COUNCIL OF GOVERNORS
7th September 2016

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 6th June 2016 are attached. Matters discussed in the meeting on 6th June 2016 included: • Suggestions to improve the main car park • Progress with Recruiting to the Vacant Head of Pastoral Care Position • Feedback from Patient Panel meeting • Quality Report • Feedback from group members on recent visits and meetings • Feedback from members to governors relating to patient experience A tour of the Appointments Centre also took place.
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 6th June 2016
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	September 2016
Decision:	For Noting

Council of Governors

Minutes of the Patient Experience Group
6th June 2016

Room 11, Management Meeting Room, Ashford Hospital
14:30 – 16:30 hours

PRESENT:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	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 & Richmond upon Thames
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Judith Moore	Public Governor, Woking and Guildford
	Danny Sparkes	Public Governor, Runnymede & Windsor & Maidenhead
APOLOGIES:	Sue Harris	Staff Governor, Nursing and Midwifery
IN ATTENDANCE:	Louisa Daly	Head of Patient Experience and Involvement
	Anu Sehdev	Membership and Engagement Manager
	Russell Wernham	Associate Director of Quality

Minute		Action
PEG-26/16	**Minutes of Previous Meeting**	
	The minutes of the meeting held on 11th April 2016 were agreed as a correct record. The updated Action Log was noted.	
	MATTERS ARISING	
PEG-27/16	**Update on incident W23442**	
	Although unable to attend the meeting, the Chief of Patient Safety/Deputy Medical Director had advised the Associate Director of Quality that further investigations had taken place and he would endeavour to report on progress at the next meeting.	**RW/MI**
PEG-28/16	**Approach PEG members as well as Patient Panel members when seeking a patient representative for a working group.**	
	Keith Bradley queried with the Head of Patient Experience and Involvement whether any new working groups requiring representatives had been set up and she advised that nothing had. There was a Trauma Care Delivery Group being set up and once some meeting dates had been finalised she would approach both the Patient Panel and Patient Experience Group for a representative.	**LD**
PEG 29/16	**Suggestions to improve Main Car Park**	
	Godfrey Freemantle advised that he had forwarded the Group's comments in relation to the car parking machine and had been given details of a review	

Minute **Action**

conducted by the Travel Plan Co-ordinator. It was affirmed that there were no major issues and that all car park entrances complied with Disability and Discrimination Act legislation. The Group queried the findings and mentioned how some elderly patients and visitors did struggle to reach the ticket machines. Godfrey advised that the Car Parking Steering Group met on an ad hoc basis and it was suggested that William Britton, Head of Facilities Support Services, be invited to a meeting to update the Group on all the services that fell within his remit which related to the patient experience. **AS**

PEG-30/16 Progress with Recruiting to the Vacant Head of Pastoral Care Position

Keith Bradley asked if there had been any progress, since the previous meeting, in recruiting a new post-holder. The Associate Director of Quality advised that this was still ongoing and that the Chief Nurse had been liaising with the diocese and that the position had been or was about to be advertised. The Associate Director of Quality also mentioned that he had been approached by chaplaincy volunteers recently at the Volunteers Celebration Lunch asking the same question and that he had emailed the Chief Nurse and would update the Group on progress. **RW**

REGULAR ITEMS

PEG-31/16 Feedback from Patient Panel Meeting

Maurice Cohen, Chair of the Patient Panel, advised that discussion around the Trust stipulating the length of time a nurse arriving from overseas should stay with a hospital took place. The Group considered this should be at least 18 months due to the investment the hospital had made into recruiting and training the nurse. Brian Catt felt a national standard was required. Maureen Attewell gave the example of social workers that were bound for three years when arriving from overseas. The Associate Director of Quality advised that costs for recruiting nurses from overseas covered recruitment and training. A clinical assimilation test had to be completed and nurses had the opportunity of taking the test a second time if they did not pass the first time. Any non EU nurses that did not pass the second time had their positions terminated at the Trust. The Group queried whether EU nurses had the relevant training needed to practice in the UK and it was advised that they did but that skills differed across the EU. It was also confirmed that costs relating to accommodation were also met.

Maurice further informed the Group that two dementia bays would be ready in July and the Head of Patient Experience and Involvement advised that there would be an official opening of the bays on 25th July 2016 and that she would ask that the Governors be invited to attend.

Maurice added that the Assistant Director of Regulation and Improvement had advised that she was waiting to hear back from the divisions on whether they wanted patient representatives when discussing cost improvement plans.

Finally, Maurice advised that concerns relating to follow-up letters not being

Minute **Action**

received by GPs had been raised and that the Outpatient Services Manager was in the process of improving efficiencies with the team leaders. It was also advised that there had been a rise in Trauma and Orthopaedic complaints and how the Rowley Bristow Unit, which housed orthopaedic outpatients, had a different set up to other outpatient specialties. It was more recently being run in a similar fashion to general outpatients and phone calls were now answered more promptly. The Group agreed that the Rowley Bristow Unit was very busy and had to cope with a large number of patients but that there should be some uniformity in practices.

PEG-32/16 Quality Report – Patient Experience

The Associate Director of Quality presented the report. He wished to highlight how positive the Staff Awards Ceremony had been which took place on 26th May 2016 and he was pleased to see several members of the Group there. Keith Bradley mentioned that Governors would be particularly pleased that David Sills, Dementia & Admiral Nurse Lead, won the Passion for Excellence Award and staff when nominating him had commented how he was the only presenter at inductions to receive applause. The Group discussed how he had done a great job in training staff in the care of dementia patients.

The Associate Director of Quality advised that mortality was in line with indexes but there was concern with the low number of mortality reviews being completed within 30 days. Medical and Emergency Services was the biggest division and hence had more deaths than other divisions but was only achieving 55%. A Trust-wide Mortality Surveillance Panel was to be implemented. This was a NHS standardised group and would bring more scrutiny and insight. Two senior doctors, the Chief Nurse and Chief Operating Officer would sit on this group.

The Associate Director of Quality further advised that readmissions within 30 days remained above the target limit. It was further advised that direct admission to a stroke unit continued to be a challenge and it was considered that when the new Hyper Acute Stroke Unit was developed at St Peter's Hospital (St Peter's was currently the preferred site) then stroke pathways would have a better chance of being adhered to.

The Associate Director of Quality highlighted that the Trust continued to promote reporting and investigation of medication errors. He was working closely with the new Chief Pharmacist, meeting regularly to discuss incidents. The Chief Pharmacist was very proactive and had changed the hospital drug chart to make it fit for purpose and this was currently being printed. High risk patients were receiving greater scrutiny. In response to Chris Howorth's query about whether any patient had been harmed, it was advised that no patient had had any significant harm. It was also considered that 7 day working and moving more pharmacists to the wards would lessen medication errors.

The Associate Director of Quality confirmed that any case of a patient receiving an overdose of medication in hospital would be investigated and the patient would be informed of the outcome. Any error deemed serious

Minute **Action**

would result in the suspension of the staff member involved.

The Head of Patient Experience and Involvement went over the Friends and Family data advising that there had been an improvement in results being received in the Emergency Department, although at 84.5% it was a little below the 86% national average. It was advised that the Recovery Programme included the reconfiguration of the Emergency Department, increased consultant cover, development of ambulatory care and direct GP referral. The Head of Patient Experience and Involvement advised that the Trust was in process of changing providers for the Friends and Family testing. Previously data was captured by either texting or via phone calls. Potential issues with confidentiality meant that these ways would no longer be utilised. This would mean that response rates would be more difficult to achieve although this was no longer a requirement. It was further advised that it was important to get staff engagement and it would be easier to share feedback using the new system.

The Head of Patient Experience and Involvement advised that patients would be able to submit feedback on clinicians and their teams and members of the public would be able to access this information. Maurice Cohen was concerned that highly skilled surgeons that took high risk cases may choose not to do so in fear of bad feedback should the patient not survive. It was advised that the company taking on the Friends and Family testing would screen comments for abusive remarks but would publish constructive criticism. It was clarified that the Trust was proceeding with caution moving over to the new system, one specialty at a time. In response to Judith Moore's query it was advised that wards were already being compared against each other. It was further advised that there was a free text option in order to provide clearer feedback. Chris felt patients should be advised if they were high risk and that the outcome may not be positive. The Group also considered that clinicians with an indifferent bedside manner were often very highly skilled in the theatre, but it was agreed that if this was the case, it was important to work on improving how they came across to patients.

The Associate Director of Quality moved to the Best Care Audits where 32 wards had been audited in April 2016. It was advised that the majority of wards were level 2 or above. There was concern that the Emergency Department had decreased to level 0 from level 2 and that Swan Ward had decreased to level 0 from level 1. The Emergency Department was being reviewed by Rick Strang, Associate Director of Operations (Emergency Care) and had improved more recently. Issues included hand hygiene, the patient journey and turnover of staff. On Swan Ward, issues related to falls and staffing levels. With regards to falls, nothing had been done inappropriately although the falls had been accredited to the ward when other specialties were looking after the patient at the time. However, the Associate Director of Quality was pleased to advise that Swan Ward was beginning to improve. It was also advised that the Associate Director of Quality conducted regular walk rounds, wearing his uniform, so he could have more open conversations with staff.

The Head of Patient Experience and Involvement advised that follow-ups

Minute **Action**

continued to be low. The quality of letters was good but response rates had increased. Extensions were always agreed with complainants but it was felt that sometimes divisions were much too reliant on the ability to request an extension and perhaps did not respond as soon as they were able to. However, some cases were very complex and required extra time to be worked through adequately.

Chris Howorth queried whether complaints had increased and it was advised that when comparing to last year they were down but that PALS concerns had risen. It would seem that concerns were being dealt with much more quickly and that staff were much more engaged in sorting out problems as they arose.

RW

The Associate Director of Quality advised that he had refreshed the Quality Account Workshop and that this was now the Quality Account Assurance Group. The first meeting would be taking place in September and he would be inviting the Governors to attend.

Brian Catt commented that he was pleased with the efforts of both the Associate Director of Quality and Head of Patient Experience and Involvement.

The Group NOTED the Quality Report.

FEEDBACK

PEG-33/16 Feedback from Group Members on Recent Visits and Meetings

Judith Moore highlighted how honoured she was to attend the Pride in Nursing and Midwifery Day on 12th May 2016. The theme of the day was Diversity and celebrated the diverse and rich cultural differences of staff that had come to work at the Trust from other countries, including Portugal and the Philippines. Judith advised how there was a huge energy in the room and how the nurses shared innovative ideas, including how they were managing bed issues. It was agreed that Judith would say a few words at the next Council meeting.

Keith Bradley advised that he and several Governors had attended the recent Staff Awards Ceremony on 26th May 2016 as mentioned previously.

Judith advised that she would be attending the Blood, Transplant and Organ meeting taking place in Sussex on 8th June and would update the Group at the next meeting.

Danny Sparkes advised that she had attended the quarterly Catering Update meeting where she learnt how varied the menu was being offered to patients catering for a wide range of dietary needs and how the quality was very good.

PEG-34/16 Feedback from Members to Governors Relating to Patient Experience

The Group did not have any feedback to share on this occasion.

Minute **Action**

PEG-35/16 Any Other Business

Brian Catt wished to update the Group on the gazebo on Ash Ward becoming a reality. He also advised that he was constructing a sub valve for the cardiologists.

PEG-36/16 Tour of the Appointments Centre

Julie Morland, Outpatient Services Manager, showed the Group around the department explaining there were three teams: yellow, green and red.

Yellow – mixture of surgical and medical specialties (12)
Green – mixture of surgical and medical specialties (11)
Red – Two Week Referrals (TWRs), breast referrals, renal and dietetics

Some of the Governors visited the Red Team and spoke with the Team Leader, Dakshini Jeyaratnam, who advised that her team worked from 8.30 am to 5.00 pm. Julie advised that the team was currently short-staffed and when recruiting more staff she would be looking to increase the working day from 8.00 am – 5.30 pm and eventually to 6.00 pm with a range of shift patterns.

Dakshini went through the referral process with the Governors and how each patient was placed on a tracker system so as not to lose their information and appointment requirements.

The TWR team advised that they dealt with 50 – 60 calls per day. The main appointment centre line handled on average 570 calls per day.

The Governors were introduced to the Red team, consisting of two staff members, who dealt with TWRs. It was explained that around 20% of patients called saying they did not know why they had been referred and how staff needed to be supportive and provide the relevant information. However, this was much better than the 70% it was previously. This was due to increased patient knowledge as appointment letters were more detailed and leaflets were provided to GPs which could be handed to the patient depending on their condition/concern. It was advised that the vast majority of these leaflets were provided by the Trust's Cancer Services Team.

The Red Team members explained that they were using a more up to date patient system called Patient Centre CSC. Since this was somewhat new, staff were still familiarising themselves with the functions.

Julie added that GPs were now asked to advise their patients when joining the TWR pathway not to take holiday during this time in order for the pathway to be completed within the two weeks.

Julie further advised that most appointments for surgical specialties were now being provided within four weeks. This was due to extra surgery clinics being set up to reduce the backlog.

Minute **Action**

There were a number of clear processes to follow daily and these included checking the Envoy text messaging service and eRS (Choose and Book).

Julie showed the Group a screen which showed the current telephone calls being received and highlighted calls waiting. It was also advised that reports on how many calls were dealt with by each member of staff were pulled so that everyone had the opportunity to improve upon their personal statistics.

The Group thanked Julie and her team members on their hard work to improve the Appointments Centre function.

PEG-37/16 Date and Time of Next Meeting

The Group took the decision to cancel the next meeting scheduled for August as several key members would be taking annual leave during this time. It was agreed that the next meeting would take place on Monday 10th October, 2-4pm in Room 1, Postgraduate Education Centre, St Peter's Hospital.

Further Dates for 2016

Monday 21st November

Taking place in Room 1, PGEC, St Peter's Hospital

Dates for 2017

Monday 13th February
Monday 10th April
Monday 3rd July
Monday 9th October
Monday 20th November

All 2 – 4 pm in Room 2, Chertsey House

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

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
5/10/15 + 23/11/15 + 15/2/16 + 11/4/16 + 6/6/16	**PEG-45/15 + PEG-57/15 + PEG-04/16 + PEG-14/16 + PEG-27/16**	**Quality Report – Patient Experience**	Update on incident W23442	MI	10/10/16	Case very complex. The Chief of Patient Safety to report on progress.	
11/4/16 + 6/6/16	**PEG-18/16 + PEG-28/16**	**Involvement of patient representatives on committees and in working groups**	Approach PEG members as well as Patient Panel members when seeking a patient representative for a working group. When meeting dates advised for the new Trauma Care Delivery Group to contact both groups.	LD	10/10/16	Both groups are now approached when seeking representatives.	✔
11/4/16	**PEG-19/16**	**Dementia Services Update**	Arrange a visit to the dementia bay	AS	10/10/16	Confirmed to take place after PEG on 10 October 2016	✔
11/4/16	**PEG-22/16**	**Feedback from Group Members on Recent Visits and Meetings**	Update the Group after the national Transplant meeting	JM	10/10/16		
6/6/16	**PEG-29/16**	**Suggestions to improve Main Car Park**	Invite William Britton to attend a meeting to update on services that fell within his remit	AS	10/10/16	Agreed to attend meeting on 21 November 2016	✔
6/6/16	**PEG-30/16**	**Progress with Recruiting to the Vacant Head of Pastoral Care Position**	Update the Group on progress	RW	10/10/16	The post was advertised. There were four shortlisted candidates, two withdrew, one was ill and asked to rearrange and the final candidate did	

Action Log

						not attend the interview on the day. The post has been re-advertised and interviews will take place 9th Sept.	
6/6/16	**PEG-32/16**	**Quality Report – Patient Experience**	Invite Governors to attend the newly formed Quality Account Assurance Group	RW	1/09/16	Invited	✔