

CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST

Minutes of the meeting of the **MEMBERSHIP AND PATIENT & PUBLIC INVOLVEMENT GOVERNOR/DIRECTOR WORKING GROUP** held on Monday 15 March 2010 from 15.00–16.00 in Boardroom, Addenbrooke's Hospital.

PRESENT

Maureen Hart (Chair)	Brenda Hennessy
Ann Alderton	Jim O'Sullivan
Michael Bright	Fraser Rogers
Mary Chaloner	Patrick Smith
Pamela Dansie	Jo Timson (deputising for Ruth Murphy)
Judith Ewer	Lorne Williamson
Gill Francis	

IN ATTENDANCE

Marion Goodchild – for item 8
Simon Lewis – for item 3
Angela Thompson – for item 9
Claire McLaughlin (Secretary)

APOLOGIES

There were no apologies

01/10 MINUTES OF THE MEETING HELD ON 23 NOVEMBER 2009

The minutes of 23 November 2009 were agreed as a correct record.

02/10 MATTERS ARISING (not covered elsewhere on the agenda)

Noted

Process for taking issues to the Board of Directors (minute 50/09)

Judith Ewer was responsible for providing a report to the Board of Directors and in future the Membership and PPI agenda would include items from that meeting to be included in the report.

03/10 PEAT INSPECTION RESULTS

Received Tabled PEAT 2010 – Annual Assessment document

Simon Lewis attended and reported

Noted

- (i) The annual PEAT audit was undertaken on 11 February 2010 and a summary of the results was provided to the group.
- (ii) The report had to be submitted to the Department of Health, but early indications were that the majority of the results were in the "good" to "excellent" range.
- (iii) The score was the same as last year, but better levels had been achieved within the bands, but final feedback from the Department of Health was awaited.
- (iv) The process for negative comments was to feedback to the ward for attention and wherever possible actions completed within a few months. Sometimes financial or logistical issues constrained the resolution of issues.

Agreed

Volunteers to check on progress of actions.

Action: All/Fraser Rogers

04/10 STEAMPLICITY

Received: Patient Food Services – Steamplicity document

Simon Lewis attended and reported

Noted

- (i) There had been varying levels of feedback on the patient satisfaction in relation to food services. However, overall patient perception was poor.
- (ii) As a result a new food service system, called Steamplicity, was to be piloted in May on four wards for both the lunch and evening meal. The wards selected would provide a good cross section of patients and as currently their meal provision was through a satellite kitchen it could easily be converted to a Simplicity meal system.
- (iii) The process was that in the morning the patient would order the meal from the a-la carte menu which consisted of twenty-two choices of hot and cold meals. The ward order was placed with the kitchen and later delivered to the ward. The meals were cooked in one of four microwaves on the ward and then served to patients.
- (iv) The Steamplicity meal consisted of a cooked/part cooked fresh meal. The food was cooked in 3-5 minutes by controlled steam released by a unique valve.
- (v) A selection of meals would be probed to ensure they were at the correct temperature.
- (vi) After the trial there would be a comprehensive review. The meals were £1 more than current covers, but a reduction in wastage was anticipated. Profiling would be used to understand which were the popular and less popular dishes. The meals had a 3-4 day shelf life which would reduce wastage as there were on average 1200 covers per meal.
- (vii) It was not currently anticipated to use PatientLine for ordering, as previously this type of approach had not been very successful.

05/10 LOCAL INVOLVEMENT NETWORK (LINK) UPDATE

- (i) A replacement LINK representative was sought for Gill Francis. The meetings were usually held monthly on a Wednesday.
- (ii) It was important that Addenbrooke's maintained a good relationship with the organisation and that a replacement representative was identified. The LINK had established a group specifically relating to Addenbrooke's and the Rosie and it would be helpful to suggest to the LINK some joint initiatives between governors and LINK members to increase understanding of roles on both sides.

Agreed

Communication to all Governors requesting a volunteer LINK representative

Action: Fraser Rogers

06/10 PATIENT EXPERIENCE REPORT/MID STAFFORDSHIRE REPORT

Brenda Hennessy, Director of Patient Experience and Public Engagement, reported.

Noted

- (i) The 900 page Mid Staffordshire report was available on the Bridge and in the Foundation Trust Office. An executive summary, with associated action plan, had

been provided to the Board of Governors and Board of Directors.

- (ii) The Mid Staffordshire probably relied heavily on the national survey, whereas Addenbrooke's had also commissioned extra surveys to improve understanding of the patient experience.
- (iii) The importance of the patient experience, often considered the "softer side" was increasing.
- (iv) The results of the outpatient survey, which cost £75 pa, were available. Some areas had received higher scores than others, particular in relation to waiting times. Some clinics had now had screens installed with hospital information.
- (v) Some of the ratings had decreased and whilst the questions were the same as previous surveys, it had been undertaken in January when the Trust was on black status.
- (vi) Ward analysis would be undertaken to understand the inpatient survey, in particular in relation to "single sex accommodation" as the results were not accurate which perhaps meant the wording of the question was misleading.
- (vii) The Patient Experience team went to areas with consistent low scores and worked with the ward staff. Ward managers and senior operation managers were encouraged to proactively access the information available on Clickview to improve the service in their area.
- (viii) Thirty-three AA size boards would shortly be implemented outside wards to show how the wards were rated. The ward staff were responsible for populating the board so that they owned the data, process and progress.

07/10 ANNUAL PLAN AND GOVERNOR EXPERIENCE

Fraser Rogers reported

Noted

- (i) Governors were thanked for increasing the amount of engagement which they were undertaking independently, using materials supplied by the Foundation Trust Office.
- (ii) In line with previous Annual Plans it would be helpful if governors considered how this initiative could be expanded, in the context of wider efficiency measures within the Trust.
- (iii) The recent Library event was deemed successful because two people had expressed interest in being nominated for election. However, overall the "meet the governor" events were not effective and different approaches needed to be considered. The most successful events seemed to be where clinicians were in attendance, such as Medicine Matters.

Agreed

Governors to be emailed regarding suggestions for alternative "meet the Governor" events

Action: Fraser Rogers

08/10 DISCHARGE

Marion Goodchild, Discharge Planning Manager, attended and reported.

Noted

- (i) The accepted approach was that the higher the number of discharged patients the higher the number of admitted patients and that the only patients that should be

occupying a bed were those that Addenbrooke's were providing direct medical care.

- (ii) Simple discharge related to elective patients who stayed for the expected period and then went home. Delays with these discharges were caused by the decision to go home being made after 1100, transport and TTOs.
- (iii) The "perfect discharge" should be identified and then tracked against wards. The discharge process should commence from admission and should include consideration of when the patient was expected to be discharged and what was required for that to be achieved. A potential measurement was patients' awareness of their discharge plan.
- (iv) Complex patients were those where the discharge date was not clear, however this should be identified on admission such as requirements for transfer to a care home, community support and identification of a major change in their function.
- (v) The patient's discharge plan should identify any anticipated problems and a discharge notification communicated to the appropriate agency and reiterated 48 hours before discharge.
- (vi) Delayed transfers accounted for approximately 50-60 patients per week. Regular senior meetings between the PCT and Karen Castille, Jag Ahluwalia and Gareth Goodier were held regarding delayed transfers. An aging population would result in an increase in this issue and ongoing support was sought to address it.
- (vii) The recent discharge focus group meeting had identified several key points including that some patients were unaware of when they were deemed "better". Also the requirement for TTOs to be written up in advance was raised.
- (viii) If patients met a set of criteria then the feasibility for a Nurse led discharge was to be encouraged and nurses empowered to undertake this role. Addenbrooke's were currently a case study for the NHS Institute.
- (ix) Primary care and general practice were increasingly becoming the purchasers and they did not want a long length of stay for their patients.

09/10 NURSES ALLOCATED TO BAYS PILOT

Tabled Staff in patient bays document

Angela Thompson attended and reported

Noted

- (i) There was going to be a pilot for the "perfect ward" starting in mid April on Level 8, C&D wards, L Ward and F&G ward.
- (ii) The approach taken at Salford hospital, which had the same staffing ratio as Addenbrooke's, was being considered. They had removed the central nurse station and ward clerks were based at the beginning of the ward and then nurses stayed within their bay based at a "perch".
- (iii) This would enable the nurses to develop a good understanding of the patients' needs, including at mealtimes. The approach had the potential to improve patient discharge as the nurse would be familiar with the patients and a reduction in specialising requirements as the nurse was always present. The nurse would have more time to complete documentation as they were not going back and forwards to the central station.
- (iv) There might be potential costs with capital outlay on perches and additional computers, but it would be interesting to compare the results of the patient experience survey on wards included in the pilot, with those that were not.

10/10 CORPORATE SOCIAL RESPONSIBILITY

Brenda Hennessy reported

Noted

The good citizen data had been received; Governors who said they wanted to be involved would be contacted by Ruth Murphy's secretary. Estates would give information to populate the Addenbrooke's website.

11/10 REVIEW OF THE EFFECTIVENESS OF THE BOARD OF GOVERNORS ACTION PLAN

Maureen Hart reported

Noted

- (i) This was an important review and would have quite an impact on the Membership and PPI Group.
- (ii) Each of the three working groups should have the Actions document on their meeting agendas.
- (iii) It was important that Governors considered how they communicated and related with the members who had voted them on to the Board.
- (iv) Members Matters had a wide circulation, but Governors did not provide enough input to the publication. In future a representative from Communications would attend the Governance and PPI meetings.
- (v) There was also the Addenbrooke's Matters which had a different circulation to Members Matters.
- (vi) All the actions should be identified and ideally completed by July. To meet this deadline a pre-meeting before the April Board of Governors meeting would be arranged. Governors would be advised to come prepared to that meeting with ideas.

Agreed

Date and venue to be organised

Action:

Fraser Rogers

12/10 DATE OF NEXT MEETING

Monday 7 June 1500-1700 – Seminar Room 7, Clinical School

13/10 ANY OTHER BUSINESS

Any agenda items for the April Board of Directors meeting should be emailed to Judith Ewer