

Trust Management
North Tyneside General Hospital
Rake Lane
North Shields
NE29 8NH

Direct Tel No: 0191 293 4287
Direct Fax No: 0191 293 2745

Our Ref: AF/SY

26 July 2011

Johanne Mears
LINK Manager
North Tyneside Local Involvement Network
The Shiremoor Centre
Earsdon Road
Shiremoor
NE27 0HJ

Dear Johanne

Thank you very much to LINKs for the work earlier this year and we are pleased that you wish to seek further clarification on four points. Our response to each of these is below and I trust that this provides the assurance to LINKs.

(i) 'Prioritise improved communication with vulnerable patients and their families and carers to ensure they are kept informed and involved – not only at discharge but throughout the patient's entire stay at North Tyneside General Hospital.'

The Trust recognises that excellent communication is a fundamental part of high quality health care. We want our patients to have the information they need to feel confident, involved and in control. Our patient experience programme is nationally recognised and specifically designed to measure and improve those aspects of care that matter most to patients. The Trust continues to survey in large numbers and as a result we have a really good understanding of how we perform in these important areas.

Our improvement programme is not solely targeted at improving communication at discharge - we take a very proactive approach by ensuring we speak to patients at different points in time during their hospital stay and beyond. In 2010 we took the important step to capture inpatient data in real time. Patients or family members where appropriate, are interviewed by an independent team. These results are fed back to clinical teams within 24 – 48 hours, allowing the Trust to act rapidly to any concerns a patient may have whilst they are still in our care.

We know our approach to improvement has been very successful. Over the first six months of our programme we saw that patients were reporting better care across all the domains that matter - these improvements were highly significant ($p < 0.01$).

We interview more than 300 patients every month and have specifically targeted all of our Care of the Elderly wards to ensure we listen to the views of the most vulnerable and those caring for them. Our approach to measuring experience in critical care and psychiatry of old age is focused around the needs and wishes of the family. We recognise relatives and carers are often the strongest advocates for those patients who are unable to voice concerns of their own. Our survey approach has been tailored accordingly.

The score our patients give for their relationship with doctors and nurses is based solely on the quality of communication, involvement and trust that exists. Patients on North Tyneside wards are highly satisfied, scoring our nurses at 95.2 % overall and our doctors at 95.1%. Almost 5000 patients across all hospital sites have responded to '2 Minutes of Your Time' surveys. 92.4% of patients from North Tyneside have reported feeling as involved as much as they wanted to be in decisions about their care and treatment. 89.8% reported always being able to find someone to talk to about their worries and fears.

Patients in North Tyneside report a very positive experience of outpatient care and communication with their doctor - 95 % felt the doctor listened to what they had to say and 92% of patients felt the reasons for any treatment or action was explained in a way they could understand. The overall rating for communication with Doctors was 92.7% which is comfortably within the top 20% of Trusts and very close to an NHS best of 95%.

We have taken very innovative steps this year to share all results with the public – a further demonstration of our commitment to communication and transparency as a means of ensuring continuous improvement.

(ii) Consider further investment in the psychiatric liaison team to increase resources from one full time nurse'

The role of the specialist nurse is to support the ward teams in giving advice and training. We have recognised that there is a need to develop and train the ward nursing staff who provide 24 hour care to these patients. As you are aware we have provided a Patient Centred Course for the last 14 months ensuring that the courses are held in each of the hospital sites. The funding for these courses actually finishes in November 2011 but as a priority the Trust is prepared to support the additional courses that will be required. Hence, at this present time there are no plans to extend the specialist nursing resources within the Psychiatric specialty.

(iii) Provide information for patients, families and carers on accessing dental and chiropody services whilst in hospital.

For inpatients who either loose or break their dentures, the ward staff contact the Dental service and arrangements are made for patients to be seen whilst an inpatient.

Chiropody is a specialty and as such patients are referred for assessment and treatment, when this is clinically appropriate. There are some exceptions for example, patients with Diabetes, have a team of Chiropodists who care for their needs, orthopaedic patients also have a Chiropody service for specific conditions and patients with an extended inpatient stay receive a service. Routine Chiropody care for in-patients is not provided as this the remit of primary care.

(iv) Consider ways of increasing the number of nursing staff to patients.

Rosemary Stephenson, Executive Director of Nursing did provide you with information regarding the annual audit that she and her deputy completed against the agreed nursing numbers per shift and recommendations for any additional funds that may be available are allocated to the priority areas. As a point of information, we have for the last five to six years now retained the students who qualify in March and in September (an average of 30 students per cohort - sometimes more). The Executive Team is given a monthly update on vacancies and recruitment not just for nursing but for domestic staff.

In the event that new knowledge is available regarding a change in service delivery that affects the nursing staff levels then Rosemary Stephenson advises the executive team and a decision is taken to invest in nursing levels. The latest review was of the winter and we are currently investing in additional beds and nursing staff to act on the significant increase in patient attendances last year.

As explained last year the Trust is currently investing considerably in an electronic rostering system and this is currently being piloted in clinical areas. As part of this project shift patterns and staff overlaps are currently being reviewed to ensure a more efficient and effective rota. The plan is that this will roll-out across the whole Trust within the next 12 months.

Finally, thank you once again for your interest in these areas and I trust that our response clarifies your points. I look forward to meeting you again in the near future.

Yours sincerely

JIM MACKEY
Chief Executive