Ashford and St. Peter's Hospitals NHS Foundation Trust

Paper 5.2

COUNCIL OF GOVERNORS
2nd March 2022

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 14th February 2022 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 In addition, the Group heard from Elinor Morgan, Quality Improvement Lead, on work being undertaken to improve the Trust's patient feedback response rate through Viewpoint.
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 14th February 2022.
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	March 2022
Decision:	For Noting

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
14th February 2022

via Microsoft Teams
14:00 – 15:50 hours

PRESENT:	Frances Ansell	Public Governor, Elmbridge
	Derek Barnes	Public Governor, Spelthorne
	Andy Brown	Staff Governor, Volunteers
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Emma Gilmore	Public Governor, Spelthorne
	Shirley Holmes	Public Governor, Woking and Guildford
Chair:	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Michael Smith	Public Governor, Woking and Guildford
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:	Charlotte Broughton	Head of Patient Experience and Involvement
Item PEG-02/22	Elinor Morgan	Quality Improvement Lead
	Jacqui Rees	Associate Director of Quality
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Andrea Lewis	Chief Nurse

Minute **Action**

PEG-01/22 Apologies

As recorded above.

PEG-02/22 New Membership

The Membership and Engagement Manager advised that there were new members joining the Group and they were:

- Andy Brown, Staff Governor for the Volunteers
- Frances Ansell, Public Governor for Elmbridge
- Emma Gilmore, Public Governor for Spelthorne
- Sylvia Whyte, Public Governor for Runnymede, Surrey Heath, Windsor and Maidenhead

The Membership and Engagement Manager was pleased to advise that the Group had the required 10 Governors as per the Terms of Reference.

PEG-03/22 Viewpoint Quarter 1 Report

Elinor Morgan, Quality Improvement Lead, attended to update the Group on Viewpoint, the patient feedback system used by the Trust.

Elinor advised that the Trust's response rate was much worse than at other trusts and currently was around 5%. Elinor had been tasked with increasing response rates to 20% by September 2022 both in inpatients and outpatients. Inpatients' feedback response rate was particularly poor. Elinor advised that she had visited patient areas around the Trust to increase awareness with staff. Staff had indicated that gaining patient feedback was not high on their agenda at the moment due to the pressures on them.

Elinor's action plan was as follows:

All devices to function well and staff know how to escalate issues with the devices

- Check all tablets and kiosks are functioning
- Notice on how to escalate issues on back of each device
- Communication to ward managers on maintenance of the devices
- Ensure all areas have a reporting device

To increase awareness of Viewpoint to Ward staff

- To have Viewpoint feedback on discharge checklist
- Raise profile for project – awareness / engagement day in Postgraduate centre
- New distinctive cases and Viewpoint stickers to distinguish from other ward tablets

To increase engagement from ward staff and increase responses

- Improve the feedback loop – how wards engage with the results
- Working group – to share ideas between wards
- Whose responsibility it is to ensure Viewpoint is completed on each ward
- Explore why wards are not requesting feedback at present

Elinor advised she had spoken with staff about the barriers to completing Viewpoint feedback or directing patients to Viewpoint and comments included that the tablets did not work; some elderly patients were too confused and needed help to provide their feedback but staff were too busy; some staff were not aware of Viewpoint and patients moved from area to area too quickly.

Elinor highlighted other issues, for example the lack of ownership, lack of knowledge, awareness of how to access and use the feedback collected and some patients advising they would prefer to access the QR code but then not completing the feedback.

Elinor advised that the vast majority of feedback was requested by a nurse or Health Care Assistant.

Elinor went onto advise that Kingfisher, Dickens, Falcon and BACU wards (in that order) were leading on attaining patient feedback. On Kingfisher and Falcon wards the Flow Co-ordinator was responsible for instigating patient feedback and

Dickens Ward had a high turnover of patients. The medical wards and Maternity struggled with securing feedback. It was considered that Maternity could improve since there was a younger cohort of patients who were more tech savvy.

Elinor ended with a slide highlighting actions to be undertaken:

1. Ensure all tablets / kiosks are working functionally
2. Ensure all areas that need them have viewpoint tablets / kiosks
3. Make Viewpoint tablets more identifiable
4. Add Viewpoint feedback to the Discharge checklist
5. Start the Viewpoint feedback working group
    - Viewpoint Champion
    - Helping team realise the benefits of the feedback on each ward
    - Pair wards to learn from each other
    - Starts as Task and Finish Group and continue as a BAU group exploring Viewpoint ideas bi-monthly to maintain momentum
6. Organise viewpoint awareness day / Aspire communication
7. Continue to review engagement in Outpatients

Elinor understood there had been a query about what patients saw on the screen and provided a screenshot of the first screen asking patients to rate their patient experience by selecting the most appropriate emoji.

Chris Howorth queried the response rate other trusts managed and it was advised that the average was 20%. Derek Barnes advised he had volunteered to help with gaining patient feedback and had found that many did not know about the initiative and were not interested. However, Derek had been more successful once he had made it apparent he was not a member of staff. He had found that patients were willing to talk but had to be managed delicately. Derek advised that he usually assisted on discharge mornings working around other staff and would be happy to mentor volunteers on how best to seek feedback, although welcomed a procedure. Elinor advised that these issues had been highlighted in her conversations with staff including how staff felt awkward about providing a device to a patient who did not consider they had received good patient experience. However, Elinor had been clear that all feedback was needed whether it was good or bad. Elinor agreed that volunteers were excellent at seeking patient feedback but it was important that ward staff still had ownership of this initiative.

Sylvia Whyte queried how long the Trust had been working on patient feedback and whether there were any incentives for staff. Elinor advised that it was very recent, beginning in February of this year, and there was no data so far. There were incentives, for example free coffee to those that performed the best; although some wards had a large throughput of patients.

Michael Smith advised that he had been in Outpatients Reception the previous week and observed ten or so patients beginning the process of providing feedback but did not complete it and wondered whether these attempts were recorded. Michael then proceeded to use a kiosk and found the age groups stopped at 65 and there was a question asking for the patient's gender and a further question on whether this gender was the same as at birth and queried

whether this could be removed as patients may be objecting to answering this question. Elinor advised that the first question was about the overall patient experience and there was indeed a drop off in responses after that point. All responses were collected and although it was preferred that all questions were responded to, the first one was the most important.

Michael queried whether the compassion question could be reworded when English was not the first language for all. The Head of Patient Experience and Involvement advised that the questions were governed by the Trust's Strategic Values and the question was whether a patient considered they were treated with kindness as well as compassion. It was also confirmed that the age range listed 75 and over and the gender assignment question was important. Elinor advised there was a "prefer not to say" option on all demographic questions. In response to Tracey Bradshaw, Derek Barnes advised that the Volunteer Coordinator had agreed that volunteers could resume their duties on the wards although he had not returned since Christmas due the large number of patients with dementia on the ward he had been assigned to.

The Head of Patient Experience and Involvement considered a number of valid points had been made and it was unfortunate that Derek Barnes could not be duplicated. However, there needed to be a blended approach and staff needed to have a buy in. Elinor reiterated that wards needed to take ownership as it was part of their job to request feedback. Andy Brown referred to the target of 20% by September 2022 and queried whether this was for the completion of all questions and the Associate Director of Quality advised as long as the first question was responded to then it was included; although a response to all questions was sought and Elinor would be working on improving the response rate for all the questions.

Andy Brown advised that he had also experienced the same problems as Derek and recalled a particular difficult patient where he had to complete the feedback for and considered it would have caused further upset if he had asked their gender. Elinor advised that the response rate was so low that any responses secured was a positive. Emma Gilmore agreed that more responses on the demographic questions were needed. Emma queried whether other ways of securing feedback were possible if the technology was not working for the patient and whether the feedback be completed for them. The Head of Patient Experience and Involvement confirmed that the Trust's Strategy highlighted both kindness and compassion. Chris Howorth confirmed that this phrase was widely used in the NHS. The Associate Director of Quality confirmed that the wording matched the Trust's quality priorities and strategy. Elinor agreed to consider other options of gathering feedback from more elderly patients.

Chris Howorth thanked Elinor for updating the Group and welcomed her back to a future meeting to update on progress.

PEG-04/22 Minutes of the Previous Meeting

The minutes of the meeting held on 15th November 2021 were agreed as a correct record.

The updated Action Log was noted.

PEG-05/22 Matters Arising

Request compliments data is place on a graph in the next Quality Report.
A graph now appears in the Quality Report.

Speak with the Chairman to find out who the NED was responsible for oversight of Appointments.
Chris Howorth understood that the Non-Executive Directors were already stretched and it was not possible to have a Non-Executive Director covering every aspect of the Trust.

Share art institutes contacts.
The Head of Patient Experience and Involvement confirmed that details had been shared with her by Chris Marks who had previously been a Governor and member of the Group.

Benchmark against other trusts in patient feedback response rates.
Feedback has been benchmarked against trusts in the area as mentioned at the previous presentation on Viewpoint.

Provide more detail on medication safety in the next Quality Report.
More detail was provided in the recent Quality Report presented to the Group.

REGULAR ITEMS

PEG-06/22 Feedback from Patient Panel meeting

Shirley Holmes, member of the Patient Panel, advised that no meeting had yet taken place due to recent pressures on the Trust. Shirley was pleased to advise that two new members had been recruited in December 2021.

PEG-07/22 Quality Report – Patient Experience

The Associate Director of Quality presented the Quality Report highlighting the ongoing pressures in the Trust due to the new Covid-19 variant, Omicron, and how sickness in the Complaints Department had resulted in reduced response rates and how recruiting to vacant positions would help bring the response rate back up. The recent Healing Arts meeting had been very positive with a lot of initiatives being introduced, including the Time Garden which would be completed in April. The Associate Director of Quality advised that there had been an increase in hospital acquired Covid-19 during December and January and staff had been reminded of the tools to minimise cross-infection and patients were encouraged to wear masks and restrictions in visiting had continued.

Emma Gilmore queried whether the Trust's target could be zero in infection to stretch staff. The Associate Director of Quality advised that the target was nationally driven although the North Star objective referred to a zero target which the Trust was aiming for.

The Associate Director of Quality advised that the Trust continued to monitor surgical site infections with a focus on caesarean sections and neck of femur and great progress had been made. The next focus will be on cellulitis. There had been a small improvement in sepsis and there was a focus on completing

the Sepsis 6 bundle.

The Associate Director of Quality advised that most pressure ulcers were from the community and the results of the Nutrition Audit were expected soon. It was further advised that a Mortality Improvement Lead would be in post soon to improve the completion of mortality documentation.

In response to Andy Brown, it was advised that the term Reason to Reside was a nicer way of describing patients ready to go home when ongoing care had been arranged.

Emma Gilmore queried how it was ensured that lessons were learnt and that good practices were embedded. The Associate Director of Quality advised that the Trust was good an embedding good practices but not so good at testing although the process was being expanded to cover this aspect. Emma highlighted that there had been a lot of falls on Aspen Ward and it was advised the Trust had a Falls Lead responsible for this area to ensure harms free care and one of the initiatives was to manage blood pressure. Hot spots were focused on and local improvement projects were encouraged. Emma referred to the catheter care audit and considered the results were low. The Associate Director of Quality advised that the journey had begun many years ago and was part of the safety thermometer focus. There had been a gap in the focus and staff were working to improve outcomes. Chris Howorth requested that the minutes from a previous meeting were shared with the newer members when there had been a presentation on harms free care. **AS**

Chris Howorth reminded the Group that the Quality Report could be read in advance to avoid the presenter having to go through the whole report so that the focus could be on questions. Chris added that the Board received the same report. In response to Emma Gilmore, it was advised that questions did not have to be emailed to him in advance of the meeting but could be raised at the meeting.

Chris Howorth highlighted that the Outpatient Improvement Steering Group meetings had been cancelled due to pressures on the Trust and the Membership and Engagement Manager advised that the team would be attending the next Council of Governors meeting to update Governors as well as attending the next Patient Experience Group meeting to talk about the Outpatient website.

FEEDBACK

PEG-08/22 Feedback from Group members on recent visits and meetings

None

PEG-09/22 Feedback from members to Governors relating to patient experience

Michael Smith relayed his personal experience where the Cardiology service had been extremely efficient but his experience in Gastroenterology had not been so. He understood that the Cardiology Department made their own appointments and Gastroenterology appointments were made externally. The Head of Patient Experience and Involvement advised that new appointments were made by department staff and follow-up appointments were outsourced. The Head of

Patient Experience and Involvement was aware that the Gastroenterology Department were under a lot of strain at the moment and were about to recruit more staff so the system ran more smoothly.

Tracey Bradshaw advised that when patients cancelled their appointments via Choose and Book, the secretaries were not aware of the cancellation for a few days and wondered how this could be addressed so that cancelled appointments could be utilised for those patients waiting for an appointment. The Head of Patient Experience and Involvement advised that this query would be better directed at the next meeting when staff working on improving outpatients would be present. **TB**

Tracey highlighted that signage directed patients to three different areas for Cardiology and porters had advised that they could not take patients in wheelchairs outside the Trust buildings. The Head of Patient Experience and Involvement advised that porters were indeed not insured to take patients in wheelchairs outside. With regards to signage, it was requested that Tracey provided a laminated sheet detailing instructions to Michelle Baber, Customer Services Manager, so she could share with Reception staff.

Michael Smith provided feedback from a senior partner in a Woking GP Practice. He advised that the GP had remarked that patients needing surgery preferred to travel to Ashford Hospital due to the excellent safety standards. However, patients were occasionally being prescribed medications and were instructed that the GP would continue to prescribe these when these medications were not available for the GP to prescribe. The Head of Patient Experience and Involvement requested further details so she could look into this. **MS** Chris Howorth queried whether Surrey Safe Care covered prescribing and it was advised that it did. The Associate Director of Quality advised that she had distributed a critical medications list and there was an opportunity to expand this. It was agreed that **JR/CB** she and the Head of Patient Experience and Involvement would meet with the Medical Safety Officer and Chief Pharmacist to discuss further.

Andy Brown highlighted that the signage in the new area were causing confusion since there were still old signs to the Urgent Treatment Centre. Andy had emailed the Director of Estates and Facilities and the Director of Strategy and Sustainability in this regard. Andy has since advised that old signs had been removed following his email.

In response to Derek, the Head of Patient Experience and Involvement suggested that when he was on the ward he could direct a patient wishing to feedback confidentially to the nurse in charge or ward manager. After that the Matron could be approached or the Clinical Nurse Site Practitioner could be paged and they would then come and see the patient. She also recommended Derek arm himself with a few PALS leaflets which outlined the process and provided useful contact details on anyone wishing to raise an issue.

PEG-10/22 Any Other Business

None

PEG-11/22 Date of Next Meeting

Monday 25th April 2-4pm, via MS Teams

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
14.2.22	**PEG-07/22**	**Quality Report – Patient Experience**	Send minutes pertaining to the Harms Free Care presentation	AS	ASAP	Sent 14.2.21	✔
14.2.22	**PEG-09/22**	**Feedback from members to Governors relating to patient experience**	Raise question around Choose and Book cancellations at the next PEG/Council of Governors meeting	TB	2.3.22 or 25.4.22		
14.2.22	**PEG-09/22**	**Feedback from members to Governors relating to patient experience**	Provide details of medication to CB	MS	ASAP		
14.2.22	**PEG-09/22**	**Feedback from members to Governors relating to patient experience**	Meet with the Medical Safety Officer and Chief Pharmacist and discuss the expansion of critical medications list	JR/ CB	ASAP		