

# Memberlink

For members...  
Winter 2011

## Homerton's top priority: Improving the patient experience

Charlie Sheldon Chief Nurse & Director of Governance

Our top priority at Homerton is to continue to improve the experience of our patients in wards, units, clinics and departments.

We have focussed on this by drawing up a new Patient Experience and Public Involvement Strategy for 2011-2014.

The main aims of this strategy are to:

- ensure patients and their families both in the acute and community settings receive an experience that

not only meets but exceeds their expectations of services at the Trust.

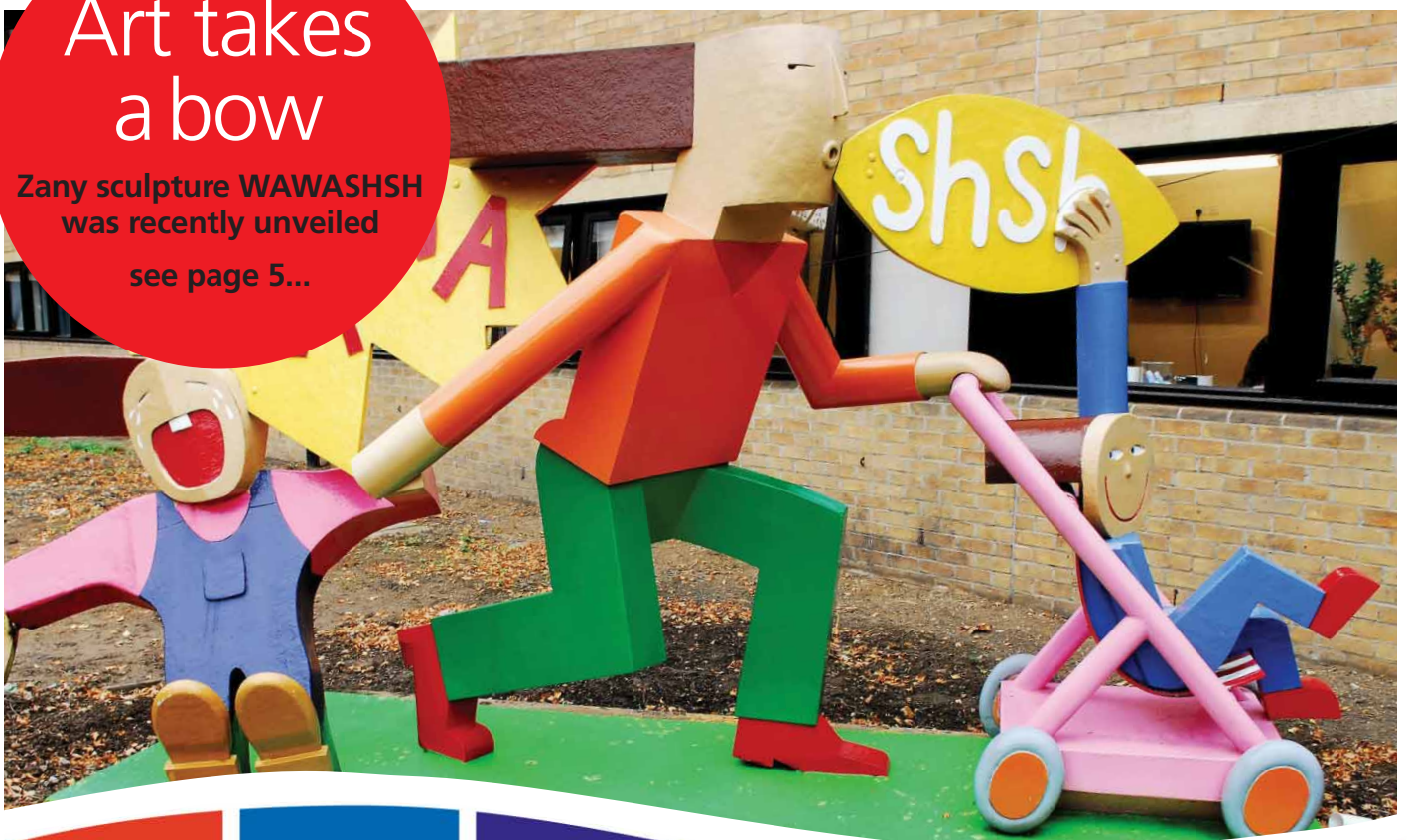
- enable Homerton to maintain and increase public confidence and to sustain its reputation as a healthcare provider of choice and for that to be reflected in an improvement in the national patient survey scores.

- demonstrate that Homerton is able to listen and respond to the views of patients, their families and the local community to drive service improvements.

*continued on page 3 »*

### Art takes a bow

Zany sculpture **WAWASHSH**  
was recently unveiled  
see page 5...



# A word...

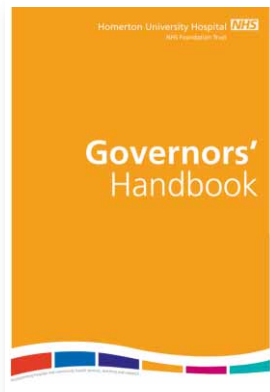
## From the Vice Chair of the Governors

This autumn we have welcomed a number of new Governors to the Council. We look forward to working with them and getting to know them better.

They, like the rest of the Council of Governors, represent the people we serve and who live around the hospital, or members of our staff including the community services we now provide.

To begin with, most new Governors find the role and responsibility of being on the Council a little strange. As with other foundation trusts, we arrange induction sessions to make them feel at home. But this being Homerton, where innovation is a byword, we have gone one step further by producing a handbook for Governors.

The handbook is small and concise, offering all the necessary information a Governor needs, for instance: who the Board Directors are; a summary of the Trust's history and functions and a run through of what is expected of any Governor. There is nothing confidential in the handbook, and indeed we think it would be helpful



to any member who was considering standing for election so that they understand what they are in for.

Copies are freely available from the Trust Head of Governance, David Bridger, who will send one on request.

Governors have substantial responsibilities and we think that it is important that those standing for election know about the job in advance.

We need the best Governors we can get and the more who stand, the better the members' choice. We for our part will increase our efforts in educating and training our Governors.

One of the regular tasks of Governors is the appointment of Non-

Executive Directors (NEDs) and there has been an appointments committee recently.

The NEDs give something like three full days of work to the Trust every month, and are paid for this. They work alongside the Chair and the

Board of Directors including the Chief Executive. It is part of their responsibility to see that the management of the hospital is sound.

They serve either three or six years - after which they retire and new NEDs are appointed.

We are very pleased to welcome two new NEDs to the Trust, Sir John Gieve and Vanni Treves, who in their careers have had important jobs in charity, government, business and management. They join us at a time of challenge and development.

The health service is undergoing major change; our finances, though sound, are under pressure. Hospitals around us are considering merger and the final outcome is far from clear. Nevertheless, the Governors and the Board look forward and plan ever better services with confidence. The better our links are with our local community, the stronger our Governors and Trust Board are and the more effectively we can all meet the challenges ahead.

**Geoffrey Rivett**



The Council of Governors pictured with the Chairman and Chief Nurse. From left to right Charlie Sheldon (Chief Nurse), Clyde Baker, Prof Stan Newman, Geoffrey Rivett, John Bootes, Jude Williams, Sarah Weiss, Michael Cassidy (Chairman), Ros Constable, Val Dimmock, Robert Duke, Suri Freedman, Talaat Qureshi, Mr Andrew Ezsias, Dr Lesley Mountford, Dr Katherine Coyne

continued from page 1

The strategy will be supported by three key campaigns which are being led by Louise Ashley, Associate Director of Patient Experience and the patient experience team. These campaigns are:

CAMPAIGN ONE -

**Delivering thoughtful care**

CAMPAIGN TWO -

**Leaving or transferring from our care with confidence**

CAMPAIGN THREE -

**Getting the right information**

The basis of these campaigns is to see services through the patient's eyes. To do this involves asking our patients about our services. We are carrying out a number of surveys and discussions with patients asking them what they think; how they are being treated by staff on a day-to-day basis; what they think quality of service means; and how staff talk to them.

See below for one example of a survey we recently held in the outpatients department.

---

**We would value any comment or suggestion from members on how we can improve the patient experience please email: [members@homerton.nhs.uk](mailto:members@homerton.nhs.uk)**

## How we are finding out what patients think

We recently carried out a survey of people waiting in our Outpatients clinics to find out what they thought about the service they were receiving.

Patients were invited to sit with staff and discuss set questions on their experience in outpatients that day.

Outpatient managers, reception staff and nursing assistants assisted in collecting the feedback and staff actively asked patients to participate rather than just wait for patients to come to a stall we had set up in the department.

There are very positive points to take from the survey, along with some improvements which can be made.

For instance in the main outpatients department – where the majority of the responses came - nearly all feedback was positive and the service described as 'good'.

Many patients commented that it was 'very efficient' and 'very friendly'. Some said that it was 'very quick', 'professional' and 'informative', and one patient described it as 'perfect'. Just under half of the patients who thought that the service had been friendly and efficient found it difficult to think of anything which could be improved.

There were some critical comments for instance that staff spent time chatting amongst themselves and that the department might be tidied up a bit. There were also some constructive suggestions: one patient highlighted that staff should ensure that the patient is directed to the correct seat to wait for their appointment, particularly if they have a disability and will have to move places again.

**The key recommendations coming from the survey were:**

- Each location should consider the information provided to determine where improvements can be made.
- The Trust should review the number of patients who have their appointments rescheduled.
- Further work needs to be done on ensuring that clinics are not delayed. We can do this by:
  - looking at whether appointment slots are the appropriate length,
  - reviewing our bookings procedures where multiple patients are booked at the same time on EPR,
  - ensuring that the clinician is available to start clinic at the time the first patient is scheduled,
  - looking at whether time has been allocated for the patient to see the clinician for a second time after they have been for x-ray/blood tests etc appropriate.
- Patients should be informed of the length of any delay in clinic and the reason for the delay by all levels of staff.
- Cleanliness of all outpatient areas should be improved.

# Over 80 members attended the eighth Annual Members' Meeting

Members heard presentations on how the Foundation Trust is performing from Chief Executive Nancy Hallett and Finance Director Jo Farrar.

There was also an update on our preparation for the Olympic and Paralympic Games in 2012 from A&E Consultant Dr Laurence Gant. He summarised the provision of medical services on the Olympic site and provided an outline of Homerton's role as designated hospital for athletes and Olympic personnel.

A number of questions were put to the Board and Governors by Trust members. Here are some of those questions and answers.

## The Olympics »

**Q.** *Following the Olympics what will happen to any additional health facilities?*

**A.** The health facilities on the Olympic site have been commissioned by Newham PCT and following the games they will serve as a health centre for the new village of affordable housing on the site.

**Q.** *Why is Newham Hospital not used as a designated hospital for the games?*

**A.** There can only be one designated hospital for athletes and Olympic personnel and Homerton was chosen to undertake this role.

**Q.** *What will happen to spectators if they are ill or need hospital treatment?*

**A.** The games will follow the same processes established for all large spectator events in terms of emergency treatment for members of the public. There are additional facilities on the site as well as roaming teams providing medical support.

**Q.** *Who absorbs the costs of the facilities required in the hospital?*

**A.** The Government has allocated additional money to the Trust to allow it to provide support during the games. Additionally the Trust has received some sponsorship money for equipment and facilities from sponsors of the games.

**Q.** *Is there a maximum number of patients that can be sent to the hospital?*

**A.** There is not a maximum, as with any large spectator event, for large numbers of casualties these will be distributed to a number of local hospitals not just Homerton.

## Other subjects »

**Q.** *The figures for obesity in children in Hackney are quite alarming. Combining community health services with the acute side is it going to be beneficial in improving care in the community?*

**A.** There are services in place to manage obesity in children. Surgical intervention is restricted to adults.

**Q.** *I refer to a previous newspaper article regarding Homerton Hope charity. Can you provide us with any information on progress with this?*

**A.** The Trust is about to sign off the design for the sexual health department. This will then go out to tender and it is planned that building will start at the end of the next calendar year.

**Q.** *Regarding information in outpatients, the care I have received is very good but there is an issue with waiting times. I have waited up to three hours to be seen and when I have tried to find out why I have not been able to get an answer. The lack of available information is very frustrating?*

**A.** We are very sorry this has happened. We are working with staff to try and get things right and are considering the use of an electronic display board. However this does not detract from the fact that staff need to talk to patients. We hope that some of our Homerton Helpers (volunteers) can be used in keeping patients informed.

**Q.** Can you tell us what is happening with the merger of BLT, Whipps Cross and Newham Hospitals and what Homerton's role in this is?

**A.** The Trust has taken an active part in some of the discussions with other hospitals previously. The three Trusts concerned have decided that they want to try and work together. Homerton can work with them to ensure there are benefits to patients.

**Q.** Could you tell what the Trust is actively doing with regard to its sustainability agenda?

**A.** The Trust has employed an Environmental Performance Manager and has a carbon management plan in place to reduce and this by 25% by 2015. There are a number of initiatives being planned including boiler replacement, introduction of departmental metering, installation of solar panels and trialling an electric car.

## Homerton leads the way in streamlining hospital discharges

Homerton Hospital is now leading the NHS in developing a new automated system for recording key information for patients requiring continuing care after hospital.

The automated continuing care forms have been developed by the hospital's discharge planning team as a way to make the whole process more user friendly for staff.

Michele Stenning, acute discharge planning service lead, said: "Assessing the continuing care needs of patients can be a key process in ensuring appropriate care arrangements are in place following discharge.

"The forms used nationally by the NHS consist of 80 pages. Generally the high level of paperwork required caused apprehension and extra work for clinicians, particularly busy ward areas.

"We developed an automated system on our computers and piloted its use on a shared folder with the Regional Neurological Rehab Unit (RNRU), Mary Secole Nursing Home and community health services, beginning the project in August last year.

"The system allows for automatic copying of necessary – but repetitive – information throughout the form. It's simple, user friendly and can be easily adapted for use by other important

areas such as social services.

"At the beginning it was agreed to set up on individual PCs but as the project progressed further, the Trust's Information Technology Team was able to support the system within the hospital's shared server.

"This allows clinicians to undertake the written element of the submission from any PC within the Trust. It also allows the discharge planning team and consultants to check the quality of the submission prior to the administrative process within their own working areas.

"Throughout the development, clinicians were able to trial and test the system and the project gained feedback from early users. This guided the fine tuning which consequently made the system in line with clinician's computer skills and workloads.

"We are now rolling out the pilot across the whole hospital, followed by other London Trusts, and are working with NHS London's Joint Information Sharing Board to create a new paperless discharge system for the NHS."

## Art takes a bow

**Zany sculpture WAWASHSH was recently unveiled after having been boxed up for three years whilst essential building works and landscaping took place around it.**

The eye catching work welcomes visitors accessing the hospital in the newly re-opened central corridor entrance.

The vividly coloured sculpture by Kevin Harrison depicts a screaming baby and an anxious mum. It was commissioned in 1990 by the then Art Work Committee and has changed locations twice via a crane. When the sculpture emerged from its protective casing it was covered in dust and cobwebs, plants had grown around its base and it needed a thorough cleaning.

Art Curator, Shaun Caton supervised a proper clean up with Trust Deputy director of Environment Cliff Hammond, and the Trust's wackiest sculpture soon returned to its former glory.

Rosemarie McGoldrick's Portland limestone and bronze sculpture, 'Rococco' stands just opposite WAWASHSH and this was commissioned in 1995 by the Art Works Committee. This too has recently been conservation cleaned.



# Major symposium discusses sports injuries

Some of the country's top experts in sports medicine came together at Homerton Hospital recently for a day long symposium on sports injuries.



Guest speaker Dr Simon Kemp (right) with hospital Consultant Physiotherapist Peter Resteghini and Surgeon Mr Ziali Sivardeen

Speakers included Dr Simon Kemp, Chief Medical Officer of the Rugby Football Union, Mr Curtis Robb, orthopaedic surgeon and Olympic athlete, Mr Keith Jones, Consultant Vascular Surgeon at St George's Hospital, Andy Leaver, Lead physiotherapist at Bath Rugby Club, Dr Shabaaz Mughal, Team Doctor at Tottenham Hotspur FC and Dr Lady Ann Redgrave, wife of Olympian Sir Steve and former Chief Medical Officer for Team GB.

Local contributions came from Homerton Orthopaedic Surgeon, Mr Ziali Sivardeen and the hospital's Consultant Physiotherapist Peter Resteghini.

Homerton's A&E Consultant Mr Laurence Gant also gave an update on the hospital's preparations for the 2012 Olympic Games.

**The Homerton sports clinic is one of the only clinic of its type run in the NHS. Call 020 8510 7835 for more details. Or contact [peter.resteghini@homerton.nhs.uk](mailto:peter.resteghini@homerton.nhs.uk) or [ziali.sivardeen@homerton.nhs.uk](mailto:ziali.sivardeen@homerton.nhs.uk)**

## Health watchdog gives Mary Seacole Nursing Home a positive review

Residents at Mary Seacole Nursing Home are comfortable and well cared for by friendly staff in a clean environment.

That was the verdict of the Care Quality Commission (CQC) following an unannounced spot check by inspectors in October 2011.

The CQC is a health watchdog which licenses health and social care organisations and checks on how well they are providing care by meeting the Essential Standards of Quality and Safety. The law says that these are the standards that everyone should be able to expect and healthcare organizations have a duty to ensure they are compliant.

Mary Seacole Nursing Home in Shoreditch is managed by the Trust and provides care mainly for elderly people with a range of long-term conditions such as dementia. It also provides respite care for up to seven people to enable family carers to take a break of up to two weeks. The CQC inspectors spent a day speaking to the nursing home residents and staff; they observed how well residents were being cared for and looked at care records and other documents. The inspectors found that the nursing home was meeting all the Essential Standards of Quality and Safety.

They found there was some room for minor improvements around

medicines paperwork and also how we record the activities for residents that are tailored to their individual needs and wishes. The trust is putting together an action plan to address the recommendations made by the inspectors. This fits into the way in which the trust works to improve its services.

Charlie Sheldon said: "We welcome these spot checks because they bring an independent and critical but constructive view to the care we give everyday."

**The Trust has received two more visits from inspectors in the past few weeks. They visit wards and departments in Homerton Hospital. We will feed back the inspectors' comments and report later.**

## Members Matters presentation»

# Preventing and treating falls



Over 20 Trust members recently attended the Members Matters meeting held at the hospital, where Marie Urbonas, inpatient falls prevention nurse, presented an interesting insight into her role and the reason why people fall and outlined some of the contributing factors.

Marie explained that 30 per cent (1,470) of people in Hackney aged between 65-69 years of age are likely to fall once in a year, and 50 per cent (1,400) of people over the age of 85 are also likely to fall in one year.

Said Marie: "Most people are fortunate that they sustain an injury such as a bruise or a cut, but some falls may result in the person breaking a bone.

"People of all ages are shocked by their first fall. Sometimes the fall will result in the person reducing their activities at home or avoiding going out. This in turn may increase their risk of falling again, as the person loses confidence and muscle strength. Many people do not seek help or advice until they have fallen a number of times, as they are so shocked about the fall."

Marie explained that there were a number of contributing factors to falling, some of which are simple and easy to resolve. Some people say they have experienced a fall, when, on investigation, they might be a victim of domestic violence or elder abuse. Sadly this is often underreported.

She also talked about the very rare occasions when some falls in the elderly population can be attributed to drinking quantities of alcohol over the recommended levels.

Winter tends to be the season when most people sustain an accidental fall such as slipping on fallen leaves, and as the winter night's draw in poor street lighting creates shadows, obscuring un-even pavements. Marie said: "Most people excuse away the fall, but what they really

need to do is to make an appointment with their GP who will be able to take action to stop or reduce further falls and injury."

Marie welcomed the opportunity to raise awareness on falls prevention and also to answer the many insightful questions from members.

### Useful contact numbers:

Pavements and pothole repairs: 020 8356 2897

Stop falls network: 020 7254 38910

Pendant Alarms: 020 8356 6262

Handy man scheme: 020 7561 4978

Osteoporosis UK: 0845 1303076

## Volunteers continue to flood in

**Recruitment for a new wave of Hospital Helpers – our volunteers – has been progressing.**

The Trust currently has over 50 volunteers working in different roles and wants to gain more to build on the good work already being

done. Dawn White, Volunteer Coordinator, said: "I have interviewed over 40 in the last couple of weeks and still have another 50 to interview (we had 96 applications).

"So by the end of this recruitment round, we should have well over 100 volunteers in the Trust covering various

different roles which include - Ward volunteers Acute Care Unit, Adult Rehab Unit, Aske, Graham, Thomas Audley, Priestley), Regional Neurological Rehab Unit Leisure volunteer, Children's Outpatients, Main Entrance, X-Ray, Therapy and Outpatient volunteers."

## Governor Elections and Membership Report

### Recent Governor election results

The following candidates were elected (public: Hackney):

Sarah Weiss (re-elected)  
Eli Kernkraut  
Talaat Qureshi  
Jude Williams

The following candidates were elected unopposed (public: Outer):

Fatmata Sesay  
Eric Sorensen

The following candidates were elected (staff: Clinical):

Andrew Ezsias  
Katherine Coyne  
Ros Constable

The following candidate was elected unopposed (staff: Non Clinical):

Henry Muss

## Thanks to our outgoing Governors....

Sarah Horsfield  
(public: Hackney)  
Christopher Sills  
(public: Hackney)  
Samantha Fontaine  
(public: Hackney)  
Doug Hiza  
(public: Hackney)  
Helen Cugnoni  
(staff: Clinical)  
Swee Fang  
(staff: Clinical)  
Paul Cannon  
(staff: Clinical)  
David Griffith  
(staff: Non Clinical)

## Members Matters lectures:

**Wednesday 18 January 2012, 5.00-6.30pm**

### 'Getting it right for Adolescents!'

Come and hear about young people's health services in Hackney and the City

Speakers : Charity Kanotangudza (Service Manager - CHYPS Plus) and Mark Scott (Development Worker - CHYPS Plus)

**March 2012**

### 'What can Homerton do for your painful feet?'

Speaker: Trevor Prior, Podiatry consultant

## Kate bows out

Professor Kate Costeloe bid a warm farewell to colleagues at a retirement ceremony at Homerton.

Kate has been a leading light in the development of paediatric services at the hospital for many years and was recognised for her achievements with a CBE in the New Year Honours 2009.

To honour her service to the hospital, the Trust have named the main lecture theatre in the Education Centre (where members' annual meetings are held) after her.



If you have any comments or suggestions about the contents of Memberlink or the work of the Trust, please write to Nancy Hallett, Chief Executive, Homerton Hospital, Homerton Row, London E9 6SR or email: [members@homerton.nhs.uk](mailto:members@homerton.nhs.uk)