Paper 5.2

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

COUNCIL OF GOVERNORS
11th December 2013

TITLE	**Report from Patient Experience Group**
EXECUTIVE SUMMARY	The draft minutes of the meetings of the Patient Experience Group held on 7th October 2013 are attached. Matters discussed in the meeting on 7th October 2013 included: • Patients Association • 24 Hour Hospital Observation • Feedback from Governor Hospital Visit • Appointment Letters and Cancellations • Feedback from Patients Panel meeting • Quality Report – Patient Experience • Feedback from Group Members on Recent Visits and Meetings A verbal update on the meeting which took place on 9th December 2013 will also be provided.
The Council is asked to:	Note the draft minutes of the meeting of the Patient Experience Group held on 7th October and verbal update of the meeting which took place on 9th December 2013.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	3rd December 2013
Decision:	For Noting

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

Council of Governors

Minutes of the Patient Experience Group
7th October 2013

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

PRESENT:	Keith Bradley (Chair)	Public Governor – Woking
	Brian Catt	Public Governor – Spelthorne
	Maurice Cohen	Public Governor – Woking
	Godfrey Freemantle	Public Governor - Hounslow
	Sue Harris	Staff Governor – Nursing/Midwifery
	Judith Moore	Public Governor – Guildford
APOLOGIES:	Ann Gallagher	Appointed Governor – University of Surrey
	Susan Lockwood	Public Governor – Runnymede
IN ATTENDANCE:	Heather Caudle	Associate Director of Quality
	Lynn Robinson	Head of Patient Engagement and Experience
	Anu Sehdev	Membership Manager
	Michael Smith	Appointed Governor – Woking Borough Council

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PEG-47/13 **Minutes of Previous Meeting**

The minutes of the meeting held on 12th August 2013 and the minutes of the Project Management Team meeting held on 29th August 2013 were agreed as a correct record.

Keith Bradley welcomed Michael Smith, Appointed Governor for Woking Borough Council, to the Group as he had requested the opportunity to feedback his experience on recent visits to the hospital later on in the meeting.

MATTERS ARISING

PEG-48/13 **Quality Report - Patient Experience and Quality Account (Qtr 1) - Refers to minute PEG-40/13**

The Associate Director of Quality confirmed that OPAL Ward had opened on 1 October 2013 and would provide a more detailed report on how it was functioning at the next meeting. **HC**

PEG-49/13 **24 Hour Hospital Observation – Refers to minute PEG-43/13**

Brian Catt raised his concern around Pharmacy closing at 15:00 hours and this having an impact on discharge pathways. Sue Harris, Staff Governor of Nursing and Midwifery staff, clarified that Pharmacy did not close at 15:00 hours; however Pharmacy did not accept any TTOs (To Take Out Medications) after this time and the delays in discharge were

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more about the delays in the prescribing of medications by medical staff and not necessarily due to Pharmacy processes. The Group discussed the possibility of inviting Annette Arnold, Chief Pharmacist, to the next meeting to respond to queries raised by the Group. **AS**

Brian Catt raised a further concern about staff expressing that certain duties did not fall within their job descriptions. The Associate Director of Quality was pleased to note that staff had felt able to be more honest and engage with visitors during the recent 24 hour observation and were more open with their comments. However, the Head of Patient Engagement and Experience would be looking at customer service across the Trust. The Associate Director of Business Development had put together a customer service programme and the Head of Patient Engagement and Experience would be leading on training. The Associate Director of Quality added that it was important that feedback from visits was passed on as this highlighted areas of concern to the Trust.

Brian Catt advised that after the Governor elections he would be sending a survey to Spelthorne members to gain an insight into their personal experiences of the Trust.

Judith Moore highlighted the importance of answering the telephone as not answering caused further annoyance to the caller. The Head of Patient Engagement and Experience advised that calls were often made to the Patient Advice and Liaison Service when people were unable to get an answer from a ward or department. This issue had been raised with the Chief Nurse and Deputy Chief Executive. Often the pressures on the ward were to blame with some nurse leaders being protective of their staff.

PEG-50/13 Patients Association Project

The Head of Patient Engagement and Experience tabled a draft plan outlining the project the Patients Association would be working on with the Trust. She had spoken with Celia Turnbull, the Project Manager, and Dr Victoria Whittaker had agreed to come along to the Project meetings or engage in 1:1s with Celia, if unable to make the meetings.

The Head of Patient Engagement and Experience requested the Group looked at the draft plan with a critical eye to ensure all aspects had been covered and welcomed comments by the end of 9th October 2013. The final draft of the plan would then be formulated. It was clarified that none of the project days allocated to the Trust had been used at this stage. **All** **LR**

The Head of Patient Engagement and Experience advised that a planning meeting would be arranged covering who was doing what and ensuring the correct people were present. The Chief Nurse would be nominating a nurse to take part in the project with the relevant expertise, who would then be charged with leading a work-stream. Potential dates for the first meeting would be sent round to the Group in the next few days. It was agreed that Celia would lead the meeting. **LR**

Judith Moore advised that she would be happy to be involved in the

project even if she did not get re-elected in the forthcoming Governor elections. It was confirmed that this was acceptable and that "capacity" for her involvement could be found.

The Group thanked the Head of Patient Engagement and Experience for the update.

FOCUS TOPICS

PEG-51/13 24 Hour Hospital Observation

The Associate Director of Quality tabled slides outlining the findings of the 24 Hour Observation which took place on 31st July 2013. The first observation had taken place on 1st March 2012 and the new cohort of doctors had only been in post for a month. This time the junior doctors were more experienced.

The findings were from three perspectives:

- Observers' Thoughts
- Staff Members' Thoughts
- Patients, Visitors and Families' Thoughts

Observations had been documented and fed into Wordle, a programme which generated "word clouds" from the text provided. The more a word came up in the findings, the larger it was.

Positive words that came up often in the Observers' Thoughts included:

- Calm
- Organised/orderly
- Quiet
- Smiling
- Welcoming/Friendly

Negative words which came up less often included:

- Noisy
- Cluttered
- Old equipment
- Colourless/bare walls

Positive words that come up often in the Staff Members' Thoughts included:

- Good team working
- Happy
- Happy with support
- Love my job
- Enjoy role

Negative words which came up less often included:

- Unsupported
- Staffing issues
- Divide
- Shifts too long
- Too much paperwork
- Communication issues

Positive words that came up often in the Patients, Visitors and Families Thoughts included:

- Good care/looked after well
- Helpful
- Excellent nursing care
- Doctors great
- Exceptional
- Appreciative
- Amazing

Negative words which came up included:

- Noisy
- Lack of privacy
- Mixed opinions
- Hot

The Associate Director of Quality advised she had met with a representative from Health Watch Surrey and discussed the concerns which had been highlighted in order to find ways of improving the patient experience. A comparison of the data collected during the first observation and the more recent one took place and it was found that there had been a notable improvement in patient experience and patient safety. There were no real serious issues this time and although paperwork was still an issue for staff, it was raised slightly less than last time around. There appeared to be better engagement this time and Twitter was also used for updates which had encouraged a manager from another Trust requesting further information and the Trust had agreed to share feedback. The Trust had been recognised as being the most transparent Trust in the Surrey area and the observation model is to be taken forward by the Health Watch England.

Improvements to be taken forward in light of the observations include:

- Reducing inappropriate referrals
- Improving the relationship between management and staff
- Improving staff morale and providing better access to training and education
- Resolving the noisy environment at night and privacy and dignity concerns
- Reducing clutter to a minimum

The next steps as result of the 24 hour observation will be:

- Head of Accreditation and Regulation to formulate an action plan
- Feedback seminar arranged for 29th October (CQC will be invited)
- Feedback to be provided to the Trust's staff experience and culture programme
- Individual feedback to be provided to clinical areas.

The Group thanked the Associate Director of Quality for the update.

PEG-52/13 Feedback from Governor Hospital Visit

Michael Smith advised the Group of his observations during a recent visit to Holly Ward, the Medical Assessment Unit (MAU) and Falcon Ward. He advised that five Governors visited the areas with him and generally the overall impression was good. However, on Holly Ward it was noted that senior staff were not in uniform and although it was an administration day, it was difficult to understand why when a member of staff was on the ward, a uniform was not required. There were no curtains at the windows which did not allow for darkness and small maintenance issues, ie light bulbs not being replaced and equipment being all over the place showed the ward in a shabby light.

On the MAU there was a lot of clutter again and a patient relayed his experience of being constantly disturbed by another patient who had mental health issues. The patient had Parkinson's Disease and medication for his complaint had not been provided. The patient had contacted his wife to call the ward about his medication.

Again clutter was seen on Falcon Ward and a treatment room appeared to be utilised as a storage area for equipment. There did not appear to be any grouping of patients as patients under the same consultant were all over the ward. A dirty toilet was highlighted to Michael by a patient and the general shabbiness of the ward had been noted. It was recognised that the ward had not been designed to be a surgical ward and was possibly not always fit for purpose. A patient did relay his very good experience of NHS Direct and how an ambulance arrived in 20 minutes to take him to hospital, even though the patient lived in a remote area.

Maurice Cohen highlighted that approximately 4 – 5 years ago a senior nurse had put in place a system whereby staff had to replace an item of equipment from where it had been taken from. This had been taken on by all the wards at the time. Judith Moore agreed that someone had to take responsibility for ensuring equipment was correctly stored.

The Associate Director of Quality thanked Michael for his helpful feedback. It was highlighted that works were underway on Falcon and Swift wards. The Associate Director of Quality advised she would take the issues relating to the patient on the MAU forward and would speak to Michael to gain more information pertaining to this. It was explained that there were some constraints in relation to bed pressures when caring for patients with mental health issues and having the ability to put similar patients together. It was highlighted that the Trust was working closely

with mental health trusts. The Associate Director of Quality advised that she would relay Michael's feedback to the Chief Nurse and Deputy Chief Executive.

With regards to the noise issue, the Trust could do many things to reduce the discomfort for patients on the wards by providing a hospitality pack which contained ear plugs and eye masks. The timely answering of call bells and trying to place noisy patients away from other patients were also resolutions. Side rooms were a commodity and there were eligibility criteria for assigning one and often the lack of availability was an issue. Historically the night time had been a time to catch up on paperwork but more recently it was a time to prioritise either patient care or paperwork as staff were dealing with many patients and had many demands on their time.

The Associate Director of Quality added that she would be concerned to see a ward appearing too orderly, ie beds the same height and tables in the same area next to each patient. This may highlight that a patient's personal needs were not necessarily being met.

PEG-53/13 Appointment Letters and Cancellations

The Head of Patient Engagement and Experience advised that the transcription service had greatly improved the turnaround for letters to GPs and patients. It was highlighted that there was a Transcription Project in the pipeline although this was on hold at present.

The Head of Patient Engagement and Experience advised that the Patient Advice and Liaison Service (PALS) did provide a good service and during the month of September, 127 concerns were raised. Resolution was achieved via support from staff and departments. PALS aimed to provide an immediate resolution whilst noting the intelligence to build improvements into the service provided by the Trust and then sustain these improvements. Information around PALS cases was provided for the annual plan for IGAC with a real emphasis on driving down recurrent themes. The Head of Patient Engagement and Experience agreed to provide a breakdown of complaints and what had been done to improve customer service. It was advised that complaints were mostly raised in relation to outpatients. A Patient Facing Service Pathway was in place which had senior management and staff involvement. Two of the sub groups of this pathway were the Self Check-In Project and Letter Writing and Communication. Feedback from these groups was passed to the project. **LR**

REGULAR ITEMS

PEG-54/13 Feedback from Patients Panel meeting

Maurice Cohen updated the Group on the recent Patients Panel meeting. He advised that the Patients Panel had proposed that the Group be invited to a pre-meeting on 22nd October 2013 at 16:00 hours when the Trust's strategy would be presented by the Director of Strategic Development. To enable an open discussion on how both groups could work together in the future, a further meeting was proposed when an **LR**

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independent facilitator would be in attendance. The Head of Patient Engagement and Experience would ensure an email invite was sent to every member of the Group. Maurice raised his concern that the Patients Panel was only able to make suggestions but had no real power so joint explorations of the kind outlined would be helpful.

Maurice highlighted a concern raised by the Patients Panel around the Phlebotomy Walk-In service and how it was not guaranteed you would be seen the same day. There had been several cases where patients had had to return the next day to have their bloods taken. Sue Harris advised that this was in main due to the increased demand on the service as many GPs no longer provided a phlebotomy service. Maurice highlighted a further concern around delays with letters being sent out. It was realised that the delay was not due to the transcription service as letters were turned around in 24 hours. The delay occurred when the letters arrived back and it was necessary to ensure the right names and addresses were on the letters, as well as the correct information being provided for the right patient.

Finally, Maurice highlighted that previously members of the Patients Panel had been part of several committees but after a reorganisation, members had been dropped. Maurice expressed his concern that the Trust had always portrayed itself as being transparent but it would appear that this was not now the case. Maurice was aware that Governors had raised a similar issue with the lack of Governor representation at Board sub-committees and this was now being looked at and Maurice had agreed to be part of the Taskforce looking at this issue. Keith Bradley highlighted that a member of the Patients Panel, Danny Sparks, was working on a project as part of the Patient Facing Service Pathway and it was agreed that findings from this whole Pathway Project would be helpful to the Patient Experience Group. **LR**

The Group thanked Maurice for his update.

PEG-55/13 Quality Report – Patient Experience

The Associate Director of Quality presented the Quality Report and highlighted that improvements had been made in improving the Friends and Family Test (FFT) response rate in A&E. It was advised that the response rate in the Cancer Patient Experience Programme National Survey had dipped slightly from last year, from 66% to 61%, and it was very important that the Trust improved its performance in this area.

The Associate Director of Quality highlighted the decrease in performance against timescale in complaints and advised that areas of concern were being looked at in order to improve performance. Improvements had been seen in the standard of response being drafted although the Patient Experience Team had experienced some resistance over the changes recommended to make the letter more compassionate and less defensive and this area had incurred delays. Training on making the response letters more sensitive and more succinct ensuring all points had been responded to was being revisited by Nikki Hill, Deputy Director of HR. Keith Bradley queried who was responsible for writing the letters and it was advised that a senior manager or lead nurse in the

relevant specialty conducted the investigation and wrote the response. This was closely scrutinised by the Patient Experience Team and then further examined by the Chief Nurse and on occasions by the Medical Director or a clinician if content had a high degree of medical information to ensure all issues were adequately covered.

Maurice Cohen highlighted the importance of the complainant receiving a speedy reply. The Head of Patient Engagement and Experience advised that a written acknowledgement was sent to the complainant in three working days and the complainant was advised at the same time who would be leading on their case. Final responses were normally sent within 25 – 30 working days. The Head of Patient Engagement and Experience agreed to provide a breakdown of the top three issues in future reports similar to the information provided in the Quality report to the Board. **LR**

The Group discussed the importance of conversation and keeping the complainant appraised on what actions were taking place. Maurice Cohen highlighted that providing the opportunity to a complainant to meet with staff and have their say could take the steam out of a situation. It was important to speak to a complainant as perception of the written word may differ to what the complainant had intended. The Head of Patient Engagement and Experience agreed with this point but advised that it was still necessary to investigate concerns and respond more formally for the development of action plans to enable learning.

Michael Smith queried what happened with complaints that were not resolved and the Head of Patient Engagement and Experience advised that everything was done to resolve a complaint but on the occasions that a complainant was not satisfied with the Trust's response the Health Service Ombudsman would investigate their concerns further.

Keith Bradley reiterated how worthwhile it was to be working with the Patients Association as this could be highlighted at the end of complaint responses as another avenue which a complainant could take before taking the serious step of approaching the Health Service Ombudsman.

The Head of Patient Engagement and Experience updated the Group on the further results from the FFT and how it was anticipated that the data for September would be even better and well above the 20% response rate. It was agreed that the Head of Patient Engagement and Experience would update Maurice Cohen on her presentation at the last Patient Experience Group meeting. **LR**

It was further advised that the wards consistently had a higher net promoter score but that the ideal would be to see a consistent rate with less peaks and troughs. Charts showing a comparison against other trusts were highlighted and the correlation between a poor response rate resulting in a higher net promoter score. It was highlighted that the wards received many positive remarks and negative comments were in the minority.

Brian Catt advised that he had heard a doctor on Radio 4 saying that he thought the FFT was a waste of time. The Head of Patient Engagement

and Experience suspected this was probably due to the misconception of the time involved in obtaining responses.

Brian Catt expressed his surprise that complaints relating to discharge were lower in the summer months when there were fewer staff on duty due to annual leave and the Head of Patient Engagement and Experience advised that complaints did drop during the summer months as fewer people complained.

FEEDBACK

PEG-56/13 Feedback from Group Members on Recent Visits and Meetings

Judith Moore and Maurice Cohen had attended the recent Research and Development Open Event which both had found very interesting. Judith advised that it had been highlighted how to go about setting up a study. Many people, staff and people from the industry had attended.

Judith Moore also advised that she had attended a recent End of Life meeting which she had found very informative. The new pathway was highlighted since the Liverpool Care Pathway had been abandoned. Many people at the meeting expressed their regret that Barry Quinn, Acute Oncology Service Lead, had left the Trust as he had proved a valuable member of the team. GPs and staff from the Hospice had been in attendance. Judith advised that she would attend the next meeting.

Judith Moore, Keith Bradley and Maurice Cohen had attended the opening of the new Cardiac Unit.

Keith Bradley advised that he had attended the opening of the new Outpatient Department at Ashford Hospital where Nina Wadia was the guest of honour. Keith advised that she had spent over an hour and half meeting staff, patients and guests, indulging those who wanted to take photographs.

Godfrey Freemantle updated the Group on the progress made in relation to the Self Check-In service. Phase One which encompassed Paediatrics, the Eye Clinic at Topaz at Ashford Hospital would be going live as from today. Phase Two which encompassed Outpatients at Ashford Hospital would go live on 14th October. Phase Three including Radiology, Paediatrics and Therapies at St Peter's Hospital would go live on 4th November. Phase Four which included the Rowley Bristow Unit, Abbey Wing and Stephanie Marks would go live on 25th November. Finally, Phase Five which was areas 3 and 5 at St Peter's would go live on 14th December. It was anticipated the whole service would be fully live and functioning by 2nd January 2014.

Godfrey advised that the signage from the kiosk to the waiting area was virtually complete and the first volunteers had been trained to help those using the Self Check-In kiosks.

Godfrey highlighted the importance of information being placed in appointment letters and his concern that it had not yet been decided who would cover service maintenance, ie a dedicated system administrator or

super users in each department.

Feedback from Members to Governors Relating to Patient Experience

None

ANY OTHER BUSINESS

None

Date of Next Meeting

Monday 9th December 2013, 14:00 – 16.00 hours – Room 1, Postgraduate Education Centre, St Peter's Hospital

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
7/10/13	**PEG-48/13**	**Quality Report**	Provide an update on OPAL Ward	HC	9th Dec 2013	To be covered as part of the Quality Report discussion.	✔
7/10/13	**PEG-49/13**	**24 Hour Hospital Observation**	Invite Annette Arnold to the next PEG	AS	9th Dec 2013	On the agenda.	✔
7/10/13	**PEG-50/13**	**Patients Association Project**	Comments on the draft plan to the Head of Patient Engagement and Experience	All	9th Oct 2013	Completed	✔
7/10/13	**PEG-50/13**	**Patients Association Project**	Forward dates to the Group for the planning meeting	LR	ASAP	Complete	✔
7/10/13	**PEG-53/13**	**Appointment Letters and Cancellations**	Provide a breakdown of complaints and improvements in customer service.	LR	9th Oct 2013	Verbal update to be provided in the meeting.	
7/10/13	**PEG-54/13**	**Feedback from Patients Panel meeting**	Date for meeting to discuss how the Patients Panel and PEG can work better together	LR	ASAP	Verbal update to be provided in the meeting.	
7/10/13	**PEG-54/13**	**Feedback from Patients Panel meeting**	Findings from the Pathway Project to be provided	LR	9th Oct 2013	Verbal update to be provided in the meeting.	
7/10/13	**PEG-55/13**	**Quality Report – Patient Experience**	Include top 3 issues resulting from complaints in Quality Report	LR	9th Oct 2013	Verbal update to be provided in the meeting.	
7/10/13	**PEG-55/13**	**Quality Report – Patient Experience**	Update Maurice Cohen on recent FFT presentation	LR	ASAP	Verbal update to be provided in the meeting.	