Ashford and St. Peter's Hospitals NHS Foundation Trust

Paper 5.2

COUNCIL OF GOVERNORS
8th June 2022

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 25th April 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 Harriet Barker, Matron for Diagnostics, Therapeutics and Cancer Services (DTC) division, Susan Holton, General Manager, Outpatients and Rachel Strauss, Divisional Professional Lead on the new Outpatient website.
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 25th April 2022.
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	June 2022
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
25th April 2022

via Microsoft Teams
14:00 – 15:35 hours

PRESENT:	Frances Ansell	Public Governor, Elmbridge
	Derek Barnes	Public Governor, Spelthorne
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery
	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
	Michael Smith	Public Governor, Woking and Guildford
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:		
Item PEG-13/22	Harriet Barker	Matron for Diagnostics, Therapeutics and Cancer Services (DTC) division
Item PEG-13/22	Susan Holton	General Manager, Outpatients
	Andrea Lewis	Chief Nurse
	Anu Sehdev	Membership and Engagement Manager
Item PEG-13/22	Rachel Strauss	Divisional Professional Lead
APOLOGIES:	Andy Brown	Staff Governor, Volunteers
	Charlotte Broughton	Head of Patient Experience and Involvement
	Emma Gilmore	Public Governor, Spelthorne
	Jacqui Rees	Associate Director of Quality

Minute **Action**

PEG-12/22 Apologies

As recorded above.

PEG-13/22 Outpatient Website

Rachel Strauss introduced the item by advising that work continued on reducing the amount of paperwork sent to patients. To assist this work, the focus was now on improving access to the website ensuring relevant and useful information was provided.

Harriet Barker queried what information the Group would like to see appearing on the website and whether efforts should be taken to engage more wider by setting up focus groups and targeting hard to reach groups.

Chris Howorth encouraged the Group to put forward their questions or suggestions.

Tracey Bradshaw considered that information needed to be succinct as providing too much information could cause confusion. Harriet highlighted that patients often got lost when them came into hospital and improving the signage was important. Harriet suggested that videos could be used to show patients how to get to where they needed to be. Tracey added that patients struggled with getting to the right area of Cardiology and Harriet advised that this had been taken on board.

Sylvia Whyte queried whether the Trust was starting afresh and/or whether information provided by other trusts could be mirrored. Harriet confirmed that the Trust already had its own Outpatient webpages and ways of improving these was being looked at. Sylvia considered that different groups had different needs. For example, older patients may find navigating a website more difficult.

Michael Smith highlighted that when you searched for a condition or procedure online, information was provided from many providers and queried whether it was possible to provide a link to a national website that covered the procedure, what to expect and how to prepare. Harriet considered this was a great idea but not something that was currently happening. Other trusts had different populations with different needs and tailored their communications accordingly. Michael considered a generic description for each procedure was needed. Rachel considered the Trust's website could provide a link to the NHS website although the Trust provided several more specific services and detail for these could be provided on the website.

Harriet queried if there was anything specific the Group wanted to see on the website. Michael Smith considered information on where to go, where to park, what to expect and how long the appointment would be were good start points.

Lilly Evans queried whether the webpage was aimed at first time or repeat attendees and it was advised that it was for both with an emphasis on first time attendees. Lilly considered that repeat attendees should be able to access their own personal information on the website, for example, their appointments and letters. Harriet advised that this was the aim during the second part of the year once Surrey Safe Care became embedded. Lilly considered simulating that eventuality would be better than having two different entrances to the website and Harriet advised that this was part of the plan.

Frances Ansell highlighted the importance of improving access to patients whose first language was not English as well as those with hearing impairments. Harriet advised that anyone accessing the website was able to select the language and font size they wanted. Paper would not be removed entirely as it was appreciated that not all were able to or comfortable with accessing digital formats. In addition, a sign language interpreter could be booked for appointments if prior notice was received. However, currently there were no videos utilising a sign language interpreter.

Chris Howorth considered it was important to ensure the website was accessible to everyone, regardless of impairment. Frances added that Sight for Surrey would be a good organisation to make contact with.

In response to Tracey Bradshaw, it was confirmed that up to date information on

Covid-19 would be included.

Harriet thanked the Group members for their feedback and advised that the team would now go away and consider the next steps. Harriet welcomed Group members' support in accessing the local population. Chris considered once the site was built, people could take a look before it went live.

In response to Lilly Evans, Rachel considered that the outpatient webpages would be in place in 6 months with the patient portal taking over in 12 months.

Michael Smith referred to outpatient correspondence sent to the GPs which he understand was not always read by GPs. Rachel advised that the Trust had no control on whether letters were read or not by GPs but different templates had been introduced which pulled out actions for the GP if they were limited for time. Currently Cancer Services used these templates.

Tracey Bradshaw referred to choose and book cancellations and the delay in getting appointments cancelled on the system so that other patients waiting could utilise these appointments. Susan Holton advised that the Appointment Centre now had a specific booking team that provided a more robust service and they were tasked with finding and filling empty slots.

Chris Howorth thanked Harriet, Rachel and Susan for attending to update the Group. Chris advised that Group members had a vested interest in patient experience and appreciated updates on how this could be improved. It had been exciting to learn about the work underway. Chris suggested the team make contact with the Membership and Engagement Manager if more feedback from the Group was needed.

PEG-14/22 Minutes of the Previous Meeting

The minutes of the meeting held on 14th February 2022 were agreed as a correct record.

The updated Action Log was noted.

PEG-15/22 Matters Arising

Feedback from members to Governors relating to patient experience:

- Provide details of medication to the Head of Patient Experience and Involvement

Michael Smith confirmed that he had shared further details outside the meeting.

- Meet with the Medical Safety Officer and Chief Pharmacist and discuss the expansion of critical medications list.

It was agreed to postpone this to the next meeting since the Associate Director of Quality and Head of Patient Experience and Involvement had been unable to attend this meeting.

REGULAR ITEMS

PEG-16/22 Feedback from Patient Panel meeting

Shirley Holmes, member of the Patient Panel, advised that a meeting had taken place on 8th March 2022. There had been a presentation on Viewpoint and a discussion had followed. A group member highlighted issues with the wait for medicines after being discharged. The Chief Nurse advised that once Surrey Safe Care went live, electronic prescribing would reduce delays considerably.

Shirley advised of a concern raised about Rowley Bristow Unit patients not knowing where the nearest car park in relation to the department was. The Chief Nurse advised that outpatient letters would now include details of the nearest car park.

Shirley added that the next Patient Panel meeting would be taking place on 10th May 2022.

PEG-17/22 Quality Report – Patient Experience

The Chief Nurse advised the report was in a new format and had been presented to Board in March 2022. It was still a work in progress and efforts had been taken to stream-line information as there had been too much detail previously. The Chief Nurse welcomed any comments on the report.

The Chief Nurse advised that a project was underway to improve the amount of patient feedback received by the Trust. Feedback was up to 6.4% in February and the ambition was to get to 20% by September.

The Chief Nurse advised that the themes in complaints were around outpatient appointments, treatment and care and communication. Communication issues had increased due the restrictions on visiting and relatives not being able to understand how patients were doing and what was their package of care. However, since last month visiting restrictions had been relaxed and patients were allowed a visit each day of up to an hour. The Chief Nurse added that Covid-19 was being monitored closely and the aim was to relax restrictions even further. Initially, Covid-19 figures had risen during January and February but currently these were much reduced with outbreaks and hospital acquired infections much less common.

The Chief Nurse advised that there had been an increase in pressure ulcers and falls. With the recruitment of a Falls Lead it was hoped that data would be much improved in March.

The Chief Nurse advised that medication safety was going from strength to strength. Lilly Evans referred to the Structured Judgement Reviews (SJR) in mortality delays and how the Trust was dealing with the impact of fewer staff in Radiology. The Chief Nurse agreed that the delays in SJRs was unacceptable and advised that extra resource had been acquired. A new Chief of Patient Safety would need to be recruited and this would be one of the key priorities for them.

The Chief Nurse advised that there were shortages of staff in several areas including Radiology, Occupational Therapy, Physiotherapy and across nursing. Staff were very tired and additional pressures were being placed on them during the recovery phase. This was the similar scenario nationwide but there was a real focus on recruitment with Rachel Strauss, Divisional Professional Lead, leading on this work. Lilly referred to the comments made at the recent Board meeting which highlighted concerns and the Chief Nurse suggested inviting Rachel and Harriet to a meeting to update the Group on the work being undertaken to alleviate problems. **CH/AS**

Shirley Holmes highlighted a concern raised by a member of staff on social media about not feeling able to deal with a deaf patient. The Chief Nurse was surprised the member of staff felt they were unable to ask for help from colleagues since there was resource available. It was further advised that a new provider had been selected only the previous week and would look to put out some communications around this. **AL**

Tracey Bradshaw queried whether the Friends and Family Test (FFT) included both inpatients and outpatients as she was not aware Cardiology had any devices for feedback. The Chief Nurse agreed to pick this up with the Head of Patient Experience and Involvement to ensure devices were made available. **AL**

Michael Smith referred to page 2 in the report which indicated there had been two medication safety incidents in January and three in February. Michael considered these was just a few out of thousands of medication pathways undertaken and suggested this should be highlighted. The Chief Nurse advised that it would be good to highlight a percentage.

Michael referred to page 5 of the report around Statistical Process Control (SPC) which he considered was unduly complicated and that the equivalent of smiley faces would be more easily interpretated. The Chief Nurse advised that this had been highlighted previously and had been taken on board.

Frances Ansell queried whether wards had aids for those patients with hearing impairments, for example headphones. The Chief Nurse advised that she was not aware of any headphones but would see what was in place now. **AL**

Chris Howorth queried whether the Trust was on track for achieving 20% in patient feedback by September and the Chief Nurse considered it was and an update at June's meeting would provide further detail on improvements.

Chris highlighted that Governors had been hearing about the staffing challenge for some time now and queried what could be done to improve upon the effects of burnout. The Chief Nurse advised that the Trust offered a number of health and wellbeing initiatives but, more importantly, staff really needed to be able to take their annual leave. Daily check-ins with colleagues to check they were fine and if not what could be done to improve the situation also helped. The pressures were easing and the buddy system was key to resolving issues quickly. Tracey Bradshaw added that she had recently attended a meeting on workloads and emotional needs. She was happy to report that staff sickness had reduced considerably. Tracey added that it was important that staff did not feel guilty for taking time off.

Michael Smith referred to page 21 on surgical site infections and the high numbers in Urology and Laparoscopic Cholecystectomy. The Chief Nurse advised that reasons for the high numbers were multi-factorial. High numbers could be the result of processes in theatres or post-operative care. It was added that good progress had been made in Orthopaedics, Caesarean sections and Colorectal. In response to Michael, it was advised that the Trust did benchmark against other trusts.

Chris Howorth thanked the Chief Nurse for the comprehensive run through of the Quality Report and welcomed the new format which he considered was much clearer. The Chief Nurse confirmed that the Board also liked the new format.

FEEDBACK

PEG-18/22 Feedback from Group members on recent visits and meetings

None

PEG-19/22 Feedback from members to Governors relating to patient experience

Sylvia Whyte advised she had three cases she had been asked to highlight.

One case was around a patient being discharged to a care home that did not specialise in Alzheimer's' care. Another was around a patient being referred to Dorking for long Covid-19 and the third case was about the amount of paperwork being received by GPs with one page just detailing the name and address.

The Chief Nurse advised that she would highlight the case about the amount of paperwork being sent to GPs with Susan Holton. **AL**

The remaining two points needed to be dealt with by the Patient Advice and Liaison Service (PALS) team so that an investigation could be carried out. It was agreed to provide Sylvia with contact details for PALS. **AS**

PEG-20/22 Any Other Business

None

PEG-21/22 Date of Next Meeting

Monday 27th June 2022, 2-4pm, via MS Teams

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
25.4.22	**PEG-17/22**	**Quality Report – Patient Experience**	Consider inviting Rachel Strauss to a meeting to talk about staff shortages and the work underway to alleviate.	CH/ AS	27.6.22		
25.4.22	**PEG-17/22**	**Quality Report – Patient Experience**	Share communications around provision for assisting patients with hearing impairments	AL	27.6.22		
25.4.22	**PEG-17/22**	**Quality Report – Patient Experience**	Speak with Charlotte Broughton about ensuring patient feedback devices are available in Cardiology	AL	27.6.22		
25.4.22	**PEG-17/22**	**Quality Report – Patient Experience**	Check what is provided on the wards to assist patients with hearing impairments	AL	27.6.22		
25.4.22	**PEG-19/22**	**Feedback from members to Governors relating to patient experience**	Speak with Susan Holton about the amount of paperwork sent to GPs, specifically pages with just a few lines of text	AL	27.6.22		
25.4.22	**PEG-19/22**	**Feedback from members to Governors relating to patient experience**	Provide contact details of PALS to Sylvia Whyte	AS	ASAP	Complete	✔