Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
2nd December 2020

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 16th November are attached. Matters discussed in the meeting on 16th November 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 heard from Chris Ketley, Non-Executive Director, and Laura Ellis-Philip, Director of Digital (CDIO), Senior Information Risk Owner, who provided an update on Digital.
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 16th November 2020
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	December 2020
Decision:	For Noting

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
16th November 2020

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Neal Adolphus	Public Governor, Spelthorne
	Tom Allan	Staff Governor, Volunteers
	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:	Charlotte Broughton	Matron, Specialist Surgery *(will be taking up the role of Head of Patient Experience on 1st Dec 2020)*
PEG–14/20 only	Laura Ellis-Philip	Director of Digital (CDIO), Senior Information Risk Owner
PEG-14/20 only	Chris Ketley	Non-Executive Director
	Andrea Lewis	Chief Nurse
	Jacqui Rees	Associate Director of Quality
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Derek Barnes	Public Governor, Spelthorne
	Bertie Swan	Public Governor, Elmbridge

Minute **Action**

PEG-13/20 Apologies

As noted above.

PEG-14/20 Digital Presentation

Chris Howorth welcomed Chris Ketley and Laura Ellis-Philip to the meeting.

Chris Ketley advised that he had spoken previously with Chris Howorth on how the Trust was working to improve patient safety.

Chris K advised that the presentation covered:

1. Progress against strategic objectives and BAF (Board Assurance Framework) categorisation
2. Update on digital initiatives and issues
3. How digital is impacting patient experience

Chris K advised the Trust used digital pathways to improve clinical pathways, safety and efficiency; and empowered patients. There were three strands:

1. Transformation
2. Protection
3. Defence

Laura Ellis-Philip advised that her team had an excellent relationship with the non-executive directors and valued their insight. She had worked with Chris Ketley for three years now and during this time he had provided a great of support and also challenged processes.

Laura turned to Transformation and highlighted the Surrey Safe Care programme which was a joint project with the Royal Surrey and the aim was to provide one, accessible patient record. This would reduce the amount of records, support teams and provide a better patient experience. 80% of the system had been built and it was hoped to go live in November 2021.

Laura then turned to Protection and advised this was about ensuring that key IT systems were up and running to ensure patient safety, a good patient experience and to avoid process delays. Laura highlighted the use of Evolve[1] which ensured there were no longer issues with missing notes and, hence, appointments did not have to be cancelled. BadgerNet[2] was another example which allowed hand-held notes to be replaced with an app which could be shared with the mother, GP and hospital. Finally, Attend Anywhere[3;4] was a virtual appointment solution.

Tom Allan queried what happened if a patient was seen at two hospitals and had two different patient numbers and it was advised that these were amalgamated into Cerner[5] to insure all information was available to the treatment provider.

Laura turned to Defence and explained how this included cyber security and how assistance had been offered by central NHS and Trust practices had been reviewed producing a 100 page report. Nearly all actions had now been completed. It was apparent that the weakest link was Trust users and this may in the form of sharing passwords or clicking on a phishing link, for example. The Board had supported the team and a cyber campaign was introduced which enabled mandatory training compliance to increase to 95% which was a great achievement in light of the pandemic.

Chris Ketley referred to Digital Capture and advised how patient feedback rates had reduced in recent years and how it was important to capture feedback in order to learn from patient experience and shape services accordingly. Viewpoint had been selected after trials and had gone live recently with 30 devices around the Trust. This provided real time capture by using eye catching kiosks. It was planned to expand the number of kiosks around the Trust. There were various ways to provide feedback. An example was scanning a QR code which took you to a number of questions asking about your experience. This enabled staff to sort

[1] See ASPH video on Kainos website: https://www.kainos.com/what-we-do/healthcare?jwsource=cl
[2] https://www.ashfordstpeters.nhs.uk/latest-news/1885-digital-step-forward-for-maternity-services
[3] https://www.ashfordstpeters.info/images/attend-anywhere/AA-AudiologyMay2020.pdf
[4] https://www.youtube.com/watch?v=_w3N9YEbH1Y
[5] http://www.ashfordstpeters.nhs.uk/amm2020-digital

out problems early on and SMS texts were used to respond to patients. Portable devices were also available on the wards.

Chris advised that the Trust had been very fortunate to appoint Charlotte Broughton as the new Head of Patient Experience and she would be taking up the role on 1st December 2020. Charlotte was very well respected around the Trust and the group welcomed her to the meeting.

In response to Lilly, the Associate Director of Quality advised that SMS texts would be used to gain feedback from patient attending via Attend Anywhere and this should start at the end of November.

Tom Allan referred to ISO 9000. Laura advised that medical devices were managed by Estates and in relation to safety the Trust used two standards to ensure safety. The Trust also had a clinical safety officer. Chris Howorth considered it was important to ask was whether the non-executive directors were assured that processes and quality standards were in place. Chris Ketley advised that he was assured that this was the case.

Michael Smith considered that seeking feedback as the patient was leaving the hospital may not necessarily be the best approach as feedback may be coloured due to issues with travelling and parking, for example. Laura advised that SMS text follow-ups were also sent to allow the patient to respond in their own time. Michael considered that the average age of an Ashford and St Peter's patient was quite high and hence they may not be familiar with SMS texting. He queried whether it was possible to pick up a form to fill out and return. Chris Ketley considered this a valid point and advised that other ways of providing feedback would be offered in due course. The Associate Director of Quality advised that currently the focus had been on digital and that paper feedback had been stopped for a short time as the amount of feedback received in this way had been quite low in the past. However, work would begin with clinics to issue paper forms. The Associate Director of Quality advised that feedback had already improved since using the new system and was up by 2% in the short while Viewpoint had gone live. The aim was to have 20% of patients providing feedback and volunteers were being used to take devices round to patients. Chris Howorth queried whether feedback received was across all demographics and it was advised it was difficult to tell at present but relaunching paper feedback forms would assist with increasing feedback from all demographics.

The Group thanked Chris and Laura for their presentation.

PEG-15/20 Minutes of the Previous Meeting

The minutes of the meeting held on 10th February 2020 were agreed as a correct record.

The updated Action Log was noted.

PEG-16/20 Matters arising

There were two outstanding items:
Check whether thrombolysis had been provided to the right patients

Check whether a breakdown of claims could be provided

Since some time had lapsed since these queries were first put to the Head of Patient Experience at the time, Charlotte Broughton, who would be taking up the role on 1st December 2020, agreed to look into these in time for the next meeting.

REGULAR ITEMS

PEG-17/20 Feedback from Patient Panel meeting

Danny Sparkes advised that the Patient Panel had not met since February 2020. Danny had recently met with Charlotte Broughton, who would be taking up the role of Head of Patient Experience on 1st December 2020. Discussions included reassessing the terms of reference for the group and relaunching a new Patient Panel. People had been interviewed to take up membership on the group and final arrangements were now being made.

Tom Allan understood that the Patient Experience Group was appraised on the work undertaken by the Patient Panel but wanted to understand the different remits of the Patent Panel, Patient Experience Group and Patient Experience Monitoring Group. It was queried whether Danny had a designated deputy and how long membership was. Michael Smith made similar remarks. Danny advised that she did not currently have a deputy and that membership was for two years.

Neal Adolphus pointed out a typo and wording that could be simplified in the terms of reference. He considered having a structure of all committees and groups would be useful in order to understand where each fed into. The Chief Nurse agreed that a diagram/flow chart was very important. The Chief Nurse advised that the Chairman had asked her to examine all groups that had a patient experience element. She considered there was a place for each of them and each had their own remit. The Patient Panel was the voice of the patient and understood it was important to have a Patient Panel member on committees so that their voice was heard at Board level. The Patient Experience Monitoring Group was chaired the Chief Executive and was a patient experience working group which fed into the Quality of Care Committee. The Quality of Care Committee reported to the Board and the Patient Experience Group reported to the Council of Governors. The Chief Nurse confirmed that a graph and narrative was needed. Charlotte Broughton advised that she would meet with the Chief Nurse and Danny Sparkes and report back to the group at the next meeting. **CB**

PEG 18/20 Quality Report – Patient Experience

The Chief Nurse highlighted the following in the report:

- Medication safety – a very successful improvement programme was in place resulting in a dramatic reduction in medication safety errors.
- Infections – a new operating model was in place to remove all hospital infections in the next 12-18 months. This objective was on track except in intravenous care. A new intravenous nurse was in post now and improvements were already being seen.

The Chief Nurse advised that the Trust had seen low numbers of Covid-19

patients during July and August but since the end of October much higher numbers were being cared for in the hospital due to the second wave of the pandemic. Currently there were 72 patients with Covid-19 at St Peter's Hospital and two were being cared for in the ITU.

The Chief Nurse referred to surgical site infections and there being a spike in caesarean section infections. Two surgical site nurses had been recruited recently and it was hoped that an improvement would be seen soon.

The Chief Nurse advised that harms from pressure damage had risen during recent months and this was mainly due to patients in care homes and the hospital not mobilising as much due to the pandemic. The Chief Nurse was pleased to advise that the occurrence of falls had reduced.

The Chief Nurse highlighted Viewpoint which Chris Ketley and Laura Ellis-Philip had referred to in their earlier presentation. Viewpoint had already improved upon the amount feedback received and it was received in real time meaning issues could be tackled timely. Teams were able to access feedback relating to their areas.

Neal Adolphus considered the statistics, graphs and charts in the report were much improved and liked the trend lines. However, he considered it unnecessary to provide a median of 10 decimal places. Chris Howorth appreciated that the group received reports that were provided to the Board and wondered if the Board needed this data. The Chief Nurse advised that the information was provided by the Quality of Care Committee and was targeted around what committee members wanted to see. The Associate Director of Quality advised that it was very much a journey to improve upon the way information was shared and agreed that this much detail was not needed.

Lilly Evans highlighted venous thromboembolism (VTE) and how it was considered to be linked with Covid-19. The Chief Nurse advised that she was aware that there had been an increase in embolisms forming on the lungs and treatment had changed due to this. The Chief Nurse added that pressure damage on the face had increased in patients with Covid-19 and this was due to the use of ventilation masks. Patients were being moved onto their front so that backs could be massaged to remove excretions. This was a national problem and a lot of work was being done in this connection. Rebecca Simpson, VTE Specialist Prevention Nurse, was heavily involved and the Chief Nurse considered she could be invited to a meeting to update the group. The Associate Director of Quality advised that she would invite Rebecca to the Quality Account Assurance Group meeting on 1st December 2020. **JR**

Tom Allan endorsed Neal's comments and requested the table on page 12 of the report was examined as the figures were mixed up. He also advised that he liked the traffic light system.

Michael Smith considered the report to be excellent but requested that the graphs were standardised so that the baseline used was the mean instead of the median and it was agreed that this would be done.

Danny Sparkes referred to the Water Safety section on page 5 and queried what a dead leg was. The Chief Nurse advised that it was a pipe that did not go

anywhere. In response to Danny, the Chief Nurse advised that the new Medical Examiner was Dr Tanaya Sarkhel.

Neal advised that he wanted to see more on what the Trust was doing well. The Chief Nurse advised that a report to the Quality of Care Committee had suggested the same. Hence the next quality report had much more detail on positive feedback. The Associate Director of Quality advised that Viewpoint had only been switched on last week and was very heartened that most of the feedback had been very positive. The Chief Nurse advised comments were invaluable to help shape what the Trust did.

In response to Lilly, the Chief Nurse advised that the Trust had restricted visiting during the pandemic to reduce footfall and hence reduce the risk of cross-infection. The Trust was one of the few that had maintained restrictions throughout. However, relatives had complained that they were not being kept informed. To improve communications there were iPads on wards so that patients could talk to and see their loved ones and ward staff were phoning relatives more often to provide progress reports.

FEEDBACK

PEG-19/20 Feedback from Group members on recent visits and meetings

None

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

Chris Howorth advised that a colleague had shared with him issues with access to the hospital relating to a non-Covid concern. He had asked them to feedback via the Patient, Advice and Liaison Service team.

Danny Sparkes advised that a few people had raised concerns relating to the lack of follow-up after seeing a doctor or undergoing treatment. They did not wish to lodge a complaint but it was agreed that Danny would speak with Charlotte Broughton after the meeting to try and ascertain the areas where concerns had been raised. Charlotte also requested the person's name Chris was referring to. **DS** **CH**

Shirley Holmes advised that two very positive experiences of surgery at Ashford Hospital had been shared with her. Shirley shared another case which was an outpatient concern at Ashford where checks had been undertaken initially and then the patient had to go to the outpatient area where 20 people were in front of them. They had to leave and requested another appointment which still had not been received. They did not wish to raise a formal complaint but Shirley agreed to email Charlotte the details. **SH**

Tom Allan raised an acquaintance's concern around receiving discharge papers for his wife which included a Respect form which he interpreted as a DNR (Do Not Resuscitate) form. This had caused considerable distress. Tom had been unable to speak with him as his wife died the next day. It was advised that similar concerns had been raised through PALS and action was being taken.

Chris Howorth advised that, in general the feedback he received was very positive but that concerns needed to be highlighted as well.

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ANNUAL BUSINESS

PEG-21/20 Chairmanship of Patient Experience Group (PEG)

The Membership and Engagement Manager advised that this was an annual requirement and the group agreed, unanimously, that Chris Howorth should continue as Chair of the group.

PEG-22/20 Any Other Business

Danny Sparkes highlighted that Maciel Vinagre, Catering and Housekeeping Manager, had been awarded a BEM (British Empire Medal) in the Queen's Honours list for his services in infection prevention and control and the group wished to congratulate him. The Membership and Engagement Manager agreed to email Maciel to pass on their congratulations. **AS**

PEG-23/20 Meetings for 2021

Monday 15 February
Monday 12th April
Monday 21st June
Monday 6th September
Monday 15th November

All taking place 2-4pm

Although meeting rooms have been booked we will continue via Microsoft Teams until further notice.

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
10.2.20	**PEG 05/20**	**Quality Report – Patient Experience**	Check whether thrombolysis had been provided to the right patients.	CB	15.2.21	CB will take this action up as the new Head of Patient Experience	
10.2.20	**PEG 05/20**	**Quality Report – Patient Experience**	Check whether a breakdown of claims could be provided.	CB	15.2.21	CB will take this action up as the new Head of Patient Experience	
16.11.20	**PEG-17/20**	**Feedback from Patient Panel meeting**	Meet with the Chief Nurse and Danny Sparkes and report back to the group at the next meeting.	CB	15.2.21		
16.11.20	**PEG-18/20**	**Quality Report – Patient Experience**	Invite Rebecca to the Quality Account Assurance Group meeting on 1st December 2020.	JR	1.12.20		
16.11.20	**PEG-20/20**	**Feedback from members to Governors relating to patient experience**	Danny Sparkes to provide further detail to CB on concerns that was shared with her.	DS	ASAP		
16.11.20	**PEG-20/20**	**Feedback from members to Governors relating to patient experience**	Chris Howorth to provide person's name in the concern shared with him.	CH	ASAP		
16.11.20	**PEG-20/20**	**Feedback from members to Governors relating to patient experience**	Shirley Holmes to email CB further details regarding concern shared with her.	SH	ASAP		
16.11.20	**PEG-22/20**	**Any Other Business**	Email Maciel Vinagre to congratulate him on behalf of the group on his BEM.	AS	ASAP	Complete	✔

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ASPH Governors
Patient Experience Group

16th November 2020

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Digital Update

- Chris Ketley, Non-Executive Director, Chair of Integrated Digital Committee
- Laura Ellis-Philip, Director of Digital

- 1) Progress against strategic objectives and BAF categorisation
- 2) Update on digital initiatives and issues
- 3) How digital is impacting patient experience

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Digital Strategic Objective

Using digital technology and innovation to improve clinical pathways, safety and efficiency and empower patients

Digital Strand	Strategy Layer
3.1 Digital Programme **The Trust's service delivery may be compromised if the current strategy to exploit the electronic patient record fails.**	**Transformation**
3.2 Critical Systems Maintenance and Replacement **Failure of key IT systems could lead to issues of patient safety, experience or quality risks, or process delays.**	**Protection**
3.3 Cyber Security and Data Protection **Cyber security and data protection breaches could threaten the provision of IT systems, leading to issues of patient safety, experience or quality risks, or process delays.**	**Defence**

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Transform

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3.1 Surrey Safe Care Programme

Surrey Safe Care

Deliver a better experience of care for our patients

Support our teams to deliver the best care possible

Reduce healthcare acquired infections

Reduce treatment delays

Reduce medication errors

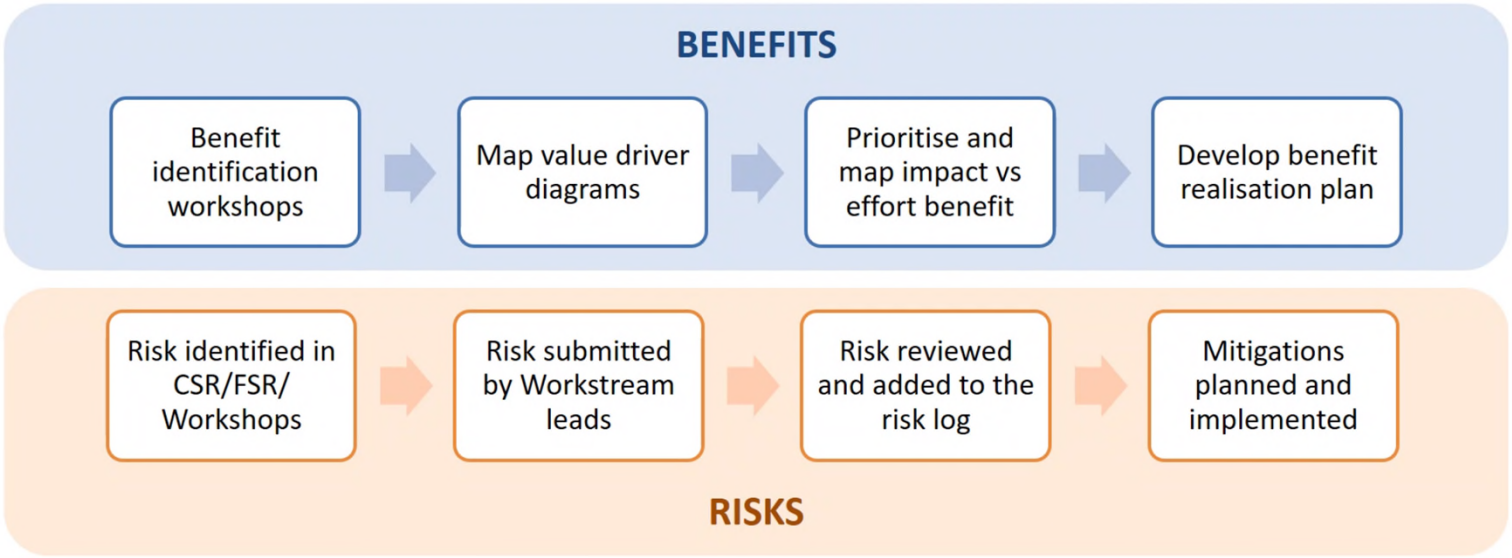
Surrey Safe Care Timeline

Surrey Safe Care is the organisational transformation programme to implement our shared electronic patient record across Ashford and St Peter's and Royal Surrey Hospitals.

Surrey Safe Care benefits to patients

Surrey Safe Care

Benefits and risks prioritisation approach



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Example of Top 3 Benefits within Patient Flow Workstream

Better visibility and improved **efficiency of admission, discharge and transfer process**

	Benefit Measures
Bed request placed electronically	Time released – SNPs
Real-time information on bed capacity	Time released – ED NiC
Real-time information on discharge blocks per area	Reduced Ready for Discharge Delays

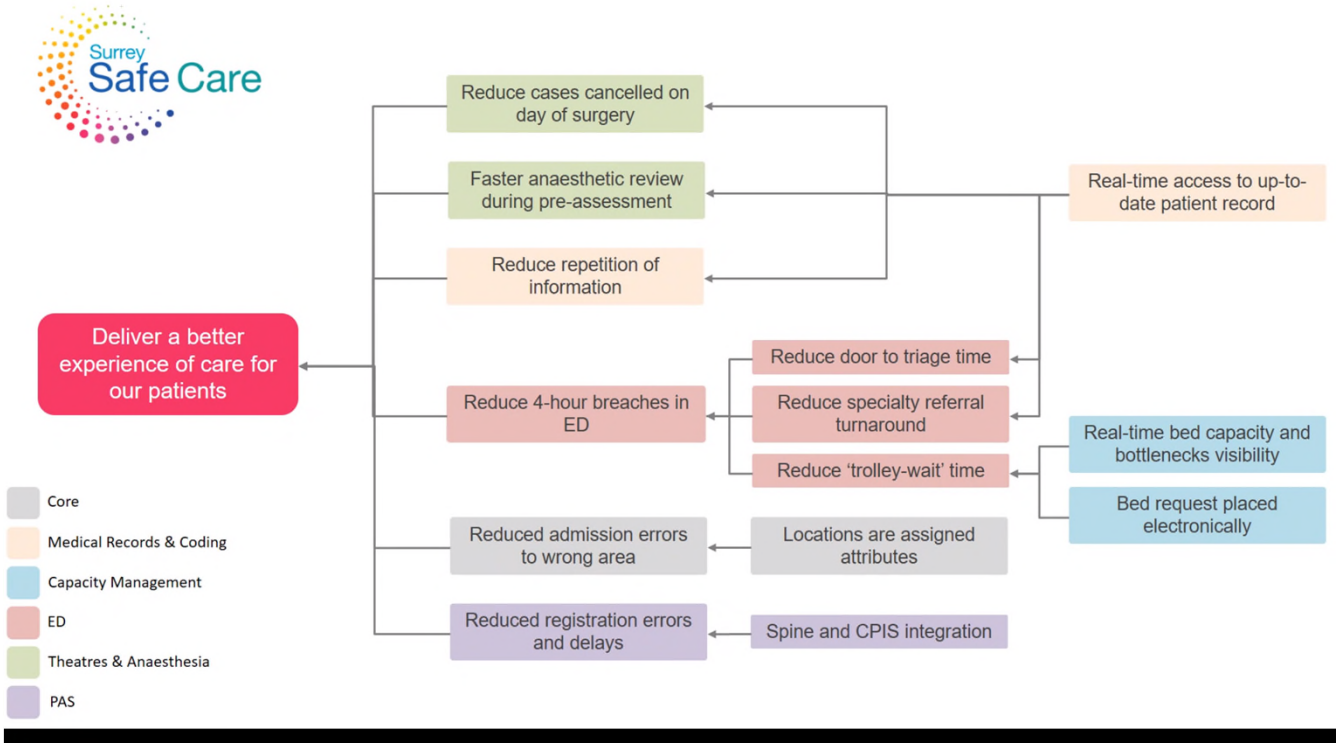
Better visibility and **utilisation of Outpatient capacity**

	Benefit Measures
System will flag free appointments	Improved Clinic Slot Utilisation – Free slots
Bulk scheduling	Reduced DNAs (accurate patient contact details)
Spine Integration	Time released – Set-up and scheduling new/additional clinics

Better visibility and reduced **waiting time for speciality input in the Emergency Dept.**

	Benefit Measures
Task list available for each specialty	Reduced Time –Referral to Decision to Admit
Real-time access to chart	
Previous information available in chart (allergies, medication, etc)	Time released (chasing speciality teams) – ED NiC and Medical team

Example of approach to *Deliver a better experience of care for our patients*



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Protect

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3.2 Failure of key IT systems could lead to issues of patient safety, experience or quality risks, or process delays.

- Number of hours of unplanned outages of priority systems or P1s/P2s
- Number of instances of unplanned outages of priority systems

Priority Clinical Systems	
On premise	**Externally hosted**
PAS	PACS/RIS
Evolve	BadgerNet
Metavision	Clinisys ICE
Bluespier	

Corporate Systems	
On premise	**Externally hosted**
File Network	Microsoft Teams and O365
HealthRoster	NHSMail
Ryalto	Electronic Staff Record
	Other HR solutions

Digital Programme – patient experience

- Evolve
  - No missing notes = no cancelled appointment
  - Notes are secure, can't be lost in transit
  - Simultaneous viewing of medical record enables improved care potential
  - Filing practices are improved – information is in one place and accessible
- BadgerNet Maternity solution
  - Handheld notes replaced by app, can be shared with GP or any other provider
- Attend Anywhere
  - Good uptake, aim is to have this included in patient portal

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Defend

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Cyber Getting to Smiley

The Team

Change starts within the team

The Board

Piquing the interest secured the support of the CEO

Humour

A fresh approach

Vulnerabilities

Systematically identifying and addressing vulnerabilities has been key

Patient Safety

Organisational best practice approach to data protection is integral to patient safety

Training

Reaching 95% compliance was a major milestone – how do we maintain it?

KPIs

Transform

Protect

Defence

Outsource

Patching and cyber leadership have been outsourced – some success to report

Cyber Campaign

Spam Club

Getting to Smiley

Nurse Blobby

Ashford and St. Peter's Hospitals
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Patient Experience

Viewpoint Digital Capture

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Patient Experience - Viewpoint Digital Capture

- Launched mid October 2020
- Optimise and maximise learning from Patient experience
- Simple, eye catching feedback Kiosks throughout both hospital
- Choice of ways to feedback
- Real time inpatient feedback opportunities for improved responsiveness – Alert function
- Improved Insight and instant analysis will help improve quality of care and patient experience

Patient Experience – Viewpoint System

Capture

Analyse

Improve

MEET THE FAMILY: OUR FEEDBACK DEVICES

ViewPoint

The Trend

Large device for more fixed locations
Branding options
Ideal for high impact in larger spaces
15" screen
3g connectivity
SIM data connectivity
(UK data included, International upon request)
Mains powered

The Element

Robust device
Branding options
Ideal for: high impact in smaller spaces
WiFi connectivity
3g data connectivity
(UK data included, International upon request)
Mains powered
Battery pack option

The Pulse

Portable for easy location change
Branding options
Ideal for: high impact in smaller spaces
WiFi connectivity
3g data connectivity
(UK data included, International upon request)
Mains powered
Battery pack option

Pulse Wall Mount & Counter-top

Portable for very easy location change
Ideal for reception desks / Point-of-Sale / counter tops
WiFi connectivity
3g data connectivity
(UK data included, International upon request)
Mains powered

Choice of ways to feedback

QR Codes link to the Trust Patient Experience online Survey
QR Codes can be scanned by opening the camera on a smart phone, which links to the Trust survey online. Below is the link to the live inpatient survey:

IT services are currently exploring the use of SMS messages to be sent as a follow up to patients.

Our Aspiration:
Outstanding Patient Experience

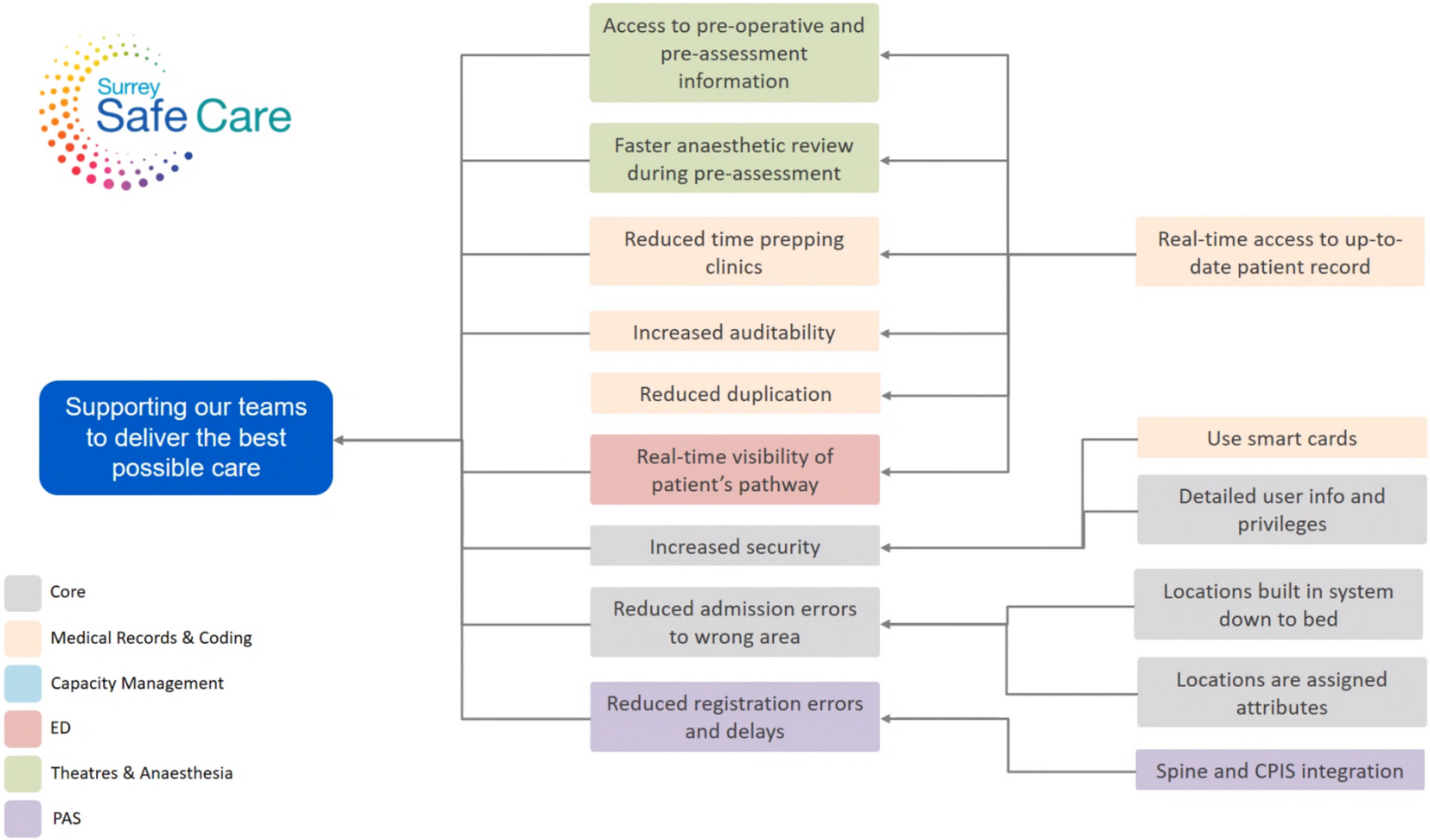
- New Head of Patient Experience Charlotte Broughton starts December 2020
- New Post Deputy Head of Patient Experience. Lead for insight and improvement
- Continue with Viewpoint installation – SMS
- Implement Real time alerts
- Expand data capture points

Thankyou!

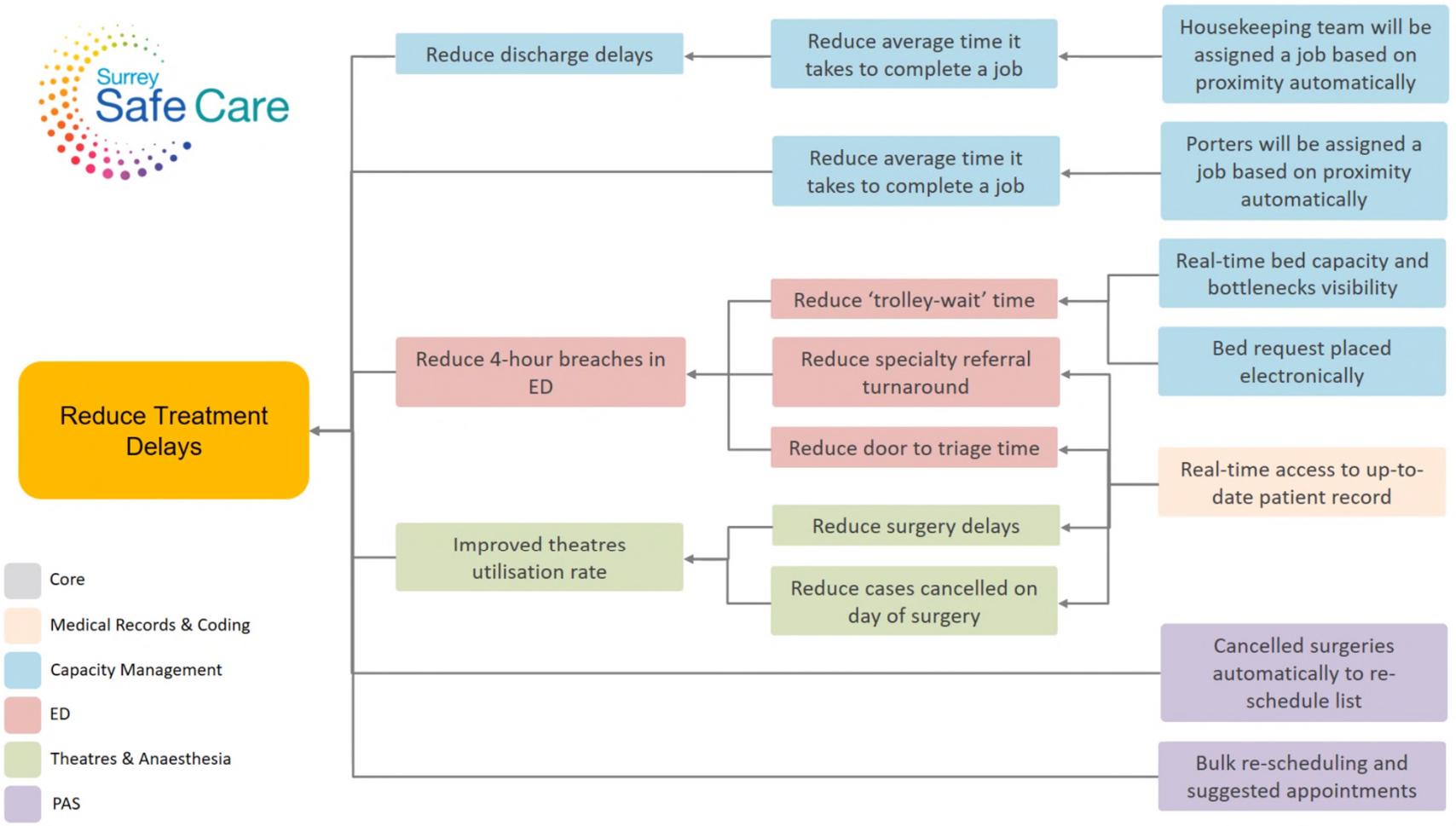
Questions and Comments

Appendices

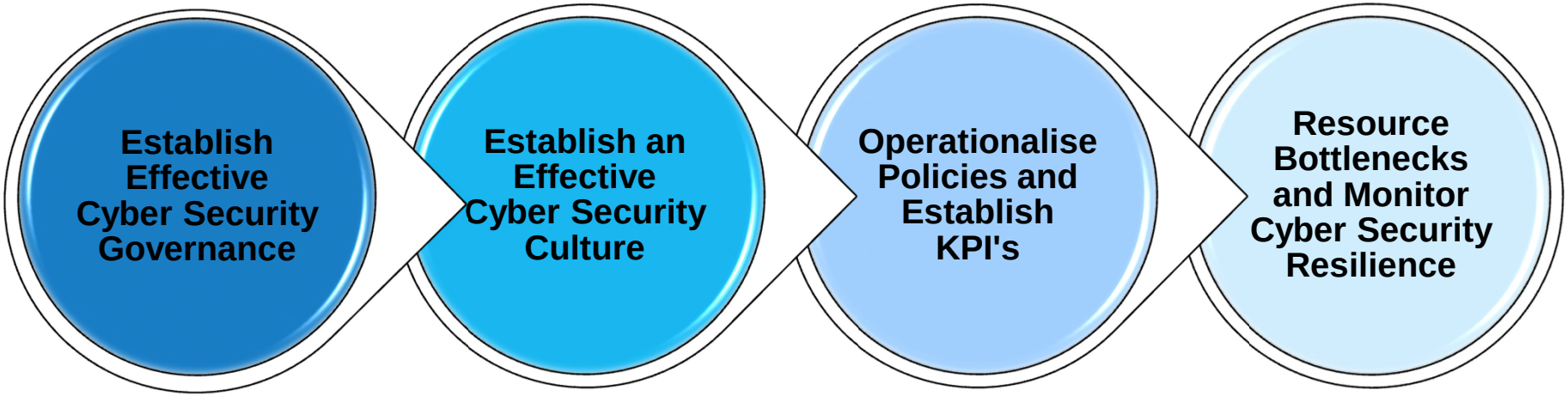
Example of approach to *Supporting our teams to deliver the best possible care*



Example of mapping *Reduce Treatment Delays*



Establishing our organisational security framework



3.3 Cyber security and data protection breaches could threaten the provision of IT systems, leading to issues of patient safety, experience or quality risks, or process delays.

- RAG status, **layers of defence**
- Data Protection Awareness Training (%age of compliance, quarterly)
- Numbers of Weak passwords (monthly graph)
- %age of devices encrypted (quarterly)
- %age of supported desktop operating systems (quarterly)
- %age of supported server operating systems (quarterly)
- %age of desktops patched within 30 days (monthly graph)
- %age of servers patched within 30 days (monthly graph)
- %age of desktops with Advanced Threat Protection (quarterly)
- %age of desktop with up-to-date anti-virus (monthly graph)
- %age of high severity CareCert patches applied (monthly graph)