Ashford and St. Peter's Hospitals
NHS Foundation Trust

**COUNCIL OF GOVERNORS**
**6th September 2023**

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| **TITLE** | **Patient Experience Group Report** |
| **EXECUTIVE SUMMARY** | The minutes of the meetings of the Patient Experience Group held on 26th June 2023 are attached.<br><br>Matters discussed in the meeting included:<br><br>• Quality Report – Patient Experience<br>• Feedback from Patient Panel meeting<br>• Feedback from Group members on recent visits and meetings<br>• Feedback from members to Governors relating to Patient Experience<br><br>The Associate Director in Infection Prevention and Control also attended to update the Group as well as the Associate Director for Digital Operational Delivery and Outpatients Service Manager to update on patient communication. |
| **The Council is asked to:** | Note the minutes of the meeting of the Patient Experience Group held on 26th June 2023. |
| **Submitted by:** | Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London |
| **Date:** | September 2023 |
| **Decision:** | For Noting |

Ashford and St. Peter's Hospitals NHS Foundation Trust

**Council of Governors**

**Minutes of the Patient Experience Group**
**26th June 2023**

**via Microsoft Teams**
**14:00 – 16:00 hours**

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| **PRESENT:** | | Frances Ansell | Public Governor, Elmbridge |
| | | Andy Brown | Staff Governor, Volunteers |
| | | Ann Ooms | Public Governor, Elmbridge |
| | | 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:** | | Claire Atkinson | Interim Head of Patient Experience and Involvement |
| *Item PEG-23/23* | | Amanda De Jongh | Associate Director in Infection Prevention and Control |
| *Item PEG-24/23* | | Susan Holton | Associate Director for Digital Operational Delivery |
| | | Andrea Lewis | Chief Nurse |
| *Item PEG-24/23* | | Priya Ratnasingham | Outpatients Service Manager |
| | | Anu Sehdev | Membership and Engagement Manager |
| **APOLOGIES:** | | Tracey Bradshaw | Staff Governor, Nursing and Midwifery |
| | | Kate Colban | Staff Governor, Allied Health Professionals |
| | | Lilly Evans | Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead |
| | | Sylvia Whyte | Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead |

**Minute** **Action**

**PEG-22/23 Apologies**

As recorded above.

**PEG-23/23 Infection Prevention and Control**

Chris Howorth welcomed the Associate Director in Infection Prevention and Control to the meeting.

The Associate Director in Infection Prevention and Control went through the actions in place to reduce healthcare associated infections (HCAI) at the Trust. It was advised that targets would be further reduced for infections the following where the Trust performed well.

All trusts were required to report HCAIs to the UK Health Security Agency (UKHSA) before the 15th of each month.

The Associate Director in Infection Prevention and Control provided further detail on the Trust's compliance in MRSA, gram negative, E Coli, Klebsiella and Pseudomonas aeruginosa, as well as benchmarking data. The Trust

benchmarked very favourably in all these infections, apart from in MRSA.

The Associate Director in Infection Prevention and Control highlighted how the Trust used learning from post infection reviews of these cases which included several initiatives as follows:

- Hand hygiene audits
- Aseptic non-touch technique – policy and assessment workbook updated.
- Mouth care
- Hydration
- Personal hygiene
- New cleaning technologies – "Zoono" UVC robots and ATP to assess cleaning effectiveness
- Confirmation of who cleans what – with what product (training on cleaning provide by company rep)
- Making cleaning easier – having cleaning products where they are required/clipped onto equipment.
- Ward upgrades – sinks, bed spacing and smooth surfaces
- Urinary catheters – avoiding them if possible
- Cross check with ward water test results – no link to any case.
- Programme of hand washing sink replacement – Aquafin
- Ensuring position of hand cleaning products above clinical hand wash sinks are in line with technical standards and guidance (HTM/HBN)
- New signage for clinical hand washing sinks to avoid other uses
- Drain disinfectant

The Associate Director in Infection Prevention and Control turned to clostridiodes difficile and how the Bristol Stool Chart was being used and more ensuite facilities were being introduced.

It was advised that the Infection Prevention and Control best practice to reduce HCAIs included:

- Training for staff on equipment cleaning (company rep)
- Ward cleaning record and "frequently touched" site cleaning record
- Programme of ward refurbishment – making cleaning easier by having smooth/impervious surface, increased storage spaces, provision of ensuite bathroom facilities and increased spaces between beds
- Spot checks on patient screening (MRSA, CPE (carbapenemase-producing Enterobacterales))
- Aseptic non-touch technique – updated workbook and assessment

The Associate Director in Infection Prevention and Control advised that the Trust had seen four wards with confirmed norovirus cases during the past year which were contained by locking down the wards. Hand hygiene was key here and training had been reinvigorated on the wards with hand sanitisers being placed by each bed for the use of staff as well as patients. Gloves were not used unless completely necessary as these were shown to spread infections when good hand hygiene was more effective.

The Associate Director in Infection Prevention and Control turned to COVID and how each case was monitored and determined where it had originated. Actions to reduce COVID included:

- HEPA filters
- Enhanced environmental cleaning
- Hourly cleaning of frequent touch sites
- Using single patient use equipment where possible
- Ensuring multi-patient use equipment is cleaning thoroughly between each patient use
- Ensuring alcohol hand sanitiser is available by each bed
- Thorough hand hygiene
- Correct and appropriate use of PPE
- Triage of admissions for signs of respiratory infections
- Regular opening of windows in bays/single rooms (at least 15 minutes each hour)
- Vaccination

Future challenges were touched upon which included:

- CPE and increase in antibiotic resistance
- Measles – vaccination hesitancy
- Avian flu
- A future pandemic

Frances Ansell queried whether patients were asked to wash with a surgical wash before surgery and it was advised that this was not always required as research had not indicated this was needed. Frances also queried whether patients were followed up and asked if they had had an infection following surgery and it was advised that most surgeries were followed up.

Michael Smith referred to witnessing the changing of rubbish bags on a ward and how he noted a bag was squeezed to remove the air and queried the low level of sepsis identification, babies experiencing a neonatal infection and shortage of hippy scrub. The Associate Director in Infection Prevention and Control advised that she had not been aware of air being removed from bags before disposal and would look into this. The electronic record system prompted staff to check for signs of sepsis. Any surgery increased the possibility of infection but a lot of work was being done in this area including the use of air cleaners and improving ventilation. The issue around neonatal infections would be looked into. Finally, the Trust had plenty of hippy scrub but there had been shortages in the past.

The Associate Director in Infection Prevention and Control confirmed that the coding system was the same across the NHS and was audited rigorously.

Chris Howorth thanked the Associate Director in Infection Prevention and Control for her detailed update and encouraged Group members to send through any further questions to her should they have any.

**PEG-24/23 Patient Communication**

Chris Howorth welcomed the Associate Director for Digital Operational Delivery and Outpatients Service Manager to the meeting.

The Outpatients Service Manager outlined the different forms of communicating with patients and the various improvements that had been undertaken or were underway. These included new templates for surgical letters being reviewed, providing letters in accessible formats, text messages being used 7 and 3 days before an appointment, highlighting locations and email addresses being routinely collected.

It was advised that text messages now included the option to feedback and though it was early days with only 14 responses being received, 93% rated the experience of the call as excellent or very good and 9.23 out of 10 on how easy it was to make contact with the Appointment Centre. Satisfaction with the call handler was rated as 4.92 out of 5 and 100% stated the call resolved their enquiry. The feedback had resulted in the need to improve the web pages as many respondents had stated they had not accessed the website before making a call.

The Associate Director for Digital Operational Delivery turned to the forthcoming patient portal and advised that there was a project plan in place which would commence in July with a go live date of January 2024. The platform selected was from Cerner called Zesty and this was used by many trusts. Zesty integrated with the NHS app which many people already had and patients would need to opt in or could continue with traditional forms of communications. Information provided on Zesty would include appointment details, text alerts, discharge summaries and clinic letters. In future, patients would also be able to book and reschedule their appointments on line.

The Associate Director for Digital Operational Delivery advised there was a drive to get as many mobile numbers as possible and a QR code had been developed which provided a link to enable people to update their details on the internet. The self-check-in machines also enabled patients to input their mobile numbers and there were forms available in outpatients as well as a link on the website. The Associate Director for Digital Operational Delivery advised she would be happy to attend a future meeting to update on this project.

Andy Brown welcomed the update and advised he was a volunteer and how there continued to be issues with letters not clearly advising of locations. Letters often indicated area 2 or 4 but there was no signage for these areas so patients had to go to either area 3 or 5 and be redirected from there. The other area was lung function which was on level 2 but appointment letters stated level 3 which meant a long walk down a corridor then having to be redirected. Appointment letters for Urology did not highlight where Urology was and although a map was attached it was difficult to see where Urology was highlighted. Finally, Andy referred to Radiology and how after being kept on hold for around two minutes the call had been cut off with the patient being told to call back again. It was also noted that you were kept on hold when calling at 4.30 pm to be eventually told that the department was shut. Letters often mentioned an appointment was face to face as well as by telephone causing confusion. The Associate Director for

Digital Operational Delivery welcomed Andy's feedback and requested further details and considered the issues raised would be relatively easy to fix by amending letter templates, for example. **AB**

Andy also referred to the NHS app which indicated his review was overdue when had had an appointment. It was agreed that this would be looked into and provide an update to Andy. **PR**

Michael Smith referred to some confusion caused due by an appointment letter originating from Central Surrey Health but about an appointment at Ashford Hospital. Michael agreed to share this letter with PALS. **MS**

Andy Brown highlighted the self-check-in screens which did not always work at St Peter's Hospital as they mentioned printing a receipt but this did not happen. It was agreed to look into this. **PR**

It was agreed that any further feedback could be sent to the Membership and Engagement Manager to pass on.

**PEG-25/23 Minutes of the Previous Meeting**

The minutes of the meeting held on 24th April 2023 were agreed as a correct record.

The updated Action Log was noted.

**PEG-26/23 Matters Arising**

PEG-06/23 *Quality Report – Patient Experience* – It was advised that the platform was a way of providing anonymous feedback and that both positive and negative feedback was monitored.

PEG-17/23 - *Quality Report – Patient Experience* – It was advised that benchmarking was difficult since trusts used different platforms. The response rate was at 7.4% but dips had been experienced too. There had been some loss of data with SMS feedback and this and ongoing work would be picked up by the working group looking at Viewpoint. Chris Howorth acknowledged the improvement in the target and welcomed future updates.

**REGULAR ITEMS**

**PEG-27/23 Feedback from Patient Panel meeting**

The Interim Head of Patient Experience and Involvement advised that the Patient Panel would now be meeting monthly and was pleased to advise that speakers had been booked up until December 2023. There were no meetings during August due to peak holiday season and January due to operational pressures.

The Patient Panel had eight members and they were keen to take part in new projects. They were considering whether the Patient Panel should be expanded to include staff members.

The Interim Head of Patient Experience and Involvement advised that notifications to join up were being displayed on Ensemble, the database used by volunteers. The Community Day taking place on 15th July would also provide an avenue for publicising the work of the Patient Panel and inviting new members.

The Interim Head of Patient Experience and Involvement advised that the Chief Executive had attended the last meeting and she had suggested a review of the Patient Panel and relaunching it through Team Talk.

Chris Howorth queried whether the consideration was around having staff members on the Patient Panel or to provide a way for them to feed in. It was advised that it was around staff coming in and providing information and also whether they could become Patient Panel members, although in this case they would need to be a patient too.

Michael Smith was pleased to hear that the Patient Panel was thriving. Shirley Holmes added that Patient Panel members tended to be of a set age and understood that younger members were needed in order to get a different viewpoint, although recruiting them was somewhat difficult. The Interim Head of Patient Experience and Involvement advised that previously two students had joined the Patient Panel but were no longer members. It was also considered important to encourage participation from people from varying backgrounds. It was hoped that the Community Day would provide the opportunity to chat with people to encourage them to become members. It was added that the Voluntary Services Managers also attended the Royal Holloway, Strode's and Brunel colleges to spread the word about volunteering and becoming a Patient Panel member. Social media platforms were being looked at too. Although meetings were now face to face, it was possible to join a meeting via MS Teams if members were unable to attend in person.

**PEG-28/23 Quality Report – Patient Experience**

The Chief Nurse advised the report highlighted data up to the end of March.

The Chief Nurse advised that reduced staffing and industrial action had resulted in complaints and PALS targets not being consistently met. Themes and trends were around appointment queries. delays with test results, treatment and care and communication. Although the discharge improvement target was not reached there was 7% improvement from 2021/2022. The Friends and Family Test (FFT) had reached 7.4% which was an all time high and the Chief Nurse was confident that the 10% target would be reached.

The Chief Nurse advised that the new staff garden; the Queen Elizabeth II COVID Recovery Garden, had been opened by HRH The Duchess of Gloucester and this was proving popular with staff.

In response to Andy Brown, the Chief Nurse advised that the Trust was yet to find a non-executive director to sponsor the Healing Arts project. The Executive Director sponsor would be Ellen Bull, who would be stepping into the interim Chief Nurse role during the Chief Nurse's secondment and before the position was recruited to. The Chief Nurse position had attracted a lot of interest and

shortlisting was to be undertaken that week. Funding for the Healing Arts project had been via the Charitable Funds which had also allowed for the recruitment for fundraising role to undertake fundraising for the project going forward.

Michael Smith commented on the increased clutter he had noticed in corridors. During COVID areas had been decluttered and it was unfortunate that it had now returned. The Chief Nurse agreed a clutter free environment was better but advised that there had been a number of ward moves recently and no doubt items had been left in corridors as a result. There was a working group which looked at this and would be overseeing this. The Chief Nurse appreciated that the new living screens were not to everyone's taste but a lot of positive feedback had been received since they had been put in.

Chris Howorth queried whether the impact of healing arts was evidenced. The Chief Nurse advised that feedback from both staff and patients had been positive.

**FEEDBACK**

**PEG-29/23 Feedback from Group members on recent visits and meetings**

Shirley Holmes advised that she had been booked on walkabouts which had been cancelled last minute and it was agreed to seek an update on this. **AS**

Andy Brown advised that he had taken part in a walkabout covering May and Heron wards and had been impressed with how quickly patients from Swan ward had been moved to Heron in as little as three hours. Other points had been taken forward.

Chris suggested that Group members were asked a week prior to the meeting if they had anything to add under this agenda item so enough time was allocated. **AS**

**PEG-30/23 Feedback from members to Governors relating to patient experience**

Andy Brown advised that he had come across a patient in a wheelchair who had attended A&E the previous day and had been asked to attend for a CT scan the following day at 9.00 am. When the patient had arrived the following day they were advised there was no appointment for them and that they should have gone to SDEC (Same Day Emergency Care) when they had not been advised of this or where it was. Andy had guided the patient to the right area but this was when the corridor had been shut due to additional patients waiting for A&E and proved particularly difficult. The Interim Head of Patient Experience and Involvement queried whether this had been raised with PALS as it was important to be made aware of recurring issues. Andy advised that he had not suggested this at the time. Chris Howorth queried whether staff could raise these issues and the Chief Nurse advised that the reception staff should escalate such issues in order to address them and prevent them recurring. It was not possible to attend the following day for a CT scan and it was important to manage expectations and advise that the patient would need to come in to arrange an appointment.

The Chief Nurse appreciated the difficulties in navigating the hospital when a

corridor was closed off and considered it was important to ensure communications were in place to advise how to get to the area needed.

Ann Ooms referred to a biopsy result not being available on Cerner when another database had the result. Ann queried whether there was a delay in putting up results. The Chief Nurse considered that all results should be available on Cerner and perhaps this had been an anomaly. It was agreed that Ann would provide the Interim Head of Patient Experience and Involvement and Chief Nurse more details so the issue could be escalated. **AO**

**PEG-31/23 Any Other Business**

None

**PEG-32/23 Date of Next Meeting**

Monday 11th September 2023, 2-4pm, via MS Teams

| Meeting Date | Minute Ref | Topic | Action | Lead | Due Date | Update | Completed |
|---|---|---|---|---|---|---|---|
| 26.6.23 | **PEG-24/23** | **Patient Communication** | Provide further details. | AB | ASAP | Complete | ✔ |
| 26.6.23 | **PEG-24/23** | **Patient Communication** | Look into issue with NHS app and update AB. | PR | ASAP | Complete | ✔ |
| 26.6.23 | **PEG-24/23** | **Patient Communication** | Share letter with PALS so it can be looked into. | MS | ASAP | Sent to PALS and holding letter received. | ✔ |
| 26.6.23 | **PEG-24/23** | **Patient Communication** | Look into issues with receipt not being printed from self-check-in machines. | PR | ASAP | PR has spoken with the SPH team and the check in kiosks are functioning well. The wall mounted kiosks do not print tickets nor do they have the functionality to do so. | ✔ |
| 26.6.23 | **PEG-29/23** | **Feedback from Group members on recent visits and meetings** | Query why walkabouts had been cancelled last minute. | AS | ASAP | It would appear that urgent meetings had been needed during these times. Sarah Mulhall, PA, would ensure that Shirley had a new date soon. | ✔ |
| 26.6.23 | **PEG-29/23** | **Feedback from Group members on recent visits and meetings** | Ask for feedback a week before the next PEG meeting to ensure enough time allocated. | AS | 4.9.23 | Complete | ✔ |
| 26.6.23 | **PEG-30/23** | **Feedback from members to Governors relating to patient experience** | Provide further details to CA so this issue can be looked into. | AO | ASAP | Complete | ✔ |