COUNCIL OF GOVERNORS
9th September 2014

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The draft minutes of the meeting of the Patient Experience Group held on 11th August are attached. Matters discussed in the meeting on 11th August 2014 included: • Patients Association Project • Day Surgery Lists • Shared Care • Spelthorne Survey Themes • DNAs (Did Not Attend) • Quality Report – Patient Experience
The Council is asked to:	Note the draft minutes of the meeting of the Patient Experience Group held on 11th August.
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	15th August 2014
Decision:	For Noting

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Council of Governors

Minutes of the Patient Experience Group
11th August 2014

Room 1, PGEC, St Peter's Hospital
14:00 – 16:00 hours

PRESENT:	Keith Bradley (Chair)	Public Governor – Woking and Guildford
	Brian Catt	Public Governor – Spelthorne
	Maurice Cohen	Public Governor – Woking and Guildford
	Godfrey Freemantle	Public Governor - Hounslow
	Sue Harris	Staff Governor – Nursing/Midwifery
	Chris Howorth	Appt Governor – Royal Holloway University of London
	Judith Moore	Public Governor – Woking and Guildford
APOLOGIES:	Margaret Lenton	Public Governor – Windsor and Maidenhead
IN ATTENDANCE:	Louisa Daly	Head of Patient Experience and Involvement
	Mick Imrie	Chief of Patient Safety/Deputy Medical Director
	George Roe	Head of Corporate Affairs
	Anu Sehdev	Membership Manager

Minute		Action
PEG-35/14	**Minutes of Previous Meeting** The minutes of the meeting held on 9th June 2014 were agreed as a correct record.	
	MATTERS ARISING	
PEG-36/14	**Patients Association Project** Keith Bradley advised that the Patients Association Project feedback session took place on 15th July and although not attended by as many members of staff as hoped for, those who did attend were directly involved in the aims of the project. The Governors attending the session requested a progress report in three months' time (October), before the next Patient Experience Group meeting taking place on 6th October. The Head of Patient Experience and Involvement suggested that Adam Smith, OPAL Clinical Nurse Leader, be invited to the next Patient Experience Group meeting.	**AS**
	Keith reiterated the importance the NHS placed on dementia care and as a result this was also the subject of a CQUIN which meant that not a lot new information was gathered from the Patients Association Project. Whether or not the Patients Association was still considered a viable link with benefit to patients and the Trust from being a member was briefly discussed. Maurice Cohen suggested that since the term of membership with the Patients Association was coming to the end consideration on whether to renew membership should be given. The Head of Patient Experience and Involvement advised she would pick this up with the	**LD**

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Minute **Action**

Deputy Chief Nurse/Associate Director of Quality.

As a result of his investigations into whether there had been any similar research at the Royal Holloway, Chris Howorth advised that the Psychology Department had undertaken two studies which could be accessed by the public on patient satisfaction with diabetes care and macular degeneration. Chris was also aware there had been a study conducted on MS patients but had been unable to locate the research. Chris wished to clarify that since the Trust had close links with two universities, this was another avenue for research assistance.

PEG-37/14 **Day Surgery Lists**

The Chief of Patient Safety/Deputy Medical Director advised that he had been unable to follow this up at performance meetings as these had been cancelled due to the Trust being at black escalation status. However, he had spoken with Mr David Elliott, Divisional Director for Trauma and Orthopaedics, who indicated that day surgery patients were no longer asked to arrive at the same time early in the morning regardless of when they were scheduled to be operated on. The Chief of Patient Safety/Deputy Medical Director advised that he would request a member of the Day Surgery team to do a quick audit to check this issue had been resolved. **MI**

PEG-38/14 **Shared Care**

The Chief of Patient Safety/Deputy Medical Director updated the Group on progress in sharing patient documentation. He had spoken with Dr Stephen Evans, Consultant Gastroenterologist, who was very keen, but had since been away from the Trust on extended leave. Dr Anton Gunasekera, Consultant Gastroenterologist, was also very keen to take this up in certain patient groups but had struggled to get any information from registrars at St Mark's Hospital. Maurice Cohen advised it would be better to speak with Professor Simon Gabe direct. Judith Moore suggested starting with one group of patients and then rolling out to other groups. The Chief of Patient Safety/Deputy Medical Director would continue to investigate this and report back again. **MI**

PEG-39/14 **Spelthorne Survey Themes**

The Chief of Patient Safety/Deputy Medical Director advised that he had not been able to meet up with Chris Howorth, but had gone through the report concentrating on the comments at the end. On the whole comments were very positive of personal experiences. But occasionally participants mentioned issues that had been shared with them. The issue of long waits in Phlebotomy for blood tests came up. The reason for an increase in demand was the result of Virgin Care no longer providing the service in GP surgeries and patients having to now attend hospital for a blood test. Cases of patients having to wait up to 90 minutes had come to light. The Chief of Patient Safety/Deputy Medical Director agreed to provide an update at the next meeting. **MI**

Another issue was around appointment letters arriving late or on the day

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Minute **Action**

of the appointment. The Group queried when the new Outpatient Experience Group raised at the last Council of Governors meeting would be starting up and the Head of Corporate Affairs agreed to look into this. **GR**

Other concerns raised included inadequate information being provided after a day surgery procedure and patients with hearing problems struggling with phone-calls. Brian Catt advised that this concern had been raised to him by a member and after being in contact with First Point, he was advised that those with hearing problems needed to be communicated with by text. Brian advised that he would email Keith Bradley and the Head of Patient Experience and Involvement further details on what he had learnt so far in relation to this issue. **BC**

The Head of Patient Experience and Involvement advised that the lack of patient information had come up in the last patient survey and the Chief Nurse was in the process of setting up a group to look at the issues.

Chris Howorth queried whether the survey needed to be undertaken in Runnymede or other constituencies or whether there was enough information gathered already so that work could now begin to resolve the issues raised. It was agreed that a further survey may not uncover anything new, however members needed to be engaged with so the Group would be guided by the Membership and Community Engagement Group on whether to proceed. The Chief of Patient Safety/Deputy Medical Director added that further information on the Self Check-In service may prove valuable as when the Spelthorne Survey was conducted, the service was in its infancy. **GR**

The Group agreed that feedback would need to be provided to members on the findings and the initiatives the Trust was following to resolve issues. The various items outlined above would be subjects for progress reporting at the next meeting.

PEG-40/14 **DNAs (Did Not Attend)**

The Chief of Patient Safety/Deputy Medical Director advised that he had spoken with IT and there did not appear to be any failings. It was apparent that the Trust was performing slightly worse than other trusts in their DNA rates. The Group discussed examples of failings when multiple letters for appointments had been received or letters had arrived after the appointment date/time. It was clarified that phone-calls were made to remind patients of their appointments but that texts were not currently utilised due to the complexities of the outpatient system. It was expected that this matter would be part of the Out-patient Group's remit referred to in minute 39/14.

REGULAR ITEMS

PEG-41/14 **Feedback from Patient Panel Meeting including how to work together with the Patient Panel**

Maurice Cohen, Chair of the Panel, advised that he had been unable to attend the last Patient Panel meeting but understood the meeting had

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Minute **Action**

only lasted an hour. Aileen McLeish, Chairman, had reported on the state of the Trust.

The Head of Patient Experience and Involvement considered the best way forward on the future tasks and responsibilities of the Patient Panel and Patient Experience Group was to arrange a meeting with the Chairs, the Deputy Chief Nurse/Associate Director of Quality and herself to discuss options. **LD**

PEG-42/14 Quality Report – Patient Experience

The Chief of Patient Safety/Deputy Medical Director presented highlights from the Quality Report. He advised that complaints and PALS issues were up and that the overall trend was in this direction in most trusts. Responses were not as good as they had been. Expectations of the NHS were rising, the A&E performance was struggling and the process for complaining was much easier.

Chris Howorth queried whether it was worth conveying this message to patients and it was advised that the NHS was in the press daily and for the most part public opinion was poor. Chris stressed that he was querying whether patients could be told directly of the situation and not necessarily via the press. Maurice Cohen suggested inviting patients to discuss their concerns, for example including a Members' Forum section at Members' meetings when any member could provide feedback. Brian Catt advised that he had suggested to the members attending the Partnership meeting at Ashford Hospital to speak with their elected Governor about any issues or comments and Keith Bradley advised that he had been approached by a member at the meeting who spoke to him at great length about a concern. It was agreed that this would be discussed further at the Membership and Community Engagement Group. **GR**

The Group agreed that appraising complainants of the state of the hospital may come across as defensive. The Head of Patient Experience and Involvement advised that complaints provided necessary feedback and the Trust had the opportunity of improving the patient experience.

The Head of Patient Experience and Involvement advised that the Trust was performing much better on Friends and Family testing although there was more work to do in Maternity and A&E.

The Chief of Patient Safety/Deputy Medical Director praised Sue Harris and her colleagues on the Trust getting to 111 days without a patient suffering from a hospital acquired pressure ulcer and the Group congratulated Sue.

The Group was pleased to note that complaints and concerns relating to discharge had dropped dramatically during June.

The Chief of Patient Safety/Deputy Medical Director agreed to get further input on the incident Godfrey Freemantle had requested earlier in the year about why there had been a delay in reporting an incident about a **MI**

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fractured femur which resulted from a fall.

The Group discussed other serious incidents requiring investigation with the Chief of Patient Safety.

The Group NOTED the report.

Any Other Business

None

Dates of Meetings for 2014 – All 2.00 – 4.00 pm in the Level 2 Seminar Room, St Peter's Hospital (please note change of venue)

6 October
17 November (NB: a week earlier than previously arranged)

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

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
14/4/14	**PEG-12/14 + 42/14**	**Matters arising – Quality Report**	Report on why there was a delay in reporting incident 10 around a fractured femur resulting from a fall.	MI	6 Oct 2014		
11/08/14	**PEG-36/14**	**Matters arising – Patients Association Project**	Invite Adam Smith to the next PEG	AS	ASAP	Invited and accepted	✔
11/08/14	**PEG-36/14**	**Matters arising – Patients Association Project**	Discuss renewal of membership with the Patients Association with the Deputy Chief Nurse/Associate Director of Quality	LD	ASAP		
11/08/14	**PEG-37/14**	**Matters arising – Day Surgery Lists**	Request Day Surgery member of staff to conduct an audit	MI	ASAP		
11/08/14	**PEG-39/14**	**Matters arising – Spelthorne Survey Themes**	Report back on the wait in blood test clinics	MI	6 Oct 2014		
11/08/14	**PEG-39/14**	**Matters arising – Spelthorne Survey Themes**	Advise when the meeting of the new Outpatient Experience Group would take place	GR	ASAP		
11/08/14	**PEG-39/14**	**Matters arising – Spelthorne Survey Themes**	Update PEG members on information provided by First Point	BC	ASAP	Email sent 13 Aug 2014	✔
11/08/14	**PEG-39/14**	**Matters arising – Spelthorne Survey Themes**	Discuss whether other constituencies need to be surveyed at MEG	GR	19 Aug 2014		
11/08/14	**PEG-41/14**	**Feedback from Patients Panel Meeting including how to work together with the Patients Panel**	Arrange a meeting with the Chairs of PEG and Patents Panel, Deputy Chief Nurse/Associate Director of Quality and herself to discuss options	LD	ASAP		
11/08/14	**PEG-42/14**	**Quality Report – Patient Experience**	Discuss engagement at MEG – Members' Forum - at meetings	GR	19 Aug 2014		