COUNCIL OF GOVERNORS
9h March 2015

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 9th February 2015 are attached. Matters discussed in the meeting on 9th February 2015 included: • Healthwatch Surrey • Dementia Care 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
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 9th February 2015.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	March 2015
Decision:	For Noting

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Council of Governors

Minutes of the Patient Experience Group
9th February 2015

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
	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:	Louisa Daly	Head of Patient Experience and Involvement
	Mick Imrie	Chief of Patient Safety/Deputy Medical Director
	David Sills	Dementia and Admiral Nurse Lead
	Anu Sehdev	Membership and Engagement Manager
	Jane Shipp	Healthwatch Surrey

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PEG-1/15 Minutes of Previous Meeting

The minutes of the meeting held on 11th November 2014 were agreed as a correct record. The updated Action Log was noted.

MATTERS ARISING

PEG-2/15 Quality Web Page and Way Finding Maps

The Head of Patient Experience and Involvement advised that the Quality web page had not yet gone live and that she would chase William Britton, Head of Facilities Support Services, on the progress on way finding maps. **LD**

PEG-3/15 Healthwatch Surrey

Jane Ship from Healthwatch Surrey attended the meeting and provided a synopsis of Healthwatch Surrey's remit. Jane advised that the organisation was relatively new and had resulted from the last White Paper. Jane clarified that Healthwatch covered both health and social care services by investigating trends and providing people with a voice. Advice on how to get the best out of health and social care was provided. Healthwatch had a presence on the 'High Street' via the local Citizens Advice Bureaux. Healthwatch Surrey collected soft intelligence, ie people's views on the care they had received both good and bad. This was then fed back to the Trust or organisation concerned. Advice on seeking assistance from advocacy services was also provided.

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Healthwatch Surrey had a seat on the Health and Wellbeing Board and was under the umbrella of Healthwatch England and also the Care Quality Commission (CQC). Although Healthwatch did visit trusts, GP surgeries, care homes etc, they visited as volunteers and not inspectors and during these visits; there were conversations with patients and relatives. Assistance with escalating issues was provided. Healthwatch Surrey recently visited care homes in the area and had previously visited community hospitals.

Another way of communicating with the public was by hiring a double-decker bus and stopping in local high streets to speak with people.

Jane advised that two reports had been conducted by Healthwatch Surrey, one entitled GP Appointments and the other, the Stroke Pathway Project. One of the findings of the Stroke Pathway Project was that service provision varied according to where you lived and Healthwatch Surrey would be keeping a close eye on this. Another report on Stroke was about to be conducted and this would look at the provision of advice after undergoing a stroke.

During the course of its work, Healthwatch Surrey spoke with the CQC regularly to impart what it had witnessed. The main purpose of Healthwatch Surrey was to direct people where to go to get issues resolved.

Leaflets on volunteering for Healthwatch Surrey and how to get involved were placed in public areas around the county. Healthwatch Surrey had ensured that these were in plain and simple words. The website was now up and running, but Jane appreciated that not all members of the public had access to IT and that it still remained important to get out and visit areas the public frequented.

Jane advised that she had recently attended a Stroke Group and Healthwatch Surrey had ties with Age Concern. Their first Annual Report was now available on line and in hard copy form.

Maurice Cohen queried how Healthwatch received their funding and Jane advised that money was ring-fenced and the outcome of the White Paper was that every area had to have a Healthwatch. It was presumed the funding was allocated by the local Council and was based on population size. Keith Bradley asked how many people Healthwatch Surrey employed and it was advised that it was just over five full time staff members.

Chris Howorth queried what impact the GP Appointments Report had had. Jane advised that the report made a number of suggestions on how to improve the service provided and GPs were regularly visited and asked how many of these initiatives had been adopted. Jane was aware that the CQC was interested in the issue of there not being enough GPs. Issues had been escalated with Healthwatch England. Healthwatch Surrey had also appeared on a BBC Radio Surrey show and people had had the opportunity to call in with their feedback/queries.

Chris queried whether actions were co-ordinated with other Healthwatch

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departments and Jane responded that they were. Healthwatch Surrey retained close contacts with Patient Participation Groups (PPGs) and often a GP would be present at meetings. In relation to complaints, these were mostly directed to the GP Managers. Maurice advised that he attended PPG meetings also, but there was never a GP present at the meetings. Margaret highlighted that people felt a great deal of powerlessness when trying to make GP appointments. Brian advised that he, too, attended PPG meetings and mentioned the Primary Care Infrastructure Fund of £1 billion which NHS England was inviting bids for from GP surgeries to accelerate improvements in GP premises and infrastructure.

Jane advised that GP surgeries were also inspected by the CQC and it was clear that some were doing well whilst others not so well. It was planned to promote good practice in the surgeries not doing so well.

Chris highlighted that many of the issues lay with the reception staff that often came across as rude and unhelpful. What was needed was a group that could take action on the issues already known. Jane advised that Healthwatch was still a young organisation and many were not aware of its existence or its remit.

Keith asked Jane to explain the relationship Healthwatch had with the acute trust. Jane advised that it was hoped that findings relating to patient experience could be shared with the trust. The Group agreed that findings should be shared with the Head of Patient Experience and Involvement in the first instance. Jane clarified that this would be non identifiable information sharing both good and bad experiences. Jane also advised that Healthwatch Surrey had provided the CQC with a report on the Trust before its inspection. Jane advised that Healthwatch Surrey's website could be utilised to publicise messages relating to A&E, should the need arise. Margaret queried the 111 service and Jane advised that 18 months ago the service was not coping well but more recently great improvements had been made with clinical staff being on hand to deal with queries and the linking in with SECAMB (South East Coast Ambulance Service).

Keith thanked Jane for attending the meeting and for her presentation on Healthwatch Surrey. He also wished her a happy retirement and expressed the sentiment that her helpful contribution to the Quality Account Workshops would be missed. It was agreed that Jane would stay for the segment on Dementia Care.

PEG-4/15 Dementia Care Update

David Sills, Dementia & Admiral Nurse Lead, presented his draft Dementia Strategy for 2015. David advised that the last time the Trust had developed a strategy was in 2010.

David explained that the strategy may require editing after the report due in March from the CQC and this would be a good opportunity to incorporate its recommendations. David advised that there was a CQUIN which rewarded excellence in how information was gathered and recorded.

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The Trust was now screening everyone aged 70 and over on memory. The strategy looked at discharge summaries and who was conducting the screening and how many patients then went onto be referred for the memory service. Another area being looked at was whether carers felt supported. At present an anonymous survey was completed but this meant that staff were unable to respond to issues. It was identified that it was important to speak with carers whilst the patient was in hospital. Judith Moore outlined the Patients Association project conducted in 2014 and how Governors and others involved had found it difficult to find carers to interview and gather feedback. David further advised that in his opinion telephone surveys were a bit intrusive.

Margaret Lenton queried the memory cafés at the Trust and whether these had now started. David advised that they would be taking place in the future. David mentioned that in his experience he had found that attendance from patients at trust held memory cafés was not good and this could be for a number of reasons, ie parking problems and not wanting to come back to hospital. Jane Shipp advised that she was aware that a memory café was opening up in Woking. Keith Bradley advised that the Group had been advised that money had been secured from a domiciliary care agency, Home Instead, to pay for publications and refreshments for the memory cafés and that the local Rotary Club had agreed to support the memory cafés through a fundraising event that would support the purchase of activity equipment and any other resources deemed useful. Jane highlighted the difficulties of engaging with patients with dementia and the importance of joint working with other organisations in the catchment area, namely Action for Carers in Surrey. Jane advised that she would be happy to provide contact details to David.

Maurice Cohen queried what the ultimate objectives were as it was not possible to treat dementia. David advised that statistics had indicated that patients with dementia were more likely to experience a longer stay in hospital so it was important that hospital staff were trained on how to look after these patients. Colour coding toilets and bathroom areas and providing better nutrition, as patients with dementia were often found to lose weight during inpatient stays, were some of the key factors. With regards to colour coding bathrooms, this would be supported by Estates, when designing new wards.

In response to Maurice's query, David did consider research invaluable as it helped to determine actions. For example it had been found that when colour coding bathroom areas, toilet seats should not be painted red as the colour red could make patients feel anxious and black toilet seats on white toilets proved to be too much of a contrast. Blue was found to be just the right contrast.

In response to Margaret's query about identifying the training staff needed, David advised that page 10 of the strategy outlined the training and how this would be delivered.

Keith queried whether David had had sight of the Patients Association's study. David advised that he had not. Keith advised that the report showed

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very few new findings and reiterated the need for support for and consultation with carers and the establishment of memory cafés etc. The Membership and Engagement Manager agreed to send David a copy of the Patients Association's report. **AS**

David highlighted that dementia had always been around but it was only really now that it was being recognised as a big issue. Medication only slowed down dementia and did not cure it. The Group agreed that support was what was really needed. Margaret queried whether social services was providing enough support and David agreed that finding suitable care homes for dementia sufferers proved to be a challenge and advised that a member of the team had been invited to join the bi-monthly Dementia Steering Group.

Keith appreciated that David was still new to his position and would be grateful if he could come along to Patient Experience Group meeting in 3-4 months' time to provide a further update on the service. Keith noted that David was looking for a Governor to be part of the Dementia Steering Group and Margaret agreed to be a member. **AS**

Brian Catt advised that hospital environments were very busy and since he had experienced an inpatient stay recently, he could appreciate that a patient suffering from dementia would find the situation very confusing.

Chris Howorth was pleased that David was taking action. Carers were real people with real emotions. They were time poor and if there was anything that could be done to help carers support patients then that was a good thing.

Keith thanked David on behalf of the Group on his attendance and looked forward to hearing how initiatives were progressing.

REGULAR ITEMS

PEG-5/15 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Panel, presented highlights from the last Patient Panel meeting.

Maurice advised that there had been two presentations at the last meeting; one from Heather Caudle, Chief Nurse and one from William Britton, Head of Facilities Support Services.

Maurice also advised that some considerable time had been spent discussing two complaints and the Head of Patient Experience and Involvement had taken the time after the meeting to discuss the fine details with one of the Patient Panel members.

Finally, Maurice was sorry to advise that Simon Parish had passed away. He had been a member of the Patient Panel for some time and had also been involved in many other ways across the Trust. Maurice had attended Simon's thanksgiving funeral service and the fact that almost 200 people

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were in attendance gave an indication of the high regard in which he was held.

PEG-6/15 Quality Report – Patient Experience

The Head of Patient Experience and Involvement presented highlights from the Quality Report. She advised how the Friends and Family Test (FFT) scoring had been changed so that both "highly likely" and "likely" to recommend comments were now included in the scoring. The response rate in Inpatients remained good. The response rate in A&E had proven difficult to improve upon and sat at 14.5%. To increase this to the 20% target, an initiative had been developed and this was an automated message to landlines. Posters had been placed around A&E on how to opt out of this scheme. Mobile phone numbers would be tried first. The Head of Patient Experience and Involvement would be seeking the help of Patient Panel members in spending two hour shifts in A&E to encourage the completion of the test.

The FFT response rate continued to be a challenge in Maternity, although feedback remained positive. The Outpatients FFT only came into existence in October 2014 and targets were difficult to set due to many people attending regularly. It had been decided that patients would receive a text response when they made a comment.

The Head of Patient Experience and Involvement advised that complaint numbers were around the same number. She advised that her role would be changing from 23rd February 2015 when she would undertake a nine month secondment and work more closely in Complaints looking at how complaints were recorded, the issues/specialties/locations they were recorded against and making sure staff were trained adequately to undertake this task.

The Head of Patient Experience and Involvement clarified that although final responses were taking longer, the responses were of a higher quality and hence follow-ups had begun to decrease. It was confirmed that the Chief Nurse read each response personally to ensure all issues were responded to adequately. In response to Danny's query, it was advised that there was some ambiguity on how to handle complaints that turned into serious incidents requiring investigation (SIRI) and whether the complaint remained open. The changed timeline was often not explained to the complainant. The Chief of Patient Safety advised that SIRIs were fact finding processes with resulting actions and agreed there was a problem when running two parallel processes.

Chris Howorth queried what proportion of complaints were legitimate and the Head of Patient Experience and Involvement advised that the vast majority of complaints were, although some may be around minor issues, all were cause for complaint. Chris queried why there was no target for complaints and it was advised that complaints were considered a good form of feedback so no target was set.

Brian Catt advised that he would like to see learning from complaints. The

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Head of Patient Experience and Involvement provided an example of where recently several complaints had had a repetitive theme of transport issues and due to this talks were being held with SECAMB. Complaints graded 3 and above were examined by the quarterly Patient Experience Monitoring Group to ensure actions were undertaken.

The Chief of Patient Safety advised that there had been a spike in mortality during the time of pressures at the Trust. This was being tracked weekly, but what was of real concern was the disproportionate rise in mortality in the under 75 year olds. Statistics were being examined closely to see if there was any recurrent theme. Fortunately, the mortality figures had now returned to what they were before Christmas.

FOCUS ITEMS

PEG-7/15 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that a number of the Governors had met with some of CQC inspectors prior to their inspection of the Trust.

Keith advised that several of the Governors had attended the recent eMR demonstrations which provided a good overall overview. There was some concern expressed that the system was stand alone and did not incorporate GP data.

Keith further advised that some of the Governors attended the Quality Accounts Workshop.

Danny Sparkes advised that she had attended the recent Diagnostics, Therapies, Trauma and Orthopaedics Group meeting. It had been advised that there may be a link with pressure ulcers rising and the increased usage of escalation beds during the recent times of pressure on the Trust.

Keith advised that Judith Moore, Godfrey Freemantle, Danny Sparkes and Margaret Lenton had volunteered to take part in this year's PLACE inspections. Barbara Mogensen, Public Governor for Elmbridge, had also volunteered.

Sue Harris advised that information had been forwarded to the Group about the Trust's Communication Day. The day was now full to capacity with 90 people registering to attend. Sue advised that she would repeat the day and would invite the Governors to attend.

PEG-8/15 Feedback from Members to Governors Relating to Patient Experience

Brian Catt advised that he had recently spent 12 days as an inpatient at St Peter's Hospital. During this time he underwent a procedure and experienced first-hand what it was like to be a patient.

Margaret Lenton advised that members of the public had shared mostly GP issues with her and primarily this was about the lack of access.

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ANY OTHER BUSINESS

None

Date and Time of Next Meeting

Monday 13th April, 2 – 4 pm, in the Management Meeting Room at St Peter's Hospital. It was advised that Sarah Burton, Lead Cancer Clinician and Macmillan Lead Nurse for Cancer and Palliative Care and Nicky Burns-Muir, Associate Director of Nurse for Paediatrics, would be attending the meeting in April.

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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	13/04/15	To be completed for April PEG.	
17/11/14	**PEG-59/14 + PEG-2/15**	**Quality Report – Patient Experience**	Provide information from web page on outcomes from all actions	MW	13/04/14	Went live week of 16th Feb 2015	
17/11/14	**PEG-60/14**	**National Cancer Patient Experience Survey**	Invite the new Cancer Manager to PEG	AS	13/04/14	Invited and accepted.	✔
17/11/14	**PEG-65/14 + PEG2/15**	**Navigating the Trust**	Invite PEG members to see the new way finding maps	LD	1/12/14	Not yet complete. LD to chase William Britton on progress.	
09/02/15	**PEG-4/15**	**Dementia Care Update**	Send Patients Association report to David Sills	AS	13/02/15	Sent 10/02/15	✔
09/02/15	**PEG-4/15**	**Dementia Care Update**	Invite David Sills to PEG in June	AS	13/02/15		