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

COUNCIL OF GOVERNORS
5th December 2012

TITLE	**Report from Patient Experience Group**
EXECUTIVE SUMMARY	The draft minutes of the meeting of the Patient Experience Group held on 24th September 2012 are attached. Highlights from the meeting on 24th September 2012 included discussions on:- ▪ Patient Communications – dermatology ▪ Patient's Communication Update ▪ WOW! Awards ▪ Quality Report ▪ Quality Account ▪ Patient Engagement And Experience Strategy ▪ Patient Experience Group Annual Report ▪ Governor Feedback
The Council is asked to:	Note the draft minutes of the meeting of the Patient Experience Group held on 24th September 2012.
Submitted by:	Maurice Cohen, Public Governor for Woking
Date:	20th November 2012
Decision:	For Noting

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

Council of Governors

Minutes of the Patient Experience Group
24th September 2012

Seminar room 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
	Mr Godfrey Freemantle	Public Governor- Hounslow
	Mrs Sue Harris	Staff Governor – Nursing/Midwifery
	Mrs Judith Moore	Public Governor – Guildford
APOLOGIES:	Mrs Janice Ketley	Public Governor - Runnymede
	Mrs Suzanne Rankin	Chief Nurse
	Mrs Vanessa Avlonitis	Deputy Chief Nurse
IN ATTENDANCE:	Mrs Heather Caudle	Associate Director of Quality
	Miss Jane Gear	Head of Corporate Affairs
	Ms Lynn Robinson	Head of Patient Engagement and Experience
	Mr George Roe	Head of Corporate Affairs

Minute **Action**

Godfrey Freemantle was welcomed to his first meeting as a member of the Group.

George Roe was welcomed to the meeting as the newly appointed Head of Corporate Affairs.

PEG-61/12 **Minutes of Previous Meeting**

The minutes of the meeting held on 9 July 2012 were agreed as a correct record.

MATTERS ARISING

PEG-62/12 **Update on Medical Assessment Unit Hub (Minute PEG-19/12 Refers):**

It was reported that the matron in charge of the Medical Assessment Unit had confirmed that the Hub was working well and making a real difference to getting timely discharges. The service currently operated 8 a.m. to 4 p.m. but the Red Cross would commence a Twilight Service from 4 to 7:30 p.m. in the near future. The long-term aim remained to achieve a 24-hour, seven-day week service for the Hub.

It was confirmed that the Hub Service supported both the Medical Assessment Unit and A&E.

Minute **Action**

PEG-63/12 Patient Communications – dermatology (PEG-52/12 Refers):

The Group was advised that the Dermatology Service was achieving an 11-week response time for new referrals. This was well within the national performance target.

Over the summer period, the Trust had introduced a system whereby an additional locum consultant had been reviewing follow-up outpatient appointments at the weekend. This additional resource would be maintained through to November 2012 and was helping address the backlog of follow-up appointments.

In addition, the Trust's Dermatology Service had operated for some time now with a locum consultant. A substantive post would be advertised shortly and it was anticipated that a permanent consultant appointment would bring new vigour to the service.

The Group NOTED the briefing.

PEG-64/12 Patient's Communication Update (Minute PEG-51/12 Refers):

The briefing paper updated the Patient Experience Group on two matters which had been discussed at previous meetings:

- Self-check in.
- Tracking patient letters.

Self-check in should be operational by November 2012. The intention was to encourage self-check in, but maintain a traditional Reception Service as well. It was agreed that the Group could visit Outpatients after their December meeting in order to see progress. **GR**

Two major pieces of work were underway which should transform the way in which the Trust generated and issued outpatient follow-up letters. The Trust was currently re-tendering for its Transcription Services and later in the year would be looking at a project called 'outsourcing mail'. The overall effect of these two projects should be to streamline the processes whilst also introducing workflow management, so any difficulties in the system could be identified and resolved.

During the discussion, it was confirmed that the Trust would be maintaining vigorous controls regarding protecting patient information and any contract with external providers would always consider information governance legislation.

The Governors NOTED the briefing.

PEG-65/12 WOW! Awards: **(Minute PEG-54/12 refers):**

The briefing paper summarised progress since the launch of the WOW! Awards. At the time of writing the report, 160 nominations had been received, the majority of which were from staff complementing their colleagues.

Lynn Robinson updated the group on an initiative called Valuing Frontline

Minute **Action**

Feedback, for which the Trust had won a national award. This new approach would be aligned with WOW!

The Group commended the Trust on the initiatives to celebrate staff achievements.

PEG-66/12 Feedback from Patients Panel Meeting

Maurice Cohen, Chairman of the Patients Panel, reported that no meeting had taken place in August.

PEG-67/12 Quality Report:

Highlights from the report included:

- The second pilot of the patient diaries had taken place on Birch and Falcon Wards. Some helpful feedback had been received on the diary, which was now being shaped to include the mystery shopper element.
- The report included information on the numbers of complaints, together with their severity. It was agreed that future reports would include definitions of the grading system used in the evaluation of complaints. **HC**
- During the discussion on collecting patient feedback, it was noted that this did place additional responsibilities on clinical staff. In addition, there was always the challenge of patients being reluctant to provide feedback during their care. It was confirmed that Your Feedback was collected at the end of an episode of care when patients might feel more able to be open.
- It was essential that staff moved to a position where the collation of patient feedback became core practice. There would shortly be a national directive to collect an indicator called Friends and Family and the Trust was considering the feasibility of using volunteers to help gather patient feedback.
- It was agreed that if members of the PEG or Patient Panel wish to be on the Steering Group, they would be very welcome and need to contact Lynne Robinson.
- The overall level of complaints continued to rise and was a concern for the Trust and PEG. Heather Caudle advised the Group that an independent audit of the Trust's processes following devolution of complaint management to divisions had taken place. This had identified a number of areas where improvement could be made and the series of actions were being developed and would be implemented. The aim was to ensure that actions agreed following a complaint were fully embedded and delivered real change. PEG requested regular updates on action taken. **HC**

The PEG NOTED the report

PEG-68/12 Quality Account:

Minute **Action**

The Q1 report on the Quality Account dashboard had been circulated to members. It was noted that the results for Quarter 1 indicated that the Trust was on target for seven areas but highlighted a number of other areas where further attention was required in order to meet targets.

The Group was advised that funding had been secured via the Trust's new Innovations Fund to employ a discharge coordinator which should help address the target for increasing the percentage of patients discharged by 12 noon. PEG would to be kept updated on progress of this.

An indicator where further work was required was in relation to the rising number of patient falls, although the number of falls resulting in serious harm remained low. It was noted that Diana Moran, a member of the Patient Panel had volunteered to be on a group looking at how patient falls could be reduced. It was agreed to ensure that she was invited to be part of both the Quality Account Workshop and be linked with the Trust's falls nurse. **HC**

The Group NOTED the report.

PEG-69/12 **Patient Engagement And Experience Strategy**

Lynn Robinson gave a brief presentation setting out how the Trust was considering shaping and developing a Patient Engagement and Experience Strategy with the involvement of PEG and the Patients Panel. It was noted that the Trust did not currently have such a strategy, but this would draw on other strategies, for example, the Communication and Engagement Strategy.

A number of initial suggestions and comments were made on the presentation including:

- It will be helpful to have a preamble to the vision. One option would be to refer to 'patient supporters' rather than 'patient advisors';
- It would be important to make sure that nurse specialists were involved and highlighted in the strategy;
- The vision needed to include reference to carers; and
- The Trust had 6,000 members and it would be helpful to include reference to how they will be engaged and their views could be incorporated.

The next stage would be to arrange a workshop involving representatives of the Patient Panel and the Patient Experience Group, prior to widening the discussion to other stakeholder groups. **LR**

PEG-70/12 **Patient Experience Group Annual Report**:

Judi Linney presented the draft Annual Report which the Group approved and would now be presented to the Council of Governor meeting in December.

Revised Terms of Reference would accompany the Report and these would be updated to incorporate:

Minute **Action**

- Changes to the co-opted membership to ensure titles reflected current practice;
- Clarifying the use of the term, and extent of, the co-opted members; and **JG**
- Highlighting in section 8 *Duties* that a primary function of the Group was to provide assurance to the Council of Governors on the patient experience.

Judi Linney reported that she was not standing for re-election due to family commitments and this would therefore be her last meeting of the Group. She thanked members for their support and contribution.

Group members thanked Judi for the leadership she had afforded to the Group and her commitment to improving the patient experience.

PEG-71/12 Governor Feedback

Group members were reminded that Governors needed to seek ways to collate and use feedback from their members, including in relation to patient experience. A number of avenues were in place at the current time including an online communication form and all Governors had been reminded in the last Governor newsletter. Nevertheless, the systems were not working very effectively and it was opportune to review how this could be improved and enhanced.

It was agreed to circulate Governors asking for their feedback on any relevant views/comments they had received a short time before each Patient Experience Group meeting. **GR**

PEG-72/12 Any Other Business:

Keith Bradley advised the Group that he had received some positive feedback in relation to the refurbishment of Outpatient's at Ashford Hospital.

PEG-73/12 Head of Corporate Affairs:

The Group thanked Jane for her work on the Group.

PEG-74/12 Walkabout

The Group then visited the Surgical Assessment Unit where they met the Deputy Sister who explained how the Unit operated, where patients were admitted from, discharge flows and staffing levels.

The Group offered their thanks and found the visit very interesting.

PEG-75/12 Date of Next Meeting

10th December 2012; 2pm – 3.30pm

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
23/01/12	**PEG-4/12**	**Patients Panel**	Receive the Patients Panel Annual Report	MC	TBC		
9/07/12	**PEG-49/12**	**PALS**	Provide update report on how service is operating	HC	10/12/12		
24/09/12	**PEG-64/12**	**Patient's Communication Update (Minute PEG-51/12 Refers):**	Visit OPD to see Self check in	GR	10/12/12		
24/09/12	**PEG-67/12**	**Quality Report:**	Include definitions of grades for complaints	HC	10/12/12		
24/09/12	**PEG-67/12**	**Complaint management**	Regular updates to be provided to PEG on complaint management and actions taken.	HC	10/12/12		
24/09/12	**PEG-69/12**	**Patient Engagement And Experience Strategy**	Set up working group.	LR	Oct 12	✔	Arranged for 30 Oct '12.
24/09/12	**PEG-70/12**	**Patient Experience Group Annual Report**:	Amend ToR and present with Annual Report to CoG	JG	5/12/12	✔	✔
24/09/12	**PEG-71/12**	**Governor Feedback**	Ask Governors for feedback prior to next meeting	GR	10/12/12		

Forward Planning items:

- 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 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