


Council of Governors	Guy's and St Thomas'  NHS Foundation Trust
Quality and Engagement Working Group Report	27th January 2016 CG/16/05

This paper is for:		Sponsor:	
Decision	<input type="checkbox"/>	Author:	Jamie Keddie, Group Secretary
Discussion	<input type="checkbox"/>	Reviewed by:	Devon Allison, Patient Governor and Chair
Noting	<input type="checkbox"/>	CEO*	<input type="checkbox"/>
Information	X	ED*	<input type="checkbox"/>
		Board Committee*	<input type="checkbox"/>
		TME*	<input type="checkbox"/>
		Other*	<input type="checkbox"/>

1. INTRODUCTION

This report details the meeting of the Quality and Engagement Working Group, which took place on the **1st December** at the Education Centre, York Road.

2. ATTENDANCE

The meeting was attended by: Andrea Carney (Patient and Public Engagement Manager), Anita Campolini, Barry Silverman, Bryn Williams, Devon Allison (Lead), Diane Summers, Elizabeth Palmer (Deputy Director, Assurance and Compliance), Jamie Keddie (Patient and Public Engagement Specialist), Jenny Stiles, John Burns, John Porter, Jonathan Farley, Julie Gifford (Deputy Director Strategy), Paula Young, Sarah Allen (Patient Experience Manager), Tom Hoffman, Yvonne Craig Inskip.

Also in attendance were: Andy Simpson, (Membership and Governance Coordinator), Angela Dawe (Director of Strategy, Adult Local Services) and Cepta Hamm (Head of Nursing, Community Services).

Apologies were received from: Amanda Millard (Director of Patient Experience), Ken Hayes, Mark Tsagli (Patient Experience Facilitator), Sonia Winifred, Lambeth Council.

2. NOTES OF THE LAST MEETING

The notes were approved as an accurate record of the last meeting.

3. DISTRICT NURSING: SERVICE DEVELOPMENTS AND IMPROVING THE PATIENT EXPERIENCE

The Head of Nursing, Community Services presented on recent developments in district nursing, which at the Trust includes the @Home service, specialist nursing and inpatient wards in community.

There are a number of challenges that the Trust faces in district nursing, including:

- Recruitment and retention of staff. In response the Trust is working with local education institutions to encourage newly qualified nurses to join community nursing and offering placements. A new training programme and clinical supervision has been introduced to improve staff retention. The cap on agency staff means that the recruitment and retention of permanent staff will remain a priority.
- High demand for services. District nursing staff make around 26,500 visits on average per month, with the main source of referrals being from GPs and hospitals. The Trust has started reviewing cases to make sure community services are seeing patients appropriately and identifying where they can, for example, be supported to visit their GP instead
- Increasing the productivity of time, for example using technology to reduce duplication of note-taking, and clustering staff groups so they are based closer to patients and can walk to visits. New roles have also been developed to support district nurses including a pharmacist role to provide support with issues relation to medicines.

Regarding feedback from patients, community services run Trust survey programmes but work has also taken place over the summer with Age UK to gather more views. The research pointed to issues of delayed or missed referrals, inadequate notification about visits, nurses not having the appropriate equipment, and difficulties contacting the service. In response, the service has developed 2-hour visiting slots, immediate notification of cancellations, 1 hour response time to telephone calls, and introduced a new kit bag so staff always have essential equipment. Further,

nurses are now encouraged to go to hospital to assess more complex patients to see if they can provide more complex care at home via the @Home service and so expedite discharge from hospital.

Future developments for the service include a proposal to launch the first UK pilot of the Buurtzorg neighbourhood model of community nursing, and introducing in mid December the Pal@Home overnight end of life service.

Governors discussed:

- Where the responsibility for discharge lies and how to improve the process, including working with GPs, social services and mental health services as well as improving how Trust acute and community services work together.
- The changing role of district nursing and new workforce requirements for a professional team which increasingly will deliver hospital services in the patient's home
- The Buurtzorg model and how this could be adapted to a UK context
- Technology: and how implementing more intuitive systems and mobile applications for clinicians can improve the patient experience.
- Governors praised the creative and energetic approach being taken to ensure District Nursing can meet new challenges in demand for their services.

Action – Governors to receive an update on proposals to introduce the Buurtzorg model at a future meeting.

4. QUALITY ACCOUNTS: UPDATE ON PROGRESS TO DATE ON THE 2015-16 PRIORITIES AND THE PROCESS OF DEFINING PRIORITIES FOR NEXT YEAR

The Deputy Director of Assurance and Compliance explained how the Trust is required to agree priorities for its Quality Accounts every three years under the domains of safety, clinical effectiveness and patient experience. Most priorities in the current Quality Accounts are on target to be achieved if they have not already. Ones which will not be achieved are mainly those linked to zero targets, such as for attributable MRSA infections, grade 4 pressure ulcers, and never events.

For the 2015-16 priorities, the Trust needs to consider which ones will be carried over and what new ones are required. To do this, there is an engagement process with staff, commissioners and some patient-public participants via the Involvement to Impact event on the 8th December.

Governors discussed:

- The auditing process and how the priorities compare with those of other trusts. While the auditors' role is simply to establish whether priorities' indicators have been met, governors suggested "getting the most out of the auditors" can include asking for their advice and input.
- The process to define which issues are built into future quality priorities, e.g. patient nutrition.

5. PATIENT EXPERIENCE AND PATIENT AND PUBLIC ENGAGEMENT UPDATE

The Patient Experience Manager discussed some of the highlights in the patient experience report including:

- National maternity survey results. There are improvements in areas which have struggled in the past, for example, quality and coordination of advice for breastfeeding. Partners can now stay overnight on the postnatal ward

which is proving popular. Some scores have decreased, including those relating to postnatal care in the community, such as quality of information, opportunities to see midwives, and staff continuity. An action plan is being worked on and this will be included in a future report to governors

- Friends and Family Test. The inpatients scores now include day cases. Performance here is still relatively strong although slightly lower than last year partly due to inclusion of day case patients where it is more challenging to capture feedback as is required within 48 hours of discharge. In A&E, the redevelopment work is impacting patient experience, but staff are making changes to how they keep patients updated and introducing Hello My Name Is badges, and both are starting to have a positive impact on scores
- Trust inpatients survey: noise at night is still a challenge but is improving. The Sleep Soundly in Hospital campaign was launched in July and is starting to have an impact on scores
- Trust outpatients survey: keeping patients updated is still a priority and more work needs doing to improve scores
- Young patients' experience generally continues to be very positive
- Dementia - carers information pack is starting to improve scores on information, and ward rounds are taking place to identify areas for improvements

Governors queried the comments about delays at dental appointments and whether this was due to overbooking patients or scheduling their appointments for the same time.

Action - Patient Experience Manager report back to governors

The Patient and Public Engagement Manager took governors through the following areas of activity:

- Healthwatch Lambeth and Southwark have started a programme of visits to Trust services in order to collect feedback from patients to share with the Trust and to raise awareness of Healthwatch. So far visits have taken place to St Thomas' Transport lounges, Burrell Street sexual health clinic, Evelina Outpatients, and St Thomas' Older Person Units. Findings and responses from the Trust will be shared with governors when available

- The Patient and Public Engagement Hub – an online resource to help staff involve patients and the public in making improvements to their services – is almost complete. It will be launched at the Involvement to Impact event on the 8th December to which governors have been invited.
- In Dermatology Outpatients, a survey and focus group with patients recently took place. This investigated the role of technology to support patients to self-manage and improve productivity at the service.

6. REPORTS FROM COMMITTEES

Quality Committee: No governors reported back from this committee. The group's Lead Governor requested that an alternate governor should be nominated to attend the quality committee and ensure there is always a headline report to this group.

Children's Services Committee: The committee discussed the strategy for developing Evelina London Children's Healthcare, including how it could be positioned locally, nationally and internationally. A key part of this is building Evelina 2 and shaping its future focus, including prevention, partnership and research. There will be a future presentation at Council of Governors to cover this.

7. WARD ACCREDITATION VISITS: OPPORTUNITY FOR GOVERNOR PARTICIPATION

The Trust Patient and Public Engagement Manager explained that Governors may join rolling programme of ward visits that take place with staff on Fridays 10-12.30. This involves talking to patients using a defined set of questions to assist with the assessment process. If a number of governors are interested, an induction can be arranged. Please contact the Andy Simpson.

8. SUMMARY OF THE ENQUIRIES, COMMENTS AND CONCERNS RAISED VIA THE GSTT WEBSITE IN QUARTER 2 2015-16

The Patient Experience Manager took Governors through the data. A third of comments received were compliments, and about half were complaints or concerns. The main issues raised included issues around appointments, contacting departments, referrals and aspects of clinical care. These are similar themes as collected from PALS and complaints. The report will be shared at next meeting.

9. MATTERS ARISING

Bereavement Service leaflet – copies for information circulated.

A Response to governor questions relating to Cancer Services has been received from Deputy Chief Nurse for Cancer:

- Lengthy waiting times for Radiotherapy should be resolved when more machines are installed in the new Cancer Centre to increase capacity
- Access to advice about chemotherapy out of hours: an on-call consultant is available by phone and a new service overnight will be piloted
- Patient feedback – patient feedback and engagement has informed the design of the new cancer centre. Focus groups are being planned with individual tumour groups to gain further insights.

The full response will be circulated.

10. AOB

The Lead Governor will organise a meeting in January to plan next year's agendas for the working group. All governors are welcome to attend on 18 January, 18:00-19:30, Robens Suite, Guys. The focus will be on capturing ideas on quality and patient experience/engagement out so we can organise them, prioritise them and then plan the year's agendas. People are asked to consider their ideas for:

- areas of opportunity for GSTT to create best-in-class patient experience
- areas of concern, where GSTT could make big improvements in patient experience
- areas of change in services, where the committee would like to learn and possibly contribute ideas
- subjects likely to become very important to patient experience in the future

The session will be organised with time to discuss the various ideas in small groups and in the full group, then every one will have a chance to help set priorities.

11. DATE OF NEXT MEETING – TO BE CONFIRMED.

END