



COUNCIL OF GOVERNORS
6th March 2019

TITLE **Patient Experience Group Report**

**EXECUTIVE
SUMMARY**

The minutes of the meeting of the Patient Experience Group held on 11th February 2019 are attached.

Matters discussed in the meeting on 11th February included:

- Quality Report – Patient Experience
- Feedback from Patient Panel meeting
- Feedback from Group members on recent visits and meetings
- Feedback from members to Governors relating to Patient Experience
- Shadow Governor Attendance at PEG

The Group also had two visitors:

1. Sue Wales, Associate Director for Transformation Projects to present an update on the Outpatient Transformation Programme
2. Giselle Rothwell, Associate Director of Communications and Engagement, Surrey Heartlands Health and Care Partnership and CCGs to present an update on Surrey Heartlands.

**The Council is asked
to:**

Note the minutes of the meeting of the Patient Experience Group held on 11th February 2019

Submitted by:

Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford

Date:

March 2019

Decision:

For Noting



Council of Governors

**Minutes of the Patient Experience Group
11th February 2019**

**Room 1, Postgraduate Education Centre, St Peter's Hospital
14:00 – 16:45 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, Kingston upon Thames and Richmond upon Thames
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Danny Sparkes	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Bertie Swan	Public Governor, Elmbridge
IN ATTENDANCE:		
<i>Item PEG-02/19</i>	Tom Allan	Staff Governor, Hospital Volunteers
<i>Item PEG-04/19</i>	Erica Heppleston	Associate Director of Quality
<i>Item PEG-03/19</i>	Giselle Rothwell	Associate Director of Communications and Engagement, Surrey Heartlands Health and Care Partnership and CCGs
	Anu Sehdev	Membership and Engagement Manager
<i>Item PEG-02/19</i>	Sue Wales	Associate Director for Transformation Projects
APOLOGIES:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	Sue Harris	Staff Governor, Nursing and Midwifery
	Judith Moore	Public Governor, Woking and Guildford

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Minute**Action****PEG-01/19 Minutes of the Previous Meeting**

The minutes of the meeting held on 19th November 2018 were agreed as a correct record.

The updated Action Log was noted.

PEG-02/19 Outpatient Transformation Programme

Keith Bradley welcomed the Associate Director for Transformation Projects to the meeting.

The Associate Director for Transformation Projects introduced her presentation by advising that the Outpatient Transformation Programme was a national initiative. It was advised that in 2017/18 the NHS spent £18billion on 93.9 million outpatient appointments and outpatient activity was increasing by around 6% each year.

The Associate Director for Transformation Projects advised that during 2016/17, almost 14% of appointments did not take place due to either patients not attending (DNA) or cancelling. The Associate Director for Transformation Projects highlighted eRS, the new referral system which allowed the GP to make an appointment whilst the patient sat in front of them and was convenient for the patient. Bertie Swan considered that patients needed to be advised of the consequence of not cancelling an appointment.

The Associate Director for Transformation Projects welcomed ideas and suggestions from Governors. In response to Chris Howorth, it was advised that it should be possible to pull off data which highlighted appointment cancellations that had been reallocated.

The Associate Director for Transformation Projects advised that Trust cancellations amounted to more than patient cancellations and DNAs combined. This was mainly due to whole clinics having to be cancelled when the Trust experienced capacity issues.

The main focus was to get the DNA rate down and this would be done by examining each clinic separately including how long appointments needed to be and whether it was necessary for patients to attend. The DNA rate at the Trust had been 9.47% over the past year amounting to more than 48,000 appointment slots.

The Associate Director for Transformation Projects highlighted the stress patients felt in attending appointments and the cost implications to them. It was advised that telephone consultations had already begun in a couple of the specialties. Maurice Cohen advised that some GPs ran specialised clinics where investigations and results could be provided there and then. The Associate Director for Transformation Projects advised that some hospital clinics were also provided in hubs and surgeries. Chris considered providing technology to patients that attended regularly may work out cost effective and

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the Associate Director for Transformation Projects agreed that although there would be a considerable cost upfront, in time this could save money. The Associate Director for Transformation Projects highlighted one of the projects being “partial booking” which allowed patients to book follow-up appointments nearer to the time they were due.

Another area of focus was looking at the wording in outpatient letters and the Associate Director for Transformation Projects requested anyone interested in being involved to contact her.

All

Danny Sparkes understood patients were finding it difficult to get through to anyone to cancel an appointment and it was agreed that patients should have the option of cancelling electronically.

The Associate Director for Transformation Projects advised that the Outpatient Transformation Programme had been initiated the previous month. Chris suggested a research project following this programme be undertaken by him through his role at the Royal Holloway University of London and the Associate Director for Transformation Projects welcomed this.

Giselle Rothwell, Associate Director of Communications and Engagement, Surrey Heartlands Health and Care Partnership and CCGs, advised that Surrey Heartlands was leading on this programme and that a workshop on Outpatients had been arranged for 8th March at the HG Wells Centre in Woking.

The Group thanked the Associate Director for Transformation Projects for her presentation.

PEG-03/19 Introducing Surrey Heartlands Health and Care Partnership

Keith Bradley welcomed Giselle Rothwell, Associate Director of Communications and Engagement from Surrey Heartlands Health and Care Partnership and Clinical Commissioning Groups (CCGs).

Giselle explained that Surrey Heartlands was an Integrated Care System (ICS) which was a more evolved partnership joining up social care and healthcare with the freedom to act on its own. In response to Chris Howorth it was advised that Accountable Care Organisations (ACOs) were not in existence yet.

Giselle confirmed there was a work-stream on governance. There was a lot of work to be done around commissioning and feedback was being requested from members of the public, with *The Big Picture*, being an example. It was confirmed that any change in service had to be authorised by the CCGs.

Giselle advised that the ICS concept was very new and no one had all the answers. But it was important to note that people with a stake in the success of Surrey Heartlands were working through the stages to make it a reality.

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Looking at geographical boundaries and in response to Keith, Giselle confirmed that there were several situations like Epsom and St Helier where boundaries stretched outside Surrey but were included as part of Surrey Heartlands. Chris Howorth considered that the two smaller ICSs shown on the map – Frimley Health and Care and Surrey Heartlands could potentially become one. Giselle advised that Frimley Health and Care had a lot more presence in Berkshire when Surrey Heartlands was mostly Surrey-based. Maurice Cohen considered it important that the right balance was maintained and that organisations did not get too large as to provide diminished individual care. Giselle advised that care would continue to be delivered locally if that was appropriate.

Giselle mentioned the Primary Care Networks which were for GPs coming together to look after health in the population and creating opportunities to share other services such as community nursing, mental health, clinical pharmacy teams and additional urgent care (such as GP out-of-hours services). There were 18 PCNs across Surrey Heartlands.

Maurice considered that members of the public needed to be kept informed. Chris believed that members of the public only wanted to know if there were any changes proposed to the day to day service. Keith advised he had visited a CCG shopping centre roadshow about integrated care and many passers-by had not engaged. Giselle added that members of the public would need assurance that the same services would be maintained or a better service would be introduced. Brian Catt considered any communication exercises should be focused on GP surgeries as people attending had a vested interest in healthcare.

Giselle confirmed that any further questions on her presentation could be forwarded to her by email at giselle.rothwell@nhs.net

The Group thanked Giselle for her update.

REGULAR ITEMS

PEG-04/19 Quality Report – Patient Experience

The Associate Director of Quality considered the report was self-explanatory and advised that there were a couple of new additions. One of these was the Stroke Pathway. It was advised that the rating had dropped from B to D over a period of six months and this was mainly due to there not being a designated stroke bed for the patient. An improvement plan was underway and initiatives included prioritising a patient's admission to a stroke bed within four hours of arrival and the patient to spend 90% of their inpatient stay in a designated stroke bed. In December 2018 the new Hyper-acute Stroke Unit (HASU) had been opened which allowed direct access for patients. The Trust had also appointed an 8B Stroke Lead Nurse.

In response to Chris Howorth, the Associate Director of Quality advised reporting was done in arrears and that the January to March data would be

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available in July when an improvement in the rating would be expected. It was also advised that she understood part of the reason for ambulances taking stroke patients elsewhere was due to the queues outside A&E. Now the ambulances had direct access to the HASU things should improve. In response to Chris' further query around harms it was advised that reviews were being undertaken on Serious Incidents to understand whether there had been any harm.

Chris considered that receiving the correct care was more important than being in the right bed and the Associate Director of Quality stressed the importance of having access to the correct team and added that when data was available in July she would provide a more detailed explanation to the Group.

EH

In response to Keith Bradley, the Associate Director of Quality confirmed that the narrative was correct but the tables corresponding to the narrative were incorrect and this would be rectified. Also in response to Keith it was advised that the Trust had had a Complaints Manager in the past and the post of Head of Patient Experience had been vacant for a while. Although the Trust had been unable to recruit a Head of Patient Experience and Involvement more recently, the process to recruit a Complaints Manager was underway.

The Associate Director of Quality advised that the changes in practice in PALS and Complaints were working well. The Trust was working hard to find ways of resolving issues earlier. Chris reiterated his opinion that reducing the number of complaints was important and the Associate Director of Quality stressed it was important that the Trust allowed patients to feel confident enough to complain but that concerns were resolved earlier. It was added that the proportion of patients complaining against the numbers seen was very low. The Associate Director of Quality advised that real time feedback would be piloted in Maternity soon so that any actions resulted could be taken much sooner. It was confirmed that the questions from the Friends and Family Test (FFT) would be included.

In response to Brian Catt, the Associate Director of Quality advised that PALS concerns were responded to within five days.

The Associate Director of Quality reminded the Group of the Quality Account Workshop taking place on Thursday 7th March at 12.30 pm. It was also agreed the Membership and Engagement Manager would find out when the next Schwartz Round was taking place and invite the Governors.

AS

PEG-05/19 Feedback from Patient Panel meeting

Danny Sparkes advised she had met with the Associate Director of Quality who had reinforced the importance of the Patient Panel. Danny advised she would be meeting the Associate Director of Corporate Affairs and Governance to discuss the Patient Panel's remit. Danny advised she had tasked Patient Panel members with finding a specific ward/department with the aim of seeing whether signage was adequate.

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Other topics of conversation concerned car parking, health and safety and the difficulties in crossing the road to get from the Urgent Treatment Centre (UTC) to the Urgent Care Centre (UCC) and vice versa and how cold the UCC was.

Danny advised she had been trying to put a list of acronyms together and the Membership and Engagement Manager advised that she had a list she provided to new Governors as part of their Resource Folder and would forward this to Danny.

AS**FEEDBACK****PEG-06/19 Feedback from Group members on recent visits and meetings**

Brian Catt advised he had attended the Big Picture session in Weybridge. Danny Sparkes advised that she had attended this session too, as well as the Bereavement Pathway meeting.

Brian advised that as a PPG representative he was in a position to feedback on anything important that came up.

PEG-07/19 Feedback from members to Governors relating to Patient Experience

Danny Sparkes advised that she had received a letter from a patient about cleanliness in the UCC/A&E which she had passed onto the Patient Experience Team.

PEG-08/19 Shadow Governor Attendance at PEG

Keith Bradley noted that Tom Allan had attended the first half of the meeting as an observer. Keith reminded the Group that seven of the ten members on the Group would be coming to end of their terms at the end of November and allowing newer Governors to attend in a shadowing capacity may be beneficial to them. Maurice Cohen considered there was no real need for shadowing, as new members on the Group would come with fresh ideas on how to move the Group's remit forward.

It was agreed that other Governors would be invited to attend, with no more than two per meeting.

PEG-09/19 Any Other Business

Chris Howorth considered allowing more time on the segments on Outpatients and Surrey Heartlands had been worthwhile. Maurice Cohen added that it was important to keep regular updates brief.

PEG-10/19 Further Dates for 2019

Monday 8th April
Monday 1st July
Monday 9th September

Minute

Action

Monday 18th November

2-4 pm in Room 1, Postgraduate Education Centre, St Peter's Hospital

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
11 Feb 2019	PEG-02/19	Outpatient Transformation Programme	Anyone interesting in taking part in looking at the wording in outpatient letters to let the Associate Director for Transformation Projects know.	ALL	ASAP		
11 Feb 2019	PEG-04/19	Quality Report – Patient Experience	Provide a more detailed explanation of the Stroke data	EH	PEG 1 July 2019		
11 Feb 2019	PEG-04/19	Quality Report – Patient Experience	Invite Governors to the next Schwartz Round	AS	ASAP	Invited to February's Schwartz Round	✓
11 Feb 2019	PEG-05/19	Feedback from Patient Panel meeting	Send Danny list of acronyms	AS	ASAP	Sent 12 Feb 2019	✓