

### Thurrock Health Overview and Scrutiny Committee Recommendations and Trust Responses

	Recommendation	Trust Response	Actions Agreed/Progress at March 2011	Target Date	Responsible Officer
1	South West Essex PCT is encouraged to develop and enhance its end of life strategy by promoting services, options and support for patients and their families.	This is a matter for NHS South West Essex to respond to. There is a continuing trend within South West Essex of a very high proportion of total mortality occurring in hospital compared to the regional average for the East of England. This suggests a lack of choice for the location of End of Life Care, which the PCT is currently addressing through its End of Life Care Strategy.	N/A		N/A
2	The Hospital revise its hand washing signage to ensure even greater visibility and increase proper use, especially by visitors.	The Trust has invested in the 'Max' hand washing campaign to promote good hand hygiene. 'Max' style signs are used on each ward to draw attention to hand cleaning products and to encourage hand washing. The signs stand out from the wall to make the location of hand gel dispensers more obvious. The hand gel is placed at the entrance to wards and clinical areas so that staff and visitors are encouraged to clean their hands on entry to the area. More 'Max' style signage will be placed in the main entrances	The hand washing signage has been reviewed. Signs are in place in wards, department and public reception areas.	November 2010 Completed	Facilities Manager
3	Utilise the reception area more to promote hand washing and to encourage visitors to report uncleanliness.	The signage in the main reception area has been reviewed. In the public toilets off the main reception there are already signs advising that the area is cleaned regularly and which ask visitors to report any problems with cleanliness.	Hand hygiene signage is in place. Signs to encourage visitors to report problems with cleanliness are in place.	November 2010 Completed	Facilities Manager

	Recommendation	Trust Response	Actions Agreed/Progress at March 2011	Target Date	Responsible Officer
4	Produce plain English booklets or posters informing patients of service standards and cleaning procedures so as to tackle misperceptions of cleanliness.	There are folders on each ward and in other clinical areas which set out the approach to cleaning standards for that area. The folders are placed in holders on the wall in easily visible locations. They are marked to show they contain information about the cleaning service for the area and that patients and visitors are welcome to read them.	<p>Folders in place.</p> <p>A simple concise front sheet summarising cleaning standards has been drafted and added to the folders. In addition, posters have been developed and put up in departments and public areas to advise on how often cleaning takes place and what to do if a problem is encountered with the standard of cleaning.</p>	<p>N/A</p> <p>December 2010 Completed</p>	Facilities Manager
5	Build on the 'Restoring Reputation' communications strategy to enhance the Hospital's image within the community.	While noting that the research undertaken by Thurrock Council provided positive feedback about our service, the Trust is well aware of the need to reassure the local population of on-going improvements in order to restore its reputation and rebuild confidence. A plan detailing specific actions to bolster the Trust's routine communications activity was approved by the Board in May, examples of which are detailed alongside.	<p>Review and develop the Top 200 Stakeholder List</p> <p>Organise Trust presence at 3 x local summer shows</p> <p>Publish GP Newsletter bi-monthly</p> <p>Hold an Open Day</p> <p>Organise tours/opening events with MPs/Mayors</p> <p>Publicise reduction in HSMR</p> <p>Handle "1-year on" stories</p>	<p>May 2010 and then 6-monthly Completed</p> <p>August and September 2010 Completed</p> <p>Completed</p> <p>October 2010 Completed</p> <p>On-going</p> <p>October/November 2010</p> <p>November 2010</p>	<p>Associate Director of Communications</p> <p>Associate Director of Communications</p> <p>Commercial Manager</p> <p>Associate Director of Communications</p> <p>Associate Director of Communications</p> <p>Associate Director of Communications</p> <p>Associate Director of Communications</p>

	Recommendation	Trust Response	Actions Agreed/Progress at March 2011	Target Date	Responsible Officer
6	Review the cleaning contract at its next renewal to ensure it encompasses all aspects of hospital cleaning.	<p>The cleaning contract does cover all areas of the hospital although there are some cleaning tasks that are undertaken by Trust staff rather than by the contractor. Cleaning of clinical equipment, for example, is the responsibility of the nursing staff. There are also some issues that are the responsibility of the Estates Department which are linked to the general maintenance of the hospital.</p> <p>The Trust will review the cleaning service when the contract comes up for renewal to ensure the responsibilities for cleaning are clear and comprehensive.</p>	<p>The Trust has commenced a European procurement process for a new cleaning contract to be put in place following the completion of the current contract at the end of October 2011. The contract for the service has been completely reviewed and revised to ensure that all aspects of hospital cleaning, relevant for the contractor, are made clear.</p> <p>The cleaning of those elements not under the remit of the cleaning contractor is regularly monitored by the Trust and if problems are found they are addressed.</p> <p>There is formal reporting to the Board of Directors on a monthly basis in relation to cleaning standards and a detailed weekly analysis is reviewed by the Executive Directors for the whole Trust estate.</p>	October 2011	Director of Estates and Facilities

	Recommendation	Trust Response	Actions Agreed/Progress at March 2011	Target Date	Responsible Officer
7	In consultation with staff, revise the staff appraisal procedure, as well as the training scheme, to ensure it meets staff expectations as well as those of the organisation.	The Trust's appraisal procedure has been revised in consultation with the Joint Negotiating Committee and a new system introduced to more accurately monitor progress with completion of appraisals. The Trust has a well established education and training department in excellent facilities which provides a wide range of local training opportunities. Approximately 1/3 of all Trust staff undertake a training programme of one form or another every year. Other clinical professional training at universities and higher education establishments is funded by the national Multi-professional Education and Training (MPET) budget held by the Strategic Health Authority. Although this Trust makes full use of the MPET funds available there are inevitable limits on the numbers who can attend each year.	Appraisal information is reviewed on a fortnightly basis. Formal reporting to the Board of Directors is undertaken on a monthly basis. Performance is on target for end of year. The appraisal procedure has been revised in consultation with the trade union representatives (the Joint Negotiating Committee). This includes ensuring that the process addresses staff expectation as well as those of their managers.	March 2011	Director of Personnel
8	Devise and implement an effective recruitment and retention strategy including ways to improve staff morale.	The number of vacancies within the Trust is on average between 7% and 10%. This is slightly higher than our target but within acceptable limits. The number of vacancies has largely been a product of investment and growth in new services such as the Primary Percutaneous Coronary Intervention (PPCI) Service at the Cardiac Centre, and the Bowel Cancer Screening Programme etc. Local recruitment (e.g. the nurses who qualify each year from ARU) has therefore been supplemented by recruitment from overseas in 2009/10 and with a smaller intake in 2010/11. We are not planning further service expansion and therefore expect the level of vacancies to reduce this year. Our rate of retention (measured by the number of those who retire or resign is approximately 12% per annum which is better than the national average for the NHS.	The Trust's Annual Plan sets out the recruitment and retention strategy for the next three years, including measures being taken to address issues of staff morale. The Trust vacancy factor is monitored on a monthly basis. The vacancy factor in Nursing and Midwifery has reduced month on month since April 2010 and is monitored on a monthly basis. Turnover rates are below national average and are predicted to stabilise over the year.	March 2011	Director of Personnel

	Recommendation	Trust Response	Actions Agreed/Progress at March 2011	Target Date	Responsible Officer
9	<p>Utilise the Hospital reception and the A &amp; E reception to better effect by making it more welcoming and using it to deliver key messages and images about the Hospital.</p>	<p>The Trust has reviewed the main reception area.</p> <p>Promote hand cleaning.</p> <p>The area is often used to display material to inform patients, members of the public and staff. For example, the area has been used to raise awareness of the Bowel Cancer Screening Programme, to provide information relating to the support of people with learning disabilities, to support the British Heart Foundation 'Red for Heart' month, encourage smoking cessation and to promote National Learning at work day. Other receptions in the Trust are also used to disseminate key messages. This has included, for example, information about services related to hearing aids, memory loss, breast screening, MacMillan nurses and 'Breatheasy' which supports patients with respiratory problems.</p> <p>The A&amp;E reception will be completely changed and upgraded as part of the £17m expansion and refurbishment project which is currently under way.</p>	<p>A new 'Welcome' desk has been installed.</p> <p>Hand washing signs are in situ</p> <p>The Trust will continue to display information about hospital services as appropriate.</p> <p>As part of the A&amp;E project, there will be a new reception area which is designed to be more welcoming. The first stage of the new department opened in October 2010. Signs have recently been displayed in the new reception advising that it is not yet fully completed, advising that the project will not complete until 2012 and apologising for the inconvenience in the meantime.</p> <p>Final phase of the new A&amp;E reception to be opened.</p>	<p>Completed</p> <p>October 2010 completed</p> <p>Spring 2012</p>	<p>Director of Estates and Facilities</p> <p>Facilities Manager</p> <p>Associate Director of communications</p> <p>Director of Estates and Facilities</p>

	Recommendation	Trust Response	Actions Agreed/Progress at March 2011	Target Date	Responsible Officer
10	<p>Develop and implement a strategy to recruit and utilise advocates/ volunteers to act as first points of contact in the Hospital to proactively approach visitors and help with enquiries.</p>	<p>The Trust has a number of volunteers who give their time to assist patients and visitors to the hospital. There is a 'Welcome' desk in the main reception which is used as a base for the volunteers who work in that area along with another one in the maternity building. While it is not possible to have volunteers on duty all the time they do offer a valuable service by helping patients and visitors. This will include directing people or assisting them to access different parts of the hospital and responding to enquiries. Volunteers who are members of the hospital League of Friends and those who work with the WRVS provide a valuable service in staffing the tea bar in Outpatients and the shop in the main reception.</p> <p>Currently the Trust volunteers work as follows:  32 Welcomers who will help with enquiries  20 League of Friends  45 WRVS  15 Orsett Helping hands</p>	<p>The Trust process to recruit and utilise volunteers is in line with national guidance.</p> <p>The Trust has held meetings with local voluntary organisations to encourage volunteering in the hospital.</p> <p>A Patients' Panel has been established which includes voluntary members of the public who act as patient representatives and who can represent the views of patients and the public.</p> <p>Several meetings of the Patients' Panel have taken place, a number of topics discussed and presentations given by staff members. These have been on a range of subjects, including: proposed improvements to Phlebotomy and Outpatient services, national patient surveys, Investment Projects such as rebuilding A&amp;E and the Fracture Clinic, the introduction of Steam Cuisine and elderly care and Stroke Services</p> <p>Members are enthusiastic about taking the work of the Patient Panel forward, and often have differing experiences with services provided by the hospital and therefore are able to contribute a wide range of views.</p>		<p>Facilities Manager</p> <p>Head of Litigation and Complaints</p>

	Recommendation	Trust Response	Actions Agreed/Progress at March 2011	Target Date	Responsible Officer
11	Appoint disability champions from the staff body to engage relevant community groups on how to enhance and tailor provision for disabled people.	<p>The Trust's Nurse Advisor for Learning Disabilities is working very closely with service users and their carers, and is in direct contact with local groups such as Mencap, Batus and A2A. We have also appointed a service user champion and carer champion specifically for LD, both of whom hold honorary contracts.</p> <p>As part of the Trust's approach to sustaining compliance with the Equality and Diversity Act, the Trust has a very experienced E&amp;D lead who engages with disability peer groups to ensure that their views are considered with regard to Trust services. Disability Impact assessments are undertaken for each area, which includes associated action planning as relevant to meet the statutory obligations and make reasonable adjustments for the disabled.</p>	<p>An LD Carers Support Group has been formed and individual support is provided as required. There is a Learning Disability awareness pack for all clinical areas and departments.</p> <p>The Trust has an Equality and Diversity Group which looks at all aspects of equality and diversity including disability, and has representatives from across the Trust. Part of the role of the Group is to seek to engage with groups in the community.</p>		<p>Director of Nursing/  Director of Personnel</p>
12	Work with relevant organisations to improve the use of Health Action Plans for patients with learning disabilities.	<p>The statutory responsibility for the development and implementation rests with the PCTs.</p> <p>The Trust is engaged with their development through the Nurse Advisor for Learning Disabilities who represents and leads on this agenda at NHS South West Essex and on the Trust's LD working Group. They are currently in draft format. The Trust welcomes the use of the standardised Health Action Plans and has increased awareness with staff through training to ensure they are aware of their importance.</p>	Where there is an urgent need for an HAP to be put in place due to complex needs of a patient accessing Trust services, this will be referred to the PCT LD Community Team for action. The LD Nurse will attend Case Reviews with PCT colleagues and family carers to contribute to forward planning for admission as required.	On going	Director of Nursing