

WOLVERHAMPTON NHS TRUST

Minutes of the Patient Experience Forum held on

Tuesday 2 February 2016

Date	Tuesday 2 February 2016
Venue	Conference Room, Cannock Chase Hospital
Time	2.00 pm – 4.00 pm

Present:

Alison Dowling (AD)
 Judith Davis (JD)
 Jas Tinsa (JT)
 Bryan Bradburn (BB)
 Jan Steadman (JS)
 Sue Beresford (SB)
 Lin Appleby (LA)
 Barrie Roberts (BR)
 Pete Gibbons (PG)
 Tracy Cresswell (TC)

 Clair Worrall (CW)

Role:

Head of Patient Experience/Chair
 Patient Experience Team Manager
 Patient Representative
 Patient Representative/PACT
 Volunteer PALS Department
 Volunteer PALS Department
 Patient Representative
 Patient Representative
 Head of Commercial Services
 Community Engagement
 Co-ordinator, Healthwatch
 Minute Taker

Apologies:

Sarah Southall (SS)
 Sandra Roberts (SR)
 Barry Appleby (BA)
 Jean Timmins (JT)

Role:

CCG
 RWHT
 Patient Representative
 Patient Representative

ITEM NO		ACTION
	<p><u>Welcome by the Chair</u></p> <p>Alison Dowling introduced herself to Members as the new Head of Patient Experience for the Trust and Chair of the Patient Experience Forum, she informed Members of her background of working previously for the Local Authority in public engagement and complaints including working closely with colleagues in Health and Social Care. Alison Dowling informed Members of the Forum that she was pleased to meet them.</p>	

	Members went round the table and introduced themselves to the rest of the Group.	
1.	<p><u>Apologies for Absence</u></p> <p>Apologies received were noted as above.</p>	
2.	<p><u>Minutes of Previous Meeting (Tuesday 1 December 2015)</u></p> <p>Minutes of the meeting held on Tuesday 1 December 2015 were agreed as a true and accurate record.</p>	
3.	<p><u>Matters Arising from the Minutes</u></p> <p>Central Care Update</p> <p>AD advised Members that there was no update at present. Information will be gathered for next meeting.</p> <p>Sub Committee</p> <p>To fully engage with patient groups, discussions are taking place regarding expanding the group and to productively use feedback from the Sub Committee Groups. AD informed Members that a meeting between herself Matron and the CCG is taking place next week.</p> <p>Patient Experience Team</p> <p>The Patient Experience Team is currently being re-branded. Pull up boards will be situated outside Wards and key locations. 3 examples of pull-up boards were handed to Members, who were asked to have a look and advise of their preference. Members agreed that with No 1, there was concern with white writing on a green background. Members agreed that their preference is No.2 (black writing on green background). A suggestion was made to include opening hours of the Centre.</p> <p>A member suggested that it might be beneficial for the Team to spend a day in either the Mander Centre or New Cross to raise awareness of the Patient Experience Team with the possibility of Members participating. It was agreed that this would be discussed at the next meeting.</p> <p>Discharge Lounge</p> <p>A member asked the question about the Discharge Lounge being moved to the old A & E, discussion took place about the existing Discharge Lounge being uninviting and depressing. If the</p>	<p>Chair</p> <p>Chair</p>

4.	<p>Discharge Lounge was moved to the old A & E there would be suitable parking for patients to be collected. AD advised Members that she would speak to relevant staff and provide information at the next meeting.</p> <p>Raising Concerns</p> <p>AD advised patients to raise any concerns at the time of the problem.</p> <p>League of Friends (Cannock)</p> <p>AD informed Members that she has a meeting tomorrow.</p> <p><u>Car Parking</u></p> <p>Pete Gibbons, Head of Commercial Services was in attendance at the meeting to explain to Members about the new car parking system at New Cross Hospital and to discuss other matters relating to car parking. The new scheme was introduced last May at New Cross and Cannock . The public parking system is provided by Veri-Park. Barriers are now in place, this has led to concerns with counting and tailgating. The system counts 1 vehicle passing through the barrier, where in fact 2 vehicles may have entered therefore, there have not been spaces on the car park leading to frustrated visitors. Other concerns reported are that there is nothing to inform visitors about taking note of the time they enter the car park, PG advised he will take this on board. Visitors who use the car parks are advised to make a note of their registration plate and time they entered the car park. There are 6 car parks on the New Cross Hospital site with approximately 9,000 vehicles driving onto the site each day, there is a 98% capture rate. Discussions have taken place regarding an online system for car parking, this system would provide a system where visitors did not have to stand at the pay station. As New Cross Hospital is not a retailer this system would need to be looked into thoroughly and implemented correctly.</p> <p>The car park near the Beynon Centre is still not complete.</p> <p>PG informed Members that a fair view is taken regarding car parking, fines over the last year have totalled £3,000 with no one attending Court or going through Poplar.</p> <p>In relation to the car parking at Cannock, the Trust is currently in talks with the Council regarding the car parks immediately opposite the hospital, discussions have been on-going since 1 November 2014, the Council is interested in income streams, a strategy has been put forward by the Trust advising they have no interest in this as car parking is the priority. A meeting is due to take place. The</p>	<p>Chair</p> <p>Chair</p> <p>P Gibbons</p>
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<p>5.</p> <p>6.</p>	<p>disabled parking outside Cannock Hospital is currently under discussion, PG advised he will report back at the next Patient Experience Forum Meeting.</p> <p>A Member asked the question regarding car parking for patients receiving treatment, how feasible would it be for the car registration plate to be recorded on patient notes. PG informed Members that guidelines are followed regarding car parking on hospital sites, the HTM0703 guidelines were published in August 2014 which are currently under review, it was suggested that Members read these guidelines. Concessions are currently in place for Oncology patients, Renal patients and Swan. A weekly car parking ticket is available at £15.50.</p> <p>Discussions took place regarding car parking directly opposite the new Urgent and Emergency Care Centre, there has been no real impact. Blue badge parking around the site particularly near the new UECC is currently being looked at.</p> <p>Members were informed that the helicopter pad is staying where it is, an audit has been carried out regarding this. A room near the helicopter pad has been fitted out as a Rapid Assessment Treatment Room to ensure a patient with injuries requiring urgent attention can be seen straight away.</p> <p><u>Draft Patient Experience Strategy</u></p> <p>AD informed Members that the Patient Experience Strategy has gone through Policy Group, this Strategy will combine quality and safety with the patient experience. Positive comments have been received from Members. The Strategy has also gone to the Trust Board.</p> <p><u>Healthwatch Feedback</u></p> <p>T Cresswell informed Members of comments received from patients regarding their patient experience:</p> <p>Positive comments - Patient in A & E treated in 3 hours A patient who suffered a stroke, called 999, paramedics arrived, received a good patient experience.</p> <p>Concern – Phlebotomy, concern regarding times, contacted PALS, outcome good</p> <p>Compliments – Children’s Services Heart and Lung Diabetes</p>	<p>Members</p>
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<p>7.</p> <p>8.</p>	<p>AD informed Members that she had recently presented a patient story to Senior Managers and Trust Board.</p> <p>Discussion took place regarding Complaints, they are measured in terms of accordance with the policy, if breached the Chief Nurse speaks to the Directorate concerned. AD and JD are looking at changing the Complaints Policy and building in a matrix for Departmental/Senior Managers.</p> <p>AD reported that it is currently a time of transformation for the Patient Experience Team and for the Trust, the work the Team does is invaluable, it does it's best with resources provided and can make a significant difference. A Member asked if there would be additional recruitment in the PALS Department.</p> <p><u>Duty of Candour Leaflet</u></p> <p>The Trust is currently going through a lot of it's literature. Members were sent a copy of the Draft Duty of Candour leaflet and asked if they would like to comment.</p> <p><u>Reference Cost Assurance Programme</u></p> <p>Members were informed that the Trust has been selected to be audited. This audit provides re-assurance that the Trust is doing things right.</p> <p>As the sector regulator for health services in England, Monitors' job is to make the health sector work better for patients. As well as making sure that independent NHS foundation trusts are well led so that they can deliver quality care on a sustainable basis, Monitor makes sure: essential services are maintained if a provider gets into serious difficulties; the NHS payment system promotes quality and efficiency; and patients do not lose out through restrictions on their rights to make choices, through poor purchasing on their behalf, or through inappropriate anti-competitive behaviour by providers or commissioners.</p> <p>Good quality cost and activity information should be crucial to day-to-day decision-making by healthcare providers. It is also essential for Monitor to set efficient prices.</p> <p>Discussion took place as to how this can affect the patient as it is not possible to gain the consent of patients concerned and rely on legal powers to provide access to patient records. There is a statement on the web site that explains the process, patients can call a contact number and ensure that it will not use their individual record.</p>	<p>Members</p>
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9.	<p><u>Future Agenda Items</u></p> <p>Pharmacy Labels – re-design</p>	
10.	<p><u>Any Other Business</u></p> <p>Handrail</p> <p>A Member raised their concern that there is no hand handrail along the ramp going from Appleby Suite down towards old A & E Dept. AD will raise this with Estates Department.</p> <p>CQC - Appeal</p> <p>AD reported that no result had been received.</p> <p>Signage by old A & E</p> <p>Concerns that one of the signs is currently situated on the floor, suggestion that it should be wall mounted.</p>	<p>Chair</p> <p>Chair</p>
11.	<p><u>Date and Time of Future Meetings</u></p> <p>Date and time of next meeting to be confirmed as not all in attendance were able to confirm their availability.</p>	

ACTION SHEET

ITEM NO.	PAGE NO.	ACTION HEADING	ACTION BY	ITEM CLOSED
3	2	Central Care Update Records	Chair	
3	2	Patient Experience Team	Chair	
3	2	Discharge Lounge	Chair	
4	3	Car parking	P Gibbons	
10	6	Handrail	Chair	
10	6	Signage by old A & E	Chair	
SUGGESTIONS FOR FUTURE AGENDA ITEMS				
		Pharmacy Labels		