

**GREAT WESTERN HOSPITAL PPI FORUM**  
**Minutes of the MEETING IN PUBLIC**  
**Wednesday 19<sup>th</sup> April 2006, Room AG04, New College, Swindon.**

**33.1 Attendance and apologies:**

**33.11 Present:** Sue Pye (Chair), Trevor Davies, Geoffrey Heath, Brian Niblett, Patrick Titman, Adrian Hawksley

**33.12 Trust staff present:** Carl Beech (PPI lead), Rowland Cobbold and Lesley Bennett (non-executive directors), Trevor Payne (Director of Estates and Facilities), Neil Sutherland (Facilities Director of Carillion), Sue Rowley (Operations Manager).

**33.13 HAP staff:** Sally Wood, Jill Ryan Browne

**33.14 Apologies:** Godfrey Smith, Donna Reader, Molly Heath, Lyn Hill-Tout, Angela Morris.

**33.2 Public Forum**

No members of the public were present.

**33.3 Annual Report and Work Plan**

Amendments were made as follows:

**33.31** On page 7, the box headed Activity fund (£500)/survey of public views to be deleted, as this work had been funded the previous year.

**33.32** The Achievements sheet (produced by Patrick) to be inserted after the Community Contacts section of the final document. Impact 3 is to be deleted, so that Impact 4 becomes Impact 3.

**33.33** Re accounts: all members have been provided with copies showing a nil return, because HAP deals with funding on the Forum's behalf.

**33.34** A query was raised re page 7 of the Annual Report, where the Meetings box records 'None' under Public Meetings Held: it was explained that this means there were no single-topic meetings.

**33.35** The amended Annual Report, Work Plan and Accounts were approved by a majority of members; six members present and one proxy vote in favour. It was duly signed by the Chair.

**Action:** Sally to deliver the amended Annual Report to HAP.

**33.4 Health Check Commentary**

Amendments were made as follows:

**33.41** Under CS14a (at the top of the second page), delete the first sentence and replace with the following wording:

'The PALS office is not clearly signposted from the foyer and other areas. The forum is concerned that, consequently, access to the range of services is limited. There is no walk-in service. The forum is further concerned that the PALS service should be friendly and welcoming.'

**33.42** Under CS20b, the first paragraph will now read as follows: ‘Wards have small bed bays with curtaining, which was effective and in good condition. Bays are single sex, except occasionally in emergencies.’

**33.43** The amended Health Check Commentary was approved by a majority of forum members; six present and one proxy vote in favour.

**Action:** Sally to send the amended commentary to Carl Beech by Friday 21<sup>st</sup> April.

### **33.5 Trust Report**

**33.51** Trevor Payne, Director of Estates and Facilities, and Neil Sutherland, Facilities Director of Carillion, gave a presentation on the current work of the Trust and Carillion. Explanatory handouts and presentation material were available to Forum members.

Discussion followed where particular points were raised:

#### **33.511 Signage**

A pilot signage scheme has been in operation on the third floor of the hospital. It appears to have been successful, and there is funding to roll it out throughout the hospital. Directory boards have been redesigned with fewer words, bigger fonts and different colours used for clarity and ease of reading. New signs above doorways have been introduced and signage in lifts is to be improved, with clear signs put opposite lift doors. Trevor Payne invited the forum to visit the third floor and offer further input to this project. Members agreed to undertake a formal monitoring visit on signage. It was suggested that the forum members follow the ‘on-site patient journey’ from the car park to various departments, to check that signage is effective at all points.

**33.512** Sue asked if the Matron’s Charter Action Plan was in the public domain; Neil said there was no reason why it shouldn’t be available when complete.

**33.513 Security** The after-dark escort service to cars offered by the hospital to patients needs to be publicised.

#### **33.514 Cleanliness**

A member raised a concern about cleaning in the hospital. The forum was informed that the Trust has a monitoring team which audits regularly. The Chief Executive also does a walk around with senior staff and there is a policy of including all staff, including housekeeping, in the ward team. High-achieving wards are identified and others are encouraged to emulate their success. Agency cleaning staff are not generally used – where necessary, existing staff are offered overtime to cover for absent colleagues. Hand gel dispenser replenishment is carried out daily by Carillion and regular checks are carried out by ward staff. There is therefore a joint responsibility between Carillion and Trust staff.

It has been recognised that gaps between the wall, floor and skirting board are potential infection points and they will be sealed when planned maintenance takes place.

Sue thanked Trevor and Neil, and said that if anyone has further questions or issues, they can be directed via Sally.

**33.52 Presentation by Sue Rowley, Operations Manager, on the Local Delivery Plan.** Sue came in place of Lyn Hill-Tout, who was unable to attend. A handout was distributed to members.

Discussion followed where particular points were raised:-

**33.521** Sue Rowley acknowledged the importance of concerns over MRSA. High risk patients will be grouped together in small wards to minimise the possibility of the spread of infection to lower-risk patients. More patients will be tested on admission. The possibility of leasing testing equipment is being investigated so that it can be updated when needed.

**33.522** The Infection Control Team does monitor for infections other than MRSA, However, as MRSA is resistant to many antibiotics, it gets the main focus. Swabs are taken specifically for MRSA unless there is an indication of other infection, such as inflammation or fever.

**33.523** There are plans to reduce on-call cover for in oral and ophthalmology specialties. Arrangements would be made for emergencies to be dealt with elsewhere.

**33.524** The LDP provides for more patients to have minor surgery at Taw Hill Surgery.

**33.525** There will be changes in the ambulance provision; there will be rapid response medics who answer calls by motor bike. Their speed of response can make all the difference in a case of e.g. heart or respiratory failure, and may also mean that a patient can be treated without being admitted to hospital.

It is possible to minimise frequent hospital admittances for chronically ill patients who currently have difficulty managing their conditions. Community matrons will work with these patients to help them prevent their conditions deteriorating.

### **33.53 Carl Beech, PPI Lead**

**33.531** The Forum will be asked to participate in any impact assessments resulting from LDP changes.

#### **33.532 Choose & Book**

There is currently an automated telephone service for patients booking appointments, which takes them through to the appropriate booking clerk. Carl requested two or three volunteers to make calls to the booking number and feed back on their experience, with the aim of making the service more 'user friendly'. The clerks have been told to expect such calls.

**Action:** Out patients sub-group to try number and feed back comments via Sally.

**33.54** Sue Pye asked for any questions on her report of the meeting of the Trust Board on March 31<sup>st</sup>.

**33.541** Ref Agenda Item 9 of the report, concerning an inpatient survey, there are three areas of concern; not enough nurses on duty, people not helped to bathroom when needed and call bells not answered. These three seem to imply a lack of availability of nurses. Carl informed members that although there are more nurses now than there were in the past, they are not so physically visible due to the design of ward bays. It is not always possible for patients to see when nurses are involved in dealing with a more urgent situation. These issues are being audited. There are also issues of patients' expectations and different categories of patients have differing needs. Staff/patient communication needs to be improved; it's partly a matter of managing expectations. Forum Members have been invited to induction sessions.

**33.542** The question was asked: in the light of the current national situation, are there any proposals to sack staff for financial reasons?

**Action:** Sue to ask this question at the next Trust Board meeting.

**33.6 Members' Declarations of Interest:** there were none.

### **33.7 Minutes of Meeting in Public of 15<sup>th</sup> February '06**

The minutes were accepted as a true record.

### **33.8 Minutes of the Meeting in Private of 15<sup>th</sup> March '06**

The minutes were accepted as a true record.

### **33.9 Matters Arising**

#### **33.91** Item 33.31 **Day Surgery**

The Royal United Hospital Forum, Bath, sent a letter to their trust on our behalf re Day Surgery. The response confirmed that they use the same procedures as Swindon.

#### **33.92** Item 33.32 **Transport Input**

'How to Get Here' outpatients' leaflet.

**Action:** Sally to ensure the forum has a copy of the current leaflet and discuss with Angela the requested input on wording re transport in out patient letters.

#### **33.93** Item 31.33 **Readmissions**

Angela has sent the readmissions figures, as requested.

#### **33.93** Item 31.34. **Letters to local M.P.**

An email has been received from Anne Snelgrove's office with a short list of constituents' relevant concerns; these were the provision of drugs by PCTs (eg Herceptin), hospital and GP complaints, waiting lists and NHS dentistry.

**33.95 Item 31.934 Proxy voting form.**

A draft form was shown to members for approval. It was amended to read; 'I authorise the Chair of the meeting to record my vote in favour of/against (**delete as appropriate**) the ..... '. The form was agreed with amended wording.

**33.96, Item 31.4 Reconfiguration**

There will be one South West Strategic Health Authority from July 1<sup>st</sup> 2006.

**33.99 Unsolicited emails**

Brian has again received unsolicited emails from CPPIH. He wants written assurance that there will be no more of these.

**Action:** Sally to follow up this matter again with CPPIH.

**33.10 Work Plan**

**33.101 Signage**

In view of the presentation today by Trevor and Neil, a signage visit will be arranged. Five members of the Forum were present, and so this was agreed by a majority. Date to be confirmed.

**Action:** Sally to arrange a signage visit to the third floor of the hospital, notifying Carl Beech. Trevor Davies and Sue Pye to participate.

**33.101 Sub-groups**

The Communications and Outpatients groups are due to meet on April 20<sup>th</sup>.

**Action:** Choose and book possible joint working topics to be raised by Sue Pye with Mary Wilson, Chair of the PCT Forum.

**Action:** It was agreed that a series of formal announced monitoring visits to out patients take place in the next few months. Sally to draft a letter to the trust. Dates to be arranged.

**33.102 Agenda item for future meeting**

Brian expressed concern that the Forum is not doing enough to represent patients and the public. Once again, no members of the public attended the public meeting. He feels the Forum should define its own agenda on behalf of the patients it represents.

**Action:** Brian to define a title for his agenda item, and send it to Sally.

**33.11 The next meeting in Public will be held on Monday 19<sup>th</sup> June, from 6pm to 8pm, in Room AG06 at New College.**