

PATIENT AND PUBLIC INVOLVEMENT FORUM (RUH BATH)

MINUTES OF A MEETING IN PUBLIC:

Tuesday 16 May 2006

Box Methodist Church Hall

1 Attendance

1.1 Forum members present: Jill Tompkins [chair], Veronica Parker [Vice Chair], Peter Dix, Jetta Found, Sylvia Humphries, David John, Jeff Rattle, Patricia West.

1.2 Royal United Hospital Staff present: Edwina Lloyd, Diane Fuller, Alan Gorse, Steve Wheeler

1.3 Health Advocacy Partnership staff present: Paul Howard

1.4 Public present: None

1.5 Apologies: None

2 Declarations of interest

2.1 There were none.

3 Public Forum

3.1 No members of the public were present

4 Presentation from Diane Fuller

4.1 Diane Fuller's job title is Director of Patient Care Delivery. It is equivalent to Director of Operations in other hospitals. The Royal United Hospital Trust did not choose the title Director of Operations because people tend to think a job with that title is about doing surgical operations. She joined the Royal United Hospital in September. She is a nurse by background. She outlined her career, which had including managing emergency units.

4.2 She gave a presentation similar to the one given to new staff, and circulated copies of presentation slides [appended to these minutes]. The Royal United Hospital is a good sized hospital with 3,000 – 3,500 full time staff, and 650 beds. There would be no need to amalgamate with others in the near future to achieve 'critical mass' for future developments. The hospital has 300 volunteers – very strong. An advantage of the Royal United Hospital over treatment centres is that the hospital can provide care when people need to stay longer. The Royal United Hospital's Accident and Emergency attendances are high.

4.3 The Hospital is ahead of the game in having divisional structures. Diane line-manages the three divisional managers who run their divisions on a day to day basis.

4.4 The services in italics on Slide 6 are not provided by the Royal United Hospital (RUH), though they are on the Hospital site. The RUH is likely to tender for the delivery of maternity services in the forthcoming process.

4.5 The RUH is again in the top 40 in the CHKS survey.

4.6 The RUH is closely monitored by the Strategic Health Authority etc. It is now taking back control of its orthopaedic waiting list from Primary Care Trusts. [the list had been removed three years ago because of extremely long waiting times.] The Hospital has bought in extra orthopaedic surgery time to cope with this.

4.7 The RUH has excellent surgeons for orthopaedics, and Diane believes the Trust should promote this more. The quality of the consultants means that the Hospital can attract excellent locums.

4.8 Should a patient have had an unsuccessful orthopaedic operation elsewhere, the RUH does not operate to correct the problem. It sends the patient back to the organisation which did the operation, but not to same surgeon if the RUH thinks that surgeon was not competent.

4.9 Sometimes patients are frustrated at being unable to get into the RUH when they have chosen to go to there. Sometimes this is because the RUH has been full, but it is now stepping up capacity.

4.10 Peter Dix asked how often a target is met by cancelling appointments at the last minute and then rescheduling. Diane Fuller was not aware that this had ever happened; she was happy to take up examples that he could quote.

4.11 She knew the phones were not answered quickly enough. There are problems with the Choose and Book system, including the fact that the people doing the booking at the RUH cannot see the referral letter.

4.12 The RUH wants the best information technology system as soon as possible – they want the right solution rather than the quickest solution.

4.13 A member asked: If the doctor says a case is urgent, what happens? Diane replied that for two-week cancer referrals, the request is taken out of the Choose and Book system. The Hospital has a fax and e-mail system which is found to be more reliable.

4.14 The RUH currently does not have the technology to do direct booking through Choose and Book. It has one of the highest Choose and Book rates in the country. Managers have agreed an interim plan with the Strategic Health Authority before they move to full direct booking. They have called in a national expert in information technology, who was impressed with their current system.

4.15 A member asked: Can you show GPs the waiting times? Diane replied that the information is available to them online and on paper. What happens if you can't achieve the 13 week target? At that point the patient can look elsewhere. But is the patient obliged to do so? What if the patient still wants to go to the RUH? RUH staff had asked who in the NHS removes the obligation from the Hospital in these circumstances, but no-one could answer.

4.16 Where the Hospital has breached a 62 day waiting target, it has been due to complex cases and historical cases.

4.17 Several Forum members gave very positive comment on cancer care at the Hospital, particularly the breast care unit.

4.18 Accident and Emergency did very well in winter and then performance dipped, so they lost the standard in March. They sometimes struggled to staff the extra beds they opened up to cope with the demand.

4.19 This year, finance is the first target the Trust has to meet.

4.20 There is a particular problem with delayed transfers of care with Wiltshire Social Services. Sometimes patients can be delayed as much as ten times as long as those from other areas. RUH is fining Wiltshire Social Services, but this does not cover costs. Salisbury and Swindon hospitals have the same problem with Social Services. RUH is performing better than those two Acute Trusts in that regard, worse than other hospitals in Avon Gloucestershire & Wiltshire Strategic Health Authority area.

4.21 Jetta Found asked about mental health. Avon & Wiltshire Mental Health Partnership Trust is asking for mental health facilities shared with other primary health facilities. At the moment, damage is done to people with dementia going in to Acute Hospitals.

4.22 The Trust had not succeeded in meeting targets on cancelled operations and MRSA. They need to become more reliable. They have ring-fenced day surgery and now want to ring-fence their treatment centre.

4.23 Trust priorities: finance has to be the first priority, set by the government. The RUH is not an expensive hospital. It spends 90p where the average

hospital spends £1. The Trust is already efficient but still has to make reductions. The last three years have shown a steady reduction in costs.

Payment by Results will benefit the RUH, as it is now not being paid for everything it does.

4.24 A member asked: What will you do about the extra burden that closure of the community hospitals in Wiltshire would bring? Diane thought the issue locally is that there is no 24/7 nursing care. She would rather have that than the community hospitals.

There were cost issues, and now it is very clear when NHS organisations are not in balance. She thought Practice Based Commissioning will work to the Royal United Hospital's advantage.

4.25 A member asked: Why doesn't 'Day Surgery' operate 7 days per week? Diane replied that the Trust was looking at annualised hours contracts to increase flexibility. They were held back by junior doctors' hours. She was currently more focussed on starting the clinics on time. A member raised the issue [from an audit on Urology] of patients admitted on a Friday not getting the same communications as patients admitted on other days. Patients were saying they were not shown round the wards etc. Staff had said this was due to running down to the weekend. Diane wanted to know whether the Essence of Care group knew if the issue had been dealt with. If the Forum took it up with her, she would ensure it was dealt with. Patricia West commented on the historical issue in Bath of difficulty in getting care homes to take people on a Friday.

4.26 Diane was happy to follow up with these issues, and asked for the Forum to write to her formally.

4.27 A member asked: How does the 13 week target work for Audiology? Diane replied that it would be in the 18 week target group. She acknowledged that this was an area they needed to work on.

4.28 A member asked: Is there a restriction on use of MRI [Magnetic Resonance Imaging] scanner? Diane replied that it is used into the evening. They have MRI vans that come in to supplement it and cut down waiting times. They have a new MRI scanner. The use of MRI has changed hugely in the last ten years.

4.29 Jetta Found asked about getting a scan in a GP surgery. Diane replied that the new PACS information technology system will mean GP's could have remote access to X-rays. In Australia, GP surgeries have scanners, but they are low-grade resolution.

5 Minutes of the meeting in public of 29 March 2006

5.1 These were accepted as a correct record.

6 Matters arising

6.1 Re item 3. There was a meeting on Friday morning of the Overview and Scrutiny Committee for Bath and North East Somerset, launching a consultation on the PAT Centre. Members were given a copy of the consultation document and cover letter by Edwina Lloyd. It was suggested that Patricia West and Sylvia Humphries go to the special meeting on the 30th May. Patricia West was not available, so it was agreed that Sylvia Humphries will go with Jill Tompkins.

7 Minutes of the private meeting of 27 April 2006

7.1 These were agreed as a correct record

8 Matters arising

8.1 Peter Dix was appointed to the Patient Experience Group.

9 Annual Report

9.1 Members considered the draft which had been circulated. It was agreed that the following needed to be added to the previous year's activity: Jeff Rattle's involvement in the Treatment Centre Project Group, Jeff Rattle's membership of PEAG [Patient Experience Action Group], three members taking part in infection control visits, and David John's involvement in the non-smoking group. It was also agreed that future activity should include the PEAT [Patient Experience Action Team] inspection, and the non-smoking group.

9.2 The report was agreed subject to the above amendments.

9.3. It was noted that the PEAG Group would meet on the following Wednesday.

10 Annual Accounts

10.1 These were agreed.

10.2 It was noted that Forum Support Organisation accounts were not in the public domain.

11 Project Planning

11.1 Project working groups were formed as provisionally agreed in the Minutes of the preceding private meeting. It was agreed that the groups meet on their own and then report back to the Forum. Groups could arrange to use the New Oriel Hall for small meetings and notify Paul/Jill of date and time. Sylvia Humphries agreed to be key-holder for the New Oriel Hall little room. Groups could also arrange to meet at the HAP office in Melksham. Project group reports were to come to Paul Howard before papers deadline for Forum meetings.

11.2 It was agreed that the project working groups have no delegated powers. Information requests and letters must therefore go through the whole Forum before being sent.

11.3 Edwina Lloyd reported that she had not received a copy of the letter to Mark Davies about the discharge policy.

11.4 David John had given a PALS report to Paul Howard at the previous meeting, but this had not been included in the papers. Paul Howard apologised for the oversight. It was agreed that that PALS board reports be circulated with papers for Forum meetings.

11.5 Patient and Public Involvement within the Royal United Hospital. It was agreed that at the next meeting Edwina Lloyd would talk about Patient and Public Involvement arrangements in the hospital.

12 Training Needs

12.1 The Commission for Patient and Public Involvement in Health were carrying out a training needs analysis. Members had returned forms to Health Advocacy Partnership. Paul Howard would discuss the Forum's needs with Jill Tompkins. Jill Tompkins thought that the infection control training should be mandatory. Members would like to have a really good team building day. There was also an issue of members feeling they were not valued as volunteers.

12.2 Jill Tompkins felt the Forum should respond to a letter in the Standard saying that Forums were not worth bothering with. It was agreed that this should be an agenda item at the next meeting.

13 Complaints Policy

13.1 Members had considered the policy which had been circulated. Members thought it was detailed and comprehensive.

13.2 It was noted that there was no point except in the PALS section, where a complainant is referred to ICAS [Independent Complaints Advisory Service]. Edwina Lloyd advised that this was included in the first response letter. The references to Convenor and CHC [Community Health Council] were highlighted as being out of date.

13.3 It was agreed that a formal note would be sent from the Forum to the Trust making these points.

14 Member Reports

14.1 Members noted the reports which had been circulated.

15 Issues from Royal United Hospital NHS Trust

15.1 It was noted that the papers sent via e-mail to Trust personnel by HAP did not include documents of which there was no electronic version [e.g. handwritten reports, letters from the public], but that these were available at the meeting and included in the printed papers available for members of the public.

15.2 PAT Centre Consultation. Members expressed concerns about parents being asked to go back home with their child if the Centre could not have the child on a particular day. Also, if parents were asked to stay on to help out at the Centre, were they police checked? Edwina Lloyd agreed to take the issues back as part of the consultation. It was agreed that the consultation document be discussed at the next private meeting.

15.3 The recommendations of the Forum about future impact assessments had been taken on board by the Trust.

15.4 The Royal United Hospital board had commended the Forum on the core standards report. Viv McHale and Glyn Young were very willing to come next year to talk to the Forum.

16 Member issues

16.1 Jill Tompkins referred to a Healthcare Commission document on future Core Standards assessments and to a NICE [National Institute for Clinical Excellence] consultation document on the Rule of Rescue. It was agreed that a small group would discuss the Core Standards document and that the NICE document would be considered by the whole Forum at the next meeting. Paul Howard would circulate the document to members. It was agreed that the discussion at the next meeting would be time limited.

16.2 It was agreed that all future speakers should be given a time limit. It was agreed that for the next meeting, the limit would be 20 minutes for the talk and 10 minutes for questions.

16.3 Sylvia Humphries and Jill Tompkins had seen a CD on protected meal times. It was agreed that members would circulate it.

16.4 The Forum complained about the lack of publicity for the meeting, and particularly about Health Advocacy Partnership not getting the information in time to the Box Parish Magazine.

16.5 The Forum agreed to write to the Healthcare Commission asking for earlier meetings and information on the next round of core standards declarations.

17 Next meeting

17.1 Private meeting 10 a.m. 13th June 2006 at New Oriel Hall, Bath. Papers deadline 31st May.