Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
4th March 2020

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 10th February are attached. Matters discussed in the meeting on 10th February included: • Quality Report – Patient Experience • Feedback from Patient Panel meeting • Feedback from Group members on recent visits and meetings • Feedback from members to Governors relating to Patient Experience The Group also visited the Infusion Suite and Nursery at Ashford Hospital
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 10th February 2020
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	March 2020
Decision:	For Noting

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
10th February 2020

Room 3, Education Centre, Ashford Hospital
14:00 – 16:30 hours

PRESENT:		Neal Adolphus	Public Governor, Spelthorne
		Tom Allan	Staff Governor, Volunteers
		*Derek Barnes	Public Governor, Spelthorne
		Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
		Shirley Holmes	Public Governor, Woking and Guildford
	Chair:	Chris Howorth	Appointed Governor, Royal Holloway University of London
		Chris Marks	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
		Michael Smith	Public Governor, Woking and Guildford
		Danny Sparkes	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:		Helen Collins	Head of Patient Experience and Involvement
		Anu Sehdev	Membership and Engagement Manager
APOLOGIES:		Maureen Attewell	Appointed Governor, Spelthorne Borough Council
		Bertie Swan	Public Governor, Elmbridge

*shadow member

Minute		Action
PEG-01/20	**Apologies** As noted above.	
PEG-02/20	**Minutes of the Previous Meeting** The minutes of the meeting held on 18th November 2019 were agreed as a correct record. The updated Action Log was noted.	
PEG-03/20	**Matters arising** <u>Circulate the ideas discussed at the Healing Arts Steering Group</u> The Head of Patient Experience and Involvement advised that a Healing Arts Programme meeting had taken place the previous week and she would be happy to share the resulting action plan with the Group when it was finalised. Chris Marks mentioned how he had attended the recent Charitable Funds Committee after which he made contact with Marcine Waterman, Non-Executive Director, to offer his services and was yet to hear back. The Head of Patient Experience and Involvement advised that she needed assistance with raising	**HC**

funds to improve the environment and was in the process of costing up ideas. She was sure improving the environment would result in therapeutic benefits for patients. She gave the example of a case study where patients with COPD began singing and how singing improved their breathing so they attended hospital less. Music was also found to have a psychological benefit for the elderly as it encouraged movement.

Chris Marks advised he would share links on art and therapy in hospitals. **CM**

The Head of Patient Experience and Involvement referred to South Mead Hospital in Bristol which had an exceptional environment and how when you visited and experienced this you felt confident that you would receive good care.

REGULAR ITEMS

PEG-04/20 Feedback from Patient Panel meeting

Danny Sparkes advised that there had been a presentation from First Contact Physio which was an initiative which allowed a patient to receive physiotherapy at their GP surgery. This would be rolled out to a few GP practices to start with.

Danny advised that she and the Head of Patient Experience and Involvement were re-working the Terms of Reference and these would then be presented at the next Patient Panel meeting in March. Shirley Holmes queried how people became members and it was advised that the group consisted of patients, relatives and patient representatives. Posters were put up around the hospital to recruit new members and they then had to go through an interview process.

In response to Chris Howorth it was confirmed that positive experiences were also raised. Chris queried what the turnover was. Danny advised that currently there were no maximum terms for members and that these would now be introduced. Chris considered it was important that the membership had diversity and those with experience of both chronic and acute conditions. The Head of Patient Experience and Involvement advised that she would present the Terms of Reference to the Group and include diagramatics. **HC**

Tom Allan queried who the Patient Panel reported to and it was advised that this was something that needed clarification as previously this had been the Patient Experience Group and Patient Experience Monitoring Group. Chris Howorth considered it was important that the Patient Experience Group continued to be kept appraised of discussions. The Head of Patient Experience and Involvement advised that there had been discussion about disbanding the Patient Panel. It was considered that feeding back to the Patient Experience Monitoring Group was the best route. It was also useful to have the Patient Experience Group note issues in their minutes. Neal Adolphus agreed that if anything important was discussed by the Patient Panel the Patient Experience Group should learn about it.

Michael Smith queried whether the Patient Experience Monitoring Group was attended by representatives from the CCGs and it was advised that they did not but attended the CQRM.

PEG 05/20 Quality Report – Patient Experience

The Head of Patient Experience and Involvement presented highlights from the Quality Report. She referred to medication safety and advised that the Trust had performed well. Tom Allan advised how impressed he had been with the handling of his personal complaint and how quickly it had been resolved.

The Head of Patient Experience and Involvement was happy to report that the Trust had dealt swiftly with the recent outbreak of Norovirus and that it was now under control. Volunteers and staff had been key in encouraging patients and visitors to wash their hands on entering and leaving the site. There would be a round table exercise to conduct a root cause analysis. In response to Tom Allan, the Head of Patient Experience and Involvement advised that although the virus had been brought in by a patient, hand hygiene had been an issue. The use of anti-bacterial hand gel did not combat this virus as only proper hand washing with soap was successful. It was considered that wash basins should be available outside wards. In response to Chris Howorth it was advised that the first case was regarded as the index case which had presented at St Peter's and the virus had then moved to Ashford. Tom Allan queried whether regular inspections took place and it was advised that these were now in place.

The Head of Patient Experience and Involvement turned to learning from death and advised that 70% of audits had been completed which was much improved. The medical examiner would be in post soon and would provide death certification advice and would sit within the Bereavement office.

It was advised that Stroke care had improved further with the service being graded as high. Chris Marks was surprised that only 15% of stroke patients had received thrombolysis treatment. The Head of Patient Experience and Involvement advised that thrombolysis was an excellent treatment for the right type of stroke and it was agreed that she would check whether thrombolysis had been provided to the right patients. **HC**

The Group made some suggestions about including keys for abbreviations, key performance indicators (KPIs), consistency in colour usage and providing a comparison against other trusts. The Head of Patient Experience and Involvement agreed to take these suggestions back to the team. Neal Adolphus was impressed with the detail and openness of the information provided. Chris Howorth clarified that the report provided to the Group was the same as the one that went to the Board.

The Group proceeded to discuss the Serious Incidents Requiring Investigation (SIRIs) report. Tom Allan requested rag ratings in the report.

The Head of Patient Experience and Involvement turned to the patient experience section in the report and was pleased to advise that the complaint response rate was now 97% and that this had resulted from the process changes put in place previously. Follow-up complaints only amounted to 2-3% of complaints. It was advised that themes were discussed at the Patient Experience Monitoring Group and communication and attitude featured most commonly. The Trust did not provide training in communication and this was something the Head of Patient Experience and Involvement was pushing for with the Patient Experience

Monitoring Group. In response to Michael Smith, the Head of Patient Experience and Involvement described how issues were raised and whether these were regarded as PALS concerns or formal complaints. In response to Lilly Evans, it was advised that the complainant decided if they wished to escalate their complaint to the Parliamentary Health Service Ombudsman (PHSO). Occasionally when the complaints team considered there was nothing further they could clarify they would encourage the complainant to refer to the PHSO. Referrals to the PHSO were higher than previous years and the PHSO had been contacted to see if this was a national trend. The number of complaints upheld remained exceptionally low.

The Head of Patient Experience and Involvement outlined the various ways that patients were able to provide feedback via the Friends and Family Test (FFT), be it by paper or app. From April 2020 a new supplier would be providing stations across the Trust where feedback could be inputted and these would be available in different languages as well as Braille.

In response to Chris Marks it was agreed to check whether a breakdown of claims could be provided. **HC**

The Head of Patient Experience and Involvement mentioned the use of body cameras by front-line staff which were now provided to the complaints team.

FEEDBACK

PEG-06/20 Feedback from Group members on recent visits and meetings

None

PEG-07/20 Feedback from members to Governors relating to patient experience

None

ANNUAL BUSINESS

PEG-08/20 Chairmanship of Patient Experience Group (PEG)

It was explained that a formal decision had not been made at the last meeting due to many members' governor terms coming to an end. It had been agreed that Chris Howorth would be Acting Chair at the first meeting. The Group agreed, unanimously, that Chris Howorth should continue as Chair of the Group.

PEG-09/20 Any Other Business

None

PEG-10/20 Tour of Infusion Suite

Tom D'Souza, Matron for Theatres and Day Surgery, took the Group to the Infusion Suite where they were welcomed by Suzannah Foskett and Sanjay Bhurtan, Infusion Nurses.

The Infusion Suite has recently been refurbished and aims to meet the needs of people receiving treatments for a wide range of malignant and non-malignant conditions. The unit works closely with St Luke's Cancer Centre (RSCH Guildford) to provide chemotherapy closer to home service.

The improving Cancer Care Action group were actively involved in the design and refurbishment of the unit in response to patients' feedback.

There are three bays with a total of 20 treatment chairs. Currently 12 chairs are being utilised but as staffing increases all chairs will be in use. Suzannah showed the Group the three large bays, toilets and kitchen area where tea, coffee and sandwiches were provided. The area was very spacious, clean and newly decorated. The Group was shown the preparation room where infusions were formulated.

It was advised that patients can be supported by friends or relatives during their treatment.

Suzannah advised that the unit treated around 40 patients per day. The department was very busy but there was allocated time to prepare and plan for patients. It was further advised that the unit would be welcoming a ward clerk who would be supporting the unit three days per week.

Suzannah and Sanjay advised that patient feedback was very positive and staff were also very happy working in the unit. The plan was to expand further, employ more staff and to provide a 7 day service.

Tom Allan advised, as he had noted with patient areas around the Trust, that seals in the male toilets between the floor and walls were peeling away. He also noted similar damage he had observed elsewhere to the corners of walls in corridors and wards where beds/trolleys had hit them when being mobilised.

The Group thanked Suzannah and Sanjay for showing them round the unit. They expressed how impressed they were with the service the team provided.

PEG-11/20 Tour of Nursery

Dawn Hunt, Nursery Manager, welcomed the Group to the new nursery at Ashford Hospital and expressed how proud she was of it. She advised that the nursery at St Peter's had also undergone a refurbishment. Dawn advised that she had been involved in the decision making for the new nursery and had managed to get most of what was needed/wanted. Dawn showed the Group the staff room, office, kitchen and bathroom areas. She advised that the unit had 40 staff looking after 200 children under the age of 5. A play-scheme was also provided to cover the school holidays.

Dawn advised that the team now had their first male nurse and how this had improved the diversity on the team and provided a different outlook when caring for the children. The nursery was Ofsted regulated and had been rated as "Good" in the last inspection in 2017.

Dawn indicated where the baby room was located but was unable allow the

Group into the area as floors were kept super-clean due to babies wanting to crawl on the floor. Dawn advised that children with learning disabilities were also cared for at the nursery. There were two special needs nurses at St Peter's and one special needs nurse at Ashford.

Dawn considered it was very fortunate to have a nursery run by the Trust as decisions on how it was run and how much was charged were all made in-house. It was also fortunate and quite rare that the nurses were of differing ages meaning that many were experienced in looking after children and could pass on their expertise to other staff as well as the children benefitting. Staff retention was excellent with only around two nurses leaving per year.

Dawn advised that staff were given priority when seeking a place for their child and the waiting list currently stood at 18 months. The ratio of hospital staff to external places was 60:40 at Ashford Hospital and 98:2 at St Peter's Hospital.

Dawn turned to the food menu which encouraged healthy eating and avoided allergies. It was also made a point of asking parents what their children liked and disliked and asked them to complete a sheet entitled "About Me". This covered the background of parents, grandparents and favourite toys. There were also safeguarding officers on the team.

The Group was then shown the large outside play area which had rubber flooring and was partly covered from the elements.

When asked if there was anything the nurseries needed, Dawn advised that additional play equipment would be appreciated. Dawn advised that she had tried to get local companies to sponsor the nurseries and this had been somewhat fruitful.

The Group thanked Dawn for showing them around the nursery and indicated how impressive the facilities were.

PEG-12/20 Further Meetings for 2020

Monday 6 April	Room 3, Education Centre, Ashford Hospital
Monday 22 June	Room 3, Chertsey House, St Peter's Hospital
Monday 7 September	Room 3, Chertsey House, St Peter's Hospital
Monday 16 November	Room 3, Chertsey House, St Peter's Hospital

All taking place 2-4pm

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
18.11.19	**PEG-47/19**	**Feedback from Group members on recent visits and meetings**	Invite Judith Moore to future PEG meetings to update on the workings of the Organ Donation Committee	AS	22.6.20		
10.2.20	**PEG-03/20**	**Matters arising**	Share the action plan decided at the Healing Arts Steering Group	HC	6.4.20		
10.2.20	**PEG-03/20**	**Matters arising**	Share links on art and therapy in hospitals.	CM	ASAP	1. Art in hospitals https://www.tandfonline.com/doi/full/10.1080/17482631.2016.1267343 and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2996524/ 2. Art and healing https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804629/ and https://www.nhsconfed.org/-/media/Confederation/Files/Wales-Confed/Literature-review-of-arts-and--health-and-wellbeing.pdf 3. Art and longer life https://www.bmj.com/content/367/bmj.l6377	✔
10.2.20	**PEG 04/20**	**Feedback from Patient Panel meeting**	Share updated TORs with the Group	HC	6.4.20		
10.2.20	**PEG 05/20**	**Quality Report – Patient Experience**	Check whether thrombolysis had been provided to the right patients.	HC	6.4.20		

10.2.20	**PEG 05/20**	**Quality Report – Patient Experience**	Check whether a breakdown of claims could be provided.	HC	6.4.20		