

3Ts Patient and Public Design Issues

Processing Issues and Comments

Throughout the 3Ts Programme the team has received a number of queries, issues, ideas and complaints. All those are logged on [Communications and Engagements Data Base](#).

Each issue or query is logged against a name of a person or organisation that raised it. However, there are cases where the issues were gathered at a user group meeting or through a questionnaire and therefore they are logged as anonymous.

The items we can store on the database are not restricted only to electronic forms of communication; paper correspondence can be, and are scanned and stored against the contact details of the person who sent it.

illustration 1: database issue logging window

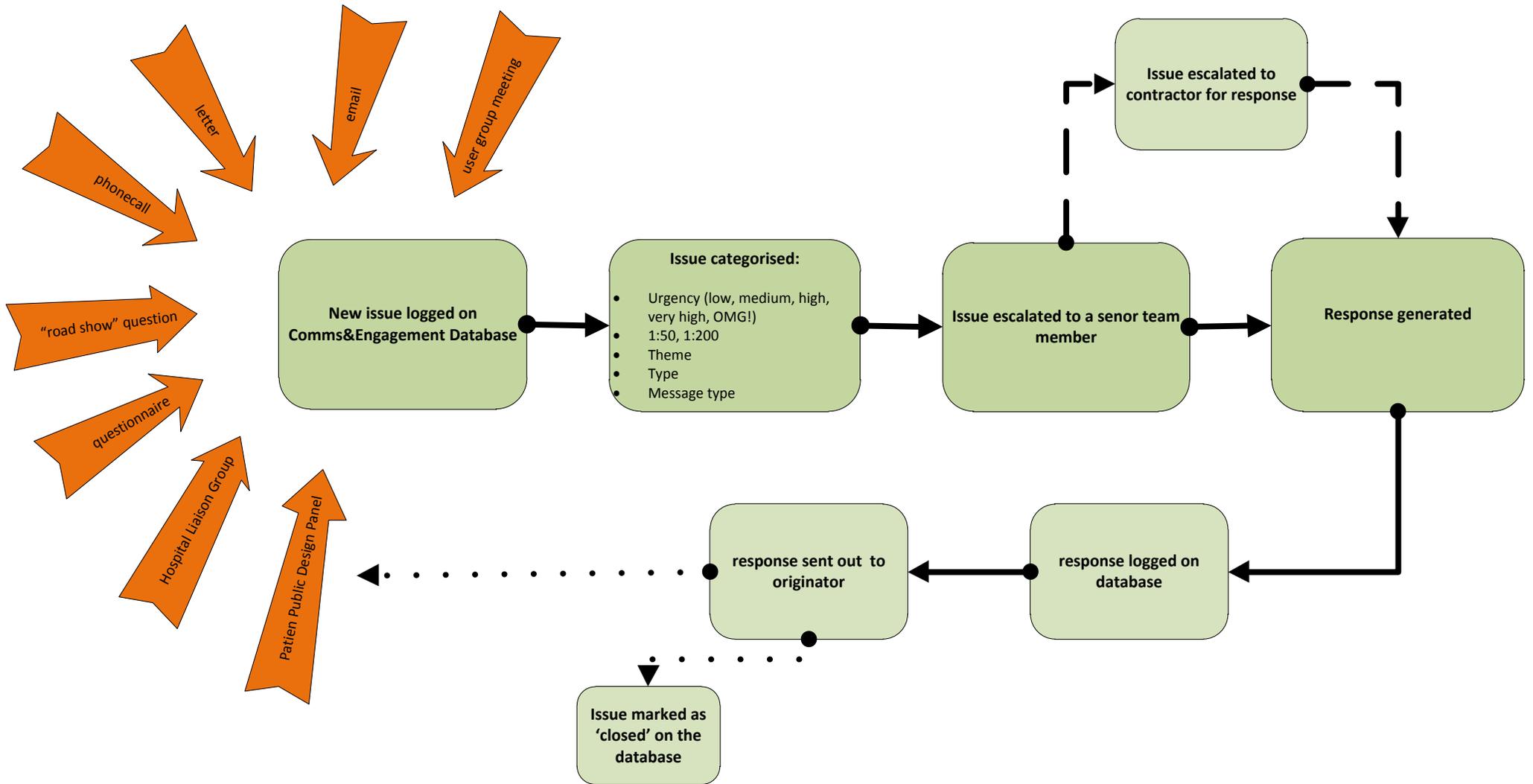
The screenshot displays the 'fContactsKeyword' application window. At the top, there is a 'Refresh' button and an 'Add Record' button. The 'ContactID' field is set to '(New)'. The form includes fields for Title, Email, Tel, Mobile number, Fax, First Name, Surname, and Position. A yellow warning message states: 'Message to appear on attendance list - e.g. "email address supplied was illegible" (up to 255 letters)'. Below the form is a navigation bar with tabs: Address, Additional Person, LOG and ISSUE (selected), Scoring, Categorization, Event Registrations History, Mailing Lists Membership, RF1, RF2, RF3, PlnAppExhibCmt, and Delete This Contact. The 'LOG and ISSUE' tab is active, showing a subform titled 'IssuesLogging_Subform'. This subform contains fields for IssueID (New), IssueDate, IssueUrgency, ContactID, IssueReferredTo, Organisation/Institution, Date issue is resolved and closed, ContactData, Issue, image or scan, and IssueTheme. There are also checkboxes for 'This issue is now resolved', '1to200', '1to50', 'refused', and 'Not applicable to planning process Only a note (not really an issue)'. The bottom of the window shows a record navigation bar with 'Record: 1 of 1' and 'No Filter'.

Once logged, the issue is then categorised and, if necessary, escalated to an appropriate 3Ts team member (usually to Communications and Engagement manager Richard Beard).

The Communications and Engagement manager (or other team member) decides whether to respond or to escalate the issue further, for example to a contractor or to a senior person in the Trust, etc.

Once the response is generated, it is logged on the database and sent to the person or organisation who raised the issue. The issue is then either closed or left open awaiting further responses from the querying party or attention at the appropriate phase of the project, e.g. 1 to 50 design process

Illustration 2: issue process flow chart



The total number of issues logged on the database is 889. Out of this number 545 items are notes only, i.e. snippets of information about people / organisations whose names we keep on the database for example: address changes, reasons for being added or removed from a mailing list and urls of organisation’s websites etc.

We have 344 issues which have required various levels of actions. These include: planning application queries, ideas about design and complaints about events on site. Each time an action is taken in response to an issue, it is logged on the database, together with date, and name of the person who responded.

Table: Breakdown of issues logged on the database.

Type of issue	Description	# logged	#open	# closed	
				actioned	rejected
1:200 issues	Ideas, queries and proposals relating to drawings at 1:200 scale.	34	0	34	1
1:50 issues	Ideas, queries, proposals relating to drawings at 1:50 scale. Decisions about those issues are pending.	156	156	1	1*
Other queries	All other queries and complaints. Those do not necessarily related directly to 3Ts project. They could be, for example, complaints about people smoking on hospital premises, or request for assistance with a research project concerning heat waves.	154	14	140	30

For example

*This issue is an idea of putting a car park at the top of the hospital. It was originally raised during 1:200 exercise and the action taken was the following *“Not agreed No change. Currently waiting for the results of the traffic assessment. Car park now underground To be considered in 1:50 process”*

It should be understood that the numbers given in the table above will change as new queries and notes are received and outstanding items are closed. It is important to note that items need to be forwarded to either Richard Beard or Mariusz Przybytek to be logged or updated on the database.

Analysis

Reports attached:

1. **Patient suggestions 2008-2010 including free text questionnaires** – a collation of data on rejected patients’ suggestions - prepared by Anna Barnes
2. **Examples of each type of issue listed in the table**
3. **A print-out of all 344 issues logged on Comms & Engagement database.**

The 101 pages long printed report that accompanies this document lists all 344 issues logged on the Communications and Engagements database, (both open and closed issues) The items on the report are listed in the order they were logged, but if required, a different sorting / filtering order could be easily used. The way the database has been designed allows us to filter issues using various criteria: by person, by date, by status (closed, refused, open); Issues can also be searched using keywords.

Patient suggestions 2008-2010 including free text questionnaires

The data collated is as follows:

Patient groups	2008-2009	318 suggestions
	2009-2010	534 suggestions
Members of the public in questionnaires	2010	86 suggestions
Total		938

The summarised 28 (3%) outright rejected suggestions are as follows:

Suggestion	Reason for refusal
1. Small gardens in every area	space restraints
2. Baths in single rooms	no demand, showers instead
3. Access to gardens for smoking	There may be other designated areas
4. Pharmacy 24/7	Lack of resource to staff efficiently
5. Individual temperature controls in all rooms	Difficult to achieve in a building this size
6. Remove the desk from the consulting room (creates barrier)	Not agreed, desk required for operational reasons.
7. Balcony for inpatients	Safety issues and alternative outside space to be provided.
8. Escalators	Sufficient vertical transport provided by lifts
9. Separate changing rooms from consultation rooms.	Better privacy and dignity provided by integrated provision
10. Waterfall in main entrance	Risk of Legionella
11. Additional parking	Although increased may not be sufficient
12. Footbridge link over Eastern Road	Too costly
13. Underground parking	As above
14. Block off Eastern Road	Not required, only outpatients on South side of the road
15. Development at Princess Royal	Not sufficient land for development requires
16. Build next to the University	Too costly & discounted at the options stage
17. Intersite minibus and buggies	Not needed when site remodelled
18. Cordless phones	Not needed with the increased use of mobiles
19. Plasma screens in all rooms	Lack of NHS resources
20. Signs in multiple languages	A different visual wayfinding strategy less reliant on language is being developed
21. Automatic doors throughout	This will be too expensive to use on may result in increased mechanical failure
22. Glass lifts	Not agreed too expensive
23. Bidets	Not agreed too expensive
24. Under floor heating	Not agreed too expensive
25. Change external design	Too subjective
26. Design of medication packaging	Not within the remit of 3Ts.
27. keep Barry facade	Not appropriate for a health care building on this scale and complexity
28. Update Tower Block/redevelop eye hospital	Not sufficient resources at this time

Example: 1:200 agreed issue

fissuesAll

Issues and Actions:

this form shows all, closed and opened issues

IssueID	<input type="text" value="770"/>	Date issue is resolved and closed	<input type="text" value="18/01/2012"/> <input checked="" type="checkbox"/>	Initially referred to:	<input type="text"/>	Type of issue	<input type="text" value="patient/public comment"/>	IssueUrgency	<input type="text"/>
IssueDate	<input type="text" value="19/12/2011"/>			Only a note (not really an issue)	<input type="checkbox"/>	Message type	<input type="text"/>	IssueTheme:	<input type="text" value="design"/>
				ContactID	<input type="text" value="1556"/>				

Voiced by:	<input type="text" value="anonymous anonymous"/>	Organisation/Institution	<input type="text" value="Patients' Comments 1:200 2010"/>
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Re: Volunteers— Requirements: small office for hanging coats, make cup of tea (have to make their own) keep belonging safely.-better desk (all sit in a row " influx)-some permanent staff - lack of continuity, leaves lots of rubbish behind desk - need sufficient storage, not little bits of paper stuck to the wall - need someone to take responsibility-people hand in equipment when should be taking back to dept. (volunteers end up taking them back to dept. e.g. crutches, zimmers)

1:200
 1:50
 refused
 Not applicable to planning process

actions taken in relation to the issue you see on the left.

ID	Date	Who are yo	What was done?	Who's done it?
370	18/01/2012	Richard	Volunteers will have access to the same facilities as staff in the areas of the redvelopment where they work. This will include storage areas for belongings and access to beverage bays. The use and return of equipment is an operational issue that individual volunteers will need to disucss with the manager of the area where they work.	
* (New)				

Record: 1 of 1
No Filter
Search

Record: 259 of 344
No Filter
Search

Example: 1:200 refused issue

fIssuesAll

Issues and Actions:

this form shows all, closed and opened issues

IssueID	<input type="text" value="716"/>	Date issue is resolved and closed	<input type="text" value="19/12/2011"/>	<input checked="" type="checkbox"/>	Initially referred to:	<input type="text"/>	Type of issue	<input type="text"/>	IssueUrgency	<input type="text"/>
IssueDate	<input type="text" value="19/12/2011"/>				Only a note (not really an issue)	<input type="checkbox"/>	Message type	<input type="text"/>	IssueTheme:	<input type="text" value="wayfinding/access"/>
					ContactID	<input type="text" value="1554"/>				

Voiced by:	<input type="text" value="anonymous anonymous"/>	Organisation/Institution	<input type="text" value="Patients' Comments 1:200 2009"/>
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Signs in multiple languages.

actions taken in relation to the issue you see on the left.

ID	Date	Who are yo	What was done?	Who's done it?
280	22/12/2011	Mariusz	2009 review: We will look at this as part of the detailed design of each area which forms the next stage of our planning process.	
281	22/12/2011	Mariusz	2010/11 review: Not necessary. Not agreed	
* (New)				

Record: 1 of 2
No Filter
Search

Record: 205 of 344
No Filter
Search

- 1:200
- 1:50
- refused
- Not applicable to planning process

Example: 1:50 issue

fissuesAll

Issues and Actions:
this form shows all, closed and opened issues

IssueID
 IssueDate

Date issue is resolved and closed

Initially referred to:

Type of issue

IssueUrgency

Only a note (not really an issue)

Message type

IssueTheme:

ContactID

Voiced by:

Organisation/Institution

Can we have tactile footpaths so we know we are in a passage way

actions taken in relation to the issue you see on the left.

ID	Date	Who are yo	What was done?	Who's done it?
347	22/12/2011	Mariusz	To be considered in the wayfinding strategy	Richard
* (New)				

Record: 1 of 1
No Filter
Search

Record: 236 of 344
No Filter
Search

Example: **Other Issue, rejected**

fIssuesAll

Issues and Actions:

this form shows all, closed and opened issues

IssueID
 IssueDate

Date issue is resolved and closed

Initially referred to:

Type of issue

IssueUrgency

Only a note (not really an issue)

Message type

IssueTheme:

ContactID

Voiced by:

Organisation/Institution

Buggies - to transport patients and visitors around the site, particularly from OP dept/Barry building entrance up the hill to Millennium wing and A& E.

actions taken in relation to the issue you see on the left.

ID	Date	Who are yo	What was done?	Who's done it?
309	22/12/2011	Mariusz	2008/2009 response: One exists	
310	22/12/2011	Mariusz	2009 to be reviewed: Maybe need to expand provision (which PALS supports) as there is only one.	
311	22/12/2011	Mariusz	2010/11 review: Adjacencies will be better in new building so not necessary	
* (New)				

Record: ◀ 1 of 3 ▶▶▶ 🗑 No Filter 🔍 Search

1:200
 1:50
 refused
 Not applicable to planning process

Record: ◀ 219 of 344 ▶▶▶ 🗑 No Filter 🔍 Search

Example: **Other issues, actioned**

fissuesAll

Issues and Actions:
this form shows all, closed and opened issues

IssueID	<input type="text" value="488"/>	Date issue is resolved and closed	<input type="text" value="10/06/2011"/>	Initially referred to:	<input type="text" value="Nick Groves"/>	Type of issue	<input type="text"/>	IssueUrgency	<input type="text"/>
IssueDate	<input type="text" value="10/06/2011"/>	<input type="checkbox"/>		Only a note (not really an issue)	<input type="checkbox"/>	Message type	<input type="text" value="email"/>	IssueTheme:	<input type="text"/>
				ContactID	<input type="text" value="509"/>				

Voiced by:	<input type="text" value="S.A. O'Sullivan,"/>	Organisation/Institution	<input type="text"/>
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in email dated 09/06/2011: Thanks.
 My comment on this that I thought it was pretty much part of good practice for all NHS organisations to promote sustainability - so am surprised you were pulled up on this; various guidelines recommend promotion of public transport to 'nudge' people to use this choice. A majority of NHS organisations are signed up to Good Corporate Citizenship and work to implement the NHS Carbon Reduction Strategy and best practice from the NHS Sustainable Development Unit <http://www.sdu.nhs.uk/> Can you let me know (and other interested members of this group) the BSUH position on this and whether the redevelopment is complying to best practice around SD agenda? Could you let me and others know.

actions taken in relation to the issue you see on the left.

ID	Date	Who are yo	What was done?	Who's done it?
4	22/11/2011	Richard	Sent on to Steve Gallagher and Simon Meredith	
503	15/05/2012		Relevant information sent to enquirer	Richard
* (New)				

Record: 1 of 2
No Filter
Search

Record: 42 of 344
No Filter
Search