Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
5th June 2019

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 8th April 2019 are attached. Matters discussed in the meeting on 8th April included: • Quality Report – Patient Experience • Feedback from Patient Panel meeting • Feedback from Group members on recent visits and meetings • Feedback from members to Governors relating to Patient Experience The Group also visited Falcon and Kingfisher wards.
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 8th April 2019
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford
Date:	June 2019
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
8th April 2019

Room 1, Postgraduate Education Centre, St Peter's Hospital
14:00 – 16:45 hours

PRESENT:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	Keith Bradley (Chair)	Public Governor, Woking and Guildford
	Maurice Cohen	Public Governor, Woking and Guildford
	Godfrey Freemantle	Public Governor, Hounslow, Kingston upon Thames and Richmond upon Thames
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Danny Sparkes	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Bertie Swan	Public Governor, Elmbridge
IN ATTENDANCE:		
Item PEG-17/19	Gill Bradshaw	Clinical Nurse Lead for Surgery
Item PEG-13/19	Jacqui Rees	Assistant Director of Patient Safety
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Brian Catt	Public Governor, Spelthorne
	Sue Harris	Staff Governor, Nursing and Midwifery
	Judith Moore	Public Governor, Woking and Guildford

Minute **Action**

PEG-11/19 Minutes of the Previous Meeting

The minutes of the meeting held on 11th February 2019 were agreed as a correct record.

The updated Action Log was noted.

PEG-12/19 Matters Arising

Outpatient Transformation Programme
Danny Sparkes advised she had offered assistance with looking at the wording in outpatient letters but was yet to hear back. Bertie Swan wished to offer her assistance too. The Membership and Engagement Manager agreed to speak with Sue Wales to advise that Danny and Bertie were interested in taking part. **AS**

The Membership and Engagement Manager agreed to forward the schedule for the Schwartz Rounds for the rest of the year. **AS**

REGULAR ITEMS

PEG-13/19 Quality Report – Patient Experience

Minute **Action**

Keith Bradley thanked the Assistant Director of Patient Safety for her attendance in the Associate Director of Quality's absence. Keith advised how the Group liked the new version of the report and how a lot of useful information could be gleaned from it.

The Assistant Director of Patient Safety provided brief highlights from the report and advised the Quality Account was well under way. Keith confirmed he had received an email that day and would respond on behalf of the Group. The Quality Account would be published at the end of the month.

The Assistant Director of Patient Safety highlighted that there were various improvements in place as a result of medication safety cases. Mortality reviews were well underway with a small backlog. The Stroke pathway had further strengthened and Group members were reminded that the data presented was in arrears. There had been fewer safety issues in January and February and were mainly as a result of delays in diagnostics or treatment. It was advised that Serious Incidents Requiring Investigation (SIRIs) over the year would be examined more closely to analyse whether other improvements could be made.

Maurice Cohen queried why inpatients could not take charge of their own medications, as they did at home, instead of relying on a trolley service where mistakes could potentially occur. He considered that nursing staff could still continue to administer any additional medications. Bertie Swan considered controlled drugs would be problematic. The Assistant Director of Patient Safety highlighted that inpatients were ill and may not be able to administer their own drugs and there could be capacity issues if their health deteriorated. The Assistant Director of Patient Safety highlighted that medications were complex but would take this up with the Medication Safety Administrator. It was noted that trials were to begin with Maternity patients administering their own medication. **JR**

Keith referred to page 11 in the report and queried whether recruitment was underway. The Assistant Director of Patient Safety advised that an Interim Complaints Manager was in post and the post of Patient Experience Manager had been recruited to with the member staff taking up the post soon. Keith advised that previously the Patient Experience and Involvement Manager had attended Patient Experience Group meetings and it was agreed that the new member of staff would be invited to future meetings. **AS**

In response to Maureen Attewell, the Assistant Director of Patient Safety advised that a complaints project was underway and new approaches were being looked at. She was aware that the Associate Director of Quality was in the process of pulling complaints data together. Keith highlighted the new Emerge Improvement Project which he considered was a great idea. The Group discussed the lack of Children and Mental Health Services in the area and the rise in instances of self-harm. The Trust was responding well but the Group wondered if there could be any co-operation with outside agencies to attempt to prevent some instances of self-harm in the first place.

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The Group then briefly discussed the SIRIs.

PEG-14/19 Feedback from Patient Panel meeting

Danny Sparkes, Chair of Patient Panel, advised that although they had not had a guest speaker it had been a good session where concerns had been discussed. Danny advised that she had requested senior representation at future meetings, ideally the Chief Nurse or a colleague. Danny advised that the Deputy Chief Nurse had attended meetings in the past. Danny added that the Patient Panel had secured a new member.

Danny advised that Patient Panel representation on divisional meetings had been requested with only Theatres, Anaesthetics, Surgery and Critical Care and Women's Health and Paediatrics left to secure a place.

Finally, Danny advised that the Head of Capital Development would be attending the next Patient Panel meeting.

FEEDBACK

PEG-15/19 Feedback from Group members on recent visits and meetings

Maurice Cohen advised that he had spent an afternoon learning how the Well North team were nurturing local communities to improve health and wellbeing, which he had found most fascinating.

Danny Sparkes advised she had attended various meetings including: Mortality, Bereavement, Quality Account and the Big Picture.

Keith Bradley referenced the Fundraising Manager's attendance at the last Council meeting when she had requested assistance from Governors as Charity Ambassadors. Keith advised that he was considering taking on the ambassador role when his term as a Governor came to an end.

The Group discussed the importance of communicating with people who had raised money for the Trust for specific causes, especially when plans were delayed as had been highlighted at the March Council meeting.

PEG-16/19 Feedback from members to Governors relating to Patient Experience

Bertie Swan and Danny Sparkes spoke about instances of serious telephone calls brought to their attention which did not demonstrate good communication or compassion. While staff shortages and/or shift changes could have contributed to both they were upsetting and should not have happened. The circumstances were being investigated.

Maureen Attewell considered introducing flexibility in working patterns might help reduce the staffing shortage. She considered there would be people living in the area who could be coaxed into working for the Trust if flexible hours were offered.

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PEG-17/19 Tour of Falcon and Kingfisher Wards

Keith Bradley introduced the Group and advised that members often visited a department or ward to see first-hand what the services provided looked like.

Gill Bradshaw, Clinical Nurse Lead for Surgery, welcomed the Group and advised that Falcon and Kingfisher wards were surgical wards, with Falcon ward covering upper GI, Urology, Bariatric and some Breast Surgery and Kingfisher ward covering Gynaecology and Colorectal, as well as medical outliers. The adjacent Wren ward mainly accommodated and cared for Bariatric patients and had a wet room style bathroom and a toilet which could be utilised by a patient weighing up to 180kg. Patients were required to follow a liver shrinkage diet before surgery and follow up clinics were provided at Ashford Hospital which provided support and advice on the strict dietary regime to follow after surgery.

In response to a query on staff shortages, Gill advised that wards had been asked to work out their safe staffing requirement and for Falcon Ward this was three nurses and two healthcare assistants (HCAs). The structure had been changed so there were more Band 6's and a Patient Care Experience Co-ordinator role had been introduced. The Patient Care Experience Co-ordinators were tasked with looking after discharges by arranging discharge letters, occupational therapy, physiotherapy and TTOs (To Take Home medications). They also spent time talking to patients and resolving any concerns they had. The plan was to free up nurses from administrative duties so they could concentrate on caring for the patient. Danny Sparkes considered that the Patient Care Experience Co-ordinator had similar duties to those undertaken by the ward clerk and Gill advised that the ward clerk role had evolved over time and they were more involved in other tasks, for example, audits and the ordering of equipment.

Gill advised there was a 40,000 shortage in nurses nationwide and it was considered removing bursaries and training had resulted in a reduction of nursing applications. Gill advised that Surrey University was providing fewer students and the Trust was now working more closely with the University of West London. The Trust was also using Skype once a month with a recruitment agency in both English speaking and non-English speaking countries. Nurses from English speaking countries were required to undertake the Objective Structured Clinical Examination (OSCE) certificate whereas nurses from non-English speaking countries also had to undergo the International English Language Testing System (IELTS).

Maurice Cohen queried whether Gill and her colleagues had any ideas how recruitment and retention could be improved at the Trust. Gill advised that there was a Recruitment and Retention Group in place which was led by the Chief Nurse and which met once a month to discuss options. The nurses recruited via Skype were now arriving in the country but still had to undertake the OSCE. Maurice considered that a lot of nurses were being recruited from overseas. Gill advised that many nurses were now reaching retirement age which could be as early as 55 or 60 and replacements for those leaving had to

be found. Gill added that she had visited India and interviewed 60 nurses herself. The IELTS was expensive, costing the individual £200 each time. The Trust was now focusing more on English speaking countries.

Gill confirmed the Trust had the required number of HCAs.

Gill advised that nurses that were recruited from overseas were tied into a contract with the Trust for two years. After the two years the bright lights of London proved too attractive and many nurses often left the Trust.

The virtual ward offered developmental opportunities due to the numbers of patients seen in a short period of time.

In response to Bertie Swan, Gill advised that the Patient Care Experience Co-ordinators were needed five days per week. Bertie queried whether the exit interviews were highlighting that nurses did not feel supported. Gill agreed that winter pressures did not seem to be coming to an end and staff were beginning to feel tired. Reassurances were being given that more staff were on the way and the new structure which included more Band 6's provided additional support to team members. Permanent bank staff were being sought for periods of up to 8 weeks so that there was a continuation of care.

Chris Howorth understood that the Trust was doing worse than other trusts in recruitment and retention and Gill confirmed the Trust was an outlier due to cost of living and the lack of a social scene. However, the new build would be incorporating better facilities on site including more retail options and a space for staff to relax and meet up with colleagues. Maureen Attewell understood that the land at Ashford Hospital purchased by Spelthorne Borough Council would be utilised to build key worker accommodation which should help entice staff to work at the Trust. Chris understood that biomedical students at the Royal Holloway had been encouraged to train as HCAs and would begin to start coming through.

The Group queried if there was anything they could highlight to the non-executive directors. Gill advised she had previously suggested utilising the area outside the Postgraduate Centre by external vendors, to sell fruit and vegetables, for example. Keith recalled that the renovation of all the surgical wards in the Abbey Wing was supposed to take place around two years ago when they were last visited by some Governors. Gill considered Wren Ward was a new addition. However, the toilet needed replacing on Wren Ward and new windows were needed throughout so they could be closed efficiently to keep areas warm and opened to ventilate ward areas when it was hot.

The Group was then taken on a tour of Falcon and Wren wards.

The Group thanked Gill for her time and for her valuable input into nursing at the Trust.

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Minute **Action**

PEG-18/19 Further Dates for 2019

All 2-4pm:
Monday 1st July, Room 1, Postgraduate Education Centre, St Peter's Hospital
Monday 9th September, Executive Purple Room, St Peter's Hospital *
Monday 18th November, Executive Purple Room, St Peter's Hospital *

*please note change of venue

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Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
11 Feb 2019	**PEG-04/19**	**Quality Report – Patient Experience**	Provide a more detailed explanation of the Stroke data	EH	PEG 1 July 2019		
8 Apr 2019	**PEG-12/19**	**Matters Arising – Outpatient Transformation Programme**	Advise the Associate Director for Transformation Projects that Danny Sparkes and Bertie Swan are interested in assisting with outpatient letters	AS	ASAP	Emailed Sue Wales who advised she would email Danny and Bertie. The work on outpatient letters was yet to get underway	✔
8 Apr 2019	**PEG-12/19**	**Matters Arising**	Send the schedule of Schwartz Rounds to PEG members	AS	ASAP	Complete	✔
8 Apr 2019	**PEG-13/19**	**Quality Report – Patient Experience**	Talk to the Medication Safety Administrator about the case for patients administering their own medications	JR	PEG 1 July 2019		
8 Apr 2019	**PEG-13/19**	**Quality Report – Patient Experience**	Invite the new Patient Experience Manager to PEG once in post	AS	ASAP	Invited 28 May 2019	✔