

## The Laurels Action Plan 10th December 2010

Actions	ISSUES IDENTIFIED	Recommendation(s)	Action(s) to achieve reccs	Implementation by whom:-	Implementation by when:-	Resource required (time)	Resource required (money)	Evidence of completion	Monitoring & evaluation arrangements	Mystery shopper feedback 08/12/10	Sign-off by:-	Sign-off Date:-
1	<b>Rubbish lying on the floor</b>	Currently not an issue.	1. NHS Haringey has a new cleaning contractor for all its Health Centres. 2. The Laurels is cleaned every morning before opening. 3. The caretaker maintains/cleans the Centre during the day.	N/a	N/a	N/a	N/a	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	The overall cleanliness of the patient waiting area was very good. We could only see two dirty cotton ear buds left on the floor between some chairs in the waiting area and some crisps that a child had just deposited whilst awaiting to be seen by the GP.	Head of Governance	26/01/2011
2	<b>A smell of "disinfectant and dustbins" in the waiting room,</b>	Currently not an issue.	1. The bad smell is suspected to be due to the rubbish shoot from the flats above which runs through the Centre. This is only cleaned once a week but there are negotiations with LBH to make this twice weekly.  2. The Centre is also speaking to Infection Control about using air fragrance products around reception.	N/a	N/a	N/a	N/a	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	We could not smell any disinfectant, and there were no other abnormal smells that would cause any discomfort to patients or staff.	Head of Governance	26/01/2011
3	<b>Dirty drinking water,</b>	Currently not an issue as bottled water is used however availability of cups should be addressed	1. To prevent continued misuse, the water cooler is being raised so it is out of the reach of children.  2. Caretaker to check availability of cups and re-stock	Centre Manager	31/12/2010	None	Tbc	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	We were unable to try the drinking water, because there were no cups available at the tank.	Head of Governance	26/01/2011
4	<b>Broken lights in the toilets (the toilets are internal, ie no windows, whenever any of the lights fail, they are replaced as soon as possible and never any longer than 1 day, because it means the toilet is out of action).</b>	Toilets to be checked	Cleaning rota in the toilets to be updated by the caretaker and monitored daily	Centre Manager	Immediate	None	None	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	We went into all three toilets (2 Unisex Toilets and 1 Disabled), and all the lights were in good working order. However, we picked up on the following points: <ul style="list-style-type: none"> <li>• The disabled toilet was badly blocked with toilet tissue and this meant the toilet could not be flushed</li> <li>• The Cleaning Rota in all three toilets had not been updated since Monday 6th December 2010</li> </ul>	Head of Governance	26/01/2011

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5	<b>Queues of up to 40 people waiting for a blood test in the mornings.'</b>	The environment cannot be changed but appointment times for phlebotomy can be revised to assess whether it would be possible to pace the flow of patients throughout the day.	1. Phlebotomy opening, closing and lunch times to be reviewed. December 2010 2. Up to date information on a poster will be put up in The Laurels and provided to GP surgeries, detailing opening/closing times, peak times and expected waiting times during peaks December 2010. 3. GPs will be reminded of the requirements for very few patient to fast prior to blood tests (and tell their patients not to fast) and provided with the poster via the GP newsletter December 2010 4. A presentation will be given to collaboratives at their next meeting in January 2011 (NE/SE/C) on phlebotomy opening/peak times and this will be followed up with further information via the GP newsletter.	Centre Manager	31/01/2011	None	None	By spot check	<ul style="list-style-type: none"> <li>• Overview and Scrutiny visits</li> <li>• Mystery Shopper visits</li> <li>• Laurels User Group</li> <li>• PCT assessments</li> </ul>	There was only one sign displayed on the wall as you entered the waiting area, giving service times for the Phlebotomy Service. However, there were no further leaflets available and no signage information providing patients with guidance to maybe opt to have their blood test in the afternoon, rather than the morning if they did not have to fast during the night/morning. The Phlebotomy Service do have an automated ticket system and number display, so patients have some approximate guidance as to their waiting time.	Head of Governance	26/01/2011

The Laurels is a very busy centre with high volumes of patients. It is a challenging environment for both patients and staff.

The Laurels User group is starting soon, encouraging local community to join with staff to help improve the Centre for everyone. If users see anything that is unsatisfactory, they are encouraged to speak to reception staff who will address issues immediately. Further mystery shopping to be put in place to monitor cleanliness and queues.

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Phlebotomy feedback from the Service Manager: (Phlebotomy is provided by the North Middlesex University Hospital) The queues are caused by patients all arriving first thing in the morning for a blood test, causing the long delays. Waiting times for blood tests in the afternoon are as short as 5 minutes. Patients are encouraged to get blood tests in the afternoon to avoid the queues.

The Laurels provides phlebotomy on an open access basis. There is no simple way of spreading out the demand by asking non-fasting patients to attend late morning or afternoons.

We did trial the phlebotomists starting at 8am (instead of 9am) which did improved the situation in terms of waits – however the knock on effect of this was that people complained that their blood forms said the service started at 9am and they were upset that it opened earlier and they didn't know about it.

The earlier The Laurels opens the earlier people line up outside waiting to be first in the queue. A 9am start results in people lining up sometimes from 7:30am onwards - standing in the cold and rain until 8am when the centre opens. So an 8am start will have people lining up sometimes from as early as 6:30am.

There is a prioritizing – it is children and people with special needs. They don't priorities fasting patients because there are just too many of them and they all have to be seen.

In the recent past we have tried sending posters to GP's, including requests in GP communications, and there is information on the Trust internet site and on e-mail.

A new Trustwide cleaning contract is in place that includes The Laurels. The monitoring is a function of the centre management, as being at the front end they will be the first to see any changes and so can deal with it at a local level in the first instance. There is an escalation process in place with the cleaning contractor, failing a local resolution.