



**University Hospital of North Tees**  
**‘Communication’ Report**  
**January 2017**

## Introduction

### Healthwatch Stockton-on-Tees



Local Healthwatches have been set up across England to create a strong, independent consumer champion with the aim to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services to better meet their needs.
- Support people to find the right health and social care services for them by providing appropriate information, advice and signposting.

Healthwatch Stockton-on-Tees works with local people, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of local health and social care services. This doesn't just mean improving services today but influencing and shaping services to meet the needs of the local communities tomorrow.

Healthwatch Stockton-on-Tees is steered by a Board of volunteers, commissioned by the Local Authority and accountable to the public. Healthwatch Stockton-on-Tees are the only non-statutory body whose sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak-out on their behalf.

Healthwatch has:

- The statutory right to be listened to; Providers and Commissioners must respond to Healthwatch within 20 days of submission of requests for information or reports.
- The statutory power to Enter & View publicly funded health and social care services.
- A statutory seat on the Health and Wellbeing Board.

## Investigating 'Communication' at University Hospital of North Tees

### Rationale and Purpose of the Visit:

Following a number of pieces of work completed by Healthwatch Stockton-on-Tees in the University Hospital of North Tees, from 2015 to 2016, patients reported that communication could be improved. Healthwatch Stockton-on-Tees also had data on this topic from feedback received during community engagement and a number of other sources.

For reference please follow the links to view the reports:

<http://www.healthwatchstocktonontees.co.uk/sites/default/files/uploads/CPrepofinalwithTrustResponse.pdf>

<http://www.healthwatchstocktonontees.co.uk/sites/default/files/uploads/2UHNTsurveyReport.pdf>

<http://www.healthwatchstocktonontees.co.uk/sites/default/files/uploads/FinalReportTRUHNT5.pdf>

<http://www.healthwatchstocktonontees.co.uk/sites/default/files/uploads/ResponseTRUHNT.pdf>

### Aim:

- To establish and determine to what extent and how, poor communication is impacting on service delivery and causing negative patient experience.

### Objectives:

- To research and gain an understanding of the hospital's policies and procedures with regard to communication. Healthwatch Stockton-on-Tees will address the tracking and transfer of documentation, administration procedures for letters and appointments, and transfer of information and procedures within and between Trusts.
- Healthwatch Stockton-on-Tees will use data collected from the Information and Signposting database, University Hospital of North Tees survey report 2016 and University Hospital of North Tees Arrangements for Discharge from the Hospital report.  
Healthwatch Stockton-on-Tees will also use data collected during investigations into patient discharge with a care package from University Hospital of North Tees, and from work conducted by Healthwatch Middlesbrough in the discharge lounge at James Cook University Hospital.

Additional data from Healthwatch Stockton-on-Tees' partnership with Stockton's Citizens Advice Bureau, Stockton Independent Complaints Advocacy (ICA) Service and North East NHS ICA service will also be used.

- To analyse information gathered and determine what, if any, recommendations can be made to improve communication pathways and patient experience.

### Methodology:

Healthwatch staff designed questionnaires for gathering the experiences and views of employees in some of the departments where communication issues have been highlighted: Orthopaedic Outpatients, the main Outpatients Department and Urology. It should be noted that the views contained in this report represents those of the individuals who provided intelligence and not necessarily those of the staff members of the Trust. The Trust currently employs 5588 members of staff across both the University Hospital of Hartlepool and University Hospital of North Tees sites. Healthwatch received feedback from 12 members of staff from the University of North Tees.

Healthwatch Stockton-on-Tees analysed the data gathered from patients and individuals who gave feedback on their experiences of communication, from and within the University Hospital of North Tees.

Following analysis of the feedback gathered, Healthwatch may provide recommendations to the Trust to improve patient experience.

### Results:

- **Patient feedback**

A number of patients informed Healthwatch that they had received letters from the hospital with inaccuracies and further issues concerning appointment changes.

*\*Text in pink are actual quotes from patients, family members, friends or carers.*

Comments included;

*'I am very disappointed with the way I was treated, and also to receive a letter with my details incorrect'*

*'The department issuing appointments letters do not seem to be aware of the surgical diary for some departments'*

*'I turned up at North Tees for the ankle injections, when I should have been at Hartlepool! Communication problem here, unfortunately, but otherwise ok'*

‘Sometimes it takes a long time to get appointment and be sent to hospital appointment too’

‘Been sent for a biopsy to have to wait another 6 weeks before seen the specialist. Received a letter explaining I need an operation to turn up at the appointment and be told by a locum that I have to have another biopsy - not happy - I need the op - this means I will have to wait another three months in pain’

‘Appointment was made, letter came changing it, and then a phone call received changed it again, arrived one hour and 20 minutes prior to appointment to find a car park. Finally made my way to appointment to be told it was cancelled, a new one would be sent out, was too late to ring me’

‘Was in for 4 weeks in September - various surgical wards 28/29/30 admin seemed onerous/ worrying amount of responsibility put on junior members of staff, lot of time spent looking for items / records and waiting for something to happen’

During work conducted in the discharge lounge at University Hospital of North Tees in February 2016, Healthwatch asked patients how they rated the communication from staff during their stay. The results were;

52% Excellent

30% Good

14% Acceptable

4% Poor

0% Very poor

Other comments gathered during Healthwatch’s time in the hospital included:

‘Well looked after by hospital staff, first stay at North Tees, much better than Sunderland hospital, had all procedures, care and medication well explained throughout her stay’

‘Could have communicated more and don’t seem to have that personal touch anymore’

‘Poor communication between staff’

It was brought to Healthwatch’s attention that there were a number of issues around transfer of documentation with notes being misplaced or missing within the Trust, and incorrect patient information being passed between Trusts.

One patient at James Cook University Hospital (JCUH) told Healthwatch his planned operation at JCUH was arranged from University Hospital of North Tees where he had been a patient, however, JCUH did not have the correct information for the planned operation.

Another patient at University Hospital of North Tees commented:

‘Every visit I had to tell the doctor my history as my notes were lost after the first visit’

When asked what could be improved patient comments included:

‘Notes written up’

‘Notes not lost’

‘Communication between all staff’

Healthwatch gathered evidence to suggest that communicating a patient’s diagnosis could be improved and the following comments were collected:

‘I would’ve preferred to have been given the leaflet on my condition whilst still in the consulting room, as there were questions I wanted to ask after I read it’

‘Better communication with patients regarding their diagnosis. Better communication with patients about their appointments. A more efficient admin process’

‘The theatre staff were exceptional, just on the ward there was a lack of communication between the Dr’s and staff and I wasn’t informed on what was happening to me, I had to demand to see someone in the end as no one come to see me for three days.’

‘No access to patient notes, staff very slow to respond to any requests. Unable to get clear answers on diagnosis, treatment, test results etc. Not helped as mother has bad memory. I felt like a nuisance’

‘Lack of communication between services’

‘CT scan - misdiagnosis report back to GP - possibly someone else’s notes - James Cook confirmed all ok’

Healthwatch spoke to a patient who explained there was a lack of communication about her relative’s diagnosis, the relative was hard of hearing. The patient had questions they wanted to ask but the nurse wasn’t able to answer them. The nurse went to find out but came back 20 minutes later with no further information.

- **Additional feedback gathered**

Healthwatch would like to highlight a comment that was raised regarding communication for patients with additional needs. The individual felt communication could be improved from initial letters received to attending

appointments at University Hospital of North Tees. They would like to see symbols to identify areas within the hospital, on hospital notices and also on letters.

Another patient was referred to the hospital but he wasn't sure what this was for or who had referred him. Elderly, partially sighted and deaf, he felt it was to enable him to receive adaptations to his home. He lived alone and had no support. When the appointment letter came, he couldn't read it due to the print being too small. He asked Healthwatch if the 26 week wait for appointments was 'normal'.

Another patient's relative told Healthwatch that communication was 'dreadful' at University Hospital of North Tees.

Healthwatch gathered evidence to suggest communication could be improved across a number of areas. The following comments were received from a number of individuals;

A Consultant failed to communicate that a patient's case would be closed after 3 months, the case was closed without the patient being informed.

Negative feedback from individuals about the Accident and Emergency (A&E) department and ward 31 was given about the attitude of staff.

'The way the staff spoke to the patient, shouted as though she was deaf, showed no compassion'

Another piece of evidence brought to Healthwatch's attention regarding A&E was that a junior doctor failed to communicate a supervision order which had been placed on a patient's relative.

One patient who had been to A&E informed Healthwatch that they had tried to telephone the fracture clinic as they were concerned about their injury, but the phone just rang and rang. This resulted in them going to their GP. This patient also commented 'All the staff I have seen have been excellent'.

The communication between a social worker, the hospital and carer was highlighted as ineffective during the discharge process. The social worker informed the hospital the patient could be discharged home safely, however, there was no provision in place due to the carer being ill.

During work conducted in the hospital discharge lounge, Healthwatch asked 'what could be improved around communication?' responses included:

'Everything. Communication between the staff members and me being the biggest problem. If someone had notified my grandad was coming to the end of his life, I could have been there with him when he passed away'.

'Nursing staff need to be more approachable'

One individual told Healthwatch that they felt there was a lack of understanding in regard to timing of appointments, with numerous appointments spread over the course of a day which had a negative impact on her son, who was autistic. The relative told us **‘sharing information between professionals was really bad’**.

Another carer of a patient with special needs had inconsistent experiences. They explained to Healthwatch that when hospital staff were communicating with the patient, they would not take the advice of the carer. The carer was informed that they can only act upon what the patient says, so in some cases, this resulted in no treatment being given. They had on another occasion, experienced a doctor being very understanding, listening to the carer regarding the patient’s needs which made the visit less stressful.

A common theme highlighted by patients is that they have to explain their history on every visit, often multiple times.

From a survey Healthwatch carried out to gather general feedback about University Hospital of North Tees, the following comments about communication were received:

One patient who had visited the dermatology department commented **‘Members of staff arguing about placing certain patients in different areas due to rooms being occupied’**.

Positive feedback was received about ward 33. **‘Ward 33, great service provided by nursing staff. However, the older patients, some with dementia, could not understand some nursing staff’**.

A number of issues around ineffective and lack of communication are highlighted in the case below:

A patient received a letter for an appointment at University Hospital of North Tees but he wasn’t aware what the appointment was for. He phoned the day before the appointment date to find out more details. He was told during the call that his appointment had been moved to the week after. He hadn’t received any notification about this. When he attended the hospital appointment, the nurse referred to a condition he didn’t have. He explained he didn’t have that condition and the nurse informed him he should have had a letter regarding this. He hadn’t received a letter. The patient was informed the appointment had been made following a biopsy he had had at Hartlepool Hospital, two months previously. During the appointment the nurse didn’t have access to the patient’s records so was not aware blood tests had been done and arranged for the patient to have further blood tests. After waiting a few weeks for results he rang the Outpatients Department. The department could not help and advised him to ring his GP. On ringing the GP, he found out that the practice had not been informed of the



condition or even that he was under the care of the hospital. They did not have the blood test results.

The patient chased his results up with North Tees who informed him he would have to wait another week.

- **Staff feedback from the Outpatients Department**

Healthwatch questioned staff and circulated a survey to those who worked in the Outpatients and Urology Departments, to gather feedback on the process of booking appointments, patient details, training, transfer of documentation and supporting patients who have additional needs. (*Appendix 1*).

**The Urology Department failed to provide staff feedback to Healthwatch.**

When asked about procedures for patients needing an interpreter, staff feedback from the Outpatients Department was consistent in ensuring the needs of a patient requiring an interpreter were met. However, when asked if the system provided an alert for patients with additional needs, one member of staff was unsure. Another was aware but explained that there wasn't one for sending a letter and informed Healthwatch there was no facility for highlighting patients who are visually impaired. Other staff members who filled in the questionnaire left this question unanswered. One employee told Healthwatch that it was possible to add an alert for example if the patient was deaf or visually impaired.

From 31<sup>st</sup> July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support so they can communicate effectively with health and social care services.

Please follow the link below to see the Accessible Information Standard:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

Healthwatch asked if staff members were aware of the Accessible Information Standard.

No member of staff Healthwatch spoke to face-to-face were not aware of the standard. One staff member who completed a survey was aware of the standard, however, did not know where it could be located. Other staff who completed the survey informed Healthwatch they would locate the documentation on the North Tees and Hartlepool NHS Foundation Trust website.

When asked to describe the booking process both the staff spoken to and those who completed the survey were consistent in their explanation of the process. This included checking of all patient details to ensure they are correct, how to book a review appointment or an appointment for those that did not attend without

letting the booking office or the department they were due to attend know. Healthwatch were also informed by all staff that they offer patients the friends and family test leaflet. Some of the staff Healthwatch spoke to explained they did not find the TrakCare computer system simple. 'The system can log you out or bring up a different screen, doesn't always update which is causing a lot of problems'.

TrakCare or TRAK refers to the Trusts Patient Administration and Electronic Patient Records system (EPR) on which patients are registered, maintained, tracked, recorded and electronic patient information maintained and stored.

Some staff described to Healthwatch that they felt that on some occasions the system did not update during inputting. The same staff explained that this could impact on the booking of appointments and updating of patient details. If there is an update of patient details, stickers are printed off for the patient's file. If the system does not update, the sticker cannot be processed therefore the file may go to its next location without the updated patient details, for example change of address or telephone number. One member of staff informed Healthwatch that they put a post-it note on the file or note inside the file to inform of the changes should the sticker not be produced. It should be noted that on average 3900 recorded movements of records take place daily throughout the hospital. Healthwatch were informed that the TrakCare system can be time consuming resulting in busy periods sometimes a note being added to the file to update electronically later. Suggestions for improvements from staff included 'more staff to keep on top of the phone and queue at reception'.

Booking of follow-up appointments from the wards can arrive by email; these are dealt with as they arrive and take priority. Healthwatch noted that referrals can come from five areas:

- Outpatients
- Day sheets
- Emails
- Patient face-to-face contact
- Phone calls direct from patients to change/cancel appointments and from clinic Consultants.

Staff in the Orthopaedic Outpatient Department informed us that they receive approximately 50-60 phone calls per day. There is an answerphone system, the current procedure is that staff must return calls on the same day.

The day Healthwatch visited and observed these processes, there were two members of staff located at the reception desk. One was manning the station for most of time Healthwatch was there. The other team member was busy in and out of the reception area. Two clinics were running that day but Healthwatch were

informed there are usually around seven. Monday and Tuesday can be busier due to spinal clinics, however, Healthwatch were informed that no extra staff are allocated to cover the increase in patients during this period.

Healthwatch observed the Orthopaedic Outpatients reception which had a queue of no less than three patients throughout the time Healthwatch were there and often the queue had between three and seven patients waiting to be attended to. Healthwatch were informed that a patient can often wait 15 minutes in the queue which can make them late for their appointment. Staff commented they often get complaints from patients and that they refer patients with complaints to the hospital's Patient Experience Team. Healthwatch noted the forms for complaints on top of the reception desk in public view. Healthwatch asked what the top three complaints were for the orthopaedic outpatients department. Staff commented;

1. Patients not on the system.
2. Waiting time in clinic.
3. Letters not arriving in time for appointment.

The high volume of patient's queueing and the size of the workload provided little time for the staff member on reception to catch up with email referrals and telephone messages. This impacts on vital administration processes which are required for the efficiency of the department. If the TrakCare system is frozen or not refreshing, booking of re-appointments or changing a patient's details can be missed or delayed which may impact on correct patient details or appointment letters not arriving in time.

Healthwatch asked staff what training they had undertaken when they began their administration role. All commented that they had completed IT, Health & Safety and Confidentiality training. Healthwatch also asked what training was refreshed at regular intervals. Comments included: Information Governance, Health and Fire Safety, Hygiene and Load Management refreshers.

Staff were asked to explain how patient notes were passed between the hospital departments and between hospital Trusts. Feedback included the following comments:

- 'Transport in grey bags'
- 'Red boxes in Health Records to and from Hartlepool'
- 'In secure grey bags or boxes'
- 'Securely, in sealed bags in boxes for transportation to other hospitals'
- 'Track case notes to various areas'

Staff told Healthwatch that the 'TrakCare' computer system tracks the movement of patient documentation from one area of the hospital to another. Staff inputting

this information and the system's efficiency is key to documentation being tracked effectively. Healthwatch asked if notes do not arrive at the area where they are expected, what protocol is followed? All staff reported that they would search the work area and inform 'medical records'.

Other comments included:

'Contact sender - to see if notes have been sent'

'Make sure you have tracked correctly'

'Check if booked out to area'

'Check with post room'

Healthwatch were informed that the medical records department is responsible for all patient documentation and that the records will go 'back to file' when they are no longer needed at outpatients or other departments within the hospital. The records are transported around the hospital by a covered trolley. Staff informed the Healthwatch team that sometimes they don't have time to track records and may need to do it the next day. As described earlier in the process of booking appointments, the TrakCare system may 'freeze' and staff felt this impacted on the tracking of documentation and causes potential misplacement of notes. Staff commented 'quite often we don't have the notes, they may be in another clinic' 'It's a big problem, we need to write it somewhere and a patient can be left in the waiting area. The consultant won't see the patient without the notes'.

Staff informed Healthwatch that they feel the TrakCare system is not suited to outpatients processes. The TrakCare system was launched in October 2015. Staff received two, two-hour training sessions which most felt was not enough and could not be used in the real setting until it went live, posing problems for the teams when issues arose. With no remote support or refresher training, staff informed Healthwatch that they have used a trial and error approach to become proficient with the system.

Outpatients requires the creation of extra clinics in to the computer system for some departments to meet patient capacity. The TrakCare system does not allow for additional clinics to be built into it for Outpatients. This has been highlighted at Director Level.

Healthwatch were informed that a training team is being developed for TrakCare and it is hoped that they will incorporate a clinic build and maintenance support team within this.

- Additional Information from the Bookings and Medical Records departments

### Central Booking Department at University Hospital of North Tees

University Hospital of North Tees has a central booking office which deals with patient referrals using the 'choose and book' service, paper referrals which come from GP's and Consultant referrals. All appointments for new patients also come through the central booking office and over 100 new patient referrals are dealt with each day.

At the time of Healthwatch's visit, the department was under review and staff hoped that extra resources will be allocated to it.

The team highlighted the main issues with the TrakCare computer system in relation to booking appointments.

- Appointment slot availability - booking staff have to trail through all clinics before they locate the correct clinic for the patient.
- Vetting of referrals - clinicians should log on daily to vet their referrals and mark as urgent or routine. If they don't do this booking team staff are unable to move forward with the appointment if the patient is not on a pathway. The previous paper based system for dealing with these allowed a batch of 10-20 to be done in 5 minutes, Healthwatch were informed it can now take 5 minutes to do just one.

Staff expected a transition period with the change over to the TrakCare system. However, a year on they feel that it's still not working. At the time of Healthwatch's visit, we were informed there had been many issues with the system since it went live in 2015, with many complaints from staff.

There has also been an increase in patients ending up at the Outpatients booking Department where they are directed to another department and increased time is been spent on dealing with these misdirected patients.

Staff have become demoralised with the frustration of the new system and one team member said 'we can only think it will get better and use the system to its full potential'.

The changeover slowed down productivity and the booking team have seen agency staff brought in. Healthwatch were informed this had not happened before as agency staff have never been needed before in this department.

It was brought to Healthwatch's attention that processes can take twice as long with the TrakCare system and the Transformation Group are due to complete a review.

‘Previously one process took three clicks of the mouse, this now takes seventeen clicks to perform the same task’

It should be noted that as part of the system update some staff roles have slightly changed meaning that some duties previously carried out by several people may now be incorporated into a different/one role. It would therefore be expected that those staff members would have “more clicks” but some may have less or none at all.

Healthwatch were also informed there is no remote support for the system and staff rely on trial and error or other staff to assist if they have an issue.

The TrakCare system allows the booking team to see if the patient has additional needs by hovering the mouse over icons on a patients details. The booking team were unclear as to how the information is put on there. The alerts are in the form of picture icons which can be added, however, the team are not sure how and where in the referral process these are added. Healthwatch saw this demonstrated with alerts for allergies, diabetes, learning disabilities, and an alert for a patient in active chemotherapy.

This facility is available for a wide range of conditions although there is confusion as to how these are added and at what point in the patient referral process. As the computer systems between GP’s and the hospital don’t link together, the hospital would have to rely on this being highlighted via paper referrals and there is a lack of consistency in this process.

Healthwatch were informed that there is a “lack of capacity” in clinics leading to extra clinics being put on weekly to “take the strain”, especially in the Paediatrics, Urology and Respiratory clinics. This has an impact on the booking team resources.

Clinicians will do evening clinics on week nights to cope with capacity. Urology will also pick up Saturday clinics to help capacity.

The implementation of a telephone reminder system for patients is now in place. This is electronic and attempts to telephone the patient three times. If there is no answer after the three attempts, the patient will receive a text reminder. Around 15-20 patients per day want to change their hospital appointment and the team feels the system supports this and that it works to some extent. Although it is effective, staff were keen to tell us that it is not entirely user-friendly. For example, for those with a hearing impairment or others with additional needs. Despite these issues which can be barrier to the appointment booking systems, the team have not had any breaches in respect of the two week referral for patients with suspected cancer.

## 1. Medical Records Department at University Hospital of North Tees

Healthwatch Stockton-on-Tees met with the Medical Records team leaders. Approximately 80 NHS staff work in the medical records department across both the Hartlepool and North Tees Hospital sites. The department has seen an increase in workload with changes to service delivery at both sites. Many thousands of patient notes are kept at both hospital sites and archived after a number of years. Some patient files are so large they are recorded in volumes, and all files are catalogued with bar codes for reference when logging in and out of the Medical Records Department.

A new scanning system is in place, which in the future, will avoid paper notes/volumes becoming too large and assist the process of obtaining notes from the scanned files on computers rather than physically collecting and transporting the paper files. Understandably, this will take many years to embed. The current legislation for children's records states that archived paper files must be kept indefinitely. This recent governance is the result of historical data not being available for police investigations.

Storage on both sites is a huge issue as the number of patients increases so do the number of files. The new legislation for children's records will impact on these storage facilities.

All paper notes no longer in use are kept and filed at the hospital sites in what is termed on the TrakCare systems as 'logged to hold'. The documents are scanned and kept for 3 months or more, before the process of logging and putting them in the archived 'files hold' is followed. Files to be archived in the hold are taken off the site and held in a secure unit elsewhere.

Any department within the hospital can obtain files from the Medical Records department at any time. When a file is taken from the filing department in Medical Records, which houses many thousands of patient files, it is logged out of that area on TrakCare by the person taking the file. A record of where it is going is updated as it goes on its journey. When it is finished with, the file is transported back to the Medical Records storage area. Covered trolleys transport the files back to this area. The Medical Records team are responsible for the storage and safe keeping of the paper documentation of patient records.

The Medical Records team would like a closed door policy to ensure a controlled environment. Missing files are down to human error and usually due to the person who takes the file from the department and not logging them out correctly on the TrakCare system. One staff member said 'TrakCare is good if people use it properly'.

There is a system in place for out-of-hours records that are needed urgently. The department is open through the day, weekdays only. The Medical Records department feel that there has not been a decline in the department's work since the implementation of TrakCare.



At a recent meeting the team highlighted that they are often training Ward Clerks on some elements of TrakCare, such as missed requests or setting preferences. This creates extra work for the Medical Records team. It was suggested by staff that a refresher may be useful.

If there is a request for a patient's notes from a department is received and the team find the notes are not in the storage area, as a priority, the team must physically search for the records along the rows within the storage area. This can be time consuming but the team will continue to search the area and the TrakCare system, until the file is located.

Other Trusts may need a patient file if, for example, the patient is seeing a Consultant at a different hospital under another Trust. The Trusts do not have computer systems which are compatible (i.e. the systems cannot electronically talk to each other), therefore it is not possible to track files from one hospital Trust to another.

If a consultant from another Trust requests a patient file, the documents would not be transferred electronically however, copies can be transported.

The Trust have their own van which transports patient records in sealed bags and locked containers between North Tees and Hartlepool hospital. Between 40 and 50 boxes of patient medical records are transported back and forth, four times per day. If a patient is transferred to another Trust hospital, the Consultant from that hospital can allocate an "approved" taxi service and pay for the records to be transported. However, a new set of notes would be produced at that hospital and these notes would stay there. Patient notes being transferred between Hospital Trusts in this way would be tracked to a named secretary at that site. Photocopied notes transferred would not be recorded.

Healthwatch were informed that there is a facility to scan and recover patient documents for information purposes only by a system called NHS TOP.



Comments regarding NHS TOP included: 'it does work but scan would improve to NHS TOP the transportation of documents'  
'NHS TOP system has great benefits - notes can be pulled out quickly'

Internally, there are approximately two cases of missing/misplaced records per day. Finding lost notes is a priority. The cause for the missing/misplaced records is usually because the notes not been tracked correctly on the TrakCare system. Temporary notes may can be compiled when necessary, for example the last two years history of a patient: 'we can get round it but we don't like to'  
'staff take pride in what they do, we have the right people in the right jobs here'

Medical Records staff feel that TrakCare is easier for the Medical Records Department than other departments in the hospital, which appear to be experiencing issues with the system.

## **2. Additional information and Policies and Procedures relating to issues addressed in this report**

Healthwatch analysed the Trust's policies and procedures relating to communication and the information gathered was as follows;

### **NHS Brand Guidelines**

Healthwatch found there was concise information available to staff addressing the brand image. The NHS Brand Guidelines document focuses on correct logo size and ensuring the Brand image is accurate across all types of documentation and signage. Written communication to the patient is addressed in a section titled 'Tone of Voice' with the focus mainly on written communication. (*Appendix 2*)

### **Booking, Rescheduling and Follow-up Appointment Procedures**

The policy and procedures for booking a first appointment, re-scheduling an appointment and booking a follow-up appointment were found to be thorough and well explained. Screenshots which provide a visual of how the computer system would look for the staff member carrying out that duty at each stage of the process, were also included which provide a clear visual when learning the process for booking appointments.

## **Clinical Administration Standard Operational Policy**

The Clinical Administration Standard Operational Policy has a focus on written documentation, correct layout, presentation and corporate style.

WinvoicePro Client is an additional system which interfaces with TrakCare. This is an additional system which staff need to be familiar with. This system creates a document and stores patient demographics. It will run in the background as a link to the TrakCare interface, and must be used for the very first letter that is typed to a patient as the information is stored for subsequent letters. WinvoicePro Client also creates a distribution list and provides the option for previous patient documents to be opened and viewed.

Patient template details are stored here and the procedure for checking letters states that, the staff member creating a document should in the first few seconds of dictation, check to ensure they have the correct patient.

The Trust's procedure for using the WinvoicePro system clearly shows how to navigate the system with the use of easy to follow dialogue. Screen shot images provide a visual for staff.

Healthwatch noted that WinvoicePro and the SystemOne computer systems are not compatible. SystemOne is primarily used in GP practices, and Healthwatch were informed during a recent follow-up visit at University Hospital of North Tees, that SystemOne has recently been brought in to the area of the hospital which deals with discharge. There is also a computer on wheels (COW) which has been made available for wards to aid discharge processes.

The extracts below highlight the Trusts identification of areas for improvement;

### **Quality checking of patient information**

This Standard Operational Policy has been created to facilitate the audit of patient letters that have been transcribed, and are due to be sent out of the Trust. The aim of this audit is to identify any errors contained in the letters and have any such errors corrected and re-checked prior to the letter being posted out.

### **Health Records Outs Of Hours Note Retrieval**

This SOP explains the procedure to be followed for the retrieval of health records required outside of the core health records working hours (between the hours of 8pm and 8:30am and weekends/bank holidays) for all departments at both North Tees and Hartlepool sites. This procedure contains a flow chart explaining the retrieval process and which departments, wards or services, need to be accessed to obtain the health records.

## Process for accepting Electronic Recording System (E-RS) referrals on TrakCare

This Guidance contains a step-by-step guide on how to accept E-RS referrals using the TrakCare system which when followed correctly, will produce an appointment letter for the patient. It also contains directions on how to reprint appointment letters.

## Adherence to Timescales and Targets for the Completion of Patient and People Related Documents-Secure transfer of personal information

This policy highlights the main ways in which personal information is likely to be transferred, identifying the risks and detailing how processes of transferring the information is to be managed.

The purpose of the policy is to ensure all staff are aware of their individual responsibilities in relation to safeguarding the integrity of data within the Trust. The procedure identifies the rules governing the transfer of data internally and externally, and describes how to transfer personal information securely.

Concise instructions are available in this document on the transfer of personal information safely in the following ways;

Telephone, answerphones and the use of fax machines. Reference is made to the Trust's preference for the postal system to be used instead of faxing data however, a safe haven fax procedure is within the document. Text, email, removable media devices and memory sticks.

The procedure for internal and external transfer of information is documented along with the security measures to minimise risk. It is noted in this policy that it is the responsibility of the member of staff transporting the information to consider all risks and to ensure that the information reaches its intended destination.

The policy incorporates transportation of personal information externally by Trust staff, manually and cross-site transportation in Trust vehicles. Healthwatch noted that these procedures give concise guidelines in an easy-to-read format.

Reference is made however, to the Patient Administration tracking System (PAS), see below the extract from this policy.

The Standard Operation Procedure, Health Care Record tracking and procedure states that this system has been replaced with TrakCare.

- **Conclusion**

Evidence gathered regarding communication during Healthwatch's previous work highlighted varying types of issues including attitudes of staff, lost notes and incorrect details on notes. However, 52% of people Healthwatch spoke to rated communication within University Hospital of North Tees as excellent, with no ratings as described as 'poor'.

The percentage of notes misplaced/not booked out or lost in comparison to the high volume of notes being transported on a daily basis is extremely low. Healthwatch felt the priority given to lost notes by the staff and the medical records department was encouraging, with evidence of consistency in staff's knowledge of the procedures.

Improvements could be made to avoid incidents which have been brought to Healthwatch's attention. Some breach data protection governance, however, the Trust has highlighted areas for improvement in policy documents based on previously identified incidents. Within these documents, the Trust refers to an increased number of information breaches and breaches of data protection and the procedures for audit.

The audit procedures refer to checks on TrakCare but not the WinVoicePro or the PAS system.

The PAS system in the Trust's policy 'Timescales for the completion of patient related documents to meet referral to treatment pathways' states that during transcription and prior to signature, patient demographics should match the recorded demographics on PAS and the Health Care record.

Evidence suggests that the implementation of the TrakCare system has slowed down processes and suggests initial training for staff on the new system was not adequate and provided another system for staff to navigate. Healthwatch noted that there are currently five systems evidenced in this report which hold patient details, and with some systems holding and processing the same information or action. This highlights the Trust have created additional layers to processes and therefore the increased chance for error.

The feedback from the sample of staff surveyed indicated that the implementation of TrakCare has had a negative impact on service delivery in a number of ways; including staff's frustrations due to it slowing down processes rather than speeding them up. These issues cannot be put down to time for embedding this new system as evidence suggests staff cannot do tasks as quickly and effectively as they did on previous systems. Lack of refresher training for staff on the TrakCare system also highlights why some may not be fully proficient using it, and that impacts on service delivery. Some staff highlighted that if it is used correctly, it is good. This gives an indication that there is an inconsistency across the Trust staff in their experience of utilising TrakCare.

The policies and procedures overall are easy to read and understand which is of benefit to all accessing them. Healthwatch noted that the screen shots and step by step instructions for many of the operational procedures were particularly useful as a visual aid.

There is a lack of evidence in the policies and procedures to reflect the need for a focus on ‘customer service.’ The document ‘Tone of Voice’ which is found in the NHS Brand Guidelines document briefly touches on communication with patients and the public. Although it is disappointing that given the name of the document the focus remains on written communication and NHS identity. The document references training programs and workshops which help to engage people with ‘the importance of communication and the power of words’.

- **Recommendations:**

Healthwatch Stockton-on-Tees recommend that the Trust provide a response on how they propose to address the communication issues highlighted in this report, in order to improve patient and staff experience; with particular reference to the following points:

1. Despite the introduction of the ‘Accessibility Standard’ which NHS England advised implementation by 31<sup>st</sup> July 2016, the Trust has work to do to improve this. For patients with additional needs, evidence shows that improvements can be made across a range of areas. The written and verbal communication between the Trust, patients and carers, should be appropriate for those receiving it. Although it is evident that TrakCare provides staff with the information for those with additional needs in the form of an icon on the system, it is evident that this is not widely used. With staff using many different and incompatible computer systems, patient information on their specific needs is likely to be missed. Healthwatch recommend that additional staff awareness training takes place and that the Trust look into “tightening up” procedures between themselves and outside organizations to ensure any special need requirements are not missed.
2. Abolish the use of the terminology PAS, use TrakCare only internally in policies, procedures and training documentation. “The Standard Operating Procedure ‘Tracking and Procedure’ states the PAS has been replaced with the new electronic personal record (EPR) system - TrakCare.” Healthwatch recommends the conflicting information in the Trust’s policies and procedures are addressed.

3. Awareness raising raise awareness for staff that training opportunities for TrakCare are available.
4. Review staffing levels/current procedures in the Orthopedic Outpatients Department and address the top 3 complaints staff receive from patients.
  1. Patients not on the system.
  2. Waiting times in the clinic.
  3. Appointment letters not arriving on time.
5. Look at the “open door” policy for medical records to determine if this is best practice.
6. Investigate the possibility of an answer machine in the Fracture clinic.

- **Acknowledgements**

Healthwatch Stockton-on-Tees would like to thank the patients, their families, friends and carers who contributed to this work by providing their views and experiences through a range of work undertaken by Healthwatch Stockton-on-Tees between November 2015 and December 2016. Healthwatch also thank the University Hospital of North Tees for their advice and support with this work. Healthwatch would like to acknowledge special thanks to the staff for their full support in the sharing of experiences and information.

## References

University Hospital of North Tees website:  
<http://www.nth.nhs.uk/hospitals/north-tees/>

### Response from the Trust

Healthwatch Stockton-on-Tees received with thanks a response from the Trust which can be viewed on the Healthwatch website, please follow the link below;

<http://www.healthwatchstocktonontees.co.uk/reports-0>

The following extract was submitted to support the Trust’s full response.

***“The Trust implemented a new Patient Administration System in November 2015, which, as with any new IT system, had an initial impact on both workflows and system management within the organisation, resulting in the new processes taking some time to embed. At the time of the HealthWatch ‘Enter and View’ visit the Central Booking team were still experiencing a number of issues, as expressed within the report, which required additional time and resource to solve. The majority of the issues raised within the Central Booking team section of this report have now been addressed, with refined processes now in place to work alongside the new system”***

**APPENDIX 1:**

**Communication Processes at the University Hospital of North Tees**

1. Please state below which hospital department you work for?

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**Process for booking patient appointments**

2. Please describe in the box below the process for booking patient appointments within the department you work.

3. At Healthwatch, we are aware that when booking appointments in the Trust, administrative staff have to use multiple systems when entering/checking patient's information and booking appointments.

**Please explain the specific process of checking patient's details are correct when making appointments and prior to sending to patients.**

4. Do you have any suggestions on how the process could be improved?

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**Training**

5. What training did you undertake when you began your administration role at the trust?

6. Please list the refresher training you are required to undertake, please indicate the name of the training and how often you need to undertake the course/training?



**Transfer of notes between different departments**

7. Please explain how you are required to transfer patient notes between different hospital departments and different Foundation NHS Trusts.

8. How are the records tracked and what checks are carried out to ensure the correct department or Trust have received the required patient notes?

9. If you are notified that the notes have not been received, what protocol do you have to follow to locate the missing patient notes?

**Checking correct patient details**

Please explain the checks you are required to complete to ensure patient's details are correct before sending out patient letters. This includes the appointment details and patient name and address.

**Accessible Information Standard**

Are you aware of the accessible information standard which was implemented at The Trust prior to the 31<sup>st</sup> of July?

Yes       No

**If yes, please detail below where you would locate his document.**

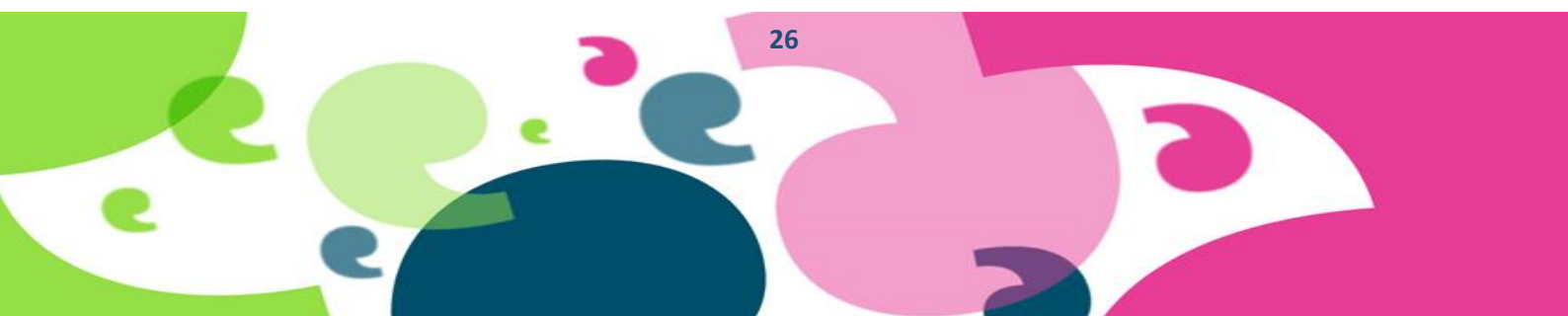
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**Individuals registered with additional needs**

Does the system provide an alert for administrative staff to any additional needs of patients that Need to be taken in consideration when sending the patient a letter? Yes  No

**Please give an example.**

**Please detail below the adaptations you would provide for individuals with additional needs that may struggle to read a letter.**

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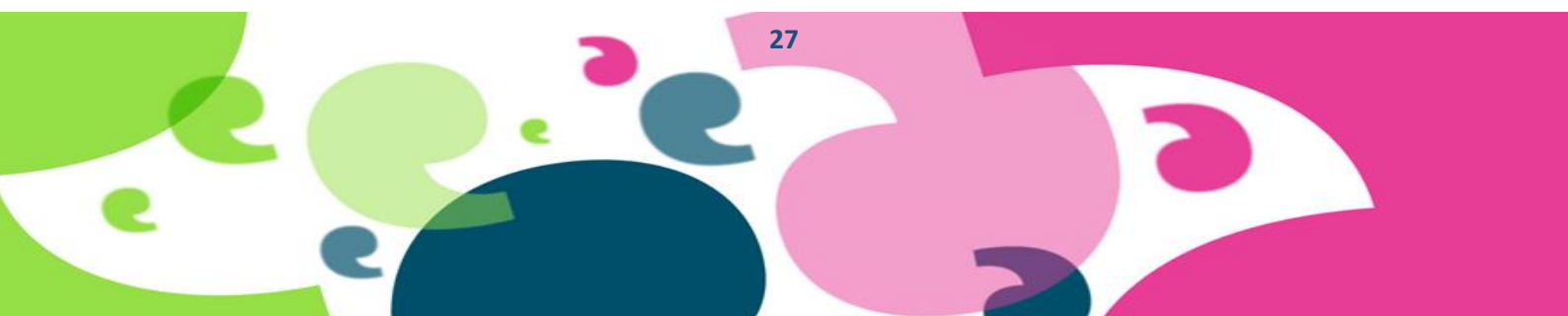
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Healthwatch would like to thank you for your time in completing this questionnaire. If you would like further information about our work please visit our website [www.healthwatchstocktonontees.co.uk](http://www.healthwatchstocktonontees.co.uk) or contact Jane Hore on 01642 688312 or email [jane.hore@pcp.uk.net](mailto:jane.hore@pcp.uk.net)



## Appendix 2:

NB: this document has been taken directly from the NHS Identity Guidelines website. The font size has been enlarged to make it easier to read.

# **NHS tone of voice: words and written communications**

Our written communications should be clear, concise, honest and open. The words we use should closely follow and support our principles and values.

They need to demonstrate our:

- professionalism;
- clarity;
- respect;
- accessibility;
- straightforwardness.

If you are writing on behalf of the NHS, make sure your material is personal and direct:

- Could your text be spoken out loud to the reader?
- Does it sound as if it's being addressed to an individual?

## **Respect, understanding and accessibility**

By the nature of what we do, we often communicate about difficult, and sometimes painful, subjects. With this in mind, it may help to ask:

- Do your words communicate genuine understanding and respect?
- Do they empower and inform the reader or listener?

Similarly, due to the complex subjects we deal with, the words we use need to be as simple and accessible as possible. This means they need to be:

- free of jargon;
- free of acronyms; and
- free of overly technical language.

Putting a quality assurance system in place will help to ensure that all staff members communicate to an agreed standard. Training programmes and workshops can help to engage people with the importance of communication and the power of words.

We should also be conscious of contributing to the good reputation of the NHS. Does what we say add to or detract from the confidence people have in the health service?

## **One-to-one communication with patients and the public**

Every time you communicate with a patient or a member of the public, you are acting as an ambassador for the NHS. You are projecting the NHS identity. Remember, first impressions count, and what you say and how you say it will impact on that person's confidence (positively or negatively) in our ability to do a good job.

Putting a quality assurance system in place will help to ensure that all staff members communicate to an agreed standard. Training programs and workshops can help to engage people with the importance of communication and the power of words.

The simplest things can influence how the NHS is perceived. Think how many letters get sent out every day from, and on behalf of, the NHS. Always be aware of what these letters say about us as an organisation.

Last updated: 28/04/08

All patients should have equal access to NHS services and materials. When producing patient information, you need to consider the specific requirements of different patient groups.

To help ensure equality of access, you may need to adjust your messages, modify your tone and present your information in alternative formats.

## **Different patient groups**

Here we include some general pointers on how to accommodate the needs of different patient groups:

### **Patients who are elderly**

Use clear, large print; at least 14 point. Don't use overly simple or patronizing language.

### **Patients who are not 'ill'**

It may be more appropriate to address patients who do not see themselves as ‘ill’ as ‘clients’ or ‘service users’. This may include pregnant women or people using social services.

### **Patients who are children**

Always address children as individuals. Use plenty of illustrations and, without talking down to your audience, try to adjust your language to the appropriate age-level.

### **Patients with learning disabilities**

Simplify your text a little, using more symbols and pictures. Use audiotapes and videos to supplement written information, and consult relevant support groups and individuals for additional guidance, hints and tips.

### **Patients with hearing difficulties**

Provide written information only; use textphones or British Sign Language interpreters and consult with patient carers.

### **Patients with sight difficulties**

Use clear, large print; at least 14 point. Use audiotapes, electronic text, the Internet or Braille. Avoid reversed-out text, and make sure that the contrast between the text and the background colour enhances, rather than hinders, readability.

### **Patients whose first language is not English**

Provide written text in translation, using a reliable translator. Some languages are spoken and not read, so it is important to check where this applies. Where appropriate, use other media and resources, such as audiotapes, videos and professional interpreters.

### **Patients who have reading disabilities**

Consider using audiotapes and videos.

## Expert patients

Patients who have long-term medical conditions, such as diabetes or eczema, will usually have a very good understanding of their condition. These patients may need information that is specially researched by experts, or they may need help locating the most reliable and up-to-date information available.

### GAP

When writing a letter containing patient (or general) information, you need to consider the following:

- Is your letter clear and easy to understand? Are you using long words when shorter ones will do?
- Is the layout of your letter clear, or is the text blocked together without paragraph indents or breaks?
- Is your text aligned to the left-hand margin? Remember that justified text is more difficult to read for people with visual impairments.
- Are you using Arial typeface?
- Is your letter free from jargon and abbreviations? Don't assume that other people will know what you mean.
- Has your letter been checked for spelling and grammar?
- Have you provided a named contact in case somebody has a query or complaint, or needs to respond to your letter for some other reason?
- Have you provided a direct telephone number, if there is one available?
- Have you provided clear directions or instructions to the reader?
- Have you given a clear explanation or apology where appropriate, for anything that hasn't gone to plan?
- Does the tone of your letter match the NHS values of respect for all, care and professionalism?
- Has your letter been signed by an individual, rather than an Appointments Clerk or Outpatients Department?

You might want to think about implementing a local style guide for correspondence to encourage consistency throughout your organisation. You could use the above points to get things going.