

# GLoucestershire Hospitals NHS Foundation Trust

Confirmed Minutes, confirmed at PPI Committee 27<sup>th</sup> July 2009

## MINUTES OF THE PATIENT AND PUBLIC INVOLVEMENT COMMITTEE HELD IN THE BOARDROOM, TRUST HEADQUARTERS ON MONDAY 18<sup>TH</sup> MAY 2009

THESE MINUTES MAY BE MADE AVAILABLE TO THE PUBLIC AND PERSONS OUTSIDE OF THE TRUST AS PART OF THE TRUST'S COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT 2000

### PRESENT

Dame Janet Trotter	JT	Chair Trust Board
Gill Brook	GB	Head of Patient Experience
Tracey Thomas	TT	Patient and Public Involvement Coordinator
Katherine Holland	KH	Acting Patient and Public Involvement Coordinator
Paul Byrne	PB	Divisional Director Service Delivery - Women's and Children's
Irwin Wilson	IW	Associate Director of Planning and Contracting (also representing JL, Associate Director Programme Management)
Carl Beech	CB	Head of Complaints and PALS
Pat Laverie	PL	Support Services General Manager
Jim Parsons	JP	Members Forum
Sister Elly-Maria Pantekoek	EMP	Foundation Trust Public Governor(Forest of Dean)
Margaret Clayton-Ives	MCI	Foundation Trust Public Governor(Cotswolds)
Clive Bowen	CBo	Members Forum
Graham Lloyd	GL	Director of Corporate Governance and Facilities
Eddie Minchew	EM	Lead Nurse Manager – Acute Services

### IN ATTENDANCE

Angela Mouldsdale	AM	PA to Head of Patient Experience
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### 079/09 APOLOGIES

Jenny Lewis	JL	Associate Director Programme Management
Sandra Woodward	SW	Foundation Trust Public Governor(out of County)
Helen Byard	HB	Divisional Nursing Director - Medicine
Dee Gibson-Wain	DGW	Head of Leadership and Organisational Development
Anne Attwood	AA	Representative of Carers
Jan Stroud	JS	Foundation Trust Staff Governor
Jean Cox	JC	Foundation Trust Public Governor(Stroud)

Item	Action
<b>080/09 Info points Presentation– Ben Clarke(BC)</b> It was agreed that the Info Points presentation would be brought forward on the Agenda as Ben Clarke had to attend another meeting. An overview of the purpose of Info Points was provided by the supplier representative Ben Clarke. Copies of letters of recommendation were handed to the group and an actual Info Point was demonstrated. BC explained that the majority of <i>Info Point</i> appliances had been installed in Universities, Colleges and Transport Industries with approximately 350 being installed in NHS Trusts, the nearest to Gloucestershire being Worcester and Redditch. There were 6 buttons on the appliance which linked up to telephone lines, the top one linked to ABC Taxis and the second to Traveline;	

the *Info Point* appliances are funded by Traveline. The 4 other buttons can be linked to whatever the Trust selects as a priority. The appliances take around 8 weeks from ordering to installation and the contract is for 3 years.

JT asked approximately how many calls were made from these devices. BC informed the group that he had found the average amount of calls made from the *Info points* was around 300 to 400 calls per month.

JP asked if numbers could be changed once the device was installed. BC said that this could be done through liaison with *Info Point*.

GL advised that the Trust does already have a contract with a taxi firm and BC said that discussions could be had around the potential for a contract being established with such a partner.

MCI agreed that this seemed to be a very good idea.

CB asked if there was any danger of users being put on hold for a long time. BC assured the group that there would be no danger of this on the top two buttons but it would depend on what choices the NHS made for the other buttons.

The Committee agreed that this was a good idea and asked GB to sort out the logistics – sites for installation, working with Pat Laverie.

**GB**

#### **081/09 Minutes of meeting held on March 23rd 2009**

These were agreed as an accurate record

#### **082/09 Matters arising**

- **Lucy Update**

JT suggested that if the information on the system was updated regularly the system would work better but asked how this could be done. GL suggested that communication could take place with Human Resources regarding information about new members of staff or those who leave the Trust, with 'Lucy' being updated to reflect these changes. IW suggested that maybe communication could take place with Payroll.

With regard to comparison of LUCY with other Trusts Pat Mooney had contacted the supplier who was undertaking this for him and would pursue the matter when the regional group meets in July: he will report back in the Autumn.

**GB/PM**

- **Membership Update**

GB reported that the Trust had approximately 10,800 members. A number of discrepancies had been identified on the database and a full revision by IT was required to make the system fit for purpose. Discussions were underway with the IT Department and the Communications Team re: this matter. Further staff would be required to update the data.

GL advised that Monitor needed to be informed about membership by the end of the year; numbers need to have increased by 2,500 by then.

GB advised that a meeting had taken place with Michael Orme and Dave Simpson on how we could address the issue of increasing recruitment.

#### **Membership Engagement**

There are plans for 3 projects to take place throughout the summer, actively engaging members.

KH advised that the problem with the FT leaflet with the out of date telephone number is being sorted out and a new leaflet is in development pilot.

Work is being done to pick up the ex members of staff as public

members.

MCI informed the group that she had distributed 100 leaflets around the Cotswolds including residential homes; MCI also enquired if anyone had made enquiries as to how the Royal Liverpool and Broadgreen Hospitals NHS Trust had recruited members. KH said that the Royal Liverpool and Broadgreen Hospitals NHS Trust numbers had been achieved by targeting the outpatients departments and that this will be another approach adopted by the Trust. This was, in principle, agreed as a good idea.

It was suggested that maybe the welcome letter to FT members could challenge them to register another member with a small prize given as incentive.

KH stated that she was working on a plan to boost recruitment. JP asked JT if she had obtained the Board's views on the shortage of members.

JT answered that the Board agreed that we needed to see a considerable improvement. JT brought to the attention of the Committee that the Trust had more people standing for Governors and more people voting than its comparators, which is very positive and should impact on membership numbers. With regard to recruiting carers JT informed the group that she had attended a very interesting evening with the 2gether Trust talking about 'dementia' and how the carer is included in the stages of medical care. JT and the Chair of the 2gether Trust are to develop an action plan to take this forward.

SEM suggested that this maybe a good subject for one of the buttons on the *Info Point*. JT advised that PALs must make sure that the accurate information is disseminated.

GB advised that she had had a discussion with Maggie Arnold Director of Nursing re the involvement of patients and carers in the implementation of the Dementia Strategy specifically to gain understanding of their experience in order to build on what was good and also identify what needed improvement .

#### **083/09 Outstanding Actions**

- **Powys Oncology Plan Update**

GB advised that she had a meeting with Mel Burgoyne who is the PPI Lead for the 3 Counties Cancer Network and it was agreed that she go back to the Group on the 28<sup>th</sup> May 2009 and obtain 5 key concerns and bring them back to GB so that this can be moved on.

**GB**

- **Age Concern Advocacy Project**

GB advised that she had met with Vanessa Roberts Lead Nurse for Elderly Care and Jan Perkins Age Concern - Information Services Manager who is working on an advocacy project for one day a week, starting at the end of June. The purpose of the visit was to pick up concerns and link with the ward staff. We already have a link with the Benefits Agency with a Benefits clinic being held in the Health Information Room every month. This project is to run for 6 months at GRH and then 6 months at CGH. A report on this will be brought back to the next meeting. JP asked if this was to be linked to Social Services, GB answered that it was and that Vanessa Roberts had met with them. The project is being funded by Gloucester City Council. JT said that this sounded like a very good project and JP said that he would like to take this information back to a couple of

people he knew to get their views.

- **Access via Physiotherapy Entrance**

GB informed the group that Graham Marsh, Bob Scott, SEM, Carol McIndoe and the Ambulance Services had completed a risk assessment on 17/10/2008 and Andrew Seaton, Director of Safety, had requested one of the Risk Managers to repeat the assessment. GB informed the group the service users would be informed and involved. It was planned to complete this work within the next 3 weeks.

JT suggested that the final report be brought to the next meeting.

- **Accessible Bin update**

GB and TT had met with Graham Biggar, Associate Director of Operations & Maintenance, Carol McIndoe, DDA & Workplace Advisor and Corrine Alway, Senior Environmental Officer to take this work forward.

KH /GB

GL advised that the bins should be replaced initially in toilets in the public and outpatient areas only and that he was attending a Divisional Team meeting shortly when the purchase of these would be discussed.

JT stated that these bins should be installed immediately and that the Sanitary Wear Action Group should pick up the issues of installing in the other areas.

- **Inpatient Survey and Real Time Patient Experience Survey and Action Plan. Enc.180**

GB presented to the group on the Inpatient Survey and Real Time Patient Experience and ran through percentages of responses of questions. Key areas for improvement were designated as:

TT/GB

- Discharge
- Pain Management
- Communication and Information
- Patient Involvement in Decisions About Their Care

An action plan had been developed with patient carer representatives and senior nursing staff and shared with Senior Nurses and Divisions. Each ward which took part now had individual reports which cross related with inpatient data. The wards now have the opportunity to add up to 2 extra areas to this Action Plan if they identify any other issues for improvement not on the corporate Action Plan. Marit Dykes, Patient and Public Involvement Coordinator, is leading on National Survey and Real Time Frequent Feedback Surveys and will work towards getting a robust reporting system for the next 6 to 12 months. JT asked when an update could be brought back to the Group. GB advised that the reports would be quarterly and will go to the Quality Committee.

JT asked GB to report on progress at the next Committee meeting.

JP asked what resources would be available to make these improvements.

JT replied that it was not always a case of having more resources but of finding a different way to do things and addressing culture and behaviour.

IW advised that there were resource issues in terms of income; he explained that Commissioners are required to set Quality Performance Indicators – Commissioning for Quality and Innovation (CQUIN) - Performance Indicators will be agreed

from some areas for improvement from the National In Patient Survey and will be the basis for the indicators. GB/IW to update next meeting.

JP asked if targets were achievable.

JT advised that the Trust is striving for 80%.

JT suggested that training was needed and that a number of services could be changed by good leadership.

JP asked if this presentation could be made at the Board Meeting.

JT said that these matters would be pursued by the Quality Committee and the Board.

- **PPI Annual Report**

It was assumed the papers had been read by Committee members and GB asked CB for further details on complaints. CB advised that the complaints were logged under 5 main themes:-

- Access and waiting – 16%  
Cancelled appointment, delayed appointments
- Clean, comfortable place to be – 5%  
Complaints about food
- Information and communication – 12%  
General issues for general information and access to medical records.
- Building relationships – 9%  
Need to focus on attitude to staff
- Safe, high quality care – 58%

CB advised that the way of reporting had changed from the 1st April and that across PALS and Complaints issues were being reported under the 4 'C's' - compliments, comments, concerns and complaints. CB also advised that from February the PALS service was extended from Monday to Friday (subject to staff availability) across both sites in order to make it more accessible for people.

MCI said that she liked the new leaflet, and CB explained that it was only a temporary one until October: the member's forum was helping to develop a final version that would be released in conjunction with the new policy.

#### **Local Surveys**

GB advised the Group that during the year the PPI department had received requests for 51 local surveys, 12 of which were completed; further work is needed on the remaining 39 and there is a need for teams undertaking surveys to follow through on action plans to secure improvement for patients.

#### **Translation**

Translation had increased again and the budget had been overspent. The policy and procedures around engaging interpreters will be reviewed by GB in the context of establishing a contract with one provider. This will be taken forward with Procurement.

#### **Patient Information**

Tracey Thomas and Heather Tucker had carried out work with the volunteers on the opening hours of the Health Information Room. Developing Patient Information will be a key part of this work over the year.

**LINKs**

This is now established and contact is being made between the Trust and LINKs in order to work in partnership to improve the patient experience. GB is the Trust's representative on the LINKs Partnership Group

**Involvement and Engagement**

GB advised the group that there were a number of projects that were being carried out around involvement and engagement with the public and staff to improve the patient experience. Policy and procedures around involvement would be reviewed and developed over the year.

**084/09 Date and Time of next meeting**

Next meeting will be at 11am on Monday 27<sup>th</sup> July 2009 in the Board Room, 1 College Lawn, CGH