". What progress I wonder? I realise how difficult it is to control events at night in a busy hospital, but I have had recent experience of unnecessary noise at night in the wards	2014-04-29	Hospital at Night is about the clinical operating model for looking after patients out of hours. We are currently looking at the future clinical model that will be required at GSTT and the implications this will have for our workforce, given activity changes and the anticipated shift towards a 24/7 care model at a national level.		
Trust planned in partnership with KCL to build affordable accommodation. What is the timescale of the project and the cost contribution promised by the Trust?	2014-07-31	We are working on an investment strategy as part of our 5 year plan for presentation to the Board of Directors at the end of September and part of this will focus on the issues facing us with regard to staff residential accommodation. As part of this planning exercise we are working on a joint strategy with KCL who have a far greater demand for residential accommodation than the Trust. This will endeavour to identify opportunities for providing appropriate off-site accommodation for those who need it, and options that are under consideration include possible joint developments, or working in partnership with housing associations or registered social landlords. No firm decisions will be made until we		

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		have explored the options. **(Steve McGuire to John Burns on 05-08-2014)**		
Now that it seems clear that Route 381 is not immediately to return to St Thomas St, it would be helpful for QEWG to review with the Trust the advice given to patients in respect of accessing Guys Hospital. In addition there is the sustained problem of reaching the main hospital entrance by private car or Tax which is poorly signposted and requires a circuitous journey (which might even be included with a diagram in patients' letters). Previously, patients on foot could easily reach the hospital, via Bus 381, to the stop in St Thomas St just north of Great Maze/Shard. The current situation is that passengers served by both routes 381 & RV1 are advised by a message given with the stop information 'Hop Cellars – alight for Guys Hospital. This is a long way from Great Maze via St Thomas St unless one of the narrow lanes from Borough High St leading down to Gallery shop opposite the hospital entrance is used. However, these lack complete pavements	2014-08-03	The Trust has checked with Transport for London and both bus routes 381 and RV1 do stop at London Bridge bus station along Duke Street Hill, which one would agree is a better and safer stop for patients to alight to get to Guy's Hospital. Over the years the Trust has been proactive in influencing both communication and signage within London Bridge station by working closely with Network Rail. The Trust now has better directional signage and floor markings from London Bridge station towards the hospital. In additional the 'Guy's Hospital' sign has been made bigger, better positioned and illuminated to clearly direct patients and visitors to the pedestrian access along Great Maze Pond. The Trust also ensures that the most up-to-date information is provided within Guy's and St Thomas' Hospital's website (www.guysandstthomas.nhs.uk) under the 'getting here' section and encourage anyone travelling to either sites to check before travelling. There is also journey planner for any visitors via Direct Enquiries with photographic journey plans, site maps and access information, e.g. step free access and corridor widths for both hospitals. The Trust will be in touch with Transport for London to ask that the bus stop for the 381 and RV1 are cited closer to Guy's Hospital and the new Cancer	**Update on 20.04.2015 -** Discussion between the Trust and TFL/Network Rail are ongoing. The Trust has arranged a meeting with TFL and Network Rail beginning of May 2015.	

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and are Victorian cobbled - very dangerous for infirm/disabled patients. The Taxi fare from The Hop Cellars bus stop to the main entrance can be in excess of £7. In fact, it is probably nearer and safer for patients to leave Bus 318/RV1 at the London Bridge stop, cross over on the crossing and proceed to Great Maze via the Arcades along the route to the Shard. It would be helpful to collect information on this situation from Southwark/Lambeth Healthwatch and the Trust Patient Engagement Unit, as well as from TFL.		Centre at Guy's when it opens in 2016. In the meantime, the Trust will assess the route to see if the wayfinding and signage towards Guy's Hospital can be improved from the earlier stop and also ask if TfL can change the announcement to alight at London Bridge station rather than along Southwark Street. (**Response from Steve McGuire sent to Barry Silverman and QEWG members on 21-08-2014**)		
Fracture Clinic We expressed our hope that Fracture Clinic patients could have an improved experience if their needs were considered within the A&E improvement plans, noting that the primary issue for fracture patients is long waits (patient feedback was posted on the wall in the clinic, which was excellent to see). A factor in waiting is the journey between the Fracture Clinic and the X-Ray facility in the A&E Department, as all fracture patients requiring X-rays are sent through A&E reception. We walked the current patient pathway and were able to locate a plan of the redesigned and enlarged A&E Department, which	2014-09-17	The Trust is in the midst of a major complex refurbishment of the Emergency Department. Until this has been completed it is not realistic to undertake a major review of the Fracture Clinic – which we intend to put in hand at that point. In the meantime we are keen to work with you to improve the experience of patients in this increasingly busy clinic. The fracture clinic team have already started to act on some of the issues that you have highlighted in your letter. A fracture clinic improvement working group has been set up and has met three times to discuss concerns and make plans for improvements. This group currently consists of a multidisciplinary team of experts from the nursing team and Orthopaedic services. This group would like to invite a governor to join them. Perhaps we could agree with SSWG who should take		

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confirmed that under new plans this fracture patient pathway will be as long and awkward as it is currently. We were informed by the A&E service manager that it would not be possible, at this late stage, to relocate X-Ray so Fracture Clinic patients could access it more easily. However the plans show an area adjoining the back wall of the Fracture Clinic, currently used as storage cupboards and one small office, and identified for future IT use, which could potentially be turned into an X-Ray room for the sole use of the Fracture Clinic. This could significantly reduce the waiting time that patients incur in the Fracture Clinic while also taking some pressure off the A&E X-Ray rooms. There could also be benefit in reducing the need for porters to move fracture patients, and in improving the comfort of patients. Devon and I both agree that this option should be explored further and the staff members concurred with this possible improvement of their service delivery to patients		this up. Their plans include: • Improving the booking process to ensure that doctors and clinics have a more appropriate allocated time for each patient. This will result in fewer queues for reception and a reduction in waiting times overall. • Improving the waiting area to make it more appealing (e.g. rearranging the seats, placing magazines and TV) Part of the plan includes: • A proposal to consider a “virtual” clinic using telephone review. This system has already been set up in other Trusts and proves to be working well. This would reduce visits to the clinic and improve waiting time. • Whilst work is in progress in the Emergency Department: o Fracture Clinic patients in need of x-ray will be directed to the A&E x-ray department on arrival and prior to their appointment. o Patients with mobility impairment will also be able to use the A&E entrance to access the clinic. o All other patients from the fracture clinic will use the designated hospital routes to access the fracture clinic. o A&E Volunteers will be briefed about the fracture clinic patient access to ensure a good patient experience is maintained while the A&E works are in progress and thereafter. o An information card with a map and possibly a		

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		flow chart for A&E to give to patient explaining the route to fracture clinic is to be created. • After work completion o Fracture clinic patients will be able to access the A&E x-ray department via a buzzer system; this to avoid patient dignity issues. • The team is currently auditing how often telephone calls are missed and making an action plan with any improvements including training for the team. • The appointment of a new Orthopaedic Outpatient Manager who will be based at St Thomas' (started in March 2015) and will manage the non clinical staff in fracture clinic. This should have a positive effect on the running of the clinic. **(Response from Peter Allanson sent to Devon Allison and Ken Hayes on 20-04-2015)**		
When can the agreed lower ground floor car drop off point at St Thomas' for people coming by car to outpatients have a sign explaining that it is free parking for drop off for 20minutes and when will the temporary structures that existed in September 2012 be removed to enable it to be easier to see?	2014-10-07	The Security Management Team is currently reviewing content for one of the signs and a quote for the agreed signage schedule is expected shortly. This will go to the security team for funding approval.	**Update on 16.04.2015 –** All the signage has now been installed.	**16/04/2015**
Our receptionists are the first point of contact for many patients and families. A less than caring approach by any one of them can be both upsetting and leave a poor reputation. Do our selection, training and supervision processes help ensure	2014-10-10	We asked Amanda Millard newly appointed Director of Patient and Carer Experience for her views. She too have asked the same question and is as a result doing some work on both recruitment and training of this group of staff through the outpatients work stream in Fit for the Future led by Alice Jarvis.	**In progress**	

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that we maintain a high standard?		(**Response from Peter Allanson sent to Yvonne Craig Inskip on 14-11-2014**)		
Chairs on castors purchased by the Trust. It appears a number of accidents have occurred with the chairs moving when people sit on them. Could the Trust find a type of chair that whilst still having castors to enable movement could be switched to one which can be made static as well?			**Update on 23.04.2015 -** Procurement is currently reviewing furniture category and has included this issue as part of the review. (The review will include risk advise from Occupational Health)	
A&E entrance permanently closed for access to other parts of the hospital. I note the impending permanent closure of the access to the St Thomas Hospital site via the A & E entrance and would like to ask whether : • any consultation took place and, if so, with whom and when in respect of the intention • any specific consideration was given to the needs of disabled patients arriving and departing from the hospital – particularly those intending to access the East Wing and Evelina- At present, this access connects with Bus Routes 77 and C10. The nearest 77 Bus stop is now at County Hall/Education Centre. These is no C10 stop nearer than under	2015-14-03	The Trust has sought the views of patients and user groups at key points of the design process, from options appraisal to the final workshop in July 2013. There was a particular focus on trying to seek the views of those with long-term conditions, older patients and those with mental health conditions, as these groups tend to be recurrent service users. To each workshop we have carefully and as best we can, recruited a sample of patients who are broadly representative of the demographic groups using A&E or recruited to the theme of a workshop e.g. mental health service users. Governors have been involved in key workshops, where appropriate. It is important to highlight that for the large part we have sought the views of those with recent and personal experience of emergency care pathways. The business case and final designs for the ED refurbishment were presented to the Board on 30th April 2014. ED art strategy - the views of patients and Governors		

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the Railway Bridge - Route 77 allows a connection with Routes 381/RV1, also located at County Hall. These locations offer a substantial distance to the hospital – especially of access is required beyond the North or Lambeth wings. It is understood that A & E needs may stipulate that this access should be removed but a possible remedy is to establish an entrance by the Evelina (needed for patients/visitors accessing the Children's hospital anyway with a new bus stop opposite that new entrance (something required in any case for the same reasons).The continuation of pedestrian access to the A & E Dept. does not, of course, change the situation for patients wanting other parts of the St Thomas site – particularly if they are walking disabled or self arriving in motorised wheel chairs (which are themselves not best suited for hospital corridors. Is there any policy or guidance with respect to these as they are becoming larger and larger (and so dangerous to those on foot in confined spaces).		will continue to inform this facet of the programme. To date staff and patients have selected the artist that went forward to the successful charity bid and this will continue at key points of the programme. The PPE Team and Essentia Stakeholder Engagement are working closely with Sara and John Criddle to plan further activities. With regard to the question of whether the Trust sought the views of patients and public on limiting the access to the rest hospital building via A&E entrance - this point was not raised specifically. Access points to A&E were indeed highlighted at the final patient-public workshop in July 2013 (the event walked participants through the drawings and slide decks from the event highlight this), but at the time, it was not apparent that access to the rest of the hospital would be limited - this was not included in the scope of discussions for that reason. It is unfortunate that the issue was not brought to light until much later in the process when the design and business case were agreed. Given the challenges of accommodating the emergency floor in a limited foot print and the need to maximise the space available, one might ask whether it would have been proportionate / reasonable to consult more widely on the matter of limiting access to the rest of the hospital from this entrance if a) the entrance from Lambeth Palace Road side has always been the A&E front door (not really intended as a main hospital thoroughfare) and b) if this was the only option in order to maximise space for the department. Instead, is it worth considering whether there are still opportunities to have a helpful discussion		

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		with patient-public representatives, in particular Governors, about the solutions in respect to wayfinding / signage? Mystery Shopping findings and patient feedback continue to highlight, from time to time, that wayfinding / signage is not as clear as it could be in places. The Trust has a wayfinding strategy and design standards, but these set a minimum standard and patients comments should continue to be taken into account. (**Response from Peter Allanson sent to Barry Silverman on 21-04-2015**)		
Do we want to consider our approach to public health issues, beginning with obesity? Guys was just slammed in the press for having a McDonalds on site, and there is increasing attention being paid to the importance of strategies for helping people lose weight and exercise more. I almost resisted saying this is quite a mountain to climb	26-03-2015	It would be a good topic to follow up on. We must clarify that McDonalds is a KCL issue, as McDonalds occupy their property, and despite pressure from the trust the University do not as yet remove them. However, KCL are currently planning to remove them to make way to the new science gallery but the date for the move has not yet been clarified. **(Response from Martin Shaw and Anita Knowles sent to Devon Allison on 26-03-2015)** Public health should be something the governors talk about. It's probably not possible to fit it into the April meeting but it should appear in some forum – perhaps joint governors as it is one of KHP's main strategies – over the next few months. **(Response from Peter Allanson sent to Devon Allison on 27-03-2015)**		