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

COUNCIL OF GOVERNORS
5th December 2012

TITLE	**Patient Experience Group Annual report**
EXECUTIVE SUMMARY	The Annual Report from the Group is attached for information. The Group has included its initial priorities for the coming year. The Group has reviewed its Terms of Reference and these are attached for approval. The main changes proposed have been updating the co-opted membership to reflect titles, updating the Secretary to reflect practice and one change in the duties which is highlighted in blue in Appendix 2 and reads: 'The Group will seek to offer assurance to the Council of Governors on all aspects of the patient experience'. The Group's membership is between 6 and 10 Governors; it currently has 5 members as Judi Linney did not stand for re-election as a Governor and Janice Ketley was not re-elected. Nominations of other Governors are therefore welcome with a new Chair to be elected at the next meeting on 10 December 2012.
The Council of Governors is asked to:	Note the Annual Report; approve the revised Terms of Reference and on-going membership of the Committee.
Submitted by:	Maurice Cohen, Public Governor for Woking.
Date:	20 November 2012
Decision:	For Approval

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ANNUAL REPORT 2012

1 INTRODUCTION

The Patient Experience Group was set up by the Council of Governors in August 2011 and this Report provides a review of the first year of its operation**.** This Report covers the period 1st August 2011 to 31st August 2012.

While not a statutory sub committee of the Council of Governors, copies of the Group's minutes are presented to each Council of Governors meeting.

The Group exists to offer assurance to the Council of Governors on all aspects of the patient experience.

2 MEETINGS

The Terms of Reference state that the Group should meet at least 4 times a year but no more than 6 weekly. For the majority of the year the Group has met on a six weekly basis.

3 MEMBERSHIP AND ATTENDANCE

The initial Group members were appointed by the Council and the Terms of Reference state it must have between 6 and 10 members who must all be Governors. The membership is to include at least 3 public Governors.

The initial appointments to the Group were for an initial one year period when it was agreed the initial Terms of Reference should be reviewed.

The membership of the Group has changed over the year. Two members found it difficult to attend due to other commitments; Howard Manuel and Jean Pinkerton. As a result, all Governors were asked if they would like to join and Janice Ketley and Godfrey Freemantle have agreed to become members.

The Group also has a number of Co-opted members including:

- Chief Nurse
- Deputy Chief Nurse
- Head of Corporate Affairs
- Head of Patient Engagement and Experience

The Group elected Judi Linney, Runnymede Public Governor, to be the Chair of the Group.

Details of attendance at the Group's meetings is given at Appendix 1.

4 TERMS OF REFERENCE

The Group has now operated for a year and is proposing a number of changes to their Terms of Reference. These would be updated to incorporate:

- updating the co-opted membership to reflect titles;
- updating the Secretary to the Head of Corporate Affairs; and
- one change in the duties which is highlighted in blue and reads:

  'The Group will seek to offer assurance to the Council of Governors on all aspects of the patient experience'.

The Terms of reference are attached at Appendix 2.

The Council are asked to approve these proposed changes.

5 APPROACH

As a newly established Group one of the first decisions was to generate an Annual Programme. By January 2012 the Group had identified the following topics for review:

- Checkpoint reports on best care and patient choice and control.
- Ombudsman report - discharge planning - assurance.
- The National Outpatient Department survey
- Reports on complaints and compliments
- Feedback on progress with the Ashford Outpatient's Department refurbishment.
- Regular feedback from the Patient's Panel on issues which they identified but were not within their scope to resolve.
- Patient communications
- Doctors and nurses' communications with patients and carers

6 ACHIEVEMENTS /PROGRESS

The Group has reviewed and discussed a number of regular items:

- Patient Experience Quadrant of the Balanced Scorecard
- Patient Experience section of the Board Quality report
- Annual and quarterly Complaints Report:
- National Outpatients Department Survey Results

Highlights from the **Inpatient Survey** were explored by the Group. This demonstrated that the Trust had attained "average" (same as 60% of Trusts) on 60 questions and "below average" (lowest 20% of Trusts) on 4 questions:

- Noise at night from other patients
- Patients involved in decisions about their discharge from hospital
- Explanations around side effects of medications following discharge
- Wait to be allocated a bed on a ward.

The Group asked for assurance that the action plan produced was robust enough to improve these issues for patients and enable improvement to be seen at the

next Survey.

Complaints: The Group has regularly discussed the information provided on complaints. The Group recognised the importance of considering these but also looking at the numbers of compliments received. As a result of the Group's request the data on compliments is now being collated more robustly and included in reports.

The Group noted with concern that the number of formal complaints made in 2011/12 increased by 40% compared with the previous year. It was clear that early intervention by ward and department staff prevented concerns going on to become formal complaints and it was encouraging to note that the Trust policy was for Divisional Leaders to contact complainants personally to see how complaints could be resolved.

The Group considered that staff morale had a significant impact on the rise in issues around staff attitude which was a major theme in complaints. The Group hoped that the rolling out of the Trust's *Living Our Values* programme to all staff would improve negative attitudes by highlighting how this had an impact on patients.

7 QUALITY ACCOUNT

Members of the Group had participated in the stakeholder engagement event on the Quality Account held on 5th March 2012. Following this, a recommendation had been to the March Trust Board on the priorities to be included and tracked within the 2012/13 Quality Account. This included a number of measures carried forward from the previous year and new indicators including patient communication and risk assessment for venous thromboembolism (VTE) and reduced mortality from deep vein thrombosis (DVT).

The Group had highlighted the importance of SMART objectives being included in the Quality Account in respect of patient communication objectives.

The Group had also recommended to the full Council of Governors the indicator from the 2011/12 Quality Account to be selected for assurance by the Auditors. The recommendation to use Falls was agreed by the Council of Governors.

8 ASHFORD OUTPATIENT DEPARTMENT REFURBISHMENT

The Group recognised the importance of improving both the experience for patients, carers and staff using Ashford outpatients. Members of the Patient Experience Group volunteered to be on the Ashford OPD project group (Howard Manuel and Keith Bradley).

An online survey of local Members inviting comments and suggestions on improvements to be considered in the refurbishment of the Outpatients Department of Ashford Hospital had taken place in January 2012. The Patient Experience Group reviewed the feedback received and identified two key areas related to the management of waiting areas and the suitability of seating which the Group asked to be considered by the project team.

9 RELATIONSHIP WITH PATIENTS PANEL

The Patients Panel is a long established forum in the Trust providing a patient

perspective on a range of groups and meetings within the 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 agreed that feedback between the two Groups was important and this is standing item on the Patient Experience Group agenda. Maurice Cohen, Governor and Chair of the Patients Panel, would provide a useful bridge between the two Groups. Patient Experience Group members have attended meetings of the Patient's Panel to build the relationship and synergies.

Feedback from the Patients Panel provides the Patient Experience Group with a helpful source of intelligence for the Governors and the opportunity for the Patient Experience Group to progress issues the Patient Panel was unable to resolve.

10 **PRESENTATIONS- PATIENT EXPERIENCE**

A number of 'hot topics' have been presented to the Group by specialist leads in the Trust. These have included:

Implementing the Trust's Medical Assessment Unit Community Services hub.

The aim of the hub is to ensure joint working is established between all clinic and operational staff across health, social care and partner agencies (e.g. Red Cross and Age UK) in order to help ensure timely and safe discharges for patients accessing St Peter's MAU and the A&E.

The group learnt that the hub was operating on a Monday to Friday 8a.m. to 5 p.m. basis and the intention is for it to operate on a 24x7 basis subject to staff availability. As well as improving discharge for patients in A&E and the MAU, the aim is also to prevent re-admission occurring later on. Clear protocols were in place to support the operation of the hub which was often about re-starting existing packages of care which had already been in place before the patients came into hospital.

The Patient Experience Group agreed to follow up progress and success criteria in the autumn.

WOW Awards

This is a National Scheme and the Trust is the fourth NHS Trust to join. The concept draws on an approach of making it easy for patients to give feedback on staff. The awards are being judged externally and will help the Trust to celebrate excellence in staff performance.

WOW provides a real opportunity for the Trust to highlight positive feedback from patients and help provide a balanced view to complaints.

The Group agreed to promote this initiative and also follow up how it was working later in the year.

11 **PATIENT COMMUNICATION**

A considerable amount of the feedback received by the Governors about Trust services relates to how well staff and patients communicate. Aspects of this have

been explored by the Group across a number of meetings:

Living our Values: many of the Patient Experience Group participated in the *Living Our Values* programme and commended it to the Council of Governors.

Patient Diaries. After an initial pilot the Group heard that the approach has been revamped and a report on the refreshed pilot would be made to the Group.

Shared Decision Making; A national approach being launched in the Trust in August. This will support 'No decision about me without me '.

Written and Audio visual communication
Issues raised and discussed have included:

- OPD screens had now been introduced in Outpatients although the information provided was not yet particularly useful;
- Patients could still not book-in electronically in most areas;
- Some patient letters had been improved;
- Patients not always being able to book further appointments on the day (so they could check their availability there and then) but have to wait for the hospital to write with a further date which may not be suitable;
- The style and tone of letters is important as they could potentially exacerbate a situation.
- The importance of timely letters to GPs following OPD appointments /discharge

The Group heard of progress being made, for example that tendering is underway for self check in all out patient areas and continues to scrutinise and challenge progress. However, there is clearly more to do and the Group will continue to focus on the topic.

12 CQC ACTION PLAN

The CQC Review of Compliance Report issued in January 2012 was the subject of concern to the Council of Governors. The Group has regularly sought assurance from Trust managers on progress being made.

13 VISITS

The Group started making short visits to clinical areas in 2012. These included St Peter's Out Patients and MAU. The intention is to have a more formal programme as part of the Group's assurance role and to consider the introduction of a simple template report so findings can be documented consistently.

14 GETTING FEEDBACK

In order to provide input into the annual planning priorities, Governors have to consider feedback from their members. All Governors are encouraged to report feedback to the Group via the Membership Office, and this, and the online 'contact your governor' system, is reported back to the Group.

The number of views collated have been few and the Group needs to consider in the next year how better systems can be embedded.

15 **PRIORITIES FOR THE COMING YEAR**

- Develop a programme of visits to clinical areas
- Consider the implications of the 'Patient-led inspection regime' announced by the Prime Minister and how the CoG can be incorporated
- Improve the systems for collecting and collating feedback on patient experience from Governors
- Communication and engagement between patients, their families , carers and clinicians
- Patient survey findings- local and national, together with other feedback processes
- Complaints and compliments- regular updates
- Patient Panel- to continue to work closely
- Quality accounts-priorities and actions taken
- Impact on quality of new pathways-associated with Epsom transaction
- Consider the implications for Governors of the Francis Report

Appendix 1

Attendance at Patient Experience Group meetings

Attendance at meetings:

	Total
Keith Bradley	6/6
Maurice Cohen	6/6
Judi Linney	6/6
Sue Harris	6/6
Janice Kettley	1/1
Judith Moore	3/6
Howard Manuel	1/4
Jean Pinkerton	0/4

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Appendix 2

Terms of Reference

Patient Experience Group of the Council of Governors
Terms of Reference

1. Authority

The Group is authorised by the Council of Governors to undertake any activity within its terms of reference and report back to the Council of Governors.

2. Membership

The Committee will be appointed by the Council and shall consist of no less than 6 members and no more than 10 members who must all be Governors.

At least six Governors to include at least 3 public Governors. Appointments to the Committee will be for an initial one year period while the initial Terms of Reference are reviewed. Thereafter appointments would normally be for a period of up to three years, which may be extended for one further one-year period.

Where specific areas have been identified for scrutiny or as a project the Group may co-opt other Governors with a special interest in that topic.

Co-opted members may include

Chief Nurse or Deputy Chief Nurse
Head of Patient Engagement and Experience
Head of Accreditation and Regulation
Voluntary Services Manager
Hotel Services Manager
Membership Manager/Head of Corporate Affairs

Other Executive and Non Executive Directors will attend as required.

3. Chair

The meeting will be chaired by a Public Governor.

4. Attendance

Members of the Group should attend a minimum of 50% of the meetings.

Other managers may be invited to attend meetings for specific items.

5. Quorum

The quorum will be 4 members, 2 of whom must be a public governor

6. Frequency and Conduct

The Group should meet at least 4 times a year but no more than 6 weekly.

7. Secretary

The Head of Corporate Affairs will act as Group secretary

Papers will be circulated 1 week in advance of meetings.

8. Duties

The Group has no executive powers, and exists to advise and assist the Council in achieving its functions.

The Group will seek to offer assurance to the Council of Governors on all aspects of the patient experience.

On behalf of the Council of Governors, the Committee will consider and make recommendations on to the Governors on enhancing the patient experience in the Trust.

In carrying out these tasks, the Group will ensure that the principles of equality and diversity are applied.

9. Specifically the Group will

9.1 Consider and make recommendations to the Council on appropriate projects for Governor involvement in enhancing the patient experience, possibly undertaking 'deep dives' into areas identified from sources such as members' feedback or complaints.

9.2 Recommend to the Council ways in which Governors can support the patient experience programme. This could include setting up first impressions projects.

9.3 Assist in ensuring that examples of good practice in relation to obtaining patients / carers and members views on the patient experience are spread across the Trust

9.4 Offer input to developing action plans aimed at improving the outcome of national and local patient surveys

9.5 Offer advice to the Council on the Trust's Quality Accounts and priorities relating to the patient experience.

9.6 Develop approaches to gather and harness feedback received from individual Governors in respect of the patient experience.

9.7 Review reports from LINKs or successor bodies (HealthWatch) in respect of the patient experience

9.8 Offer advice to the Council on formal input to the CQC Registration process and specifically be involved in working with the Trust on essential standards relating to the patient experience , specifically the outcomes related to Personalised Care, Treatment and Support.

9.9 Receive and consider feedback from the Patients' Panel

9.10 The Group will produce an annual work plan and annual report for agreement by the Council.

10. Patients panel

10.1 The Group will provide an umbrella for the Patients Panel, working with Panel members to provide input into Trust groups related to monitoring the patient experience e.g. PEAT, safety walkabouts.

11. Reporting lines

The Group will, at least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Council of Governors for approval.

The minutes of meetings will be formally recorded and submitted to the Council of Governors.

The Group will make whatever recommendations to the Council of Governors it deems appropriate on any area within its remit where action or improvement is needed.

12. Monitoring

The effectiveness of the Group will be monitored by the Council of Governors via the receipt and discussion of minutes

Approved by Council
Date; 18 May 2011 (Updated version December 2012 – to be approved)

Review one year i.e. December 2013