Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
14th June 2017

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 10th April 2017 are attached. Matters discussed in the meeting included: • 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 • Tour of the Rowley Bristow Unit
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 10th April 2017
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	June 2017
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
10th April 2017

Room 2, Chertsey House, St Peter's Hospital
14:00 – 16:00 hours

PRESENT:	Keith Bradley (Chair)	Public Governor, Woking and Guildford
	Brian Catt	Public Governor, Spelthorne
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Godfrey Freemantle	Public Governor, Hounslow and Richmond upon Thames
	Sue Harris	Staff Governor, Nursing and Midwifery
	Judith Moore	Public Governor, Woking and Guildford
	Bertie Swan	Public Governor, Elmbridge
	Danny Sparkes	Public Governor, Runnymede and Windsor & Maidenhead
IN ATTENDANCE:		
	Mick Imrie	Deputy Medical Director/Chief of Patient Safety
	Anu Sehdev	Membership and Engagement Manager
	Russell Wernham	Deputy Chief Nurse/Associate Director of Quality
APOLOGIES:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	Maurice Cohen	Public Governor, Woking and Guildford

Minute **Action**

PEG-12/17 Minutes of Previous Meeting

The minutes of the meeting held on 13th February 2017 were agreed as a correct record apart from:

Page 5 – **07/17 Quality Report** - paragraph 4 should read:
Godfrey Freemantle queried whether there were stats available for readmissions within 30 days (emergency only) stating which ones were *avoidable* (not unavoidable).

The updated Action Log was noted.

PEG-13/17 MATTERS ARISING

Spinal Consultant provision

The Deputy Chief Nurse/Associate Director of Quality advised that the service had returned to providing two spinal consultants.

Breakdown of readmissions within 30 days

Keith Bradley advised that this was covered in the Quality Report coming up for discussion later on in the agenda.

Ashford and St. Peter's Hospitals NHS Foundation Trust

Minute **Action**

REGULAR ITEMS

PEG-14/17 Feedback from Patient Panel Meeting

Danny Sparkes, Chair of Patient Panel advised that Paul Doyle, Deputy Director of Finance, undertook a presentation on the Charities account. It was advised that although there were certain restrictions, any department could apply for money. In response to comments about the amount of money in the Charities account, Keith Bradley (who attended the Charitable Funds Committee as a Governor) highlighted that departments were often likely to wait for something substantial before putting in a bid. He added that whilst the Trust had been pursuing a merger with the Royal Surrey several possible ways forward had been put on hold as amalgamating charity work had been considered since the Royal Surrey had a vast experience of this work and had dedicated Fundraising members of staff. As the merger was no longer happening, it was advised that Ashford and St Peter's would now be recruiting a Fundraising Manager.

Danny advised that the Head of Communications would be putting an advert together to help recruit members to the Patient Panel. The Patient Panel did have two new members, one of which was a little younger than the average member and did not have any knowledge on the running of the hospital, thus bringing some fresh ideas.

Danny advised that one of the members had commented that the new ITU lacked space and rooms were not sound-proofed which meant private conversations could be overheard.

Finally, Danny advised that the Overseas Visitor and Private Patients Manager would be presenting at the next meeting as well as a member of the Pharmacy Department about the cost of medicines.

The Group NOTED the Patient Panel update.

PEG-15/17 Quality Report – Patient Experience

The Deputy Medical Director/Chief of Patient Safety advised that there had been a peak in patient deaths during December and January. During February and March deaths had come back down although were still slightly higher than the seasonal trend. Mortality reviews had increased to 70% and deaths were being discussed at several meetings. In response to queries as to the reasons why there was a peak it was advised that although there was a seasonal trend and the position was mirrored nationally, neighbouring trusts had not experienced as high a spike as the Trust. However, the Trust's catchment population included a lot of people aged 90 to 100 years old, with many needing end of life care and experiencing difficulties with securing care in the community. Patients had a choice of where to die and families often considered the hospital environment was better suited at this time.

Chris Howorth queried whether a peak in deaths had also been seen in patients that were not considered elderly. The Deputy Medical Director/Chief of Patient

Safety advised that there had been a slight rise in patients in their late 50's and was not aware the Trust was an outlier in elderly deaths. Socio demographics were very favourable with Surrey, together with London residents, being the largest contributors in taxes.

In response to Brian Catt's query, the Deputy Medical Director/Chief of Patient Safety advised that it was difficult to obtain data on the deaths that happened in the community.

The Deputy Chief Nurse/Associate Director of Quality advised that falls had risen slightly above the target set in February. The Falls Lead Nurse was currently on long term sick leave and sustaining the service was being looked at. It was also advised that there had been 21 stage 2 pressure ulcers reported in February which was higher than the target set at 18.2. Falcon Ward had the most pressure ulcers and staff were required to attend mandatory pressure ulcer and nutrition training. May Ward staff were promoting the heel Skin off Surface (SOS) campaign and focusing on staff training. A Trust-wide campaign had been introduced to reduce heel pressure damage as a third of the pressure ulcers in February were located on heels. Pressure ulcers had decreased in March and this could be as a result of the actions above. Further investigations on whether pressures ulcers were bed or device related were undertaken and reported back to the Quality and Performance Committee. In response to Judith Moore's query, it was confirmed that all pressure ulcers reported were hospital acquired.

Sue Harris advised that pressure ulcers near the mouth had lessened in the last two months. Pressure ulcers were mostly sited in the heel area and this was why the SOS campaign had been introduced. Pressure ulcers around the mouth could be avoided by using divers' masks or hoods. Although as a seal was necessary and pressure ulcers could still happen where the seal was sited on the face.

The Deputy Chief Nurse/Associate Director of Quality advised that the provision of the Friends and Family Test (FFT) was being reviewed. The Trust still worked with IWantGreatCare and was looking at how to combine clinician data with the FFT. Tablet devices and kiosks were to be introduced to encourage patients to complete a FFT, especially in the A&E department. Longer term surveys were conducted by Picker. Chris wondered whether surveys increased patients' expectations. The Deputy Chief Nurse/Associate Director of Quality agreed that the use of social media and having the most up to date information available meant expectations increased. Many patients unable to get a GP appointment chose to attend A&E and expected a one-stop service. It was also advised that a comparison in FFT results between trusts was not possible as systems obtaining this information differed at other trusts making benchmarking difficult. Trends were set as a result of national Picker surveys as these were the same at every trust. Chris considered the area a good one for Research. The Deputy Chief Nurse/Associate Director of Quality added that a response rate of at least 40-45% was needed to have meaningful data.

The Deputy Chief Nurse/Associate Director of Quality advised of the problems in recording the dementia case finding measure due to limited capacity to collect

this data. The Dementia Team received on average 250-300 referrals per month and had provided assurance that the number of referrals had not been affected. The purchase of a dementia screening tool had been considered to help resolve the recording issue.

The Deputy Chief Nurse/Associate Director of Quality referred to the complaints response rate within agreed timescales which stood at 68%. It was advised that a new Head of Patient Experience and Involvement was in post and was looking at how to improve response rates.

The Deputy Medical Director/Chief of Patient Safety referred to the 7 day services survey which highlighted access to consultants and diagnostic testing both during the week and at weekends. Ashford and St Peter's performance was lower for the proportion of patients seen within 14 hours of arrival and was better for the proportion of patients seen and assessed within 14 hours admission at the weekend. The results were not significantly different from national and regional results. In summary the Trust was good at providing once a day consultant reviews but did not do as well at providing twice daily reviews at the weekend.

The Deputy Medical Director/Chief of Patient Safety advised that the Trust performed worse in accessing histopathology results during weekdays, but performed well both during the week and at weekends with access to other diagnostic tests, especially in relation to ultrasounds.

Chris referred to the section highlighting access to consultant directed interventions and noted that the Trust performed well at the weekends apart from in urgent radiotherapy and queried what could be done about this. It was advised that the patient would be moved to the Royal Surrey if they required urgent radiotherapy.

In response to Chris' query about how much elective work was carried out at the weekend, the Deputy Medical Director/Chief of Patient Safety advised that he was not sure how much but it was not a great deal. The 7 day services initiative had come about due to the increase in deaths over the weekend. The Deputy Medical Director considered the report to be encouraging for the Trust.

Keith Bradley reminded the Group of a complaint response letter that had been shared with him which did not express enough regret and later the relatives had made a comment about standard paragraphs in a letter. It was agreed that Keith would forward complaint details to the Deputy Chief Nurse/Associate Director of Quality who would ensure that standard paragraphs were adapted to suit circumstances.

The Deputy Chief Nurse/Associate Director of Quality referred the Group to the four charts on emergency readmissions within 30 days. The information related to unavoidable readmissions and the Deputy Chief Nurse/Associate Director of Quality advised that he would provide information on avoidable readmissions at the next meeting. It was advised that the Medical Director was working to reduce readmissions. **RW**

Minute **Action**

The issues relating to finding suitable care homes and how family members were unable to cope at home were discussed. The Deputy Medical Director/Chief of Patient Safety highlighted that some of the readmissions were due to alcohol/drug abuse and mental health issues with patients suffering these conditions attending up to several times a year.

In response to Judith's query the Deputy Medical Director/Chief of Patient Safety felt positive with Central Surrey Health's provision of community services although the contract had only begun that month. The Group was reminded that the Trust had taken over the Ted Bradley Unit in Woking which provided a Neuro-rehabilitation Inpatient Service.

The Group NOTED the Quality Report.

FEEDBACK

PEG-16/17 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that six Governors attended the last Quality Account Assurance Group meeting in March. The format of the meeting had been improved and much appreciated.

Danny Sparkes and Godfrey Freemantle had taken part in the PLACE inspections and feedback was positive.

Brian Catt advised that he had been in conversation with William Britton, Head of Facilities Support Services, about the car parks and in particular in relation to the barriers.

Godfrey Freemantle advised that he had attended the recent Car Parking Charges Appeal Committee.

Danny advised that five Governors attended Trust Board in March.

PEG-17/17 Feedback from Members to Governors Relating to Patient Experience

Bertie Swan advised one of her acquaintances from the Samaritans for North West Surrey had enquired about new premises. The Deputy Chief Nurse/Associate Director of Quality asked Bertie to pass on his contact details. **BS**

Bertie advised that an acquaintance had shared with her how her father had become confused with clocks showing different times whilst he was an inpatient on a dementia ward. Sue Harris advised that the clock above the patient's bed was there to highlight when a patient should be turned to avoid pressure sores but appreciated that on a dementia ward this could cause confusion. Sue agreed to look into whether the clocks could be removed from the dementia bays. **SH**

Bertie advised that she had met with Di Lashbrook, Associate Director for MSK and Trauma, who had allowed her time to raise her concerns.

Minute **Action**

Finally, Bertie advised that Shepperton Health Centre was under threat of closure due to the huge increase in rental charges and considered A&E would experience an increase in attendances as a result.

PEG-18/17 Any Other Business

None

PEG-19/17 Tour of the Rowley Bristow Unit

Di Lashbrook welcomed the Group to the Rowley Bristow Unit and showed them the waiting area which was relatively busy with around 30 - 40 patients waiting to be seen. Di advised that this was around the average expected at any time during the day. In the same area behind the Reception window, several staff worked to prepare notes as well as perform reception duties. Di advised that it was intended to open up the waiting area encompassing the reception area to increase both the size of the waiting area and to benefit from the natural light.

Di advised that anyone presenting with a suspected fracture in A&E would be seen the next day in the fracture clinic unless it was a Friday when the patient would be seen the following Monday. Di advised that patients were not always happy to attend the hospital the next day but this allowed staff to run a better service as they knew how many people would be attending the fracture clinic and as a result wait times had been reduced. Di added that referrals from A&E were not always accurate and time was needed to make an accurate diagnosis.

Di then showed the Group to the MSK Appointments Centre and advised that all appointments for the service were managed there. It was advised that Rheumatology was also part of the MSK service but was located in the main outpatients building. Di advised that outpatient services were also provided at Ashford Hospital and operations were also conducted there if procedures were considered straight forward.

Di showed the group where the clinic rooms were located and then the x-ray and fracture clinic. The Group met Cathy Parsons, Director of Clinical Services, MSK, Diagnostics, Therapies and Trauma. The Group was then shown the theatre schedulers room where all the arrangements for operations were made. The Group visited the Admin Hub where all the consultants' secretaries sat. Each looked after two consultants each and there were a total of 18 consultants working for the unit.

Finally, Di led the Group to the Triage room and advised that all referrals were discussed by the multi-disciplinary team consisting of a consultant, a GP and physiotherapists. Up to 300 patient referrals were looked at each day and medical history, as well as x-rays were examined. Decisions were made as to who the patient would see for their treatment whilst managing the expectations of the patient and GP. Mr David Elliot, Consultant Orthopaedic Surgeon, advised that the biggest change in the service was that surgery was now not considered the only option to alleviate symptoms.

Ashford and St. Peter's Hospitals NHS Foundation Trust

Minute **Action**

The Group thanked Di for showing them around the Rowley Bristow Unit and wished her well with her imminent retirement.

Date and Time of Next Meeting

Monday 3rd July, 2-4 pm, Room 2, Chertsey House, St Peter's Hospital

Further Dates for 2017

Monday 11th September
Monday 20th November

All 2 – 4 pm in Room 2, Chertsey House

Ashford and St. Peter's Hospitals NHS
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Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
13.2.17	**PEG-05/17**	**Quality Report External Audit Briefing 2016/17**	Invite KPMG to PEG in February 2018	AS	ND		
13.2.17	**PEG-05/17**	**Quality Report External Audit Briefing 2016/17**	Invite KPMG to Quality Account Assurance Group early 2018	RW	ND		
21.4.17	**PEG-15/17**	**Quality Report – Patient Experience**	Provide information on avoidable readmissions at the next meeting	RW	3 July 2017		
21.4.17	**PEG-17/17**	**Feedback from Members to Governors Relating to Patient Experience**	Provide the Deputy Chief Nurse/Associate Director of Quality's details to contact	BS	ASAP	Complete	✔
21.4.17	**PEG-17/17**	**Feedback from Members to Governors Relating to Patient Experience**	Check whether the clocks above beds in the dementia bay can be removed	SH	ASAP	Sue Harris spoke with Sister Gill O'Shea and she agreed that the use of the clocks could be confusing for patients with dementia. Gill expressed her gratitude for this being brought to her attention and will ensure that the clocks are only put up behind the beds of patients who require planned regular turning and not all patients as is the current practice.	✔