Agenda Item 7c

REPORT TO THE GOVERNORS' COUNCIL

The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

SUBMITTED BY:	REPORT FOR:		RELATED WORK:
Esme Corner, Chair of the Patient Experience Committee	Action		
CONSULTATION:	Information	✓	
	REPORT TYPE:		
	Strategy		
	Performance		
	Governance	✓	

Meeting Date: **25 September 2018**

Report Title: **Patient Experience Committee Report to the Governors' Council**

Purpose:

To update the Governors' Council in respect of the activities of the Patient Experience Committee, since the last meeting.

Report:

The Patient Experience Committee (PEC) last met on 6th September 2018

Agenda items / discussion included:

EC thanked everyone for their recent good wishes.

CQC Inspection: EC, Jonathan Dossetor and Steve Clark had met with the CQC at the recent Inspection and the CQC had been impressed with the structure and attendance of the committee meetings and with the governors' relationship with outside bodies such as the Patient Participation Groups, enabling communication with the wider public.

Two governors had attended a Governors' National Conference which demonstrated that the QEH Governors were ahead of their counterparts in many aspects.

West Norfolk CCG Initiatives:
EC advised that there are 3 practices locally which now offer GP support in the evenings and over weekends (Saturday mornings). EC felt this information was worth sharing with PPGs, as the need to share resources is important.

The West Norfolk CCG / St John's Ambulance Service provided ' Pop-up' Clinics over two weekends in the summer on Hunstanton Green treating minor conditions only, with the aim of keeping people out of A&E and providing a local services to the many people holidaying in the area. This was a successful venture which the CCG will potentially extend in the future.

Actions:
Signage: EC was disappointed that the Trust was no further forward in respect of the signage (name of ward) issue. She advised that the League of Friends had tentatively agreed to funds this and there was no reason for this important matter to not be progressed. NT commented that if the signage was to be installed on all wards, and not just for dementia patients, this was something that should be escalated to the Chief Nurse.

The Log Cabin: EC was again disappointed that this matter had also not moved forward.

Whilst it was understood that health and safety issues in respect of procurement of goods had become a sticking point between the QEH and Macmillan, this was an important service provided to families and the Log Cabin was now in need of renovation both internally and externally. A prompt resolution is required as this has been on the agenda for a very long time.

Patient Experience Report

Emma Harrison (EH), highlighted the following Friends and Family Test information:

- June 2018 – 95.7% of patients, across the Trust, would be likely or extremely likely to recommend the hospital.
- A&E is the only area not to meet the 95% target (90.87). The response rate is close to the 20% target (17.67%). The Trust finds it challenging to meet the 20%.

Inpatient Wards / Day Cases patient concerns were:
- Communication
- Waiting time
- Staff attitude
- Noise at night

Patient Experience – Complaints / Compliments – top concerns:

- Delay or failure to diagnose
- Communication with relatives/carers
- Discharge arrangements
- Lost property
- Staff Attitude

NHS Choices / Patient Opinion (Social media)
There were 3 responses in June, all negative. The people were contacted in respect of their concerns and actions taken as appropriate.

Noise at night issues were discussed and the importance of restorative sleep.

Car Park update : Barry Quince.

The 117 new car spaces were now available. There new car parking areas by the Helipad, down from the West Wing and by the Ambulance Station were all completed and being used. The parking area close to the Breast Screening / Ambulance station has spaces for both staff and public (with spaces for Macmillan patients and breast patient marked out). The parking under the trees, near the bike shed, is for overflow purposes only, to help tree conservation. Time will tell whether the new spaces are sufficient.

The main car park is due to be revamped in 2019 with resurfacing / repainting of the bay lines.

A Macmillan update was provided by Peter Mercer who presented on the programme.

MSK Presentation report / Accessing Physiotherapy (talked to by Esme Corner / Nigel Tarratt

The new Musculo Skeletal triage and Single Point of Access is:

- A single point of access for all MSK services
- Designed to enhance patient experience and support GPs
- All referrals clinically triaged to ensure patients treated in the right place
- Includes Orthopaedics, Spinal, Rheumatology, Chronic Pain and Physiotherapy
- Eligible only for patients registered with a West Norfolk CCG GP.

The system works by a patient being referred by a GP (E-referral) or patient self-referring (via the website). This is received by Allied Health Professionals and triaged within 48 hours for onward referral to the appropriate pathway/provider. Patients' may have a long wait to be seen.

With the new system in place, patient numbers have increased 55% in the last 3 months. Previously GPs had been the gate-keepers for patient referral whereas now, the self-referral system had increased numbers and therefore waiting times. There is no 'clock' set on this system however.

- Physiotherapy is carried out either in the community or at the Trust.
- This system has worked well in other areas.

Wheelchair update (Nigel Tarratt)

- Norfolk Community Hospital and Care have taken over this service. A clinic in run in King's Lynn (not at the Trust), once a week.

PLACE Inspection : Angela Hircock (Patient-Led Assessments of the care environment)

Results 2018	%		Results 2017	%
Cleanliness	97.53		Cleanliness	99.79
Food	83.15		Food	90.61
Organisation	79.63		Organisation	86.46
Ward	84.20		Ward	91.92
Privacy & Dignity	67.86		Privacy & Dignity	83.25
Condition - Appearance	87.22		Condition - Appearance	94.54
Dementia	70.14		Dementia	77.52
Disability	71.51		Disability	82.13

As shown above, all scores dropped compared with the previous year. Privacy and Dignity showing the largest drop and Disability the second largest drop.

HealthWatch Norfolk update : Alex Stewart

There is a new Chair – David Edwards, who has a health and social care background. He was a former CEO of the PCT / Mental Health Trust.

A Peer Review of Adult Social Services will take place on 19th September at County Hall between 11.00 and 12.30 looking at:

- Wellbeing – staying at home
- Crisis management
- Reablement Services being offered by Norfolk County Council
- Returning home – discharge etc
- PEC – sited as exemplar across the East of England
- CQC – Quality Services Group – Cleanliness of hospital unlikely to be a favourable report
- Cancer – review of Lung and Prostate

Research bids –

- Forces in Mind – through to the final round for £300K funding for mental health in armed forces personnel
- EACH (East Anglia Children's' Hospice) joint bid regarding Child Mortality and the effect on families (helped by the patronage of the Duchess of Cambridge)
- Off shore wind farm – people accessing services in rural communities – Terrington & Cromer

Frailty Programme - Fran Rose-Smith (from West Norfolk CCG)

FRS explained that the programme which had been running for a year had been well received and it was agreed to fund this for another year. The aim is to help prevent unnecessary A&E attendances from people who were frail and required assistance, but not necessarily that of an Acute Hospital.

- For healthy older adults, 10 days of bed rest can lead to the equivalent of 10 years of life;
- Older people's ability to perform everyday activities can reduce whilst in hospital;
- Older people are more likely to acquire hospital infections.

The Frailty Single Point of Access Services is:
- Led by a consultant geriatrician at the Queen Elizabeth Hospital
- Accessed by GPs, Community Matrons, Community Therapists and Specialist Paramedics
- 189 health professionals have contacted the consultant for advice / guidance
- 120 people seen in the rapid access clinic
- Approximately 149 (70%) of patients have not been admitted to hospital within 30 days
- Specialist Paramedics – 2 vehicle trial for West Norfolk
- Enhanced training is provided
- Issuing of basic equipment such as walking aids (not yet in place)

Understand and access to multiple services to call in health and social support
- 57% of all types of calls discharged at home
- 73% of category 3 (likely to be the frail patient cohort) not conveyed to A&E

The main focus is to keep frail elderly people at home when safe to do so.

As part of the Frailty programme and admission avoidance a GP led audit of patients attending A&E has been undertaken:
- 45% were considered necessary attendance
- 55% considered suitable for management in primary car / GP
- 22.5% did not have any pre attendance contact
- 10% contacted 111
- 77.5% had answered yes to an alternative service prior to attendance
- 38% had contacted their GP by phone or appointment within last few days
- 19% attempted to see GP but appointment not soon enough or advised by receptionist to go to ED
- Falls are assessed across Norfolk using the Rockwood (Clinical Frailty) scale.
- This service is only available in West Norfolk.

The various Governors' Reports were noted.

A.O.B.
EC advised it was Claire Roberts' last meeting attendance as she would be retiring from the Trust (end of October). EC thanked Claire for all the support she has given and for all her immense work at the Trust. She will be missed tremendously.

Date of next meeting: 8th November 2018 at 3 pm in the Conference Room

Recommendations:

It is recommended that the Governors' Council:

- Notes the report of the Patient Experience Committee