



Barts Health NHS Trust Cardiology Department Enter and View Report

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Visit Details

Visit Details	
Service visited	Barts Health NHS Trust Cardiology department
Address	St Bartholomew's Hospital West Smithfield London EC1A 7BE
Service Manager	Matthew Young, General Manager for Electro Physiology, Intervention and Networked Cardiology (13 th June 2024) Alison Digney, Outpatient Service Manager (25 th July 2024)
Dates and Times of Visits	13 th June 2024 10am – 1pm 25 th July 2024 10am – 12pm
Status of visit	Announced
Authorised representatives (staff)	Rachel Cleave, Liesa Sandt, Caitlan Barrow
Authorised representatives (volunteers)	Lynn Strother, Judy Guy Brisco, Janet Porter, Stuart MacKenzie, Bee Lim

What is Healthwatch?

Healthwatch City of London is an independent organisation which relies on feedback from the local community regarding their experience using health and social care services across the borough. It is part of a nationwide network of local Healthwatch and a national body, Healthwatch England. As the local Health and Social Care Champion, Healthwatch City of London ensures that your voice is heard by National Health Service (NHS) leaders and local authorities when decisions are made on how services will be delivered and further improved.

Act 2012 allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

During visits, we observe service delivery and talk with service users, their families, and carers. We also interview management and staff regarding their views of the service provided. The aim is to get an impartial view of how the service is operated and being experienced.

What is Enter and View?

One of Healthwatch City of London's statutory functions is to carry out Enter and View visits to health and social care service providers in the borough. The Health and Social Care

Following the visits, our official 'Enter and View Report', will be shared with the service provider, local commissioners and regulators outlining what has worked well, and give recommendations on what could have worked better. All reports are available to view on our website.



“The aim is to get an impartial view of how the service is operated and being experienced.”



Disclaimer

Please note, this report relates to findings observed on the specific dates set out. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

Healthwatch City of London would like to thank the service provider, service users and staff for their contribution and hospitality in enabling this Enter and View visit to take place. We would also like to thank the Healthwatch City of London volunteers who assisted in conducting the visit.

Why Barts Cardiology?

The rationale for conducting an Enter and View visit to the cardiology department is based on feedback given to Healthwatch City of London by patients concerning their experience of the communication and information given prior to and after appointments.

The level of satisfaction with the care received is not subject to this project.

Pre visit research

Prior to the visit Healthwatch City of London undertook desktop research to understand the published information already available on the service. It also undertook an online survey for service users to complete to give feedback on their experiences of the service.

Information on Barts Cardiology Department

Barts Cardiology department is based at St Bartholomew's hospital. Cardiology is a medical specialty to diagnose, assess and treat diseases and defects of the heart and blood vessels (the cardiovascular system).

You would visit the cardiology department at Barts Health to receive investigation and treatment for heart conditions such as arrhythmias (irregular heartbeat), cardiomyopathy (disease of the heart muscle) and myocardial infarction (heart attack).

Waiting Times

According to My Planned Care the average waiting time for first outpatient appointment at

this hospital for this specialty is 12 weeks with the average waiting time for treatment being 16 weeks.

CQC Rating

The Care Quality Commission (CQC) are the independent regulator of health and adult social care in England. They make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

The most recent CQC inspection at Barts Hospitals NHS Trust took place in February 2019 with an overall rating of 'Needs Improvement', however St Bartholomew's hospital was not included in this inspection.

The previous CQC inspection at St Bartholomew's Hospital was in 2017 when it was rated good.

Patient Reviews

Of the three reviews left on the NHS Review site, two rated the service as 5 out of 5, with one reviewer giving the service 1 out of 5.

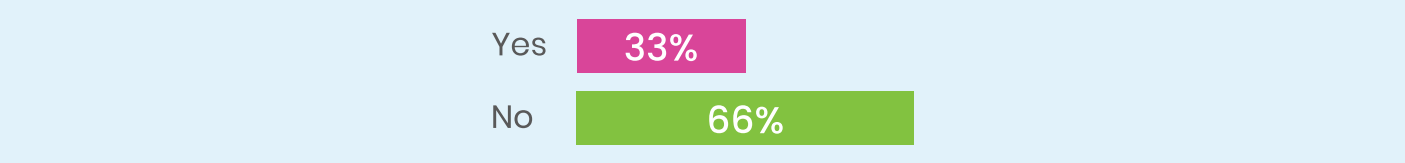
Survey Feedback

Healthwatch City of London carried out an online survey for service users of the of the cardiology department to complete. The survey was designed to further explore the issues that service users had expressed to Healthwatch City of London. The online survey was open from February 2024 and closed in June 2024 following the first enter and view visit to the hospital.

Survey Results

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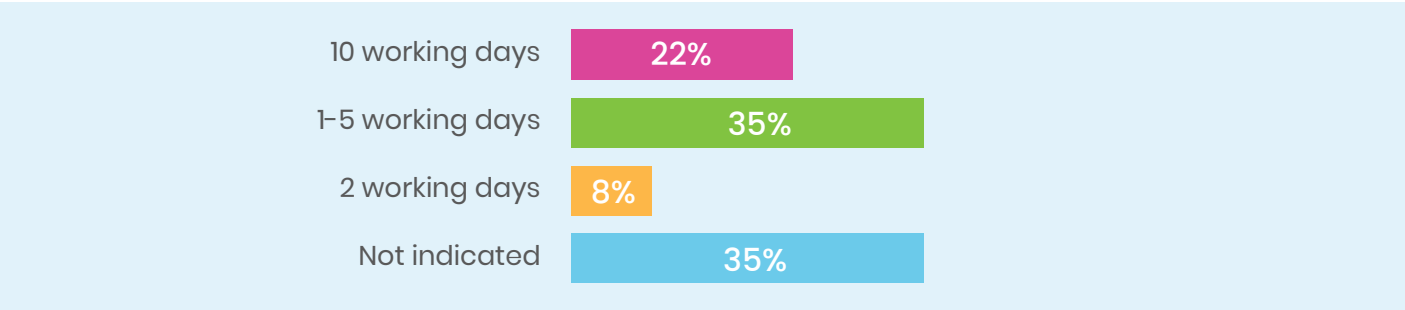
Q1 Have you received an appointment letter from the Barts cardiology department that contained incorrect information?



Comments:

- Bart’s failed to keep a confirmed telephone consultation appointment.
- Out of date or no phone numbers, often no email address

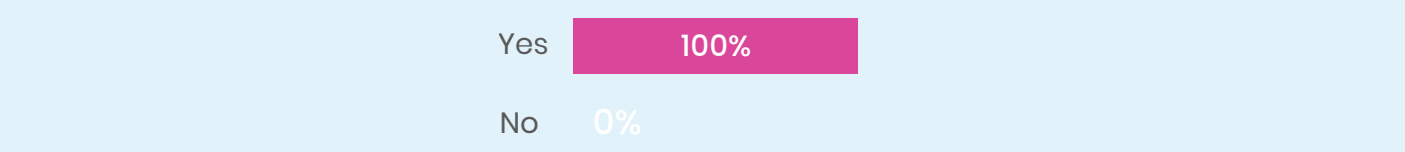
Q2 Have you received an appointment letter that was missing or had insufficient contact information in it? (no phone number for the department, no email address for the department)



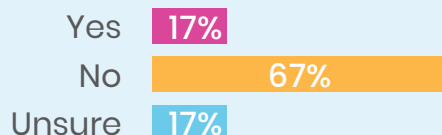
Comments:

- I have received many appointment letters like this. The clinic letter does have email address, and phone numbers which are different to the number on the appointment letters, but no department opening hour details are on any letter.

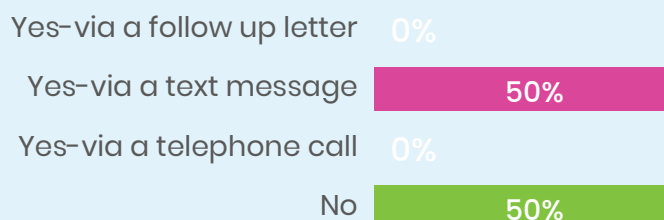
Q3 Did the letter you received stipulate if the appointment was in person or virtual (telephone or video call)?



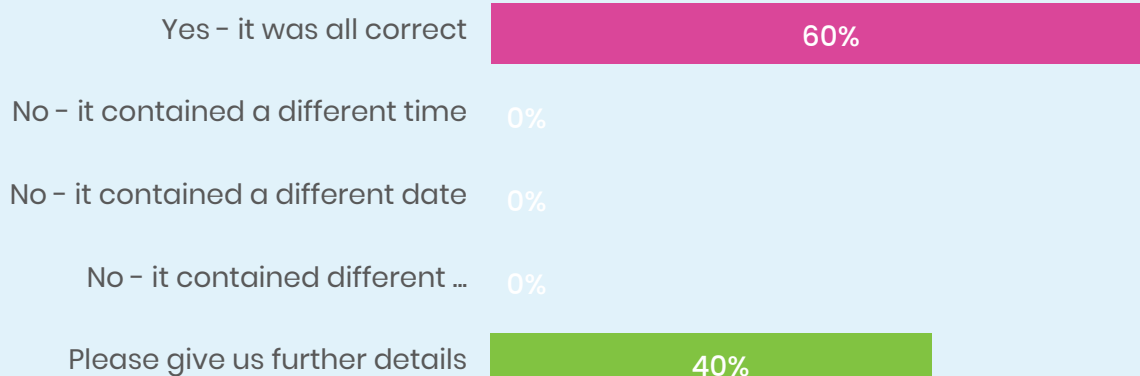
Q4 Did the letter give you the option to obtain the details in your preferred language?



Q5 Before your appointment did you receive a timely reminder?



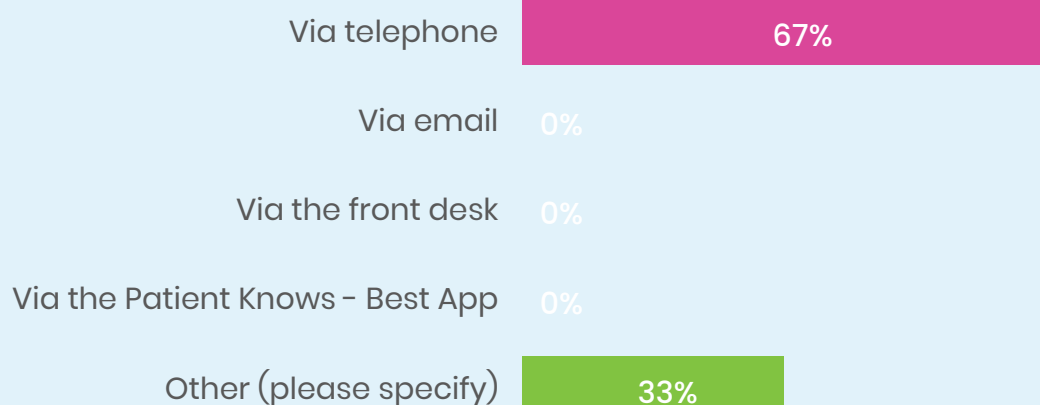
Q6 Did the reminder information contain the same information as the original appointment



Comments:

- N/A - no reminder received.
- For last appointment, no reminder for an appointment made six months earlier.

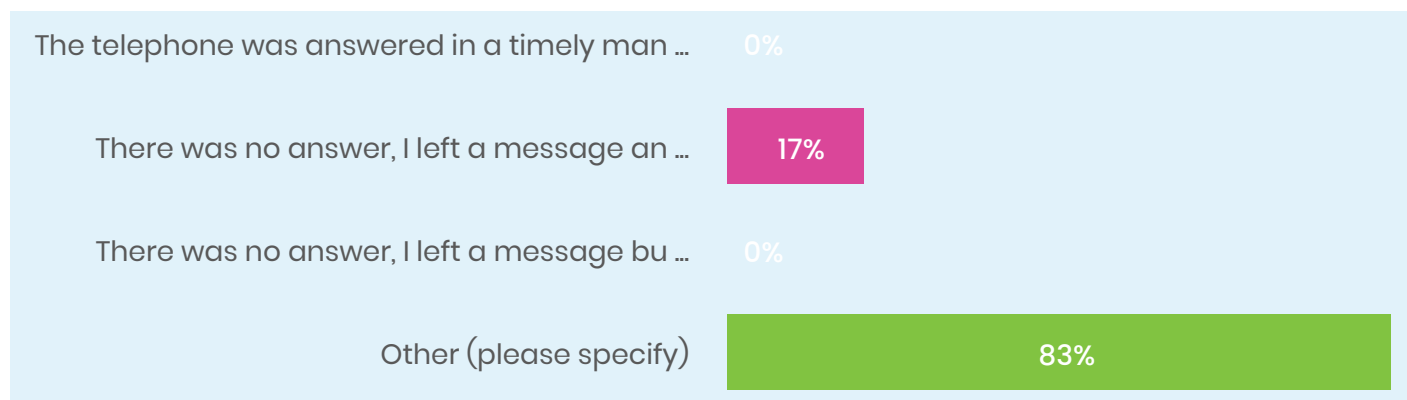
Q7 If you tried to contact the department, how did you do this?



Comments:

- I have contacted by phone but usually no one answers. I generally contact by email and sometimes receive a reply and other times not.
- I've made contact with the department on a few different occasions via telephone, email and via the front desk.

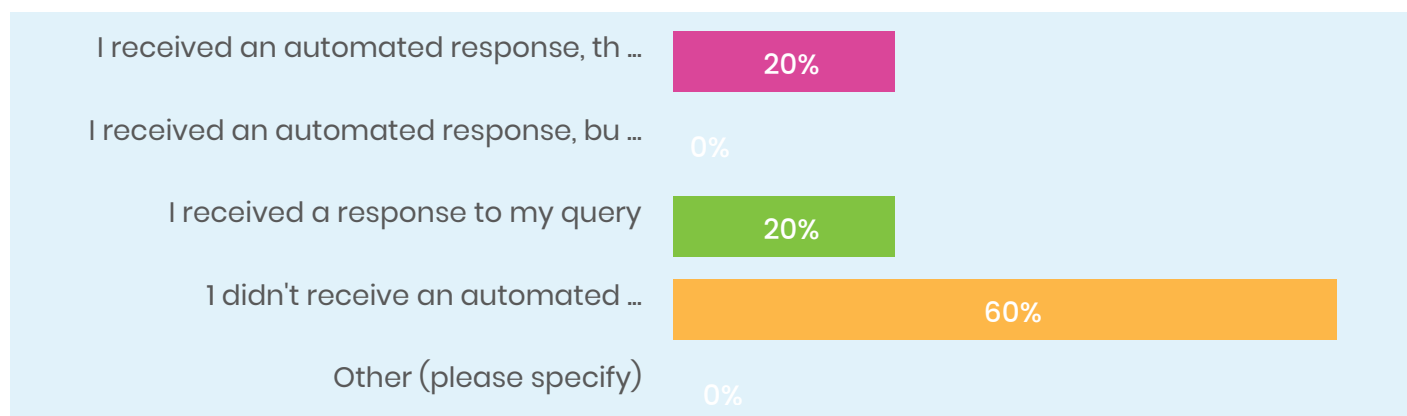
Q8 If you contacted the department via telephone, please let us know of your experience.



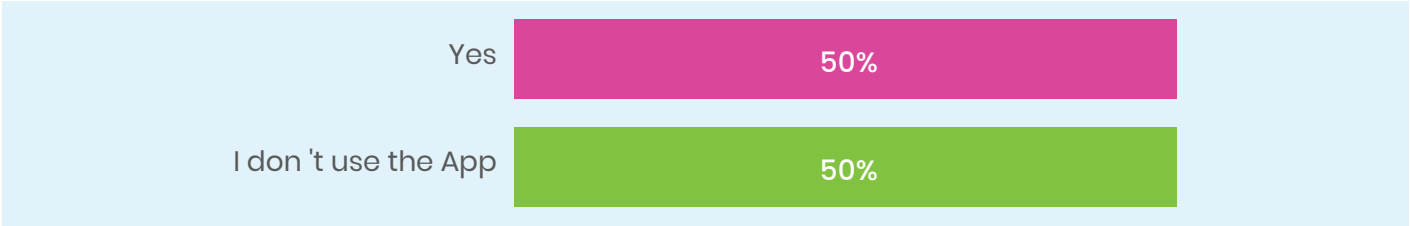
Comments:

- I tried many times but always received the message "nobody is available to take your call, please try later".
- There is usually no answer, and it is not always possible to leave a message. This is not the only service where it is not possible to leave a message - in fact it is quite common with the NHS. I have occasionally been able to speak with someone who does answer the phone.
- If the phone is not answered, as happens sometimes, I ring off. I do not want a call back that might be during an inconvenient time - I often turn my phone off when I'm busy.
- Nobody answered, and no voicemail, so could not leave message.
- No answer and not possible to leave a message as no facility to do so. No voicemail, and phones just left to ring endlessly.

Q9 If you contacted the department via email, please let us know of your experience.



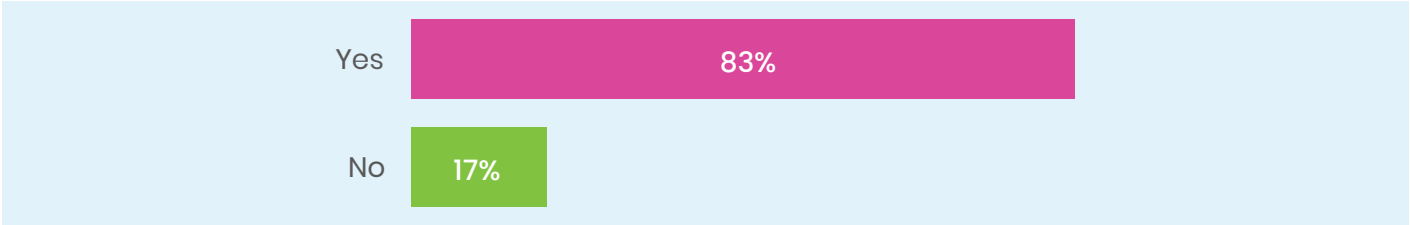
Q10 If you use the Patient Knows Best App, was your appointment information correct within it?



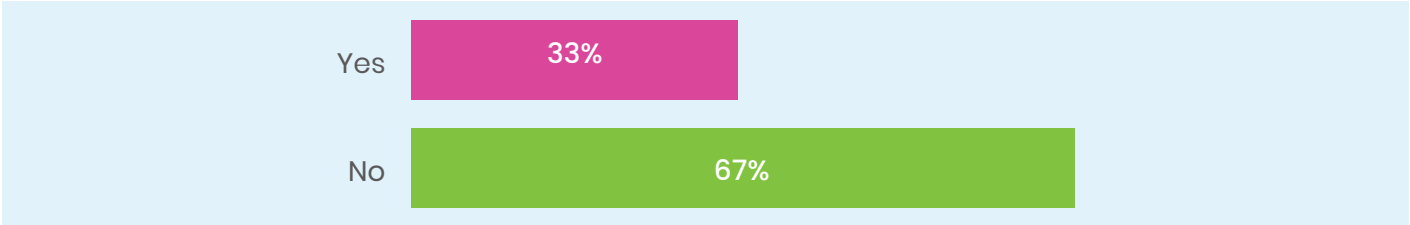
Comments:

- I only occasionally use this App as initially I found it unfit for purpose, but it has now improved.
- Appointment was not kept by Bart's.

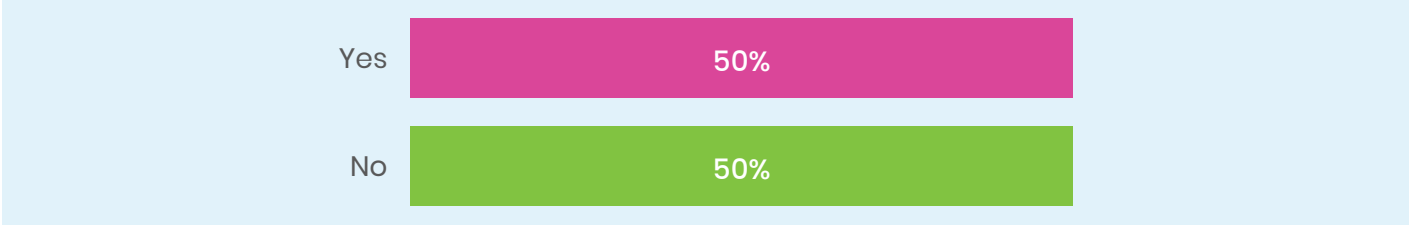
Q11 Did you receive information on how to get to your appointment and where to report to with your appointment letter?



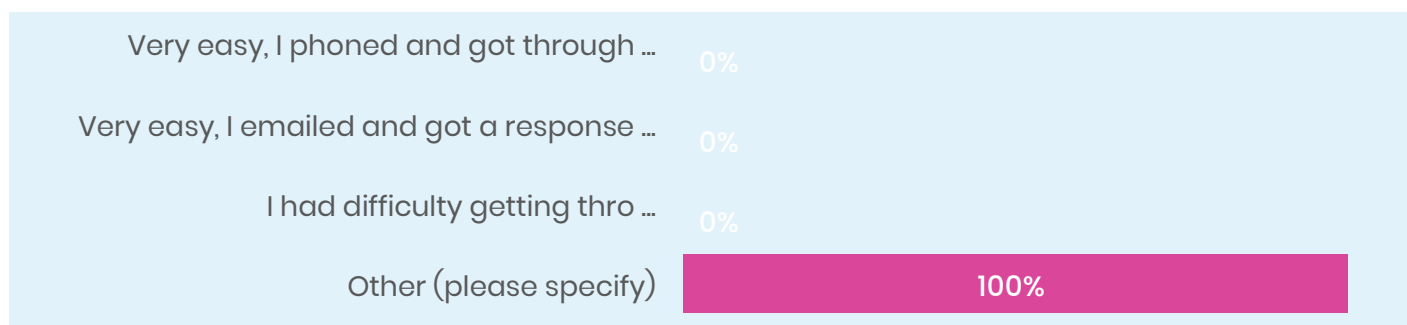
Q12 Did you receive further information with your appointment letter? Such as an information leaflet on your condition.



Q13 Did your appointment get changed or cancelled?



Q14 If yes, please let us know if it was easy to get a new appointment



Comments:

- My father has been a patient here for many years. We went through a phase when the appointments kept on being changed and then for some reason always had to be on a Saturday which my father cannot do. It was extremely difficult to change this – in fact we were told we had no choice but to have the appointments by phone at the weekend, so I did then on my own. Now all of a sudden, we can have them Monday to Friday, so not sure what to make of the “they can only be on the weekends” conversation.
- The appointment was automatically rebooked.
- They cancelled and sent a reschedule letter, a number of times.
- My scheduled appointment was not kept by Bart’s and the hospital made a new appointment for five months’ time without any explanation.

Q15 Please let us know of any further information or comments you’d like to make about Barts Cardiology department.

- There have not been secretaries to the department at times, so they then have enormous backlogs, no one to answer the phone or emails, etc, I don’t know why.
- My experience of the Barts cardiology department has been excellent – good communication, excellent nursing and specialist medical skills. My experience at Barts is by far the best in comparison with that at Homerton (ghastly) and even the London at Whitechapel. Both Barts and Moorfields have excellent services from all points of view
- Staff are kind and polite. – Email replies can be multiple e.g. one staff member replies followed by the same day or next another staff member replying to the same email. – The leaflets, video cartoon links and information need to be updated to explain a “box change” pacemaker battery change. The information currently is for new pacemakers. – The steps needed before surgery need to be clarified e.g. MRSA swab needs to be taken. Unfortunately, we had to delay the procedure, which meant were aware a swab had to be taken. After a device check we went straight over for swabs. 10 or more days later we received a call the pre assessment could not go ahead as swabs as not be sent. We had to state this was already done; we walked in 10 days ago. Perhaps all of the information needs to be kept on one file. After staff checked the pre assessment date was kept. – The letter for the day of procedure needs to be updated, e.g. the number of people you can bring, one other family had 4 other members which meant the waiting area did not have enough seats, patients and other people were standing. The letter also needs to be made aware the check in desk and procedure floors are different. – The staff are very good at listen to and adjusting times with unpaid carers. – The languages of cardiac videos need to state which dialectic, not just the general language name as not all people can understand different dialects. – A process flow would be helpful of what happens at what stage from either GP or hospital internal referral. – The staff on the day of the procedure are very good in explaining what will happen and how – There needs to be more information on the holistic aftercare of the patients on the best way to sleep, changes to diet, how to heal effectively – The aftercare leaflets needs to state timeframes, e.g. in one of the stages it

states to phone the arrhythmia nurse if certain symptoms. However, on calling the number it goes to voicemail and won't be replied to for (I think 48 hours or more) at the end of the voicemail gives further contact number which take you back to the device clinic. – Aftercare advice from device technicians is good, prompt with the use of email and photos to manage from home. – In general, the first appointment after a procedure feels as if too long, online it can be 10 days, in reality over 6 weeks. We are very fortunate to have a wonderful facility within walking distance. If all heart related items could be covered at Barts for City patients would be great instead of sending to Royal London or UCLH and only if

serious or an op needed at Barts then back to the other hospitals which are far away for us.

- I have had bad communication experiences in the past. The most recent experience has been by far the worst.
- Letters have contained inaccurate content which demonstrated very clearly that there is no oversight or supervision before they are sent out. The results of tests have gone missing.
- The remaining questions were demographic, GDPR reasons, these will not feature in this report.

Conclusions from the survey

From the survey results we can surmise that the majority of service users received letters with either incorrect or missing contact details, and when attempts were made to contact the department from which they received the letter, there was no answer or instructions on how to leave a message.

The letters contain no option to receive the information in an alternative language or accessible format.

Only 50% of recipients received a follow-up reminder of their appointment.

Another issue that is strongly highlighted is the rescheduling of appointments, service users receive information of the new appointment details, but some have experienced many rescheduled dates and times, which has led to confusion and frustration.

The issues raised in the survey results informed the questions used when interviewing the teams at St Bartholomew's Hospital.

Personal stories: One of the survey participants



“My experience of the Barts cardiology department has been excellent – good communication, excellent nursing and specialist medical skills. My experience at Barts is by far the best in comparison with that at Homerton (ghastly) and even the London at Whitechapel. Both Barts and Moorfields have excellent services from all points of view”



About the visits

On 13th June 2024 the Healthwatch City of London team carried out the first visit to St Bartholomew's hospital. The team were made up of eight staff and volunteers, all had completed the required training to undertake Enter and View visits, and therefore were 'Authorised Representatives'

The focus of this visit was the Electro Physiology, Intervention and Networked Cardiology administration team. The administration teams are based in St Martin's Le Grand office site.

The Healthwatch team were split into three sub teams.

One Healthwatch team focused on the administration systems and staff members responsible for carrying out administrative duties. The second Healthwatch team interviewed the team managers. Four managers were interviewed and six team members.

The third Healthwatch team went across to St Bartholomew's Hospital site to interview

cardiology outpatients and reception staff. 11 patients were interviewed in total and one member of the reception staff.

After the initial visit to the outpatient's department, it was felt that there was an insufficient number of patients interviewed, therefore a subsequent visit was arranged to the main cardiology outpatient's department on 25th July 2024. Four Healthwatch representatives carried out this visit, all of whom were present at the initial visit. 15 patients were interviewed in total.

At each visit the authorised representatives followed an interview script with predesigned questions, however they were told to use their initiative to explore other issues if they came up in the discussion. Techniques for this was covered in the training for the authorised representatives.

The authorised representatives were also asked to make general observations of the site.

General observations

Observations made of the external side of St Bartholomew's Hospital

St Bartholomew's Hospital is located in the City of London, with three entrances, on King Edward Street/Little Britain, Giltspur Street, and West Smithfield. All three are fairly close to bus stops and underground stations. There is heavy traffic past the main entrance on King Edward Street and there is no visitor parking apart from some Blue Badge spaces, but there is a public car park close by.

External street signage to the hospital is not well marked. The hospital name is prominent above and beside the main entrance on King Edward St, however, the entrance off Giltspur Street (close to the 56, 59 and 46 bus stop) leading to Clinic 3 and on to the central atrium, is poorly

marked. A sign showing the pedestrian route to the hospital, which should be on a post, is in fact on the ground and Healthwatch City of London volunteers were informed it had been like that for several years.

The entrance to the Nuffield wing, a private clinic on the Barts campus, has Nuffield Health St Bartholomew's Hospital above the door. The receptionist told us she gets up to 50 people a day asking her the way to the main NHS hospital. The third entrance, through King Henry VIII Gate in West Smithfield, has a sign stating there are no A&E services in large type, but the hospital name at the top is in very small print.

Signage within the hospital

Once into the square, signs to the various wings and departments are good. The main reception area and atrium are very pleasant and welcoming; bright, clean, and spacious. There are interesting displays and photographs telling the history of the hospital, a fruit and vegetable stall, shop, and piano for anyone to play. The outside courtyard is lovely, with plenty of trees and shrubs, and covered seating, for patients, staff, and visitors to enjoy. St Bartholomew's the Less Church is also in the hospital grounds, providing a quiet and tranquil space.

Signage in the hospital is generally clear and easy to read, however, it is confusing for patients wanting to reach Clinics 1 and 2, or other wards

and departments, from the Giltspur St entrance and via the area where patients wait for transport.

The route from Clinic 3 to the rest of the hospital is not well marked, and heavy doors are an added difficulty for anyone with mobility issues. There were plenty of hand sanitisers, but none of the water dispensers we checked were working on the day of our visit. There are several self-check-in machines but there did not seem to be anyone using them.

There is a sign indicating the treatments undertaken at Clinic 3 has a rogue apostrophe on Holter Monitor's. It should be Monitors.

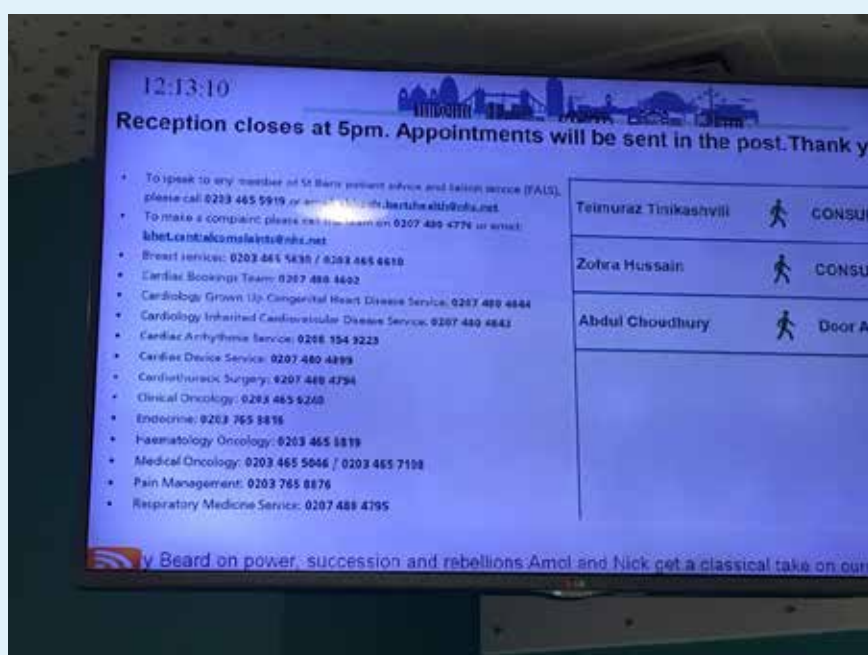


Figure 1. The screen at reception

Patient Experience

The screens in waiting areas, shown in Figure 1, are used to both call patients for their appointments, and display other information about hospital services. While the font size used for patient names is large and easy to read, that is not the case for other information (department names and telephone numbers) which would be impossible to see from more than a few feet away. More importantly, the monitors are not always visible from seats in the waiting areas because of the way seating is arranged, and the hospital is designed.

On the ground floor, some of the waiting areas (such as for Clinic 2) are very cramped and uncomfortable. The same is true for the

pharmacy with not enough room for those waiting to collect prescriptions. The hand-written notices at the pharmacy looked very unprofessional. Also on the ground floor, seats are arranged in rows at angles that make it difficult for many patients to see the monitors without straining. This is particularly true for Clinic 1B. For the same reason, some patients find it hard to hear their names being called out.

Signage was generally good, although there is no information in the lifts detailing what wards/clinics are on which floor. The signs outside the lifts were to one side, with only limited information about clinic/ward locations. They could be more prominently positioned adjacent to the lift doors themselves.

The main sign opposite the lift was on the small side, and although it described the 3A clinic, the 3B and 3C clinics, which were arrowed, did not have a description. The 3A waiting area had two long lines of seating opposite each other, some quite far from the reception desk. The whole area was clean, but somewhat impersonal. There was a unisex toilet right by the reception desk, and two more nearby off the main corridor. They were clean and adequately stocked with washing and drying materials.

The Cardiac Catheterisation Suite is on the first floor, accessible via a Lift. The entrance of the suite is next to the lift with good signage. The waiting area immediately to the left of the lift consists of a dimly lighted long corridor with long rows of chairs on both sides of the corridor. A two-seater sofa available near the entrance is opposite the reception counter which was manned by a receptionist.

In Figure 3, there is a poster that was in the waiting area, the QR code leads to an invalid page, despite the poster still providing those details.



Figure 2. Information poster

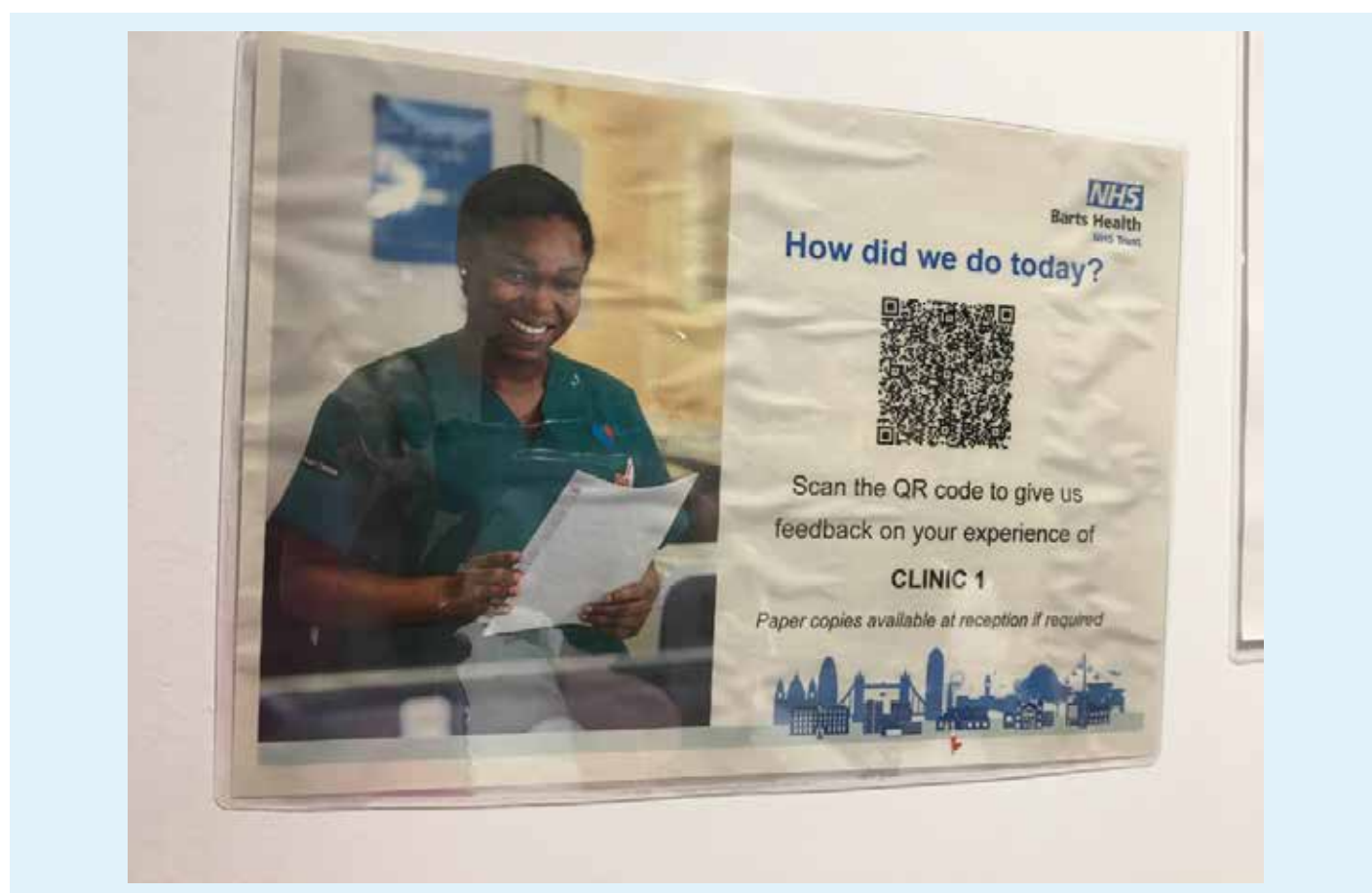


Figure 3. Barts Trust questionnaire poster with misleading QR code

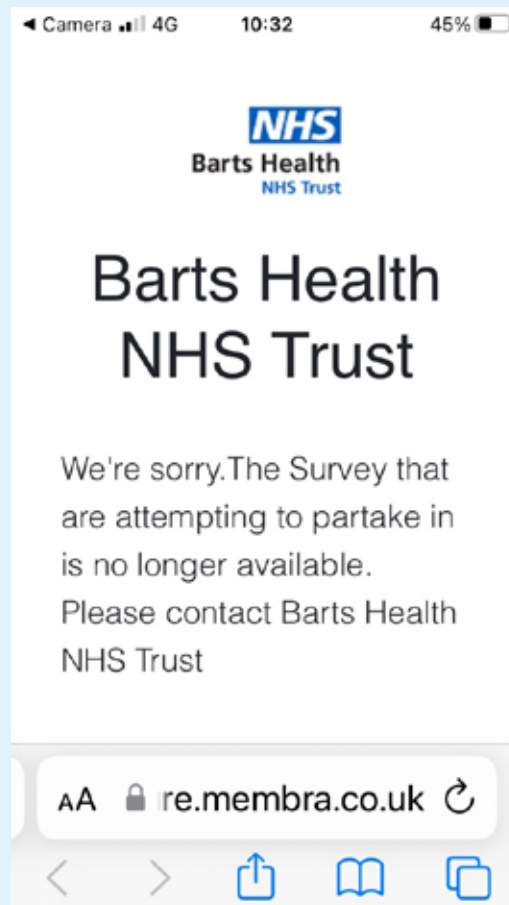


Figure 4. Screenshot of the unavailable survey when we tried to access it



Figure 5. Have your say poster

Interviews with the Management Team

During the visit the team interviewed four managers including the General Manager for Electro Physiology, Intervention and Networked Cardiology, the Service Manager and the Delivery Manager and the Deputy Delivery Manager for that department.

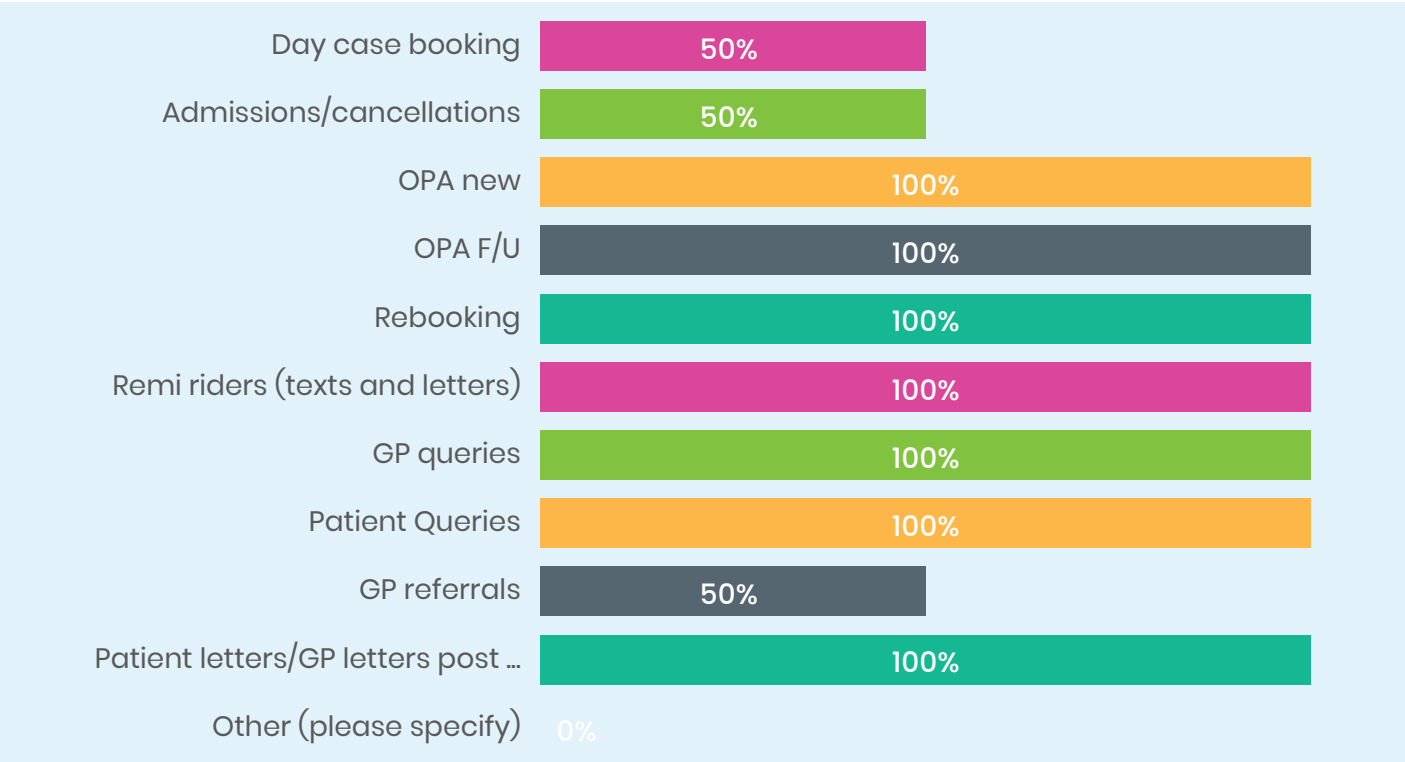
Upon arrival for the second visit an informal

discussion was held with Alison Digney the outpatient service manager, who gave a valuable overview of the hospital outpatients department.

The next section will cover the questions and responses from the management team.

Questionnaire for managers

Question 1. How many different areas are covered by the administrative services of the cardiology department?



Areas that are covered by the administrative services include, day case booking, admissions/cancellations, Outpatients Appointment (OPA) new, OPA Follow up, Rebooking, Reminders (texts and letters), GP queries, Patient queries, GP referrals, Patient letters/GP letters post Outpatients Department/admission.

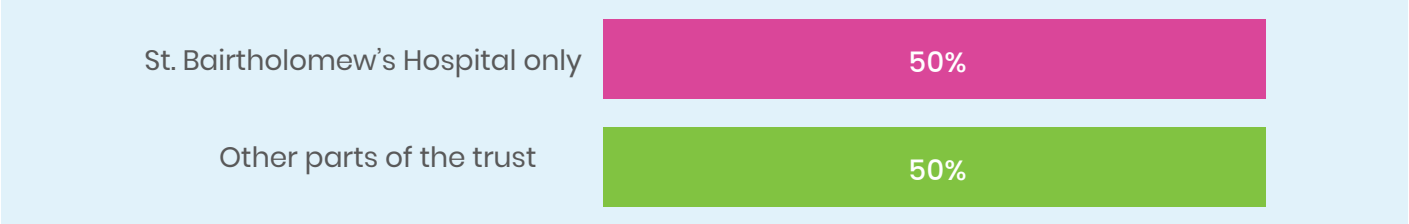
Question 2. How many patients do you see or contact a year?

Depending on the area it ranged from 500 per year up to 8,000 per year.

Question 3. Where are your teams located?

Managers and the administrative teams are located in St Martins LeGrand, King George Building and the East Wing of the hospital. The outpatient’s department are in the main hospital site.

Question 4. Do the team only deal with St Bartholomew’s Hospital or other parts of the Trust?



The team deals with St Bartholomew’s Hospital and all other hospitals of the Trust. All the procedures are carried out at St Bartholomew’s Hospital.

Note: Barts Health NHS Trust consists of St Bartholomew’s Hospital, Whipps Cross Hospital, The Royal London Hospital, Mile End Hospital and Newham Hospital.

Question 5. How long is the wait time for:

An Outpatients Appointments (within the department) (new and follow up)	Between 3-6 weeks, there is currently some backlog and delays due to strikes.
Investigation	Wait times vary depending on the investigation required.
Day case	Between 6 weeks to 6 months based on clinical priority.
Admission	6 weeks to 6 months

Observation: the wait times varies greatly from 3 weeks to 6 months. The appointment waiting times should be available for patients to view.

Question 6. How are patients informed of these waiting times?

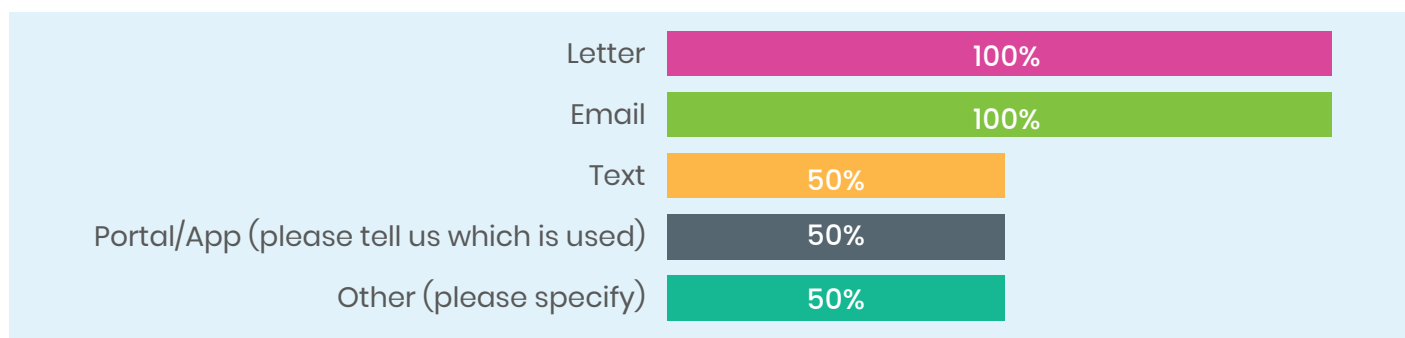
This varies within the team. Some patients are told when they are called to book the appointment and are offered the next available date.

Another manager said that expectations of wait

times would be handled by the consultant at the outpatient’s appointment.

Observation: As per the previous point, the waiting times information should be available and accessible to all patients.

Question 7. How do you contact patients?



The majority of patients are contacted through letter, email, text and portal. The admin team also make phone calls to book pre-assessment appointments.

Question 8. What arrangements are made for those who require translation of written material (either text, portal access or letter)?

One manager explained that “there is an advocacy service where an interpreter can be arranged for a patient for a particular appointment. There is a booking form that staff can fill out to request this in advance, and this can be put in place for a variety of appointments. There is also a service used called Language Live where a live interpreter can be added to a call whether that’s for booking an appointment or for a telephone appointment and they can translate for the patient in real time. This can be requested at the time and has proved useful. There is also the option to make notes on the system for a specific patient with any translation or communication needs they have”.

Another manager spoke on how, “there is a QR code on appointment letters where you can

translate the letter into several main languages, there are also videos available in different languages on explainmyprocedure.com which are animated videos that explain how the procedure they are having done will work. We also have access to Language Live which is a live translator service that can be added onto a call for a live interpretation of the call. The team are familiar with accessibility aids and those who have a hearing impairment”.

Observation: the accessibility of information in alternative formats should be standard procedure and readily available. Knowledge of how to access the advocacy service for a translator was only acknowledged by one team manager.

Question 9. What arrangements are made for those with disabilities, such as poor sight or learning disabilities?

When arrangements need to be made, “notes can be made on the system and patients are asked of any accessibility requirements they may require for their appointment”. One manager highlighted that, “patients with a disability are tracked on the system and notes are made so that staff are aware of their

disability and what adjustments they may need. You would expect to see this from the service sending the referral”.

Observation: This once again is dependent on the patient or the administrator being vigilant and knowing how to access the information.

Question 10. How much notice of appointments are patients given?

The manager explained that “appointments are booked by staff calling patients to offer them an appointment and book them in, this is usually several weeks in advance, so patients have a chance to arrange things. Patients are sometimes offered short notice appointments if there are cancellations etc so this could be

for the following day”. Another manager stated that, “minimum 2 weeks however we may call patients if there are cancellations to offer an appointment sooner than the one, they already have”.

Observation: There appears to be no standard notice period for appointments.

Question 11. What is the turnaround time for letters out to: Patients, GPs

Patients	Same day, post goes out daily
	Same day, posted within 24 – 48 hours
GPs	Same day, post goes out daily

Question 12. Are hospital telephone numbers and contact details included in all correspondence?

All managers stated yes to hospital telephone numbers and contact details being included in all correspondence. However, the administrator has to manually input the correct consultant details and contact information.

Observation: Although the details are included in the letters, there is now system to check that the contact information is correct. We know from our survey that letters are received with the incorrect contact information.

Question 13. What is your response time for emails from patients?

A manager explained that, “the main inbox is monitored by all staff throughout the day so all emails are answered within the working day or picked up the following day” and another manager spoke on how, “there is a communal inbox that is manned during the working day, it’s checked every morning and throughout the

day by staff. There is usually a maximum 24-hour response time”.

Observation: A consistent answer from the managers on this point. However, is there an automated response to emails received stating the timelines for a reply?

Question 14. What is your response time for voice messages left by patients?

A manager spoke on how, “a new phone system has been installed so there are no voice messages able to be left anymore for this team. During working hours calls are forwarded to available staff members and passed on if they don’t answer so there will likely be staff available to answer most calls throughout the day. The phone system is turned off over the weekend, so patients aren’t able to contact or leave a message until Monday morning”.

Observation: A new system is now in place which should minimise the number of unanswered calls. However, patients are unable to leave messages outside of working hours or over the weekend. Patients need to be informed of opening time when reaching voicemail and given a standard timeline for a response to their message.

Question 15. Describe your cancellation policy

One manager explained that “patients can cancel anytime, and it’s still noted as a cancellation as long as they let us know. If we need to cancel a patient’s appointment, we will aim to give them at least 24 hours’ notice”. A second manager explained, how “if a patient cancels then they can cancel up to the appointment time and it does not affect their treatment or other appointments being offered. Patients are given 2 reasonable appointment offers via phone call and then a letter would

be sent to the patient and the referring service. They wouldn’t be automatically discharged for missing an appointment as they have been referred for important treatment so this would be followed up with the referrer. If we need to cancel a patient appointment, we will aim to give them as much notice as possible however depending on the circumstances it can be short notice. We will aim to rebook this appointment for within the next 28 days however this isn’t always currently met”.

Question 16. How do you monitor performance in your areas?

The team use the Patient Tracking List (PTL) to monitor patient waiting times

One manager is, “able to view PTL which manages patient wait times so I can see how well my team are performing and whether they are achieving their targets. There are also weekly reports available to monitor performance as well as meetings every 2-3 weeks which review different patients depending on how long they’ve been waiting for an appointment. We have good communication as a team and I keep them

updated on wait times, issues and anything they need to know”. Another manager, spoke on how they “supervise 3 full time and 2 part time staff, 1 full time post vacant currently. Regular meetings with team, both together and 1:1 to discuss workload and any issues and that staff have targets that are monitored regularly”.

Observation: Performance monitoring across the teams varies. A standardised approach would be beneficial.

Question 17. How many complaints do you receive a year regarding: late correspondence, no correspondence, no response to letters, emails, voice messages, incorrect appointment information, failure to call back.

Late correspondence	
No correspondence	Unsure of amount 10 – 15
No response to letters, emails, voice messages	Unsure of amount 40
Incorrect appointment information e.g. face to face instead of call	
Failure to call back	

One manager was unsure of the amount, with a second manager stating there being 10 – 15 complaints for no correspondence and 40 complaints for no response to letters, emails and voice messages.

Observations: The number of complaints received should be logged with issues raised monitored and addressed.

Question 18. What, in your opinion, is the biggest cause of failure in patient communication?

One manager highlighted, that in their opinion, the biggest cause of failure in communication is, “contact with patients who have a language barrier can be an issue as it can be a struggle to get them in for an appointment and communicate with them clearly. There is also a backlog of work/appointments so that has contributed to staff not being able to contact patients in the preferred time frame”.

Observation: Patient records should identify if communication with that patient should be in an alternative language. A standard procedure needs to be put in place to allow non-English speakers to be contacted in a timely manner.

Question 19. What do you think can be actioned to remedy this?

A manager stated that, “consultants not managing patients’ expectations about wait times realistically which then means we are doing damage control when patients are then upset with how long they’re having to wait”.

Observation: Waiting times for appointments should be available on the website.

Interviews with the Staff Team

During the visit the team interviewed six team members from the administration team and one receptionist from the outpatient’s department. Below is a summary of the responses from the Staff team.

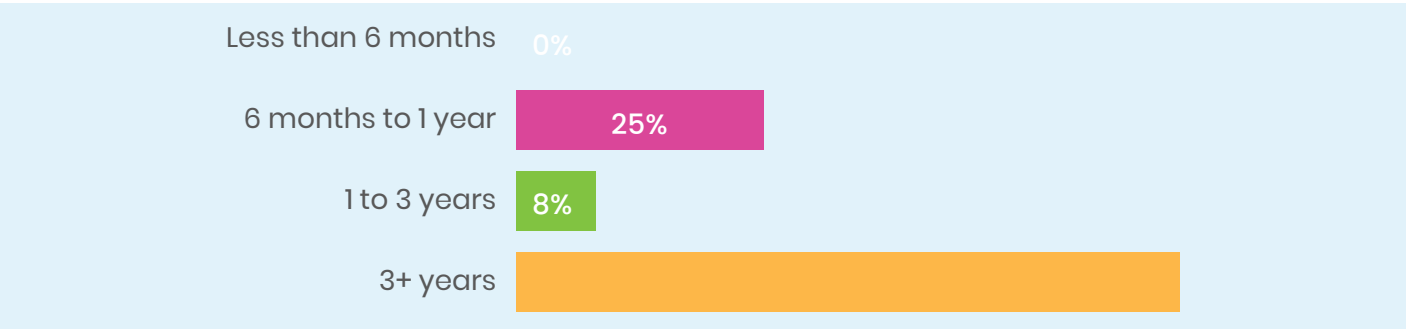
Questionnaire for staff and team members

Question 1. Which department do you work in?

Electro Physiology	2
Cardiology	2
Cardiology Arrhythmia EP	1
Arrhythmia	2
Intervention	2
3A East CCU Ward	1
Ward 3AW	1

There was a diverse range of areas of departments, including electro physiology, cardiology, arrhythmia, intervention and two wards.

Question 2. How long have you worked in this department?



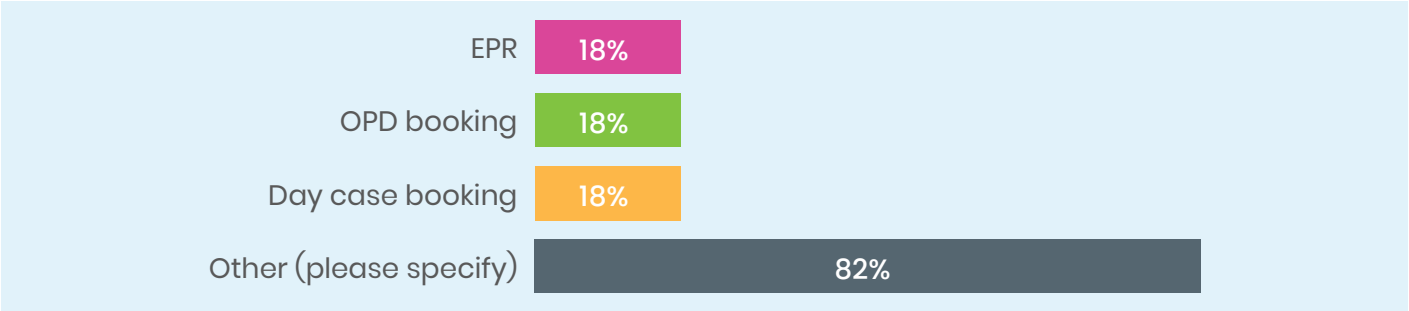
Most members of staff have worked in this department for over three years at 66 percent, whilst 25 percent have worked in this department from 6 months and 8 percent have worked in this department for 1 to 3 years.

Observation: The workforce in the department is stable with the majority having worked in this department for over three years

Question 3. How many people work in this department?

Departments had a range of people working in them, including there being 8 team members, 15 team members and 4 team members.

Question 4. Which administrative systems do you use?



There was a range of administrative systems in use, including CRS millennium for patient details and scheduling, Spine for contact numbers, ERS for GP referrals. CRS, Powerchart, PM office and G2 schedulers are also in use.

Observation: There is a high number of systems

used; each system is used for different tasks. However, a reduction in the number used would streamline the process of patient communication and patient records. The fewer systems used the chances of incorrect information entered also lessens.

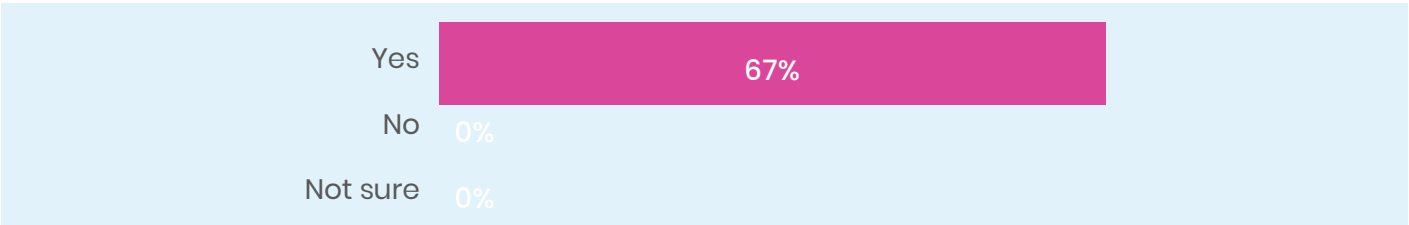
Question 5. How much and what training did you receive for this role?

The training seemed to be primarily online, with all 12 members of staff speaking on their online training. Although the specific training varied amongst staff members, with one member of staff stating that there is “always new training coming in, mandatory and statutory training”. Another member of staff stated that there was “some online software training, mainly shadowing from previous staff member before they left. Another floating staff member also assisted in training and showing me how to

do things” and one staff member stated that, “minimal formal training, mainly just shadowing and picking things up as I went along.”

One member of staff had previously worked in Newham Hospital, so had an understanding and knowledge of the role. At Barts, they received 2 days of online training and were shown the appointment bookings and discharges which is a similar procedure to Newham Hospital.

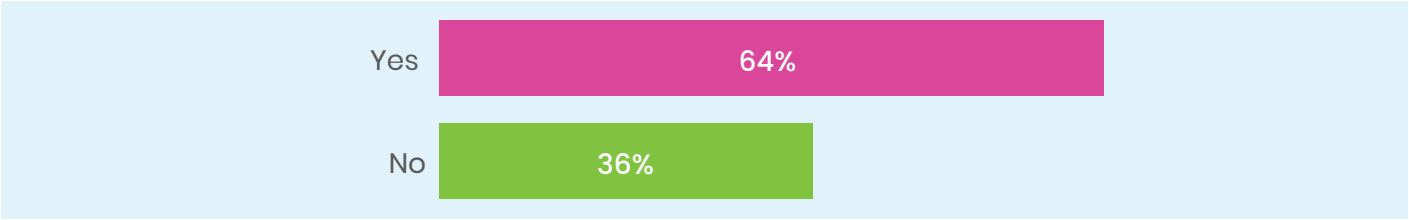
Question 6. Do you think the training was adequate for you to carry out the role?



Over 60 percent of staff believe that the training was adequate for them to carry out their role, with one staff member speaking on “there has recently been an improvement in training”, she went on to explain that there are new training courses available, and they have now attended

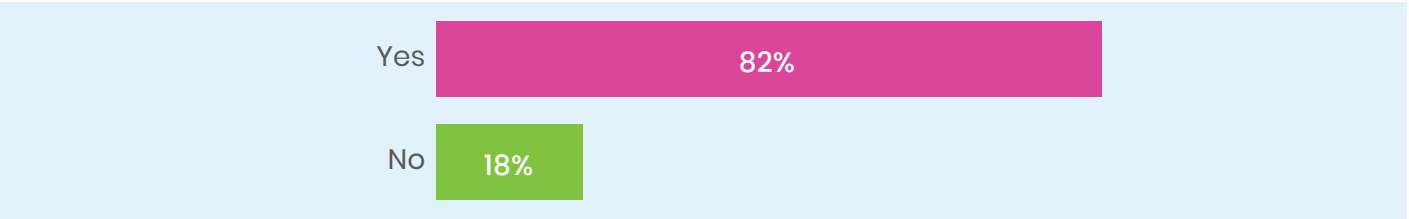
more. Although not all members of staff agree, with one stating, “online training needs to be more in depth as I didn’t find it helpful” and another member of staff stating that “more training in general needed.”

Question 7. Do you receive regular refresher training?



75 percent of staff members receive regular refresher training whilst 25 percent do not receive regular refresher training.

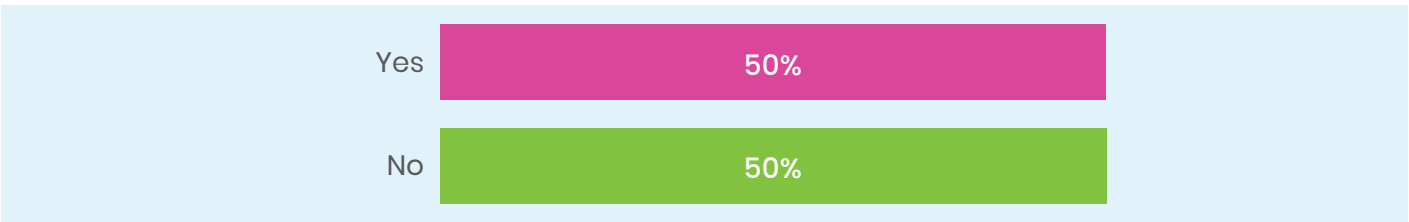
Question 8. Do you feel this is adequate?



Over 80 percent of staff members believe it is adequate, with one member of staff stating that she feels fully supported and supports her team 100%. 25 percent of staff members don't feel that this is adequate, including one member of staff who believes there needs to be "more regular training needed to update staff on the current way to do things and any updates about communication".

Observation: From the previous four questions we can see that training varied from one team to the next. A structured and standardised approach would be beneficial.

Question 9. Do you supervise or train other staff?



Half of the members of staff interviewed were responsible for supervising or training other members of staff, one member of staff stated that for new members of staff, they, "check what they have and what they need and encourage

them to take training opportunities" whilst another experienced member of staff stated, "yes, I am one of the most experienced on the team so I support all new-comers".

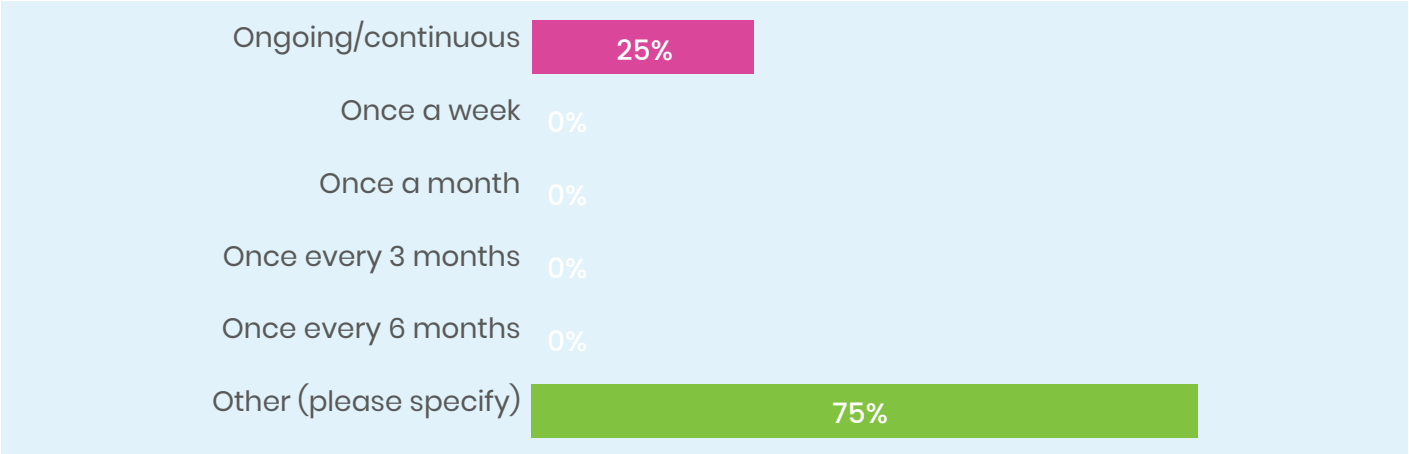
Question 10. How is your work supervised?

Most staff members have annual appraisals, team meetings and regular check ins with their line managers.

One member of staff spoke on how their supervisor checks in with them in the afternoon

and that they are able to easily ask their supervisor for any advice, by calling or going directly to their office. They also have a catch up with their supervisor every month, to see how they are finding the work.

Question 11. How often is your work assessed and monitored by your line manager?



Many staff members work was not checked on a regular basis, however, if there were issues in their work, it would be flagged in the system, such as the staff member who said, “if something goes wrong then they may look at my work but it’s not monitored regularly” and another stating, my work isn’t constantly monitored by my manager but if something goes wrong or there is an issue, it would be flagged on the system to her”.

Although this does vary, as one member of staff stated that they have a meeting once a fortnight with their supervisor and is “constantly monitored”.

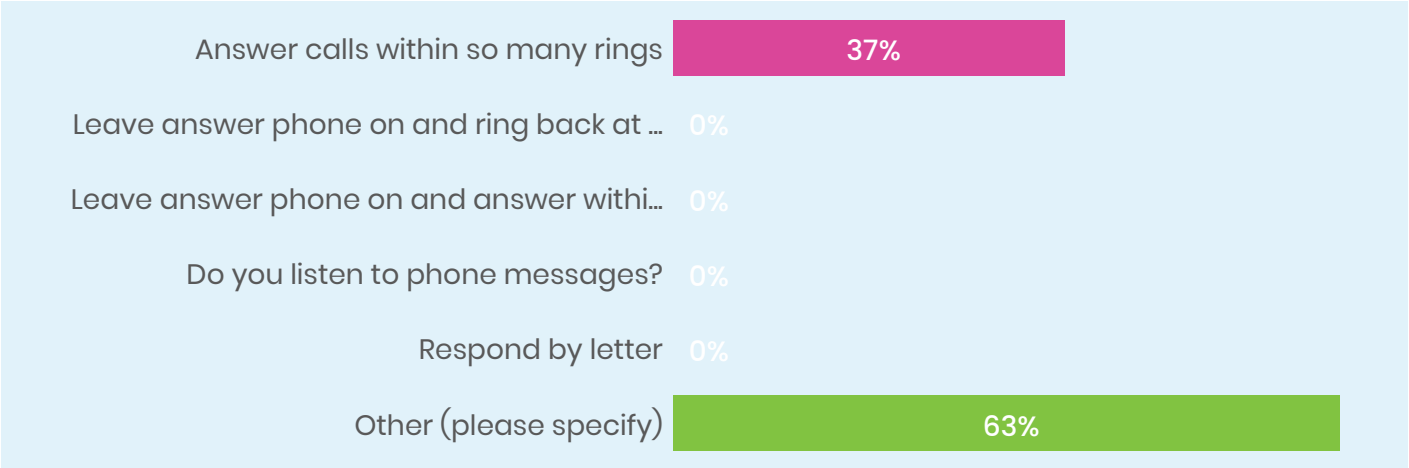
Observation: as with the responses by the team managers, a standardised approach to supervision and performance management is needed.

Question 12. How much time do you spend answering patient queries?

The answers to this question varied, with one member of staff stating, “all the time” and “all day” whilst another member stating, “minimal, my main queries are from family members calling to ask how the patient is” and another member of staff stating, “not much time at all”.

Members of staff, also spoke on answering questions in person, “as a receptionist, there are more queries in person, mostly from family members of patients.”

Question 13. What’s the telephone policy in your department?

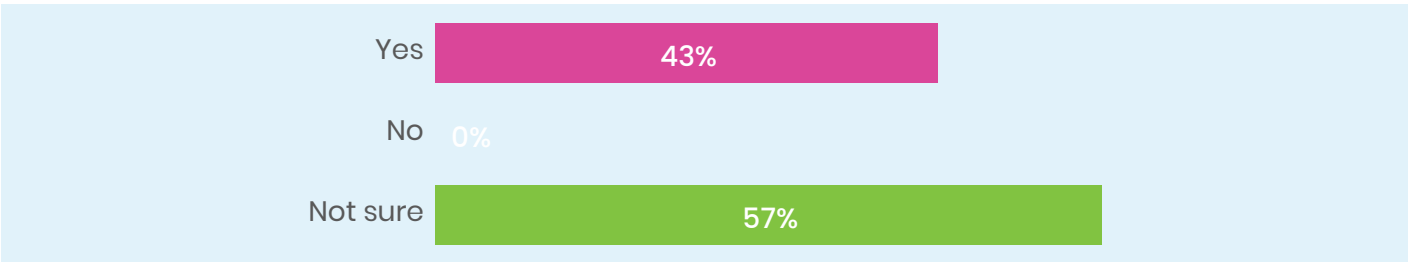


For 36 percent of members of staff, the telephone policy is to answer the calls within so many rings. For 64 percent of members of staff, it varied, with many members of staff speaking on the implementation of Netcall and new systems currently in place, “now using Net call 15 to 20 calls a day spread over the team of nine” and another member of staff stating, “all

departments have their own policy. New system installed last week so will now be monitored more closely.”

Netcall, a new telephone system was installed the week prior to the visit. The system will enable to closer monitoring of the timely answering of calls.

Question 14. Are these systems clear to patients on both letters and answer machine telephone messages?



Most staff members were unsure of whether these systems are clear to patients on both letters and answer machine with 57 percent of members being unsure, and 42 percent of staff members stating that they are clear.

Observation: The newly installed telephone system should reduce the number of unanswered calls, therefore the need for patients to leave a message should be reduced. The staff team need to be made aware of the standards for response.

Question 15. How much notice do patients receive of appointment date and times?

This information varied, with 2 members of staff stating, 6 to 8 weeks, 2 members of staff stating 4 to 6 weeks and one member of staff stating 5 to 6 weeks or longer. If an appointment is in two weeks or less patients will be phoned otherwise, they receive a letter. One member of staff, stating, “usually a few weeks, the letter is printed as soon as the booking is made and we will call

the patient if it’s a short notice appointment” and another member stating, “patients receive 1 week notice for a telephone appointment, 2-3 months’ notice via letter for an in person appointment”.

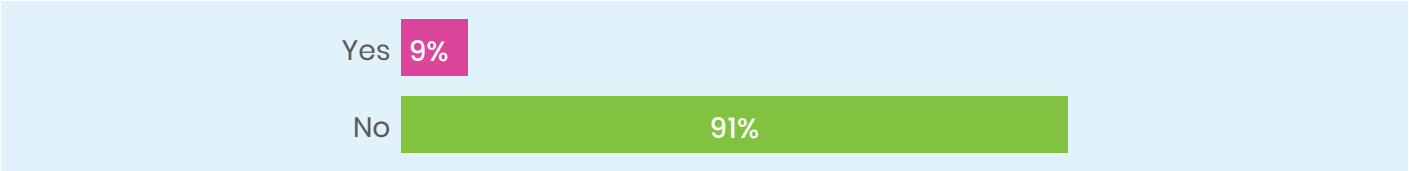
Observation: Staff seem unsure of the policy regarding notice period for appointments.

Question 16. How does the text system work for patients?

The majority of staff members were unaware of the system, one member stated, “certain appointments get an automatic text message from the system, I don’t send them. If they are on

the AMI/ATLAS pathway then they will get a text reminder, but all other appointments go through another system which doesn’t send texts”.

Question 17. Are you responsible for sending texts?



The majority of staff members are not responsible for sending texts at 90 percent.

the system worked or who was responsible for sending the appointment information/reminder texts.

Observation: The text system needs clarification to team members, the majority did not know how

Question 18. How does the letter system work for patients?

Staff members told us how they are responsible for printing and putting the letters in envelopes, then the letters are sent down to the post room, “the day after a patient leaves the ward, I will generate all the letters and add in any leaflets then send it off to be posted. This is all done within the same day, it’s all done in one go and all sent together, we use scheduling book to make the appointment then it’s printed and put in the post the same day”.

All contact details are on the letters but have to be put in manually” and “a letter is sent, text message and ring the patient. Confirm the details when referred from consultant. Schedule appointment when there are clinics. Patient not given a choice”.

Another staff member said” there is a 7-day turnaround for letters to be sent following a clinic or GP referral. Emails are checked daily.

Observation: Patient choice should always be available. There is disparity between the managers response to this and the team members. Managers told us patient choice is available, with the team members stating that they are just booked an appointment.

Question 19. Are you responsible for sending letters?

All members of staff are responsible for sending letters.



Question 20. How do you know if patient is F2F or a call?

It is listed on the discharge summary whether a patient is F2F or a call, there is also a specific F2F list, and two members of staff said the information is in the patient's letter.

Observation: This is clearly marked on the discharge summary.

Question 21. Are you aware that some patients receive conflicting information or inaccurate information?



The majority of staff members were aware that some patients had received conflicting or

inaccurate information, with only 12 percent of staff members being unaware.

Question 22. What checks are in place to ensure that the correct information is included in all correspondence?

Staff members told us that all appointment letters are double checked by us before being posted, the same for clinic letters and we may get someone to proofread before it gets sent out and when the correspondence is generated, they check to see if the information is correct. If it isn't, they have to call IT to change it as all correspondence is automatically generated.

One team member said that if something does

go wrong, they phone to apologise and talk to the patient and agrees with them the next appointment.

Observation: Appointment letters, we are told, are double checked before they are sent out, however the team are unable to amend some of the information within the letters if it is inaccurate.

Question 23. What improvements would you like to see?

The improvements that staff members would like to see varied, one member of staff spoke on needing more central bookings and a central booking team. Another member of staff spoke on needing faster generation of letters, as it can take up to 30 minutes.

Others would like the search facility on their

systems to be improved by using the patient's condition to identify them. At present they have to manually search for patients, which can be time consuming.

Two members of staff told us they would benefit from better training on dealing with patients to defuse any problematic situations.

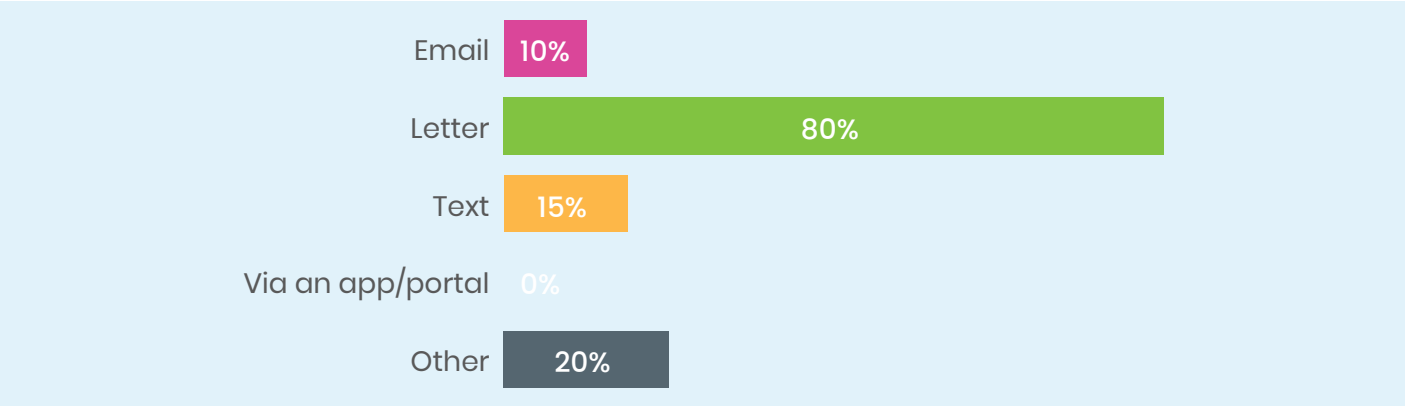
Interviews with Patients

The patients were interviewed across both visits, 11 patients were interviewed on the first visit in the Cardiac Catheterisation Suite and 15 in the cardiology outpatient’s department.

Below is a summary of the feedback received.

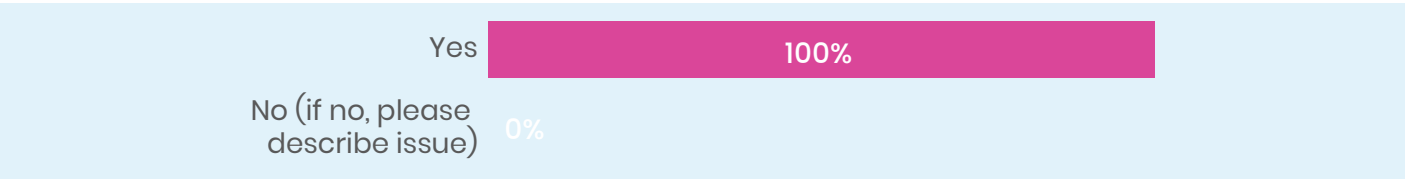
Questionnaire for patients

Question 1. How did you receive your appointment?



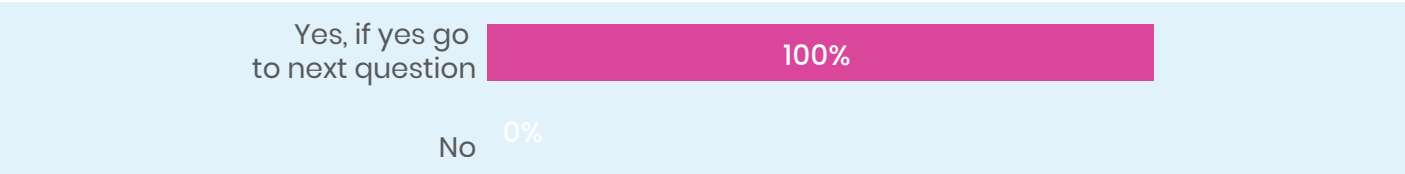
Most patients received their appointment information by letter at 80 percent, with 15 percent of patients received a text message and 10 percent receiving an email. There were three patients who received referrals, from Newham Hospital and Kings, and two patients who received phone calls.

Question 2. Did you find the information easy to understand?



All patients found the information easy to understand.

Question 3. Did you have to cancel your appointment?



There were no patients who had to cancel their appointments.

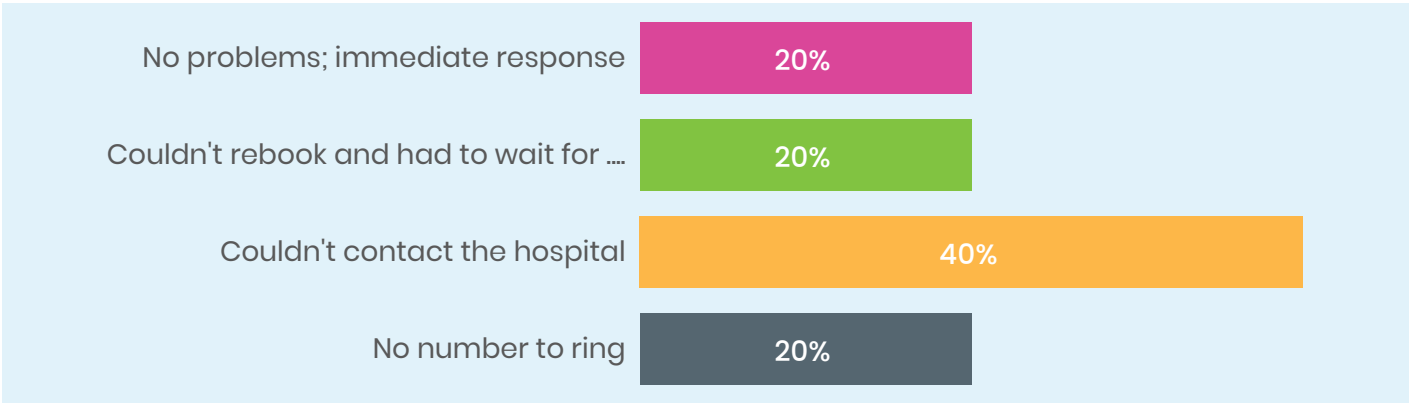
Question 4. How did you cancel your appointment?

None of the patients we interviewed had to cancel their appointment.

Question 5. How easy was it to cancel and rebook appointment?

None of the patients we interviewed had to cancel their appointment.

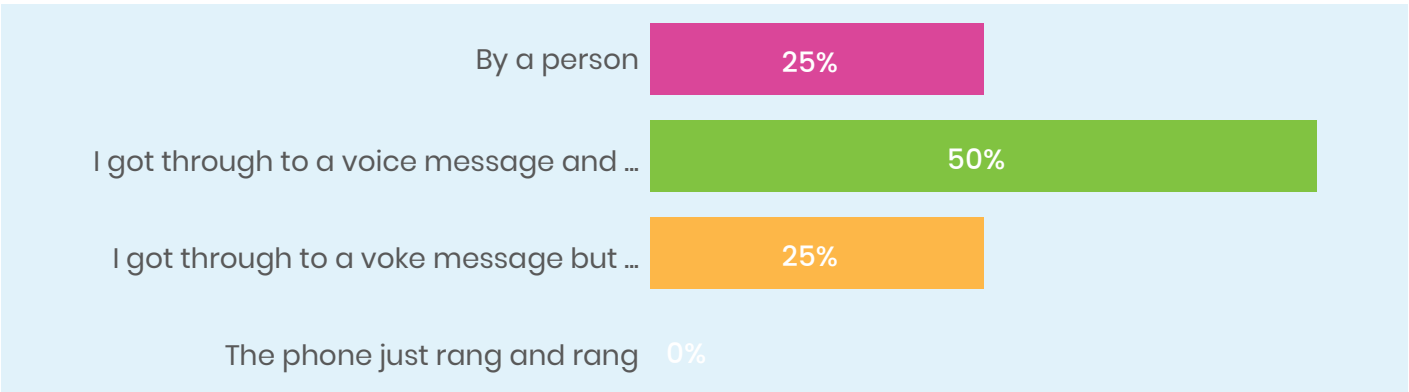
Question 6. If you had to phone the department how easy was it to get through?



40 percent of patients who had to phone the department couldn't contact the hospital, with 20 percent of patients having no number to ring. There was also 20 percent of patients who couldn't rebook and had to wait for another appointment to be sent. 20 percent of patients had no problems and received an immediate response.

Observation: The responses to this question correlates to our survey responses, with incorrect contact information on the appointment letter or calls not being answered.

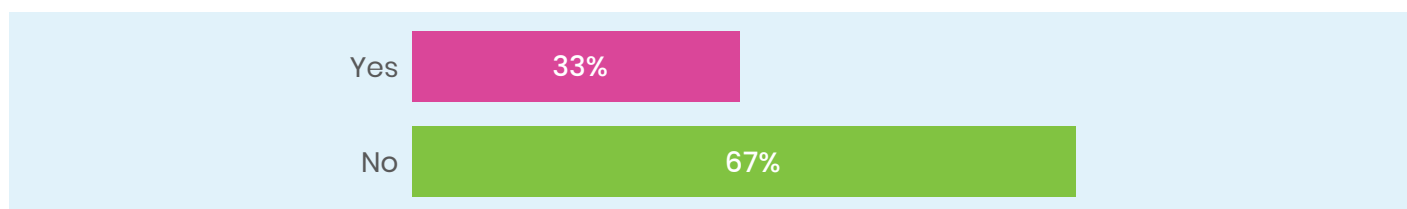
Question 7. How was the call answered?



Most patients, 50 percent, got through to a voice message and left a message. 25 percent of patients got their phone call answered by a

person and 25 percent of patients got through to a voice message but there was no facility to leave a message.

Question 8. Did anyone call you back?



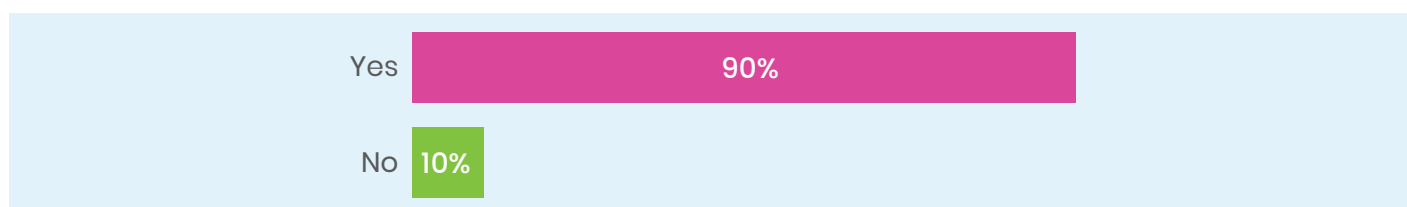
66 percent of patients did not receive a call back, 33 percent received one.

Observation: As with the managers and team members questions, the answers highlight the need for a standardised answering machine

system with opening times and response time information.

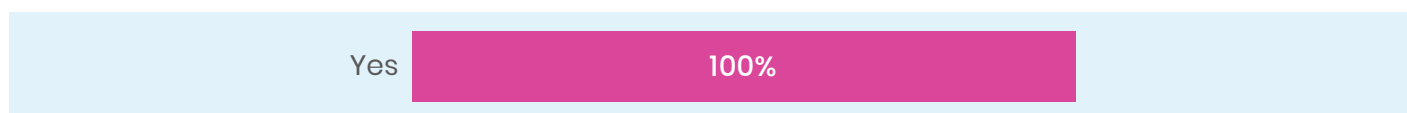
This is common complaint by patients that messages are not responded to.

Question 9. Did you receive a reminder letter, call or text about your appointment today?



89 percent of patients received a reminder about their appointment, with 10 percent not receiving one.

Question 10. If yes, did the information in the original letter and the reminder correspond?

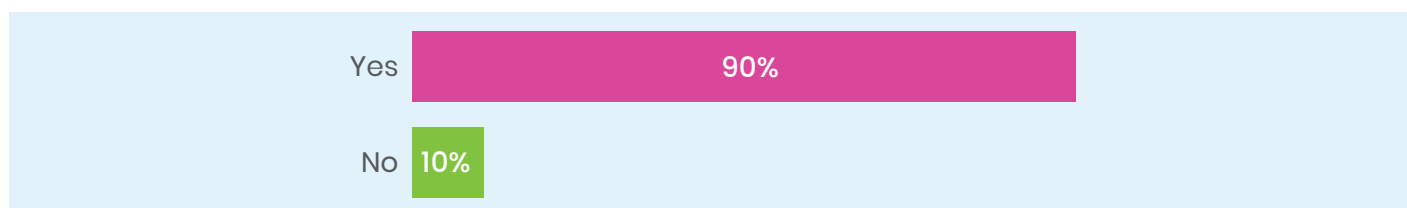


All patients' information in their original letter and the reminder corresponded.

Observation: These questions do not establish how the reminder was received. It is however

acknowledged that almost 90% of patients did receive a reminder and that the information was correct. This part of the system works well.

Question 11. Looking at previous appointments, did you receive follow up information in a timely manner?



89 percent of patients received their information in a timely manner, with 10 percent not receiving their information in a timely manner.

Question 12. Looking at previous appointments did your GP receive the outcome of the appointment information in a timely manner?

All 18 patients, GPs received the outcome of the appointment in a timely manner.

Question 13. Overall, how satisfied are you with the administrative process at this hospital?

The majority of respondents were satisfied with the administrative process.

Question 14. What changes would you like to see put in place.

Many patients did not have any changes that they would like to see put in place, one patient expressed that there should be, better communications between hospitals. Another expressed that the department is now much more efficient that it used to be.

Greater information on the procedure or tests that your appointment is for would be useful for patients, with approximate duration of the appointment.

Other patients would like to see more options for contacting the department, rather than just a phone number.



Conclusion

Overall, our visits to Barts Cardiology and outpatient's department were positive but there are areas of improvement required. The patients and staff were open and honest with their answers. There are clearly some areas for improvement which are offered as recommendations later in this report.

General observations

The hospital is accessible both in its location and facilities for those with mobility issues, wheelchair, pram and pushchair. There is step free access with a wide entrance hall and spacious lobby.

Signage to the department was clear inside the hospital. However, TV screens displaying information were not visible from all areas of the patient waiting areas.

Posters in the waiting area were out of date, with patient surveys closed.

External signage needs improving, with one receptionist stating that they have to redirect around 50 people a day to the main reception.

Patients

The majority of the patients we spoke to at the hospital had received good communication from the department, with few having had their appointments rescheduled or cancelled. However, results from our survey indicates that information contained in letters or communication to patients was incorrect or missing. Patients would also benefit from having more information on the nature of the appointment they are attending, e.g. a test, a scan, etc.

Administration systems

The number of the various systems used by the different admin teams is baffling. There is inconsistency of use within the department in the different disciplines, and again across the hospital with outpatients using a separate system to the department.

Text messaging remains an enigma, some of the teams used text messages, others didn't, and none were certain how the messages were sent or by what department.

The newly installed telephone system should reduce the need to leave a message for the attention of the team, it would be useful if the system is monitored over the next 3 months with a report produced detailing its effectiveness.

Patient information

There is inconsistency with the data patients can access, particularly appointment waiting times data, which isn't clearly communicated. This is an area that should be readily available on the department's website and in patient communication.

Training, supervision and performance management

There is a significant amount of variation in the training received across the department, the supervision undertaken within the teams and the management of staff performance. A consistent approach to these three areas would be beneficial to both the staff and as a consequence patients, with consistent approaches and information given.

Recommendations

Some recommendations have been made based on the observations made, and the feedback received from both staff and patients during the visit.

The Chief Nurse, was asked to respond to the following recommendations:

1. Consistency of systems used across the department.

- a. There are many systems used to record duplicate information. Can the number be reduced to negate the need for duplication of information and lower the risk of incorrect information being stored.

Trust Response

We acknowledge that using different systems can lead to duplication of information and increase the risk of errors. However, it's important to note that each system currently serves specific functions and is deeply integrated into our workflows.

We will continue to ensure that our staff are adequately trained on all systems and that clear procedures are in place to minimise the risk of errors. We will also monitor the effectiveness of our current systems and identify any areas where improvements can be made.

- b. Clear training schedules should be set for consistency of use of the systems

Trust Response

We agree that standardised training is crucial for consistently and effectively using our administrative systems. We are committed to ensuring that all staff receive comprehensive training on all relevant systems and procedures.

We have developed and implemented a clear induction training plan that outlines the required training for each role within the department. This plan will also include initial training for new staff members and regular refresher training for existing staff to keep them updated on any system changes or updates.

We will also ensure that our training materials are up-to-date and comprehensive and that they cover all aspects of using the systems, including:

- Accessing and navigating the systems
- Entering and updating patient information
- Scheduling appointments
- Generating and sending correspondence
- Running reports

We believe that these measures will help ensure that all staff members are confident and competent in using our systems, leading to improved efficiency and reduced errors.

- c. Policies on waiting times, notice of appointment, number of telephone rings before answering, telephone answer machine response times need to be put in place, or if they are in place, available to staff and them made aware of them.

Trust Response

We have recently implemented a new telephone system which has significantly improved our ability to monitor and manage our telephone communication. This system provides valuable metrics, such as average waiting times and the number of missed calls which is reviewed on a daily basis. This data allows us to identify any inefficiencies and take corrective action.

- d. The new telephone system needs to be monitored with a report produced on its effectiveness.

Trust Response

We agree that it's crucial to monitor the effectiveness of the new telephone system to ensure its meeting our objectives and identify any areas for improvement. We have a robust monitoring process in place. A daily report is generated and shared with teams, which details key metrics such as average waiting times, the number of missed calls, and call abandonment rates. This allows us to track performance and address any emerging issues promptly. We regularly review the system's performance, analysing trends and identifying recurring problems. This helps us to make data-driven decisions and implement necessary adjustments to optimise the system's efficiency.

2. Consistency of letter templates and patient information.

- a. At present each team within the department has a different patient letter template. The details in the letter i.e. consultant name and direct contact details, has to be manually added. Some teams provided a contact email address whilst others didn't, likewise with telephone numbers.

Trust Response

We appreciate your feedback on the variation in our letter templates. While we strive for consistency, it's essential to recognise that each department within the cardiology service has unique requirements and specific information that needs to be communicated to patients.

However, we agree that certain elements, such as the consultant's name and contact details (including email address and telephone number), should be included in every letter template. We have reviewed all templates across the department to ensure this information is correctly added.

- b. A standard letter template for the department should be implemented with a schedule for checking the contact information is up to date.

Trust Response

While acknowledging the potential benefits of a standard letter template, we must consider each team's varying needs and specific information requirements within the cardiology department. A single template may not adequately accommodate these needs.

However, we are committed to ensuring consistency and accuracy in our patient communication. We aim to achieve this through the following measures:

Regular Reviews: We regularly review and update our letter templates to ensure they meet the evolving needs of our patients and staff.

Clear Procedures: We have clear procedures in place, including monthly audits, to check the accuracy of the information provided in our letters. This helps to identify and rectify any errors promptly.

Pre-filled Templates: Each consultant has a template with their information pre-filled, which helps to maintain consistency and reduce the risk of errors.

We believe that these measures effectively address the need for consistency and accuracy in our patient communication while allowing flexibility to meet the unique requirements of each team within the department.

- c. A procedure for checking information is correct before letters are sent should be implemented.

Trust Response

We appreciate your recommendation to implement a procedure for checking the accuracy of information before letters are sent.

To ensure accuracy in our patient correspondence, we have implemented proofreading, where staff are encouraged to double-check their work or have a colleague proofread the letter before it is sent.

- d. More information on the appointment should also be included in the letter, e.g. will the patient be undergoing a scan, ECG etc, how long the appointment is likely to last.

Trust Response

While we appreciate this point, it's important to consider the practical challenges involved in providing such specific details in every appointment letter. The specific procedures and tests required can vary significantly depending on each patient's individual needs and the complexity of their condition. It would be impractical to list every potential procedure in the appointment letter.

However, we are committed to providing patients with clear and informative communication about their appointments. We achieve this through the following:

General Information: Our appointment letters provide general information about the type of appointment (e.g., consultation, follow-up, etc.) and the department where it will take place.

Preparation Instructions: We include specific instructions on how patients should prepare for their appointments, such as fasting requirements or bringing a list of medications.

Contact Information: We provide contact details for the department so patients can inquire about any specific questions or concerns they may have.

- e. Accessibility information should be included with the patient letter, this should include availability of patient transport, interpretation services and information in other languages.

Trust Response

We agree that providing clear and accessible information about support services is crucial for ensuring all patients feel confident and prepared for their appointments. We appreciate you bringing this to our attention, and we acknowledge that this is an area where we can improve.

We have already been in contact with the Outpatient Department, who are currently developing an equity of access program to improve accessibility across St Bartholomew's Hospital. This program will address the provision of information on requesting interpretation services or assistance for hearing or sight impairments. All patient communications, including letters, emails, and the department's website, will include this information.

We are committed to working with the Outpatient Department to implement these improvements and ensure that all patients have equal access to our services.

3. Waiting times for appointments available

- a. There was an inconsistent response from staff and managers to the wait times for appointments. There should be more information available to patients on expected wait times for both standard and emergency appointments. This should be available on the departments website and included in patient communication.

Trust Response

It's important that our staff are aware of waiting times so that they can give patients accurate information. Part of the challenge for our staff is that waits for procedures can vary greatly depending on a number of factors, including which service patients are referred for, if they need to be seen by a particular clinician, if any initial diagnostics are required and the type of procedure they are being referred for.

We agree that waiting time information on our website and within our patient communication would be beneficial for our patients and will work towards implementing this where generic information will be appropriate.

4. Complaints policy and procedures

- a. The managers had little knowledge of the number and nature of complaints raised with the department. A standardised complaints procedure should be put in place and a scheduled monitoring of the complaints to help to address and subsequently reduce the number.

Trust Response

Patient complaints provide real time feedback on the quality of the service we are providing for our patients and is a key tool for us to identify areas for service improvement.

Complaint trends are reviewed regularly by senior management at a service, divisional and site level in order to identify any emerging themes that require intervention; however, your report has highlighted that at a more junior management level there appears to be a gap in the visibility of complaints.

To improve general awareness of complaints, monthly service complaint data is shared more widely with the service team leaders.

5. Standardised use of text messages for patients

- a. Team members were unsure how the text messaging system works both within the hospital or the Trust. Further training is needed to ensure consistency in the use of text messages for patient information.

Trust Response

We acknowledge that text messaging is an essential tool for patient communication, and we understand its value as a convenient and effective reminder for patients.

Currently, automated text messaging isn't being utilised in all of our services. As a result, not all team members are familiar with how the system works.

We are planning to roll out the text message service to all of our services once all of the required clinic standardisation work has been completed, which will ensure the information included in our text messages is accurate.

To ensure a smooth and successful rollout, we will be providing comprehensive training to all staff.

- b. Ensure a robust schedule is in place to check patient contact details are up to date.

Trust Response

We understand that having up-to-date contact information is crucial for effective communication with our patients. We have procedures to ensure that our records are as accurate as possible:

Review at Every Contact: Our team members are instructed to review patient details at every interaction with the patient, whether it's a phone call, email, or face-to-face appointment. This helps to identify any discrepancies or changes in contact information.

NHS Spine Integration: We utilise the NHS Spine, a national database of patient information, to access and update patient contact details. This system relies on patients notifying their GPs of any changes to their information, such as a new address or phone number.

6. Response to patient queries via telephone or email

- a. Set an automated response to emails received stating the timelines for a reply.

Trust Response

We understand the importance of providing timely replies to email inquiries and appreciate you bringing this to our attention. We have now implemented an automated response system for emails received by the department. This automated response will acknowledge receipt of the email and inform patients of our standard timeline for a reply.

- b. Patients are unable to leave messages outside of working hours or over the weekend. Patients need to be informed of opening times when reaching voicemail and given a standard timeline for a response to their message.

Trust Response

We understand the importance of being accessible to our patients. Our phone lines are available from 9 am to 5 pm, Monday to Friday. During these hours, our staff can answer calls and assist patients.

Outside of these hours, we have alternative contact options:

Email: Patients can email the department with non-urgent inquiries. Our automated response will acknowledge receipt and inform them of our standard response time.

NHS 111: For urgent medical advice or assistance, patients can contact NHS 111.

Emergency Services: In a medical emergency, such as if a patient is experiencing chest pain, patients should call 999 or go to their nearest Accident & Emergency department. If patients call out of hours this is explained on the automated message.

We believe these measures ensure patients can access medical advice or assistance even when our phone lines are closed. We will continue to review our communication systems to ensure they meet the needs of our patients.

7. Increased patient information in the waiting area

- a. In the main outpatient's department on the ground floor, there was only one visible screen displaying patient information. Visible prompts for patient information needs to be increased including increased numbers of television screens with department contact information.

Trust Response

This feedback was echoed by a 'Secret Shopper' exercise conducted by the Specialised Cardiology Leadership and Service Improvement Team. This has been fed back to the Outpatient Matron and Service Delivery Manager to undertake a full environmental review of the Clinic 1 and 2 waiting areas in January 2025. This will include the patient call screens and their content.

8. Patient information available in the hospital

- a. In the waiting area some of the posters were out of date, one poster asked for patient feedback but when you accessed the survey via the QR code the survey had closed. A schedule in place to update patient information via posters in the waiting area.

Trust Response

We acknowledge the importance of keeping our patient information up to date via the posters in our waiting areas.

Since receiving the report, we have reviewed the posters in our waiting area and have removed and replaced any of the posters that were out of date, including the poster with the QR code linked to a closed survey. A schedule has now been put in place to review the information in our waiting area on a monthly basis.

- b. Patient information in the waiting area was only available in English, there was no opportunity offered for accessible information for those with visual impairments, or in an alternative language.

Trust Response

As mentioned, the Outpatient Department is currently developing an equality of access program to improve accessibility across St Bartholomew's Hospital. This program will address the provision of information on requesting interpretation services or assistance for hearing or sight impairments. All patient communications, including posters will be included in this program of work.

9. Accessible information and interpretation services.

- a. There is no information (that we could find) on the website or included in letters to patients on how to request interpretation services, or assistance for hearing or sight impairments. This needs to be included in all patient communication including letters and emails, and on the department's website.

Trust Response

As mentioned, the Outpatient Department is currently developing an equality of access program to improve accessibility across St Bartholomew's Hospital. This program will address the provision of information on requesting interpretation services or assistance for hearing or sight impairments. All patient communications, including letters, emails, and the department's website, will include this information.

- b. Our findings show that there is a disparity of training of the team on this area. This must be a consistent across all teams, patients who are not told of this could miss appointments and not understand the information given to them.

Trust Response

Consistent training on accessibility information is crucial for all team members. It ensures that patients are well-informed and can access the support they need, leading to a positive experience. Based on this report we will provide our team refresher training on how they can provide accessible information for our patients.

10. Training, supervision, and performance management

- a. A clear and standardised training schedule for all teams should be implemented. Currently there is disparity in the training received on patient information, accessible information standard and dealing with complaints.

Trust Response

The Trust provides staff members with mandatory training on all relevant systems based on their specific roles and responsibilities. Locally, we will continue to provide our staff refresher training where applicable. We are committed to improving the consistency and quality of training across all our teams.

- b. Training needs to happen on all the systems used across the department to ensure consistency of procedures and patient information.

Trust Response

We acknowledge the importance of ensuring our staff are adequately trained on all systems used within the department. This is to ensure consistency in procedures and accuracy of patient information. The Trust provides staff members with mandatory training on all relevant systems based on their specific roles and responsibilities.

In addition to the initial training, the Trust provides refresher training opportunities to address knowledge gaps or system updates. We are committed to continuous improvement in our training programs. We will continue to assess and address our staff's training needs to maintain high service delivery standards.

11. Clearer hospital entrance signage

- a. Entrances to the hospital need increased and clearer signage from Giltspur Street and the West Smithfield.

Trust Response

The buildings on Giltspur Street and the entrance through King Henry VIII Gate in West Smithfield are grade listed, so we are not permitted under City of London planning regulations to fit signage to listed properties. All other types of external signage are the responsibility of the City of London /TFL.



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Design and layout: Pivitt

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