Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
7th June 2023

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 24th April 2023 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 Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 24th April 2023.
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	June 2023
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
24th April 2023

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Frances Ansell	Public Governor, Elmbridge
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery
	Kate Colban	Staff Governor, Allied Health Professionals
	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
IN ATTENDANCE:	Siobhan Hand	Interim Deputy Head of Patient Experience
	Andrea Lewis	Chief Nurse
Item PEG-12/23 only	Toks Ogunbanjo	Divisional Director, Diagnostics, Therapeutics and Cancer Services
	Anu Sehdev	Membership and Engagement Manager
Item PEG-13/23 only	Elizabeth Tysoe	Freedom to Speak Up Guardian
APOLOGIES:	Claire Atkinson	Interim Head of Patient Experience and Involvement
	Charlotte Broughton	Head of Patient Experience and Involvement
	Andy Brown	Staff Governor, Volunteers
	Ann Ooms	Public Governor, Elmbridge
	Jacqui Rees	Associate Director of Quality
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead

Minute **Action**

PEG-11/23 Apologies

As recorded above.

It was advised that Siobhan Hand, Interim Deputy Head of Patient Experience would be attending in Claire Atkinson's absence.

PEG-12/23 Pharmacy Update

Chris Howorth welcomed Toks Ogunbanjo, Divisional Director for Diagnostics, Therapeutics and Cancer Services, to the meeting.

Toks understood that there had been a few queries raised at the previous meeting, the first of which was around how GPs could raise issues and it was advised that it depended on the issue but they could be directed to the specialist/consultant or the ward or unit. Toks advised that there was a portal available on the website which provided information with some areas providing better information than others. He added that some Trust pharmacists worked

at the GP surgeries as well as at the Trust.

Toks referred to the query relating to medications that only the hospital could prescribe and it was advised that these medications were often for specialist initiation and reserved for hospital initiation as a way of stabilising the patient before referring back to the GP. Medications required regular monitoring to ensure they were right for the patient. Toks advised that the Prescribing Advisory Database (PAD) was available to healthcare professionals in primary and secondary care and to patients. The PAD provided guidance and key information on medicines use within Surrey.

Chris Howorth advised that Michael Smith had raised an issue relating to discharge summaries that contained inadequate information. Chris added there being issues with the supply of medications and queried what was being done to resolve these.

Michael mentioned two drugs; Rifaximin to treat microbial overgrowth and Propranolol for treating mild anxiety and how these were not licensed indications for these drugs. He added that community pharmacists did not have the same level of flexibility around substitution as a hospital pharmacy and would have a very limited range of substitutions that could be made. In relation to discharge summaries, the GP Michael had been speaking with advised that they were not as informative or complete as previously and arrived much later since the Trust had moved over to Surrey Safe Care.

Toks advised that specific drugs were only to be prescribed by the hospital and these were often intravenous or for day case or for specialist use. Propranolol was covered in NHS guidance and as long as the dose was indicated GPs were more confident to prescribe. Toks advised that since Brexit there had been greater challenges with the supply of medicines and issues with shortage of medications. The UK now differed to EU on arrangements and pricing for mediations which often determined where companies chose to locate their factories and focus their supply. Alternatives to relieve supply challenges were being considered as part of national and regional contracts to help ensure the secure supply of drugs. Locally, another way of working was to share supplies across organisations; although this was not easy to do nationally.

Toks agreed with the assessment of discharge summaries and advised the Trust was working to improve these.

Michael Smith referred to the prescribing of anticoagulants and the need to seek alternatives which may cause some confusion to patients who were not aware which were anticoagulants and could potentially double dose and result in fatalities in such cases. Toks advised that oral anticoagulants were a good substitute for Warfarin and agreed it was possible to be on one or two such medications and there was a high risk of bleeding. Surrey Safe Care assisted medication safety, as clinicians using the prescribing proforma in the system had to pick what drug was required from a list which reduced the risk of multiple prescribing. Across Surrey Heartlands the Trust are working with partners to audit and review patients on anticoagulants to see whether it was possible to have them on another oral anticoagulant or antiplatelet so that the risk could be removed. Alert cards had been introduced to ensure that patients were advised

that they had been prescribed an oral anticoagulant and how they could identify when they were prescribed something similar so they could make their GP/Pharmacist aware. There were also risks associated with patients taking Aspirin on a regular basis whilst on an anticoagulant. Toks considered that continued improvements in medicines safety, including use of IT was the way forward.

The Interim Deputy Head of Patient Experience took a moment to show the Group the Surrey PAD system and Toks advised that they could scroll to the bottom and click on their role and then select the medication more information was needed on including the protocols relating to it.

Chris Howorth thanked Toks for providing an informative update.

PEG-13/23 Freedom to Speak Up (FTSU) Guardian

Elizabeth Tysoe advised that she had begun in the role in February and worked 15 hours per week. The aim of the FTSU initiative was to protect patients and staff and provide an avenue for feedback. There were a number of ways feedback was shared and these included:

- Raising a concern
- Making a disclosure
- Offering a suggestion for improvement
- Making a complaint
- Taking out a grievance
- Whistleblowing
- Making a qualifying disclosure

A vast majority of feedback was shared anonymously at the Trust and it was Elizabeth's aim to reduce the need to raise issues anonymously. There was an understanding that some groups had barriers to speaking up and these included new starters, volunteers, black, Asian or minority ethnic workers, disabled workers, others with protected characteristics, agency staff and trainees.

Elizabeth advised that the FTSU ambassadors would be relaunched at some stage as a number of them had now left the Trust.

It was the FTSU Guardian's role to improve speaking up and to ensure that lessons were learnt and things improved. The FTSU guardians were supported by the National Guardian's Office which worked nationally to improve speaking up within the NHS and healthcare sector in England.

Elizabeth advised that she was looking to incorporate a reflection and planning tool as well as developing a strategy. Another aim would be working closely with HR to promote companionship. It was agreed to share her presentation with the Group. **AS**

In response to Lilly Evans it was advised that Arun Thiyagarajan was the Non-Executive Director responsible for FTSU at the Trust and that Elizabeth reported to the Chief Nurse. In response to Tracey Bradshaw it was advised that staff

raising issues were happy to meet with her face to face to talk through their concerns which was already a movement in the right direction towards reducing anonymity. In April a feedback form had been introduced and this would assist in reporting.

Frances Ansell queried whether Elizabeth had a sense of the most common issues. Elizabeth advised that she only heard one part of the story and there were occasions when staff did not realise they were being performance managed and were shocked to find out when they did.

Chris Howorth queried what could be done to increase confidence in speaking up and Elizabeth advised it was important to ensure she was more visible and kept staff informed and checked in on them. Chris considered that organisations did not like being challenged and queried how feedback could be regarded as being positive. Elizabeth advised that she spoke with staff at their induction and conveyed how feedback was a positive thing. Lilly Evans considered that senior managers needed to begin meetings with thanking staff for all their efforts to make them feel more valued and part of the team which in turn would help to develop an improved culture within the organisation.

Michael Smith referred to staff having to deal with disgruntled patients and how it could be particularly traumatising for them having face regular abuse and queried whether staff could unburden themselves using the FTSU process. Elizabeth agreed that this was part of her role although she was only available for 15 hours per week. She would speak with the Associate Director of Quality to ensure she was the right person to provide this support. The Interim Deputy Head of Patient Experience added that her team had a lot of experience in this and was aware the Trust was incredibly supportive of staff in this predicament. Warning letters could be sent and advice could be sought from lawyers if needed. There was also a staff group set up within HR to support staff and training provided on handling difficult conversations. Elizabeth added that sometimes face to face conversations were more problematic and she could certainly speak with staff who were experiencing such issues. Chris Howorth queried whether support could be extended to Governors and it was advised that they could definitely approach Elizabeth should the need arise.

The Chief Nurse thanked Elizabeth for all her efforts and reinvigorating the role whilst working hard to reduce the need for staff to raise their concerns anonymously.

PEG-14/23 Minutes of the Previous Meeting

The minutes of the meeting held on 13th February 2023 were agreed as a correct record.

The updated Action Log was noted.

PEG-15/23 Matters Arising

PEG-04/23 – *Matters Arising – Deputy Chair of PEG* - no expression of interests received for the position of Deputy Chair of PEG. It was agreed to revisit in the future should the need arise.

PEG-05/23 - *Feedback from Patient Panel meeting* – this will be taken forward to the next meeting.

PEG-06/23 - Quality Report – *Patient Experience - Check with Viewpoint whether it was possible for respondents to include their contact details in order to get feedback* – this will be taken forward to the next meeting.

PEG-08/23 - *Feedback from members to Governors relating to patient experience* – Lilly Evans advised that she had not had the opportunity to do so but would now ask her acquaintance to send in her positive feedback.

PEG-09/23 - *Any Other Business – car parking charges* – this would be covered at the next informal meeting with the Chairman and Chief Executive.

REGULAR ITEMS

PEG-16/23 Feedback from Patient Panel meeting

This item will be taken forward to the next meeting when Claire Atkinson would be in attendance.

PEG-17/23 Quality Report – Patient Experience

The Chief Nurse advised that the report provided data from January and February and presented highlights from the report which included issues with appointment letters, discharge processes and the Friends and Family Test (FFT).

The Chief Nurse advised that she was chairing a working group which was looking to reset quality priorities and reduce the FFT target to 10%. It was also decided to streamline the questions and incorporate additional languages, as well as changing the terminology from survey to questionnaire to encourage better participation.

The Chief Nurse advised that the Healing Arts project was becoming more active and the staff garden named the Queen Elizabeth Memorial Garden would be officially opened on 12th May which was the same day as the Pride in Nursing and Midwifery Day. A VIP had been secured and families of the staff that had died during COVID would be invited.

It was advised the Infection Prevention and Control (IPC) targets had proved challenging during a period of staff absences, ongoing outbreaks and high levels of COVID, Influenza and RSV during January and February.

The Chief Nurse advised there had been a spike in harms during this period and one of the reasons was the opening of escalation areas and the additional pressures on staff. It was advised that the Deputy Chief Nurse and Nurse Consultant for Harms Free Care had been visiting wards and conducting spot checks.

Lilly Evans queried how the Trust had performed on pressure damage over the

year and the Chief Nurse advised that the year had not begun well and there were issues with Surrey Safe Care resulting in risk assessments not being done. It was added that there was now a reminder on Surrey Safe Care to ensure a risk assessment was conducted and compliance had improved as a result.

Michael Smith referenced sepsis and compliance of 67% with the Sepsis 6 bundle (a set of 6, time critical practices) and although this was above the performance target of 47.5%, he considered this was low when only two symptoms triggered an alarm. The Chief Nurse advised the target was a challenge nationally and although the Trust did perform much better than others there was still room for improvement and confirmed that junior doctors were trained to look out for signs of sepsis. There were also now more doctors in the ED. Tracey Bradshaw advised that when a patient attended the hospitals a red flag reminded you to look at the risks.

Chris Howorth advised he and Shirley Holmes had been on a working group looking at appointment letters and considered there were still outstanding issues with the letters and queried what actions were being taken. The Interim Deputy Head of Patient Experience advised that issues with letters had been raised via PALS and it had been agreed that appointments arranged with less than a week's notice generated a telephone call and not a letter. There had been issues with the wrong template being selected for letters and text messaging not providing enough detail. A recent mystery shopping exercise had been conducted and letters/communications had improved. It was agreed that data would be examined to see if the situation had improved and this would be brought to the next meeting. Lilly Evans added that post was arriving much later and that a lead time of 10 days for letters would be more appropriate. **SHa/CA**

Chris Howorth referenced the FFT target and queried whether a benchmarking exercise had been undertaken. The Chief Nurse advised that the Interim Head of Patient Experience and Involvement was looking into this to ensure learning resulted from good practice. She would be able to update at the next meeting. **CA**

In response to Chris Howorth, the Chief Nurse advised that Amanda De Jongh was the Nurse Consultant for IPC and was very active in the region where good practice was shared. The Trust was either leading in targets or near the top and had performed particularly well during COVID. The Chief Nurse considered inviting her to a future meeting would be beneficial. **AS**

The SIRI report was discussed.

FEEDBACK

PEG-18/23 Feedback from Group members on recent visits and meetings

Shirley Holmes advised that the walkarounds had had to be cancelled due to planning for the junior doctors' strike.

PEG-19/23 Feedback from members to Governors relating to patient experience

Shirley Holmes advised that Andy Brown had asked her to share his feedback regarding patients turning up at the wrong place when attending Urology and the

cardiac unit. Andy had raised issues with signage and was advised that solutions were too expensive. Andy considered that letters needed to be more explicit. Tracey Bradshaw advised that she had also raised similar concerns since Cardiology was located in three separate areas and if you arrived in the wrong area there was a long walk to the correct area. This was an ongoing problem and Tracey and her colleagues often overheard patients' frustration. Michael Smith considered that some letters did provide accurate directions whilst many did not. The Interim Deputy Head of Patient Experience requested that Andy Brown's email be forwarded to her so she could pick up issues with Facilities. **SH**

Frances Ansell advised that she had attended a meeting of the Equality Action Group recently where different agencies were being approached to assist with sign language. Stands had been requested for the iPads that were handed out to patients. Frances added that she had been advised by people attending the eye clinic that a patient's name was called and the person calling out the name then disappeared from view. This meant the patient was unable to follow them and also not guided back to the original waiting room after being administered eye drops. Frances would be raising this at the Equality Action Group.

PEG-20/23 Any Other Business

None

PEG-21/23 Date of Next Meeting

Monday 26th June 2023, 2-4pm, via MS Teams

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
13.2.23	**PEG-06/23**	**Quality Report – Patient Experience**	Check with Viewpoint whether it was possible for respondents to include their contact details in order to get feedback. Taken forward to the next meeting	CA	24.4.23 26.6.23		
13.2.23	**PEG-08/23**	**Feedback from members to Governors relating to patient experience**	Encourage patient to send in details of her positive experience	LE	ASAP	Lilly will remind her acquaintance to do this.	
13.2.23	**PEG-08/23**	**Feedback from members to Governors relating to patient experience**	Invite the manager of the appointment centre and outpatients o attend a future meeting to cover the work on patient letters.	AS	26.6.23	Invited to meeting on 26th June.	✔
24.4.23	**PEG-13/23**	**Freedom to Speak Up (FTSU) Guardian**	Share presentation	AS	ASAP	Shared with PEG minutes	✔
24.4.23	**PEG-17/23**	**Quality Report – Patient Experience**	Update Group on the improvements in letters	SHa/ CA	26.6.23	This will be undertaken by the manager of the appointment centre and outpatients at the meeting 26th June.	✔
24.4.23	**PEG-17/23**	**Quality Report – Patient Experience**	Update on the learning from good practice in FFT	CA	26.6.23		
24.4.23	**PEG-17/23**	**Quality Report – Patient Experience**	Invite Amanda De Jongh, Nurse Consultant for IPC, to a future meeting to update on what the Trust was doing	AS	26.6.23	Invited to meeting on 26th June.	✔

			to improve in IPC targets.				
24.4.23	**PEG-19/23**	**Feedback from members to Governors relating to patient experience**	Forward Andy Brown's email to the Interim Deputy Head of Patient Experience	SH	ASAP		