COUNCIL OF GOVERNORS
1st December 2015

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 5th October 2015 are attached. Matters discussed in the meeting on 5th October 2015 included: • Feedback from the Patient Panel meeting • Quality Report – Patient Experience • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors Relating to Patient Experience • Update on Cancer Services
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 5th October 2015.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	December 2015
Decision:	For Noting

Council of Governors

Minutes of the Patient Experience Group
5th October 2015

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

PRESENT:	Keith Bradley (Chair)	Public Governor – Woking and Guildford
	Brian Catt	Public Governor – Spelthorne
	Maurice Cohen	Public Governor – Woking and Guildford
	Godfrey Freemantle	Public Governor - Hounslow
	Margaret Lenton	Public Governor – Windsor and Maidenhead
	Danny Sparkes	Public Governor - Runnymede
APOLOGIES:	Maureen Attewell	Appointed Governor – Spelthorne Borough Council
	Sue Harris	Staff Governor – Nursing/Midwifery
	Chris Howorth	Appt Governor – Royal Holloway University of London
	Judith Moore	Public Governor – Woking and Guildford
IN ATTENDANCE:	Sarah Burton	Lead Cancer Clinician and Macmillan Lead Cancer Nurse
	Mick Imrie	Chief of Patient Safety/Deputy Medical Director
	Anu Sehdev	Membership and Engagement Manager

Minute **Action**

PEG-40/15 Minutes of Previous Meeting

The minutes of the meeting held on 10th August 2015 were agreed as a correct record. The updated Action Log was noted.

MATTERS ARISING

PEG-41/15 Radios on Birch Ward

In the Head of Patient Experience and Involvement's absence it was agreed to postpone this item to the next meeting. **LD**

PEG-42/15 Update on Cancer Services

It was agreed to postpone this update to later in the meeting as the Lead Cancer Clinician and Macmillan Lead Cancer Nurse's previous engagement had overrun.

PEG-43/15 Complaints Report

In the Head of Patient Experience and Involvement's absence it was agreed to postpone this item to the next meeting. **LD**

Minute **Action**

REGULAR ITEMS

PEG-44/15 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Patient Panel, advised that only one meeting had taken place and this took the form of a general discussion. The planned A&E presentation did not take place due to the pressures in A&E on the day.

Keith Bradley queried whether Dr Alan Witts, a Patient Panel member, had met with the Head of Clinical Pathway Improvement/Corporate Quality Lead, to ascertain whether the Trust's successful achievement of its cost improvements had in any way impacted on the patient experience. Maurice advised that he was not aware that this meeting had happened and would update the Group after the next Patient Panel meeting taking place in November. **MC**

Maurice advised that the Associate Physician was a two year diploma course and it was anticipated that the Royal College of Physicians may oversee the role in the future. It was added that a number of universities offered the course.

Margaret Lenton felt that the emphasis was on the level of degree attained with those wishing to pursue a medical vocation, rather than the individual's ability to interact with people. The Chief of Patient Safety/Deputy Medical Director advised that a lot more emphasis was placed on an individual's ability to communicate. This requirement was met during training and CVs were examined for evidence of voluntary work and low paid work in hospitals.

PEG-45/15 Quality Report – Patient Experience

The Chief of Patient Safety/Deputy Medical Director presented the Quality Report and highlighted the continued reduction in follow-up complaints with this largely due to better quality responses being sent out, a general openness in light of the Francis Report and initial contact with complainants having improved. The Group wished to congratulate the Patient Experience Team on its continued efforts.

Danny Sparkes commented that she was not sure of the relevance of the Friends and Family Test when patients had to return to hospital to be treated. The Chief of Patient Safety/Deputy Medical Director advised that patients were still able to comment negatively if they felt their treatment had not matched their expectations. Brian Catt informed the Group that he had attended St Peter's the previous week and had received a text asking him for his feedback. Margaret Lenton was concerned that as many patients were elderly and did not always have access to mobile phones it would be difficult to get their feedback in this way and it was agreed that not all feedback could be captured although many avenues were being tried to improve the overall response rate.

Danny highlighted feedback she had received from an acquaintance regarding reception staff's lack of customer service. The Chief of Patient

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Safety/Deputy Medical Director advised that the Trust was faring much better in the patient survey, so hoped that this was just a one off and not the norm. Patient feedback was used as mark of quality and he referred to the "I Want Great Care" initiative which collected and reported real-time patient feedback from many NHS organisations.

Brian queried whether Outpatients fell behind other areas in patient feedback and although the Chief of Patient Safety/Deputy Medical Director did not deliver Outpatient care, he was aware that there was a genuine desire from the Executives to improve customer service. In response to Maurice Cohen's query whether consultants met regularly as their input was important, it was advised that the Chief Executive and Medical Director met with consultants regularly and that the Chief Executive had an "open door" policy. He added that meetings open to all Consultants were not well attended.

The Chief of Patient Safety/Deputy Medical Director turned to the incidents section in the report and further clarification was sought on a few of these. It was agreed that the Chief of Patient Safety/Deputy Medical Director would report further on incident W23442 at the next meeting. **MI**

Discussion around cancer diagnoses took place and it was advised that a substantial number of such diagnoses took place in A&E.

The Group NOTED the Quality Report.

FEEDBACK

PEG-46/15 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that a number of Governors from the Group had attended the recent Quality Workshop which took place on 16th September 2015 together with a couple of members from the Patient Panel. There was a marked absence of stakeholders, ie the Clinical Commissioning Group and Healthwatch. However, the workshop had been a worthwhile session and attendees got a lot out of it. The Quality Team inspired confidence and the enthusiasm from the nurse specialists were clear to see. The Chief of Patient Safety/Deputy Medical Director agreed to pass these comments to the team. It was also agreed to approach the Acting Associate Director of Quality to see if she could contact stakeholders to encourage better attendance at future workshops. **MI**

Keith advised that he and Danny Sparkes attended the public listening event which took place in Knaphill.

Margaret Lenton advised that she had attended the monthly Dementia meeting. The Dementia Team had mentioned how pleased they were with how the Members' Event on Dementia Services had been received and the numbers that attended. Actions that were being undertaken or had been undertaken by the Team included:

- Introducing a dementia friendly bay next year at the Trust.

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- Software had been purchased to help with the work being undertaken.
- Colours being used for crockery were being considered, with blue being the most effective choice since no food was blue coloured.

Margaret added that the team came across as very enthusiastic.

Margaret advised toilet doors were to be yellow in line with the Royal Surrey. Flooring would not have any lines as these often appeared as steps to those with dementia and it was also important that floors were not shiny as this often gave the impression of spilt water to those with dementia.

The team found that legislation often halted the extent of working with carers. Memory cafés were being promoted through fliers and billboards and each area now had a dementia champion.

Danny Sparkes advised that she had attended the recent Diagnostics, Therapies, Trauma and Orthopaedics divisional meeting. Control of infection was discussed and issues relating to toilet blockages.

PEG-47/15 Feedback from Members to Governors Relating to Patient Experience

Godfrey Freemantle advised that he had received positive comments in relation to Audiology and ECG at Ashford Hospital.

Brian Catt advised that he had been made aware that the audio announcements in Outpatients at Ashford Hospital were occasionally sending patients to the wrong areas. Maurice Cohen added that the display screens in Outpatients at St Peter's Hospital were not always up to date. The Group agreed that these issues would be raised at the forthcoming Outpatients Seminar taking place on 26th November 2015. **All**

PEG-48/15 Update on Cancer Services

Sarah Burton, Lead Cancer Clinician and Macmillan Lead Cancer Nurse presented to the Group. Sarah had last attended in April and had been invited to further update the Group. Sarah reminded the Group that she had worked at the Trust for eight years and it was two years ago that she had been asked to be the lead in Cancer Services.

Sarah provided some background on the following:

- National Cancer Strategy being introduced in July 2015
- Two Week Referral pathway and all patients being treated within 62 days
- Working closely with the Clinical Commissioning Group (CCG) by forming a joint Ashford and St Peter's and CCG Cancer Board

The National Cancer Strategy included a number of initiatives which were:

- Prevention

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- Early diagnosis
- Patient experience
- Living with and beyond cancer
- Modernising cancer services
- Commissioning, accountability and provision

In response to Brian Catt's query on radiotherapy provision at Ashford Hospital it was advised there was a MRI scanner there already and a further one was to be acquired. Sarah advised that the Trust was working with the Royal Surrey on the provision at Ashford Hospital. A business case would be required to gain funding for this project.

Sarah reminded the Group of the Trust's position in the bottom 10 of trusts in last year's National Cancer Patient Experience Survey. Since then the service had developed an action plan and worked with St Helen's & Knowsley Teaching Hospitals Trust in Liverpool. The Liverpool trust had scored in the top 10 of trusts in the survey and had spent some considerable time during a recent visit by the team covering what it had done to score so favourably. There was also a CQUIN target now in place. This year's survey was now underway and results were expected early in 2016.

Sarah advised the Improving Cancer Care Action Group (ICCAG) needed further members and that anyone interested should contact her. Brian suggested asking patients if they were interested in becoming members and Sarah said she would take this suggestion back to the group. **All** **SB**

Sarah advised that the service was looking to recruit Macmillan Support Workers to help patients to navigate the system. Sarah further added that an Ashford and St Peter's Cancer and Palliative Care Charity had been set up which had raised £30,000 already through cake sales and other initiatives. The Group echoed Maurice Cohen's sentiments that the Trust did not advertise charity work as much as it should do. The Chief of Patient Safety/Deputy Medical Director advised that this was something the Trust would be working on with the Royal Surrey as the Royal Surrey had a great deal of experience and success in this area.

Sarah was pleased to announce that the service was a finalist in two categories in the National Patient Safety Awards and had delivered a successful Health and Wellbeing Event together with a successful Members' Event. Sarah proceeded to show the Group a video showing highlights of the Health and Wellbeing Event. The next Health and Wellbeing event would be taking place next year in the HG Wells Centre in Woking.

Keith Bradley queried the further use of the Infusion Suite at Ashford Hospital. He was aware that chemotherapy for breast patients was taking place there already. Sarah advised that the Trust was waiting on the Royal Surrey to move forward. She understood there were some issues with providing products via the Royal Surrey's Pharmacy. Sarah also added that there were a number of vacancies at the Royal Surrey and its Aseptic Unit needed updating. The service provision at Ashford Hospital had therefore been delayed till the new year.

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Danny Sparkes understood that the reason the service had scored in the bottom 10 of trusts in the survey was in main due to the Urology service and queried what had been done to rectify this. Sarah advised that the service had since been centralised and the Trust had been successful in its bid for a clinical nurse specialist with interviews taking place that week. This would take the remit up to three clinical nurse specialists. All would be based at St Peter's so they could have close access to patients on the ward. The clinical nurse specialists had also taken part in the visit to St Helen's & Knowsley Teaching Hospitals Trust in Liverpool. The clinical pathway had been thoroughly examined. An event inviting urology patients to provide their feedback would be taking place. Brian relayed a positive experience a friend of his had had when he attended a urology appointment and how it was a marked improvement from his previous visit. Maurice queried whether the service offered a one stop appointment. Sarah advised that the one stop approach worked well in some areas, for example breast, but the nature of urology was such that the one stop approach was difficult due to the number of different diagnoses. The Chief of Patient Safety/Deputy Medical Director added that prostate cancer was a difficult pathway with some patients just being monitored. The pathway provision was also shared with GPs.

Margaret Lenton requested further information on research projects. Sarah advised that there was a clinical trials team and multi-disciplinary meetings took place where information was followed up. There was a limit on the number of trials that could be conducted. Brian queried whether a postcode lottery still existed, ie whether or not patients received the treatment/drugs needed depending on the area they lived in. The Chief of Patient Safety/Deputy Medical Director advised that NICE had removed this and if a drug was recommended it had to be prescribed.

The Group thanked Sarah for her update and requested that she attend the meeting again in early 2016 when the results for this year's National Cancer Patient Experience Survey would be received. **AS**

PEG-49/15 ANY OTHER BUSINESS

Brian Catt thought it would be useful for the Group to learn of the Trust's status, but it was agreed that this may be difficult to communicate when it could change on a daily basis.

The Chief of Patient Safety/Medical Director was able to advise that the Trust was performing well financially and would be in the balance at the end of the month.

Date and Time of Next Meeting

Monday 23rd November 2015, 2.00 – 4.00 pm, Room 1, PGEC, St Peter's Hospital.

Minute **Action**

Dates for 2016

Monday 15th February
Monday 11th April
Monday 6th June
Monday 8th August
Monday 10th October
Monday 21st November

All in Room 1, PGEC, St Peter's Hospital

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

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
17/11/14 + 5/10/15	**PEG-59/14 + PEG-43/15**	**Quality Report – Patient Experience**	Provide a report twice yearly with information on grades, trends and reasons why people were complaining	LD	23/11/15	Postponed to meeting on 23rd November.	✔
10/08/15	**PEG-30/15**	**Dementia Group**	Invite David Sills to PEG in early 2016	AS	1/12/15	Invited	✔
10/08/15 + 5/10/15	**PEG-31/15 + PEG-41/15**	**Radios on Birch Ward**	Seek further clarification on whether the radios would be replaced	LD	23/11/15	Postponed to meeting on 15th Feb 2016.	
5/10/15	**PEG-44/15**	**Feedback from Patient Panel meeting**	Update PEG on outcome of meeting of Alan Witts with Erica Heppleston	MC	23/11/15	Update at meeting on 23rd November.	✔
5/10/15	**PEG-45/15**	**Quality Report – Patient Experience**	Update on incident W23442	MI	23/11/15	Postponed to meeting on 15th Feb 2016	
5/10/15	**PEG-46/15**	**Feedback from Group Members on Recent Visits and Meetings**	Pass PEG comments to the Quality Team and ask Marty Williams to contact stakeholders to encourage better participation at future Quality Workshops	MI + MW	23/11/15	Russell Wernham to take forward	
5/10/15	**PEG-47/15**	**Feedback from Members to Governors Relating to Patient Experience**	Outpatient announcements at Ashford and screen information at St Peter's to be raised at the next Outpatient Seminar	All	26/11/15	Passed to Julie Morland and Mark Hinchcliffe on 5 Nov 2015	✔
5/10/15	**PEG-48/15**	**Update on Cancer Services**	Anyone interested in becoming a member of ICCAG to contact Sarah Burton	All	14/11/15		
5/10/15	**PEG-48/15**	**Update on Cancer Services**	Suggest that ICCAG approach patients to become members of ICCAG	SB	14/11/15		
5/10/15	**PEG-48/15**	**Update on Cancer Services**	Invite Sarah Burton to April PEG to talk about the next round of National Cancer Patient Experience Survey results	AS	11/04/16	Invited	✔

Ashford and St. Peter's Hospitals NHS
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