Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
6th September 2017

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 3rd July 2017 are attached. Matters discussed in the meeting included: • Quality Report – Patient Experience • Feedback from Patient Panel Meeting • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors Relating to Patient Experience • Visit to the Stephanie Marks Centre
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 3rd July 2017
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	September 2017
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
3rd July 2017

Room 3, Chertsey House, 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
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Godfrey Freemantle	Public Governor, Hounslow, Kingston upon Thames and Richmond upon Thames
	Sue Harris	Staff Governor, Nursing and Midwifery
	Judith Moore	Public Governor, Woking and Guildford
	Bertie Swan	Public Governor, Elmbridge
	Danny Sparkes	Public Governor, Runnymede and Windsor & Maidenhead
IN ATTENDANCE:		
Item 22/17 only	Heather Caudle	Chief Nurse
Item 22/17 only	Caroline Crabtree	Head of Patient Experience and Involvement
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council

Minute **Action**

PEG-20/17 Minutes of Previous Meeting

The minutes of the meeting held on 10th April 2017 were agreed as a correct record.

The updated Action Log was noted.

PEG-21/17 MATTERS ARISING

Breakdown of readmissions within 30 days to distinguish which were avoidable

Keith Bradley advised that in the Deputy Chief Nurse/Associate Director of Quality's absence this item would be postponed to the next meeting. **RW**

REGULAR ITEMS

PEG-22/17 Quality Report – Patient Experience

The Head of Patient Experience and Involvement advised that she was generally happy with the Friends and Family Test (FFT) scores which remained constant and in line with the target. Response rates, however, varied in areas. Initiatives had been introduced which helped improve response rates in the short term. These included mobile boxes in Outpatients and a volunteer working in

Minute **Action**

Maternity who had helped encourage patients to complete the FFT. Discussions on introducing tablets had taken place with staff in A&E, Paediatrics and Maternity.

The Head of Patient Experience and Involvement confirmed the Trust had a contract with the company providing IWantGreatCare until 2019.

The Head of Patient Experience advised that 29 new complaints had been received in May and 38 in April. The common themes in PALS and complaints were around information and communication. PALS concerns had increased in relation to lost property and there had been concerns in relation to Ophthalmology which were around treatment, missed appointments and communication.

Judith Moore advised that a member of the Pharmacy Team had attended the Patient Experience Group meeting in February where medications upon discharge were discussed and the length of time patients had to wait for them. Judith queried whether any improvements had been seen. The Chief Nurse advised that during the period of time leading to her leaving the Trust she would be working one day a week at NHS England. She was aware that the national patient survey was being analysed and nationally most trusts fell down on issues relating to medications. Concerns included staff not having the time to explain drug usage and side effects and also TTOs (To Take Out) medications.

The Chief Nurse added that compliance was low with the mandated requirement to explain the use and side effects of a General Anaesthetic and this was due to staff lacking the time to undertake this requirement.

Bertie Swan advised that she had attended the recent Therapies, Anaesthetics and Critical Care (TACC) meeting as a Patient Panel member where the wait for TTOs had come up. It was explained the TTOs were not always completed in a timely manner by junior doctors. The Head of Patient Experience and Involvement agreed the Patient Panel was particularly concerned about this issue and the Chief Pharmacist had shared ideas with the Patient Panel to increase the number of pharmacy staff on the wards and introduce electronic prescribing. The Patient Panel had been very supportive of these measures.

Maurice Cohen advised that he was aware of a patient who had attended A&E with eye trouble to be told the duty officer for Ophthalmology was at the Royal Surrey. The patient was given the choice of being seen at the next available clinic or travelling to the Royal Surrey to be seen. As the patient had already waited some time to be seen they did not wish to travel and wait again. It was agreed that the Head of Patient Experience and Involvement would look into this. Bertie Swan added that if the patient had been on their own it would have been difficult to travel to another hospital. **CC**

Brian Catt mentioned that he had spoken with the Deputy Chief Nurse about two complaints to be closed and it was agreed that the Head of Patient Experience and Involvement would follow-up with him. **CC**

The Chief Nurse then referred to in-hospital deaths and advised there had been a decrease in March and April but that numbers were still slightly higher than expected at this time of year. Keith Bradley queried whether the population's age was taken into account and the Chief Nurse advised that age was not a factor as there were ill people in all age brackets so it was the condition that was looked at. Although it was true that an older person may have more complex concerns and the risks would be higher. Keith further added that he was aware that care homes often called for an ambulance when they thought a patient was about to die and the Chief Nurse advised that data would reflect this. Judith Moore queried whether the rise in deaths was the same nationally and it was confirmed that it was and that NHS England was alerted to the fact but not too concerned. The Chief Nurse advised that mortality reviews had not shed any light on the causes. There was a panel which looked at findings from deaths in the Trust and beginning in September 2017 these reviews would be required to be shared nationally. Training would be needed to help facilitate this requirement.

The Chief Nurse then referred to falls and how the service had been without a falls nurse and the post was currently with the recruitment panel. It was hoped the vacant post would soon be filled. Godfrey referred to the falls resulting in harm and queried whether a patient was assessed on whether they were likely to fall. It was advised that each patient was risk assessed and appropriate measures were put in place. Although it was not possible to eradicate falls completely but there was a zero tolerance at the Trust. Further discussion took place on one to one care for patients particularly susceptible to falling and what was required of staff in this role.

Detailed discussion on the Serious Incidents Requiring Investigation took place.

In response to Judith Moore's query on the stroke service the Chief Nurse advised that St Peter's Hospital had the HASU (Hyper Acute Stroke Unit) for Surrey and this was now up and running. The ambulance service was beginning to bring stroke patients to St Peter's Hospital. Occasionally, when demand was great, other beds had to be utilised for stroke patients.

PEG-23/17 Feedback from Patient Panel Meeting

Danny Sparkes, Chair of Patient Panel, advised that Olatokunbo Ogunbanjo (aka Toks) had presented to the Patient Panel. Toks advised that the Pharmacy Team had 80 members although many worked part-time, and described the structure and roles of staff in the team. It was advised that a university degree was not always required to work in Pharmacy as it was possible to "work your way up". The Patient Panel also discussed the cost of medication to the NHS, including medicines like paracetamol, that were available over the counter and how and when it could be more financially efficient for the NHS and time efficient for patients, for patients to provide these medications themselves. Toks also discussed with the Patient Panel the measures that the Trust takes to reduce waste of medication.

Danny further advised that the Help for Bereaved leaflet was being updated.

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Minute **Action**

The Group NOTED the Patient Panel update.

FEEDBACK

PEG-24/17 Feedback from Group Members on Recent Visits and Meetings

Keith Bradley advised that members of group had attended the last members' event on Eyes which had nearly 100 members in attendance. Group members had also attended the Quality Account Assurance Group meeting which covered pressure ulcers. It was considered the format of this meeting was good with informative presentations. Keith advised that Stephen Fash, one of the Trust's previous chief executives, had attended the last Council of Governors meeting to raise his concerns about the closure of the Blanche Heriot Unit and future provision.

Godfrey Freemantle advised that he had attended the recent Pride in Nursing Day and the Research and Development event. Judith Moore advised that she had attended the National Organ Donation meeting. Judith advised that this year's National Donor Week would be the first week of September and that she was looking to hold a Members' Event on End of Life to include a segment on organ donation.

Finally it was advised that North West Surrey CCG would be holding their AGM on Wednesday 5th July from 12.30 pm at the HG Wells Centre if anyone would like to attend. The Membership and Engagement Manager advised that she would be attending to man a stall at the AGM. It was also advised that a West Surrey Stroke System Committees in Common meeting was due to take place on Tuesday 4th July although this had subsequently been postponed to September.

PEG-25/17 Feedback from Members to Governors Relating to Patient Experience

None

PEG-26/17 Any Other Business

None

PEG-27/17 Visit to the Stephanie Marks Centre

Lisbeth Billings, Specialist Nurse for Diabetes, welcomed the Group to the Stephanie Marks Centre (SMC). Lisbeth advised that patients were seen at the centre five days a week, Monday to Friday between the hours of 0800 and 1600 hours and patient caseload varied from around 2-16 patients a day (averaging 8-10 day). The Group remarked that the building was lovely and airy.

Lisbeth advised that there were seven clinic rooms in total; three on the first floor (one of which was an office) and 4 on the ground floor. There was also a small seminar room which could be utilised by hospital staff for meetings, teaching and interviews.

Lisbeth advised that patients were referred to the inpatient diabetes service for ward review by nursing staff or doctors via Patient Centre (the IT system by which wards can refer patients to the SMC). They could be referred to the outpatient service, to be seen in clinic, if seen by us as inpatients or if referred by a consultant. Specialties covered were Paediatrics (children were seen by consultants in clinic at the SMC but not by the nurses as inpatients), Renal Medicine, Endocrinology and Diabetes, Podiatry (alone and as part of a Multi-Disciplinary Team (MDT) Vascular Clinic) and Maternity for which advice and support were provided. Clinics were also run by diabetes nurses at Ashford Hospital (one clinic per week at present) and nurses could also see patients as and when required in clinic at the SMC for follow up/advice/teaching alongside their inpatient duties. In addition SMC nurses supported a number of consultant-led clinics at Ashford and St Peter's. Patients were also seen on the wards. It was added that the podiatrists that worked at the SMC were community based and referrals for them came from GPs. They also attended an MDT foot rounds on a Wednesday morning with a consultant and Tissue Viability Nurse. When staffing permitted, a Diabetes Specialist Nurse also attended.

Judith Moore queried whether A&E referred patients and it was advised that they did and that diabetes nurses would go to the A&E or the ward to see the patient. Out of hours care was passed to the nurses in A&E although the patient could be seen at the centre on the next available weekday. There was a post discharge clinic on a Monday afternoon where SMC nurses could see patients if discharged over the weekend.

Lisbeth advised that three full-time nurses worked at the centre and although three were considered to be adequate, cover during periods of leave or sickness could be challenging. The time spent with each patient varied considerably according to their need.

Judith advised that a concern about blood tests not being done routinely had been raised at a recent meeting with the Governors and Lisbeth advised that as far as she was aware glucose tests were done routinely with a follow-up blood test providing a better reading. The Membership and Engagement Manager confirmed that she had been advised by the Quality Team that the Adult Nursing Assessment (ANA) document which was completed on admission did have a section on diabetes and the capillary blood glucose test results were recorded there. The ANA document was new and has been gradually embedding.

Lisbeth showed the Group the Reception and Waiting area and the numerous leaflets patients could read and take away with them. The Group made its way to the second floor where there were three further clinic rooms, a seminar (meeting) room and kitchen.

The Group queried whether the diabetes nurses provided training/teaching sessions and Lisbeth advised that she would very much welcome the opportunity to provide these but that staff often found it difficult to leave their work areas for training sessions. The Trust, similar to other trusts, also employed many bank/agency staff. Brian Catt suggested providing training videos and it was advised that any free time (lunch time) was precious when

working in a busy environment although every nurse had to undergo online insulin mandatory training each year. Chris Howorth queried the possible career benefit of undergoing training and it was advised there were not many opportunities for career progression although training contributed towards a nurse's revalidation.

Lisbeth advised that five consultants were aligned to the centre and there were also two dietitians who worked at the centre Monday to Friday.

Lisbeth mentioned the problems encountered when insulin was started at the centre and the difficulties, on occasions, experienced in getting the patient's GP to continue the prescription. One way of resolving these challenges would be to get the consultants to prescribe the insulin.

Chris queried whether diabetes could be managed or even reversed and it was advised pre-diabetes may initially be managed with changes to the diet and doing more exercise. Other factors did play in part and these included stress and doing shift work. However, a change in lifestyle (and well controlled diabetes management) could delay having to take insulin.

The Group thanked Lisbeth for showing them around the Stephanie Marks Centre and explaining the service provided there.

Date and Time of Next Meeting

Monday 11th September, 2-4 pm, Room 2, Chertsey House, St Peter's Hospital

Further Date for 2017

Monday 20th November
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
13.2.17	**PEG-05/17**	**Quality Report External Audit Briefing 2016/17**	Invite KPMG to PEG	AS	Nov 2017	Accepted meeting invite for 20 November 2017.	✔
13.2.17	**PEG-05/17**	**Quality Report External Audit Briefing 2016/17**	Invite KPMG to Quality Account Assurance Group early 2018	RW	ND		
21.4.17 + 3.7.17	**PEG-15/17 + PEG-21/17**	**Quality Report – Patient Experience**	Provide information on avoidable readmissions at the next meeting	RW	3 July 2017	Postponed to next meeting – 11 September 2017	
3.7.17	**PEG-22/17**	**Quality Report – Patient Experience**	Look into the provisions of the Ophthalmology duty officer working between St Peter's and the Royal Surrey	CC	3 July 2017		
3.7.17	**PEG-22/17**	**Quality Report – Patient Experience**	Discuss with the Deputy Chief Nurse two complaints to be closed that were raised by Brian Catt	CC	3 July 2017		