Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
7th December 2011

TITLE	**Report from Patient Experience Group**
EXECUTIVE SUMMARY	The draft Minutes of the meeting of the Patient Experience Group held on the 31st October 2011 are attached. The meeting discussed ▪ Relationship with Patients Panel ▪ Progress relating to patient experience against the Quality Account ▪ Balanced scorecard and Q2 Annual Plan objectives on improving the patient experience ▪ Ashford Hospital out patient department remodelling scheme ▪ Complaints And generated ideas for the Forward Plan of the Group. It was agreed that Howard Manuel should be part of the Ashford Hospital out patient re-modelling Group (with Keith Bradley as his deputy) and that a Spelthorne Governor should also be invited to participate.
The Council is asked to:	Note the minutes and the action notes of the Patient Experience Group meeting held on 31st October 2011
Submitted by:	Judi Linney
Date:	7th November 2011
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
31st October 2011

Seminar room level 2, St Peter's Hospital
2.00pm- 3.30pm

PRESENT:	Mrs Judi Linney (Chair)	Public Governor - Runnymede
	Mr Keith Bradley	Public Governor - Woking
	Dr Maurice Cohen	Public Governor – Woking
	Mrs Sue Harris	Staff Governor – Nursing/Midwifery
	Mr Howard Manuel	Public Governor – Woking
APOLOGIES:	Mrs Judith Moore	Public Governor - Guildford
	Cllr Jean Pinkerton	Appointed Governor - Spelthorne
IN ATTENDANCE:	Miss Jane Gear	Board Secretary / Head of Corporate Affairs
	Ms Heather Caudle	Associate Director of Quality
	Mrs Suzanne Rankin	Chief Nurse
	Mrs Vanessa Avlonitis	Deputy Chief Nurse

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Minute **Action**

PEG-8/11 Welcome and Introduction

All members of the Patient Experience Group introduced themselves. A warm welcome was extended to Heather Caudle, newly appointed Associate Director for Quality.

PEG-9/11 Minutes of Previous Meeting

The minutes of the meeting held on 9 August 2011 were agreed as a correct record.

MATTERS ARISING

PEG 10/11 Living our Values (minute PEG-4/11 refers)

It was agreed to expedite the invitation for members of the Group to participate in Living Our Values. **JG**

PEG 11/11 Patient's Panel Meeting

A number of Governors had attended a Patient's Panel Meeting. Overall, this had been helpful in reassuring the Patient's Panel about the different roles held between the two forums. The Patient's Panel provided the Trust with a patient perspective on a range of groups and meetings within governance framework. The role of the Council of Governors' Patient Experience Group was to take a more strategic perspective and play a

role in assuring the Council of Governors regarding developments and improvements.

It was noted that members of the Group had an open invitation to attend the Patient's Panel meeting. It was agreed that feedback between the two Groups was important and this should be a standing item on the Patient Experience Group agenda. Maurice Cohen would provide a useful bridge as chair of the Patient's Panel . **Agenda**

PEG-12/11 **Quality Account - Review of Progress**

The dashboard provided a visual high level summary of the Trust's performance in Q1 and Q2 against plan as set out in the Quality Account 2010/11. Governors had helped in selecting priorities for 2011/12.

This was the first edition of the dashboard and work would continue to develop and refine it.

The Group discussed the findings on the dashboard highlighting the following points:

- The metrics on *improving our patient experience* was variable. There were improvements to note in reducing the number of complaints about discharge but overall the patient's satisfaction (net promoter score) was static.
- The re-admissions target was a stretching target. Although the Trust was performing better than in 2010/11, there was further work to do in respect of reducing readmissions. It was also noted that the Trust's balance scorecard reported readmissions as a rate whereas the Quality Account dashboard gave absolute numbers. These two reporting mechanisms would be aligned.

The Group discussed the interrelationship between discharge and bed occupancy and Suzanne Rankin highlighted that the Trust would not knowingly discharge patients if they were not fit, but tended to open extra, and unfunded, beds.

The Trust had a number of patients it would describe as 'frequent fliers'. The Trust was using a technique called Experienced Based Design which involved interviewing these patients. This identified that there was often a lack of appropriate Community support meaning that patients were readmitted. A number of approaches were being adopted to reduce these readmissions, for example Community matrons managing patients for a month post discharge; this was proving successful in reducing the level of readmissions from these patients. The PCT was also introducing a virtual ward concept focusing on longer term conditions.

The Group NOTED the Quality Account dashboard and agreed this should be a standing item on the agenda. **Agenda**

PEG-13/11 **Balance Scorecard – Patient experience**

The Report described the main qualitative and quantitative measures used for understanding patient experience. It was very hard to benchmark patient experience and one key national indicator, the

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Minute		Action

National Patients Survey Programme, tended to provide information which was both retrospective and not particularly timely.

At the current point, the Trust could not demonstrate that it was making significant improvements in the patient experience, but a number of major pieces of work focusing on achieving cultural change were underway. These needed to be given sufficient time to have an impact prior to reviewing any change in direction.

It was suggested that there was a danger in repeated surveying being a distraction to frontline staff when the Trust was already aware of the main three or four key issues for patients. It was noted that the Trust was looking at identifying easier ways of collecting patient feedback, particularly the use of information technology and the use of volunteers, so that the nurses' time could be redirected. It was also highlighted that involving staff in the audit process reinforced the important message on continuous improvement. Overall, the senior leadership team could set the direction and expectation; the change had to be delivered through ward sisters and frontline staff.

The recent CQC report highlighted the variability of care within organisations. It was important that Trusts had real-time measures in order to be able to hone in on where variation was occurring.

The Group discussed the importance of team working in delivering patient care and discussed the changing role of consultants in both leadership and team working.

It was noted that the Trust received a number of both formal and informal compliments, and that these also provided a useful indication of successful practice. These needed to be incorporated into reports to give a balanced view of performance. **HC**

The Group NOTED the report and agreed that this should be kept as a regular agenda item. **Agenda**

PEG-14/11 **Corporate Plan 2011-12**

The Report detailed progress against the Quarter two milestones on Strategic Objective One - quality. The Group complimented the Trust on the robust and rounded approach to improving the patient experience and the improvements recorded.

It was noted that there was one red indicator on the dashboard which related to the National Outcomes Framework. The Board had agreed this should be removed from the report as the delay was due to the National Framework not yet been published.

PEG-15/11 **Ashford Outpatients Project:**

The Board had agreed a major capital refurbishment of Ashford Outpatients Department amounting to c £2m. Part of the project involved using the King's Fund enhancing the healing environment approach. The programme board would be chaired by the Chief Nurse and following

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discussion it was agreed that:

- A member of the Patients' Panel should be invited to attend the programme board. (Maurice Cohen to agree) **MC**
- Dr Howard Manuel should be a representative on the programme board from the Patient Experience Group with Keith Bradley as his deputy.
- A Spelthorne governor should be invited to attend the programme board. **JG**

There might also be an opportunity to ask the wider membership a number of targeted questions about priorities for improvement.

It was also noted that one of the intentions was to take the project out into the wider local community, for example shopping centres. This might provide a good opportunity for the Membership Group to participate in a joint venture to engage new members.

PEG-16/11 **Annual Complaints Report**:

The Annual Complaints Report for 2010/11 had been circulated together with information on the performance year to date in 2011/12. Overall, the number of complaints was rising. It was noted that the Board was considering whether it was appropriate to have a target for the number of complaints received and also that it was hard to provide realistic benchmarks from other organisations.

The Trust had re-organised how it managed complaints and was now considering whether this has had a negative impact on the positive role played by the PALs Service. Significant work had been undertaken recently in order to reduce the backlog in complaint responses.

It was noted that the Trust was trialling the introduction of patient diaries into wards as another means of obtaining prompt and timely patient feedback. It was known that resolving complaints as near to the point they occurred was the most productive approach. It was also highlighted that the Trust had previously re-structured the nursing leadership team to enable matrons to have a real focus on quality.

PEG-17/11 **Forward Plan:**

The Group discussed the forward plan and agreed that in addition to the regular reports on the Quality Account and patient experience that the following items should be included:-

- Checkpoint reports on best care and patient choice and control.
- Ombudsman report - discharge planning - assurance. It was noted that Professor Oliver was undertaking a peer review in November. The Trust was also participating in a peer review with Surrey and Sussex Healthcare Trust on caring and compression. Feedback from both of these activities would be available for the Patient Experience Group.
- The National Outpatient Department survey results were due shortly. The Trust would receive two reports; one which compared progress within the Trust year on year and the second which would benchmark

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performance and improvements against a national backdrop.

- Reports on complaints should be widened to include details on compliments as far as possible.
- The Group should receive feedback on progress with the Ashford Outpatient's Department refurbishment.
- There should be regular feedback from the Patient's Panel on issues which they identified but were not within their scope to resolve.
- Patient communications - including patient letters. This was a matter which had been raised and explored by one of the Governors and it had been agreed with the Council of Governors that the Group would retain an overview on progress.
- Doctors and nurses' communications with patients and carers.

PEG-18/11 **Governors Feedback**

It was confirmed that the role of Governor was not to deal with individual complaints from members and patients. If received, these should be forwarded to the complaints or PALs service.

However, the Governors were useful repository of feedback which could identify themes for improvement. The Group discussed ways this could be achieved including Facebook, a members' post card/post-box and a database. It was agreed that Jane Gear and Heather Caudle would discuss options for review at the next meeting. **JG/HC**

PEG-19/11 **Any other Business**

There was no other business.

PEG-20/11 **Date of Next Meeting**

It was agreed that for an initial period, the Group would need bimonthly on Monday afternoons. A calendar of dates would be prepared. **JG/JL**

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Action log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update
09/08/11	PEG 2/11	**Terms of Reference**	Review in one year	JG	August 2012	
31/10/11	PEG 14/11	**Balanced Scorecard- patient experience**	Include compliments into reports covering complaints to give a more rounded view	HC	Jan 2012	
31/10/11	PEG 15/11	**Ashford outpatient project**	Identify a patient panel member to participate	MC		
31/10/11	PEG 15/11	**Ashford outpatient project**	Identify a Spelthorne Governor member to participate	JG		
31/10/11	PEG 18/11	**Governor feedback**	Review possible mechanisms to collate this	JG/HC		
31/10/11	PEG 20/11	**Meetings**	Agree calendar for 2012	JG/JL		

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