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URGENT INPATIENT CONCERNS 13/04/2011					
ISSUE/CONCERNS	**COMMENTS BY LDPP.**	**HOW THIS ISSUE EFFECTS WARD 2 PATIENTS**	**REQUESTED/ACTION BY THE LDPP FROM THE TRUST**	**LIKELY PERSON RESPONDING ON BEHALF OF THE TRUST**	**DATE BY WHICH WE WOULD LIKE A RESPONSE**
RISK ASSESSMENT	Concerns over whether a full risk assessment was performed prior to Dermatology moving from the Infirmary	If not done then this could have contributed to circumstances on the ward which has put patients at risk	Was a risk assessment done? If so we request a copy of that assessment If not, why wasn't this done despite the LDPP suggesting it should be	Judith Lund	April 21 2011
LACK of INFECTION CONTROL	Infection control on the ward is inadequate	This lack of appropriate infection control has put patients at risk and has had a demoralizing effect on some patients on the ward	That appropriate policies and procedures are put in place	Amanda Dean	Currently in progress.Update required by APRIL 21 2011
RELATIVE LACK of TRAINING OF RHEUMATOLOGY NURSES & VISA VERSA		Has affected patients care	What plans are there to provide adequate training and supervision to ensure that nurses are skilled enough to give good care?	Amanda Dean and Penny McSorley	Being acted upon. Update required by APRIL 21 2011
REDUCED NURSES MORALE	Number of staff per shift is not consistent	Does affect patients care and when they receive treatment.	What is being done to improve staff morale?	Amanda Dean and Penny McSorley	Being acted upon Update required by APRIL 21 2011

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INADEQUATE LABELING of THE WARD & PATIENTS (male and female) TOILETS and BAYS	Could have been done 6 months ago ;it is a requirement on mixed sex wards	Does affect patients as different sexes are using same sanitary facilities(not dignated)	What is the Trust policy for Ward 2 with reference to DSSA Principles 2010.03.02 Ver 2.0 (item 1-18)	Judith Lund / Chief Nurse	Update required by APRIL 21 2011
DECISION as to which PATIENTS receives PREVENTATIVE anticoagulant treatment	Clearly this is essential	Maybe some patients have received it inappropriately?		Amanda Dean / Dr Goodfield/Dr Wilkinson	Update required by APRIL 21 2011
APPROPRIATENESS OF ADMISSION & ADMISSION TO SINGLE ROOMS		If inappropriate would be dangerous to patients		Amanda Dean	Update required by APRIL 21 2011

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FAILURE TO COMPLETE NEW WARD CHANGES	Current facilities are inadequate for even good basic care to be possible eg: gel, soap, towel and glove dispenser are still not attached to the treatment room walls and there are at times no waste bins.	We consider that there has been more than enough time to have got this right and failure to provide proper facilities does increase risk to patients	For a lot of reasons – infection control, poor lighting, lack of adequate cleaning, lack of nursing expertise etc patients are being put at risk – what risk assessment has been done by the trust to try to prevent this? (see request above)	Julie McFarlane / Judith Lund	April 21 2011
BETTER PATIENT BED SIDE LIGHTING for PATIENTS & STAFF	Current lighting is inadequate	Inadequate lighting will impair proper examination and some treatments increasing risk to patients Once again the LDPP consider that the trust has had more than enough time to get this right	To install upgraded lighting to suit patient and clinical requirements.	Julie McFarlane	April 21 2011

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RISK OF PATIENTS OR STAFF SLIPPING IN SHOWER OR BATHROOM RESULTING IN INJURY	This has already occurred	Creams and emollients on floor making it slippery. Patients at risk of falling (fracture to limbs)	A proper policy and procedure needs to ne developed before more patients and staff are put at risk	Amanda Dean	Currently in progress Update required by APRIL 21 2011
PATIENT WARD LEAFLET	Needs better coordination	Patients not fully informed about their inpatient stay	To organise a co ordinated meeting	Amanda Dean	April 20 2011

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GENERAL ISSUES ***Failure of the Trust to abide by (in England) section 242 of the consolidated NHS act 2006***	We have asked the trust on at least 3 occasions if they have signed up to this legal requirement. Most, if not all of the trust staff with whom we have had discussions do not know of this act	There should be a two-month period of public consultation for any major move. Patients and the scrutiny board might request public consultation if it seems that the dermatology outpatient will not be fit for our purpose	Please confirm whether or not middle-management are familiar with this act and are procedures and engagement documents available. If available then forward them to us so that we can see how public consultation is implemented by the Trust..	Judith Lund	April 21 2011
Failure of the Trust to be signed up to the patient engagement charter	This is a legal requirement and all patients should have access to it	The charter should be on the trust website. We cannot find it	Please confirm if the trust has produced a "Patient Engagement Charter" and that it is on their website.	Judith Lund	April 21
Patients have not seen any plans since March	Thus we cannot adequately comment	Lack of such knowledge will reduce our patient	Could we see the latest plans, including the office	Julie McFarlane	April 21, 2011

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25	on the current plans	experience and medical care	accommodation for medical and nursing staff		
SIZE OF CONSULTING ROOMS	Some of the rooms especially for paediatric patients are likely to be too small if patient comes with 3/4 relatives + buggy		Request to see plans with chairs etc. in place	Julie McFarlane	April 21, 2011
SPLIT LOCATIONS : If consultant offices are not close to the clinic		This will impair our medical experiences and could put patients at risk	Confirmation as to where the consultant offices are to be positioned	Julie McFarlane	April 21, 2011
SPLIT LOCATIONS : If registrars offices are not adjacent to the clinic	To have registrars close to the clinic would be great for patients	Likely to affect the treatment and care of some patients ie when registrar called to see patient in clinic ie patient with leg ulcer, phototherapy, acute skin rash, patient in nurse led clinic .Patients would also like registrars to see as many relevant "interesting" patients as possible to enhance their training and expertise	We still do not understand why the 4 offices near reception cannot be used for the specialist registrars. Yes, it would mean moving up to? 4 non-Dermatology staff. **The outpatient move to chapel A involves 55,000 patients. This is a sizable number of patients compared to 4 individuals**	Julie McFarlane / Sylvia Craven	April 21, 2011

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SPLIT LOCATIONS: If sisters office is not within the outpatients	We frequently see sister being needed by other members of the MDT in order to help us	No sister within the clinic will impair our overall experience and put patients at risk	Has sister Mousa got such a room in the clinic arena?	Julie McFarlane	April 21, 2011
PATIENT WAITING	We are told that in no way could a waiting area be built by reception in the courtyard We are told that drainage access prohibits any such building in the courtyard	We have not seen in writing that there will be a nursing / admin desk in the largest waiting area Patients waiting will effectively be along 2 corridors This area is relatively windowless, with very little natural light	In the long term could some of the courtyard (a large area) be used for additional Dermatology facilities To make the largest waiting area much more pleasant for patients could reasonable sized windows be placed to overlook the courtyard	Julie McFarlane	April 21
ACCESSIBILITY/CAR PARKING	The move to CAH will result in an extra 140 cars per day	Car parking will be an issue for all patients. Hospital car parking will	We are told that staff would use the Sikh temple area. Is this correct? Does the trust have a long-term contract with the Sikh & Polish centers? Has the Trust consulted with the local authorities as access	Judith Lund Bob Bilton Judith Lund	April 21th April 21

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		also affect people who live around CAH	changes may be required etc.	Bob Bilton	
	A significantly large number of patients will find it more difficult (**about 15,000 patients visits pa**) & costly, as well as having greater difficulty in getting time off work when they need multiple treatments over several weeks	This will impact on safety of certain treatments. There is really however nothing can be done about this. The move to CAH is set in stone			
PAEDIATRIC PROBLEMS	We have to accept that in contrast to the current service the paediatric service will operate as a split site service; the doctors / nurses /other therapists working at both sites We were pleased to hear from sister Mousa that bloodletting for children is available at chapel A Children's general	The doctors dealing with paediatric issues may not be in the right place at the right time and so a child will have to be given an alternative appointment On the admittedly infrequent occasions a paediatric dermatology inpatient may have to visit chapel A for treatment Transport waiting can be	Has Dr. Clark got any further information How will transport be arranged for inpatient treatment to becarried out at CAH?	Dr. Clark / Dr. Wilkinson Judith Lund	April 21,

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	anaesthetic Laser treatment is still at the LGI	very stressful	Whereabouts in the LGI?		
NURSING CONCERNS	We are told that at the time of the move 1 nurse will retire & 1 nurse may opt not to move to CAH	Certain treatments are not currently available to us because of nurse shortage.	If effectively 3 nurses are lost would they be replaced and if so will this reflect their knowledge and expertise? If not replaced then services will be cut?	Amanda Dean	April 21,
ADEQUACY OF SUPPORT SERVICES *PHOTOGRAPHY*	We are told that 600 of us are photographed each year Dr. Stables reported that ideally each patient with skin cancer should be photographed. This we think will considerably increase the number of patients to be photographed	Currently all patients are photographed at the LGI If 600+ patients have to go to the LGI to be photographed this would definitely reduce our hospital experience and certainly not be a one-stop visit	We get different answers from different staff members about this issue. Could we please have an answer	Judith Lund/Julie McFarlane	April 21
PHARMACY	Skin patients frequently receive 3+ items on a prescription	For a one stop visit we would like to receive our outpatient treatment at CAH and not have to wait for it to come from the LGI	What is the trusts plan to expand pharmacy facilities	Judith Lund	April 21

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PORTERING	This is currently excellent at chapel A	**55,000 patient visits** is bound to require more porters	What is the trusts plan about ensuring that portering is maintained at the service level provided now?	Judith Lund	April 21
FUTURE CARE OF DERMATOLOGY PATIENTS IN LEEDS	Patients in Leeds deserve an excellent Dermatology service	If the system and facilities are not as good as other teaching hospitals such as Newcastle and Manchester then Leeds will not be able to attract the best doctors.. This would reduce patients access to new treatments as they are being developed Prof. Emery has an excellent rheumatology setup with a massive infrastructure at chapel A (&University)	Is the trust willing to provide/support/infrastructure for clinical Dermatology research	Dr. Belfield. We need a reply from a medical professional person	April 21

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RISK ASSESSMENT	After the very disappointing patient experiences with the Ward move we have concerns over the outpatient move	A full risk assessment, including infection control, should be carried out on the outpatient move so that patient safety is not at risk	Could you trust confirm that risk assessment has been done for the outpatients If not when will it be done?	Judith Lund	April 21
WHAT WILL HAPPEN TO THE 55,000 PATIENTS IF MONEY IS NOT AVAILABLE FOR WHAT WE CONSIDER IS OUR MINIMUM REQUIREMENT		This would reduce patients experience and quality of care	The LDPP would request a public inquiry (as per the NHS Act 2006 and seek MPs advice re: the possibility of a parliamentary adjournment) debate	Judith Lund / Sylvia Craven	April 21