COUNCIL OF GOVERNORS
8th March 2017

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 13th February 2017 are attached. Matters discussed in the meeting included: • Pharmacy Update • Quality Report External Audit Briefing 2016/17 • 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 • Visit to the Urology Department
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 13th February 2017
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	March 2017
Decision:	For Noting

Council of Governors

Minutes of the Patient Experience Group
13th February 2017

Room 2, Chertsey House, St Peter's Hospital
14:00 – 16:30 hours

PRESENT:	Keith Bradley (Chair)	Public Governor, Woking and Guildford
	Brian Catt	Public Governor, Spelthorne
	Maurice Cohen	Public Governor, Woking and Guildford
	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
	Bertie Swan	Public Governor, Elmbridge
	Danny Sparkes	Public Governor, Runnymede and Windsor & Maidenhead
IN ATTENDANCE:		
	Fraser Brown	Medication Safety Officer (for 01/17 to 04/17)
	Cara Dyer	Assistant Manager, KPMG (for 01/17 to 05/17)
	Lilly Evans	Public Governor, Runnymede and Windsor & Maidenhead
	Charlotte Goodrich	Senior Manager, KPMG (for 01/17 to 05/17)
	Anu Sehdev	Membership and Engagement Manager
	Russell Wernham	Deputy Chief Nurse/Associate Director of Quality
APOLOGIES:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	Judith Moore	Public Governor, Woking and Guildford

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PEG-01/17 Apologies and Introductions

Keith Bradley advised that he had received apologies from Maureen Attewell and Judith Moore, and welcomed Bertie Swan as a new member of the Group.

Keith requested everyone introduced themselves as there were visitors from Pharmacy and KPMG:

- Fraser Brown, Medication Safety Officer, Pharmacy
- Charlotte Goodrich, Senior Manager, KPMG
- Cara Dyer, Assistant Manager, KPMG

Lilly Evans also attended the meeting to observe.

PEG-02/17 Minutes of Previous Meeting

The minutes of the meeting held on 21st November 2016 were agreed as a correct record. The updated Action Log was noted.

PEG-03/17 MATTERS ARISING

National PLACE Audit Report
Keith highlighted that the Membership and Engagement Manager had sent the

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date for St Peter's PLACE inspection to all Governors to invite them to take part. The date was 7 March and anyone interested was asked to contact William Britton, Head of Facilities Support Services. It was advised that William was yet to receive notice of an inspection date for Ashford Hospital, but would forward this on when he was notified.

PEG-04/17 Pharmacy Update

Keith Bradley introduced this item by reminding everyone about how the Medical Director had referred to a presentation Prashant Sanghani, Interim Chief Pharmacist, had presented to the Board in response to concerns at the Council meeting in December. He confirmed that a major programme was underway to improve matters and Fraser Brown, Medication Safety Officer, had been asked to attend the Patient Experience Group meeting to update the Group on developments. Fraser advised that Prashant had now left the Trust and that Olatokunbo Ogunbanjo, aka Toks, had been appointed as the substantive Chief Pharmacist and Controlled Drugs Accountable Officer.

Following two serious incident events involving intravenous phenytoin, the Trust drug chart was in the process of being re-designed. A draft of the revised drug chart was currently being printed and was expected to be available by the end of February. Notwithstanding, the Trust would be commissioning and installing an electronic Prescribing and Medicines Administration (ePMA) system; the Department of Health deadline for which was 2020. Maurice Cohen was concerned that electronic prescribing had been discussed over two years ago and wondered what the delay was in implementing it. Fraser advised that a tendering exercise had been conducted for an ePMA system, but a complaint about the 'terms', resulted in cessation of the process. Additionally, the tendering process occurred when the merger with the Royal Surrey was being brokered and it had been hoped both trusts would adopt the same system. Fraser advised that the Trust already had oncology and intensive care ePMA systems, but that these systems/specialist care areas would not be considered within the scope for a Trust-wide ePMA system.

Fraser advised that Pharmacy had a robot and this would need to interface with the future ePMA system. The use of barcoding would be embraced in the future as this process would not only save money but would be safer. In response to Maurice's concerns about patients having to wait after being discharged for medications, Fraser advised that the Pharmacy Department continued to prioritise patient discharges, however, there was a reliance on doctors completing prescriptions in a timely manner.

Chris Howorth raised two further issues; one relating to medicine information provided to patients and/or carers upon patient discharge, and the other, incorrect prescribing of medications. Fraser emphasised that the drug chart was being revised and highlighted that a number of high-risk medications now required two signatures when prescribed. Fraser advised that as a result of escalating safety signals concerning injectable phenytoin to NHS Improvement (NHSI), a patient safety alert (PSA) had been issued in November 2016, which highlighted that the use of injectable phenytoin was error-prone throughout the prescribing, preparation, administration and monitoring processes. Electronic prescribing should prevent the prescribing of an incorrect phenytoin loading

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dose.

In response to Keith's query about medicines mandatory training, it was advised that Dr Erica Heppleston, Assistant Director Regulation and Improvement, was leading on an initiative called 'Lost Sheep', which reminded staff to complete their medicines management mandatory training. The current compliance rate was 75%+. Previously it had been below 60%. The January data was expected to be higher still as a lot of staff had recently undertaken the training.

Brian Catt advised he was aware of several instances when patients were discharged without the medications they needed. Fraser advised that generally patients were discharged with a minimum of two weeks supply. The Deputy Chief Nurse/Associate Director of Quality added that some drugs could not be supplied from the Trust's Pharmacy and the patient had to be referred back to their GP. In these cases staff would try to help the individual to resolve issues. The Deputy Chief Nurse/Associate Director of Quality advised that before a patient came into hospital their medications were recorded.

Chris queried how information was given to patients about their medications upon discharge. The Deputy Chief Nurse/Associate Director of Quality advised that medications should be explained by a member of staff. It was advised that not many complaints were received in relation to unexplained medications, but that issues relating to the wait time for medications were often raised. In response to Brian's query around patients not always being able to remember what was said to them, Fraser advised that there were many patient leaflets which could be handed to the patient when discharged and in addition the Pharmacy Department was looking at mechanisms of generating personalised, patient-friendly medicines information.

The Group thanked Fraser Brown for his update.

PEG-05/17 Quality Report External Audit Briefing 2016/17

Keith Bradley explained that this item had been included on the agenda for the first time as it was thought that PEG Governors could look at it in greater detail and possibly make recommendations to the whole Council which had the responsibility of selecting the indicators.

Charlotte Goodrich, Senior Manager and Cara Dyer, Assistant Manager at KPMG went through their short presentation with the Group.

Charlotte advised that KPMG's responsibilities were to ensure:

- The Quality report was prepared in line with the criteria set out in NHS Improvement (NHSI) guidance and was not inconsistent with other information available.
- Two indicators were selected from the three mandated NHSI indicators and these were assessed against the six components of data quality and private limited assurance opinion issued on them.
- Governors were asked to select a locally selected third indicator which

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KPMG was not required to issue an opinion on but would be assessed against the six components of data quality:

1. Completeness
2. Accuracy
3. Reliability
4. Relevance
5. Timeliness
6. Validity

The local indicator needed to be auditable and data had to be collected during 2016/17. It would be a historical review and hence the indicator chosen would be retrospective, ie for the year ending 31st March 2017. Charlotte highlighted the problems with previous selections over the last three years and how both the Trust and KPMG had learnt from failings.

Cara Dyer provided examples of local indicators chosen at other trusts and advised that NHSI guidance had been received the previous week.

Charlotte advised that interim testing of the local indicator would take place soon but appreciated that the Council of Governors meeting was taking place on 8th March where the final decision on the local indicator would be made.

In response to Chris Howorth's query on the failings with previous local indicators, the Deputy Chief Nurse/Associate Director of Quality advised that learning had been taken back. They had been complex measures and recording methods varied. Chris queried whether the monitoring could be improved upon and it was advised that an example of how monitoring had been improved was the introduction of a form with tick boxes in A&E for suspected Sepsis. Charlotte advised that the local indicators chosen had been considered high priority at the time and on paper looked straight forward but it had not been possible to pick up issues earlier.

Due to time constraints it was not possible to come to any kind of recommendation. Charlotte therefore requested the Group's assistance during the discussion at the Council of Governors meeting on 8th March in choosing a local indicator and offered to attend to help. It was agreed that Charlotte and Cara would be invited to the Council of Governors meeting when the choice would be made. **AS**

Further guidance on choosing a local indicator was shared and how important it was how the indicator was phrased to avoid any ambiguity. Chris considered that only two of the six indicators listed in the presentation would be feasible and the Deputy Chief Nurse/Associate Director of Quality agreed that there were many variants with other indicators. It was important to be clear what needed to be measured and when the clock began ticking.

It was considered that KPMG should be invited to the Patient Experience Group meeting taking place in February 2018 and that discussions could also take place at the Quality Account Assurance Group when nearing the time of selecting the local indicator for 2018/19. **AS** **RW**

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REGULAR ITEMS

PEG-06/17 Feedback from Patient Panel Meeting

Danny Sparkes, Chair of Patient Panel advised that Louise McKenzie, Director of Workforce Transformation, attended to discussion recruitment and retention.

Danny also advised that the Patient Panel was looking to recruit new members who had been recent patients.

The Group NOTED the Patient Panel update.

PEG-07/17 Quality Report – Patient Experience

The Deputy Chief Nurse/Associate Director of Quality referred to the table on in-hospital deaths and advised that in December there were 47 more deaths when compared to December 2015. All deaths in December 2016 were under investigation to find out the reasons for the steep increase. It was further advised that mortality review rates had improved slightly but were still low.

The Deputy Chief Nurse/Associate Director of Quality advised that there had been 22 pressure ulcer cases reported in December which was slightly down from November but the Trust was not achieving its planned reduction for the year. Sue Harris was currently in negotiations and advised that the "heels strictly off surface" satisfaction scores were in the high 90's.

The Deputy Chief Nurse/Associate Director of Quality advised that discussion on amalgamating clinical feedback (IWantGreatCare) with the Friends and Family Test (FFT) was taking place. The new Associate Director of Nursing for Paediatrics would be focusing on response rates in Paediatric A&E.

Godfrey Freemantle queried whether there were stats available for readmissions within 30 days (emergency only) stating which ones were unavoidable and the Deputy Chief Nurse/Associate Director of Quality agreed to provide this information at the next meeting. **RW**

The Deputy Chief Nurse/Associate Director of Quality advised that the Best Care Audit was currently under review and would be replaced with run charts. Each ward matron would be looking to conduct a three month deep dive into a few items in order to realise improvements.

The Deputy Chief Nurse/Associate Director of Quality advised that a new Head of Patient Experience had been appointed as well as a Band 7 Complaints Manager. Lilly Evans queried whether the concerns raised on NHS Choices would be receiving a response. The Deputy Chief Nurse/Associate Director of Quality advised that responsibility for NHS Choices would be moving from Communications to Patient Experience and that concerns would then be responded to in a timely manner.

In response to Brian Catt's query, the Deputy Chief Nurse/Associate Director of Quality advised that a Freedom to Speak Guardian was in post and that complainants were also sent Healthwatch Surrey information with their

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acknowledgement letters when requiring additional support. Final complaint responses were now checked by the Chief Nurse and himself before going to the Chief Executive. The Health Service Ombudsman could also be contacted should the complainant require extra scrutiny.

Keith Bradley advised that a response letter had been shared with him and although there were a number of failings acknowledged not much sorrow was expressed. The Deputy Chief Nurse/Associate Director of Quality advised that Serious Incidents Requiring Investigation (SIRIs) reports were factual, but it was important to send a covering letter with the report which apologised for failings and offered a meeting. In response to Chris Howorth's query the Deputy Chief Nurse/Associate Director of Quality advised that complaints were acknowledged within three working days. The Deputy Chief Nurse/Associate Director of Quality requested any further concerns to be emailed to him or the new Head of Patient Experience when she came into post.

The Group NOTED the Quality Report.

FEEDBACK

PEG-08/17 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that he, Godfrey Freemantle and Danny Sparkes had attended the IWantGreatCare Launch on 12th December 2016. He and five PEG members including John Collins, Public Governor for Surrey Heath had attended the Quality Account Assurance Group on 22nd December 2016.

More recently Keith advised that he and several Governors had attended the Members' Event on Research and Development which had over 80 members in attendance.

PEG-09/17 Feedback from Members to Governors Relating to Patient Experience

Two examples had been dealt with under minute 07/17

PEG-10/17 Any Other Business

Bertie Swan advised she was aware that one of two spinal consultants was on long term sick leave and queried how the Trust was managing with having just one spinal consultant. The Deputy Chief Nurse/Associate Director of Quality agreed to look into this. **RW**

Brian Catt advised that there had been parking problems involving Runnymede Hospital staff and patients and this had had a knock on effect in the St Peter's Hospital car park. This had now been resolved with Runnymede Hospital staff and patients using the Runnymede Borough Council car park as an overflow car park.

Brian had also spoken with William Britton, Head of Facilities Support Services, about the barriers in the main car park and it had been agreed to straighten the curve leading up to the second barrier exit so that cars could move closer to the exit machine.

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PEG-11/17 Tour of Urology Department

Vicky Powell, Urology Specialist Nurse, showed the Group into the main waiting area. Vicky advised that one to two clinics took place daily and there were also nurse led clinics where catheter changes took place. Chemotherapy treatment was also provided. The department had it owns sonographer which meant an ultrasound scan could be conducted on the same day as rapid diagnostic clinics. Vicky briefly explained the process followed should it be suspected a patient had prostate cancer. Initially a blood test would be taken to check Prostate Specific Antigen (PSA) levels. This was a new service recently started where the Clinical Nurse Specialist would contact the patient before clinic and ensure any further tests were carried out before seeing the consultant in clinic. If PSA level was raised an internal examination would be undertaken and if required a MRI and biopsy would be undertaken on the same day.

Vicky advised that patients also attended the department to have their catheters removed. It was queried whether staff were able to cope with the walk-in service. Vicky advised that the department was able to cope. But a number of new staff had been recruited that required training and Tuesdays were extremely busy as they were MDT (multi-disciplinary team) days. The Department previously had three consultants and now there are seven. This enabled more clinics to be held which helped to reduce wait times for appointments. Brian Catt queried whether the unit offered ultrasound prostate treatment. Vicky advised that the main prostate treatments were radiotherapy and surgery and these were provided at RSCH and St Luke's. Other treatments were available at other centres including Basingstoke.

Vicky showed the Group the Flexible Cystoscopy Treatment Room. Vicky advised that the Lead Uro-Oncology Specialist Nurse and she had been trained to undertake cystoscopies and these were undertaken daily.

Vicky then showed the Group where the department's own theatre was located including the recovery area. Vicky advised that the department was endeavouring to do more procedures as day cases which was not only beneficial to the patient but to the hospital as well. All urology procedures were undertaken in the department and if needed the patient could be moved to the HDU or an inpatient bed. For day-cases there was a secondary recovery area where nurses took observations and established the patient could pass urine and eat before being discharged. If there were any problems the patient was moved to a ward. The nurses undertook nurse-led discharge.

Vicky advised the department had four beds and any patient that had undergone a procedure and had any concerns could contact the department direct and if staff were concerned they would ask the patient to attend between the hours of 9.00 and 5.00. Brian was aware that patients could also call the department and issues were dealt with promptly.

Vicky showed the Group the spacious Urology Specialist Nurse Room where a patient could stay and treatments could be undertaken when previously these were undertaken in outpatients or theatres. It was good to have a dedicated area which was prepped, clean and ready. Brian mentioned the damage that

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could be caused to the urethra by trying to insert a catheter and how this damage was irreversible. Vicky advised that department staff trained all nurses and new doctors to undertake male catheterisations. If ward staff were struggling to undertake a catheterisation they could contact the Urology team and they would attempt the catheterisation and arrange for the flexible cystoscopy if needed. Staff from the department would also go to the ward if called to help.

Vicky advised that the department had recently purchased a green light laser which treated enlarged prostates and how the patient was able to go home after the procedure with a catheter when previously treatment required a one/two day stay. The patient could go home and return the next day to have their catheter removed. Vicky advised that staff were also starting to look at bladder surgery to see if this could be reduced, in some cases, to a day-case procedure.

Vicky advised that problems were experienced when the hospital was under pressure and the unit was used for inpatients and procedures had to be cancelled. These then had to be rescheduled as soon as possible in order to clear the backlog.

Vicky advised that other post-operative care was undertaken at the department and these included veins, upper GIs, orthopaedic, gynaecology and Botox treatment for bladder incontinence.

Finally, Vicky felt the department needed more toilets since it currently only had three.

The Group thanked Vicky for showing them around the department.

Date and Time of Next Meeting

Monday 10th April, 2-4 pm, Room 2, Chertsey House, St Peter's Hospital

Further Dates for 2017

Monday 3rd July
Monday 11th September
Monday 20th November

All 2 – 4 pm in Room 2, Chertsey House

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

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
20.11.16	**PEG-52/16**	**National PLACE Audit Report**	Send dates of PLACE Inspections to the Membership and Engagement Manager so she can invite Governors to participate	WB	February 2017	St Peter's inspection date (7 March) forwarded to Governors on 7 Feb. Ashford date to follow.	
13.2.17	**PEG-05/17**	**Quality Report External Audit Briefing 2016/17**	Invite Charlotte and Cara to the next Council of Governors meeting on 8th March 2017	AS	ASAP	Invited	
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 Account Assurance Group early 2018	RW	ND		
13.2.17	**PEG-07/17**	**Quality Report – Patient Experience**	Provide a breakdown of readmissions within 30 days (emergency only) to distinguish which were unavoidable	RW	10 April 2016		
13.2.17	**PEG-10/17**	**Any Other Business**	Look into spinal consultant provision at the Trust	RW	10 April 2016		