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

COUNCIL OF GOVERNORS
9th September 2013

TITLE	**Report from Patient Experience Group**
EXECUTIVE SUMMARY	The draft minutes of the meetings of the Patient Experience Group held on 10th June and 12th August 2013 are attached together with minutes of an additional meeting to discuss a project to be undertaken with the Patients Association which took place on 10th July 2013. Highlights from the meeting on 10th June 2013 included: • Appointment Centre Tour • Medical Records Tour – Ashford Hospital • Patient Complaint – Access to Maternity • Feedback from Patients Panel meeting including key points from minutes • Quality Report – Patient Experience • Patients Association • Feedback from members to Governors relating to Patient Experience • Pride in Nursing Day • University of Surrey Visits • Hospital Visits • Members' Health Events – Nutrition for Life and Weight-loss Surgery • Patient Led Assessments of the Care Environment (PLACE) • Chaplains Study Day Highlights from the meeting on 12th August 2013 included: • Patient Complaint – Access to Maternity • Feedback from Patients Panel meeting including key points from minutes • Quality Report – Patient Experience and Quality Account (Qtr 1) • Friends and Family: Qtr 1 Results • Patients Association Project • 24 Hour Hospital Observation • Feedback from Group members on recent visits and meetings • Tour of Medical Records – St Peter's Hospital
The Council is asked to:	Note the draft minutes of the meeting of the Patient Experience Group held on 10th June and 12th August 2013 and the additional meeting on 10th July 2013.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking.
Date:	20th August 2013
Decision:	For Noting

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

Council of Governors

Minutes of the Patient Experience Group
10th June 2013

Room 2, Education Centre, Ashford Hospital
2.00pm – 4.00pm

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

Minute **Action**

PEG-20/13 **Appointment Centre Tour**

Pam Coward, Appointment Centre Manager, showed the Group around the department and highlighted the processes that were followed on a day to day basis. The department is based at Ashford Hospital and looks after all patients that attend outpatients at either Ashford or St Peter's hospital apart from patients requiring diagnostic appointments.

It was explained the department had three teams which managed the following areas:

- Red – Cancer and Surgery
- Yellow – Specialist Surgery
- Green - Medicine

The process begins with referrals from GPs being received into the department via the post, facsimile, Choose and Book or electronically. These are then registered on the Trust's computer system (PAS) and then sent to the consultant teams concerned who triage the referrals in order of urgency. The Appointment Centre is currently trialling the option of scanning referrals into a "referral tracking system" which will eventually be rolled out to all specialties. Currently the turnaround in setting up appointments is 7 – 14 days although the referral tracking system has shown to reduce this time.

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Communications in the form of cancellations and re-booking appointments are also the department's responsibility.

A reminder service is provided by an outside company and monitored by the department whereby patients are telephoned and those who cannot make their appointments are provided with new appointments. Patients who are on the waiting list are then booked onto the vacant slots. If the patient is not available then a message is left or a letter sent.

Currently the Do Not Attend (DNA) rate stands at 10%. In the past it was 12%. The department is currently working to reduce the rate.

The department deals with 400 – 500 calls and receives approximately 700 referrals each day.

Pam advised that cancer and breast patients have to receive an appointment within 14 days and patients requiring other specialties within 12 – 18 weeks.

Fortunately, there is not a large turnover of staff especially since it requires six weeks to train a new member of staff. Whenever a shortfall in the service is experienced the department is able to recruit staff to bring the service back within targets and since the Trust's administrative review, these staff now recruited on permanent contracts.

The Group felt it had a better understanding of Appointment Centre's processes and the systems in place to meet daily targets.

The Group thanked Pam Coward for her time and the information she had provided.

PEG-21/13 Medical Records Tour

Jeanette Campbell, Deputy Health Records Manager, showed the Group around the department at Ashford Hospital and highlighted the processes that were followed on a day to day basis. The Trust had two Medical Records departments one based at Ashford Hospital and one at St Peter's Hospital. Medical Records at Ashford Hospital employed 32 staff.

Jeanette advised that there are four areas within Medical Records:

- Two areas for preparing clinics
- Record Bureau
- Library - Filers

Ashford Medical Records was fortunate to have a large library space which could also accommodate deceased records and records which went back to 2003 (Paediatrics to 1999). Any records pertaining to 2002 and before were archived using an external storage facility. The filers were currently removing notes in files which were last seen in 2011 and storing them in another section of the department called Oflow. Legally, general medical notes had to be kept for eight years, Paediatric notes for 25 years, blood transfusion notes for 30 years and clinical trial notes for 15 years. Casualty cards (records pertaining to A&E attendances, when

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Ashford Hospital had an A&E Department, dating back to before 1st July 2009) were also stored in the department. There was also a section for records which were termed as "fat files" due to the amount of paperwork contained within.

Jeanette explained that medical notes were numbered with seven digits. Notes that were from the time before Ashford and St Peter's merged had six digits with either an A or P at the end depending on which hospital they originated from.

The main problems the Medical Records Department experienced were lack of storage space and staff around the Trust not tracking medical notes efficiently and the problems then experienced by Medical Records' staff trying to locate incorrectly tracked notes for clinics and inpatient attendances.

Jeanette advised that the two areas that prepared medical notes for clinics received daily "pull" sheets and notes were located using PAS. If the notes were located at St Peter's these were requested. Seven transport runs of approximately 25 – 30 boxes of medical notes arrived at Ashford each day. These boxes were managed by the Record Bureau who also dealt with requests from St Peter's for medical records located at Ashford.

The department is currently looking at employing temporary staff in the evenings and at weekends to deal with the backlog of filing. Access to the department is also reduced to a few hours during the day for general hospital staff to enable work to be undertaken by Medical Records' staff in an efficient manner.

The Group thanked Jeanette for her time and for explaining the processes followed by the Medical Records Department. The Group also remarked how tidy and organised the area was kept.

PEG-22/13 Minutes of Previous Meeting

The minutes of the meeting held on 8th April 2013 were agreed as a correct record apart from:

PEG-15/13 - the Trust had *undertaken* and not developed the new Butterfly scheme.

PEG-14/13 – Ann Gallagher wanted to add that the University of Surrey currently utilised Patients Association materials and was well versed with their workings.

PEG-19/13 – Sue Harris clarified that a lot of work had been undertaken by the Trust in conjunction with the community.

MATTERS ARISING

PEG-23/13 Patient Complaint – Access to Maternity (Refers to minute PEG-13/13)

The Head of Patient Engagement and Experience advised that some information about access to the maternity service was contained in the

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Bounty pack provided to expectant mothers, but that this did not include information on the service out of hours. The contract with Bounty was currently being reviewed and if it is decided to continue with the contract then the booklet would be updated and if not then a new booklet would be developed. The Group queried when the Bounty pack was received by expectant mothers and the Head of Patient Engagement and Experience advised she would check. It was also advised that a verbal update was provided to expectant mothers and their partners when they were shown around the Maternity Unit. **LR**

REGULAR ITEMS

PEG-24/13 Feedback from Patients Panel meeting including key points from minutes

In Maurice Cohen's absence the Group discussed the possibility of having instructions on how to access the hospital out of hours on all external doors and that queries could be directed to Security via the car park intercoms.

The Associate Director of Quality advised that signage had been discussed at the Patients Panel and a presentation had taken place with an invitation for two members of the Patients Panel to attend the Signage Group. William Britton, Head of Hotel Services, presented an update on the recent PLACE inspection and this had also covered signage. The Head of Patient Engagement and Experience advised she would be meeting with the Heads of Nursing to discuss this further.

PEG-25/13 Quality Report – Patient Experience

The Associate Director of Quality advised that complaints relating to discharge had been highlighted to the Clinical Commissioning Group (CCG). Concerns relating to the Patient Transport service and the general patient flow through the hospital were highlighted. It was advised that the three providers of community services were looking at the different levels of complexity during discharge. The Trust could potentially have up to 60 patients who were medically fit for discharge per day who could not be moved. It was important to clarify what being medically fit for discharge meant and the quality of service from the contracted Patient Transport Service was of concern. An in-depth review was being carried out on this issue and owing to the impact on the physical and mental well-being of, in particular, our elderly patients, the Trust has raised this as a safeguarding issue and will be calling a risk summit to try and effectively resolve the poor service.

Judith Moore queried whether there was provision of a 'half way house'. The Associate Director of Quality agreed that a piece of work needed to take place to ascertain the group of people needing a higher level of care than could be provided at home but not to the extent of being kept in hospital. She added that there was an expectation that the three community providers were covering all aspects of the care in the community. The CCG would be looking to assess whether the three providers were fit for purpose. The CCG had noted that the Trust was very efficient with discharges compared to other trusts. Other areas of discussion included bed blockage costs and pressures on the A&E.

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The Associate Director of Quality advised that the response rate on the Friends and Friends test was being targeted. A solution was currently being explored in the form of using text messaging. There had been a number of technical glitches which were also being looked at. It was hoped that during June our response rate would be much approved. The Head of Patient Engagement and Experience advised that the Trust needed to achieve a 20% response rate during Quarter 4 in order to obtain the CQUIN. It was clarified that the test asked patients whether they would recommend the Trust to their friends and family and one out of six possible answers could be selected.

The Associate Director of Quality then drew the Group's attention to the graph outlining discharge related complaints and highlighted that these had gone up during April and that had a correlation to the high level of activity due to the extended period of cold weather.

The Head of Patient Engagement and Experience clarified that even if a complainant decided to withdraw a complaint concerns would still be captured. A number of procedures had to be carried out under the terms of NHS Complaints Regulations and this included staff speaking to complainants. It was advised that a quarterly Complaints Monitoring Group took place to discuss complaints and a tracker system was in place to highlight improvements as a result of complaints. It was further advised that feedback could be provided through the Patient Advice and Liaison Service (PALS) or if necessary recorded as an incident. All concerns highlighted in feedback were captured. Keith Bradley agreed to provide more details to the Head of Patient Engagement and Experience on the case where a complainant withdrew their complaint. **KB**

It was agreed to retain the same colour for inpatient and outpatients for each graph to avoid any confusion. It was also agreed to provide a key at the bottom of the Patient Experience Dashboard clarifying the changes from six divisions to four. **LR**

The Associate Director of Quality advised that she was currently speaking with two companies about the provision of databases to enable the automated download of data in the form of charts and tables.

The PEG NOTED the report.

FOCUS TOPICS

PEG-26/13 Patients Association

The Head of Patient Engagement and Experience advised the Group of three potential projects for working with the Patients Association and presented these to the Group. These were:

1. Noise at Night (both from patients and staff)
2. Closer working with carers and families
3. Understanding patient experience across the constituencies

It was advised that the Patients Association had already undertaken a great deal of work in relation to the first two options. The Head of Patient Engagement and Experience was not aware of any work conducted on the third option.

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Judith Moore raised her concern that larger problems were not being tackled, for example the Emergency Department, and queried whether staff had been consulted on which areas should be looked at. The Head of Patient Engagement and Experience advised that the Trust needed to see improvements in the Inpatient Survey and short projects would see results over the shortest time.

The Group agreed that the second option was the most important and that this could also be related back to A&E. The Group requested that the Patients Association be asked to provide a report on the aims and results of past projects in all three options. The Head of Patient Engagement and Experience agreed to speak with the Chief Nurse and then refer the request to the Patients Association. **LR**

The Head of Patient Engagement and Experience agreed to update the Group on her findings via a meeting arranged for July. **LR**

FEEDBACK

PEG-27/13 Feedback from members to Governors relating to Patient Experience

Brian Catt reported that one of his acquaintances' children fell out of a tree and was brought to Paediatric A&E. He was advised that they were very happy with the treatment and care and that it was received in a timely manner.

OTHER ITEMS

PEG-28/13 Pride in Nursing Day

Judith Moore advised that she had attended the recent Trust Pride in Nursing Day. A number of presentations took place which included ways of improving areas via:

- Discharge initiatives
- Ward rounds
- Releasing time to care

These were just a few examples of the excellent pieces of work presented on the day.

Judith highlighted that there was great camaraderie amongst the staff that took part and the day was full of energy and enthusiasm.

PEG-29/13 University of Surrey Visits

Judith Moore also advised she had visited the University of Surrey twice which she agreed to follow up with the Chief Nurse. **JM**

PEG-30/13 Hospital Visits

Judith Moore had visited Falcon and Swan wards together with the Maternity Unit. She had found the cleanliness to be good and had had the opportunity to sample the food and witness the serving of food. It was apparent that the coloured trays were utilised and water was

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provided to patients periodically during the day. Judith advised she was very happy with the standard of care patients were receiving.

PEG-31/13 Members' Health Events – Nutrition for Life and Weight-loss Surgery

Judith Moore advised she had found the events useful and felt very assured with the service provision in these areas. It was noted that several Governors were now regularly attending these events which were ideal opportunities to increase knowledge and to meet members.

PEG-32/13 Patient Led Assessments of the Care Environment (PLACE)

Judith Moore advised that she and Godfrey Freemantle had recently been part of the PLACE assessments. Godfrey advised that he was pleased with the standard of cleanliness although Paediatrics was highlighted as being somewhat below par. Food and the temperature it was served at was considered adequate. It was noted that many of the staff helped with the menus.

PEG-33/13 Chaplains Study Day

Keith Bradley advised that Susan Lockwood and he had attended the recent Chaplains Study Day and that the Chief Executive had also been in attendance.

PEG-34/13 Tours of Appointment Centre and Medical Records (AH)

The Group were very impressed by the tours and the way in which processes were followed. It was remarked that the Medical Records was extremely tidy and well organised. It was agreed the Group had a better understanding of the process from referral to preparing notes for a clinic. Issues highlighted were the provision of a larger archive, continuation of the tracking system and recruitment of staff on permanent contracts.

PEG-35/13 ANY OTHER BUSINESS

The Head of Corporate Affairs reminded the Group of Governor visits to hospital areas arranged for Friday 14th June and requested that anyone wanting to attend to let him know.

The Head of Corporate Affairs further advised that the Annual Members' Meeting was due to take place at Ashford Hospital on 16th July and that visits to Outpatients would take place. There would be stands outlining the work of the Membership and Community Engagement Group and Patient Experience Group. Copies of the Quality Account would be available.

The Group discussed the possibility of using the Pride in Nursing Day posters and it was agreed that these would be requested. It was further felt that these posters should be posted at the entrance of the hospital. **GR**

Date of Next Meeting

Monday 12th August 2013, 2.00 – 4.00 pm – Room 1, Chertsey House, St Peter's 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	On agenda	✔
10/06/13	**PEG-23/13**	**Patient Complaint – Access to Maternity**	Check when Bounty pack is received	LR	12 Aug 13	Verbal update	
10/06/13	**PEG-25/13**	**Quality Report – Patient Experience**	Provide further detail on complainant who withdrew their complaint	KB	July 13	Verbal update	
10/06/13	**PEG-25/13**	**Quality Report – Patient Experience**	Use the same colours to highlight inpatients and outpatients in graphs and provide a key clarifying changes in divisions from six to four	LR	12 Aug 13	Updated.	✔
10/06/13	**PEG-26/13**	**Patients Association**	Request reports from PA on past work undertaken on projects relating to the 3 options	LR	July 13	Project selected.	✔
10/06/13	**PEG-26/13**	**Patients Association**	Update PEG at a meeting arranged for July.	LR	July 13	Meeting arranged and held.	✔
10/06/13	**PEG-29/13**	**University of Surrey Visits**	Update the Chief Nurse on visits.	JM	July 13	Verbal update	
10/06/13	**PEG-35/13**	**Any Other Business**	Request Pride in Nursing Day posters for Annual Members' Meeting	GR	ASAP	Done.	✔
10/07/13	**PEG-36/13**	**Patients Association**	Meeting to be arranged with Dr Raad Nari, Clinical Lead for Dementia Services.	LR	Aug '13	Not yet arranged.	
10/07/13	**PEG-36/13**	**Patients Association**	Provide the Group with a copy of a discharge summary.	LR	Aug '13	To be provided in the meeting.	

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

Council of Governors

Minutes of the Patient Experience Group
10th July 2013

Management Meeting Room, St Peter's Hospital
3.00pm

PRESENT:	Keith Bradley (Chair)	Public Governor – Woking
	Godfrey Freemantle	Public Governor - Hounslow
	Susan Lockwood	Public Governor – Runnymede
	Judith Moore	Public Governor – Guildford
APOLOGIES:	Ann Gallagher	Appointed Governor – University of Surrey
	Brian Catt	Public Governor – Spelthorne
	Maurice Cohen	Public Governor – Woking
	Sue Harris	Staff Governor – Nursing/Midwifery
IN ATTENDANCE:	Heather Caudle	Associate Director of Quality
	Lynn Robinson	Head of Patient Engagement and Experience
	Anu Sehdev	Membership Manager

Minute **Action**

PEG-36/13 **Patients Association**

The Head of Patient Engagement and Experience tabled a paper from the Patients Association entitled "Partners in Care – Working together in the South West" (August 2012). This mentioned projects previously undertaken by the Patients Association. It was advised that Celia Turnbull from the Patients Association would be assisting the Trust as Project Manager.

The Group agreed that the project it wished to pursue was closer working with carers and families.

The Head of Patient Engagement and Experience reassured the Group that although there was not a past project which was identical to the subject chosen there were some similarities. The Project Manager would also be able to consult colleagues to ensure the best use of expertise from within the Patients Association. The Group agreed that key members of staff and patient representatives should be involved and was pleased that the A&E Department would also be included in the project. The Associate Director of Quality clarified that the aim of the project would be to establish change and then sustain the change implemented.

The Group agreed that it was important to cover the following elements/issues in the project:

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- Involving carers and families during the inpatient stay, planning the discharge arrangements and future care.
- Ensuring adequate information is in place in all areas of the hospital.
- Looking at the culture of the Trust.
- Issues that arise when relatives live far away.
- How to persuade staff to take part in the project.
- What can be gleaned from carers and relatives.

The Head of Patient Engagement and Experience suggested to the Group that the business case should now be developed and then the strategy, objectives and the measures of success determined. It was anticipated that the project would commence in September 2013.

The Associate Director of Quality clarified that ideally the Group would be seen as the direct link to the Patients Association although support would be provided via the Head of Patient Engagement and Experience and that a planning session would be held to facilitate this.

The Group agreed that a meeting should be arranged with Dr Raad Nari, Clinical Lead for Dementia Services and possibly Carrie James, Lead Nurse for Older People, so that the Group could learn what the issues were and which elements should be looked at in further detail. The Head of Patient Engagement and Experience agreed to provide the Group with a copy of a discharge summary. **LR** **LR**

Date of Next Meeting

Monday 12th August 2013, 2.00 – 4.00 pm – Room 1, Chertsey House, St Peter's Hospital

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

Council of Governors

Minutes of the Patient Experience Group
12th August 2013

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

PRESENT:	Keith Bradley (Chair)	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:	Brian Catt	Public Governor – Spelthorne
	Maurice Cohen	Public Governor – Woking
IN ATTENDANCE:	Heather Caudle	Associate Director of Quality
	Lynn Robinson	Head of Patient Engagement and Experience
	Anu Sehdev	Membership Manager

Minute **Action**

PEG-37/13 **Minutes of Previous Meeting**

The minutes of the meeting held on 10th June 2013 were agreed as a correct record apart from:

PEG-25/13 – **Quality Report – Patient Experience** - paragraph three – "It was hoped that during June our response rate would be much *improved"* (not approved).

The minutes of the additional meeting held on 10th July 2013 were agreed as a correct record.

MATTERS ARISING

PEG-38/13 **Patient Complaint – Access to Maternity (Refers to minute PEG-23/13)**

The Head of Patient Engagement and Experience advised that after investigating further it appeared that the Bounty Pack did not contain an information booklet. Sandra Houston, Associate Director of Midwifery, agreed that a member of her team together with Communications would work on updating current information to develop an up to date booklet covering all aspects of Maternity care including the service provided out of hours.

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REGULAR ITEMS

PEG-39/13 Feedback from Patients Panel meeting including key points from minutes

The Head of Patient Engagement and Experience advised that two members of the Patients Panel had joined a working group around signage.

The Head of Patient Engagement and Experience updated the Group on highlights of the last Patients Panel meeting which took place on 25th June 2013. An agreement had been reached to go ahead with the mystery shopping project and a date was being finalised. Discussion had taken place on how best to approach this project and it was agreed that participants would need to act natural and that training would be provided. Ward managers would be involved to ensure that areas of concern were covered. Televisions displaying information would be visited together with the new Self Check-in units including the placement of these.

Godfrey Freemantle advised that he was on the working group for the Self Check-In project and reported later in the meeting.

The Head of Patient Engagement and Experience advised that a member of the Patients Panel would be joining the Patient Facing Communications Project and the remit of this project included Self Check-in and timings of letters in relation to appointments.

Keith Bradley reiterated the need to ensure there was no duplication of the work undertaken by the Patients Panel and Patient Experience Group, and that this report was a good indication of the Panel members' work in different and useful areas. Communication between the two groups was essential.

PEG-40/13 Quality Report – Patient Experience and Quality Account (Qtr 1)

The Associate Director of Quality advised that the information in the Quality Report was information that had been provided to the Trust Board in July.

It was advised that there had been a slight reduction in complaints in June including a slight decrease in discharge related complaints. This reduction was aligned to the work that had taken place to improve the discharge process with bed blockages being examined, handover processes and ways of improving the general overall experience for both patients and their carers being scrutinised.

The Associate Director of Quality advised that a pilot had been undertaken on SAU and MAU to predict patients that were at risk of readmission. Each patient upon arrival was given a likely date of discharge and looking at previous history the likelihood of returning to

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hospital was predicted. Godfrey Freemantle queried whether readmission included returning to hospital for the same condition or something completely different, for example trauma. The Associate Director of Quality agreed that these extreme variances could be disregarded from the data but it was crucial that a patient's overall medical needs were assessed. Vulnerable patients were highlighted in the call-back list and received a call from hospital staff to check they were fine once home and those patients requiring a little more attention were referred to a virtual ward.

It was advised that since the complaints process had been devolved to the divisions in July 2010, the process had greatly improved. Actions resulting from complaints were placed on a spread sheet and tracked so that learning could be identified. There had been some improvement in the response rate. The divisions were now more signed up to the process and the need to improve the patient experience. The Patient Experience Team continued to provide training to the divisions so that complaints were handled correctly from the outset and with compassion so that there was nothing left unanswered and the complainant was satisfied with the outcome.

Keith Bradley requested that the report which went to July's Trust Board entitled "PALS and Complaints: Lessons Learned" be provided to the Group. The Head of Patient Engagement and Experience also agreed to provide a copy of a report which highlighted complaints performance over a 12 month period. **AS** **LR**

Susan Lockwood queried whether anything could be done with habitual complainants and the Head of Patient Engagement and Experience advised that although there was a Trust Policy on "Dealing with Difficult or Unreasonable Complainants", it was rare for it to be utilised as other avenues were looked at first including whether all the issues raised had been dealt with.

The Associate Director of Quality advised that the recent Quality Workshop which had been attended by a few of the Governors had been very productive and highlighted that the Trust had performed well in dementia care, catheter related UTIs, risk assessment and pressure ulcers. There were some areas which required improvement.

Keith Bradley asked for some details of OPAL (Older Person's Assessment and Liaison Team) Ward and how it would be publicised. The Associate Director of Quality advised that the purpose of Opal Ward was to provide better care to elderly patients with a focus on mental health issues and incorporating the best professionals to deal with such issues. All the jobs had been advertised and further detail would be provided at a later date. OPAL Ward was a virtual ward which came into being after the redesigning of existing services. Ann Gallagher queried whether this would have an impact on the A&E situation and it was advised that an improved care pathway for elderly patients with delirium and cognitive concerns would be in place and could only help alleviate pressures on A&E.

The PEG NOTED the report.

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FOCUS TOPICS

PEG-41/13 Friends and Family: Qtr 1 Results

The Head of Patient Engagement and Experience presented results from the Friends and Family testing from Quarter 1. These showed the Trust, compared to other similar sized trusts, performing exceptionally well in the inpatient response rate and net promoter score and average in the A&E response rate and net promoter score. Since introducing a text function in A&E, higher response rates had been achieved. Although the Trust's target for A&E had not been met, results were still good compared to the national average. Each ward had consistently increased its response rate. Staff were now looking to gain extra feedback via question two which asked – "What was good about your care, and what could be improved?" Staff on the Medical Short Stay ward had conveyed how amazed they were at so many positive comments. The Head of Patient Engagement and Experience advised she would amend the tables in her presentation and forward these to the Group. Going forward it was regarded that a net promoter score of 70 or more was achievable and this should be a score attainable in all areas. **LR**

The Group queried whether staff experienced increased pressures to attain the required score and it was considered that this should not be the case as training was provided and the information borne out of the Friends and Family testing was invaluable formulating actions which in turn improved the care provided to patients. The general feeling was that staff were excited with the results and were now moving to make the most of the testing, combining it as part of their routine. The Trust was now looking to increase the number of our "extremely likely" scores by analysing what needed to done to provide above average care.

The PEG NOTED the presentation.

PEG-42/13 Patients Association Project

The Head of Patient Engagement and Experience updated the Group on progress so far in relation to the project. It was agreed that a meeting with Dr Raad Nari, Lead Consultant in Elderly Care and Celia Turnbull, our Project Manager from the Patients Association, needed to be arranged to design the project ensuring there was no duplication across the service. It was clarified that funding was not an issue and that the Trust needed to join the Patients Association as soon as possible. Dr Nari had been sent details and was fully on board. It would be useful for Dr Nari to hear direct from the Patients Association and his input would be invaluable in developing a bespoke project. The Head of Patient Engagement and Experience confirmed that September 2013 was still envisaged as the start date for the project and that the Patients Association was aware of this.

The Head of Patient Engagement and Experienced confirmed she would forward the Group a copy of a Discharge Summary Sheet and the **LR**

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"Planning Your Discharge or Transfer from Hospital" booklet.

PEG – 43/13 24 Hour Hospital Observation

The Associate Director of Quality presented highlights of the 24 Hour Hospital Observation which took place on 31st July 2013.

It was confirmed that participation in this exercise had only been requested from Governors who were members of the Group.

The Associate Director of Quality explained how this exercise came into being by advising that it had been part of the Trust's action plan after the CQC visit which took place in December 2011. It had been decided that the Trust would undergo a 24 hour observation of its services and the first of these took place in March 2012. This time the visit coincided with the changeover of junior doctors. This was also the first time that participation from external persons, non front-line staff and managerial staff was requested. Participants included the Trust Chairman and representatives of HealthWatch, Governors and the CCG.

The Associate Director of Quality advised that she had been involved in the previous 24 hour observation and this time felt areas were much calmer and staff appeared to be more engaged. Although staff were not aware of the exact timing of the observation taking place, they were expecting visits to take place. It was advised that the Head of Accreditation and Regulation was in the process of collating the feedback to ascertain the recurring themes. This would incorporate, who said what, what time it was said and who asked the question taking into consideration the impact of the observer. Other factors that would be incorporated would be the number of admissions, deaths, staffing numbers and concerns raised during the same timeframe. A report would be provided in both hard copy form and via a presentation.

Keith Bradley advised that he had been involved in the 24 hour observation at St Peter's Hospital. Keith had witnessed a visual display unit providing incomplete information in outpatients and patients receiving good care in the Eye Unit. Keith also found the staff in A&E to be dedicated advising that targets were a good thing as they kept staff focused. Staff on the Children's Ward thanked Keith for visiting as on occasions they felt forgotten. There had been a teenager on the ward who wanted answers about his condition and felt he had to probe.

Susan Lockwood advised that she had also been involved in the 24 hour observation and visited Labour Ward where she saw two babies, one born naturally and one by caesarean section. Susan highlighted that one of the senior nurses was unhappy with her manager.

Susan also visited Falcon Ward where there was an unpleasant smell, however she put this down to the nature of conditions patients had. There were some food issues highlighted to her by patients, one of their grievances being that they found the two ladies serving the food to be disagreeable. On SHDU, Susan spoke with one student who wanted to carry on working at St Peter's. Issues were raised with Pharmacy closing

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at 15:00 hours and how this hindered the treatment/discharge of patients. Theatres was also visited and appeared to be fairly quiet at the time. After speaking with nurses their opinion was that nothing had changed. They did not feel that answering the telephone was in their remit and wanted another member of staff to cover the phones.

Finally, the staff on May Ward did not appear to be happy with Susan visiting.

The Membership Manager also advised that she had been part of the 24 hour observation at Ashford Hospital and generally had found staff to be very happy there, with some commenting that they would like to remain at Ashford Hospital and would not consider working at St Peter's Hospital. Patients were also very happy with the treatment and care they had received and continued to receive.

FEEDBACK

PEG-44/13 **Feedback from Group members on recent visits and meetings**

Godfrey Freemantle updated the Group in relation to the Self Check-in Service. He advised that 19 kiosks were on order, 18 of which were freestanding and one which was wall mounted. Locations had been agreed and Fire and Safety had been involved from the outset. There had been queries raised with regards to infection control and it was advised that the screens only needed to be wiped own at the end of the day to maintain the required level of cleanliness/infection control. The configuration of the screen display had also been agreed.

When using the Self Check-In kiosks, a 'boarding pass' would be issued advising the patient which area to go to and be provided with a unique number.

It was yet to be decided on how best to call for a patient during clinic. There were a number of ways that this could be done, ie by number or name. The different ways of calling for a patient would be trialled to see which proved to be the most effective method. Patients would also need to be advised that due to the different clinics taking place, in several areas, numbers would not automatically follow in a sequential manner.

Initially patients would be aided with the check-in process and the receptionists would be responsible for reloading the rolls of paper when these ran out.

It was anticipated that the Self Check-in process would be fully operational in January 2014 and Godfrey agreed to carry on his membership of the working group until then. Godfrey raised his concern relating to signage which he hoped would be resolved in time.

Keith Bradley advised that he continued to be part of the Ashford Outpatient Planning Group and that the actress/comedienne Nina Wadia had been secured to open the department in September 2013.

Keith also advised that he, Susan Lockwood and Brian Catt attended the

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recent Quality Workshop.

Keith Bradley updated the Group on recent visits he and five other Governors undertook to a number of wards/areas at St Peter's Hospital. As part of the feedback to the Head of Corporate Affairs from all who had undertaken the visits, Keith had highlighted that six people per group was too many as it was felt they got in the way and it was difficult to have ad hoc conversations with staff and patients. It was suggested some future visits should take place in the evening to make it easier for Governors who had commitments in the day to take part and that areas could be alerted to possible visits.

Keith highlighted that Falcon Ward looked a little 'dated' and when visiting there had been an issue with the toilet requiring a clean. Staff took time to explain the financial constraints in relation to repairs being undertaken.

Sue Harris advised that she would like to be involved in future visits as it was important that Staff Governors also had the opportunity to speak with staff. Sue thought that she and some of her Staff Governor colleagues could act as 'guides' as well in order that more Governors could take up this invaluable opportunity to see the hospital operating.

Keith further added that it was important that those on visits conducted these gently and were respectful of hospital procedures.

PEG-45/13 Feedback from members to Governors relating to Patient Experience

The Group had received no feedback from members.

PEG-46/13 ANY OTHER BUSINESS

Tour of Medical Records

Stacey Mendonca, Deputy Health Records Manager, showed the Group around the Medical Records Department. The Group had previously visited Medical Records at Ashford Hospital when the various processes had been outlined. Stacey showed the Group the Record Bureau area where medical notes were received and despatched using Hospital Transport. It was highlighted that St Peter's Medical Records also had the added task of managing notes for patients attending A&E who then moved to a ward and securing notes for wards for elective admissions.

Stacey highlighted the main area of the Medical Records Library where notes were housed and these were mainly kept utilising carousels which although were space-saving and worked well when not overloaded, there was a danger of notes falling when they were. Here notes for patients attending the hospital for the past two years were contained. The archiving and culling processes were on-going and currently notes in two thirds of the library had been culled.

Stacey further highlighted the filing room where notes were received back coded as Dexsor and these were then put back by the medical records

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staff. Up to four trolleys containing 400 notes each could arrive daily. Further areas where clinics were prepped were highlighted and these were sectioned off into specialties. Clinic lists were printed a week before each clinic took place and then notes were pulled up to two days before. Once the notes were ready for clinic these were taken up in trolleys on the morning of the clinic and these were then the responsibility of the nurses.

Following a comment made by an Out-patient Receptionist to Keith Bradley (during the 24 hour visit) when she said that having worked previously in Medical Records was very helpful to her in her 'front line' role, the Group commented that it could be useful if all staff spent some time in both areas and understood the different roles.

Most of the notes in archive were stored on site in the old kitchen area and this area was managed by two members of staff. Other archived notes were managed by the records management company, Iron Mountain.

Stacey advised that the department was currently experiencing some level of sickness amongst staff members thus staffing was below full complement. In order to deliver on workloads, staff worked varying hours starting from 07:30 hours. Stacey advised that staff were very dedicated and did their best to keep the area as neat and tidy as possible especially in relation to space constraints.

Stacey was hopeful that Electronic Document Management (EDM) would soon be a viable option for the Trust as the lack of space continued to be a problem.

The Group thanked Stacey for her time and for showing the Group around the Medical Records Department.

Date of Next Meeting

Monday 7th October 2013, 2.00 – 4.00 pm – Room 1, Postgraduate Education Centre, St Peter's 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		
10/07/13	**PEG-36/13**	**Patients Association**	Meeting to be arranged with Dr Raad Nari, Clinical Lead for Dementia Services.	LR/AS	Aug '13	Thursday 29th August at 1 pm	
12/08/13	**PEG-40/13**	**Quality Report**	Provide report "PALS and Complaints: Lessons Learned"	AS	With minutes	Complete	✔
12/08/13	**PEG-40/13**	**Quality Report**	Provide report highlighting complaints performance over a 12 month period	LR	ASAP		
12/08/13	**PEG-41/13**	**Friends and Family: Qtr 1 Results**	Amend and provide revised data to the Group	LR	With minutes	Complete	✔
12/08/13	**PEG-42/13**	**Patients Association Project**	Provide a Discharge Summary Sheet and "Planning Your Discharge or Transfer from Hospital" booklet	LR	With minutes	Complete	✔

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