



The Princess Alexandra  
Hospital  
NHS Trust



The Queen's Award  
for Voluntary Service  
*The MBE for volunteer groups*

# Patient Panel Annual Report 2019/20



Your future • Our hospital

respectful • caring • responsible • committed



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## Introduction Ann Nutt, chair of the Patient Panel

As I look back at the past year, I firstly want to say thank you to all members of the Patient Panel for your continued commitment, ideas, opinions and feedback. The members of the panel also wish to thank all the staff (both administrative and clinical) at the hospital for their continued hard work and high quality patient care, particularly during these unprecedented times as we each face the impact of the coronavirus (COVID-19) pandemic.

Who would have thought at the beginning of the year we would be talking about self-isolation, social distancing, furloughing and moving to more people working from home? Yet, these are now just some of the new words we use every day and, as time goes by, we will learn to live our lives differently. Also, how we, like many other patient groups, learn new ways of engaging with our colleagues and members of the public.

Since March (2020), we have continued to operate but quite differently and this will be reflected in some of the items in the report. During 2019-20 we have had many successes, entered and broke new boundaries and had some fun along the way.

Firstly, we would like to highlight some fantastic news, we have just heard that we have been

awarded The Queen's Award for Voluntary Services (an MBE for voluntary groups). We are so proud that our team's hard work and commitment has been recognised, but for us to achieve this award, we must also acknowledge the support from the senior management, executive teams and Board whose visionary support has given a new meaning to patient engagement.

I am pleased to share with you the following summary of activities from June 2019 until June 2020. Some activities are described in more detail in this report.

**Afternoon tea** – Sadly some patients do not have relatives who can visit regularly and those of you that have spent long spells in hospital know how conversations become difficult when you can only talk about various tests you have had done. So, with support we held this event in July 2019 and were able to invite 15 patients, some with their families, to join us and a number of staff members on their meal break.

**Event in a Tent** – This is an opportunity for teams from across the hospital to showcase their work to colleagues. A first for me, I was asked to create two posters for the displays on transformation. We chose co-production and

our work on the end of life survey. Like many volunteers, we wear different hats and I am one of three disability equality champions, so we organised a practical awareness session.

**Young people and the hospital** – In partnership with Essex Youth Services, we organised a tour of the hospital, our thanks go to the staff at all levels for giving their time to talk to the group. Fiona Lodge, head of children's nursing and services, is leading on a piece of work on transition from children's services to adult and this is the beginning of the engagement process.

**Cancer services** – Many of you attended our conference in 2018 on cancer services. We were invited to attend a meeting of the Cancer Improvement Collaborative in Manchester. This was one of many that we attended nationally, supported by Shahid Sardar, associate director of patient engagement, to discuss how we engaged and the final report. Late last year (2019) we heard we had been shortlisted for a Patient Experience Network National Award (PENNA) for this conference and the report. Disappointingly, due to COVID-19 restrictions, the event has been postponed to 2021. Cally Bruce (clinical nurse specialist for cancer) has also been shortlisted for the Fiona Littledale Award for cancer nurses.

**New groups** – We have worked alongside our nursing colleagues to establish some impairment specific groups, including Addison's disease, intensive care and Barrett's oesophagus, to name a few.

**Volunteers' Christmas party** – Once again, we supported Phillipa Haslehurst, volunteer manager, in the planning of this event, with the annual table quiz and raffle prizes.

**Conferences** – This year (2020) we had arranged for a number of the panel to attend national conferences but we only managed two, as the other events have now been postponed until 2021.

**Visits** – We attended a peer review at Norwich and Norfolk Hospital.

**Patient chairs' support group** – This is something we have been speaking about for some time and, following a meeting in February, the chairs from six East of England hospitals met at Ipswich Hospital to take this forward. Again, due to the current situation the next meeting in Norwich has had to be postponed.

**Medical advisory group** – We presented at this meeting of consultants.

### The future

- ▶ We are setting up focus groups for A&E and this will enable us to obtain patient feedback on the service

- ▶ We are planning our annual conference for February 2021 focusing on diabetes
- ▶ We are planning another tea party or similar event in summer 2021
- ▶ The above are a flavour of the many activities and engagement that we do – we have included more details about some of these within this report
- ▶ We continue to attend an array of meetings now via Microsoft Teams, updating our terms of reference for the complaints group, a monthly meeting with Steve Clarke, chair of the PAHT Board

Our thanks to all the staff who ensure we receive the highest level of care and compassion during the year. We would like to record our gratitude and thanks to John Woods, who stood down as vice chair of the Patient Panel in 2019 but is still active as a member of the Readers' Panel.

We are also paying tribute to Lynsay Coventry, a long-standing member of our maternity team, who passed away on 2 April at Mid-Essex Hospital Services NHS Trust after testing positive for coronavirus (COVID-19). Lynsay will be remembered for her professionalism and commitment to the women she supported.

Lynsay had been a midwife at PAHT for ten years and her loss has been felt by the maternity team and colleagues from across the organisation.

Our thoughts remain with Lynsay's family and friends.

Please enjoy this report and stay safe.

## Future events

(Subject to coronavirus (COVID-19) guidance)

### February 2021

10th – Diabetes conference

Accident and emergency focus group

Presentation of Queen's Award for Voluntary Service (QAVS)

### June/July 2021

PLACE assessment

### July 2021

Afternoon tea for patients

### September 2021

PAHT annual general meeting (AGM)

### November 2021

Possible follow-up cancer conference

### December 2021

Volunteers' Christmas party

### More information to follow

Future hospital focus groups for patients and the community



## Foreword Steve Clarke, chairman of The Princess Alexandra Hospital NHS Trust

The Patient Panel are a remarkable group of people. They ask the difficult questions of the NHS as volunteers, as critical friends, they act as a conduit for the voices of our growing 350,000 strong local community, and act as a mirror to our staff, so the service we intend to provide is the service our patients receive. They have been doing it with passion and energy for six years.

The group is led, with good sense, good humour and exceptional energy, by Ann Nutt. Ann is a champion for the rights of service users, not just for PAHT but in the wider care community. Those of us close to the work of our Patient Panel are delighted, but not surprised, that their achievements have been recognised at the highest level, having been awarded the Queen's Award for Voluntary Service in 2020.

I meet Ann regularly to discuss the direction of the organisation, our shared vision for the people of our local community. I know there are parallel conversations with other members of the panel across more than 30 other services around the hospital. They touch every area of our work from end of life care and infection control, to organ donation, medicines management, sepsis, diabetes, cancer services and clinical research.

In addition, the panel has supported 14 patient groups on subjects from Addison's disease, pulmonary fibrosis, stoma, stroke, prostate cancer, post-ICU care and respiratory conditions.

These contributions are always important. Right now they are essential, as we work to develop and deliver a new hospital, on a new site, but based on the same values of working together in partnership with our patients, our staff and the local community.

Thank you to all of the members of the Patient Panel for their ongoing support.





## Medical Advisory Committee

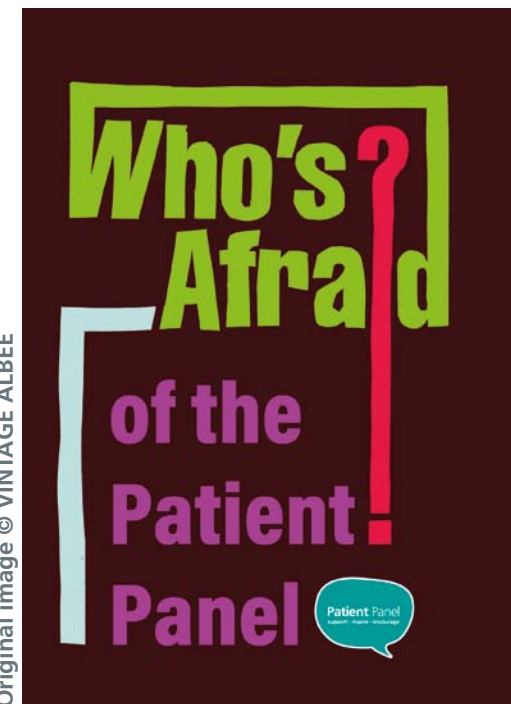
### Shahid Sardar, associate director of patient engagement

The Medical Advisory Committee (MAC) represents the 160 senior medical consultants in the hospital. They work together to represent the views of consultant medical staff and have sought to work in partnership with the Patient Panel to enable improvements in the patient experience. We have collaborated on several projects:

- ▶ Supporting visits by children and young people to help them think about future careers in the health service, as well as considering how they can support the development of the service.
- ▶ The creation of a patient information leaflet on anaesthesia.
- ▶ The development of a pain clinic in collaboration with commissioners.
- ▶ The development of patient information.

All of this culminated in a presentation to MAC on 8 November 2019 leading to the development of plans for the Patient Panel's ongoing collaboration.

Plans are currently in development for a region-wide patient panels and consultants meeting to collaborate on areas of common interest.



Together we can make a change.



# A reflection: Patient-led assessments of the care environment (PLACE)

Jacqueline Jackson, risk management committee

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, 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.

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, 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.

Several years ago, an annual and compulsory scheme was instigated by the NHS to assess the environment and the experience for all patients accessing their local hospital. Initially, it was led by clinicians or nursing staff and supported by patients or their representatives. In recent years it has been decided that best practice gives greater weight to patient involvement. Such is the trust accorded to our panel by the hospital, we were one of the first groups in the country to be entirely led by patients and non-employees of the hospital.

The Patient Led Assessment of the Clinical Environment (PLACE) was conducted last autumn and the panel was given open access to all areas. The assessors do not look at medical treatment, but are advised to look at the total environment from the perspective of the patient. Thus signage, seating, décor, toilets, reception, clinical areas, wards and the general environment surrounding the building are assessed. A rigorous scoring system is used.

Last year, I was invited to a national conference in Leeds which was looking at best practice and guidance for assessors. **I was very pleased to learn that the PAHT PLACE assessment was way ahead of most other hospitals in terms of its efficiency and autonomy.** The conference did highlight best practice, such as diversity of assessors. Our Patient Panel has regular contributions from members with visual impairment and the chair, Ann Nutt, has championed hearing loops throughout the hospital. Our panel has also provided dementia clocks where requested. During a previous assessment we have benefited from a wheelchair user's input.

Such perspectives have been of great value when conducting the assessment. Another recommendation, which we already follow at PAHT, was that staff should be encouraged not to feel concerned by an inspection, but to see it as a useful opportunity to improve the environment for patients. Assessors may also reference any praise offered to staff by inpatients and attendees at clinics.

The hospital buildings are old, and we are looking forward to the development of a new hospital. However, during our last inspection, it was clear that patients were very pleased with the makeover of key areas of the hospital to include new décor, stylish seating, living plants, and artwork. The drive to create a more welcoming appearance of the environment has been very successful.

During the assessments, we were delighted to hear that most patients were very pleased with their experience and were highly complimentary to staff. We saw very little to concern us and were received politely and efficiently by ward staff.

With the services of a new chef, we were keen to see how the revamped menus were delivered to



patients. Domestic staff served the meals very efficiently and most patients seemed highly appreciative of the quality of the menu. During a lunch break, the Patient Panel was served a selection of the ward menus and everyone was delighted with the quality and presentation of the food.

As the hospital manages the demands of coronavirus (COVID-19), there has not yet been the opportunity to bring all recommendations from our inspection into effect, but we are aware that they are to be implemented at the earliest opportunity.

At this time, it is not likely that we will be visiting the hospital for a subsequent assessment this year. We will do so, in line with guidance, as soon as is possible.

I learnt a great deal at the conference and was immensely proud of the contribution that our panel is making to the hospital PLACE assessment.



## Young Essex Assembly discovery visit

The Young Essex Assembly came to visit the hospital on Thursday 31 October and were treated to a whistle-stop tour of the work of leading clinicians and healthcare staff at PAHT. Beginning at the front of the hospital, in the emergency department, the young people were given a front row seat in the theatre of modern healthcare. The visit was a result of our work to support services in Harlow and beyond to develop a strategy which supports young people in transition between children's and young people's and adult services in the NHS.

The next meeting was with a robot in the hospital pharmacy. Young people were shown how new technology was speeding up and improving accuracy of the dispensing of medications. Other areas which the groups visited included:

- ▶ Dolphin children's ward where nurse Vikki Stone showed the group around.
- ▶ Pathology services where Dr Al Sam taught the group about the role of pathology in modern healthcare and the amazing intra-operative radiology his team provides.
- ▶ Radiology, where Dr James Diss talked about radiology as the future of all healthcare and passionately explained his role as a senior doctor at PAHT

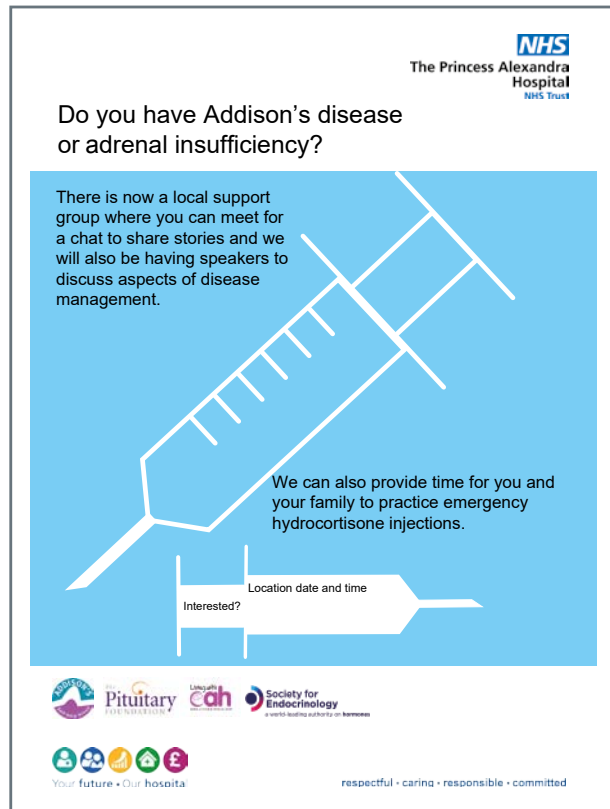
The meeting concluded with Sarah Webb, deputy director of nursing, speaking to the young people about healthcare.

**Photos were taken before coronavirus (COVID-19) social distancing regulations.**



# The Addison's disease support group

## Jennifer Wallace, clinical nurse specialist in endocrinology



**Jennifer Wallace, clinical nurse specialist in endocrinology explains more about how the Patient Panel helped with a new support group.**

As a clinical nurse specialist in endocrinology, I was aware that there were no support services locally for a group of patients with Addison's disease, a rare disorder of the adrenal glands.

To find out if there was an interest in starting a support group, I invited a small group of patients who I see regularly to a focus group that was supported by the Patient Panel in late 2018. The focus group were keen to have regular meetings to meet patients with the same issues as them and to keep up to date with their management of the disease.

We then arranged our first support group session and the Patient Panel were able to help find a suitable room for the meeting and even helped with designing a poster to advertise the group.

The first session, which was held for two hours in the morning, was really successful. I heard from a lot of patients that they wanted to come but the time was difficult for them to make. So we changed it to 4–6pm and were able to use the community room at the fire station in Harlow, which is a great space for us.

We have been meeting every three to four months and we have a topic that we focus on

for each session. At the start everyone introduces themselves and gives top tips or asks for help from the group. It has allowed patients with a new diagnosis to see how normal their life can be. The middle part of the session is used to highlight current issues or to discuss things that the group have asked for. The last part we use for injection practice and the older members teach the new members, which is great. The patients often exchange numbers with each other and keep in touch between the sessions which I have found really refreshing and ultimately was the purpose of the group.

Following each session, I email everyone to summarise what we have done and add in information that may have been requested.

I have received really great feedback, including:

**"Thank you for the updated information. I will make sure family members are aware of this as well in case they need to help with my medication."**

**"Thank you so much for all the links and advice. I will work through the list with mum."**

Anyone interested in coming along please email: [Tpa-tr.diabetes-endo@nhs.net](mailto:Tpa-tr.diabetes-endo@nhs.net).

# Patient Panel summer tea party



Last year (2019) the Patient Panel learnt that a number of elderly patients often receive very few visitors. Consequently, they have few highlights during their time in hospital and their experience of being an inpatient.

As a team, we wondered if there was anything we might offer to alleviate the situation, which was neither costly, nor too time consuming for us. A summer tea party was suggested and the panel embraced the idea with its usual energy and enthusiasm.

An eye-catching flyer was produced and an invite sent to relevant wards. Ann Nutt, chair, was delighted that many of her U3A friends offered to support the panel as waitresses, flower arrangers etc. As usual, the hospital restaurant

team were highly supportive of the initiative and dedicated the restaurant space to the party on a sunny Sunday afternoon in July.

With borrowed vintage crockery from St Clare's Hospice, lovely flower arrangements and random decorative cake stands, the space was quickly transformed into an inviting tea room.

A wonderful bonus was the presence of the Bishop's Stortford Ukulele Band whose lively and fun repertoire was enjoyed throughout the afternoon. An afternoon tea of sandwiches, cream scones and bread pudding (donated by a local bakery) was provided and the hospital chef baked a superb strawberry gateau, all of which were much appreciated.

Within a very short time, the event was a rip-roaring success and laughter, music and fun filled that corner of the hospital. It was very satisfying to see the appreciation of elderly patients, visitors and nursing staff who attended. One frail lady, an inpatient who had had no appetite for many days, relished her cream tea and hopefully gained a new zest for life. Several staff took the gateau to patients who were not well enough to

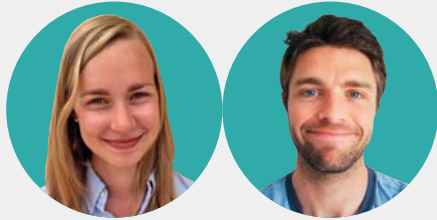
leave the ward or staff who were working hard caring for them.

The event was so well received we instantly decided we must repeat it and a date for July 2020 was set. Some planning has already taken place but has been overtaken by the current COVID-19 restrictions and the event has been postponed. We very much hope to reprise the party in 2021 as such a simple idea generated so much goodwill and happiness for patients and staff and we are determined that it will be bigger and better than ever.

Our thanks go to Stansted Airport Community Trust for supporting the event, Cousins Bakery for providing the most enormous bread pudding, Michael (flower stall) Harlow, St Clare's Hospice and the PAHT restaurant team.

**Photos were taken before coronavirus (COVID-19) social distancing regulations.**





## Medical students Morgan Roberts and Annie Williamson

The coronavirus (COVID-19) crisis has allowed many people to contribute what they can to support a variety of essential services. As medical students, we would have been happy to help in any way we could to contribute to the national effort against coronavirus (COVID-19). We were ready to make the most of whatever opportunity came our way.

Prior to this, intensive care was something that we knew very little of – across the entirety of normal medical school, you might spend two weeks there maximum, and none of us had done so yet. So, when we were asked to head up to the fourth floor to help, we were thinking of the images constantly on the news. Over the next six weeks we were working at the heart of intensive care medicine, at a time when it was more needed than ever. We were there to take patient notes, update spreadsheets, and prepare the documents for patients who were moving to other hospitals or, in some really positive moments, progressing to a recovery ward.

We could also directly assist with patient care in carefully supervised ways, particularly when it came to patient proning (moving a patient onto their

front) and rehabilitation. With the nature of the pandemic, three concurrent ward rounds were now being run via iPads back to a central control room. This was a very new approach to medicine, and it took some fine tuning, but the system is now in place should it ever be required again. This was just one aspect of a learning experience, not just for the students but for everyone involved.

The constantly evolving body of evidence also meant that the approach to the disease was changing week by week. It was amazing to see the pace that science was being translated into practice and the difference it made to patients' recovery, but also scary to think how little the world had known just weeks and months before. The most powerful memories that will stay with us are ultimately linked to individual patients. We joined the team when many were ventilated and completely sedated, and it took a few weeks for patients to be well enough to wake up. Now, many of those same patients are home with their families, having spent weeks regaining strength, mental clarity, and comprehension of the ordeal they had been through. Seeing one man smile broadly as we put

up a photo of his children by his bed in intensive care, and then watching him walk out of the ward a few weeks later, showed the power of medical care as well as his incredible fight. Nonetheless, it is hard to get to know these individuals after their time in ICU, with their stories, their quirks, the hospital meals they like or don't like, without thinking of the faces of those who didn't make it. Names we came to know well but who we never spoke to, whose families lost their loved ones through the seemingly arbitrary injustice of this disease.

Critical care is all about providing the highest level of support for a number of the bodily systems. We may hear lots about the ventilators, but there is a small army of people up there, armed with all manner of equipment, working tirelessly behind the scenes for these patients. It is a fantastic team effort to get people back to being able to support themselves again.

We were often asked by family and friends whether this experience was harrowing for us, but though there were many sad moments, we were also fortunate to join the most supportive and

professional ICU team, who empowered us to truly contribute.

At the end of a long shift, we shared food donated by the incredible public, and joined debriefing video calls to talk through moments that had affected us. The unit we joined was remarkable, and we feel lucky to have worked alongside the doctors, nurses, physiotherapists and many more who make up the PAHT team. This unity meant that somehow, despite the horror of this coronavirus (COVID-19) pandemic, we were part of something greater than ourselves, part of the NHS.



## International Nurses' Day

International Nurses' Day is celebrated around the world every year on 12 May, the anniversary of Florence Nightingale's birth. Every year, the day provides us with the opportunity to highlight the contribution of nursing colleagues and reflect on the vital high quality care that they provide to our local community and surrounding areas.

Ann Nutt, chair of the Patient Panel, said: "To mark last year's celebration and show our appreciation to our valued nursing colleagues, we organised a trip for 10 nurses to visit the

House of Commons to meet Robert Halfon, MP for Harlow. "The nurses thoroughly enjoyed the London visit and spending the afternoon with Robert. The nurses were taken on a tour of the House of Commons, had the opportunity to ask questions and enjoy a well-earned cup of tea and slice of cake.

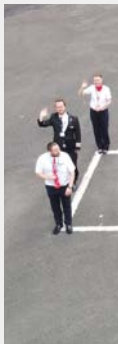
"We are proud to work alongside so many fantastic nurses who make a difference to our patients and their families every day."



# Thank you to our teams across PAHT

We greatly appreciate the work of our staff during this pandemic. It has been a privilege to work with colleagues across the organisation as they have responded to one of the most significant challenges of their working lives. Watching the way they have responded has enhanced the mutual respect and admiration that patients have for staff and all who work in the NHS.

Some photos were taken before coronavirus (COVID-19) social distancing regulations.







# Harlow Hospital Radio celebrates 50th anniversary

Linda Ranger, Harlow Hospital Radio (HHR) volunteer



The Harlow Hospital Radio team, pictured before the implementation of coronavirus (COVID-19) social distancing regulations.

## Linda Ranger from Harlow Hospital Radio gives an insight into the radio station

This year (2020) marks the 50th anniversary of the formation of Harlow Hospital Radio (HHR), which then started broadcasting to patients and staff at The Princess Alexandra Hospital in 1971.

We started our celebratory year with a new logo and a sell-out variety show at Old Harlow's Victoria Hall Theatre – with some music, dance, magic and comedy, presented by our members and some friends and associates. We had lots of other plans, some of which, of course, may now have to wait until next year.

Over the last couple of years, Harlow Hospital Radio has been working much more closely with our colleagues at The Princess Alexandra Hospital and this team work has enabled a greater mutual understanding that has been both rewarding and



is helping to shape our future plans. We look forward to raising our profile both inside and outside the hospital.

HHR's service operates 24 hours a day with a mixture of live and automated programmes using the Myriad broadcasting system, which is used by many mainstream radio stations. At the moment, the programmes are transmitted through the Hospedia patient system. We are in the process of upgrading our equipment to allow programmes to be available via the internet too, reaching other areas of PAHT that currently don't have Hospedia as well as other listeners off site.

The station is totally self-funded through various fundraising activities. All members of HHR are volunteers and receive full training before being allowed to broadcast.

HHR is a proud member of the Hospital Broadcasting Association (HBA), which is the national body that represents some 250 hospital radio stations nationwide. We are also proud to have been awarded a number of prizes in the national HBA Awards. Hospital radio has been the starting point for the careers of many household names in broadcasting.

We are embarking on our biggest development in many years to bring our programmes to a wider audience and we are keen to invite staff to become part of our station – to create a real hub that is for everyone involved with PAHT. Come and join us – contact 01279 635540, info@harlowhospitalradio.com.

## Patient Experience National Network Awards nominations for PAHT



Congratulations to Cally Bruce, acute oncology advanced nurse practitioner. She was nominated for the Fiona Littleedale Award for Outstanding Practice by the Patient Panel, which comes with a study bursary to support continuing professional development for the winning nurse.



The Patient Panel has also received a nomination and we are extremely proud that the cancer report 2018, "It Matters to Me", has been shortlisted.



# Diabetes: me, you and us

## Diane Deane-Bowers, vice chair of the Patient Panel

**Diane Deane-Bowers, of the Patient Panel, explains the background to planning the next Patient Panel conference.**

For the past few years, the Patient Panel has hosted several highly successful conferences. Our cancer conference in 2018, which received



national acclaim, is seen as an exemplar of good practice and has been nominated for an award.

Last autumn (2019) the panel decided that the 2020 conference should be devoted to diabetes generally and its specific hospital management. The decision for this was two-fold. Firstly, there have been remarkable advances in the use of technology to monitor and manage the condition, which means unregulated blood glucose levels should be greatly reduced. Thus, serious side

effects such as blindness and amputation, while not totally eradicated, should be increasingly rarer, allowing people living with diabetes to lead, long, happy and productive lives.

There have been reports of issues with the prescribing of modern technology, both locally and nationally, and the Patient Panel, as representatives of all patients, were keen to highlight concerns and work with the hospital teams to provide resolutions.

Secondly, the hospital is currently working on its ten-year plan for its diabetes provision, hopefully to include a purpose-built facility within a newly constructed hospital. At the moment the diabetes centre is removed from the main site and does not have instant access to the treatment options required for effective diabetes management.

The chair and vice-chair were invited to contribute to the strategic planning meeting and were very impressed with the innovation planned for the future service. It seemed to make perfect sense to collaborate with the diabetes team with reference to the conference, and we are delighted that lead consultant Dr Sennik and the acting chief medical officer Dr Marcelle Michail have agreed to take part and run workshops.

Much initial planning has taken place working alongside the Quality First team and a very interesting and informative conference had been scheduled for early summer.

Disappointingly, the coronavirus (COVID-19) pandemic has led to the postponement of the conference and it is not certain when it will take place. It remains a priority for 2021, not least because diabetes is a challenging condition to control and many of the patients who are coronavirus (COVID-19) positive have experienced poorly controlled glucose levels.

Despite recent weeks, we intend the conference to be highly optimistic: living active and fulfilling lives with diabetes, while, hopefully, being treated in a state of the art, purpose-built diabetes hub which has incorporated patient suggestions.

**Stop press**  
**Diabetes conference**  
**10 February 2021**  
**Keynote speaker:**  
**Professor Roman Hovorka**  
**(Cambridge University)**

# Cancer patient research ambassador (CPRA) joins the Patient Panel

Cyril Cleary, CPRA

I am a cancer patient research ambassador for the The Princess Alexandra Hospital NHS Trust (PAHT) and University College Hospital in London, as part of the North Essex Network. I am still in my first year with the Patient Panel, so wanted to record my thanks and appreciation for the welcome and support I have been shown by the group, both patients and professional medical staff.

My particular interest lies in promoting patient support groups, which I believe offer a unique opportunity to complement the work of medical staff by addressing the emotional and psychological needs of patients. With this in mind, Chris Cook, head of research development and innovation, has been enormously helpful in helping facilitate the first of a number of such groups I would like to see at PAHT in the coming year.

I have a particular interest in Barrett's oesophagus as a longstanding patient and founder of a very successful group in London,



so we began by setting up a similar group at PAHT six months ago. The group is now properly established, has met three times and is affiliated to a long-established Barrett's network in Essex, named Barrett's Essex.

Of course, just as we were taking off, the current lockdown restrictions for coronavirus (COVID-19) have come along which has curtailed further meetings for the foreseeable future.

Our hope remains that when freedom of association returns, we can pick up the task of identifying other disciplines which could benefit from a patient support group at PAHT, as we believe they are an invaluable source of support in enhancing patients' experience and, in the broader sense, lead to healthier outcomes for individuals. If you would like to join us, please contact us on 07974 188480 or [BarrettsEssex@gmail.com](mailto:BarrettsEssex@gmail.com).

## The EPIC Network



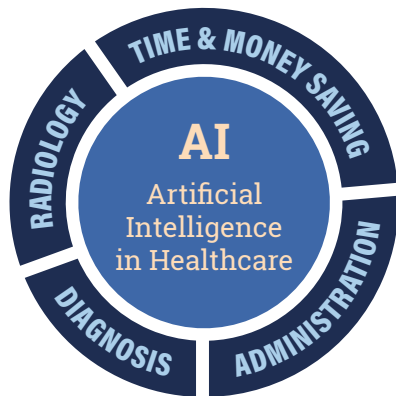
The East of England Patients Integrated Chairs Network (EPIC) originated as the idea of Ann Nutt, chair of the Patient Panel, which she then shared with Gill Orves, chair of Ipswich Hospital User Group (I-HUG). Ann then invited chairs from other hospitals in the east of England region to an inaugural meeting at The Princess Alexandra Hospital, with a follow-up meeting in Ipswich.

Harlow and Ipswich panels have already held a successful joint conference on patient engagement and currently, Harlow and Norwich are planning to link up their Patient Panels to continue this collaboration and spread it to a greater number of patient groups.

Plans to meet in Norwich in June had to be postponed due to COVID-19. There is much work needed regionally to improve patient experience and challenge some of the inconsistency around problems such as parking, carers' support, visiting, patient experience scrutiny and a network where chairs can support each other.

# Research at PAHT

## Chris Cook, head of research, development and innovation



My first encounter with the Patient Panel was through sitting as a lay member of the Clinical Excellence Awards with Ann. Sometimes as the saying goes, “it’s not what you know but who you know”, which was very true of my association with Ann.

I needed to ensure that every patient who comes into the hospital was aware that The Princess Alexandra Hospital NHS Trust is research active; I contacted Ann who gave me a slot on the panel, we then came up with a strapline about research which is on every hospital letter.

By attending the Patient Panel I realised the value of the work they do and how we could help and support each other, and at the time,

because the RD&I Group meeting was too early in the morning for members of the panel to come to R&D, I asked if I could go to them and was accepted as a permanent member of the panel. I have learnt such a lot since I have been attending these meetings and miss them terribly since the lockdown.

Because we all work closely together I have not one, but two members of the Patient Panel who attend the RD&I Group meetings – Jacqueline Jackson and Mark Hamilton – their contributions are priceless.

At the end of last summer, I was asked to meet with Dr Ganesh Aranuchalam to discuss artificial intelligence opportunities. I then met with some of the senior members of PAHT that he had made associations with and from there we set up the Artificial Intelligence Assurance Board, the mission of this Board is to:

Create a safe, sustainable, digital, healthcare model; integrating health, prevention and care for our population across the recognised local STP. This model will encompass technology, education, workforce, training, research, development and innovation.



**Dr Ganesh met the panel to discuss the use of artificial intelligence in healthcare.**

The AI Board is in its early development, which has been delayed due to the coronavirus (COVID-19) pandemic, but we are already working with external stakeholders to bring in companies with proven AI development, research trials as well as working with academic centres in order to find solutions to work differently for the benefit of our local population and the local workforce.

Currently three members of the Patient Panel have volunteered to work with the team and Cyril Cleary will be joining Jacqueline and Mark to ensure the patient voice is heard.



# Complaints Reference Group (CRG)

## Andrew Stuttle, Complaints Reference Group member

The Princess Alexandra Hospital Trust (PAHT) receives very few complaints when compared with the number of people who use the services available; however, each complaint is received positively, investigated thoroughly by staff of PAHT, replied to and the whole process actively monitored internally.

The Patient Panel has the CRG sub-group that reviews a random sample of complaint investigations to identify where improvements can be made in the many stages of the process of handling a complaint, from receipt through to closure. Our goal is to ensure that all those associated with a complaint receive the best possible, patient focused experience. During the year, the CRG has reviewed and revised its own processes and procedures to improve reporting, cover additional areas of PAHT's complaints practices and achieve integration with the updated PAHT complaints procedure.

All members of CRG are Patient Panel volunteers and bound by signed confidentiality agreements and PAHT General Data Protection Regulation (GDPR) policy.

The CRG meets monthly to examine a sample of the following:

- ▶ A current complaint
- ▶ A closed complaint
- ▶ Two PALS complaints
- ▶ One audio resolution meeting

Additionally, the group will visit departments to satisfy themselves that improvements have been carried out, review NHS Ombudsman responses and any legal cases. A telephone survey of complainant satisfaction is being considered for the future.

Each complaint reviewed is scored against a number of patient focused criteria such as:

- ▶ Would we be satisfied by the response?
- ▶ Is the report clear, sensitive and covering all the issues raised?
- ▶ Has or is the process being handled in a timely manner?
- ▶ Are identified improvement actions specific, measurable, achievable, realistic and timely (SMART)?
- ▶ Will the actions identified prevent recurrence?

The complaint process is then ranked as either, 'outstanding', 'good', 'requires improvement' or 'inadequate'. Additionally, comments are

made where commendation is appropriate or where the group feels that a specific process improvement is required. These reports are compiled into a quarterly report made to the PAHT Board level Quality and Safety Committee where further actions will be agreed and reported.



Sadly, the CRG is currently suspended due to the coronavirus (COVID-19) pandemic, we are actively investigating online alternatives; but due to the need for total patient and complainant confidentiality this is proving to be difficult. We will certainly return to our active roles as soon as we can.

# A history of The Princess Alexandra Hospital, Harlow, in the year of its 55th anniversary



When Harlow was designated as a New Town in 1947, the population was approximately 4,500 over a rural area and was dependent for its hospital services on St Margaret's Hospital, Epping, and Herts and Essex Hospital, Bishop's Stortford.

The Harlow Development Corporation contacted the local hospital authority and Essex County Council's Health and Welfare Department about the need for a new hospital. The hospital authority set out the space requirements and were allocated thirty acres (twelve hectares) north of the town centre. The area included Parndon Hall, formerly home to the Arkwright family who were the principal landowners in Harlow, prior to the building of the new town.

The hospital was designed by Easton & Robertson and was built in three phases between 1958 and 1966. Phase one included provision for outpatients and an X-ray department and was opened in 1961; phase two provided the main operating theatres, general medical, surgical, orthopaedic and

gynaecological beds arranged in four wards, and a maternity unit. Some accommodation was also provided for staff. Phase three included the departments of pathology and pharmacy.

The official opening ceremony was held on 27 April 1965, attended by Her Royal Highness Princess Alexandra, The Honourable Lady Ogilvy. HRH Princess Alexandra is The Queen's cousin and a working member of the Royal Family.

Following this momentous day in 1965, the hospital saw the implementation of many procedures and treatments that are now a mainstay of the work of a modern acute hospital. This includes computerised tomography (CT) scanners, which were first used in the UK in 1972. They continued to be used at the hospital from the 1970s, and in September 1998, HRH Princess Alexandra revisited the hospital to officially open the new CT scanner suite in the X-ray department.



Photos © George Taylor

The radiology department at PAHT performed 32,236 CT investigations in 2019 and it has now been announced that the hospital is to receive £447,000 from the Government for a new state-of-the-art CT scanner, to be installed this year. This will support early diagnosis of cancer for its patients.

The hospital was established as The Princess Alexandra Hospital NHS Trust in April 1995, providing services at The Princess Alexandra Hospital in Harlow, the Herts and Essex Hospital in Bishop's Stortford, and St Margaret's Hospital in Epping.

In the years since the hospital first opened, it has undergone modernisation and development, including recent additions such as the Charnley Ward and renovation of Ray Ward. However, much of the site remains recognisable to how it looked in previous years.

In October 2019, the Government announced that PAHT is to receive funding to rebuild a new hospital in Harlow for its patients, community and people. The details around the funding and the timeframe are currently being finalised and PAHT is completing its business case for the new hospital and we wish them every success.



**Thank you to Stan Newens (former MP for Harlow) for contributing to this article. Stan celebrated his 90th birthday this year and we would like to thank him for his service to the people of Harlow.**



© George Taylor

Princess Alexandra opening the hospital in 1965.



## A message from the Deputy Lieutenant of Essex Lady Ruggles-Brise DL

I first met the Patient Panel when I, as one of Essex's Deputy Lieutenants along with a colleague, visited the panel in my role as a county assessor of the Queen's Award for Voluntary Service. The Patient Panel had been nominated for this award last year. The Queen's Award for Voluntary Service is for outstanding achievement by groups which volunteer their own time to enhance and improve the quality of life and opportunity of others in their local communities. It is the highest award given to volunteer groups across the UK.

It was a fascinating visit where we learnt of the immense and varied work carried out by the Patient Panel. How thrilled we are that Her Majesty The Queen has recognised the invaluable work of the panel at The Princess Alexandra Hospital NHS Trust by bestowing this high honour on them.

The Essex Lieutenancy is headed up by Her Majesty's Lord-Lieutenant, appointed by Her Majesty The Queen as her personal representative in the county. Mrs Jennifer Tolhurst is Lord-Lieutenant of Essex, and is the first woman to be appointed to this role in Essex since it was established in the 1500s. The appointment is non-political and unpaid.

The Lord-Lieutenant is responsible for appointing her deputies, subject to Her Majesty approving the granting of their commission. Once appointed, they are holders of public office.

The main role of a Deputy Lieutenant (DL) is to support the Lord-Lieutenant in her role of upholding the dignity of the Crown, encouraging and supporting the voluntary sector and benevolent organisations. The Lord-Lieutenant asks us to deputise for her whenever necessary, to be her eyes and ears throughout the county, bringing to her attention any individual who might be worthy of a national honour, or any company, enterprise, or charity which might be considered for a Queen's Award.

There are between 50 and 60 DLs in Essex at any one time, a number which is calculated on the basis of the Essex population. The role of the Lord-Lieutenant and her Deputies ceases at the age of 75, though retirement can be taken earlier.

Thank you for asking me to contribute to this annual report. This has indeed been a difficult year for us all, but in particular for those involved with the NHS. I know that the support the panel



### The Queen's Award for Voluntary Service

*The MBE for volunteer groups*

has continually offered throughout the year to all at PAHT will have been invaluable.

Further information on the lieutenancy and advice on how you make a nomination for the awards is available at:

[www.essex-lieutenancy.org.uk](http://www.essex-lieutenancy.org.uk)



# PAHT radiology – excellence today, innovation for tomorrow

Awarded 'Department of the Year' at the Our Amazing People Awards 2019, the radiology department is one of the busiest and best in the country (ranked second nationwide in a recent joint CQC/RCR audit\*), performing over 240,000 imaging studies annually – equivalent to a diagnostic examination on every person in the hospital's 350,000 catchment area every 18 months.

Most PAHT patients (whether attending A&E, admitted to the hospital or seen as an outpatient) have some interaction with the department. However, few are aware of the diverse function and vital role that radiology performs, a role which not only involves diagnosing, but also directly treating conditions. Radiology staff carry out more than 110,000 X-rays, 42,000 CT and MRI scans, 52,000 ultrasound examinations and 2,000 nuclear medicine studies each year. In addition, many hundreds of patients are also grateful to our radiologists for providing image-guided painkilling injections, and many thousands benefit from the biopsy procedures performed each year, typically to help diagnose and guide cancer treatment. Less familiar will be our radiographers' daily work with surgeons,



**The radiology team, pictured before the implementation of coronavirus (COVID-19) social distancing regulations.**

providing image guidance to assist many hundreds of elective and emergency operations.

Each year, our interventional radiologists fit thousands of patients with lines and tubes, allowing the administration of life-saving treatments, and carry out over 2,000 minimally-invasive but highly complex life-saving operations (including nephrostomies (a tube that drains urine from the kidney), angioplasties (a procedure used to widen blocked or narrowed coronary arteries, the main blood vessels supplying the heart) and embolectomies (to remove an obstruction) on patients with life-

threatening conditions such as major bleeding and acute organ failure.

The department's key front-line role has been highlighted even more acutely during the coronavirus (COVID-19) pandemic, with X-rays and CT scans being used to help diagnose patients and quickly begin treatment. The radiology department continues to provide a vital role in the longer-term support of patients who have had a coronavirus (COVID-19) diagnosis, and for patients with a range of illnesses

and injuries.

To ensure that we provide the best patient care possible, not only today but also in the future, the radiology department is leading efforts both to understand coronavirus (COVID-19) and its longer term effects (hosting a number of virtual international events and publishing key information online to help assist clinicians to recognise characteristic imaging features of the disease), and to promote the rapid introduction of artificial intelligence (AI) systems to support our vital work.

**continued on the next page**

# Event in a Tent

## Alison Mowbray, interim deputy therapy manager

Event in a Tent has become an annual event where throughout the day various departments within the hospital showcase the work they are currently doing.

Ann Nutt, chair of the Patient Panel, who is also one of three disability equality champions, approached me with an idea for staff to experience some of the difficulties people have carrying out day to day tasks.

This was a very interactive session, jointly run between the disability equality champions, falls practitioner and occupational therapy. The aim was to demonstrate the difficulties some staff

and patients experience in completing everyday activities that we take for granted. We decided to hold a planning meeting to discuss ways of educating people in an interactive way. Some disabilities are more overt than others: we simulated activities such as getting dressed or making a snack, using only one arm, putting socks on with reduced hand function, reading tasks with visual loss, or a perceptual task in the mirror. Success with tasks required using different techniques, a gadget or extra mental effort and we had a lot of staff rising to the challenge and getting a small glimpse of the difficulties other people have. Usually it is the role of occupational therapy to analyse the

difficulties people have, and find solutions. It was great fun to think of things the opposite way round and have discussions with staff about their experiences.



**Once again the Patient Panel supported the volunteers' Christmas party and supplied raffle prizes and the quiz. Thank you to the catering team, the executive team and volunteers from Stansted Airport for providing waitering services for the superb meal.**

### Radiogy article continued

Our patients are at the heart of everything we do and we continue to enjoy a fantastic collaborative relationship with the Patient Panel. This has led to the establishment of ground-breaking initiatives such as the 'Abnormal GP Chest X-ray Straight To CT Pathway', helping to more quickly diagnose patients with findings of concern on routine chest X-rays. Looking further to the future, with the help of the Patient Panel, we are working to inspire and recruit the

next generation of radiologists and radiographers by hosting visits and events for young people (including the Young Essex Assembly in November 2019). Together, we hope to build on our current successes and ensure that radiology at PAHT continues to innovate for an even brighter tomorrow for all of our patients.

\*RCR/CQC report references: <https://blog.agfahealthcare.com/princess-alexandra-hospital-2nd-in-the-uk-for-inpatient-imaging-reporting-and-6th-for-ae-reporting/>

<https://www.yourharlow.com/2019/06/08/radiology-at-princess-alexandra-hospital-commended-for-topping-targets/>

Photos were taken before coronavirus (COVID-19) social distancing regulations.



# Team

Ann Nutt   <b>Chair</b>			Diane Deane-Bowers <b>Vice-chair and complaints assurance lead</b>		
Mollie Pattenden <b>Nutrition lead</b>	Diane Deane-Bowers <b>Infection control lead/ Complaints lead</b>	Sandra Newens <b>Chair organ donation lead/ Eye unit lead</b>	Quinton Cartlidge <b>Medicine management lead</b>	Fred Lloyd <b>Complaints team lead</b>	John Woods <b>Readers' panel</b>
Angela Weeks <b>Readers' panel</b>	Kieron Clegg <b>End-of-life (survey lead)</b>	Frank Sumair <b>End-of-life (committee)</b>	Len Doree <b>Sensory advisor</b>	Marilyn King <b>Sensory advisor</b>	Mark Hamilton <b>Harlow College lead/ Research team</b>
Anita Millar <b>Childrens' champion</b>	Pam Dixon <b>Readers' panel</b>	Sue Eggert <b>Readers' panel</b>	Audrey Taffs <b>Readers' panel</b>	Barry Rogers <b>Cancer services lead/ Complaints team</b>	
Jacqueline Jackson <b>Risk management/ Complaints team/ Research team</b>	Cyril Cleary <b>Cancer (Barrett's oesophagus) lead/ Research team</b>	Helen Crompton <b>Readers' panel</b>	Julia Green <b>Minute secretary</b>	Andrew Stuttle <b>Readers' panel/ Complaints team/PSQ</b>	



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