


<b>Council of Governors</b>	<b>Guy's and St Thomas'</b>  NHS Foundation Trust
<b>Quality and Engagement Working Group (QEWG) report</b>	<b>22<sup>nd</sup> July 2015</b> <span style="float: right;"><b>CG/15/18</b></span>

This paper is for:		Sponsor:	<b>Quality and Engagement Working Group (QEWG)</b>	
Decision		Author:	<b>Sarah Allen, Patient Experience Manager</b>	
Discussion		Reviewed by:		
Noting	x	CEO*		
Information		ED*		
		Board Committee*		
		TME*		
		Other*	x	QEWG

\* *Specify*

## **1. Summary**

This report provides a summary of the Quality and Engagement Working Group meeting which took place at York Road, on the 16<sup>th</sup> June 2015.

## **2. Request to the Council of Governors**

The Council is invited to note this report

### **3. Report detail**

#### **3.1 Attendance**

The meeting was attended by: Eden Afum (Business Administration Apprentice), Sarah Allen (Patient Experience Manager), Yvonne Craig Inskip, Julie Gifford (Deputy Director Strategy), Sue Gallagher (Lead), Noreen Ging, Sue Hardy, Jamie Keddie (Patient and Public Engagement Specialist), Mary Newman (Director of Quality Improvement and Assurance), Barry Silverman, Devon Allison, Jenny Stiles, Mark Tsagli (Patient Experience Facilitator), Geoff Whitear, John Porter and Paula Young.

Also in attendance were: Imogen Head (General Manager - Surgery), Patricia Snell (Assistant Director - Quality Improvement), Peter George-Jones (Essentia - Chief Operating Officer), Peter Bennett (Essentia - Hospitals Operation Manager), David Crane (Essentia - Community Operations Manager),

Apologies were received from: John Burns, Andrea Carney (Patient and Public Engagement Manager), Kate Griffiths-Lambeth, Tom Hoffman, Amanda Millard (Director, Patient and Carer Experience) and Gail Thompson.

#### **3.2 Notes of the last meeting**

Attendance to be amended as Noreen Ging had attended last meeting. The notes were otherwise approved as an accurate record of the last meeting.

#### **3.3 Matters arising**

##### **3.3.1 Online directory of consultants:**

The Patient Experience Manager informed the group that there has been a recent effort to update this. It is estimated that 60-70% of consultants are currently on it, but there are ongoing efforts to increase this by the Communications team. The team is exploring other mechanisms to capture the information such as staff induction and consultant appraisals. Governors queried what they should do if they spot gaps.

**Action – Governors should report any gaps in the directory to the Membership Office in the usual way.**

### **3.3.2 Fracture clinic telephone answering:**

The General Manager of Surgery reported that the directorate has been working hard to improve the patient experience in Fracture Clinic . Forthcoming initiatives include introducing call centre monitoring processes which will ensure the phone lines of extensions are linked. This will take 4-5 weeks to complete. Fracture clinic staff will receive call handling training to improve their skills. Finally the appointment system is being changed so there are not as many patients being booked in at same time so instead their arrival at the clinic will be staggered.

Governors welcomed the changes planned. They also noted the busy nature of the clinic and asked whether the receptionist would continue to take calls as well as performing reception duties.

The General Manager for Surgery responded that a new role of call handler will be created, so freeing up receptionist to concentrate face-to-face duties at the reception desk.

### **3.3.3 PALS figures for appointment / admission letters not received:**

The Patient Experience Manager took Governors through figures on PALS contacts relating to this issue - 248 over one year. Improving appointment processes is a focus of the Outpatient Improvement Programme.

Governors noted that:

- There was likely to be under-reporting via PALS and that many patients have to go back to their GP to get another referral and do not raise the issue with the Trust.
- It was suggested that the data could be weighted by total volume of directorates' patient contacts and combined with complaints data.

- Given that a number of appointment letters are always likely to get lost or mis delivered in the postal system, or arrive after the appointment date alternative methods of contact such as text messages or email should be considered and may be preferable to patients. It was also suggested that patients should have a choice about how the Trust communicates with them about their appointments.

The implications for patients of poor communication were discussed, including delays with prescriptions reaching GPs and with communication from the Trust when changing medication.

**Action - Patient Experience Manager: identify a directorate to conduct a more detailed analysis of what the problems are and what could be learnt from this and present at the next meeting.**

#### **3.3.4 Feasibility of providing directorate breakdown for patient experience data**

The Patient Experience Manager explained the Integrated Quality Performance Report included a heat map which included directorate's patient experience scores that goes to Governors with Board papers. It was explained that if Governors wanted more detail on individual directorates, then an option would be to take 3-4 directorates per meeting and look at key indicators / themes in detail.

Governors agreed that rather than create additional reporting requirements, it would be left to the Patient Experience Manager's judgment to identify Directorates where patient experience performance is of concern and suggest more detailed analysis.

#### **3.3.5 Establishing a log issue from QEWG**

The Patient Experience Manager informed that they had spoken to the Trust Secretary about this matter and the existing Council of Governors' issue log will be used to avoid duplication.

Governors raised a number of issues relating to how the Trust handles complaints. Points raised included:

- Delays in responding to complaints and sometimes long gaps between letters being signed off and sent to complainant
- The lack of clarity with regard to the role of the PALS Team
- One governor raised her concerns about a 13 week delay in responding to a serious complaint and the difficulties of communicating with people to expedite this response.
- Concerns about the effectiveness of protocols for dealing with complaints when a manager is on leave
- Inconsistency of responses as Governors were aware of some complaints that had been responded to excellently with promises of change and others with a far less satisfactory response
- Complaints being lost in telephone and website reporting systems
- Including complaints on the QEWG agenda on a regular basis to assist Governors' role in holding the Trust to account and not relying on Governors' anecdotal evidence.
- It was suggested that a Non-Executive Director or other Trust nominee from the Board acts as link to complainants who are frustrated with the delay in response
- A letter sent to Governors from Barry Silverman regarding the Parliamentary Health Committee report on complaints

Governors recognised that the Head of Complaints is endeavoring to improve the system within the Trust and welcomed the working group established by the Director of Patient and Carer Experience to improve the online systems available to raise concerns as well as those via PALS and the Complaints Team.

**Action - Patient Experience Manager:** will invite the Head of Complaints to provide an update on the progress with the complaints improvement plan at the next meeting and arrange for the Complaints Manager to liaise with the Governor on the specific case raised.

### 3.4 Reports from committees

**3.4.1 Quality Committee:** The following issues covered at the committee were drawn to Governors' attention:

- Quality Priorities for 2015/16 as important for understanding the future direction of the Trust

- 'Holiday troughs' when hospital activity is lower because patients are away
- Introduction of 'Hello My Name Is' campaign

**Action – Assistant Director Quality Improvement** - circulate latest draft of Quality Priorities

**3.4.2 Patient Publications Group:** Governors discussed the need for a simple publication on caring for a highly dependent person at home in the terminal stages of illness so patients and family can understand the roles of different agencies and the limitations of these and how to raise concerns given the fragmented nature of services.

**Action: Jenny Stiles and Paula Young** to take to next group meeting as suggestion for publication.

**Action: Patient Experience Manager** - raise suggestion with palliative care team as they are currently reviewing some of their patient information leaflets.

**3.4.3 Quality Committee:** Governors would welcome the opportunity to discuss the Quality Accounts with local Healthwatch and have longer timescales to respond. It was suggested Healthwatch should be invited to the Quality Committee to give their views. Ken and Devon would also be attending the next GSTT and Healthwatch liaison meeting and could raise this issue at the meeting.

**3.4.4 Nutrition Steering Group:** Discussions at this group included:

- Food retail outlets in new cancer centre based on 'eating for health'
- Trust is in the top 5 hospitals for food scores, but aims to be in top 3
- Meal menus now available on Hospedia
- Start of a 3 year programme to improve nutrition including focus on discharge medication and child health.
- 100% nutrition screening

### **3.5 Quality and patient safety summary report**

3.5.1 The Director of Quality Improvement and Assurance outlined the importance that had been attached to improving the complaints procedure and that steady progress was being made.

3.5.2 Governors' attention was drawn to the Quality Accounts and the short timescale this year for consultation because of business planning and delays in finalising figures.

### **3.6 Patient safety, the duty of candour and the involvement of patients and carers in patient safety**

3.6.1 The Assistant Director of Quality Improvement gave Governors background to the introduction of the Duty of Candour and explained how it worked in practice. This included:

- Having good family involvement in action planning following a serious incident
- feedback on how to improve our process of informing patients about a harm event
- Staff training with professional actors to act out scenarios
- 'The third victim': impact of serious incidents on a healthcare professional's family or children because of media reporting, and the need for staff support

3.6.2 Trust safety committees will include patients and carers in their membership. Governor involvement will be sought.

3.6.3 Governors were encouraged to attend the Safety Connections conference on the 9<sup>th</sup> July. The Trust was in the second year of the Sign up to Safety Programme and had chosen 4 priorities and was aiming to reduce harm by 50% for each area - discharge medications; nutrition; the deteriorating child; and third degree tears in labour.

### **3.7 Patient experience and patient and public engagement update**

3.7.1 Governors had no comments on this update.



### **3.8 Essentia operations' performance**

3.8.1 Essentia's Chief Operating Officer took the group through Essentia's role in the Trust. Governors then heard about Essentia's performance at the two acute sites including:

- Scores from PLACE assessments, and Governors were thanked for their involvement
- High scores for cleanliness and for food and hydration. An ongoing focus is to improve the experience of patients who need assistance with eating on wards
- New contract for patient transport from September which has enhanced performance standards:
  - 95% of patients arriving in the transport lounge within 30 minutes of the scheduled time (the scheduled time being 15 minutes prior to appointment time).
  - 95% of patients departing within 30 minutes of arriving in the transport lounge ready to travel.
- Telephony: roll out of call centre training, automated patient reminders to reduce cancellations, and the introduction of recording licenses.

3.8.2 Essentia's Operational Manager for Community Services informed Governors of the high scores from PLACE for inpatient units in 2014/15.

3.8.3 Quality priorities for 2015/16 including new bed lifts in St Thomas' East Wing, the second phase of the Emergency Department redevelopment, and a new IT project for community services to enable mobile working.

3.8.4 Governors raised their ongoing concerns with telephony and how they looked forward to seeing progress.

3.8.5 It was also raised that with the move towards 6- and 7-day working, staff at weekends did not have currently access to canteen services.

### **3.9 AOB**

3.9.1 Access to the Emergency Department during its redevelopment to be included on the next agenda. The Deputy Director of Strategy updated Governors that issue has been raised at the programme's last board meeting and an Essentia manager has been identified to address governors' concerns and would report at the next meeting.

### **3.10 Date of next meeting**

Tuesday, 15th September 2015 5.30pm to 7pm  
Education Centre, 75 – 79 York Road, London SE1 7NJ