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

COUNCIL OF GOVERNORS
28th May 2013

TITLE	**Report from Patient Experience Group**
EXECUTIVE SUMMARY	The draft minutes of the last meeting of the Patient Experience Group held on 8th April 2013 are attached. Highlights from the meeting on 8th April 2013 included discussions on:- ▪ Patient Complaint – Access to Maternity; ▪ Presentation by the Patients Association; ▪ Quality Account: 2012/13 Dashboard and 2013/14 Priorities; ▪ Feedback from Patients Panel meeting including key points from minutes; ▪ Quality Report – Patient Experience; and ▪ Feedback from members to Governors relating to Patient Experience.
The Council is asked to:	Note the draft minutes of the meeting of the Patient Experience Group held on 8th April 2013.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking.
Date:	20th May 2013
Decision:	For Noting

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

Council of Governors

Minutes of the Patient Experience Group
8th April 2013

Room 1, Postgraduate Education Centre, St Peter's Hospital
2.00pm – 4.00pm

PRESENT:	Keith Bradley (Chair)	Public Governor – Woking
	Brian Catt	Public Governor – Spelthorne
	Maurice Cohen	Public Governor – Woking
	Godfrey Freemantle	Public Governor - Hounslow
	Ann Gallagher	Appointed Governor – University of Surrey
	Sue Harris	Staff Governor – Nursing/Midwifery
	Susan Lockwood	Public Governor – Runnymede
	Judith Moore	Public Governor – Guildford
APOLOGIES:	Heather Caudle	Associate Director of Quality
IN ATTENDANCE:	Katherine Murphy	CEO, Patients Association
	Suzanne Rankin	Chief Nurse
	Lynn Robinson	Head of Patient Engagement and Experience
	George Roe	Head of Corporate Affairs
	Anu Sehdev	Membership Manager
	Ann Spiropoulos	Head of Clinical Effectiveness
	Michael Watson	Director, Patients Association

Minute **Action**

PEG-12/13 **Minutes of Previous Meeting**

The minutes of the meeting held on 12th February 2013 were agreed as a correct record.

MATTERS ARISING

PEG-13/13 **Patient Complaint – Access to Maternity (Minute PEG-9/13 refers)**

The Head of Patient Engagement and Experience advised that initial investigations had indicated that information in the form of leaflets provided to expectant mothers was somewhat lacking in what to do if they presented at hospital during the timeframe classed as "out of hours" and that this was being further examined by the Enhancing Quality Programme Manager. The Head of Patient Engagement and Experience advised she would be meeting with the Clinical Governance Manager for Maternity to discuss the aspects of communication raised and would update the Group at the next meeting. **LR**

Arising from the discussion on the above matter at the previous meeting it was reported that "out of hours" information at the main entrance doors (Outpatients building) required supplementing with a map clearly showing

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where the alternative open entrances were situated and, ideally, a push button verbal enquiry point as well. This is linked with minute 16/13 – Patient Panel action.

The Chief Nurse advised that new magnetic boards had been ordered which would be placed above every hospital bed in the Trust and magnetic symbols would be utilised to identify specific conditions and needs whilst maintaining patient confidentiality.

PEG-14/13 Introduction to the Patients Association: working with ASPH

The Group introduced themselves to Katherine Murphy, Chief Executive and Michael Watson, Director from the Patients Association. Keith Bradley requested a brief summary of what had been undertaken by the Patients Association in other trusts.

Katherine Murphy advised that the Patients Association was a national independent social care charity and all work undertaken was informed by patient communications. The Patients Association's main remit was to provide support and advice both to patients and healthcare organisations through engagement with patient council members.

Projects tackled by the Patients Association included:

- Information on medications on discharge
- Engagement with carers
- Emergency Department processes
- Noise at night
- Improving Dementia care
- Patient information
- Meal-times
- Improving patient discharge processes
- Regular hourly nursing attention
- Highlighting the importance of carers to hospital staff
- Shared decision making
- Setting up patient councils providing training and support
- Setting up libraries
- Reaching out to those seldom heard and hard to reach groups
- Call bells
- Discharge from escalation wards
- Food
- Cleaning
- Pain relief

Katherine Murphy advised that the Patients Association did not take charge but worked together with Trust staff to facilitate improvements. The Chief Nurse added that it would be possible for the Governors to commission project work after examining the recent Patient Survey results. Katherine Murphy advised that the Patients Association engaged with local universities and their student nurses and the student nurses found this support particularly useful.

Maurice Cohen identified the importance of avoiding duplication with

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work already undertaken at the Trust and Katherine Murphy clarified that the Patients Association was there to support improvement work rather than analyse what was wrong.

The Chief Nurse indicated she welcomed the offer of support from a Project Manager as she was currently running almost 15 projects.

Membership entailed a £10,000 annual fee and this included a dedicated Project Manager to provide 12 project management days and support with 5 complaint cases. Support from local ambassadors was also included.

The Chief Nurse advised that the Patients Association could be incorporated into the Trust's logo and the positive effect this would have on patients and carers.

Michael Watson advised that the Patients Association Helpline covered the entire health and social care spectrum, but most issues related to hospital care. Monthly data was provided to member trusts and this data had been provided to the CQC for almost a year. Data covered both positive and negative issues. Support was also available to patients in compiling letters of complaint. The Head of Patient Engagement and Experience queried how this element of the service offered differed from the one provided by ICAS and it was advised that many of the patients coming to the Patients Association for advice were not happy with the support provided by ICAS.

Ann Gallagher advised that universities already worked closely with student nurses and queried what was specifically offered by the Patients Association. Katherine Murphy advised that training in complaints handling was provided by the ambassadors and they came back intermittently to ensure training was up to date. Susan Lockwood queried whether ancillary staff were also included in the training and it was clarified that all staff were included and had access to training with the agreement of their managers.

Katherine Murphy further advised that member trusts were supported with publicising the good work undertaken via local newspapers and the Nursing Standards. The Patients Association also arranged conferences attended by the CQC and the Healthcare Ombudsman which could be arranged for an additional cost of £3,000. A representative from another trust with an expertise sought by the member trust could also be arranged. It was clarified that although the Patients Association was a charity, in order to function on a day to day basis and run the helpline, fees had to be charged. The Chief Nurse added that the Trust already paid a fee for membership of organisations such as Age UK and the British Red Cross.

The Chief Nurse advised there were a lot of benefits to be realised for the minimal fees charged. It was agreed that, if the Trust proceeded, membership would be looked at annually in order to gauge improvements made via the membership and that the Head of Patient Engagement and Experience would be the main point of contact.

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The Chief Nurse advised that she would need to put a business case together if it was decided to proceed with membership.

It was clarified that the project managers assigned had a healthcare/care related background and the one ear-marked for ASPH would most probably be from the London area. The Patients Association currently had 25 – 28 members including Care Commissioning Groups and if resources were more readily available would have members in up to 80% of trusts nationally. The Chief Nurse advised that she had close links with Salisbury and University hospitals of Southampton NHS foundation trusts and both had positive experiences on being members of the Patient Association. Although cases studies were not currently published on the Patients Association website, testimonials were included in the handouts provided.

The PEG thanked Katherine Murphy and Michael Watson for their attendance.

FOCUS TOPICS

PEG-15/13 Quality Account: 2012/13 Dashboard and 2013/14 Priorities

The Head of Clinical Effectiveness presented the paper highlighting that Table 1 outlined emerging priority areas:

1. Actions relating to the Francis report recommendations (assessing and improving the safety culture): cultural barometer, complaints, duty of candour
2. Communication including feedback from patients on their experience whilst in hospital including the NHS Friends & Family test
3. Dementia – improving the experience of patients with dementia and their carers
4. Diabetes – improving the outcome for acutely unwell, diabetic patients
5. Discharge – improving the patient experience of discharge
6. Falls reduction
7. Improving harm-free care as measured within the Safety Thermometer
8. Improving compliance within EQ&R programme
9. Pressure ulcer prevention
10. Reduce the incidence of catheter-associated urinary tract infections
11. Reduce medication errors
12. Reduce mortality rates
13. Re-admissions – reducing both elective and emergency re-admissions
14. VTE prevention

The Head of Clinical Effectiveness advised that the Trust had partially achieved its target in VTE prevention (95%), improving experience of discharge and Infection rates; the Falls reduction rate had been achieved and a reduction in pressure ulcers and re-admission rates had not been achieved.

Brian Catt queried whether Nutrition and Hydration care had improved

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over the past 3 years and it was advised that care had greatly improved. It was advised that a couple of weeks ago a Nutrition and Hydration week had taken place during which the Chief Nurse had signed a pledge. It was confirmed that assessment rates had greatly improved and patients requiring help with eating were allocated a red tray which highlighted the need for extra attention during mealtimes.

The Chief Nurse further clarified that one of the reasons for the Trust not achieving its target in the reduction of pressure ulcers was due to the way these were recorded at the Trust. For example, if a patient was admitted to the Trust with a Grade 2 pressure ulcer and this deteriorated to a Grade 3, this was recorded as being hospital acquired thus increasing the Trust's initial rates.

The Head of Clinical Effectiveness highlighted Table 2 which outlined Probable Priorities for 2013/14:

1. Actions relating to the Francis report recommendations (assessing and improving the safety culture): cultural barometer, complaints, duty of candour
2. Dementia – improving the experience of patients with dementia and their carers (including the carers' survey)
3. Diabetes – improving the outcome for acutely unwell, diabetic patients (Think Glucose)
4. Discharge – improving the patient experience of discharge (including setting the baseline re time for the hospital discharge summary to reach GPs)
5. Reduce the incidence of catheter-associated urinary tract infections and improve harm-free care as measured within the Safety Thermometer

It was further advised that the Trust had developed the new Butterfly Scheme to improve the care pathway for dementia patients and elements of the scheme included a target of screening 100% of patients aged 75 and above for dementia and increasing the number of staff trained in caring for dementia patients. Going forward, feedback from carers of dementia patients would be sought in more than 75% of cases and increased support to carers would be provided.

Judith Moore advised she had attended the Trust's Dementia Study Day and had gained the impression that staff were overwhelmed. The Head of Clinical Effectiveness advised that it was intended to include therapists in the assessment process. Looking forward it was hoped to have an older person liaison lead and more geriatricians in post.

Brian Catt queried whether trusts in Surrey were financially compensated for having an older population and hence the increased prevalence of dementia patients and it was advised that they were not.

The Head of Clinical Effectiveness further highlighted that new priorities would include:

- Monitoring patient feedback via the new Friends and Family test with a Net Promoter Score target of more than 70

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- A reduction in annual complaints to less than 450
- A diabetes test for 100% of patients on admission
- A reduction in length of stay by 5%

The Chief Nurse clarified that all staff were included in the priorities not just nursing staff.

The PEG NOTED the report.

REGULAR ITEMS

PEG-16/13 Feedback from Patients Panel meeting including key points from minutes.

Maurice Cohen highlighted that the Head of Estates and Facilities Infrastructure had attended the Patients Panel meeting and advised that he was looking into signage trust-wide. The possibility of having similar signage to department stores was discussed and the importance of ensuring signage started and continued to the destination. Maurice agreed to provide an update at the next PEG. **MC**

PEG-17/13 Quality Report – Patient Experience

The Head of Patient Engagement and Experience advised there had been a slight increase in discharge related complaints during January to February 2013. The Friends and Family initiative had gone live on 1 April 2013 and leading up to the testing the Trust's response rate had been good. The Group was pleased to note the compliment highlighted on the NHS Choices Website relating to Colorectal Surgery.

The PEG NOTED the report.

FEEDBACK

PEG-18/13 Feedback from members to Governors relating to Patient Experience

Brian Catt advised of an instance when a member had written to him via the Membership Office on learning that at the end of last year only one Urology Nurse remained in post at Ashford Hospital. The Membership Manager had made enquiries with the Urology Department at Ashford Hospital and had been advised that as from January 2013 there were now two nurses in post and had relayed this to the member.

Susan Lockwood had received several comments from local people which included:

- A gentleman highlighting an issue with the delay in receiving weekly blood test results (case being looked at by PALS).
- A hospital volunteer raising concerns about the state of Medical Records.
- A neighbour's prostate surgery being cancelled several times.
- A vicar of a local church being reprimanded by a car parking attendant.

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The Chief Nurse advised that the Trust was currently talking to the Care Commissioning Group about GPs taking back this service as district nurses were no longer able to take bloods and the service could not delivered effectively in hospitals.

The Chief Nurse was not aware of a limit on the number of times a patient could be cancelled for surgery but clarified that each potential case for cancellation was reviewed by a clinician before a decision was taken.

Keith Bradley advised that a visit to Medical Records at the next PEG had been arranged and the issue could be raised then and the rudeness of the car parking attendant should be highlighted with their manager. **AS**

OTHER ITEMS

PEG-19/13 **Patient Association Presentation**

Keith Bradley felt it prudent to gauge the Group's initial thoughts about being a member of the Patients Association.

Brian Catt reiterated his support and felt being able to call on ad hoc assistance would be invaluable.

Maurice Cohen was unsure whether the work that would be undertaken by the Patients Association was not duplicating work already undertaken by the Trust. He was unclear as to what had been achieved by membership of the Patients Association by other trusts. The Head of Corporate Affairs confirmed he had spoken with three trusts and had received favourable feedback on the projects undertaken although these trusts had not been members.

The Chief Nurse confirmed that the business case would highlight potential projects and foreseeable benefits and that the Governors would be the key in choosing the projects. Initial thoughts were around CQUIN targets, for example what mechanism could be put in place to help monitor the carer's experience. It was highlighted that many complaints were made by carers of patients and it was important that good service incorporated both the patient and carer. It was widely recognised that hospices provided better discharge care and this good practice needed to be implemented at the Trust. Sue Harris confirmed that a lot of work to improve discharge processes was undertaken in the community and this needed to be mirrored at the Trust.

The Chief Nurse advised that she would approach the Chief Executive's Charitable Trust Fund for the Patient Association fees. Furthermore, after examining the results of the Patients Survey, three potential cases would be put forward at the next PEG meeting. **SR/LR**

Date of Next Meeting

10 June 2013, 2.00 – 4.00 pm – Education Centre, Ashford Hospital

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Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
23/01/12	**PEG-4/12**	**Patients Panel**	Receive the Patients Panel Annual Report.	MC	TBC		
12/02/13	**PEG-2/13**	**Patient Led Inspections**	PEG volunteers to feed back to the Group on process and findings of PLACE.	PEG volunteers	Aug '13 or when applicable		
08/04/13	**PEG-13/13**	**Patient Complaint – Access to Maternity**	Update PEG on discussion with Clinical Governance Manager for Maternity on communication issues raised.	LR	10 Jun 13		
08/04/13	**PEG-16/13**	**Feedback from Patients Panel meeting including key points from minutes**	Update PEG on signage developments.	MC	10 Jun 13		
08/04/13	**PEG-18/13**	**Feedback from members**	Highlight to the Security Manager the rudeness of car parking attendant.	AS	ASAP		
08/04/13	**PEG-19/13**	**Patients Association Presentation**	Highlight 3 potential cases that the Patients Association can support.	SR/LR	10 Jun 13		

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