COUNCIL OF GOVERNORS
15th June 2016

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 11th April 2016 are attached. Matters discussed in the meeting on 11th April 2016 included: • Cover for external play area on Oak Ward • Suggestions to improve the main car park • Involvement of patient representatives on committees and in working groups • Update on Dementia Services • Feedback from Patient Panel meeting • Quality Report • Feedback from group members on recent visits and meetings • Feedback from members to governors relating to patient experience
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 11th April 2016
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	June 2016
Decision:	For Noting

Council of Governors

Minutes of the Patient Experience Group
11th April 2016

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 & Richmond upon Thames
	Sue Harris	Staff Governor – Nursing/Midwifery
	Chris Howorth	Appt Governor – Royal Holloway University of London
	Judith Moore	Public Governor – Woking and Guildford
	Danny Sparkes	Public Governor – Runnymede and Windsor & Maidenhead
APOLOGIES:	Maureen Attewell	Appointed Governor – Spelthorne Borough Council
IN ATTENDANCE:	Louisa Daly	Head of Patient Experience and Involvement
	Anu Sehdev	Membership and Engagement Manager
for item PEG-19/16	David Sills	Dementia & Admiral Nurse Lead
	Russell Wernham	Associate Director of Quality

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PEG-12/16 Minutes of Previous Meeting

The minutes of the meeting held on 15th February 2016 were agreed as a correct record. The updated Action Log was noted.

MATTERS ARISING

PEG-13/16 Update on meeting with Alan Witts and Erica Heppleston

Maurice Cohen advised that Alan Witts had missed a few Patient Panel meetings but that he had communicated with Maurice via email advising that there was little progress to report. The Head of Patient Experience and Involvement advised that she was aware that there was some degree of patient input towards what was being put forward for cost improvement plans (CIPs). Maurice felt that patient input needed to be sought much earlier in the process. The Group agreed that this action would now be taken off the Action Log and Maurice confirmed he would report back to the Group when there were further developments.

PEG-14/16 Update on incident W23442

Although unable to attend the meeting, the Chief of Patient Safety/Deputy Medical Director had advised the Membership and Engagement Manager that this incident had been particularly difficult, with significant differences of opinion amongst clinicians. He was hoping to submit a report to the CCG Patient Safety Panel in April and would feedback at the next Patient **MI**

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	Experience Group meeting.	
PEG-15/16	**Presentation at Council highlighting the initiatives to improve managerial practices** Keith Bradley advised that it had been agreed at March's Council meeting that this presentation would be postponed to June's Council meeting.	
PEG-16/16	**Cover for external play area on Oak Ward** Keith Bradley advised that the League of Friends had agreed to provide funds to pay for the cover.	
PEG 17/16	**Suggestions to improve Main Car Park** Godfrey Freemantle advised that the Car Parking Steering Group had not met since the last PEG meeting. However, he was aware that changing the entrance to the car park would incur a loss of several car parking spaces thus ruling out this option. Godfrey agreed to mention whether it was possible to improve the way visitors were able to get a ticket for the car park at the far end barrier. This was proving cumbersome to those unable to reach the machine.	
PEG-18/16	**Involvement of patient representatives on committees and in working groups** Keith Bradley reminded members that this issue, also mentioned at the March Council of Governors' meeting, arose when Governors attending an Outpatient Services update had learned that there was a Patient Panel representative on the working group. It was considered that as Governors had been instrumental in Outpatient Services becoming a major project that having a Governor involved as well would have been beneficial. The Head of Patient Experience and Involvement explained her involvement with the Patient Panel and how she looked to the Panel members when seeking representation on a committee or working group. Maurice Cohen gave the history of the Panel's involvement in committees and working groups since its inception in 2003. Although the Council of Governors, and with it the Patient Experience Group, came into being in 2010 the representation practice had not changed and relied upon communication between the two bodies. Following discussion it was agreed that the Head of Patient Experience and Involvement would approach both the Patient Panel and Patient Experience Group when seeking a representative on a working group set up for a particular project in the future. Longer term membership of committees, especially when someone who had been an actual patient was required, would remain with the Patient Panel.	**LD**

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PEG-19/16 Update on Dementia Services

David Sills, Dementia & Admiral Nurse Lead, highlighted that training had been very successful with 1,100 staff members being trained so far and it was hoped to train a further 1,100 staff during 2016 bringing the training target over by 100. David advised that the training was now accredited and there was a potential to provide this training to care home staff. Judith Moore queried how many staff were involved in the training. David advised that training was included in Trust Induction which he provided and that staff from other areas, ie Dietetics and End of Life were also involved in providing the training.

It was further advised that the Dementia Steering Group met bi-monthly which was usually the second Wednesday every other month. Judith Moore was a member of this group and they were looking for a replacement for Margaret Lenton. Chris Howorth queried what the aims of the group were. David advised that the group looked at the Trust's Strategy. Chris queried whether Governor input was required and David stressed the importance of gaining input from many areas as differences in perspectives ensured all angles were covered. Danny Sparkes advised that she would do her best to attend the next meeting and Chris advised that he would try to make any meeting Danny was unable to attend.

David then highlighted the Dementia Bay which had been postponed due to the junior doctor strikes and recent cases of norovirus which meant it had not been possible to close the area for the work to take place. He was in the process of firming up a date for the work to begin.

Judith was pleased that awareness of dementia was being raised with staff. Brian noted the potential to offer training outside the Trust and Judith felt this would ensure that those caring for dementia patients had one smooth process to follow which continued in the community. Brian queried whether input had been sought from Spelthorne residents and it was advised that it had although not directly from carers from the area as the distance to St Peter's was an issue. The Group discussed securing volunteer drivers and David advised he would put this suggestion to the Voluntary Services Manager. Danny and Keith advised that they were aware that Weybridge and Walton and some areas of Woking had volunteer drivers but most likely they gave priority to patients attending clinics rather than carers. Brian suggested taking the issue to Spelthorne Council for advice and support.

Keith Bradley was pleased that work was about to begin on the special bay but queried whether patients would be confused when being transferred to the community hospitals which had not implemented such things as colour guidelines. David agreed there was this potential as no clear guidelines on colours/materials had been decided nationally. In response to Chris' query on collaborative working it was advised that a dementia pathway was being developed in Surrey. It was agreed that the Group would visit the new bay to coincide with the PEG meeting taking place in October. **AS**

Finally, David advised that he had found the Associate Director of Estates and Facilities and his team to be very helpful during the planning and

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implementation of the dementia bay.

The Group thanked David Sills for his update.

REGULAR ITEMS

PEG-20/16 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Patient Panel, advised that at the last Patient Panel meeting, Rick Strang, Associate Director of Operations in Emergency Services, undertook a presentation. He had been employed by the Trust as an interim measure and had a vast amount of experience in various NHS establishments. Rick advised that he felt the Trust was moving in the right direction to enable a more effective A&E. He advised that when the A&E Department had originally been built it was to accommodate 65,000 patients per year. Currently the Trust was seeing around 100,000 patients per year. There was the added problem of not having enough A&E consultants and there were limitations on junior doctor training to encourage better decision making skills. The Urgent Care Centre (UCC) had been developed for less urgent patients and it was hoped that this would eventually be GP led. Rick expressed his confidence that improvements would be realised and that the Trust would be back to attaining the 4 hour target. It was further advised that recent PLACE inspections had secured a high score for the department. A member of staff from the Royal Surrey had also been involved in the inspections.

Maurice highlighted an issue of some of the cleaners and nurses talking in their mother tongue had been raised and how this caused anxiety to some patients. The Head of Patient Experience and Involvement advised that new staff were made aware of this concern at Induction. Sue Harris advised that she spoke with staff if she became aware of the issue.

Maurice highlighted the recent norovirus epidemic which meant that 7 wards had to be closed. These were wards were patients could not be moved to and from.

Other discussions were around decreased prominence of sink blockages and the return to the former toilet tissue brand. There had been three non-hospital cases of MRSI and appointment letters were more “friendly”.

Maurice advised that three new hubs were being opened in the area to be sited in Woking, Weybridge (opening later in the year) and Ashford Hospital (opening in the summer).

Finally, discussion around increasing the free car parking time to 30 minutes from 20 took place.

Keith Bradley asked for further updates on those Governors involved in the PLACE inspections. Godfrey Freemantle advised that his group of inspectors picked up that not all noticeboards were being kept up to date. The Head of Patient Experience and Involvement advised that quality boards should be updated daily and that this would be raised at the senior

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nurses' meeting. She was aware the some end of bay boards highlighting the name of the nurse in charge were not being kept up to date. Chris Howorth queried whether these lapses were a result of staff being under stress or wards being short-staffed. The Head of Patient Experience and Involvement advised it was more a behavioural issue and should be part of the routine when working on a ward. It was the duty of a matron or ward sister to check the boards were kept up to date. The Associate Director of Quality could understand staff finding it difficult to be open on the number of pressure ulcers or falls on the ward. However, the boards could be updated during a 24 hour period and this could be done at night when the wards were a little less busy.

Keith asked which body received the PLACE Inspection Report and it was advised that William Britton, Head of Facilities and Support Services, would provide feedback to the Patient Experience Monitoring Group. Brian Catt expressed his confidence with the statement in the last meeting's minutes around how action plans were more robust and included names of staff responsible for actions, with clear timelines. The Head of Patient Experience and Involvement added that she would be concentrating her efforts on one area for example, discharge, to ascertain the root cause and resolve issues so they did not reoccur.

PEG-21/16 Quality Report – Patient Experience

The Associate Director of Quality presented the report. He explained that the Trust was participating in the national Medication Safety Thermometer programme and results over the six measures had led to two of these being added to the monthly dashboard which reflected areas for improvement:

1. Proportion of patients with medication reconciliation started after 24 hours of admission
2. Proportion of patients who have had an omitted dose in the past 24 hours

The Associate Director of Quality advised that poor results in these two areas were attributed to a shortage of actual pharmacy cover on all the wards over the weekend. In response to Maurice Cohen's query it was advised that although the department employed a number of staff, not all were pharmacists. It was also advised that there was an Interim Chief Pharmacist in post now.

The Associate Director of Quality advised that the Trust had recently experienced a rise in in-hospital deaths during March which was being closely monitored. Another area the Medical Director was looking at was mortality reviews, particularly in the divisions of Medical and Emergency Services and Women's Health and Paediatrics, to increase the number of reviews undertaken.

The Associate Director of Quality was pleased that c-difficile cases had been contained to 13 over the year (annual target being 17).

Sue Harris explained that mandatory pressure ulcer training for registered

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nurses and HCAs every three years had been introduced in April to help reduce the prevalence of pressure ulcer cases. Although most of the cases had been stage 2's, there had been one stage 3 and a ward action plan had been introduced to ensure staff attended the mandatory training. In response to Brian Catt's query, Sue advised that Cedar, Swan and Swift wards were being monitored closely. In particular, Cedar Ward had an issue with patients developing device related pressure damage from oxygen tubing and masks. An example of how wards were working towards reducing such cases was that, as well as covering his/her other daily duties, a HCA was allocated to checking all patients receiving oxygen therapy to ensure tubing and masks were fitted properly.

The Group discussed the rise in readmissions within 30 days in A&E and how the Trust was fined for this. The Associate Director of Quality advised that the new contracts were currently being finalised which may see fine amounts reducing.

The Associate Director of Quality advised that a new temporary building near A&E was due to be put in place as a "pit-stop" service and would include a psychiatric room. An Urgent Care Centre had been set up in the old ambulatory building.

Brian queried whether the Trust had now side-lined sepsis and it was advised that the target had been met and there were other conditions that were more pressing and required focus, for example Maternity VTEs.

The Group NOTED the Quality Report.

FEEDBACK

PEG-22/16 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that several of the Governors had attended the recent Quality Workshop which had secured attendance from a member of the CCG. Governors attended an update on Outpatient Services and were pleased to be advised that Julie Morland had been appointed Outpatient Services Manager.

Godfrey Freemantle advised that he had attended the Clinical Audit Event on 5th March. Judith Moore who is now Chair, attended a meeting of the Transplant Group and advised a local area meeting was due to take place in June and a national meeting would take place in September. Judith was yet to meet the chairs of Wexham Hospital and Frimley Park and would report back after the national meeting. Judith was pleased to see the advances over a period of 30 years. The Associate Director of Quality advised that members of the Transplant Group would be attending the Pride in Nursing Day. In response to Danny Sparkes' query on where the transplants took place, it was advised that organs were harvested and a specialist team came in to do the transplants. All the preparatory work was undertaken by staff at St Peter's Hospital. **JM**

Danny advised that she was due to attend a DTTO meeting on 13th April.

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The Associate Director of Quality advised that the Trust had co-hosted a multi-agency Child Safeguarding workshop last week which had 55 attendees including the Chief Executive and proved to be an extremely positive event. This event highlighted how the Trust had made a number of improvements in training, record keeping and documentation and how issues were escalated to acquire an informed professional judgement with more robust systems in place for review of individual cases.

PEG-23/16 Feedback from Members to Governors Relating to Patient Experience

Keith Bradley advised how he had been copied in on a letter of complaint and that the issues were now resolved when a second letter sent by the complainant had resulted in an invitation to attend a meeting.

The Head of Patient Experience and Involvement confirmed a case which Brian Catt had been aware of around a patient being discharged without enough information had also been resolved. This case had highlighted how important it was for staff to check patients understood what they had to do when they returned home.

Chris Howorth advised that an acquaintance of his had been very pleased with the treatment and care they had received when on previous occasions they had raised concerns.

Keith requested an update on recruiting a Head of Pastoral Care and the Associate Director of Quality advised that now the Trust had paused merger work, the position would go out to advert.

Danny Sparkes advised the group how a mother of a friend had been sent home with a banned substance. It was in a bottle with a label saying “not to be given to patient to take home”. Danny advised that she would raise this when she attended the DTTO meeting. Danny advised that the friend had not yet complained. The Group encouraged Danny to ask her friend raise it as a concern by speaking with PALS and to return the item to the Pharmacy.

PEG-24/16 Any Other Business

The Head of Patient Experience and Involvement advised that she was in the process of relaunching the Disability Access Group with a workshop to take place soon encouraging attendance from anyone who had a particular interest in this issue. After the workshop, quarterly meetings would take place with a core number of representatives. Invitations will be sent out via Aspire and also include Governors and those involved in mental health. It was advised that the workshop would help set out the objectives of the group.

PEG-25/16 Date and Time of Next Meeting

Monday 6th June 2016, 2.30 – 4.30 pm, Room 11, Opposite Dickens Ward, Ashford Hospital

NB: Slightly later start and change of venue to accommodate a potential

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visit to the Appointments Centre. The Membership and Engagement Manager to arrange a venue and visit. **AS**

Further Dates for 2016

Monday 10th October
Monday 21st November

All taking place 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
5/10/15 + 23/11/15 + 15/2/16 + 11/4/16 + 6/06/16	**PEG-45/15 + PEG-57/15 + PEG-04/16 + PEG-14/16 + PEG-27/16**	**Quality Report – Patient Experience**	Update on incident W23442	MI	10.10.16	Case is very complex and continues to be under review. The Chief of Patient Safety will endeavour to report back at the next meeting.	
11/4/16	**PEG-18/16**	**Involvement of patient representatives on committees and in working groups**	Approach PEG members as well as Patient Panel members when seeking a patient representative for a working group.	LD	6/6/16	Nothing had come up but it was expected the newly set up Trauma Care Delivery Group may require a representative and when dates were available members of both groups would be invited.	
11/4/16	**PEG-19/16**	**Dementia Services Update**	Arrange a visit to the dementia bay	AS	10/10/16		**ND**
11/4/16	**PEG-22/16**	**Feedback from Group Members on Recent Visits and Meetings**	Update the Group after the national Transplant meeting	JM	10/10/16		**ND**
11/4/16	**PEG-25/16**	**Date and time of next meeting**	Arrange venue and visit to the Appointments Centre	AS	6/6/16	Arranged with Julie Morland. Meeting to take place in Room 11 at Ashford Hospital	✔