

Council of Governors	Guy's and St Thomas'  NHS Foundation Trust
Quality and Engagement Working Group Report 15th September 2015	28th October 2015 CG/15/24

This paper is for:		Sponsor:	
Decision		Author:	Mark Tsagli
Discussion		Reviewed by:	Sue Gallagher
Noting		CEO*	
Information	x	ED*	
		Board Committee*	
		TME*	
		Other*	

Council of Governors

1. INTRODUCTION

This report details the meeting of the Quality and Engagement Working Group, which took place on the **15th September** at the Education Centre, York Road.

2. ATTENDANCE

The meeting was attended by:

Sarah Allen (Patient Experience Manager), Devon Allison, John Burns, Yvonne Craig, Anita Campolini, John Farley, Sue Gallagher (Lead), Julie Gifford (Deputy Director Strategy), Jamie Keddie (Patient and Public Engagement Specialist), Mary Newman (Director of Quality Improvement and Assurance), John Porter, Barry Silverman, Mark Tsagli (Patient Experience Facilitator), and Paula Young.

Also in attendance were: Wendy Doyle (Complaints Manager), Simon Eccles (Consultant and Emergency Pathway Director), Alistair Gourlay (Director of Asset Management), and Beth Wilcox (Head of Complaints).

3. NOTES OF THE LAST MEETING

- The notes were otherwise approved as an accurate record of the last meeting.
- For future meetings, hard copies of previous meeting notes to be sent to Governors by post.

4. MATTERS ARISING

4.1 Palliative Care Leaflet:

- The Patient Experience Manager apprised members of the leaflet developed by the Bereavement Office and Communications team to support families, letting them know what to do once a patient has passed away.
- Governors asked if the final version of the leaflet could be circulated to the group for information.

Action: Patient Experience Manager to send leaflet to circulate to Governors for their feedback once this is all done.

4.2 Admission and Appointment letters:

- In response to the request by members of the committee to look into the issues surrounding appointment letters not received by patients, the Patient Experience Manager informed Governors circulated figures.
- Two main reasons identified for this occurrence: appointments arranged over the telephone were not always followed up with a letter confirming the appointment, and patients expecting an appointment within a given time frame did not receive a letter confirming this.
- Governors were concerned that the PALS data potentially represents a tiny fraction of this as data was derived from PALS rather than from Complaints. They also queried whether appointments issues were resolved in a consistent manner by directorates, and in particular in situations where patients are asked to go back to their GP's, which understandably can be frustrating for patients.

It was suggested that this information should be forwarded to the Outpatient Board for their consideration and review once the board is set up.

4.3 Impact of patient and public engagement initiatives

- The Patient & Public Engagement Manager referred Governors to the Patient Experience and Engagement Report 2015 (last 4 pages) relating to the Mystery Shopping and the Call Quality Assessors progress.
- The Patient and Public Engagement Specialist also took the opportunity to outline the impact the Call Quality Assessor programme is having on patient experience and provided additional insight on how the programme is to be expanded to include areas such as Orthopaedics.

4.4 Cancer Centre (Governors questions)

Governors raised a few questions regarding the Cancer Centre. Governors commented upon:

- Lengthy waiting times for radiotherapy experienced by patients once they arrive at the department and how some patients and their families were not treated in a courteous way.
- Multi-disciplinary team working among cancer tumour groups. Governors asked whether decisions regarding care plans are communicated to the whole multi disciplinary team. The potential for confusion amongst patients and families if different team members were given conflicting messages by different members of the multi-disciplinary team. Governors enquired whether team working was reviewed regularly.
- Governors also wanted to know whether access to advice about chemotherapy during overnight and 'out of working hours' is available to patients and how they can obtain advice during these times.
- Governors suggested gathering input from carers and patients via a listening exercise, inviting patients to share their experience, asking what works well and could be improved upon.

The Patient Experience Lead suggested that these queries be forwarded to the Deputy Chief Nurse for Cancer and End of Life Care to enable them to provide a response at the next meeting.

Action: Deputy Chief Nurse for Cancer and End of Life Care to be invited to feedback on these questions at the next meeting

5. REPORTS FROM COMMITTEES

- 5.1 The Lead reminded governors that the cycle of committees had just begun. She invited governors to volunteer to join working groups and committees as representatives and provide brief reports of key information at future meetings.
- 5.2 The Lead Governor mentioned that the Trust Secretary would be circulating a list of committees and current membership to Governors.
- 5.3 **Quality Committee:** No representative attended the meet so a report was not available.
- 5.4 **Evelina London Development Board:** This group was scheduled to meet during the following week. The Governor representative informed members that the group is being reconstituted. Members were also informed of the challenges to the progress of the Evelina 1. Plans had not progressed as hoped, and alternative accommodation was still being sought for offices on the 6th floor. Plans for the major expansion for Evelina 2 have also been delayed. The Board were due to discuss this at another meeting that week and the governor representative would report back to governors at the next meeting.
- 5.5 **Patient Publications Group:** Members received an update from the Governor representative from the meeting. Governors noted:
- A number of leaflets used by the Palliative Care Team in their outpatient clinics have been updated.
 - The Trust is planning to translate a number of key patient information leaflets into the top ten most frequently spoken languages other than English.

6. QUALITY AND PATIENT SAFETY SUMMARY REPORT

- 6.1 The Director of Quality Improvement and Assurance gave a verbal update on initial feedback following the recent visit by the Care Quality Commission (CQC) to the Trust. The Trust will share the report with governors upon publication, however this unlikely to be received before December.
- 6.2 As part of its quality account, the Trust has signed up to a number of Quality and Safety priorities. The Trust is currently reviewing its mid-year performance against the targets set. These targets also include 4 Safety criteria the Trust has committed to as part of the NHS England's Sign up to Safety Campaign: Medicine Safety, Tears in Childbirth, Deteriorating Child and recognition and treatment of malnutrition. These are a key focus for the Trust.

7. ACCESS AND DIRECTIONS (WAY-FINDING) TO THE EMERGENCY DEPARTMENT DURING REDEVELOPMENT AND URGENT CARE CENTRE CONCERNS (UCC)

- 7.1 Simon Eccles (Director of the Emergency Department (ED) Redevelopment Programme) outlined the progress of work. The programme is now approximately halfway through the rebuild of the ED floor and it is understood to be progressing steadily. The challenge of maintaining the full ED service whilst progressing with the redevelopment work was highlighted.
- 7.2 Governors were informed that two wards Victoria and Sarah Swift have now been moved to one Admissions Ward on the ground floor making it easier for diagnostic tests and also the ability for patients to be seen quickly.
- 7.3 The lead also outlined work undertaken by the team to improve patient access to ED and UCC at the Lambeth Palace Roadside of the building. These included:
- Large signs installed by the wayfinding team to signpost patients and visitors to the department.
 - Porters and escorts available to accompany those less able to find or use the entrance.
- 7.4 He also highlighted the challenge of people (mainly staff) using the ambulance entrance as a short cut into the hospital and compromising the dignity of patients. The security team were aware of this and were supporting clinical staff to manage this.
- 7.5 Following concerns also raised by Governors about easy access to the ED following works, members were informed that the Trust had approached Transport for London (TFL) regarding the location of the bus stop near the former entrance to A&E. The Trust had requested an additional bus stop close to the Lambeth Wing side of the hospital near the Evelina Hospital to facilitate easy access to the ED. A picture of the planned location was shown to members. However, it was noted that there will need to be consultation within 6 months before this is agreed and the bus stop relocated.

- 7.6 The lead also responded to concerns raised by Governors' regarding to the streaming of patients arriving at A&E and UCC. He explained that for clinical safety reasons, patients are streamed by appropriate qualified staff on arrival at the A&E department. Patients who arrive at the Urgent Care Centre first have to be re-directed to A&E Reception as staff at UCC do not have the full set of skills required to stream patients safely.

The team had considered locating a member of staff in the UCC to stream patients in the UCC however; there is insufficient space in the current temporary location to accommodate this. Once the department moves to its final location at the end of the build it will be located directly next to A&E Reception making its quicker and easier to refer patients across if required.

- 7.7 Governors also raised a concern regarding patients who had been seen at the Minor Injuries Unit at Guys and referred to a consultant at St Thomas' being asked to re-register on arrival at St Thomas A&E. The Lead for the Emergency Pathway Development Programme responded that as each unit uses different registration systems patients do need to be-rebooked and re-registered. However, these patients are usually fast tracked through this process at St Thomas and do not have to join the queue.

Governors also asked whether staff were re-directing patients to their GP and pharmacist were appropriate. The lead mentioned the Emergency Care programme involves working alongside GPs to ensure patients with minor illnesses do not come to the A&E. However, this was acknowledged as an on-going challenge for the Trust.

Overall, Governors were complimentary about the work undertaken by staff in to ensure this major development progresses steadily, despite the increase in patient numbers and the need to maintain a properly functioning system throughout the rebuild.

8 PATIENT EXPERIENCE AND PATIENT & PUBLIC ENGAGEMENT UPDATE

- 8.1 Patient & Public Engagement Manager drew attention to annual PE and strategy report. Governors were encouraged to attend the annual Patient Engagement Strategy Event scheduled for the 8th December. Information to be circulated in advance to Governors.
- 8.2 The Patient Experience Manager drew Governors attention to the fact that the Friends and Family Test (FFT) has been extended to all areas of care in the NHS including children's services, patient transport, outpatient and community services. Although FFT is no longer a CQUIN, it is now part of the Trust's standard contract with its commissioners.
- 8.3 The Patient Experience Manager detailed a few notable achievements regarding the establishment of the Clinical Nurse Specialist (CNS) helpline at the cancer centre, the 'buddying' programme for CNS and practice nurses in primary care and other areas in the general practice. Governors were also informed of the Trust's receipt of the Information Accreditation Standard for its Cancer Information leaflets.

9 COMPLAINTS HANDLING IMPROVEMENT PLAN

The Head of Complaints (Beth Wilcox) provided an update to Governors covering the Trusts' aims on how to provide a system open to complaints and a service where patients are confident to speak up and feel listened to.

9.1 Complaints at GSTT:

- In 2014/15 the Trust received 938 formal/written complaints, 656 'upheld' equating to 0.4 complaints per 1000 patient contacts.
- The PHSO investigated 17 cases in 2013/14 and upheld 4.
- Median response time 46 days in August 2015.
- Challenges with cases taking longer than 6 months to resolve.

9.2 Governors were taken through the workings of the complaints process at the Trust and shown data on the number of overall cases awaiting resolution, vis-à-vis those closed. The Head of Complaints outlined how the number of cases has reduced to fewer than 300 for the first time in many months by the end of June 2015. A staff vacancy during summer months had stalled progress but it is expected that improved turnaround times will be achieved once the new member joins the team.

9.3 The Head of Complaints outlined the aims and objectives of the Complaints Handling Improvement Plan (CHIP) and progress made to date.

9.4 The group were also shown a desktop guide to complaints planned to be rolled out for frontline/reception staff in the future. The aim is for every reception desk in the Trust to have this as a quick reference point to enable questions around complaints to be forwarded to the relevant channel for speedy resolution.

9.5 Complaints Satisfaction Survey – The lead also highlighted that a complaints satisfaction survey had been initiated to measure satisfaction with the complaint handling process. However, total responses received (12) have been very low. A review of the survey with a view to increasing response rates is planned. Governors suggested a change in methodology for administering the survey to telephone calls, if budget permits.

Future plans within the team are to set benchmarks to work with on complaints at the Trust, so this will involve setting targets and fixed turnaround times.

10 AOB

No other matters were raised.

11 DATE OF NEXT MEETING

Tuesday, 1st December 2015 5.30pm to 7pm
Education Centre,
75 – 79 York Road,
London SE1 7NJ