Ashford and St. Peter's Hospitals NHS Foundation Trust

Paper 5.2

COUNCIL OF GOVERNORS
1st September 2021

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 17th June 2021 are attached. Matters discussed in the meeting 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 Paul Bostock, Associate Director of Operations and Susan Holton, General Manager, Outpatients on the work being undertaken in Outpatients (Appointments) as well as Angela Mongaudon, Strategic Head of Education and Knowledge Services, on Junior Doctors' Induction and Support.
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 17th June 2021.
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	September 2021
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
17th June 2021

via Microsoft Teams
14:30 – 16:30 hours

PRESENT:		Derek Barnes	Public Governor, Spelthorne
		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:			
Item PEG-23/21		Paul Bostock	Associate Director of Operations
		Charlotte Broughton	Head of Patient Experience and Involvement
Item PEG-23/21		Susan Holton	General Manager, Outpatients
		Andrea Lewis	Chief Nurse
Item PEG-29/21		Angela Mongaudon	Strategic Head of Education and Knowledge Services
		Anu Sehdev	Membership and Engagement Manager
APOLOGIES:		Neal Adolphus	Public Governor, Spelthorne
		Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
		Jacqui Rees	Associate Director of Quality

Minute **Action**

PEG-22/21 Apologies

As recorded above.

PEG-23/21 Outpatient Appointments

Chris Howorth welcomed Susan Holton, General Manager for Outpatients and Paul Bostock, Associate Director of Operations to the meeting.

The Group provided introductions and outlined the role of the Patient Experience of Group.

Susan Holton advised that she had been with the Trust for six years and had recently taken over the role of General Manager for Outpatients. Paul Bostock advised that he was currently supporting the work to improve processes in the department and being asked to come along to the meeting was timely in respect of the work that had begun. Paul suggested attending a further meeting in two months' time which would provide the opportunity to update the Group further. **AS**

Paul advised that this was a transformational piece of work in Outpatients and

there was a lot to do, for example to work through processes, booking appointments in a timely manner and ensuring capacity was correct.

Susan advised that the Appointments Centre arranged face to face, telephone and virtual appointments. Work was being undertaken to improve the system and areas being looked at included the notice period needed for an appointment and the use of email and text messages while still providing paper copies. Susan advised that she would like to work with a patient group to help determine the content of letters and their design. It was obvious that letters could be confusing and making them more user-friendly was the aim. Susan would be looking at the fonts used, font size and symbols (for example a phone symbol for a telephone appointment). There would be text message reminders sent four days before appointments so that patients could either confirm their attendance or re-book at a more convenient time. Susan was aware that some patients struggled with texts and for this reason they had been turned off during the pandemic.

Susan provided some data on the change in appointments during the pandemic which highlighted the huge shift from face to face appointments to telephone and video appointments. There had been a drop-in activity and some of this was due to services being put on hold and patients not referring to their GP as they usually would.

Susan provided data on missed appointments and it was advised that many face to face appointments had been cancelled and rebooked as virtual appointments. Many patients had also cancelled their appointments at short notice as they had not wanted to attend during the pandemic. Some patients that had been offered virtual appointments struggled to get onto the system. Telephone appointments that were missed were relatively low as most people had been easy to get hold of during the lockdown. Overall, there were 80,000 fewer appointments when compared to the previous year.

The Chief Nurse expressed how illuminating she had found the presentation. She highlighted that many patients turned up for face to face appointments which were then changed to virtual and how this had impacted on the DNA (did not attend) rate. Paul agreed that this was the case and explained it was due to processes having to be put in quickly without being adequately checked. Virtual appointments were relatively new and Paul appreciated the confusion that had been caused. The Chief Nurse reinforced the importance of engaging with the public when changing systems and was happy that this was happening.

Shirley Holmes was confused at the high number of DNAs in video appointments and queried whether consideration was placed on whether patients could access in this way. Susan agreed there had been a great deal of chaos at the beginning when video appointments had been introduced and although many people preferred video appointments, she appreciated that they did not work for all. Letters needed to be revised to make instructions much clearer. Shirley queried whether patients would be disadvantaged if they could not have a video appointment and Susan advised this would not be the case as they would receive a telephone call. Paul advised that most of the missed appointments had been at the beginning of the pandemic and further data would highlight that DNAs reduced as the year went on.

Chris Marks queried the cost of video and telephone appointments when compared to face-to-face appointments. Paul advised that during the pandemic activity had been funded centrally and topped up. The concern was more about wasting a slot which another patient could have had. The plan was to drive the DNA rate down so patients did not have to wait so long. Chris queried how many consultations could take place per hour and it was advised that video and telephone appointments could take longer when trying to gain access but they were better for the patient as they did not have to travel to the hospital, park and allow additional time to for this.

Paul added that video and telephone appointments were more efficient if patients were able to use the technology. Of course, some patients needed to be seen physically but if it was possible to see the patient virtually then this was better for everyone. Virtual appointments had the added benefit of being recorded so they could be played back.

Michael Smith thanked Susan and Paul for their presentation which provided a lot of information whilst being short and concise. Michael referred to postal appointment letters which provided a lot of information and how the return address was in Bristol which some may find intimidating. Michael gave an example of a letter he had received which contained a map but this did not show where the Imaging Department was located. Michael considered that too much superfluous information was included but no telephone number provided to make a new appointment. Michael considered the processes should be kept in-house. Paul advised that all appointments were made by Ashford Hospital and was unclear why the return address was a Bristol address. Paul reiterated that this was a big piece of work and that he and the team were committed to improve appointment processes. He considered two pages for an appointment letter was unnecessary and there was no need to send appointments so far in advance.

Chris Howorth thanked Susan and Paul for their presentation. Chris queried the reasons for the drop-in outpatient appointments at around 80,000 less than the previous year and Paul advised that the reasons were that patients were staying at home during the pandemic and did not want to bother the already stretched NHS. Some patients were not able to make appointments or were reluctant to attend. There was also reduced capacity due to staff being deployed elsewhere. The system was now in the recovery phase working to 110% to catch up with the backlog.

Chris Howorth understood that letters and texts were not matching up and was happy to hear that this would be addressed but wanted to understand the work that would be carried out and the timeframe. Paul advised that appointments were generated from several areas and there were numerous ways of accessing services. One of the first things to do was to reduce the number of entry points so that patients were not missed and it was anticipated that within three months some improvements would be seen. The content of letters needed to be looked into immediately and there were a lot to go through. Paul welcomed the opportunity to attend the meeting and as mentioned previously would like to return in two months to gain further feedback.

Michael Smith referred to occasions when a treatment plan was in place but some form of care/treatment was needed in the interim which was urgent but not desperate and the patient may be reluctant to join a long queue. Paul advised

that there were "hot" clinics which helped in such cases avoiding the need to attend A&E. Paul considered routine cases were more concerning and where capacity needed to be built into. Paul confirmed that urgent cases were tracked.

The Group thanked Susan Holton and Paul Bostock for their presentation.

PEG-24/21 Minutes of the Previous Meeting

The minutes of the meeting held on 12th April 2021 were agreed as a correct record.

The updated Action Log was noted.

REGULAR ITEMS

PEG-25/21 Feedback from Patient Panel meeting

Danny Sparkes, Chair of the Patient Panel, advised that they had also received a presentation from Nik Shah, Consultant, Intensive Care and Anaesthetics, on the ReSPECT Process. The Patient Panel also discussed which committees they could join. The Terms of Reference were presented at the meeting.

PEG-26/21 Quality Report – Patient Experience

The Chief Nurse advised that the report provided an overview of March and April and coming out of the second wave of the pandemic.

The Chief Nurse highlighted the infection control section and advised that Covid-19 had influenced the rates of infection but as Covid-19 inpatients had reduced a reduction in infection rates continued. The targets the Trust had set were more robust and when benchmarking against other trusts, the Trust was doing well. The Chief Nurse referred to surgical site infections and advised that two surgical site nurses had been recruited and was encouraged by the good work they were doing. There had already been an improvement seen in infections in caesarean section sites. The Chief Nurse added that more money had been allocated to improve the Abbey Wing.

The Chief Nurse highlighted that mortality rates for April had been at normal levels and that there had been a reduction in pressure damage. There had been a dip in complaints performance but performance had picked up. The number of PALS concerns had reduced and this was expected due to the reduced activity. The Chief Nurse advised that very good data had been received through Viewpoint and text message feedback. The Chief Nurse reminded the Group about Ockenden Report which had resulted in seven actions and advised that the Trust had made good progress with these and had achieved good compliance.

The Chief Nurse advised that the Quality Report was a work in progress and the aim was to streamline graphs, shorten the report and make it more meaningful.

Chris Marks thanked the Chief Nurse for the emphasis on compliments which provided a better ratio when compared to complaints. Chris expressed his disappointment that nearly 30% of patients had indicated they had found their

experience of the service they had received to be neither good or poor. The Head of Patient Experience and Involvement advised that it had been found the SMS survey resolution appeared too large leading to patients touching the wrong box. The SMS survey had been re-written and it was hoped an improvement would be seen in the next report. Chris advised he would like to see a graph on compliments and the Chief Nurse agreed to feed this back.

Michael Smith referred to page 8 in the report pertaining to hospital acquired Covid-19 and queried whether this data could be included in future reports and the Chief Nurse advised that the report was in the process of being refreshed but that no hospital acquired Covid-19 had been recorded in the Trust since the beginning of March.

Michael referred to the modest reduction in caesarean surgical site infections and whether the Trust had a comparison against other providers. The Chief Nurse advised that infections were higher than other providers although the incidences were decreasing. The Trust had put in investment to improve theatres and working practices. An audit of patients undergoing caesarean sections was being undertaken to understand what happened when the patient returned home and where the infection began.

Finally, Michael referred to water safety and the Chief Nurse advised that there had been an issue with old estate pipes not being utilised and therefore not being flushed regularly and staff had been instructed to flush regularly to prevent bacteria build up. A dedicated water meeting had been set up. In response to Derek Barnes, the Chief Nurse advised that in-house staff were used to perform regular testing of water pipes and if anything was flagged up they were able to deal with the issue immediately. Derek queried whether issues were flagged up on the risk register and the Chief Nurse advised that issues had appeared on the risk register previously when the Runnymede Hospital was being used and there had been a high level of legionella flagged up in their pipes.

FEEDBACK

PEG-27/21 Feedback from Group members on recent visits and meetings

None

PEG-28/21 Feedback from members to Governors relating to patient experience

Chris Howorth relayed a case a fellow member of Runnymede Borough Council had brought to his attention. Chris agreed to provide details to the Head of Patient Experience and Involvement after the meeting. **CH**

Danny Sparkes highlighted a concern regarding Swan Ward and advised that she had directed the person on how to raise their concern. The Chief Nurse added that concerns relating to inadequate communication had been raised across the Trust and these had been magnified due to restrictions on visiting due to the pandemic. It was advised that the Chief Nurse was in discussions to secure more staff to assist with updating relatives. Visiting restrictions had eased and this would further help in communications. The Chief Nurse advised that more detail was needed in order to look into the concern raised and Danny agreed to provide this. **DS**

PEG-29/21 Junior Doctors – Induction and Support

Chris Howorth welcomed Angela Mongaudon, Strategic Head of Education and Knowledge Services, to the meeting and Group members introduced themselves.

Angela advised that for ease she would cover the pathway to becoming a physician and how the Trust was involved in this process. Angela shared a diagram outlining the training pathway and advised that around 250-300 medical students were placed at the Trust each year and mainly came from Imperial College or St George's. At the end of Medical School students were able to select which part of the country they wanted to do their training in and the Trust came under the South Thames region. Students completed an application outlining their choices and applications were ranked. Ashford and St Peter's was a popular choice due to its proximity to London and the Trust was fortunate that all junior doctor positions were regularly filled. The junior doctors stayed with the Trust for a minimum of one year. As juniors doctors moved out of Foundation Training they were able to choose their preferred specialty to train in.

Angela advised that at the beginning of August over 120 junior doctors arrived and 120 left and it was exceptional teamwork that enabled the patient care to be fully covered over this period.

Angela advised that around one and a half years ago the decision was taken to align teaching with Trust values. This was to ensure junior doctors were contributing to the Trust's values and had the right competencies. Junior doctors were provided with procedural skills and taught to recognise deterioration in patients. They were also provided with a three day placement in ITU during their first six months at the Trust although during the pandemic placements had not been possible and would be started up again. Feedback from junior doctors was very positive and they valued and enjoyed the experience in a demanding setting.

Chris Marks was interested in the soft skills junior doctors acquired during their placement at the Trust, for example with regards to communication. Angela advised that junior doctors were provided with resilience and human factors training. An airline scenario was utilised and junior doctors were encouraged to understand what they had learnt, what could have been done better and how this could be applied to the workplace. It was added that training was provided on the wards and formally including the ROAD programme. Chris highlighted that many complaints had a communication aspect in relation to clarity or the inadequate outlining of the care a patient would receive and would need to continue. The Head of Patient Experience added that there were issues raised in relation to end of life conversations. Angela advised that she welcomed feedback and would look at introducing training in communication. Chris Howorth queried whether teaching provided by external bodies would be beneficial. Angela advised she would take these suggestions forward. The Chief Nurse advised that junior doctors did go through scenarios but these were mostly staged. It was further advised that an effective Communication Policy had been drawn up and this would be shared with Angela. It covered effective speaking with patients and relatives. **CB**

Michael Smith queried whether junior doctors that performed well were kept in

touch with. Angela advised that there was a process and that junior doctors could be posted anywhere in their chosen area Junior doctors were able to return to the Trust when they became registrars.

The Group thanked Angela Mongaudon for her presentation.

PEG-30/21 Any Other Business

The Group was reminded of Strategy Refresh sessions taking place on 23 and 28 June being run by the Chairman and the Director of Strategy and Sustainability with the Chief Executive and Executives being in attendance. All members (including Governors) were invited to attend.

It was considered an update on the Strategy Refresh would be provided at the next Council of Governors meeting.

PEG-31/21 Further meetings for 2021

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
17.6.21	**PEG-23/21**	**Outpatient Appointments**	Invite Susan and Paul to the next meeting	AS	ASAP	Invited	✔
17.6.21	**PEG-28/21**	**Feedback from members to Governors relating to patient experience**	Provide details of his acquaintance's concerns to Head of Patient Experience and Involvement	CH	ASAP	CH shared details pertaining to his RBC colleague. The key reason they had received no response was that there were errors in the addressing of e-mails which prevented the mails reaching the intended recipients.	✔
17.6.21	**PEG-28/21**	**Feedback from members to Governors relating to patient experience**	Provide further details to Head of Patient Experience and Involvement	DS	ASAP		
17.6.21	**PEG-29/21**	**Junior Doctors – Induction and Support**	Share Communications Policy with Angela	CB	ASAP	Shared	✔