



Patient Panel

ANNUAL REPORT | 2018/19





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The Patient Panel is made up of a group of volunteers who represent patients, families and carers of The Princess Alexandra Hospital NHS Trust.

Our aims

We are passionate about Princess Alexandra Hospital (PAH) becoming the best local hospital in the NHS. We identify means of improving the patient experience at PAH, encourage their application and represent patient interests in all areas of The Princess Alexandra Hospital NHS Trust.

What we do

Panel members monitor the operation and standard of services across the trust by:

- ▶ receiving presentations each month from clinical teams;
- ▶ providing wide-ranging advice and assistance to many projects, departments and sites;
- ▶ serving as **the voice of the patient** and as a **critical friend** of the trust;
- ▶ by serving on operational and strategic committees, specific projects, etc.



Alan Burns | **Chairman**

Foreword

Princess Alexandra has many good departments and services and many excellent staff at all levels. One of the things we also have which helps us to be better at what we do is a truly excellent Patient Panel.

They advise us, they challenge us and they help at all levels from departments/wards right up to the board itself. They themselves are asked for advice by other panels and other hospitals and rightly so.

We are fortunate to have this level of patient input which has been built up over many years.

This annual report is a truly uplifting document which shows clearly the quality of the work the panel does and the breadth and depth of their influence.

We are grateful for the work they do, for the challenge and for the constructive criticism and praise (when deserved) that they offer us.

The panel was crucial as the hospital moved from an 'inadequate' CQC rating to a rating of 'requires improvement' and they will help us to achieve a 'good' rating at our next inspection. They and the work they do are something we should be, and are, very proud of. Long may they continue to apply rigorous methods, strong analysis of information, advice and support from an informed patient perspective.

Thank you Patient Panel.





Ann Nutt | **Chair of the Patient Panel**

Introduction

Since my last report we have seen many highs and lows. After the shock of going into special measures, our improvements moved us to 'requires improvement' in 18 months. This was achieved by everyone working together and good leadership.

We welcomed Lance McCarthy as our new chief executive and Alan Burns our new chairman. Both have made significant impressions on our hospital trust and it is with regret we now say goodbye to Alan as he moves on to new challenges.

Nancy Fontaine, our previous chief nurse who was instrumental in setting up the Patient Panel has also moved on to pastures new and taken up the position of chief nurse at Norwich and Norfolk hospital. We wish her well.

The panel has been very active. Diane Deane-Bowers is busy writing articles for the Bishops Stortford Independent newspaper covering topics such as nutrition, sepsis, 70th anniversary of the NHS, organ

donation and reassuring the community, following press articles concerning Gosport Memorial Hospital.

Sandra Newens, promoted organ donation in the Harvey Centre and we believe we have had the first donation at Princess Alexandra Hospital.

Mollie Pattenden continues to wave the flag regarding nutrition and at the end of October is facilitating a seminar of all people involved in our food preparation, mealtimes and food presentation.

We have created a new role and are delighted to welcome Anita Millar and Jacqui Holman as our volunteer children's ambassadors. They will start with food but eventually will look at all aspects of a young person's stay in hospital.

We have worked jointly with staff on the Frailty day and the up and coming Dementia day. We provided certificates and commemorative coins for all babies born on the 70th Anniversary of the NHS. John Woods,



Mollie and Quinton at Buckingham Palace

my vice-chair and I both received invitations to the 70th anniversary service in York.

We were also delighted when both Mollie Pattenden and Quinton Cartlidge were invited to Buckingham Palace for The Queen's Garden Party this year, in recognition of their contribution as volunteers to the Patient Panel.

I spent a whole day (8.30am to 6.30pm) in Accident and Emergency (A&E). So much is said about the waiting times, but our A&E team deal with more patients than some of the top London hospitals. I observed staff that worked on after their signing off period to ensure their patient was handed over in a timely and respectful manner. When we were at full capacity and phones were ringing, everyone worked as a team and the consultant could be seen answering calls. Yes, we would like to reach the time guidelines but the staff provide a professional service and put the patient first. I was honoured to have spent the day with these remarkable people.

One of our greatest achievement must be our last two conferences. **I'm a Patient Get Me Out of Here** was about discharge and we were full to capacity with people from health, social care, voluntary sector and patients and carers. The outcomes from the day helped us look at the way patients are discharged and Angela Weeks from the panel did work with the Quality First team and Tye Green ward.

The second conference, **It matters to me** showed true partnership working, involving Sustainability Transformation, West Essex CCG, Macmillan, PAHT cancer services team and patients, all coordinated and delivered by the panel. Throughout this annual report you will see the panel's other creative initiatives.

My thanks to all the members of the patient panel that give their time and knowledge freely to help improve services and policies from a patient's perspective, and the senior management team that support us in our work.





Sharon McNally
**Executive Director of Nursing, Midwifery and
Allied Health Professionals**

Hello from the chief nurse

I am delighted to be able to contribute to the Patient Panel annual report and to reflect on the importance of public representation in the delivery of care and services at the Princess Alexandra Hospital NHS Trust (PAHT).

Having joined the hospital very recently (October 2018), the presence and work of the panel is visible and palpable – threaded into the core working of the hospital. This is great work, adding immense value to ensure that patient interests are taken into account in all that we do. But why is this so important?

The NHS is here to deliver good quality healthcare to all of us – that includes me, you, our families, our friends, our colleagues and our acquaintances. Everybody—it is our NHS. In an ever changing and challenged NHS, the voice and representation of the local population, the public that use the services, is vital to ensure that the views of those we are here to serve are heard and taken into account in our decision making.

I am pleased that the Patient Panel has a strong and valuable contribution at PAHT, and I look forward to working with the panel to strengthen, grow and further develop the fantastic opportunities this gives us.

Lance McCarthy | CEO

Strategic direction

The hospital is set to change beyond all recognition in the coming years as we continue our journey of transformation. Your patient pathway and experience of the quality of care needs to fit with our plans for significant capital investment in services in the local area, working with our partners across health and social care.

That is why we are already working in partnership with our patients on many projects including the work over the last year on improving cancer services, on end of life care, on food and nutrition and of course, parking improvements for which the patient panel must be commended. Over the coming years, we intend for that partnership working, that co-production

approach to continue and become more prominent in our day-to-day conversations as we strive for greater improvement. We will also need to get into the detail of planning for the future of healthcare in this area and I see the Patient Panel playing a significant role in that work.

I commend this report to you for the unique level of involvement we have achieved and for the phenomenal work of our local community in helping make us part of an NHS system we can all be proud of.



22 NEWS

Opinion

Diane Deane-Bowers
Princess Alexandra
Hospital patient panel

Tackling the top condition for avoidable deaths

Unsurprisingly recently I was unaware of sepsis as an extremely serious condition. Then last year I watched a documentary which described a young father valiantly struggling to rebuild his life after losing four limbs and facial features having contracted the infection.

Shortly after I was asked to represent PAH at a national conference which placed much emphasis on sepsis. I attended a lecture by an eminent medical academic who explained the complexity of this condition. Apparently 20% of sepsis patients do not receive the appropriate initial treatment as it is such a difficult infection to detect. Our bodies are a mass of bacteria to identify the specific sepsis bacterium is not simple. There are guidelines for detection but these are lengthy and not always practical for front-line staff.

Consequently the academic has been working on a score system and various markers that are known as the Sepsis Six. All NHS staff are encouraged to use these markers, as rapid treatment is the crucial condition for avoidable deaths. It is the crucial condition for avoidable deaths. It is the crucial condition for avoidable deaths.

Diane Dean-Bowers
Patient Panel member, Lead on infection control and communication

Communicating with the community

Earlier this year I contacted the Bishops Stortford Independent and the outcome is regular updates of what is happening at Princess Alexandra Hospital. I work closely with the editor, Paul Winspear. In general, the articles reflect the excellent practice at Princess Alexandra Hospital. Sometimes the starting point has been a national issue e.g. the shocking incidents at the Gosport Memorial Hospital or the celebratory article about 70 years of the NHS. I have learnt a great deal during my time on the Patient Panel and I am hoping to inform readers about current practices at Princess Alexandra Hospital from a non-medical perspective. These are exciting times for the trust and I hope I may be able to continue to write the articles to reflect the gradual progress towards a new hospital.

22 NEWS | HEALTH

Opinion

Diane Deane-Bowers
Princess Alexandra
Hospital patient panel

Striving for excellence in a hospital that's no longer fit for purpose

Following an extraordinary year for the NHS, it is time to reflect on the challenges ahead. The NHS is striving for excellence in a hospital that's no longer fit for purpose. The NHS is striving for excellence in a hospital that's no longer fit for purpose.

22 NEWS

Opinion

Diane Deane-Bowers
Princess Alexandra
Hospital patient panel

Why your life is in good hands when you're admitted to Princess Alexandra

The NHS is for more transparent than during the Gosport period. If you are not happy with your treatment or that of a loved one, approach the ward sister. If your problem is not resolved at that level, escalate it until you are happy with the outcome.

Images courtesy of Bishops Stortford Independent

22 NEWS | HEALTH

Opinion

Diane Deane-Bowers
Princess Alexandra
Hospital patient panel

Consider the gift of life - become an organ donor

In an attempt to raise awareness, NHS England has designated different months for the important medical conditions or issues. Early September marks Organ Donor Week and it would be very gratifying if some readers could consider this without delay.

Why your life is in good hands when you're admitted to Princess Alexandra

The NHS is for more transparent than during the Gosport period. If you are not happy with your treatment or that of a loved one, approach the ward sister. If your problem is not resolved at that level, escalate it until you are happy with the outcome.

The victims at Gosport were elderly and vulnerable. Many did not have supportive families. Another initiative at PAH which is proving to be very successful is the introduction of 'Butterfly volunteers' in conjunction with the Ann Robson Trust. Their mission is to provide compassionate care at the end of life which may involve sitting by the bedside of a dying patient. Surely the events at Gosport could not have taken place with such selfless volunteers in attendance? They also support grieving families if required as the ward staff are frequently too busy with other patients to do so.

Hospital food is in great shape

She has been instrumental in introducing the concept of 'protected mealtimes', where patients are allowed to eat their meals in peace without any medical disturbance. She has also been vigilant in surveying the hydration requirements met, and sometimes patients have received a meal that was ordered by someone else.

The Patient Panel supports the new menu wholeheartedly so it will be arranging a meeting in the next few weeks with interested parties to work any minor problems.

We are also investigating the possibility of reintroducing dining tables in some wards to make the eating experience more enjoyable and to encourage elderly patients to move from their bedchairs.

The Patient Panel is working to devise a children's menu with fun graphics etc. We have recruited an enthusiastic student who is very keen to assist us with modern technology so her input will be invaluable.

One of our members, Mollie, has worked tirelessly in recent years to help with the menu improvement.

Happy 70th birthday to our wonderful health service

Recent events have been celebrated from, and shared the moments of celebration of the NHS.

It was fortunate in the realization of the NHS and to consider what sort of life it would have had without any economic support in history and how far it has come since its inception and what it contributes to our lives.



Sandra Newens | Chair Organ Donation/PSQ Committee

Organ donation

The year 2017/18 broke all records for UK organ donation: 1,574 organ donors saved and improved the lives of 4,030 transplant recipients and gave hope to those who are still waiting for their organ transplant. However, there is still a long way to go, with more than 5,000 people still on the waiting list. This is why at PAH we strive to make sure that we don't miss any potential organ donation opportunity – and in this respect – we are one of the best-performing trusts nationally.

This year, to date, we have had two patients who have donated their organs after death, saving the lives of seven people who were on the transplant waiting list.

Carol Jordan, a current member of staff, and Dr. Snehashish Guha, a former member of staff, have shared their inspiring stories of how organ donation has affected their lives, with photo boards now on display in the Intensive Care Unit.

We marked National Organ Donation Week in September with a stall in the hospital where numerous members of the public and staff signed up to the Organ Donation Register.

Our Organ Donation Committee has secured a partnership with Harlow College in which Art & Design students are competing to produce an installation for display at the hospital which will raise awareness of the value of organ donation.

Tissue donation is also vital. This includes corneas and tissue that can be used in vital plastic surgery for burn victims and others.



Dr Helen Pardoe | **Tye Green Ward**

Patient Panel award

Every year Princess Alexandra Hospital recognize their staff with **Our Amazing People** event where staff have been nominated by their colleagues for exceptional contributions to their work at PAH.

The Patient Panel also acknowledges the work and in 2018 they awarded:

Highly commended

Dr Helen Pardoe for her work in improving the delivery of service to identify sepsis at the door, raising awareness to the staff. Helen always puts the patients first by delivering high standards of patient care. She also raised extra funds for sepsis by completing a challenge run in a recent event.

Winner

Tye Green Ward is led by Sarah Steele (sister) and Julie Davies (admin lead). The team have done amazingly well to get criteria-led discharge (CLD) up and running, especially difficult in a ward without a surgeon in full time residence. They have promoted CLD via posters on the wall, digital screen messages and patient leaflets – an uphill struggle, but they got teams on board and hopefully it is now being fully supported.

**L-R: Carol Austin, Ann Nutt
and Dr Helen Pardoe**





Mollie Pattenden | **Nutrition Lead**

Food glorious food

We had splendid help and assistance for the **Food Glorious Food** event on Wednesday 31st October 2018. This event was very well supported and we succeeded in presenting a draft action plan; this will be followed up in May 2019 to confirm that agreed actions are completed.

There is still much work to be done and the Patient Panel will monitor this regularly. Our aim is excellence because of the importance of good nutrition and hydration for our patients. We are confident about our essential progress and the importance of working together.

Our aim is excellence because of the importance of good nutrition and hydration for our patients.





John Woods | **Chair, Complaints Reference Group**

Complaints review

The Complaints Reference Group (CRG) is a subgroup of the Patient Panel, which has been established to be the independent external scrutiny body for complaints made to the The Princess Alexandra Hospital NHS Trust (PAHT) by patients or their families. It reviews a random selection of anonymised recently closed complaints provided by the Patient Engagement and Experience Team (PE&ET) to ensure that each complaint was handled properly, within the timescale laid down, that any faults found have been corrected and changes made to standard procedures.

After each CRG meeting, a report is made on the cases reviewed. The report includes the reasons for the

complaint, and comment on any other matters which the CRG feels should be drawn to the attention of the trust. A quarterly report and recommendations is submitted to the PAHT's Quality & Safety Committee, copied to AD/Patient Engagement & Experience Team (AD/PE&ET).

The CRG has been requested to extend its responsibilities by not only monitoring completed written complaints, but also audio recordings of resolution meetings between the hospital and complainants or their families, and the subject areas covered by PALS complaints. This will give a wider picture of all the complaints received and allow trends in reasons for complaints to be established.

The Patient Panel is made up of a group of volunteers who represent patients, families and carers of The Princess Alexandra Hospital NHS Trust.

Classification of complaints' resolution

BLACK	Serious deficiencies (which would be for action specified)
BRONZE	Acceptable but with some minor points to be addressed
SILVER	Acceptable
GOLD	Met all criteria



Angela Weeks | **Critical Lead Discharge Team**

Personal reflections

My experience on the PAH patient panel

As a former member of staff and patient, I really care that PAH should be the best that it can be and get most upset when a patient does not get the treatment they are expecting. So I jumped at the opportunity to join the Patient Panel, and have now been a member for just over a year. In this time I have taken part in two PLACE (patient lead assessment of the clinical environment) surveys – where we checked that the environment conformed to expected standards and highlighted any major discrepancies, and two telephone bereavement surveys of people whose nearest relative has died under the care of PAH to see what could be improved upon.

Most recently I have been involved as the Quality First team set up a programme of criteria-led discharge (CLD) on one of our surgical wards with the aim of helping patients to be discharged from the ward in a more timely manner, something we all want. I carried out a survey of patients to see how they would feel having their discharge arranged under strict criteria by an appropriately trained nurse, rather than waiting for a busy doctor to come and discharge them, often late in the day. When the system has run for a few months we hope to re-audit and find that more patients are satisfied with this arrangement than before. The aim of all these projects is to improve patients' treatment – very rewarding!



The aim of all these projects is to improve patients' treatment.



Andy Dixon | Matron for Quality Improvement/Lead Nurse

Learning disabilities

In February 2018, the hospital hosted a workshop that was arranged to help us co-produce a work plan for the learning disabilities service for 2018/19.

The workshop was attended by members of the Patient Panel, people with learning disabilities and their carers and hospital staff.

The Patient Panel members were instrumental in arranging the workshop and helped with all the planning and hosting.

At the end of the workshop there were a number of ideas formulated, which are being built into the annual work plan and other work streams.

These include:

- A "leaving hospital", information folder.
- More information produced in easy read format.
- Auditing of the purple dots which are used on the wards to indicate the people who have learning disabilities whilst maintaining confidentiality.
- More work to be done with the Head of Estates to review car parking arrangements, especially for those who have disabilities.
- Development of a quiet area in the Emergency Department.
- Some tips on improving communication.

The workshop was very successful.



Robert Ayers | Deputy Director Quality First Team

Quality First Team

One of the signs of quality improvement being embedded across an organisation is the 'presence of a central team that leads the provider's quality improvement approach' (CQC). PAHT's central team is the Quality First Team, which is led by a senior doctor, nurse and manager. The team work alongside our staff, patients and wider partners in health and social care. This multidisciplinary team's key functions are:

- ▶ to centrally **coordinate** the delivery of **quality improvement** initiatives that deliver greater efficiency and productivity as well as reducing unwarranted variation.
- ▶ to support the delivery and **realisation of our long term plan** (Your future, our hospital (five Ps), clinical strategy and QI strategy).
- ▶ to lead **quality improvement** and **organisational development** to prepare the trust for our future health and social care campus.

- ▶ to support the strategic realisation of the **clinical strategy**.

This year the Princess Alexandra Hospital NHS Trust celebrated a huge success with a national award that recognises energy, leadership and vision in healthcare: the trust has been crowned **Fab Change Champion Organisation** – for the second year in succession! This achievement is testament to and great recognition for all the fantastic quality improvement completed in the 70th year of the NHS.



The Quality First team

Patient Led Assessment of the Care Environment (PLACE) Results 2018

PLACE assessments are an annual appraisal of the non-clinical aspects of the NHS care environment which are undertaken by teams made up of staff and members of the public (known as patient assessors). The team must include a minimum of 50 per cent patient assessors, however, for the first time at the Princess Alexandra Hospital NHS Trust, the assessment was made up of a full cohort of external assessors, some of whom specialise in auditing health and social environments.



Pasqualino Risi

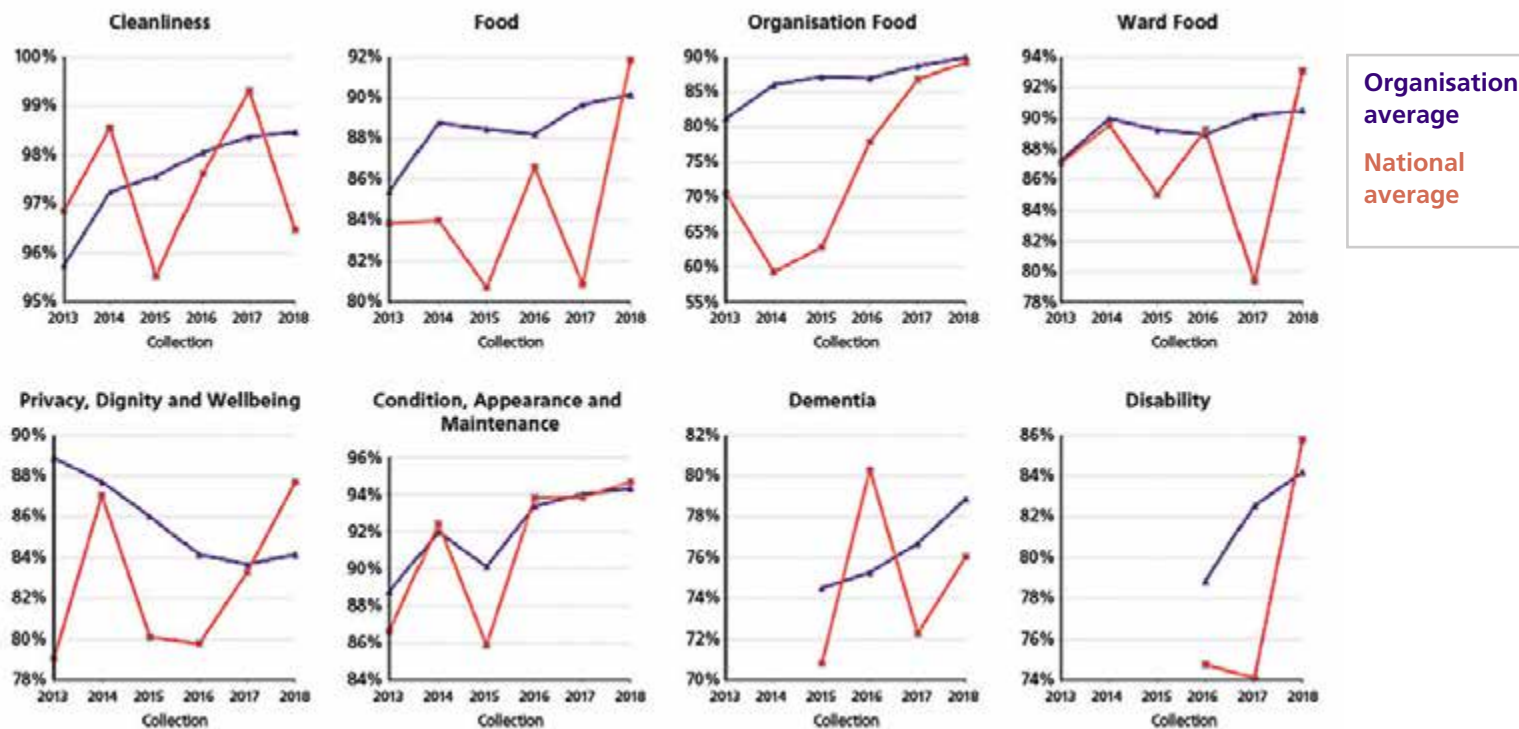
PLACE assessment

The PLACE assessments provide a framework for assessing quality against common guidelines and standards in order to quantify the environment's cleanliness, food and hydration provision. Also, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

In August 2018 the national release of the PLACE audit took place. This year's assessment was led by Mohit Kumar, (Head of Business Improvement and Quality) and the results are considerably better than 2017, with the exception of cleaning, (the assessors highlighted concerns with absent 'green labels', clutter and visible dust which affected the overall cleanliness results). What is also noticeable is the positive shift for the trust in exceeding national averages in a number of areas as shown in the table on page 19.



Princess Alexandra Hospital Site Scores



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Dr Dev Dutta | **Lead, Acute Pain Services**

Pain clinic

The Patient Panel at the Princess Alexandra Hospital NHS Trust (PAHT) is a very cohesive and strong forum under the leadership of Ann Nutt. I have been working with the Patient Panel for over two years now. It gives me immense pleasure to work with the Patient Panel and gives me the opportunity to see services from the perspective of the local community. I was aware of the lack of chronic pain services from the trust. The enormity of the problems faced by the local community only became apparent when I took over the leadership of the Acute Pain Services for PAHT. The local community was travelling to many different locations out of their area to access the chronic pain services they required. Our audit indicated that a significant proportion of chronic pain patients are admitted to

PAH without any chronic pain specialist available to care for them. Ann Nutt (Chair, Patient Panel) and I worked together to raise awareness and campaign for the need for such services within the local community. It has been a long road but we succeeded in getting recognition of the need from the local service providers this year. We are pleased to announce that new community based chronic pain services, being organised now with specialist input. I intend to continue working with the patient panel to shape this service to meet the needs of the community.

Ann and I have also worked to produce an information booklet, (Meeting your Anaesthetist), for patients coming in for an operation at



Dr Matthew Snowsill | PHEM Feedback Founder and Lead

Pre-hospital emergency medicine project

I am the lead and founder of PHEM Feedback (Pre-hospital emergency medicine), a group who facilitates learning for paramedics and air ambulance staff by providing details of what happened to the patients they looked after and then left in the emergency department. We currently do this without consent but with support of patient groups like the Patient Panel as well as the Health Research Authority and Secretary of State for Health and Social Care.

We are approaching the end of a six month trial and have very positive results which we hope to publish.

What we have learned is the following:

- ▶ Nobody has contacted PALS, Patient Panel, or us by phone, post or email address, to dissent (i.e. say they would never want to be a part of this).
- ▶ There have been no data breaches.

- ▶ Our surveys, which are collected after every report we send out, demonstrate:
 - High levels of overall satisfaction.
 - That usually paramedics feel that the diagnosis they made was similar to the eventual hospital diagnosis, but not always.
 - That many people would change their practice in view of the new information they have learned from us.
 - Those that wouldn't change their practice are still very satisfied suggesting they have benefitted from reinforcing good practice.
 - Emotional wellbeing of the staff has often been improved as a result of this new knowledge.
 - Debriefs conducted by their seniors to maximise their learning have high levels of satisfaction.

We are very pleased with the results and have been formally adopted as the model which will be used across the East of England's hospitals by the East of England Ambulance Service Trust.

I would like to thank the panel, the Patient Experience Team and Shaping Our Lives for the support they have given us.

We hope you can continue to play an important role in ensuring that we are always learning from patients, for patients.

Learning from patients, for patients





In late 2017, the Sustainability and Transformation Board (STPs) in partnership with Macmillan offered £1,200 to promote and identify issues arising from the National Cancer Survey.

The Patient Panel applied and decided to make their 2018 conference based on Cancer. We chose to look at it from the moment a patient visits their GP. The Chief Executive Officer of West Essex Clinical Commissioning Group agreed to match fund and we arranged for eight students to come from Harlow College to a GP shutdown and help to carry out a survey of the doctors.

We also arranged for two short films to be made, one was Ben, a young 29 year old with bowel cancer, and the other, Pat, a terminally ill lady.

To bring the event to life we commissioned a graphic artist to capture the event. All the drawings were available for people attending to take away and we had electronic copies if other organisations would like to use them in the future.



Ann Nutt

Cancer conference outcomes

We produced a report which included an up to date list of organisations that support cancer services, the survey results and action points. The day was hosted by one of our recently retired consultants, Mr Read. We distributed the report and following its success had a second print run and included a survey just completed by Macmillan.

Three key action points came out of this event all highlighted in the national survey:

1. **Medication** In early January, the Patient Panel hosted a small group to look at this item. The chief pharmacists from PAH and WECCG attended, as did a GP, PAHT cancer team, patients and carers. The outcome was that there was plenty of information available but you had to look for it. It was agreed that we should look at collating this information and share with the community pharmacists.
2. **Young People** There are many organisations that can support young people but we are planning to

educate the educators in schools. It is important for them to understand the needs of young people and how to allow them to be "normal" students.

3. **Minority groups** this is a little more taxing and we need to review how we engage with these groups.
4. Other issues raised include mental health and men's health.

One of the results of the conference has been that PAH has run Health and Wellbeing Events and have been trialling the introduction of a longer session on mental health and this has been well received and so this is to be included in future sessions.

Following on from this report I have presented the report at UCLA, WECCG cancer board and joined one of their groups on patients recovery. We have been asked to explain how to run this type of conference to other areas. We produced a professional event and kept within our small budget.



Kieron Clegg | **End-of-Life (survey) Lead**

End-of-life survey

The second End of Life (EoL) Survey was carried out by the Patient Panel in April 2018. Whilst a full analysis of the data is still in preparation the overall responses to questions put to the bereaved were very positive.

Overwhelmingly the care and support provided by the EoL Team could not be praised enough. In particular the time and effort provided by doctors and nurses was generally beyond expectation. The specialist End of Life ward was reportedly ideal for the situation whilst the other wards were found to be less suitable. That said, the bereaved understood that the other wards had to deal with a myriad of cases and were usually very much under pressure.

The intention is to conduct EoL Surveys on a regular basis to monitor and analyse changes in feedback.

When a patient dies in hospital a family member, a friend or other suitable person is approached to see if they consent to being part of a survey of the EoL

Care at a later date. If the response is positive then the appropriate person will sign a form of consent in order that they are fully aware of the process. The surveys are conducted by telephone at least three months after the death of the deceased. The Patient Panel Team conducting the survey has found that evening calling is required in order to capture the appropriate person. This clearly limits the number of volunteers who are able to travel to the hospital in the evening to make the calls.

Having conducted two surveys the Patient Panel, with the help of the EoL Team, have refined the survey questions to eliminate any discrepancies and reviewed potential additions and suggestions that have arisen.

Further work needs to be carried out in terms of data capture and analysis in order to simplify the process. The Patient Panel will continue to improve the process as more surveys are conducted.





Dr Andy Morris | Chief Medical Officer, Caldicott Guardian, Responsible Officer

Out of special measures

In March 2018, following a CQC review, the trust was informed that the rating of 'inadequate' had improved to 'requires improvement'. Following this the special measures implemented by our regulators were de-escalated. Underneath the overall rating of 'requires improvement', many other services improved their ratings and none were deemed to be 'inadequate'. In particular, the three services that were previously 'inadequate' – Emergency Department, Critical Care and End of Life – all improved significantly with two of them (Critical Care and End of Life) moving to 'good'. Out of the eight services reviewed, one received 'outstanding' (Maternity & Gynaecology) and four received 'good'. The trust received ratings of 'good' for the CQC domains of Effective, Caring and Well-led.

This has been the result of much hard work and determination by all our staff. Whilst things have improved, we all appreciate there is more to do on our journey to a CQC rating of 'outstanding'. This is what we believe our patients deserve.

To help with this, we started a quality improvement programme called **Quality First**. We are delighted that the service has won national awards for two years in a row as a result of the huge amount of innovation. The work is now becoming embedded within the trust and our quality and safety culture is changing for the better.

We have seen a year of great results for hospital acquired infections. We have some of the lowest rates in the country for MRSA, C. difficile and other life threatening infections.

We consistently deliver on the national requirements for cancer, diagnostic, outpatient and surgical appointments.

We have been able to redesign some of our clinical areas in the Emergency Department (ED) to improve patient safety and clinical pathways. Through the autumn we saw some of our best patient flow for several years. We fully understand there is more to

do in this area but the whole hospital is committed to this project.

Our End of life team has won two national wards, one for innovation and another for their work with our volunteers and the Ann Robson Trust so that no patient need die alone unless they choose to do so.

Through this work and with the improved CQC rating, we have seen our staff morale and engagement improve. Our hope is that this will now help with our recruitment programmes.

We have also worked hard with our commissioners, the local health authorities and general practitioners to improve the whole patient journey. This has really helped with enabling our patients to leave hospital in a more timely way, be able to die in their preferred place of death and to have their care coordinated between the hospital and primary care.



Chris Cook | **Research and Development Lead**

Research and development

Health research is highly regulated. Clinical trials, medical device studies, use of patient data, professional qualifications, access to, and treatment of NHS patients and other aspects of research studies are regulated by EU directives, UK legislation and professional standards of good practice. The Medicines for Human Use Regulations Authority (MHRA) regulate trials of medicines for example. The Department of Health's UK Policy Framework Research sets out principles of good practice in the management and conduct of health and social care research that take appropriate account of legal requirements and other standards. These principles protect and promote the interest of patients, service users and the public in health and social care research, by describing ethical conduct and proportionate, assurance-based management of health and social care research, so as to support and facilitate high-quality research in the UK that has the confidence of patients, service users and the public.

A quality research culture, where excellence is promoted with strong research leadership and expert

management, is essential to understand, apply standards, principles and requirements correctly.

The trust currently participates in National Institute for Health Research (NIHR) portfolio adopted research as well as non-portfolio activity, which may consist of direct links to pharmaceutical companies, or as part of staff programmes of education. The trust are members of the North Thames Clinical Research Network (NT CRN), who support the trust with essential funding to make research happen, monitoring the activity within the trust and benchmarking against co-members and national metrics.

The Princess Alexandra Hospital NHS Trust (PAHT) also has links with University College London Partnership (UCLP), who support research at the trust via NT CRN. There are further opportunities for commercial trials through direct contact with industry and IQVIA (formerly Quintiles), a provider of biopharmaceutical and commercial outsourcing for clinical trials.



The Research and Development team

R&D generates income from NT CRN. This provides income for year-on-year fixed term contracts for the research workforce, as well as funding for support services.

The team is passionate about patient and public involvement and is involved in:

- Patient Panel – a regular slot on the agenda;
- Patient Research Ambassadors – two of these roles are aligned with the trust;
- £20k funding initiative from the pump priming arm of the commercial income – the Patient Panel were awarded monies for their quality initiative.
- Patient Research Engagement Survey (run nationally by the NIHR) – this is being applied across the trust from October to December with a nine month pilot at PAHT only following on in April 2019 with a view to rolling out a programme of surveys across the UK.



Michael Meredith | Director of Strategy

Ten year clinical strategy workshop

We have tried starting with the staff and working backwards, that stopped working in the 1970s. We've tried starting with GPs alone and working backwards, that also didn't work. We've tried using disease models, the services, the market, in short, most other things and working backwards and today's reforms including the *Ten Year Forward Plan* tell us that, that is not going to be how we work either.

The only way to run a service effectively and to shape our collective future in alignment with how every other successful industry in the developed world now operates, is, as Roy Lilley puts it, "*to start with the patient and work backwards*". That is what we intend

to do at PAH, it's how we need to begin working across all of our services and we are delighted to say that is where the trust's teams, who are leading plans to develop a new hospital, began.

Our future is not about creating a new place, but about creating a space where we can build that future together.

The only way to run a service effectively is...to start with the patient and work backwards.

Patient Panel

Team

Ann Nutt Chair			John Woods Vice-chair Complaints Assurance Lead		
Mollie Pattenden Nutrition Lead	Diane Deane-Bowers Infection Control Lead	Sandra Newens Chair Organ Donation/PSQ Committee	Quinton Cartlidge Medicine Management Lead	Fred Lloyd Complaints Team	Roger Beeching Healthwatch Hertford
Angela Weeks Critical Lead Discharge Team	Kieron Clegg End-of-Life (survey) Lead	Frank Sumair End-of-Life	Len Doree Sensory Advisor	Marilyn King Sensory Advisor	Mark Hamilton Harlow College Lead
Anita Millar Childrens' Champion	Pam Dixon Readers' Panel	Sue Eggert Readers' Panel	Audrey Taffs Readers' Panel	Barry Rogers Cancer Services Lead	
Jacqueline Jackson Risk Management	Jacqui Holman Childrens' Champion	Helen Crompton Readers' Panel		Andrew Stuttle Readers' Panel	

Patient Panel

Patient Panel
Second Floor
Galen House
Hamstel Road
Harlow CM201QX

Telephone: 01279 278225
Email: patient.panel@pah.nhs.uk
www.pah.nhs.uk

