

MINUTES OF THE GREAT BENTLEY PATIENT PARTICIPATION MEETING

HELD ON THURSDAY 16 JULY 2015

AT 6.30PM IN THE MITCHELL ROOM, GREAT BENTLEY VILLAGE HALL

Chaired by Melvyn Cox

Present: Barry Spake, Communications Officer
Charles Brown, Vice Chair/Treasurer
Judy Ward, Secretary
Richard Miller, Practice Manager
Dr S O'Reilly, Partner
+ 22 Members

1. Welcome and Apologies for Absence

The Chairman welcomed everyone to the meeting especially our Guest Speaker, Dr Barbara Stuttle CBE, Director of Nursing and Quality, Colchester Hospital; and two new PPG members.

2. Minutes of the last Meeting

No points were raised and approval for the Minutes was given.

3. Guest Speaker: Dr Barbara Stuttle CBE, Director of Nursing and Quality, Colchester Hospital

Dr Stuttle thanked the PPG for the invitation to speak at the PPG Meeting. She said she would be as open and honest as she could and stated that her remit is to improve care for patients.

Dr Stuttle stated that Colchester Hospital has been in trouble since 2004 when the mortality rate was deemed too high. Then in May 2014 the CQC Review issued concerns about data manipulation. The CQC visited and then the hospital was put into Special Measures. In December 2014 there were huge concerns about A&E and the EAU (Emergency Assessment Unit). A Section 31 was served on A&E and EAU.

In April 2015 NHS England visited to see if progress had been made. The hospital became the subject of national and local media.

The hospital is now on its third executive team. Lucy Moore, the Chief Executive, and Dr Barbara Stuttle are the longest serving members. Dr Stuttle retired in May 2011 and was asked to help out at the Mid Staffs Hospital and now at Colchester. She has promised to stay for two years and is very committed to keep this fixed.

When Dr Stuttle came there were 180 Registered Nurse vacancies. Since January 95 RNs have been appointed 70 of which are from the EU (Spain, Italy and other EU counties). There are huge culture issues. Words in English are not the same in other languages and, for some, there is no translation. There are colloquialisms and "Essex" words. This has resulted in Essex English lessons being provided. The Italian nurses are desperate to work – some have been out of work for over a year. All the nurses have good standards including good technical skills. There are also 38 new RG appointments.

Dr Stuttle stated the three core objectives as:

1. To provide the best care for patients – high quality care and medicine;
2. To value our staff;
3. To maintain financial sustainability.

Dr Stuttle said she is trying to change the culture of the Hospital. The impact of what has happened has left several feeling demoralised and she is committed to supporting the nurses. She said she has a lot of work to do but "we are getting there and there are now green shoots". Dr Stuttle said that it

will take two years to make changes to systems and concepts. Standards need to be raised in the provision of care and ensure the public feel safe and are well treated. Dr Stuttle also said that there is a £30m overspend prediction.

Melvyn thanked Dr Stuttle for her introduction and asked members for their questions.

Statement: John stated that his recent experience of tests over three days as an inpatient at the hospital for a frozen shoulder was top class.

Melvyn: the standard of reasonable care of patients should be raised. I believe that there are still complaints. If you could stop the rot then the problems would be cured.

Answer: Dr Stuttle agreed and said that for any complaint, we can give you an answer. We need to meet the complainants; listen and learn and have perception if the basic human right goes wrong, which is not medical. We should be reducing complaints. We need access more to power to put things rights. Limits cause fearful complainants. We need to “stop the slop” and “think”!. An example of drinks on the patient tables being within reach. We are only as good as the weakest link. Melvyn commented on nurses being afraid of the Matron.

Dr Stuttle said that she is the equivalent of Matron and, if she identifies poor care, nurses will not stay and she will not shy away from it.

Question: Hilary said there seems to be a countrywide standard of nursing. Do we go back to training? There is something missing.

Answer: Dr Stuttle - with the complexity of healthcare people should be much more questioning now. 50% of training is on the wards. We should enable students to belong to the hospital and meet them regularly. When newly qualified nurses come onto the wards they may challenge older, established nurses, Old style training gave wrong responsibilities – such as being put in charge of wards. We need standards to keep this in perspective. We can treat so many diseases now.

Question: Two or three authorities are checking on the nursing. Can you concentrate on what you want to do?

Answer: Dr Stuttle said the hospital is in the spotlight – the CQC; the Clinical Care Group; NHS England; the Deanery; and the Universities all monitor the hospital. Last week, for example, there was an unannounced visit by the CQC. All parties are asking for different information which can be distracting.

Question: If so many are asking for different things isn't it inefficient?

Answer: Dr Stuttle said it will take about two years to change but sometimes it seems five minutes!

Question: With different authorities coming in isn't it costly?

Answer: Dr Stuttle stated that we have regulations to meet and it does make it difficult. Time is spent getting information. It also affects the nurses as visits affect them. We need to be out there managing.

Question: Should we be cutting out all the different authorities?

Dr O'Reilly said “this was exactly right and GPs have the same”. There was general discussion regarding the layers of authorities ie too many people involved in telling everyone what to do.

Question from Judy concerning Mr Hunt's ultimatum announced today regarding Consultants working seven days a week.

Answer: The Consultants are working flat out. There are limited resources. 90% of the Consultants work at weekends. We cannot get more capacity. We need generalists back and emergency care especially needs to be improved. There was general discussion about financing resources at weekends, the use of equipment at weekends and the fact that there are some clinics held at weekends (eg Ophthalmology).

Question: Alan Bishop asked if Dr Stuttle was happy with the Award to ACE for Care Closer to Home.

Answer: Dr Stuttle said we work well together and stated that there has been a lot of money spent on the tendering process, ie £120000.

Question: Equipment in Gainsborough Ward was said by agency staff to be “old” – this was questioned by a PPG member after recent family experience.

Answer: There is a difficulty in determining where money needs to be spent ie on nurses or equipment. Richard stated that even if equipment looks old, it is regularly checked, serviced and calibrated to ensure it is safe to use.

Statement made: There are differences on the surgical and medical wards.

Answer: Dr Stuttle said we need to get this right and that it will take time. Her nursing colleagues are very keen to work together and keen to manage their wards to bring about changes. Discussion took place about mixed wards and the EAU.

Question: How can we find out about the improvements that are being made?

Answer: Dr Stuttle said we will tell you.

Question from Melvyn: Where, on the website?

Answer: Dr Stuttle said she will look at that.

Question: Chris asked about the increase in the number of patients within the hospital as the hospital has changed since it was built and can the hospital cope?

Answer: Medicine has changed ie the length of stay has been shortened to four or five days rather than weeks; and technical skills too have changed.

A comment was made about the lack of patient feedback forms and Dr Stuttle said the hospital needs to find a better way of collecting patient feedback straightaway.

Melvyn thanked Dr Stuttle profusely for her time and information. The meeting acknowledged their appreciation with a round of applause.

The meeting broke for refreshments at 19:22 and reconvened at 19:32.

4. A Brief Reply on the subject of drifting from our Aims and Objectives

Melvyn stated that as a PPG we have a loose framework in which to work eg the Aims and Objectives do not say we will have Guest Speakers. The Guest Speakers we have had have been really good. We are, therefore, free to do other things such as investigate other health issues.

Item 5A- states: “to befriend and support any needy patient” and “to show compassion” and, on this occasion, it was the least we could do to show empathy with fellow PPG members Judy and Alan Bishop following the sad demise of their elderly friend.

Hilary stated that she had not asked for an apology.

Melvyn said that the report at the last meeting was lengthy but important and he did not feel that we had drifted. He said that if anyone dissents then they must say so.

5. Hollies Surgery News

Richard reported the following:

At the last meeting we discussed the idea of Virtual PPG members – members who would like to be involved but cannot attend meetings for various reasons. Richard emailed a letter of invitation to join the Virtual PPG to over 600 patient emails. He has had 77 positive feedback responses.

Action: Barry will start a new record of Virtual PPG members and then send them information of the PPG.

Discussion took place about Did Not Attend numbers. These relate to patients not attending appointments and are estimated at 150 per month. Texts are sent out to patients as reminders before appointments are due and patients have an opportunity to cancel. 60% of patients have mobile numbers used for appointment reminders. There is a process in place for non-attenders – if there are

three DNAs in a twelve month period, a letter is sent. If there are two further DNAs – then the patient's registration is discussed at the next partners' meeting.

Action: Richard will arrange for the DNA numbers to be displayed in the waiting room

NOTE: Richard is now displaying in the waiting room underneath the screen, a regularly updated number record of wasted appointments due to non-attendees.

At the end of the meeting Richard was asked by a PPG member how to obtain replacement hearing aid batteries from the hospital without having to travel there to collect them.

Richard has since contacted the Audiology Department at the hospital and replacement batteries can be obtained by

telephoning: 01206 744532

or

by sending in the patient's "brown book" to the Audiology Department, Colchester Hospital. This will then be returned with the new batteries. Please note DO NOT post dead batteries to the hospital.

6. Discussion on the subject of the frequency of PPG meetings

There was a general discussion of the pros and cons including the difficulty of attendance for some members such as the GPs (committed to attending other meetings), and also those with young families.

Melvyn commented that to meet less frequently would not be good for the group as we need continuity. However, as a compromise perhaps missing August & December might meet with approval.

It was agreed by a show of hands that the PPG does not meet in August (a holiday month for most) and December (very close to Christmas). It is accepted that the doctors cannot always come to the meetings. Richard stated that he will attend if necessary but he can get the surgery news sent in a report. He will certainly come when there are questions from the Virtual Members' Group. Melvyn said that we can now move forward.

7. AOB

- Comment was made by Alan Bishop about the satisfactory outcome of the Award to ACE (Anglian Community Enterprise) for Care Closer to Home. Melvyn added that he felt that it was a good thing that the contract had been awarded to a 'local' non profit provider.

8. Barry and Melvyn thanked Judy and Alan Bishop for their generous provision of the refreshments.

9. **Date and Time of Next Meeting:** Thursday 17 September 2015 at 6:30pm in the Mitchell Room.

10. The meeting closed at 20:00.

11. Judy Ward
Secretary