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

COUNCIL OF GOVERNORS
23rd June 2014

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The draft minutes of the meetings of the Patient Experience Group held on 14th April 2014 and 9th June 2014 are attached. Matters discussed in the meeting on 14th April 2014 included: • Welcoming new member Chris Howorth • Feedback from Patients Panel Meeting • Quality Report – Patient Experience • Patients Association Project • Day Surgery • Shared Care • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors relating to Patient Experience Matters discussed in the meeting on 9th June 2014 included: • Patients Association Project • Day Surgery Lists • Shared Care • Spelthorne Survey Themes • DNA's • Friends and Family Test in A&E • Feedback from Patients Panel Meeting • Quality Report – Patient Experience • Annual Patient Experience Report • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors relating to Patient Experience • Tour of the Cardiac Unit
The Council is asked to:	Note the draft minutes of the meeting of the Patient Experience Group held on 14th April 2014 and 9th June 2014.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	16th June 2014
Decision:	For Noting

Council of Governors

Minutes of the Patient Experience Group
14th April 2014

Level 2 Seminar Room, 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
	Chris Howorth	Appointed Governor – Royal Holloway University of Lon
	Judith Moore	Public Governor – Woking and Guildford
	Sue Harris	Staff Governor – Nursing/Midwifery
	Susan Lockwood	Public Governor – Runnymede
APOLOGIES:	Heather Caudle	Deputy Chief Nurse/Associate Director of Quality
IN ATTENDANCE:	Mick Imrie	Chief of Patient Safety/Deputy Medical Director
	George Roe	Head of Corporate Affairs
	Anu Sehdev	Membership Manager

Minute		**Action**
	Welcome	
	Keith Bradley welcomed Chris Howorth to the Group succeeding Ann Gallagher.	
	Keith also welcomed Mick Imrie to the meeting for two specific items, and who had also kindly agreed to stand in for the Deputy Chief Nurse/Associate Director of Quality for the Quality Report and other related matters.	
	The Group joined Keith in congratulating Sue Harris on completing 25 years' service at the Trust.	
PEG-11/14	**Minutes of Previous Meeting**	
	The minutes of the meeting held on 10th February 2014 were agreed as a correct record.	
PEG-12/14	**MATTERS ARISING**	
	The Head of Corporate Affairs advised that Jane Shipp at Healthwatch Surrey had been invited by Heather Caudle and George Absi, Head of Accreditation and Regulation, to attend PEG but no response had yet been received. The Head of Corporate Affairs would follow up with this.	**GR**
	Godfrey Freemantle reiterated his request for clarification for the delay in reporting an incident whereby a fractured femur resulted from a fall. It was advised that the Deputy Chief Nurse/Associate Director of Quality would be asked to report back to the Group at the next meeting.	**HC**

Minute **Action**

REGULAR ITEMS

PEG-13/14 Feedback from Patients Panel Meeting

Maurice Cohen, Chair of the Panel, presented highlights from previous meetings. Di Lashbrook, Clinical Nurse Leader for Ambulatory Care, had undertaken a presentation on the new Outpatients Department at Ashford Hospital. One issue that arose was around the information requested via the Self Check-In process being too personal. Godfrey Freemantle advised that the system had now been updated to remove the request for information of a personal nature.

Maurice advised that Simon Marshall, Director of Finance and Information, gave a presentation on how the Trust was working towards paperless solutions, similar to that presented to the Council of Governors.

Finally, Maurice advised that there had been no further progress on a joint meeting with the Patients Panel and Patient Experience Group with a mediator to look at the remits of both groups and how they could work together. The Head of Corporate Affairs would follow up on this. **GR**

Following on from the above, and briefly in answer to Chris Howorth's general enquiry about the two groups, Keith Bradley added that the Patient Experience Group encouraged feedback from members and other patient contacts and helped to understand and improve the patient experience. This was a regular item later in the meeting. Complaints were not dealt with by the Governors but were referred to the Trust's complaints process.

PEG-14/14 Quality Report – Patient Experience

Godfrey Freemantle reiterated his request, as in minute PEG 13/63, that future reports include a mention of Serious Incidents Requiring Investigation (SIRIs). The Head of Corporate Affairs advised that he would follow this up. **GR**

The Chief of Patient Safety/Deputy Medical Director presented highlights from the report. He advised that formal complaints were above the trajectory figure for the year and the Trust's aim to reduce complaints had not happened. Complaints related more to outpatient episodes rather than inpatient. The Chief of Patient Safety/Deputy Medical Director felt there was a real opportunity to improve the process in outpatients as this was relatively easier to remedy than nursing processes. It was confirmed that the Trust had set a target to reduce pressure ulcers to zero within three years and Sue Harris advised that relatively few complaints related to pressure ulcers. Sue further advised that she had undertaken a presentation at IGAC with a colleague from Kingston Hospital to compare pressure ulcer cases and analyse the problems.

The Chief of Patient Safety/Deputy Medical Director confirmed the importance of learning from complaints and reducing them.
Maurice Cohen highlighted the importance of new staff being made aware of the expectations of the Trust and of how we cared for patients and the Group agreed that staff should be aware of Trust standards. Since the Francis Report and the Trust's 4Ps, staff should feel empowered to speak up when standards fell below those expected.

The Group discussed the significance of keeping the patient informed which in turn helped to reduce the number of complaints.

The Chief of Patient Safety/Deputy Medical Director advised that there had been a slow improvement in the Friends and Family Test since the inclusion of Maternity. It was considered that this may be due to some apathy from patients in having to complete yet another survey.

The Chief of Patient Safety/Deputy Medical Director agreed to look at the Friends and Family Test for A&E and advised that if he found anything interesting would report back at the next meeting. **MI**

The Group agreed the report on the Audit of Carers of People with Dementia be looked at alongside the final report resulting from the Patients Association's findings. Chris Howorth highlighted question 8 in the questionnaire relating to Trust support and how "completely satisfied" and "satisfied, but could be better" had been combined together when this was not a true reflection of feelings as the second statement was not as positive as the first and should remain on its own. Hence only 29% of carers were completely satisfied with Trust support and another 38% felt the Trust could do better.

The Group agreed that the Patients Association findings should be reported on independently without a comparison against the Trust's audit in order to ensure a true reflection without any bias.

FOCUS TOPICS

PEG-15/14 Patients Association Project

Keith Bradley advised that the project had now concluded and that a final report from Celia Turnbull, Project Manager at the Patients Association, was expected in May. The three Governors taking part were disappointed that only 18 carers had been interviewed as it had been hoped that at least 25 carers would participate. It would appear that co-operation from the wards was not always forthcoming with interviewers often told there were few people available to interview. Keith had taken part in the Trust's Spring to Green initiative with the hope that he would come into contact with carers, but although the ward he was placed on had a number of patients with dementia, there were no visitors or carers present on the day. Judith Moore advised that she spent a day in hospital without being able to interview anyone.

It was clarified that the aim of the project had been to identify a pattern from the results in order to develop a learning tool for dissemination to the whole Trust. The decision to join the Patients Association was to highlight how significant the Trust felt the patient experience was and the project was part of the membership package. The Group considered the possibility that choosing carers for dementia patients had not necessarily been the best option from the original list, although it did have the strong support of nursing management and also from Dr Nari, Lead Consultant in Elderly Care.

Chris Howorth advised that the two universities the Trust was aligned with **CH**

could also provide research facilities and he would look into whether the Royal Holloway had done similar work with other trusts.

PEG-16/14 Day Surgery (Minute PEG 65/13 refers)

Brian Catt clarified that the day surgery issue was highlighted in the brief notes from a closed board meeting which had been forwarded to the Governors. The issue was about day surgery patients having to arrive at the same time in the morning regardless of when in the day they were due to be operated on. The Chief of Patient Safety/Deputy Medical Director advised he had been made aware of this issue about two or three years ago when he was Divisional Director of Theatres. He was aware that the thinking behind this process was that some patients needed extra time to prepare for surgery, for example in relation to the provision of an anaesthetic. There was also anxiety from surgeons that there might not be the right equipment for the first few patients and this may result in no one to operate on for a period of time, thus wasting time and resources. Hence, minor day cases were told to present early in the morning, but would not necessarily be operated on until the afternoon.

The Chief of Patient Safety/Deputy Medical Director thought that this issue had been resolved with patients arriving in two batches so no one went without food for too long. He advised that it was not up to individual surgeons how to organise a theatre list and he would need to find out in which areas this was an issue. The Chief of Patient Safety/Deputy Medical Director advised that he would look into this further by examining theatre lists and would provide an update on how the situation had been resolved. **MI**

PEG-17/14 Shared Care (Minute PEG 7/14 refers)

Maurice Cohen briefly highlighted shared care whereby patients held their own personal medical records and became more responsible for their care resulting in less visits to A&E or their GP. Patients were also able to make an informed choice on which hospital to attend.

Maurice had spoken with Dr Simon Gabe, Consultant Gastroenterologist at St Mark's Hospital (now part of Northwick Park Hospital), who had experience of shared care and although he had offered to come to the Trust to talk about the process, his invitation had not as yet been taken up. The Chief of Patient Safety/Deputy Medical Director advised that he was aware of the work undertaken by St Mark's Hospital but was also aware that it had taken almost 20 years to arrive at this stage. Many cultural changes had been made over a lengthy period of time.

The Group agreed that the Chief of Patient Safety/Deputy Medical Director would speak with the gastroenterologists here and then approach Dr Gabe on how to move forward with this initiative. **MI**

FEEDBACK

PEG-18/14 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that besides the involvement of Governors in the Patients Association project, two members' events had been attended on

Vascular Surgery and Eye Treatments, both of which were very interesting and well attended by members. Three Governors had taken part in the Spring to Green initiative whereby they offered their services as Ward Liaison Officers for the day to help resolve minor issues which would usually take medical staff away from direct patient care. The Staff Awards ceremony was attended by several Governors taking place at Oatlands Park Hotel in Weybridge. Finally, the recent Quality Workshop was attended by a few of the Governors, all of whom were members of the Patient Experience Group.

Susan Lockwood advised that the Runnymede Governors had held a Drop In session in the community, but unfortunately there was no attendance from members.

Judith Moore advised she had attended a ward round with Dr Brendan Affley, Lead Consultant for Stroke, which she found very interesting. .

PEG-19/14 Feedback from Members to Governors relating to Patient Experience

Keith Bradley advised that he had been told of two cases when care had been very good – one patient was admitted direct to MAU, bypassing A&E and received excellent care during their two day stay. Another patient had to have a c-section for delivering a premature baby and stayed for a period of one week in hospital which enabled the mother and father feel a lot more confident in caring for their baby.

Chris Howorth advised that he been made of aware of three or four cases when initial treatment had been good but follow-up was poor. Letters advising of multiple appointments for the same condition were received. One patient received four different follow-ups appointments, with one follow-up appointment letter arriving half an hour after the appointment had taken place. When this was queried with the hospital they could only reschedule the appointment in a month's time.

Chris further highlighted a case whereby an acquaintance had suffered a seizure and was advised to abstain from certain things and that he would receive an appointment soon. However, this patient was yet to receive an appointment but was not chasing this up as to chase up would mean having to face the condition. Furthermore, this patient has begun doing the things they were told to avoid.

Godfrey Freemantle highlighted a member's feedback at a recent members' event whereby the patient had received two appointments, one at St Peter's for 9.20 am and another for Ashford for 9.30 am.

The Group agreed that patients received good care but on occasions follow-up processes were letting the Trust down. It was important to find out how wide-spread this was and what could be done to improve the situation.

The Chief of Patient Safety/Deputy Medical Director advised there were a lot of small episodes in the outpatient process and it was a difficult one to deal with. The Trust's current DNA (Did Not Attend) rate was 6 – 10%. The Chief of Patient Safety/Deputy Medical Director agreed to seek IT advice on the outpatient process. **MI**

Minute		Action
	Brian Catt advised that he had spoken to the Deputy Chief Nurse/Associate Director of Quality about a case of an exhausted mother who had just given birth to a baby. The sleep deprived father was left standing holding the baby immediately after delivery with nowhere to sit or safe to put the baby down after birth prior to moving to the ward.	
	Susan Lockwood advised that she had received a comment from a volunteer about the state of Medical Records at St Peter's Hospital.	
	Brian Catt highlighted a survey sent to Spelthorne members on email. The Group discussed the survey and it was agreed that the additional comments at the end required further examination and the Chief of Patient Safety/Deputy Medical Director and Chris Howorth agreed to meet to discuss the best way to conduct the investigation.	**MI & CH**
PEG 20/14	**Any Other Business**	
	Brian Catt advised that he had written a cardiovascular article for the next edition of Members' Matters, following the request made by Consultants at the members' event to give full support to the specialty remaining as a service within the Trust.	
	Brian also raised his concern around the difficulty for deaf people to communicate with the Trust and that this had been raised at a recent meeting at Sunbury Health Centre and had also been highlighted in the Spelthorne survey. The Head of Corporate Affairs agreed to speak with Darren Baber, Telecommunications and Technical Services Manager, to see what was in place to aid communication and what could be done to improve it.	**GR**
	Chris Howorth gave his apologies for the next PEG taking place on 9th June 2014.	
	In conclusion the Chair thanked everyone for their contributions to the meeting, making special mention of the attendance of Mick Imrie which had been exceptionally helpful.	
	Dates of Meetings for 2014 – All 2.00 – 4.00 pm in the Level 2 Seminar Room, St Peter's Hospital (please note change of venue)	
	9 June 11 August 6 October 17 November (NB: a week earlier than previously arranged)	

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
9/2/13 + 14/4/14	**PEG–62/13 + PEG-12/14**	**Feedback from Patients Panel Meeting**	Invite Jane Shipp to PEG/speak to Heather Caudle about inviting a colleague from Healthwatch Surrey	HC	ASAP	Contact made with Healthwatch. Agreement for attendee at August PEG.	
14/4/14	**PEG-12/14**	**Matters arising – Quality Report**	Report on why there was a delay in reporting incident 10 around a fractured femur resulting from a fall.	HC	9 June 2014	Verbal update as part of Quality Report (item 4.2)	
14/4/14	**PEG-13/14**	**Feedback from Patients Panel Meeting**	Discuss potential joint meeting of PP and PEG and how to work together	LD	ASAP	Louisa Daly to provide update.	
14/4/14	**PEG-14/14**	**Quality Report – Patient Experience**	Include SIRIs in report	GR	9 June 2014	Included in Quality Report.	✔
14/4/14	**PEG-14/14**	**Quality Report – Patient Experience**	Examine results from F&F test in A&E and report back at next meeting	MI/HC	9 June 2014	Verbal update as part of Quality Report (item 4.2)	
14/4/14	**PEG-15/14**	**Patients Association Project**	Look at whether the Royal Holloway had done a similar research project at another trust	CH	9 June 2014	Deferred to August meeting. CH unable to attend. KB to provide update on project.	
14/4/14	**PEG-16/14**	**Day Surgery**	Examine theatre lists to decide on how to improve the situation	MI	9 June 2014	Matters Arising	
14/4/14	**PEG-17/14**	**Shared Care**	Speak with the gastroenterologists and approach Dr Gabe	MI	ASAP	Matters Arising	
14/4/14	**PEG-19/14**	**Feedback from Members to Governors relating to Patient Experience**	Seek advice from IT on outpatient process	MI	ASAP	To be discussed at 23/06/14 Council of Governors. Brought back to PEG if needed.	
14/4/14	**PEG-19/14**	**Feedback from Members to Governors relating to Patient Experience**	Meet to examine additional comments in the Spelthorne Survey	MI and CH	ASAP	Review of themes conducted by MI. Reported under Matters Arising.	
14/4/14	**PEG-20/14**	**Any Other Business**	Speak with Darren Baber about facilities for deaf people	GR	ASAP	Darren Baber provided Trustnet link where Telecoms display their support information. http://trustnet/departments/facilities/resources.html	✔

Council of Governors

Minutes of the Patient Experience Group
9th June 2014

Level 2 Seminar Room, St Peter's Hospital
14:00 – 16:00 hours

PRESENT:	Keith Bradley (Chair)	Public Governor – Woking and Guildford
	Maurice Cohen	Public Governor – Woking and Guildford
	Godfrey Freemantle	Public Governor - Hounslow
	Sue Harris	Staff Governor – Nursing/Midwifery
	Judith Moore	Public Governor – Woking and Guildford
	Susan Lockwood	Public Governor – Runnymede
APOLOGIES:	Brian Catt	Public Governor – Spelthorne
	Heather Caudle	Deputy Chief Nurse/Associate Director of Quality
	Chris Howorth	Appointed Governor – Royal Holloway University of Lon
	George Roe	Head of Corporate Affairs
IN ATTENDANCE:	Louisa Daly	Head of Patient Experience and Involvement (from minute 29/14 onwards)
	Mick Imrie	Chief of Patient Safety/Deputy Medical Director
	Anu Sehdev	Membership Manager

Minute **Action**

PEG-21/14 **Minutes of Previous Meeting**

The minutes of the meeting held on 14th April 2014 were agreed as a correct record.

MATTERS ARISING

PEG-22/14 **Patients Association Project**

Keith Bradley confirmed the date for the feedback session had been arranged for 15th July at 3.30 pm. A hard copy of the draft report was provided to the Group. It was confirmed that Patient Panel members involved in the project, Sue Hardy, Clinical Nurse Leader for Medicine, Adam Swift, Clinical Nurse Leader for Opal and key medical personnel had been invited to the session. It was suggested that those involved from the Alzheimer's Café be invited and the Membership Manager agreed to contact Celia Turnbull, Project Manager for the Patients Association, in order to get names and contact details. **AS**

PEG-23/14 **Day Surgery Lists**

The Chief of Patient Safety/Deputy Medical Director advised that upon further investigation it had been highlighted that the Trauma and Orthopaedic Division had an issue with requesting day surgery patients arrive at the same time in the morning regardless of when they were due to be operated on. It was highlighted that this should not happen and that there should be separate admission times for the morning and afternoon operating lists. It was understood that occasionally the right type of equipment would not be available for a morning procedure and this would then need to be postponed to the afternoon. The Chief of Patient Safety/Deputy Medical Director advised that he would follow this up at the next round of divisional performance meetings. **MI**

Minute		Action
PEG-24/14	**Shared Care** The Chief of Patient Safety/Deputy Medical Director advised that he had been unable to contact Dr Simon Gabe, Consultant Gastroenterologist at St Mark's Hospital. However, he had spoken with Dr Stephen Evans, Lead Consultant Gastroenterologist, who had indicated some interest in shared care. The Chief of Patient Safety/Deputy Medical Director advised that he would speak with Dr Evans again to further encourage contact with Dr Gabe. Maurice Cohen advised that he had been in contact with Dr Gabe recently and had been told of a meeting Dr Gabe had attended via teleconference between St Mark's Hospital and a hospital in Tunbridge Wells.	**MI**
PEG-25/14	**Spelthorne Survey Themes** The Chief of Patient Safety/Deputy Medical Director advised he had read through the feedback and made a list of concerns he felt required further investigation but was yet to meet up with Chris Howorth. It was advised that he would update the Group at the next meeting.	**MI**
PEG-26/14	**DNAs (Did Not Attend)** The Chief of Patient Safety/Deputy Medical Director advised that he had examined DNAs over a two year period and undertaken a comparison with other similar sized trusts. The other trusts had shown a slightly greater improvement in their DNA rates than ASPH. Maurice Cohen highlighted a personal experience of a letter arriving on the day of the appointment and indicated that if this was a common occurrence then this may be the reason for the numerous DNAs. It was important that patients received advance notice of appointments. Keith advised that Outpatient Services would be discussed in greater detail at the next Council of Governors. It was recognised that patients attending clinics of more than one consultant often experienced more chaotic communication. The Chief of Patient Safety/Deputy Medical Director advised that he had discussed the DNA concern with IT and he would follow this up and feedback to the Group.	**MI**
PEG-27/14	**Friends and Family Test in A&E** The Chief of Patient Safety/Deputy Medical Director advised that the Trust had been one of the preliminary providers of Friends and Family testing and had initially been ahead in its response rate. However, as other trusts began incorporating the test and caught up, the Trust had fallen back. The Trust also had an under-average net promoter score. The Trust was aware of this issue and was looking at providing hospitality training to staff to improve interaction with patients. It was considered that patients were becoming over-loaded with numerous tests/questionnaires to complete. It was also noted that A&E patients were not generally responsive. The Trust fared somewhat better in the inpatient response and net promoter score. The Group emphasised with pressures on staff in A&E and considered the doctor patient relationship was more personal and not necessarily comparable to a business client relationship. The Chief of Patient Safety/Deputy Medical Director indicated that there was still more that could be done to improve the Trust's response rate and	

score.

Keith Bradley highlighted a recent occurrence when, even though the A&E staff were exceptionally busy, they took some considerable time and effort in trying to locate a lost coat belonging to a patient who was subsequently admitted. The doctor who had treated the patient happened to see the husband of the patient making the enquiry and stopped to ask how his wife was progressing on the ward. Although the coat was not found (and the Trust will replace it) the attention received in A&E, coupled with very good care on the ward, demonstrated an excellent experience overall for this elderly couple.

REGULAR ITEMS

PEG-28/14 **Feedback from Patients Panel Meeting**

Maurice Cohen, Chair of the Panel, presented highlights from previous meetings.

It was advised that Diana Moran, also known as the 'Green Goddess' during the 1980s on BBC's Breakfast Time and who is also a member of the Patient Panel and the Falls Committee, was developing an exercise DVD geared towards patients who have had or are likely to suffer a fall.

Maurice advised that one of the Patients Panel members had regularly attended the Quality Governance Committee which had previously met once a month but now met once a quarter. The monthly meeting had a full attendance but since it only met once a quarter, attendance had reduced.

The Chief of Patient Safety/Deputy Medical Director advised that the Quality Governance Committee fed-back to the Integrated Governance Assurance Committee (IGAC). The Risk Scrutiny Committee and Complaints Monitoring Group also provided feedback to IGAC. The Quality Department realised that the sub-committees were not working as well as they had previously done and Philip Beesley, Chair of IGAC, had suggested he attend the sub-committees. Already an improvement in the Risk Scrutiny Committee had been noted and the Quality Governance Committee was next in line. The Chief of Patient Safety/Deputy Medical Director agreed to report back on progress in two months' time. **MI**

Maurice advised that the Deputy Chief Nurse/Associate Director of Quality had outlined to the Panel the idea of the Secret Shopper possibly being introduced in the hospital. This was whereby a person had a hidden camera and played the role of a patient. All interactions were recorded.

The Group considered the Trust already had enough information available to it and that action should be taken on the concerns highlighted already. PLACE visits remained a useful information gathering exercise.

The Chief of Patient Safety/Deputy Medical Director advised that the Deputy Chief Nurse/Associate Director of Quality was highlighting the Secret Shopper idea by attending various meetings and would gauge people's views on the proposal.

PEG-29/14 **Quality Report – Patient Experience**

The Chief of Patient Safety/Deputy Medical Director advised that the Trust had been awarded the CHKS Top 40 Hospital Award and had been short-listed for the Data Quality and Quality of Care awards.

The WOW! Staff Awards continued to be successful and it was good that staff were recognised for their extra contributions.

The Chief of Patient Safety/Deputy Medical Director advised that complaint numbers continued to rise. The Quality Department was unsure as to the reasons for the increase but it could be due a small rise in activity and an increased expectation/awareness of quality of care.

The Group discussed the safety thermometer which showed the comparison with Royal Surrey and highlighted that Royal Surrey performed less well than Ashford & St Peter's in patients with new harms, pressure ulcers and incidents of catheter acquired UTIs. The Chief of Patient Safety/Deputy Medical Director advised that a lot of work had been done to improve pressure ulcers at the Trust, with no serious pressure ulcers recorded in six weeks. Sue Harris advised that Stage 1 & 2 pressure ulcers were being picked up much sooner and as a result major harms had reduced. The Trust's three year pressure ulcer trajectory was 0. The Trust had recently improved upon its outcomes on catheter UTIs and learning had been shared with Royal Surrey.

It was advised that Royal Surrey was one of the first trusts to undergo a four day CQC inspection and had been given a 'clean bill of health'. It was recognised that the proposed merger was one of equal organisations and both had been awarded the Top 40 CHKS Award. It was anticipated that the merger would improve standards and would be good for patients as more services could be offered locally. The general feeling amongst clinicians was that it was a good opportunity. It had been recognised that doctors and nurses did not lose their jobs as a result of mergers. The cutbacks were generally in 'back office' functions.

It was clarified that the partnership would reapply for foundation trust status at the same time as moving ahead with the merger. The Group recognised that the merged trust would have a new name which could have a significant effect in the publicity surrounding the whole exercise.

The Chief of Patient Safety/Deputy Medical Director moved onto the Serious Incidents Requiring Investigation (SIRIs) and highlighted two cases.
The Head of Patient Experience and Involvement provided some further input into the complaints process. It was explained that the process had been devolved to the divisions and the process was particularly time-consuming for the Associate Directors of Nursing. It was understood that in the past complaints had not been recorded accurately but this had now improved and may explain the rise in complaints. The Head of Patient Experience and Involvement was currently looking at the PALS conversion rate to complaints as it was clear that a lot could be done at the PALS stage to avoid issues becoming more formal.

The Group queried whether the PALS Office was fully staffed and the Head of Patient Experience and Involvement, being very new to the Trust and not knowing the exact staffing level, could not answer that. However, she advised that she was aware that more training was required in the handling of concerns and the need to defuse at the point of the call before automatically diverting to the divisions.

The Chief of Patient Safety/Deputy Medical Director further highlighted that the Inpatient Survey which reflected that patients felt the food was much improved. The Trust was in the bottom quartile in relation to doctor communication to patient, talking over the patient during ward rounds, privacy and explanation of drugs. The Group considered the provision of a chart to take home explaining drugs and doses and it was advised that Pharmacy should be able to do this.

Minute		Action
PEG-30/14	**Annual Patient Experience Report** The Group noted the summary of data over the year.	
	FEEDBACK	
PEG-31/14	**Feedback from Group Members on Recent Visits and Meetings** It was advised that several Governors had undertaken a tour of the new midwifery led unit, now called the ABC (Abbey Birth Centre). The Chief of Patient Safety/Deputy Medical Director advised that 49 patients had now gone through the unit. Judith Moore and Susan Lockwood advised they had been involved in the recent PLACE inspection and whilst visiting the Atrium area at Ashford Hospital were alarmed by the high temperature in the area. The Membership Manager advised that she was aware that the department intended to purchase blinds to help alleviate the heat and would check on progress. During the PLACE inspection, Dickens Ward had been visited and facilities were found to be excellent. Generally, Ashford Hospital was found to be spotless, if a little 'tired' looking. The Group agreed that Ashford Hospital was greatly under-utilised and that going forward many more services would be undertaken there. It had been further highlighted that Main Entrance would be remodelled and the area opened up. Godfrey Freemantle noted that the car park had issues with visitors driving in and exiting the car park using the same lane in the disabled parking area. The Trust's intention to reinstate charges for disabled patients/visitors for parking was discussed. It was agreed that these had been reinstated as substantial improvements had now been made to the disabled spaces provision. Judith Moore advised that she would endeavour to attend the Carers' Café on Wednesday 10th June. The Governors had been invited to attend the North West Surrey CCG Stakeholder Engagement Event taking place on Tuesday 10th June and Keith Bradley, Judith Moore, Samantha Lamb and Maurice Cohen had agreed to attend.	**AS**
PEG-32/14	**Feedback from Members to Governors relating to Patient Experience** Susan Lockwood highlighted a case whereby a patient had a hysterectomy and found the food below standard. The Group agreed that this was a matter of personal opinion as the many patients had recently indicated that the standard of food had improved greatly. Judith Moore highlighted a case whereby a patient had suffered a fall and after being discharged from hospital found the standard of support available at home to be exemplary. The Chief of Patient Safety/Deputy Medical Director advised that this was the result of the new Early Assisted Discharge process which ensured that patients were discharged early but had the appropriate level of support when they returned home.	
PEG 33/14	**Any Other Business** Keith Bradley, belatedly, was able to introduce Louisa Daly, Head of Patient Experience and Involvement, to the Group and offered her a warm welcome.	

Minute **Action**

Keith Bradley also advised that this was Susan Lockwood's last meeting as she had had to resign due to her relocating out of the area. The Group thanked Susan for her contribution and wished her well with her move.

Keith Bradley suggested that Margaret Lenton, Public Governor for Windsor and Maidenhead, be invited to be a member of the Group as she had had a lot to do with patient experience initiatives and had expressed an interest in helping to improve the patient pathway. **AS**

PEG 34/14 **Tour of the Cardiac Unit**

Mimi Parker, Service Manager for the Cardiac Unit, provided a tour of the unit explaining that the department currently had patients in and that only a few areas would be visited.

Mimi explained that the new Cardiac Unit was opened in October 2013 and cardiac services were provided by InHealth, a private diagnostic services provider, which included equipment (provision and maintenance), all consumables, radiographers, nurses and administration staff. The Trust provided the operators,/doctors and physiologists. InHealth leased the unit and charged the Trust per patient procedure. It was further added that the unit was CQC registered and audited by the CQC separately and key performance indicators had to be met.

The Cardiac Unit had two wards with 5 beds each for day case procedures, one ward being for male patients and the other for female patients. Up to 10 patients are booked on a daily basis; procedures included angiograms, angioplasties and electrophysiological studies.

Mimi advised that the unit saw even more patients than when she came into post over a year ago. On average, the unit undertakes between 320 and 350 procedures per month, compared to the previous year when monthly activity ranged between 280 to 290 procedures. October 2013 was the unit's busiest month.

It was the unit's intention to introduce new procedures and provide an increased out of hours service. Mimi added that InHealth had successfully provided cardiac services to the Trust for over 14 years.

Mimi highlighted that should the Trust request further support in relation to the merger, InHealth would meet extra demand by extending working hours. The Cardiac Unit already provided 24/7 on-call care.

The Group was shown the patient kitchen area with a temperature controlled fridge. The Group visited a pre-assessment room and Mimi advised that a checklist had to be completed before a procedure was undertaken. The Nurses' Station was on the ward and all patients could be visualised from this area.

Nursing staff ranged from Band 5 – 7 and competencies were required and there was a three month probationary period. The unit currently had 24 staff and it was anticipated that it would grow. Mimi was pleased to advise that the unit did not have a high turnover of staff. Staff normally left when wanting to progress further in their career.

Mimi's background was six years in project management in the NHS before working for InHealth.

It was advised that patients were encouraged to complete a patient satisfaction

questionnaire and the unit had a 75% return rate. The unit only received two complaints to date.

Mimi was pleased to advise that the unit had been nominated for the Health Investors Award for its joint partnership with the Trust and Dr Adam Jacques, Lead Consultant Cardiologist, would be representing the Trust and Mimi the unit at the presentation evening.

It was further added that the unit worked within the confines of the NHS and that Mimi met with Marian Winsall, Service Manager for Medicine, once a week. Attendance at Trust MDT meetings was also required.

Two procedures previously undertaken elsewhere would be returning to the unit and these were:

- AF Ablation
- Rotablation

It was advised that InHealth was an American company and was more widely known for the provision of MRI/CT services.

The Group thanked Mimi for the tour and her in-depth explanation of the services the unit provided.

Dates of Meetings for 2014 – All 2.00 – 4.00 pm in the Level 2 Seminar Room, St Peter's Hospital (please note change of venue)

11 August
6 October
17 November (NB: a week earlier than previously arranged)

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
14/4/14	PEG-12/14	**Matters arising – Quality Report**	Report on why there was a delay in reporting incident 10 around a fractured femur resulting from a fall.	HC	9 June 2014 Postponed to 11 Aug 2014	Verbal update as part of Quality Report (item 4.2)	
14/4/14	**PEG-13/14**	**Feedback from Patients Panel Meeting**	Discuss potential joint meeting of PP and PEG and how to work together	LD	11 Aug 2014	Louisa Daly to provide update.	
14/4/14	**PEG-15/14**	**Patients Association Project**	Look at whether the Royal Holloway had done a similar research project at another trust	CH	9 June 2014	Deferred to August meeting. CH unable to attend. KB to provide update on project.	
14/4/14	**PEG-19/14**	**Feedback from Members to Governors relating to Patient Experience**	Meet to examine additional comments in the Spelthorne Survey	MI and CH	ASAP	Review of themes conducted by MI. Reported under Matters Arising.	
9/06/14	**PEG-22/14**	**Patients Association Project**	Membership Manager to contact Celia Turnbull to get names of those involved from the Alzheimer's Café	AS	ASAP	Contacted and awaiting names	
9/06/14	**PEG-23/14**	**Day Surgery Lists**	Update Group on Day Surgery lists	MI	11 Aug 2014		
9/06/14	**PEG-24/14**	**Shared Care**	Speak with Dr Evans about contacting Dr Gabe	MI	ASAP		
9/06/14	**PEG-25/14**	**Spelthorne Survey Themes**	Update the Group	MI	11 Aug 2014		
9/06/14	**PEG-26/14**	**DNA's**	Update the Group	MI	11 Aug 2014		
9/06/14	**PEG-28/14**	**Feedback from Patients Panel Meeting**	Report on progress with the Quality Governance Committee	MI	11 Aug 2014		
9/06/14	**PEG-31/14**	**Feedback from Group Members on Recent Visits and Meetings**	Progress on purchasing blinds for the Atrium area	AS	ASAP	Blinds to be installed late June with most of funding coming from the Chief Exec Trust Fund and Stroke Klub	
9/06/14	**PEG-33/14**	**Any Other Business**	Invite Margaret Lenton to be a member of PEG	AS	ASAP	Agreed	✔