

Grahame Snelling (Chair) and Rianne Eimers (Manager)
Healthwatch Kingston upon Thames
Suite 30, Crown Business Centre
17 Union Street
Kingston upon Thames
KT1 1RP

Dear Grahame and Rianne

Enter and View visit 24 April 2014: Trust's response to observations and recommendations

Thank you for sending us the report from Healthwatch Kingston upon Thames' Enter and View visit of Kingston Hospital on 24 April 2014. The Trust welcomes Healthwatch's input and we are grateful to you and the other staff members and volunteers from Healthwatch who took the time to visit us on the day and to provide us with valuable feedback. I have read your observations and recommendations with interest and I will also be taking your report to our Clinical Quality Improvement Group on 16 July 2014 for further discussion and action.

As you are aware we did not announce your visit to staff or patients in the areas that you visited. We were very happy with the way in which your team went about the visit and for upholding procedures we require at the hospital, such as hand washing. We also thought that your team showed great consideration for the patients and staff that they approached during the visit.

We place a very high priority on ensuring positive patient and staff experience at the Trust. I was therefore very pleased to read that the patients you spoke to all felt they were treated with respect and dignity, and that people generally felt the quality of their care was positive, that they had been given explanations about their condition and treatment and that they felt staff were doing a good job. It is also good to hear that all the staff you spoke to felt that there were adequate ways for them to feed back and that they felt supported.

I have reviewed your recommendations for improvement. Some of these will require further discussion with a number of people at the Trust to explore what may or may not be possible. However, I am including an immediate response to these recommendations for you below.

Your recommendation	My response
Cleanliness – to check that cleaning equipment, such as mops and water for mopping, is regularly refreshed or replaced to maintain hygiene	I note that in your report there was reference to a specific patient being concerned that the floor in A&E reception had been cleaned with the same water and mop that was used to mop up bodily fluids. Our Estates Team had a process in place whereby a separate mop is in use for each area and water is only used once for each mop. There are also cleaning guidelines in place to ensure that cleaning equipment is maintained and kept clean. All cleaning equipment is wiped down each day and mops are also cleaned daily.

<p>Privacy for patients – we recognise that during busy times there might not be enough facilities to ensure the privacy of all patients, but there are ways of providing privacy on wards such as sound-proof partitions or cubicles</p>	<p>I was saddened to hear about the teenage girl who had been brought to the Paediatric Ward after an attempted suicide and whose assessment was undertaken in a curtained bay and was overheard by the people in the next bay. As you recognise there are busy times where it is difficult to ensure the privacy of all patients, however we want to ensure that all patients' privacy is upheld wherever possible. This specific incident has been fed back to and discussed with the Paediatrics Matron. Generally where there are patients who deliberately self-harm or who come in through the Child and Adolescent Mental Health Service the staff ensure that any discussions take place in the sensory room on the ward, to ensure privacy of the patient and so as not to upset anyone who may overhear conversations. The Matron will be raising this with the team and remind people that wherever possible this type of conversation needs to take place in the sensory room.</p>
<p>Review staffing cover during Bank Holiday periods to ensure there are enough senior doctors to deal with urgent cases</p>	<p>You have mentioned that you spoke to the parents of a child who was brought in over the Easter Bank Holiday period and they felt that there was an issue with a lack of senior staff, as they were told their child needed an urgent scan but had to wait 24 hours until enough senior doctors were available. We are looking into this further and will decide on a course of action once we have gathered more information.</p>
<p>Provide family members of women in maternity with an ID badge or bracelet to give them access to the unit to ensure they are not left waiting for too long; this will also reduce pressure on staff</p>	<p>You mentioned a man whose wife and baby were on the postnatal ward and who felt that family members should have an ID card or bracelet so that they could gain access to the ward more quickly. There has been some initial discussion about this with our estates and facilities team and what the possibilities might be. There would be significant challenges around implementing this type of system, as ID badges or bracelets can easily be passed from person to person and it would be difficult to audit who was going in and out of the areas. This type of system may also present particular problems when there are restrictive visiting in place for some people. Any lost or stolen badges or bracelets could also pose a security risk of unauthorised entries if these are not reported immediately and deactivated. We would need to consider the risks and benefits of such an approach further before making any changes. In the meantime, we will look at reviewing our reception cover, particularly at busy times, to ensure that relatives are not kept waiting unnecessarily.</p>
<p>Better access to Wi-Fi or internet for those who are required to stay with family members for a longer time</p>	<p>We would like to look at the possibilities around providing public wifi access at the Trust. A paper outlining the possibilities will be considered by our Executive Management Committee on 25 June 2014. We will explore the different options and decide on a course of action following the meeting.</p>

As mentioned previously, we will also be taking your report to our Clinical Quality Improvement Group on 16 July 2014 for further discussion and action. If you have any further questions or comments re my initial response, please do not hesitate to contact me.

I would like to thank you again for taking the time to visit Kingston Hospital and for providing such detailed information for us. We look forward to working with you further and welcoming you at the Trust for further Enter and View visits.

Yours faithfully

A handwritten signature in black ink, consisting of a large loop followed by a series of smaller loops and a long horizontal tail.

Duncan Burton
Director of Nursing and Patient Experience

cc. Kate Grimes, Chief Executive

