COUNCIL OF GOVERNORS
17h June 2015

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 13th April and 1st June 2015 are attached. Matters discussed in the meeting on 13th April 2015 included: • Cancer Services • Way Finding Maps • Demonstration of Patient Safety Pages on the Intranet • Quality Report – Patient Experience • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors Relating to Patient Experience Matters discussed in the meeting on 1st June 2015 included: • Dementia Care • Ash and Oak Wards Update • Feedback from 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 • Pathology Tour
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 13th April and 1st June 2015.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	June 2015
Decision:	For Noting

Council of Governors

Minutes of the Patient Experience Group
13th April 2015

Room 1, PGEC, 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
	Sue Harris	Staff Governor – Nursing/Midwifery
	Chris Howorth	Appt Governor – Royal Holloway University of London
	Margaret Lenton	Public Governor – Windsor and Maidenhead
	Judith Moore	Public Governor – Woking and Guildford
	Danny Sparkes	Public Governor - Runnymede
IN ATTENDANCE:	Sarah Burton	Lead Cancer Clinician/Lead Nurse Cancer & Palliative Care
	Louisa Daly	Head of Patient Experience and Involvement
	Andrew Grimes	Head of Capital Development
	Mick Imrie	Chief of Patient Safety/Deputy Medical Director
	Anu Sehdev	Membership and Engagement Manager
	Marty Williams	Acting Associate Director of Quality

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PEG-9/15 Minutes of Previous Meeting

The minutes of the meeting held on 9th February 2015 were agreed as a correct record. The updated Action Log was noted.

Introductions were made for the benefit of the two guests attending: Sarah Burton and Andrew Grimes. Keith Bradley also provided a brief synopsis on the Patient Experience Group's membership and remit.

MATTERS ARISING

PEG-10/15 Cancer Services

Keith Bradley welcomed Sarah Burton to the meeting and advised that the Group had wanted to follow-up on the Cancer Survey results received last year.

Sarah provided some background on the National Cancer Patient Experience Survey and advised that the survey had been conducted by Quality Health during 2013, the results of which had been provided to the Trust in September 2014. This was the fourth survey of its kind and had examined 153 acute and specialist NHS trusts in England that provided adult acute cancer services and feedback was requested from a sample of patients. Results were used to RAG rate the Trust and Ashford and St Peter's had come out in the bottom 10 of trusts. Although Sarah had not

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been in post at the time of receiving the results, she advised she was aware that the Team had been devastated with the results and an analysis had been undertaken. It was found that 215 patients had taken part in the survey at Ashford and St Peter's and a response from at least 20 patients to each category was required. It was highlighted that Urology had scored poorly in the survey.

In response a more robust staffing structure was put in place to ensure adequate cover during periods of leave. Clinical Nurse Specialists were recruited to support the patient journey in palliative care, lung cancer, urology and acute oncology. Urology services had been transferred to St Peter's Hospital and access had been improved for patients seeking appointments and thus avoiding the need to attend A&E.

Furthermore, Cancer Services had applied to be part of a NHS England project and had been buddied with St Helen's & Knowsley Teaching Hospitals Trust in Liverpool as one of the top 10 cancer service providers. Staff from Ashford and St Peter's would be visiting St Helen's during April or May.

Judith Moore advised that St Luke's Cancer Centre at the Royal Surrey had a strong Urology service and queried why the Trust was not working with St Luke's to help improve the Urology service provided at Ashford and St Peter's and why it was working with a trust further afield. Sarah advised that as part of the project the Trust did not have choice in the selection of buddy. However, Sarah reassured the Group that the Trust was also working closely with St Luke's Cancer Alliance (involving several hospitals), which had recently reformed, to understand how to improve the service provided at the Trust. These meetings were attended by Oncologists and Clinical Nurse Specialists.

Sarah advised that a business case is being presented to Macmillan Cancer Support in order to secure funding for two full time cancer co-ordinators over two years and it was hoped that this funding would be secured during the middle to the end of the year.

Sarah further advised that an action plan was in place and would be happy to share this with the Group and the Membership and Engagement Manager agreed to forward this on. It was also advised that regular Cancer Steering Group meetings took place. **AS**

Sarah went onto highlight the further developments at Ashford Hospital in April 2013 which had included the provision of Chemotherapy Closer to Home. The first phase had gone well with patients with breast cancer being offered chemotherapy and there were now 30% more patients using the service. Sarah and her team had undertaken their own patient experience survey at Ashford and initial feedback had been good. The team was now looking to expand the service in other tumour groups. Maurice Cohen queried who ran this service and Sarah advised that staff from Ashford and St Peter's did, however, the Oncologist who ran clinics twice a week was from St Luke's Cancer Centre. Chris Howorth queried whether the expansion would take place now or when the merger was finalised. Sarah

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advised that the expansion would take place regardless and added that the Royal Surrey had also committed to working with Surrey and Sussex Healthcare NHS Trust (SASH) and Frimley NHS Foundation Trust.

Margaret Lenton advised that she had attended the recent members' meeting on Cancer Services which she found superb. The difficulty in obtaining a GP early diagnosis was highlighted and Margaret queried what the team was doing to resolve this and welcomed some input into the innovative trials the Trust was undertaking. Sarah advised that it was clear that detection rates were not as good as other European countries, and in realisation of this the Team was working closely with the Macmillan GP who, in turn, worked closely with GPs on the Two Week Referral (TWR) process. The Macmillan GP regularly communicated with GPs to highlight cancer and examine the model of care. It was envisaged that the Oncology Service would increase from 5 to 7 days and that GPs would have a point of contact at the Trust to seek advice and, thus, increase their expertise.

Maurice Cohen highlighted that the cancer suspicion rate had increased and had resulted in an increase in referrals needing to comply with the TWR. It was apparent that capacity would need to be increased to accommodate the increase in referrals. Maurice highlighted a model of care he was aware of in Urology where one-stop clinics had been developed, for example investigations, results and consultations undertaken on the same day. Sarah advised that a lot of work had been undertaken in the urology pathway, although there was some difficulty in meeting the TWR. However, the conversion rate was not high, for example for those patients that were referred under the TWR, only 10% were diagnosed with cancer. Most of these patients presented in A&E and were not referred by their GP.

Judith Moore advised that she was aware that St Luke's Cancer Centre undertook many trials with patients with lung and breast cancer, as well as other tumour sites, and the work was mostly conducted by consultants. Judith was aware that once chemotherapy was provided the patient was often offered a place on a trial.

Keith Bradley thanked Sarah Burton for her detailed input and advised that it was good to hear what further developments were being undertaken at the Trust. Sarah added that there would not be a survey running this year due to the procurement of a new survey provider. Sarah was invited to and agreed to attend a future Patient Experience Group meeting to further update the Group. **AS**

The Group thanked Sarah for the update.

PEG-11/15 Way Finding Maps

Keith Bradley welcomed Andrew Grimes to the meeting. Andrew explained that the Porters had won 1st prize of £5,000 in the Be the Change competition with their suggestions to improve signage at the Trust. Currently there was a lot of signage across the Trust, much of which was not entirely helpful. Issues were more prominent when patients/visitors arrived on Level 1 at St Peter's Hospital and there was a lack of signage until visitors made

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their way as far as Haematology. This resulted in directions being requested from Haematology staff.

Andrew produced a map that was currently displayed around the Trust and advised that the contract for the company that had produced this map was about to be renewed and this was an opportunity to redesign the map. It was envisaged that adjustments to the map would be made, with a "follow me" dot option and there would be a total of six routes. These routes would be colour coded. Due to heavy traffic areas, the routes would be marked on the walls rather than the floor.

Danny Sparkes queried what happened when departments changed their names or moved. Andrew advised that it was easy enough to reproduce maps with alterations, but it was his aim to get the message out that it was not a good idea to retain the names of wards when they moved to a different location.

Andrew further advised that "You Are Here" stickers would be included on maps and all directions would be from the Main Entrance and Level 1 Entrance.

Maurice Cohen suggested that boards were placed by the escalators letting visitors know the floor each ward/department was located on. Andrew advised that a directory board would be placed at the bottom of the escalators highlighting where to find each ward and department.

Andrew further highlighted that appointment letters did not always match departments as they featured around the Trust. An example of this was appointments letters having Paediatrics listed and the department on arrival at the Trust being the Children's Unit.

Andrew also advised that doors of departments/wards would be colour-coded eventually for each area /building.

Brian Catt suggested that some of the "clutter" be removed from the maps, for example buildings that visitors did not need to know of. Sue Harris advised that 'visitors' included new staff and they may need to know where other areas/buildings were located.

Judith Moore suggested that floors be colour-coded and Andrew felt this was also a good idea to consider further. Chris Howorth highlighted issues with visitors that were colour blind and Andrew agreed and advised that it had been difficult to find enough colours that avoided the colour blindness issue.

Finally, Andrew advised that he was about to commit to the new map and asked whether the Group was supportive of the initiatives he had highlighted.

Brian highlighted the previous lack of signage at the Maternity Entrance and the Head of Patient Experience and Involvement advised that a new sign was now up at the night entrance to Maternity. Brian further highlighted the

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lack of signage at the Main Entrance. For example when the doors to the Main Entrance were shut, no information was provided to visitors letting them know what to do, not even that they could press the car parking machine intercom to speak to someone, and no directions were highlighted on how to get to A&E and Maternity. **AG**

The Group thanked Andrew and highlighted its support of the new initiatives he had highlighted.

PEG-12/15 Demonstration of Patient Safety Pages

Sue Harris provided a demonstration of the Patient Safety site on the Trust's Intranet. Sue explained that staff were able to select from a number of choices to obtain further advice. For example, further information on incidents, never events, contacts, policies and how to report an incident was provided. Anonymised reports could be accessed in order to gain an understanding of the learning that had ensued.

The Group thanked Sue for the demonstration.

REGULAR ITEMS

PEG-13/15 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Patient Panel said that there were not any new issues to report from their recent meetings.

PEG-14/15 Quality Report – Patient Experience

The Head of Patient Experience and Involvement presented highlights from the Quality Report.

It was advised that there were no real major fluctuations between the number of PALS Concerns and Complaints received in February compared to the previous months. Historically February was a busy time of the year for complaints.

The Head of Patient Experience and Involvement advised that the team had been looking at the complaints process, mainly why it was taking so long for responses to be sent out. Elly Bittleston, Chief Nurse Project Lead, led on this project. From 1 January 2015, Grade 1 and 2 complaints had been devolved to the divisions so that Associate Directors of Nursing could sign these off. This initiative had relieved a lot of pressure and responses had been more timely, some sent within 15 days. Grade 3 and 4 complaints were now scrutinised the week they arrived by the complaints panel chaired by the Chief Nurse or Associate Director of Nursing and clinicians and staff were invited to discuss how to respond to the issues raised. As a result follow-ups had decreased by 10% and timeliness was now up to 95% within deadline. There was still the occasional case that went over the deadline, but it was felt that this was not necessarily a bad thing as it was important to put together a more complete response. In response to Maurice Cohen's query, the Head of Patient Experience and Involvement advised that

complainants were always contacted to advise of any delays. It was further advised that 32 days was the average time responses went out and it appeared that this was coming down by about a day per month.

Chris Howorth congratulated the team on the decrease in follow-ups and the total number of complaints only being around 1.2% of activity.

The Head of Patient Experience and Involvement advised that there were still repetitive issues being raised, for example concerns around discharge and ways of resolving these concerns were being looked at.

Brian Catt raised a concern that had been highlighted to him around being unable to talk to someone to make a complaint. The Head of Patient Experience and Involvement advised that the PALS office was manned from 9.00 am to 5.00 pm and although staff may be tied up elsewhere as their duties did require them to undertake investigations personally sometimes; any messages left were responded to within the hour.

Chris highlighted concerns around doctors not giving clear instructions decreasing from 43% in 2013 to 33% in 2014 and the Head of Patient Experience and Involvement advised that the Trust was the second highest improving trust in this category. Chris queried how such improvements were being looked at being made in other areas. Maurice Cohen highlighted an article in a recent edition of the British Medical Journal which provided such resolutions. The Head of Patient Experience and Involvement felt that going forward, two or three repetitive concerns would be examined at a time and the Trust would link in with other hospitals and put together a publicity package for staff on what was expected.

The Head of Patient Experience and Involvement drew the Group's attention to the six monthly report she had produced on complaints. She explained that Medicine and Emergency Services received the most complaints due to the highest level of activity. The report showed a breakdown of concerns and how often these came up.

Chris queried how many of the complaints received were found to be unreasonable. The Head of Patient Experience and Involvement advised that everyone had the right to complain, although the seriousness of the complaint was analysed and graded accordingly. If a complainant remained unsatisfied with a response, even after a follow-up, it was possible to seek a referral to the Public Health Service Ombudsman (PHSO) and the vast majority were not upheld by the PHSO.

The Head of Patient Experience and Involvement returned to the Quality Report and advised that A&E had hit its target of 20% in the Friends and Family Test (FFT) by achieving 21.1% and this was due to the introduction of automated voice messages to patients and continued use of texting. The inpatients FFT although slightly reduced, still exceeded the target of 30%. The Head of Patient Experience and Involvement added that the FFT would be introduced in Paediatrics in April.

The Head of Patient Experience and Involvement advised that she was

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looking at potentially changing the Patient Experience Dashboard in relation to the colour coding.

Chris referred to the Serious Incidents Requiring Investigation (SIRIs) and queried why no learning was mentioned. The Head of Patient Safety advised that the SIRIs in the report were new and some time was needed to investigate and close down and thus highlight actions/learning. SIRIs that were investigated were presented to the Integrated Governance Assurance Committee (IGAC) with a recommendation to close.

The Head of Patient Safety advised that a corporate action plan on pressure ulcers had been produced highlighting competencies that staff were required to have. Sue Harris advised that many patients arrived at the Trust with a pressure ulcer graded at 3 and stressed the difficulties in trying to care for these patients.

Margaret Lenton highlighted that the Trust cared for many elderly patients on the wards and queried why the Chief Nurse was listed in reporting as being responsible and not the nurses on the ward. Sue advised that they were highlighted in the corporate action plan. The leads were responsible for disseminating this down.

Sue advised that as the vast majority of pressure ulcers occurred outside hospital and Sue reported to the Clinical Commissioning Group on care homes that had issues with pressure ulcers.

The Chief of Patient Safety provided further detail on two never events. He further advised that NHS England had put a new system in place for reporting never events and these had now reduced from 25 to 14. This was due to a number being amalgamated and being revalued as to whether the patient was harmed. It was also advised that the SIRI policy was currently being amended as trusts were only required to report on certain incidents with learning.

The Group NOTED the Quality Report.

FEEDBACK

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

Keith Bradley advised that he and Maurice Cohen attended the Care Quality Commission (CQC) Quality Summit on 6th March 2015.

Godfrey Freemantle and Danny Sparkes had taken part in the PLACE (patient led assessment of the care environment) assessment at Ashford Hospital on 4th March 2015.

Margaret Lenton had attended the recent members' meeting on Cancer Services on 2nd April 2015.

Keith advised that the next Quality Account Workshop was due to take place on 29th April and he was aware that Judith, Danny, Godfrey as well as

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himself were due to attend. Keith advised anyone else interested to book a place.

Brian Catt advised that he had attended the recent Cardiology event which was well supported by staff.

Danny added that she had attended the recent Diagnostics meeting which she had found interesting. It had been highlighted that pressure ulcers were a continuing concern.

PEG-16/15 Feedback from Members to Governors Relating to Patient Experience

Judith Moore advised that she was in the process of advising a member of the public on the complaints process.

The Membership and Engagement Manager advised that the Competition and Markets Authority had requested comments on the proposed merger from members which needed to be in by 16th April 2015. As a result many members had forwarded comments to the Membership Office or copied the Membership Office in on comments. These had been acknowledged and forwarded to the Director of Strategic Development.

PEG-17/15 ANY OTHER BUSINESS

Keith Bradley suggested the Group visit to the Pathology Department and the Membership and Engagement Manager agreed to arrange this. **AS**

The Acting Associate Director of Quality gave her apologies for the next meeting on 1st June 2015.

Date and Time of Next Meeting

Monday 1st June 2015, 2 – 4 pm, Management Meeting Room

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
17/11/14	**PEG-59/14**	**Quality Report – Patient Experience**	Provide a report twice yearly with information on grades, trends and reasons why people were complaining	LD	5/10/15	To be completed for October PEG.	**ND**
13/04/15	**PEG-10/15**	**Cancer Services**	Forward the Cancer Services Action Plan to the Group	AS	27/04/15	Complete	✔
13/04/15	**PEG-10/15**	**Cancer Services**	Invite Sarah Burton to PEG in October	AS	20/04/15	Invited	✔
13/04/15	**PEG-11/15**	**Way Finding Maps**	Signage at the Main Entrance	AG	01/06/15	Andrew agreed to include as part of the way finding maps project.	✔
13/04/15	**PEG-17/15**	**Any Other Business**	Arrange visit to the Pathology Department	AS	01/06/15	Contacted Dr Andrew Laurie, Divisional Director, who will be in attendance, but a colleague will lead the tour.	✔

Council of Governors

Minutes of the Patient Experience Group
1st June 2015

Room 3, Chertsey House, 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
	Sue Harris	Staff Governor – Nursing/Midwifery
	Margaret Lenton	Public Governor – Windsor and Maidenhead
	Judith Moore	Public Governor – Woking and Guildford
	Danny Sparkes	Public Governor - Runnymede
APOLOGIES:	Chris Howorth	Appt Governor – Royal Holloway University of London
IN ATTENDANCE:	Louisa Daly	Head of Patient Experience and Involvement
	Anu Sehdev	Membership and Engagement Manager
	David Sills	Dementia and Admiral Nurse Lead (for 18-20/15)

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PEG-18/15 Minutes of Previous Meeting

The minutes of the meeting held on 13th April 2015 were agreed as a correct record. The updated Action Log was noted.

MATTERS ARISING

PEG-19/15 Cancer Services Action Plan

The Membership and Engagement Manager handed out copies to the Group.

PEG-20/15 Dementia Care Update

Keith Bradley welcomed David Sills, Dementia and Admiral Nurse Lead, back to the Group.

David advised that Dementia training was provided at Trust Induction for new staff and now formed part of mandatory training for all staff. The training was tailored according to the staff member's role. It was the Trust's aim for 90% of staff to have undergone Dementia training by the end of Quarter 4 (2016). David also advised that he was working closely with the University of Surrey on training requirements for nursing staff. David had visited the Royal Surrey County Hospital to compare working practices and get ideas. The Associate Director of Estates and Facilities was putting together costings for toilet doors being painted yellow across the wards to align with the Royal Surrey.

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It was proposed to have a white board in every bay with a clock and the day of the week highlighted. Judith Moore queried whether fundraising or support from the League of Friends had been considered for raising money for these items. Sue advised that a form was available on the TrustNet for requesting funding for equipment/furniture/refurbishment. David advised that he would definitely consider this option going forward.

David advised that the Capital Projects group included a member with Dementia and the group was about to sign off on items/changes needed to make the hospital more Dementia friendly.

David further advised that a bay on a medical ward would be trialled as a complete Dementia friendly area with the use of colours and a dining area. Godfrey Freemantle queried whether the flooring would be taken into account and it was advised that it would be in this pilot area, for example choosing cushioning flooring, non-shiny and non-patterned. This pilot area would then be evaluated in 3-6 months.

Margaret Lenton informed the Group that the Mayor of Runnymede had opened the Memory Loss Café on the 20th May 2015 and this had reflected favourably and was highlighted in the Mayor Making Ceremony. It was queried whether the pilot bay would be accessible to carers and patients to take back ideas when decorating their own homes. David advised that the Memory Loss Café would run on a Wednesday and would not be restricted to patients only, so perhaps this avenue could be utilised for advice in this regard. The café was in an informal setting where carers and patients could learn about the services provided at the Trust and also for staff to get much valued feedback. The room was not large, but it was anticipated that people would come and go as they pleased during the 4 – 6 pm weekly slot.

Keith queried whether further clarification on funding from the local Rotary Club had resulted and David advised that he was only aware of funding from a domiciliary group to pay for refreshments for the memory cafés.

Finally, David advised that the Dementia Strategy had been presented at the Trust Executive Committee in May which had been received favourably and that David was about to acquire costings for the additional items/work needed. David added that the Dementia Steering Group had been up and running since February 2015 and membership of the Group was growing with representation from the Alzheimer's Society. Keith advised that Margaret had expressed an interest in being a member of the Group and that Judith Moore had also expressed an interest. David was provided with both Margaret and Judith's contact details.

Keith mentioned that he had heard that Adam Smith had now left the Trust and David advised that he had but had not gone far and was working for the Clinical Commissioning Group (CCG). Keith queried whether Adam's job would be recruited to and it was advised that it would.

Brian Catt raised the issue of the lack of entertainment for patients, especially those suffering from Dementia and on Birch Ward. Sue Harris advised that all patients had access to the radio, but occasionally head sets **SH**

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were not replaced as these were one-off usage sets. Sue advised she would check that headsets were routinely replaced after a patient had been discharged.

The Group thanked David for the update and expressed how pleased they were to note that developments in the service were now underway.

PEG-21/15 Ash and Oak Wards Update

Sue Harris advised that Nicky Burns-Muir was currently out of the Trust. Keith Bradley suggested that a further visit be arranged to coincide with the next meeting in August to serve as a visual update. The Membership and Engagement Manager agreed to arrange this. **AS**

Keith Bradley queried whether a conservatory/gazebo was now in place and Sue advised that she was not sure, but would check next time she visited the wards. Keith reminded members that during the previous visit Governors had made Nicky aware of the Charitable Funds so that she could make a request for funding. **SH**

REGULAR ITEMS

PEG-22/15 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Patient Panel, advised that two meetings had taken place since the last Patient Experience Group meeting. Maurice advised that Julie Morland, Service Improvement Project Manager, had attended one of the meetings where she had advised that the Improving Outpatient Services project was underway and there was Patient Panel representation on the group. Julie also advised that there was to be an overhaul of appointment letters. It had been highlighted that patients often saw the hospital address at the top, being Ashford or St Peter's, and did not read much further assuming that was where their appointment would be. Often further down locations differed from the hospital address at the top and this often resulted in patients attending the wrong location. A company called Synertec would be helping with this process.

Keith Bradley advised that he had attended the most recent Patient Panel meeting as the first part was open to PEG members since the CMA representatives were attending in order to speak to people who had been patients or relatives of patients and gain feedback on what they felt in relation to choice in the NHS. Keith felt it was a good opportunity to see CMA representatives face to face. Good feedback on personal experiences was shared.

PEG-23/15 Quality Report – Patient Experience

The Head of Patient Experience and Involvement presented highlights from the Quality Report.

There were 54 complaints received in March which had dropped down to 41 in April in line with previous trends. Communication continued to feature,

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but efforts were put into getting the message out that good communication led to a good patient experience. It was believed that specialties were moving in the right direction with clinicians being held to account.

Judith Moore highlighted that the lack of time available to spend with patients in clinic and the use of jargon hindering good communication. Margaret Lenton agreed that the vocabulary occasionally used did not help.

The Head of Patient Experience and Involvement advised that feedback was given to staff and was included in doctors' appraisals. It was realised that the detail needed to be broken down. It was clear that a lot of staff communicated effectively, but that some did not. Judith queried whether patients could be asked to bring someone with them to appointments, particularly for cancer appointments, as patients were perhaps in a vulnerable state and unable to take fully in what was being said to them. Danny Sparkes agreed as she had a similar experience recently when her husband was a patient and he misinterpreted information.

Maurice Cohen highlighted that communication had been the recurrent theme in complaints since when he first became involved with the Patient Panel around 13 years ago. He felt it important to clarify the size of the problem and put it in perspective. It was also apparent that some patients did not have the capacity to understand completely what was being said. Keith Bradley commented that communication covered a lot of areas, not just the spoken and written word but delays in writing. Maurice reiterated his suggestion of providing patients with information so that they could go home and digest it either alone or with someone else. Then if queries arose, they could be talked through when next attending an appointment. Margaret highlighted that there were a lot of people with low literacy levels who did not have the capacity to understand so this might not always be beneficial.
Margaret further suggested letters being trialled on people not medically trained.

It was agreed that the Head of Patient Experience and Involvement would further break down complaints pertaining to communication into categories such as spoken, written and delays. **LD**

Brian Catt highlighted the issue of consent to having a procedure and how it was important for the patient to understand why the procedure was necessary.

The Head of Patient Experience and Involvement moved onto complaints performance against timescale and how a new target had been introduced by the CCG for the Trust for 95% of complaints to be responded to within 25 working days in Grade 1-4 complaints, with complex complaints having up to 35 working days. Any complaint that was also under investigation would not be included. If an extension was required then this needed to be agreed with the complainant. Commentary on complaints not achieving the deadline with good reason could be included in the report to the CCG in order to be discounted.

The Head of Patient Experience and Involvement advised that the Friends

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and Family Test had been rolled out across the Trust. Those visiting A&E received an automated voice message. Feedback had been very good and had been tracked against national averages. A&E figures were a little below the national average and inpatient scores were above average. Scores from outpatients were yet to be finalised.

Keith commented that some staff must be querying why they were pushing the test and whether it made any difference, not to mention the cost of the testing. It was highlighted that the Trust was bound by the Department of Health requirement.

The Head of Patient Experience and Involvement advised that follow-up complaints remained low and this due to the quality of responses improving. There were still some complex complaints being received on complex discharges which crossed services in the community. It was difficult to ascertain who was responsible for the failings and responding to concerns remained a challenge.

Finally, Sue Harris was pleased to advise that no patient had suffered from a Grade 3 or 4 hospital acquired pressure ulcer at the Trust since the beginning of April. The Group recognised Sue and her team's efforts in making this a reality.

The Group NOTED the Quality Report.

FEEDBACK

PEG-24/15 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that he and Margaret Lenton had attended the WOW! Awards ceremony and he, Maurice Cohen, Danny Sparkes, Godfrey Freemantle and Sue Harris had attended the Quality Accounts Workshop. The Quality Accounts Workshop turned out to be a small group but it had been a great opportunity to have face to face conversations with senior staff. Judith Moore had attended the Pride in Nursing Day on 7th May 2015. Judith advised that the day was well received and the mood upbeat. Highlights were that 505 babies had been born in the Abbey Birth Centre and staff were thrilled at how successful the unit was proving to be. 95% of mothers left the unit being able to breastfeed their babies and were called by a midwife 7 days after leaving to check on how they were doing. Paediatrics had reorganised their department allowing for a clinical room housing medications.

Judith further advised that cardiac arrest trolleys had been reorganised with quick guides and items placed in order of usage. Staff knew where to find items and where they should be located.

Judith also advised on the workings of the Orthopaedic Discharge Team which provided up to 14 visits at home after the patient left the Trust by Occupational Therapists and Physiotherapists.

Finally, Judith advised that every department had good news to relay and it

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was clear that staff really appreciated the day. There was a prize for the best poster on the day. The Membership and Engagement Manager informed the group about a video she had seen recently about the day and advised she would forward it to the Group. **AS**

Sue Harris advised that in MAU a video on why nurses had chosen their career in nursing played on a loop. It was received favourably by those on the ward. It was added that staff on the Abbey Birth Centre rotated with working on the unit and out in the community.

It was further advised that Danny Sparkes, Godfrey Freemantle and Judith Moore took part in the recent PLACE assessments at the end of April.

Danny also advised that she had attended a recent Schwartz Round session which she found very informative. She commended the sessions to other Governors. It was agreed that a list of future sessions would be circulated. **AS**

PEG-25/15 Feedback from Members to Governors Relating to Patient Experience

Brian Catt advised that a family member recently attended Urology and when previously had been nervous, this time treatment and care received was exceptional.

Another issue related to a delay in receiving a MRI scan and the Head of Patient Experience and Involvement suggested that PALS be contacted to seek assistance.

PEG-26/15 ANY OTHER BUSINESS

None

Date and Time of Next Meeting

Monday 10th August 2015, 2 – 4 pm, Management Meeting Room

PEG-27/15 Tour of Pathology

Nicola Newman, Chief Operating Officer for Surrey Pathology Services (SPS), led the tour of Pathology. At the outset, Governors were provided with white coats to wear over their clothes.

Nicola advised that SPS was a joint venture between Frimley Health (Frimley Park, Heatherwood and Wexham hospitals) Royal Surrey as well as Ashford and St Peter's. Royal Berkshire Hospital may also be joining the network in the near future. A number of specialties were covered, including:

- Haematology
- Biochemistry
- Blood transfusion
- Virology and Molecular
- Immunology

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- Point of Care Testing

By working in partnership with the hospitals mentioned above, this allowed for cost savings to be made and the ability to access the highest level of clinical expertise.

Judith Moore highlighted that the service looked after a huge catchment area and queried how tests were turned around in a timely manner. Nicola advised that transport was provided in-house by SPS which was in operation from 07:30 to 00:00 hours transporting samples from wherever was required.

Maurice Cohen queried what services had been lost at St Peter's Hospital and it was advised that Microbiology was no longer located at St Peter's, although nothing had been lost across the SPS provision, in fact services had grown. The specialist departments of Virology and Immunology were now located at St Peter's for the network along with a centralised Cytology service which also served Royal Berkshire Hospital. Blood sciences GP work and some outpatient work was mostly conducted at Frimley Park Hospital, although inpatient and urgent blood science work was still conducted at St Peter's. Nicola also clarified that the wait for results had not increased and with the provision of a 24 hour service including transport, significant cost savings were still achieved year on year.

It was queried whether a central building/single site had been considered to accommodate SPS and Nicola advised that this had indeed been the original model put forward but after examining the proposal it became apparent that the numbers did not add up. The current model proved to be the most viable as a central hub would have meant a lot of overheads. It was clear that Pathology was devolving to increased point of care with GPs and urgent care centres taking more of a role. For example, the newly developed Labkit© (which is currently being piloted by South East Coast Ambulance Service SECAmb) allowed testing to be conducted in the comfort of a patient's home or out in the community. Paramedics and GP drivers were all being trained on how to use Labkit© allowing for decisions on whether a patient needed to be admitted or not could be made there and then. It was intended to take Labkit© to market in 2016. SPS would be working with the Military as well to develop this product.

The Group was then taken to the Blood Bank where Visuvanathan Jeyakumar advised that St Peter's was responsible for issuing 900,000 units per annum. Demand for blood was high and responsibilities included cross-matching. The Group was shown current blood stocks housed in a large fridge together with plasma which was housed in a freezer. It was advised that in the case of blood supplies running out, blood would be requested from St George's which could arrive in as little as half an hour.

It was advised that blood had an expiry date of two years after which old blood had to be thrown away in clinical waste. Tight stock controls were in place to ensure minimal wastage of blood products.

The Group was then taken to the Blood Science Laboratory which covered

Minute **Action**

Biochemistry and Haematology. Paul Ryan took over the tour and advised that 700 blood samples were handled every day, with 150 of these arriving from A&E. A machine which conducted a full blood count was shown to the Group. Results were accessed electronically. It was advised that around 70% of GPs now received results electronically with paper copies provided to those unable to do so. Paul advised that any abnormalities detected were further processed by film.

Sophie Lloyd-Davies then took over the tour in Immunology. Sophie advised that St Peter's was now the leader in Immunology after reconfiguration of the service. Previously 30% of the work had been undertaken by the Royal Surrey but this work had now been repatriated to St Peter's. Investigations included:

- Protein chemistry
- Autoimmune disorders
- Endocrine disorders
- Thyroid disease
- Allergies

Sophie was pleased to advise that allergy testing was a big component of the Immunology service and SPS employed six consultants, two of which were based at the Royal Surrey and the remaining four were directly linked with the laboratory. The allergy workload had increased by 25% last year and the department conducted around 30,000 allergy tests per year. A Quanta Lyser 240 machine was shown to the Group which was used to check for anti-bodies. The Group was taken into a smaller room housing the CD4/CD8 machine where HIV testing for the Blanche Heriot Unit at St Peter's and Frimley and Wexham patients was conducted. It was proposed to acquire a sample preparation machine which would further increase workload. Immunology work was also undertaken for Eastbourne and Brighton hospitals.

Finally, the tour was taken over by Rebecca Sharkey who showed the Group around Virology. Tests included:

- Hepatitis
- HIV
- Sexual health diseases
- Tuberculosis
- Measles
- Mumps
- Rubella
- Norovirus
- Antenatal screening

Rebecca advised that if results were positive, a follow-up test was conducted to confirm these results. The department provided a full package of results with a fast turnaround. Several automated analysers were shown to the Group including the VIDAS, Architects and Panther which are used for HPV screening which is delivered in collaboration with the centralised

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Cytology department also located at St Peter's.

Rebecca was pleased to advise that Virology had been nominated for a Staff WOW! Award by the Blanche Heriot Unit for the speedy turnaround in testing. Most results were received by the end of the working day.

Rebecca further advised that work was now also coming in from other hospitals and the department had the services of two Virology Consultants. Services were also utilised to check healthcare workers for MMR.

Nicola informed the Group that as SPS had a good reputation and delivered a broad range of speciality tests, recruitment to the service was easier.

The Group thanked Nicola for her time and for the extremely enlightening tour of Pathology.

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	**PEG-59/14**	**Quality Report – Patient Experience**	Provide a report twice yearly with information on grades, trends and reasons why people were complaining	LD	5/10/15	To be completed for October PEG.	**ND**
13/04/15	**PEG-10/15**	**Cancer Services**	Invite Sarah Burton to PEG in October	AS	20/04/15	Invited	✔
01/06/15	**PEG-20/15**	**Dementia Care Update**	Check that head-sets are replaced on Birch Ward	SH	26/06/15		
01/06/15	**PEG-21/15**	**Ash & Oak Wards Update**	Arrange a visit to Ash and Oak wards during August PEG	AS	03/07/15		
01/06/15	**PEG-21/15**	**Ash & Oak Wards Update**	Check whether a gazebo is in place in the courtyard of Ash and Oak wards	SH	26/06/15		
01/06/15	**PEG-23/15**	**Quality Report – Patient Experience**	Break down complaints around communication	LD	28/07/15	To be completed for August PEG	
01/06/15	**PEG-24/15**	**Feedback from Group Members on Recent Visits and Meetings**	Forward video synopsis of the Pride in Nursing Day to the Group	AS	12/06/15	Complete	✔
01/06/15	**PEG-24/15**	**Feedback from Group Members on Recent Visits and Meetings**	Forward Schwartz Round dates to the Group	AS	12/06/15	Complete	✔