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

COUNCIL OF GOVERNORS
13th September 2011

TITLE	**Report from Patient Experience Group**
EXECUTIVE SUMMARY	The draft Minutes of the first meeting of the Patient Experience Group (held on the 9th August 2011) are attached. The first meeting was a wide ranging discussion looking at quality and the patient experience. It was agreed that Judi Linney would chair the meeting in future, supported by Maurice Cohen as Vice Chair.
The Council is asked to:	Note the minutes and the action notes of the Patient Experience Group meeting held on 9th August 2011
Submitted by:	Judi Linney
Date:	19th August 2011
Decision:	For Noting

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

Council of Governors

Minutes of the Patient Experience Group
9th August 2011

Room One, PGEC, St Peter's Hospital
3.00pm – 5.00 pm

PRESENT:	Mrs Judi Linney	Public Governor - Runnymede
	Mrs Judith Moore	Public Governor - Guildford
	Mr Keith Bradley	Public Governor - Woking
	Dr Maurice Cohen	Public Governor – Woking
	Mrs Sue Harris	Staff Governor – Nursing/Midwifery
APOLOGIES:	Mr Howard Manuel	Public Governor – Woking
	Cllr Jean Pinkerton	Appointed Governor - Spelthorne
IN ATTENDANCE:	Miss Jane Gear	Board Secretary / Head of Corporate Affairs
	Miss Jill Down	Acting Head of Quality
	Mrs Suzanne Rankin	Chief Nurse
	Mrs Vanessa Avlonitis	Deputy Chief Nurse

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Minute **Action**

PEG-1/11 Welcome and Introduction

This was the first meeting of the Patient Experience Group and members introduced themselves.

PEG-2/11 Terms of Reference

The Terms of Reference has been drafted by the Head of Corporate Affairs following research across a number of existing Foundation Trusts. Most Foundation Trusts had established a similar type of group but there was no commonality of Terms of Reference.

The Group noted the wide remit, and that the Terms of Reference had been agreed for a one year period by the May Council of Governors meeting. It was agreed to keep the Terms of Reference under review throughout the year so that recommendations could be made to the Council at the annual review point.

The Terms of Reference of the Patient Experience Group (PEG) gave a reporting line from the Patients Panel to the PEG and it was thought this would be a helpful source of intelligence for the Governors. It was noted that the Patients Panel had been established for approximately 7 years and one of its remits was to provide patient representation on a range of Trust Governance Groups.
It was agreed that members of the Group would be invited to attend a Patient Panel meeting to see it in operation. **JD**

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PEG-3/11 Chairmanship

Volunteers for the role of Chairman had been invited from Group members. It was noted that Maurice Cohen was currently Chair of the Patients Panel and it was felt this relationship would secure benefits from both groups interfacing.

The Group AGREED that Judi Linney would be Chair of the Group and that Maurice Cohen would be Vice-Chair.

Judi Linney would take the Chair from the next meeting.

PEG-4/11 Programme 1 – Improving the Patients Experience

Suzanne Rankin introduced the agenda item. The Trust had 4 Strategic Objectives the first of which was improving the patients' experience. To support delivery of the Strategic Objectives the Trust had 6 major programmes of work, and Programme One was improving the Patients' Experience. Suzanne highlighted that patient experience was far greater than patient feedback.

The Trust used the Darzi definition of quality which looked at three dimensions; Patient Experience, Clinical Effectiveness and Safety. Jill Down then gave a presentation on Understanding the Patient Experience which covered these three dimensions. The presentation included:

- The major mechanisms from which the Trust was able to draw patient feedback intelligence
- Clinical effectiveness
- Safety –including an explanation of the Trust incident reporting systems
- The Trust's overarching governance arrangements including committees
- The themes arising from patient feedback
- How the Trust was driving change including
    - the Living Our Values Programme and
    - EQUIP – releasing time to care which used lean methodology (also know as the Productive Ward).

Within Programme One there were now two major sub programmes: firstly, *Best Care* and secondly, *Patient Experience - Choice and Control*. A copy of the Business Case initiating The Enhancing Patient Choice And Control Project was tabled and a brief presentation on Best Care was given to the Group.

Best Care included 2 main elements– the essential care element which was well underway and the specialist care element would progress soon.

The Group then had a discussion on the Trust's approach to quality and the following points were highlighted:

- The need to develop quality programmes was acknowledged

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however it was important not to overload staff with initiatives as staff were already under considerable operational pressure.

- Communication was a theme both in complaints and from patient surveys. Considerable focus was ongoing across the Trust but there was a need to focus on improving both nursing and medical communication, including encouraging shared decision making.

- Improving the patient experience was very much about changing mind sets. The Trust's Living our Values programme was aimed at achieving a major cultural shift and it was agreed that it would be useful if members of the Group could participate in a session. **JD**

- The Trust had instigated a programme of development for Ward Managers; it was important that all staff were able to challenge poor performance.

PEG-5/11 Next Steps

It was agreed that the Head of Patient Experience, Head of Corporate Affairs and Deputy Chief Nurse should be standard members co-opted onto the Group. The Chief Nurse would attend as frequently as possible.

It was agreed to send representatives to the next Patient Panel meeting. A presentation on quality would be given to the next Council of Governors meeting by the Chief Nurse when initial comments on priorities for the Group could be made and a meeting of PEG would be established for late September to formulate an annual work plan.

PEG-6/11 Any other Business

There was no other business.

PEG-7/11

Date of Next Meeting

Date and time of next meeting to be agreed in September. **JG/JL**

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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	August 2012	
09/08/11	PEG 2/11	**Terms of Reference**	Members to attend a Patient Panel meeting	JD	Dec 11	
09/08/11	PEG 4/11	**Patient experience**	Members to be invited to Living Our Values	JD	Dec 11	

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