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

COUNCIL OF GOVERNORS
4th March 2014

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The draft minutes of the meetings of the Patient Experience Group held on 9th December 2013 and 10th February 2014 are attached. Matters discussed in the meeting on 9th December 2013 included: • Chairmanship • Pharmacy • Annual Report and Terms of Reference • Falcon Ward • Feedback from Patient Panel Meeting • Quality Report – Patient Experience • Patients Association Project • Day Surgery Administrative Procedures • Feedback from Governor Hospital Visit • Feedback from Group Members on Recent Visits and Meetings Matters discussed in the meeting on 10th February 2014 included: • Resignation – Ann Gallagher • Feedback from Patient Panel Meeting • Quality Report – Patient Experience • Patients Association Project: Interim Report • Automated Calls • Shared Care • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors relating to Patient Experience • Group Visit to the Radiology Department
The Council is asked to:	Note the draft minutes of the meeting of the Patient Experience Group held on 9th December 2013 and 10th February 2014.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	19th February 2014
Decision:	For Noting

Council of Governors

Minutes of the Patient Experience Group
9th December 2013

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
	Ann Gallagher	Appointed Governor – University of Surrey
	Godfrey Freemantle	Public Governor - Hounslow
	Judith Moore	Public Governor – Woking and Guildford
	Susan Lockwood	Public Governor – Runnymede
APOLOGIES:	Sue Harris	Staff Governor – Nursing/Midwifery
IN ATTENDANCE:	Annette Arnold	Chief Pharmacist
	Heather Caudle	Deputy Chief Nurse/Associate Director of Quality
	Lisa Jackson	Deputy Chief Pharmacist
	Lynn Robinson	Head of Patient Engagement and Experience
	Anu Sehdev	Membership Manager

Minute **Action**

PEG-57/13 **Minutes of Previous Meeting**

The minutes of the meeting held on 7th October 2013 were agreed as a correct record.

MATTERS ARISING

PEG-58/13 **Chairmanship**

The Membership Manager advised that the Chairmanship of the Group had come up for review. The Group nominated Keith Bradley to continue as Chair for another year to which he agreed.

PEG–59/13 **Pharmacy**

Keith Bradley welcomed Annette Arnold, Chief Pharmacist and Lisa Jackson, Deputy Chief Pharmacist, to the meeting. He explained the dual purpose of inviting them, one being the matter arising from the previous meeting concerning perceived delays in supplying medication for inpatients about to be discharged and the other to give members a general appreciation as to how the Pharmacy Department operated.

Annette Arnold clarified that the Pharmacy Department did accept requests for discharge medications after 4.00 pm. In her experience delays in patients being discharged were mainly due to the delay in doctors writing up discharge prescriptions. An electronic process had been looked at but the Trust had been unsuccessful in its bid for funds to acquire this service.

Annette advised that the department provided a service with extended hours on a Saturday and Sunday and an on-call pharmacist 24/7. Some utilisation of an electronic service was provided but prescriptions still required signing off by doctors. The department's aim was to get pharmacists on the ward to speed up processes so that when the prescriptions arrived in Pharmacy they were complete. A pilot on May Ward had enabled 50% of TTOs (To Take Out Medications) being written up. A seven day service required more resource and Annette advised she was due to meet with the Deputy Chief Executive to discuss this option further. Lisa Jackson explained that the provision of TTOs was only part of the role Pharmacy had to play in supplying medication throughout the hospital, and particularly to out-patients. It was also important to ensure the department had an adequate stock of medications; the department met its legal and monitoring obligations and ensured all work was recorded to enable payment by the Clinical Commissioning Group (CCG).

It was confirmed that common drugs were made available on the wards and those medications that were already prescribed to inpatients during their stay were ready and waiting in bedside lockers. There were still certain medications that could only be decided on the day but wherever possible medications were dispensed as soon as possible.

Lisa Jackson advised that pharmacy staff did not leave the department until all drugs that were required for the day were dispensed. It was also clarified that a patient's GP had overall responsibility for ensuring medications were available for those patients who attended the hospital as day cases although Pharmacy would always help in extreme situations.

Annette further advised that the waiting area outside Pharmacy was far from ideal due to its location and was looking at potential ways of improving it. Annette also confirmed that a lot of pre-packed medications were stored in A&E.

The Group thanked Annette and Lisa for their valuable input and for highlighting the Pharmacy Department's dedication in delivering a high level of patient care.

PEG-60/13 Annual Report and Terms of Reference

The Deputy Chief Nurse/Associate Director of Quality advised that her correct title was now Deputy Chief Nurse/Associate Director of Quality.

The Group AGREED the Annual Report and Terms of Reference.

PEG-61/13 Falcon Ward

Keith Bradley highlighted that Falcon Ward was currently undergoing a refurbishment and queried whether the changes were dementia-friendly. The Deputy Chief Nurse/Associate Director of Quality advised that spaces between beds had been widened and there were more plug sockets being made available for pressure reducing mattresses. It was confirmed that she would check whether contrasting colours had been utilised in the toilets with Chris Bell, Associate Director of Estates and Facilities. It was advised that the Trust had been unsuccessful in its bid **HC**

for money to make the necessary changes to the toilets. However, the Trust would build this into the Capital Programme.

REGULAR ITEMS

PEG-62/13 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Panel, highlighted an issue that had arisen as a result of the reorganisation of committees and how members from the Patient Panel who had previously sat on certain committees appeared to have ceased to be invited to attend. The result was that the Patient Panel felt somewhat under-valued. There was a feeling that the Board was moving away from patient participation. Maurice advised that he was due to meet with the Chairman on 11th December when he would discuss this in greater detail. Maurice agreed to report back to the Group at the next meeting. **MC**

The Deputy Chief Nurse/Associate Director of Quality advised that she was aware a lot of work was underway to maintain participation from members such as those from the Patient Panel and it would appear that this was perhaps not being communicated effectively. It was agreed that she would also meet Maurice to discuss. **HC**

It was advised that the delay in the Patient Panel and Patient Experience Group joint meeting was due to the facilitator requesting more information in advance.

During discussion it was agreed that it would be helpful to learn more about the work of Healthwatch Surrey and the Group agreed that Jane Shipp, Chief Executive, should be invited to attend a future meeting **HC**

Reporting on another topic at the Panel Meeting, Maurice mentioned that the issue of noise at night had been raised and this had been highlighted at the recent 24 hour observation exercise. The Deputy Chief Nurse/Associate Director of Quality advised that an Improvement Project Plan had been drawn up as a result of the exercise and noise at night had been included.

PEG-63/13 Quality Report – Patient Experience

The Deputy Chief Nurse/Associate Director of Quality advised that the report focused on Complaints, PALS and the Friends and Family Test.

There had been 45 complaints received during the month of October which was a rise of 10% compared to September. The 95% performance against timescale continued to elude the Trust with 84% being achieved. The CCG had requested the Trust draw up an improvement plan and the consequences of not delivering would be a monetary penalty. The Deputy Chief Nurse/Associate Director of Quality advised that she met weekly with the Associate Directors of Nursing to discuss complaints. The CCG continued to measure success in relation to timely responses to complaints when the time element had been taken away by the Department of Health. However, deadlines were kept internally and although these could be re-negotiated departments were not doing this, especially where cases were complex.

The Deputy Chief Nurse/Associate Director of Quality advised that the recent Quality Team restructure had ensured that each division had support and this was enabling the divisions to gain a better understanding of the complaints process. It was clarified that there were some gaps in the Quality Team and these were currently being recruited to.

Godfrey Freemantle requested that future reports include a mention of Serious Incidents Requiring Investigation (SIRIs). It was also agreed that the Deputy Chief Nurse/Associate Director of Quality would circulate the Friends and Family Test comparison with other trusts. The Trust's target of achieving a combined 70% response rate in Inpatients and A&E was appearing to be somewhat ambitious as it was proving difficult to obtain responses from patients who attended A&E. The option of texting and calling back patients when they returned home was helping the response rate. **HC**

The Group discussed how forms could be handed out to patients at A&E Reception and leaflets on the service in A&E also provided.

The Head of Patient Engagement and Experience advised that complaints relating to the delay in GPs receiving letters had greatly reduced. The Head of Patient Engagement and Experience advised she would request an update in relation to the delay in letters being reviewed once they were typed up in India. **LR**

It was advised that the quarterly Patient Experience Report would be included in the Board papers for January 2014. The top three themes in complaints were:

- Treatment and care
- Communication
- Attitude

But it was clarified that it was the underlying themes that needed to be examined.

The Deputy Chief Nurse/Associate Director of Quality advised that OPAL was already having an impact on the service provided to patients who suffered from delirium, dementia or depression and clarified that OPAL was a service which was provided on the MAU.

The Group NOTED the report.

FOCUS TOPICS

PEG-64/13 Patients Association Project

Keith Bradley advised that two meetings had taken place to discuss the project and participants from the Group included Susan Lockwood, Judith Moore and himself. Keith advised that he and his colleagues were now somewhat clearer on the project and what could be achieved. The importance of training sessions was reinforced and participants were awaiting confirmation of dates for training in January.

Maurice Cohen, together with two colleagues from the Patient Panel, had been invited to attend the training sessions once these were organised. **MC**

The Group discussed the importance of putting together structured questions and having the right people taking part. Judith Moore advised that the project would be guided by Celia Turnbull, Project Manager from the Patients Association, and she had a vast experience of conducting such projects.

It was clarified that complex decisions would be referred to the Group; the Chief Nurse would be the sponsor and that the Project Team would meet monthly. The Head of Patient Engagement and Experience agreed to get clarification on governance and terms of reference for the team. **LR**

The Group agreed to the project going ahead and confirmed acceptance of the Project Proposal circulated.

PEG-65/13 Day Surgery Administrative Procedures

Keith Bradley advised that this item had arisen from a report on Day Surgery and the administrative procedures in that all patients were expected to present at the hospital at 7.00 am when often they would not be operated on until mid-afternoon.

The Head of Patient Engagement and Experience advised that some lists worked better as they were staggered but these were generally cases where a local anaesthetic was being used and patients did not require too many checks. It was recognised that more work had to be done and the Enhancing Recovery Programme was in place to facilitate better use of theatre time. Pre-assessment and consenting processes were being examined. It was agreed that the Head of Patient Engagement and Experience would speak with Mr John Hadley, Divisional Director for Theatres, Anaesthetics, Surgery and Critical Care, for his advice on who should be invited to attend a Patient Experience Group meeting in order to explain the service. **LR**

PEG-66/13 Feedback from Governor Hospital Visit

Keith Bradley advised that several Governors had recently visited Holly Ward during lunchtime and witnessed lunch being served in a variety of ways to meet the requirements of individual patients. The Governors then had the opportunity to sample some food after which they visited the A&E Department.

It was noted that Holly Ward was very busy with many very sick and demanding patients. The Governors were impressed with the way the staff handled their duties and cared for the patients. The Deputy Chief Nurse/Associate Director of Quality advised that the Trust had recently invited staff to help with feeding patients requiring assistance and through this one administrative member of staff had decided to go onto HCA training.

The Governors found the A&E Department very well organised during their visit, although very busy, and were interested in hearing the plans for much needed expansion.

FEEDBACK

PEG-67/13 Feedback from Group Members on Recent Visits and Meetings

Susan Lockwood advised that she had agreed to be a member of the PLACE team.

Keith Bradley advised that a small number of Governors had attended the Quality Workshop which took place on 28th October 2013 and that he and Susan Lockwood had attended the Chaplains' Seminar on Mental Health Services in November.

Godfrey Freemantle advised that he had attended a recent Self Check-In meeting and was pleased to advise that that Ashford Hospital was now up and running with signage issues being resolved. Radiology at St Peter's Hospital would be going live on 11th December 2013 with Area 3 of Outpatients going live the following week. Godfrey was pleased to advise that the project was on target.

The Self Check-In Group took the decision not to continue with the barcode option as it was not cost-effective as many patients did not bring their appointment letters with them.

Susan Lockwood advised that, following a conversation with William Britton, she had been in contact with the Albelio bus company and they were now looking at the potential provision of transport to St Peter's Hospital for residents living in areas where buses were very infrequent or not covered by public transport at all.

ANY OTHER BUSINESS

The Deputy Chief Nurse/Associate Director of Quality advised that the Trust had recently conducted a peer review of how it dealt with patients with learning disabilities and feedback had been positive. It was advised that those requiring additional assistance were able to request this via the Main Reception.

Keith Bradley advised the Group that the Head of Patient Engagement and Experience was leaving the Trust and the Group thanked her for her contribution and support to the Group. It was advised that the position was being advertised and any gap in the service would be covered internally.

Dates of Meetings for 2014 – All 2.00 – 4.00 pm in Room 1, Postgraduate Education Centre, St Peter's Hospital

10 February
14 April
9 June
11 August
6 October
24 November

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
9/12/13	**PEG-61/13**	**Falcon Ward**	Check whether contrasting colours being used with Chris Bell	HC	10 Feb 2014	Falcon not being fully refurbished, therefore contrasting colour scheme not being implemented.	✔
9/12/13	**PEG–62/13**	**Feedback from Patients Panel Meeting**	Update the Group on meeting with the Chairman	MC	10 Feb 2014	To be included as part of item 4.1 on the agenda.	✔
9/12/13	**PEG–62/13**	**Feedback from Patients Panel Meeting**	Meet Maurice regarding committee attendance by Patient Panel members	HC	ASAP	In diary	✔
9/12/13	**PEG–62/13**	**Feedback from Patients Panel Meeting**	Invite Jane Shipp to PEG	HC	ASAP	Invited. Awaiting response.	✔
9/12/13	**PEG-63/13**	**Quality Report – Patient Experience**	Include SIRIs in report	HC	10 Feb 2014	Within report.	✔
9/12/13	**PEG-63/13**	**Quality Report – Patient Experience**	Request update in relation to delay in reviewing letters to GPs	LR	ASAP	Discharge summaries to GPs is at 95%, in line with target.	✔
9/12/13	**PEG-64/13**	**Patients Association Project**	Attend training session with 2 colleagues	MC	7 Jan 2014	Verbal update	

Council of Governors

Minutes of the Patient Experience Group
10th February 2014

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
	Judith Moore	Public Governor – Woking and Guildford
	Sue Harris	Staff Governor – Nursing/Midwifery
	Susan Lockwood	Public Governor – Runnymede
APOLOGIES:	Ann Gallagher	Appointed Governor – University of Surrey
IN ATTENDANCE:	Heather Caudle	Deputy Chief Nurse/Associate Director of Quality
	George Roe	Head of Corporate Affairs
	Anu Sehdev	Membership Manager

Minute **Action**

PEG-1/14 Minutes of Previous Meeting

The minutes of the meeting held on 9th December 2013 were agreed as a correct record.

MATTERS ARISING

PEG-2/14 Resignation

Keith Bradley advised the Group that Ann Gallagher had reluctantly taken the decision to resign from the Group due to additional responsibilities at the University of Surrey. This meant the Group no longer had representation from the stakeholder division and it was requested that the Head of Corporate Affairs contact other appointed governors asking whether one of them would like to be part of the Group. **GR**

REGULAR ITEMS

PEG-3/14 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Panel, presented highlights from the previous meeting. Maurice advised that it had been suggested that the Director of Workforce Transformation be invited to attend a meeting to discuss staffing levels. Maurice reiterated his concern that some Patient Panel members were feeling abandoned by committees they had sat on previously.

Maurice highlighted a concern that had been raised at a security meeting taking place in the South East where an agency had been utilised to recruit a member of staff and a second person had turned up in their place who had then gone on to steal from vulnerable patients.

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Finally, Maurice advised of the issue of clinic letters arriving late and the Panel knew that this was currently being reviewed by the Trust.

The Group thanked Maurice for the update.

Later in the meeting, but related to the Patient Panel, Maurice advised that he had met with the Chairman and she was of the strong opinion that the Patients Panel should continue as a group and valued it. Maurice advised that due to the Head of Patient Engagement and Experience leaving the Trust, no papers or minutes had been made available at the last meeting.

The Deputy Chief Nurse/Associate Director of Quality apologised for the lack of administration of the recent Patient Panel meeting and advised that the new Head of Patient Engagement and Experience would be starting at the Trust in April which would bring this back in line. The Deputy Chief Nurse/Associate Director of Quality advised that she was due to meet with Maurice later that day to discuss representation on committees.

PEG-4/14 Quality Report – Patient Experience

The Deputy Chief Nurse/Associate Director of Quality advised that the report focused on Complaints, PALS and the Friends and Family Test. The report now also included details of incidents as requested by the Group at the previous meeting.

Judith Moore requested that a key be included to explain the abbreviations used in the report and it was agreed that this would be provided in future reports and that abbreviations would be standardised. It was also advised that colours used in charts would be clearer. **HC**

The Deputy Chief Nurse/Associate Director of Quality presented highlights from the report and advised that there had been fewer complaints received during December compared to October and November. It was explained that the number of complaints received in any given month did not provide the whole picture. The complaints had to be examined more thoroughly to see what percentage of these raised serious concerns. Occasionally it was noted that follow-up complaints came about on the anniversary of an incident or bereavement taking place. The Deputy Chief Nurse/Associate Director of Quality was pleased to advise that the Trust had met the agreed deadline for response in 100% of cases during January, which exceeded the 95% target. This was a marked improvement and especially in light of the Clinical Commissioning Group issuing a penalty notice. It was noted that the quality of responses was improving and timeliness of responses was also improving. It was also advised that complaints were not taking longer to investigate and in many cases responses were received within 25 working days. Where this was not the case was generally due to the complaint relating to a safeguarding issue or a response was being sought from another agency. The NHS Complaints Procedure stated that it was important that agencies worked together to provide one coordinated response with the predominant agency leading on the complaints process. This was not a practice all agencies followed although the Trust did. In future should a delay be experienced with receiving a response from an agency, consideration would be given to sending a letter with the Trust's response advising that a response would follow from the agency.

It was reinforced that during the complaints handling process, complainants were frequently updated on progress.
The Deputy Chief Nurse/Associate Director of Quality advised a summary of the Ombudsman cases had been provided and highlighted that a maternity case had not

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been upheld.

In relation to the Friends and Family Test and the Trust's target of 70 in the net promoter scores, 72 had been achieved in December for the inpatient score and 51 for the A&E score although improvements were now beginning to be noticed. The Trust had commenced the implementation of the Friends and Family Test in Maternity Services in October 2013. The net promoter score in December was 64. It had been highlighted there were challenges in terms of data capture and once these issues were resolved; the response rate was expected to improve.

The Deputy Chief Nurse/Associate Director of Quality was pleased to advise that in December eight staff WOW awards had been listed.

It was advised that several governors (all members of the Patient Experience Group) had attended the recent Quality Account Workshop where it had been highlighted that the Trust was performing well in many areas although not so well in some, for example in harm-free care (pressure ulcers and falls). It was further advised that a diabetes pathway was being considered and this had received support from GPs.

Godfrey Freemantle sought clarification in relation to the gaps in times of when an incident occurred and when it was reported. Sue Harris advised that reporting on pressure ulcers, as a serious incident, was usually undertaken when a tissue viability nurse was available to confirm the severity of the ulcer and hence a delay may occur then. The Deputy Chief Nurse/Associate Director of Quality advised that incidents were normally reported on within 3 working days, from the time a serious incident had been detected, but would look into the serious incident number 10 to seek further clarification on the delay in reporting.

It was further clarified that the patient who was under the care of an Alpha hospital had not been formally transferred over to St Peter's Hospital and after absconding from A&E, the injury that resulted was reported as an incident. **HC**

Finally, the Deputy Chief Nurse/Associate Director of Quality advised PALS concerns did not include complaints.

The Group thanked the Deputy Chief Nurse/Associate Director of Quality for her report.

FOCUS TOPICS

PEG-5/14 Patients Association Project: Interim Report

Keith Bradley advised that the first interviewing session had had to be abandoned as one of the ambassadors from the Patients Association had not received DBS clearance. The second session was also abandoned due to there not being enough carers available to interview. A further session had been arranged for 18 February 2014 and it was hoped that at least 20 carers would be available to be questioned over two sessions to ensure the project's viability. The Deputy Chief Nurse/Associate Director of Quality advised that she would discuss further with Sue Hardy, Matron for Medicine, who was the Trust lead for the project. **HC**

PEG-6/14 Automated Calls

Keith Bradley highlighted a concern originally raised by Sue Harris around outpatients receiving an automated message via the telephone reminding them of

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their appointment. Unfortunately, there was a delay from answering the phone until the automated message kicked in and hence many patients considered these calls might be telesales cold calls and terminated the call. Judith Moore queried whether outpatient letters could include a mention of there being the possibility of a phone call reminder. The Group acknowledged that these calls contributed to tackling the Did Not Arrive (DNA) rate in outpatients. Automated messages now mentioned Ashford and St Peter's in the opening line to minimise dropped calls and where a call was dropped, a member of staff followed up with a further call.

The Group raised further concerns around an automated call continuing regardless of who picked up the phone in the household and it was suggested that text messages to mobile phones should be considered for confidentiality reasons.

PEG-7/14 Shared Care

Keith Bradley advised that Dr Mick Imrie, Deputy Medical Director, would be attending the next meet to discuss shared care and in the meantime had requested that Maurice Cohen appraise the Group on the discussion that would ensue.

Maurice outlined his suggestion which he had made to the Chairman, and which she had said should be something which the Patient Experience Group could explore. This was about patients taking more responsibility for their care by keeping all their reports pertaining to them. Maurice had met with Dr Simon Gabe, Consultant Gastroenterologist at St Mark's Hospital (now part of Northwick Park Hospital), some time ago as this had undertaken at St Mark's and it was highlighted to Maurice that the system worked very well. Dr Gabe had agreed to visit the Trust to talk about the process and Maurice had forwarded information to several people at the Trust and the Chief Nurse had expressed her interest and how she felt it was a good idea.
It was further highlighted that shared care was on the agenda; although the Trust needed to get electronic patient records first to enable this. St Mark's Hospital and Great Ormond Street Hospital already had the infrastructure in place to enable shared care. The Director of Finance and Information had been tasked with this objective and it was envisaged that electronic patient records would be in place by no later than 2017. The Group recognised that the Chief Executive had witnessed shared care during his recent visit to the USA.

The Group considered the possibility to inviting Dr Gabe to the Trust and a presentation taking place to a wide group of staff and Governors, including clinicians.

The Group thanked Maurice for this input.

FEEDBACK

PEG-8/14 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that two Governors, together with the Membership Manager, had held successful recruitment stands at Ashford Hospital and St Peter's Hospital just before the Christmas break giving an opportunity, particularly at Ashford, to hear comments about the refurbished Outpatients Department and also Self Check-In.

Governors had attended the opening of the new Hybrid Theatre and the second Quality Workshop. On 5th February 2014, the Chairman, Chief Nurse and Chief Executive had undertaken a presentation to Woking Borough Councillors which Keith Bradley had attended.

Godfrey Freemantle advised that the Self Check-In provision was on schedule and

that minor changes had to be made for individual departments. The final meeting would be taking place in 6 – 8 weeks' time when lessons learnt would be discussed.

Keith Bradley further advised that the Governors would be attending a Council of Governors Business Planning session on 12th February 2014 led by the Associate Director of Business Development.

PEG-9/14 Feedback from Members to Governors relating to Patient Experience

Keith Bradley advised of two positive cases that had been highlighted to him. One was in relation to the Maternity Department when a patient had suffered a miscarriage and the compassionate care and attention they had received. The second case was in relation to the CCU and how everything had been extremely favourable and how particularly impressed the patient was with the housekeeper's diligence.

Keith advised of a not so positive case when a letter was received by a patient after they had had a scan in December and how the letter mentioned that the scan would be discussed when the patient attended their outpatient appointment in May. This had caused the patient some worry and had resulted in the patient calling the department for further clarification. Although there was nothing to worry about it was felt the letter could have been better worded to avoid undue stress.

Keith was pleased to note that the Trust had received a national award in the Lead Healthcare Academy Awards for its Releasing Time to Care Project led by Sally Greensmith, Project Manager. Keith further advised that Diane Lashbrook, Clinical Nurse Leader for Outpatients, had reached the finals of the Patient Experience Professional of the Year category at the national Patient Experience Network Awards.

The Deputy Chief Nurse/Associate Director of Quality clarified that the Patient Advice and Liaison Service (PALS) was fully staffed, although staff were interims and new to the service. The department had recently entered a period of reporting which meant staff were somewhat engaged in this. In light of recent security issues with lone working in the PALS office, it had been decided that PALS staff would share an office space with Volunteers and Bereavement services.

Keith Bradley had forwarded the following publication to the Group:
"A Review of the NHS Hospitals Complaints System Putting Patients" by the Right Honourable Ann Clwyd MP and Professor Tricia Hart. The Deputy Chief Nurse/Associate Director of Quality advised the Trust was not far off the recommendations contained therein and many had already been implemented. Others recommendations would soon be implemented.

PEG 10/14 Group Visit to the Radiology Department

Dr Robert Davies, Consultant Lead in Radiology and Susan Farrell, Lead Superintendent Radiographer, escorted the Group around the Radiology Department.

It was advised that the area was currently undergoing a period of remodelling and it was envisaged that the department would have three CT scan rooms over the two sites when currently there was only one. It was highlighted that changing areas and waiting areas were limited and often cramped and it was hoped that these areas would be improved upon to provide increased privacy and dignity.

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The Radiology Department provided 24/7 care and the new scanners to be installed would be capable of acquiring up to 256 slices simultaneously which potentially would provide clearer pictures in a shorter time with lower x-ray exposure. On the St Peter's site a 'double headed' CT suite was planned with two such scanners and a single control room which would allow more efficient use of staff. The existing Room 2 Interventional Suite would be moved into the old cardiac Angiography Suite to allow space for the extra CT scanner.

The Group requested clarification on the health and safety aspects for staff performing x-rays and it was advised that staff were exposed to very low doses of radiology and that the member of staff performing the x-ray would move behind the glass divider to avoid undue exposure. Each member of staff who performed x-rays wore a monitor to record radiation exposure.

Dr Davies advised that the Radiology Department was limited for space, hence the need for remodelling of the area with some areas leaving the department to make room for the services that were required.

It was advised that the plain x-ray facilities in the hospital were being progressively upgraded to direct digital (DR) technology which avoided radiographers having to physically process the old cassettes. Images would be instantly transferred to the hospital PACS (Patient Arching and Communication System), saving time and effort and also giving lower x-ray exposures to patients.

Dr Davies confirmed that most inpatients were brought to the Radiology Department for x-rays, but that there were eight mobile x-ray machines available which could be taken to the ward should a patient not be able to move. Each ward had a static workstation to enable images to be viewed.

The Group were shown the office areas where images on PACS could be viewed on large VDU screens. Images could be displayed in varying ways, for example slicing the image or highlighting bones, lungs or tissue. Voice recognition technology was available which allowed reports to be dictated by the radiologists directly onto the computer system avoiding delays occurring whilst secretaries typed the reports.

Dr Davies showed the Group the Hot Reporting Room which would be constantly manned by a radiologist when three new consultant radiologists were appointed. A new inpatient reporting area was also planned.

Finally, the Group were shown the administrative office where the PACS team worked and the meeting room where audio visuals would be improved upon to provide better communication between hospitals.

The Group thanked Dr Davies and Sue Farrell for showing them around the Radiology Department and highlighting the work undertaken in the department.

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)

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

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Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
9/12/13	**PEG-65/13**	**Day Surgery Administrative Procedures**	Ask John Hadley for recommendation on who should attend PEG to explain Day Surgery processes	LR	ASAP	Mo Wattie (Speciality Lead for Day Surgery) invited. Awaiting response.	
9/12/13	**PEG–62/13**	**Feedback from Patients Panel Meeting**	Invite Jane Shipp to PEG	HC	ASAP	Invited. Awaiting response.	
10/02/14	**PEG-2/14**	**Resignation**	Invite appointed governors to join PEG	GR	ASAP	Chris Howorth has agreed to be part of the group	✔
10/02/14	**PEG-4/14**	**Quality Report – Patient Experience**	Include a key for abbreviations, standardise abbreviations and make colours in charts easier to distinguish between	HC	14/04/14		
10/02/14	**PEG-5/14**	**Patients Association Project: Interim Report**	Discuss with Sue Hardy how to ensure enough carers available for interviewing	HC	ASAP		