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

COUNCIL OF GOVERNORS
17th May 2012

TITLE	**Report from Patient Experience Group**
EXECUTIVE SUMMARY	The Minutes of the meeting of the Patient Experience Group held on 23rd January 2012 and the draft Minutes of the meeting held on the 26th March 2012 are attached. The Governors received a verbal report on the January Patient Experience Group meeting at the last Council meeting. Highlights from the meeting on 26th March included discussions on:- ▪ Ashford Outpatient Department Refurbishment ▪ Discharge And Re-Admission where we heard from Gary Strudwick on the new 'hub' ▪ Patient Communication with a focus on patient diaries, self check in and Shared Decision Making ▪ CQC Action Plan- update report ▪ Balanced scorecard-update on complaints/compliments ▪ National Institute For Health And Clinical Excellence (NICE) Patient Experience Standard with its 14 new Quality statements
The Council is asked to:	Note the minutes and the action notes of the Patient Experience Group meetings held on 23rd January 2012 and 26th March 2012
Submitted by:	Judi Linney Governor Chairman of Patient Experience Group
Date:	12th April 2012
Decision:	For Noting

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

Council of Governors

Minutes of the Patient Experience Group
23rd January 2012

Seminar room level 2, St Peter's Hospital
2.00pm- 3.30pm

PRESENT:	Mrs Judi Linney (Chair)	Public Governor - Runnymede
	Mr Keith Bradley	Public Governor - Woking
	Dr Maurice Cohen	Public Governor – Woking
	Mrs Sue Harris	Staff Governor – Nursing/Midwifery
	Mrs Judith Moore	Public Governor - Guildford
APOLOGIES:	Dr Howard Manuel	Public Governor – Woking
	Cllr Jean Pinkerton	Appointed Governor - Spelthorne
	Ms Heather Caudle	Associate Director of Quality
	Mrs Suzanne Rankin	Chief Nurse
	Mrs Vanessa Avlonitis	Deputy Chief Nurse
IN ATTENDANCE:	Miss Jane Gear	Head of Corporate Affairs
	Miss Sal Maughan	Patient Experience Manager
	Mr Dwayne Gillane	Occupational Health Nurse Consultant

Dwayne Gillane was welcomed to the meeting and explained his role as providing Acting Senior Support to the Chief Nurse following a small internal re-organisation arising from the maternity leave of one of the Heads of Nursing. Sal Maughan, Patient Experience Manager, was also welcomed to the meeting.

Minute **Action**

PEG-1/12 Minutes of Previous Meeting

The minutes of the meeting held on 31 October 2011 were agreed as a correct record subject to noting the title of Dr Howard Manuel .

MATTERS ARISING

PEG-2/12 Living our Values

Judi Linney and Judith Moore advised the Group they had attended a Living our Values session. These had been multi-disciplinary and had involved direct feedback from patients. The Governors commended the training.

It was noted that the programme had been a finalist for a national award and to date around 1000 staff had participated in the programme. Sue

Minute **Action**

Harris was training to become a facilitator. If Governors were aware of patients who might be prepared to participate, they should contact Heather Caudle.

PEG-3/12 Ashford Outpatient Department refurbishment

The Group had previously agreed that the representatives from the Group would be Dr Howard Manuel, with Keith Bradley acting as Deputy. It was understood Dr Manuel had not been able to attend the meeting to date, and it was therefore agreed to recommend to the Outpatient Group that Keith Bradley was also encouraged to participate in full. **JG/KB**

Jane Gear advised the group that as part of the process of obtaining feedback from members a survey had been distributed to all members in the Hounslow and Spelthorne areas. Results of the survey would be reported back to group in due course. **JG**

PEG-4/12 Patients Panel

Dr Maurice Cohen advised the meeting that the recent Patient's Panel meeting had considered the need for improvements to signage around the hospital site, noting that the Associate Director of Facilities & Estates had established a group to review the position. The Panel had also put forward four names for participation in the Ashford Outpatient Refurbishment Group.

It was noted that the Terms of Reference for the Patients' Panel needed updating as the Group was now reporting to the Clinical Governance Group of the Trust rather than the Patient and Public Engagement Group. It was agreed that minutes of the Panel and the Patient Experience Group should be shared in order to encourage cross fertilisation between the groups. It was also agreed that the Patient Experience Group should receive the annual Patients Panel Report once produced for information. **MC**

PEG-5/12 Quality Account

The paper provided a snapshot of progress against the Quality Account priorities for 2012/13. Dwayne Gillane highlighted the following aspects:

- the report contained no red indicators
- the Net Promoter Score had improved, but was still off trajectory
- the re-admissions rate following an elective procedure was off trajectory

The Group discussed the issues highlighting the importance of planning the bed complement to match demand, and for any bed reductions to be properly planned. Group members were advised of the work underway across the Trust to improve the patient pathway; this involved working across agencies and there was positive engagement from social services and primary care.

The Group agreed that at the next meeting there should be a particular focus on discharge including issues relating to readmission. **Agenda**

PEG-6/12 Balanced Scorecard

The report included the Patient Experience section of the full balanced scorecard reviewed monthly by the Trust Board.

This indicated red against formal Complaints and Serious Untoward Incidents (SUIs). The Group was advised that there was a national trend of increasing complaints, and work was underway to ensure robust action planning to ensure improvements were embedded.

Part of the remit of the Committee was to ensure that lessons were learnt from complaints and that poor standards of care were acted on without delay. It was agreed that regular updates would be provided to the PEG to monitor action on types of complaints/trends. **SM(HC)**

The Trust has a very open approach to reporting serious untoward incidents, and the level of SUIs was exceeding trajectory in part due to the incorporation of a formal requirement to report Grade 3 and 4 pressure ulcers. These have not historically been reported so they were now understated in the base level of SUIs.

The Group discussed the main themes evident from complaints and were advised that below the general heading of 'communications' the Trust had sub categorisations and the data fed into particular relevant and work streams, an example being given the shared decision making programme. However, this made it more important to ensure it was regularly monitored.

The Trust had been piloting the introduction of patient diaries; the pilot was being extended, and the group asked to review the feedback from the pilot at an appropriate point. **SM**

PEG-7/12 Developing the Quality Account

The Governors had two specific roles in developing the Quality Account.

Firstly, they were required to select an indicator from 2011/12's priorities for the external auditors to conduct their assurance processes.

Secondly, the Governors needed to be involved in agreeing the priorities for 2012/13.

Following discussion the Group agreed to recommend to the Council that the indicator to be selected for the assurance process should be falls, or pressure ulcers as both of these related to the new national priority on care of the elderly.

In the previous year the Trust had held a workshop to involve key Stakeholders including Governors in agreeing the priorities for the forthcoming year. It was agreed this was a good approach and should be carried forward. **DG**

PEG-8/12 Checkpoint report

The report provided a snapshot of the progress against key projects underpinning the Strategic Objective to improve the patient experience.

In introducing the report, Dwane Gillane highlighted that the *Releasing Time to Care* project was being re- commenced with the use of the 15 Step challenge. All matrons had been asked to complete the 15 step challenge in their areas by mid March after which all modules of the RTTC should be implemented by June. It was planned to repeat the 15 step challenge at the end of the project and it would then be helpful to have Governor involvement. **DG**

Releasing Time to Care had been effective in those wards where it had been introduced, but had never been fully embedded across the Trust. Both approaches actively involved nursing staff.

It was also noted that the Trust was introducing Work Stations on Wheels (WOW) which would again facilitate nursing staff in delivering and monitoring care effectively. In respect of Project 2 – Specialist Care, it was noted that the Trust was recruiting a specialist care of the elderly nurse.

PEG-9/12 Ombudsman report

The Group was reminded that the Trust had received a critical report from the Ombudsman in respect of a patient's care in 2007. This report had been included in a wider report issued by the Ombudsman in 2011, which looked at good standards of care for the elderly.

The Trust had arranged for Prof. Oliver to undertake a peer review of the Trust, and had also participated in a mutual peer review with Surrey & Sussex Healthcare Trust looking at care and compassion.

Both reviews had identified that good standards of care for the elderly were provided by the Trust, and also identified areas where improvements could be made.

It was confirmed that action plans had been developed following both reviews and targets had been included in the Chief Nurse's personal objectives. PEG would be updated on progress against the actions. **DG**

PEG-10/12 CQC Inspection report

The Trust was still awaiting the release of the official report following the CQC Inspection on 1 December 2011. It was understood that this would take place on Wednesday 24 January 2012. A robust action plan had been developed and would be submitted to the CQC. It was confirmed that with effect from 22 January 2012, the Trust had ceased using the Day Surgery Unit for escalation purposes.

The Trust had invited the Surrey Herald in to undertake a walk around the Trust in order to assist their understanding of the services and place the review in context. It was suggested that the Surrey Advertiser should also be involved, and it was confirmed the Trust did have a wide ranging communications plan.

The Governors had discussed the general content of the report at the

seminar in the previous week. It was noted that there was a considerable disparity between the informal feedback given by CQC on the date of the visit, and the report received. The possible reasons for this had been discussed at the seminar. A more detailed discussion would take place at the next Council of Governors meeting.

PEG-11/12 **National Outpatients Department Survey Results**

The Trust had received the results of the National Outpatients Department survey which was based on a random sample of 850 patients who attended for an Outpatients appointment in May 2011. To date, the Trust had comparative data with other organisations that used the same external contractor. The Trust had just received the national report from CQC, but this was embargoed until February 2012. The Trust was already developing corporate and divisional action plans, including areas where the Trust had identified there was a significant opportunity to improve the patients' experience, e.g. trauma and orthopaedics, ophthalmology and physiotherapy.

The Group noted that data identified a number of areas where the Trust's performance had fallen, including appointment dates changing, difficulty in patients finding their way to Outpatients, patients waiting for long periods and staff not introducing themselves. The Trust had already identified a number of these as areas for improvement post the date of the survey, and Living our Values programme would be instrumental in changing culture and securing improvement.

The Governors discussed the importance of communication with patients in the clinic setting noting that often patients were too confused or distressed to absorb information readily. This made communication particularly important, and it was suggested that one positive approach would be to encourage patients to be accompanied. **SM**

PEG-12/12 **Feedback from Members to Governors**

The report identified feedback received through the online Members communication tool and how the concerns had been addressed It was confirmed there was a robust procedure now for managing the emails.

However, other Governors received feedback, an example being Jean Pinkerton having been contacted by a member, and it was felt that the best way of dealing with these comments would be to collate them through the Membership office and pass them through to Quality who could incorporate them in regular reports and Governors would be informed accordingly. It was agreed this should be clarified for all Governors. **JG**

It was emphasised that Governors should not become involved in individual cases but should be in a position to identify systemic process issues and problems that should be discussed at CoG.

PEG-13/12 **Terms of Reference**

It was noted the Trust Membership on the Terms of Reference needed to be updated in respect of titles of key personnel. **JG**

PEG-14/12 **Any other business**

It was agreed to invite Janice Ketley to the next meeting where there would be a focus on streamlining communications with patients. **JG**

PEG-15/12 **Date of Next Meeting**

26 March 2012 @ 3pm

Action log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update
09/08/11	PEG 2/11	**Terms of Reference**	Review in one year	JG	09/07/12	Not due yet
31/10/11	PEG 14/11	**Balanced Scorecard- patient experience**	Include compliments into reports covering complaints to give a more rounded view	HC	Jan 2012	Now being recorded and will be available for inclusion in future reports
23/01/12	**PEG-3/12**	**Ashford Outpatient Department refurbishment**	Arrange for Keith Bradley to be a full participant on the group	KB/JG	26/03/12	Completed
23/01/12	**PEG-3/12**	**Ashford Outpatient Department refurbishment**	Feedback results of on line members survey	JG	26/03/12	March Agenda
23/01/12	**PEG-4/12**	**Patients Panel**	Receive the Patients Panel Annual report	MC	TBC	
23/01/12	**PEG-5/12**	**Quality Account**	Agenda item : A focus on discharge including issues to do with readmissions	DG	26/03/12	March Agenda
23/01/12	**PEG-6/12**	**Balanced Scorecard**	Report back on patients Diary pilot	HC	09/07/12	Not due
23/01/12	**PEG-7/12**	**Developing the**	Hold workshop with Governor	DG	26/03/12	Completed

		Quality Account	involvement to agree priorities for 2112/13			
23/01/12	**PEG-8/12**	**Checkpoint report**	Involved Governors in pilot on 15 Steps	DG	09/07/12	Not due
23/01/12	**PEG-9/12**	**Ombudsman report**	Update on actions in action plan/peer review	HC	09/07/12	Not due
23/01/12	**PEG-13/12**		Update new Trust titles in ToR	JG	26/03/12	To be done as part of review of ToR due in July 2012
23/01/12	**PEG-14/12**	**Any other business**	Invite Janice Ketley to next meeting as focus on streamlining patient communication	JG	26/03/12	Invited

Forward Planning items:

- Checkpoint reports on best care and patient choice and control.
- Ombudsman report - discharge planning - assurance. It was noted that Professor Oliver was undertaking a peer review in November. The Trust was also participating in a peer review with Surrey and Sussex Healthcare Trust on caring and compression. Feedback from both of these activities would be available for the Patient Experience Group.
- The National Outpatient Department survey results were due shortly. The Trust would receive two reports; one which compared progress within the Trust year on year and the second which would benchmark performance and improvements against a national backdrop.
- Reports on complaints should be widened to include details on compliments as far as possible.
- The Group should receive feedback on progress with the Ashford Outpatient's Department refurbishment.
- There should be regular feedback from the Patient's Panel on issues which they identified but were not within their scope to resolve.
- Patient communications - including patient letters. This was a matter which had been raised and explored by one of the Governors and it had been agreed with the Council of Governors that the Group would retain an overview on progress.
- Doctors and nurses' communications with patients and carers

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

Council of Governors

Minutes of the Patient Experience Group
26th March 2012

DRAFT

Seminar room level 2, St Peter's Hospital
3.00pm- 4.30pm

PRESENT:	Mrs Judi Linney (Chair)	Public Governor - Runnymede
	Mr Keith Bradley	Public Governor - Woking
	Dr Maurice Cohen	Public Governor – Woking
	Mrs Sue Harris	Staff Governor – Nursing/Midwifery
APOLOGIES:	Dr Howard Manuel	Public Governor – Woking
	Cllr Jean Pinkerton	Appointed Governor - Spelthorne
	Mrs Judith Moore	Public Governor - Guildford
	Mrs Vanessa Avlonitis	Deputy Chief Nurse
IN ATTENDANCE:	Miss Jane Gear	Head of Corporate Affairs
	Mrs Suzanne Rankin	Chief Nurse
	Ms Heather Caudle	Associate Director of Quality
	Ms Donna Marie Jarrett	Associate Director of Informatics (minute
	Mr Gary Strudwick	Project manager (Minute

It was noted that Janice Ketley, Runnymede Governor had been invited to the meeting but was unfortunately unwell.

Minute **Action**

PEG-16/12 **Minutes of Previous Meeting**

The minutes of the meeting held on 23 January 2012 were agreed as a correct record.

MATTERS ARISING

PEG-17/12 **Ashford Outpatient Department Refurbishment (Minute PEG-3/12 refers)**

An online survey inviting comments and suggestions on improvements to be considered in the major capital refurbishment of the Outpatients Department of Ashford Hospital had taken place in January 2012. The report summarised the 32 responses which had been received and had been fed into the Capital Project Team. Two key areas identified related to the management of waiting areas and the suitability of seating and would be considered by the project team.

PEG-18/12 **Patients Panel**

Maurice Cohen updated the Group on recent discussions at the Patients Panel meeting. These had included a presentation on the refurbishment of Ashford Outpatients Department, an update on the Epsom transaction and a report on progressing the catering tender.

In discussing the feedback, it was highlighted that improving the food available for patients was a key priority to the Trust and it might be appropriate for the Governors to sample the new patient menu once it was introduced.

The Group felt that the feedback between the Patients Panel and the Council of Governors Group was important and it was suggested that Maurice Cohen raise with the Panel whether it would be appropriate for a member of the Patient Experience Group to attend the panel, perhaps on a quarterly basis. **MC**

PEG-19/12 **Quality Account**

The stakeholder engagement event had taken place on Monday, 5th March. Following this, a recommendation was being made to the March Trust Board on the priorities to be included and tracked within the next Quality Account. This included a number of measures carried forward from the previous year and new indicators including patient communication and risk assessment for venous thromboembolism (VTE) and reduced mortality from deep vein thrombosis (DVT). It was confirmed that the detailed metrics for the indicators were being worked up and it was likely that the priority on communications would focus on shared decision-making, the legal written documentation and 'softer' communications between staff and patients.

The Quality Account dashboard was updated quarterly and the next refresh would be available in April when progress could be tracked.

The Group noted the Report.

PEG-20/12 **Balanced Scorecard**

Highlights from the Balanced Scorecard included:

- Hip fractures treated within 36 hours. This indicator had shown a dip in performance in February and the mortality from hip fractures had increased. This was under review by the Medical Director and Divisional Director.

- The number of complaints received in February had fallen in comparison with January 2012 and December 2011. In discussing the position, it was noted that the Trust was continuing to advertise widely the benefits of using the PALS Service and divisions were being encouraged to contact complainants immediately in order to agree how their concerns would be handled. A telephone survey of complainants had taken place earlier in the year and confirmed that the earlier patients' concerns were dealt with, the swifter a positive outcome was likely to be.

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- The Trust was now recording formal compliments received by the Chief Executive and Chief Nurse and these would be available for reporting in future reports. The majority of compliments were received direct by wards and consideration was being given to how best to aggregate these and highlight them to visitors and patients. Compliments were also recorded on NHS choices and Patient Opinion.

- The report also detailed the number of serious incidents identified. As previously discussed, this now included pressure ulcers which had led to an overall increase in serious incidents compared with the previous year. The Trust had an open approach to reporting and was moving to a paperless incident system which would help ensure real time reporting and quicker investigation.

The Group noted the Report.

PEG-21/12 **Discharge And Re-Admission**

Gary Strudwick was welcomed to the meeting as project manager for implementation of the Trust's Medical Assessment Unit Community Services hub.

The aim of the hub was to ensure joint working was established between all clinic and operational staff across health, social care and partner agencies (e.g. Red Cross and Age UK) in order to to help ensure timely and safe discharges for patients accessing St Peter's MAU and the A&E.

The hub was currently operating on a Monday to Friday 8a.m. to 5 p.m. basis and the intention was for it to operate on a 24x7 basis from April subject to staff availability. As well as improving discharge for patients in A&E and the MAU, the aim was also to prevent re-admission occurring later on. Clear protocols were in place to support the operation of the hub which was often about re-starting existing packages of care which had already been in place before the patients came into hospital.

The Patient Experience Group agreed this was an exciting project and requested feedback in six months' time on progress and success. **SR**

Copies of new discharge related documentation were tabled; this included an individual booklet for patients together with a new discharge summary sheet.

It was agreed to ensure A3 versions of the Best Care Dashboard were available for future meetings. **JG**

The Group noted the Report.

PEG-22/12 **Patient Communication**

Improving patient communications had been an aim of the Trust for a considerable period of time. This was a general issue across the NHS and reflected that the nature of people accessing the NHS was changing, with more complex illnesses now being treatable, an older population and a population that had easy access to information to support their involvement. However, generally some staff were slower to change in their attitudes and

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there needed to be a move away from a paternalistic approach. Hence, there was now a national focus on achieving shared decision-making. The report provided for the Patient Experience Group examined a number of aspects of communications which included:-.

Patient Diaries

It was confirmed that this was aimed at giving patients and their carers an opportunity to record their questions, concerns or feelings. Diaries were not handed in and one of the aims had been to give patients a tool which they could use in discussing their care during daily meetings with the ward sister.

The trial was now being amended to see if it was more successful and further feedback would be given to future Patient Experience Group meeting. **HC**

Shared Decision Making

It was noted that project planning on the Trust's participation in the Advancing Quality Alliance's "ask three questions" approach was underway and a project group would be established; consideration was being given to how to involve the Patient Experience Group. **HC**

Technology

Donna-Marie Jarrett, Associate Director of Informatics, was welcomed to the meeting and gave an update on the introduction of self-checking in at Outpatients.

The 34 reception areas across the Trust could be extremely busy and the intention was to introduce a choice for patients, either to see the receptionist or to use self-checking similar to that adopted by many GP surgeries. This was being handled as a formal business case with project plan and the intention was for the system to go live in July/August 2012.

Another useful electronic communication was message boards in Outpatients; introducing this was being managed by the relevant divisional general managers and it was agreed to find an update on progress in both Trauma and Orthopaedics and main Outpatients. It was noted that the communication and engagement strategy for the Trust was currently under review and it was anticipated should be completed within the next 8 to 10 weeks.

The Group noted the Report and requested updates on progress.

PEG-23/12 **CQC Action Plan**

The report identified that good progress was being made in respect of the processes agreed as part of the action plan. However, a small number of the outcome indicators, such as reducing the number of complaints about discharge, were not demonstrating the improvement desired.

Improving the Emergency Department performance remained the major challenge. The Group would keep this under review

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PEG-24/12 **National Institute For Health And Clinical Excellence (NICE) Patient Experience Standard**

NICE had recently published a new quality standard which included 14 quality statements. This would be used by commissioning bodies and help them to be explicit about the standards of care required.

The Trust was currently undertaking a gap analysis, although many of the statements were hard to measure objectively. It was suggested that this could form a useful basis to create a patient's charter. It was also noted that the Trust was already working on a range of projects within its Improving Patient Experience Programme which would impact positively on the statements.

The paper suggested that an Excellence In Patient Experience Review Group could be established to consider all the recommendations from both NICE and the Commission on Improving Dignity In Care. However, it might be appropriate to include this role within the Terms of Reference of the Patient Experience Group. It was agreed that Heather Caudle would consider what options should be pursued. **HC**

PEG-25/12 **Governor Feedback**

The Governors have an online system whereby members were able to ask questions of their Governors. The paper summarised member feedback received to date.

It was also noted that a briefing note had gone out to all Governors explaining how the Trust could collate feedback on their behalf.

The Group noted the Report.

ANY OTHER BUSINESS

PEG-26/12 **Patient Support/Facing Groups**

It was agreed it would be useful to track all the patient/carer support/ facing groups across the Trust. These could be useful to promote membership of the Foundation Trust and Governors could offer to attend to explain their role **HC**

PEG-27/12 **Governor Walkabouts**

It was agreed that consideration should be given to how the Governors could contribute to gaining a greater understanding of the patient experience/story, perhaps through some type of informal walkabouts. **SR**

PEG-28/12 **Terms of Reference**

It was noted that Terms of Reference would be reviewed in July after one year of the Group's operation.

It was noted that some Group members had a low attendance record; it was agreed that the Group secretary would write to these members asking if they wish to continue with their involvement in the Group. **JG**

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PEG-29/12 **Date of Next Meeting**

28th May. At 2pm. It was noted that the monthly Board meeting had been rescheduled to that day so apologies would be received from Suzanne ranking and Jane Gear. It was agreed the meeting would continue.

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Action log

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09/08/11	PEG 2/11	**Terms of Reference**	Review in one year	JG	09/07/12	Not due yet
23/01/12	**PEG-4/12**	**Patients Panel**	Receive the Patients Panel Annual report	MC	TBC	
23/01/12	**PEG-6/12 & PEG-20/12**	**Balanced Scorecard**	Report back on patients Diary pilot	HC	09/07/12	Not due
23/01/12	**PEG-8/12**	**Checkpoint report**	Involved Governors in pilot on 15 Steps	DG	09/07/12	Not due
23/01/12	**PEG-9/12**	**Ombudsman report**	Update on actions in action plan/peer review	HC	09/07/12	Not due
23/01/12	**PEG-13/12**		Update new Trust titles in ToR	JG	26/03/12	To be done as part of review of ToR due in July 2012
23/01/12	**PEG-14/12**	**Any other business**	Invite Janice Ketley to next meeting as focus on streamlining patient communication	JG	26/03/12	Invited
	PEG-18/12	**Patients Panel**	As the patients panel about the possible attendance of a PEG member	MC	28/05/12	
	PEG-19/12	**Discharge and re-admission**	Update PEG on the MAU hub	SR	24/09/12	
	PEG-22/12	**Communication**	Find out status of OPD communications Boards	JG	28/05/12	

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	PEG-24/12	**NICE patient experience standards**	Consider how to involve the PEG	HC	28/05/12	
	PEG-26/12	**Patient facing groups**	Gather a list	HC	09/07/12	
	PEG-27/12	**Governor understanding of patient experience**	Consider feasibility of walkabouts	SR	09/07/12	

Forward Planning items:

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