

MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

Minutes of the Patient Experience and Inclusion Group (PEIG) Committee

Held on: 16th March 2022

Location: MS Teams

Start time: 10:00

Finish time: 12:00

Present:

Karen Kay (KK)
Dr Andrew Waller (AW)
Jane Wilkinson (JW)
Myfanwy Borland (MB)
Pat Higgins (PH)
Keith Lewis (KL)
Reason (or exemption c...) (KS)
Reason (or exempti...) (SR)
Reason (or exem...) (ST)
Reason (or exemption...) (DR)
Reason (or exem...) (EW)
Reason (or e...) (SK)

Chair, Deputy Director of Nursing
Governor, PEC
Lead Governor
Governor
Governor
Governor
Head of Patient Experience
Safeguarding Practitioner
Head of Learning and Organisational Development
FM Services Contract Manager
Lead Nurse R&I
Communications Manager

In attendance:

Reason (or e...) (LE)
Reason (or exe...) (ER)

Lead Nurse TYA
PA to Karen Kay and Minute Taker

Item no.		Action
Opening Matters		
PEIG-01-22	<p>Welcome and Apologies</p> <p>KK welcomed the group, introducing two new governor representatives to the committee, Myfanwy Borland and Pat Higgins.</p> <p>Apologies were received for [REDACTED] Reason (or exemption code) 2 Reason (or exemption code) 2</p> <p>KK announced that this will be the last PEIG Committee meeting that KS attends as she has resigned from her role of Head of Patient Experience and will be leaving the Trust at the end of March. KK wished KS well in her new endeavours and extended a big thank you from all the PEIG members to KS for her involvement in moving the PEIG agenda forward and making a positive difference to patients and their families. AW echoed KK's sentiments on behalf of all the governors.</p>	
PEIG-02-22	Declarations of Interest	

MEETING NOTES

	No declarations of interest noted.	
PEIG-03-22	Minutes of last meeting 17th November 2021 Minutes from the previous meeting held on 17/11/21 were agreed as a true and accurate record by the meeting attendees.	
PEIG-04-22	Triple A from last meeting 15th September 2021 It was noted that there were two alerts:- <ol style="list-style-type: none"> 1. PEIG risks identified need to sit on divisional risk register for mitigation and progress and updates provided at PEIG meetings. 2. No Propcare assurance report or representation at PEIG. Hydration/Nutrition and ISS meal audits have not been taking place on the wards, due to Covid visiting restrictions. These are business critical audits and were placed on the Risk register at July PEIG as Risk ID 1486 with Richard Lacey as the risk owner. Audits not completed discussed and agreed at Propcare Performance meeting. Escalated to Interim Chief Nurse for executive agreement and to align expectations going forward. Both concerns have been escalated to Integrated Governance Committee (IGC).	
PEIG-05-22	Matters Arising & Action Log All actions reviewed within the action log or via the agenda.	
Risk Management		
PEIG-06-22	Review of Risk Register KS advised that there are currently 2 risks on the register:- <u>Risk 190 Hydration & Nutrition Audits</u> A Nutrition and Hydration Audit has been added to 'Tendable' and all dieticians have reviewed to ensure the audit is robust. Audit will be reported to the Nutritional Steering Committee as a standing agenda item from May 2022. The committee will then oversee performance and compliance. <u>Risk 92 Effective and timely communication with Patients</u> KK advised that this risk should sit with divisions rather than PEIG Committee. Assurance required from DNDs that work is progressing around timely communications. Action: KK requested a report from NB showing classifications, mitigation, actions completed and risk ratings going forward for submission to PEIG Committee.	NB
Governor/NED/Patient Carer Voice Reps		
PEIG-07-22	Governors/NED update Patient Walkabout	

MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

AW reported that since the last PEIG meeting in November 2021 there have been four patient walkabouts, two of which AW has been involved in. There were consistent themes identified irrespective of the location of the walkabout.

- * Very positive feedback received from patients in relation to the standard of nursing and medical care which resonates with the feedback received recently in formal surveys.
- * New members of nursing staff (joining CCC within the last 18 months) are connecting and representing the values of the Trust in a very positive light which is most encouraging given that they have joined in the middle of a worldwide pandemic.
- * Poor quality of communication to patients is a recurring problem. Patients receiving duplicate letters with slight differences is causing confusion.
- * The connection between the Leadership/Executive Team and the staff who are giving direct care to patients on the wards.
- * Issues experienced by Pharmacy towards the end of last year

MB will be undertaking a patient experience walkabout on 17th March visiting the Halton Chemotherapy Centre.

PH is scheduled to conduct a patient walkabout in June 2022 and is looking forward to visiting the new CCC-L site for the first time.

At the Governor Membership and Communication meeting which took place two weeks ago there was a discussion regarding whether it was appropriate to handout a postcard on patient walkabouts to explain the premise of the visit and the role of the governor in representing staff. Laura Jane Brown (Governor) has delegated the task of designing the postcard to AW. Before AW commences work on the design he wanted to gauge opinion from PEIG members. KK thought it was a great idea, however, currently from an IPC/Covid-19 perspective all cards and paper have been removed from the wards. KK suggested that individuals could be provided with their own personal copy.

Action: AW to discuss options for the postcard with KK offline.

Research study on the wellbeing of healthcare professionals during the Covid-19 pandemic

AW met with Lynda Appleton (Research Nurse) to follow up on the study she carried out on the wellbeing of nursing staff during the Covid-19 pandemic. AW confirmed he had contacted the CEO and the new Chief Nurse to encourage them to discuss the study and establish whether the Trust can do more to support staff wellbeing.

AW/KK

KL enquired regarding the 24 hour staff counselling service availability. ST advised that this service is still available to all staff via the employee assistance programme. ST added that there are a number of ways for staff to refer into the service, either by line manager referral or self referral which is completely confidential.

In addition to this the Trust has also engaged with the new Cheshire and Merseyside Resilience Hub which focusses on supporting the needs of those within the Health and Social Care sector. It is a free resource and links into the new Integrated Care System and the Occupational Health Service. There are also bite size training and leaflets for staff available on the Intranet.

MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

	<p>Commitment 'Visual Illustration' and Annual Report</p> <p>Operational challenges have impacted the display of the Commitment 'Visual Minute' illustration across all CCC sites and the publishing of the Patient Experience and Inclusion Annual Report and Commitment Strategy externally. SK advised that both reports are currently with the graphic designers for reformatting.</p> <p>Action: SK to contact the designers to ensure this work is completed by the end of March 2022.</p>	SK
PEIG-08-22	<p>Patient and Carer Voice Representatives</p> <p>No patient and Carer Voice representatives in attendance.</p>	
<p>Patient and Public Involvement and Engagement Strategy Outstanding Pledge Updates by exception and action plans:</p>		
PEIG-09-22	<p>2021-2025 Commitment update</p> <p>KS reported by exception advising that the Commitment Strategy was presented to Quality Committee last month and has now been handed over to the Comms Team to facilitate the rebranding, publication and display of the Visual Minute across all CCC sites. The Strategic delivery plan has been drafted and is currently under review.</p>	
<p>Patient Experience</p>		
PEIG-10-22	<p>Trust Board – Patient Narrative (Sarah's Story)</p> <p>An 8 minute digital story video was shared with the committee together with the accompanying action report for cascading to the divisions for ownership. KK advised that this is the new revised format for patient stories going to Trust Board (signed off by Julie Gray, Chief Nurse).</p> <p>Sarah's story highlighted issues around the need for clear communication and continuity in consultant care. KS advised that the majority of points raised by Sarah have now been addressed and completed, adding that by spending time with Sarah and listening to her concerns KS was able to identify Sarah's named consultant and secretary and provide the necessary contact details. KK wants to ensure that there is a robust process in place so that all patients are given this vital information and are not reliant on the Head of Patient Experience to facilitate. KS added that Sarah has now been allocated a dedicated Clinical Nurse Specialist (CNS).</p> <p>PH commented that in the late 1990s she worked in the Isle of Mann (I.O.M) for the Department of Health and was involved in patient transport. PH was always astounded by the resilience of the I.O.M community. PH returned to the UK working for the Cancer Network and was instrumental in bringing the island into the C&M Network to provide the same experiences for I.O.M patients as those in Merseyside. PH recalls an organisation named Manx Cancer Help and hopes that there are still similar support groups for Sarah and others and that there is a way forward to get the clinical and emotional help that is so important for holistic wellbeing of patients.</p>	

NHS
The Clatterbridge
Cancer Centre
NHS Foundation Trust

Patient Feedback

MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

PEIG-14-22	<p>CCC Adult Inpatient Survey 2020 progress update with action plan & notification of error by CQC Dec 2021</p> <p>The full report has been published by the CQC and can be viewed on the Trust website.</p> <p>The action plan has been agreed with Acute Care Services and will go through Divisional Q&S meetings and PEIOG for progress updates and assurance reporting.</p> <p>The DND for Acute Care was unavailable to give an update at today's PEIG Committee. The Chair advised that really good progress has been made against a significant number of actions, however there are a couple of areas that require more focus:</p> <ul style="list-style-type: none"> * Written and printed information to all patients particularly on discharge. * Feedback from doctors in relation to how they answer patient questions. <p>Action: KK requested that all actions are completed for the next PEIG meeting in June.</p>	JR
PEIG-15-22	<p>National Cancer Patient Experience Survey (NCPES) 2020 progress update with action plan</p> <p>KS advised that the National Cancer Patient Experience Survey was published on the 13/11/21 and was undertaken on a voluntary basis by trusts this time around. KS reported that uptake was down by 50%.</p> <p>An action plan has been developed by KS, discussed and agreed by the divisional leads and will go through Divisional Q&S meetings and PEIOG for progress updates and assurance reporting.</p> <p>KS circulated the latest version to divisional leads at the end of February 2022 requesting an update for Q4. KS reported that there has been poor engagement from divisional owners in order to facilitate this. KK advised that there are currently no actions out of date, however some will reach deadlines by the end of March 2022.</p> <p>Action: Question 15 requires a timescale to be added.</p>	KS
PEIG-16-22	<p>PALS and Complaints update</p> <p>The Head of Risk and Compliance was unavailable to attend to provide the update, however the PALS and Complaints report for February 2022 was circulated to the group prior to the meeting.</p> <p>KK raised a query in relation to how lessons learned are captured and disseminated to staff.</p> <p>Action: KK to address with NB and CL (Associate Director for Clinical Governance).</p>	KK
PEIG-17-22	<p>Trust Friends and Family Test (FFT) update</p> <p>The FFT Reports for December 2021 and January 2022 were shared with the group.</p>	

MEETING NOTES

	<p>KS gave an overview by exception. KS has witnessed a growing trend since the height of the pandemic in 2020 with 94% positive rating increasing to 96%.</p> <p>KS made reference to the patient comments contained within the reports. Patient comments were received around waiting times, communication issues and no postcode on appointment correspondence for the new car park at Paddington Village (useful for Sat Nav co-ordinates). SK informed the group that the postcode for the new car park has deliberately been omitted from patient leaflets as it does not correlate with Sat Nav coordinates and would be misleading for patients. SK has referred this issue to Liverpool City Council (who own the building) for them to resolve this issue. SK added that a detailed map of the hospital and car park is included with patient appointment letters.</p> <p>The divisions will be able to produce their own FFT reports from 31st March 2022, extracting the data directly from the FFT Dashboards on the staff Intranet. KS advised that there will be drop down lists for Inpatient, Outpatients and all other areas. DNDs have agreed that divisions will pull off their own reports from the dashboards which will go through Divisional Q&S meetings and PEIOG for progress updates and assurance reporting.</p> <p>Action: DNDs to develop action plans for each division's top two/three issues and present at PEIOG in April 2022.</p>	DNDs
--	--	------

Policy Reviews

PEIG-18-22	<p>NICE Guidance NG204</p> <p>Lead Nurse for Teenager and Young Adult Cancer Services (LE) presented the Baseline assessment tool for babies, children and young people's experience of healthcare (NICE clinical guideline NG204).</p> <p>LE explained that there are 129 guidelines of which CCC is 99% compliant. The numbers are few within paediatrics and 16 to 17 year olds and the vast majority of recommendations are supported by the TYA team and specialist nurse. Additionally, the children receiving radiotherapy are supported by a named paediatric radiographer. There are a couple of recommendations that have only been partially met, they are in relation to caring for people in the right environment and LE advised that the Trust are still in discussions regarding the Inpatient offerings for young people as highlighted within the associated action plan. Audits are to be undertaken to provide assurance that these practices/processes are being adhered to. LE confirmed that the findings of the audits will be presented at Audit Committee.</p> <p>KK enquired how we currently receive feedback from the TYA patient group (16-24 age group). LE advised that comments are received via TYA Experience surveys.</p> <p>KL asked whether TYA patients are accompanied by a parent/friend during their visits especially in light of Covid-19 restrictions. LE confirmed that all patients in that age group (16-24) have been allowed a family member or friend to support them throughout their treatment.</p> <p>PH commented that it is really important to garner the views of TYA patients and wondered what provision is in place for the transition of Alder Hey patients to the TYA service at CCC. LE explained that the TYA service has two principal treatment</p>	
------------	---	--

MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

	centers and that there is an overlap – Alder Hey is able to treat 16-19 year olds, when people are first diagnosed there is a weekly MDT which discusses and agrees where most appropriate for patients to start their treatment, for example if a patient is 17 nearing 18 years of age they will commence treatment at CCC to avoid the need for transition. LE advised that the number of patients transitioned to CCC from Alder Hey each year is minimal, possibly 1 or 2 patients.	
PEIG-19-22	<p>Patient Experience Story Toolkit</p> <p>KS has developed a Patient Experience Story Toolkit with the aim of supporting patients, families, their carers and staff involved in making the process of digital story telling as easy and straightforward as possible. The Toolkit contains guidance around obtaining consent and lots of information for the patient plus a checklist for staff conducting storytelling sessions. KS circulated the draft toolkit to stakeholders and PEIOG members for feedback. The final draft was circulated to PEIG members for final approval prior to the meeting.</p> <p>Action: The Patient Experience Toolkit was approved by all committee members. ER to send to Jack Carus (Corporate Governance Division) for document controlling together with a copy of the minutes.</p>	ER
Sub Group Triple A Reports		
PEIG-20-22	<p>PEIOG Triple A – December 2021 and February 2022</p> <p>The same alerts were noted on both Triple A reports:-</p> <ul style="list-style-type: none"> * It was noted that there has been no NSG or Propcare representation at PEIOG to discuss and update actions on the PEIOG action logs, sharing progress re: DATIX Risk ID 1486 the ongoing lack of inpatient Hydration & Nutrition Perfect ward meal audits and other NSG reports and action plans. <p>Propcare update has since been provided via email. The new CCC Service Lead Manager, Tazeen Khatib is now in post to provide formal position update on Hydration and Nutrition to PEIOG meeting April 2022.</p>	
PEIG-21-22	<p>Volunteer Update</p> <p>An update paper provided by the Volunteer Co-ordinator (DL) was shared with committee members prior to the meeting. KS informed the group that a full day "Compassionate Communication" training programme is being provided by the Education Team for the Family Volunteers to aid them within their roles as "Chatterbuddies" on the wards. Participants completing the training programme will receive an accreditation certificate.</p> <p>Action: KS advised that it is Volunteers Week 1st - 7th June 2022. SK to add to the Comms Awareness plan if it is not already included and liaise with DL on promotion of the volunteers celebration event.</p>	SK
PEIG-22-22	<p>Equality, Diversity and Inclusion</p> <p>KK advised that the newly appointed EDI lead, Ayo Barley is now in post. A paper introducing Ayo and updating on EDI matters was circulated to the committee prior to the meeting.</p>	

MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

PEIG-23-22

Staff Health & Wellbeing (H&WB) Update

ST provided a Health and Wellbeing update report. ST advised that the Health and Wellbeing Action Plan for the next 12-18 months has now been approved and identifies key priorities to support the achievement of national and regional initiatives as well as supporting the implementation of the Trust People Commitment. PEIG members were asked to note the contents of the paper and support the actions identified as priorities.

The report links into a number of findings from the research project on Staff Health and Wellbeing conducted by LA and the data capture from the Pulse staff survey results (954 staff completed the Pulse Survey) providing a richness of data.

The action plan incorporates a number of different actions, ST feels that the document is inclusive and there has been staff involvement in the scoping exercise. It will be a living document which will be adjusted accordingly when feedback from colleagues or pressures to the system are encountered.

ST pointed out that the Pulse Survey results (Pulse survey replaces the old Staff FFT survey) for Q4 have now been collated. The completion rate was 14%, this has dropped significantly from Q2 (no Q3 survey undertaken due to National Survey). A drop in completion rates was seen across the system due to work pressures in January 2022 when the survey was conducted (average completion rate was 7% in other Trusts). At a Northwest level the trust remains within the top quartile for engagement, involvement and advocacy, but remains in quartile 3 for motivation.

The staff survey results have been compiled and are under embargo until 30th March. ST and the team will be carrying out listening events during April and May to disseminate the survey results and to further embed the Trust's new values and the Staff Charter.

KK highlighted that there are a number of actions where the target date has been exceeded. ST advised that in these cases the actions are now complete – it was only that the Committee dates did not align. A business case for a H&WB Lead for the Trust has been developed, Elkan Abrahamson (EA) Non Executive Director has been supportive in looking at investment for wellbeing. An advert has gone out looking at increased administration support to help organise events and there is a further business case to be submitted for a more senior role to support H&WB across the organisation.

The only slippage on action dates is around the advertising for the H&WB Champions as Division Directors agreed that it was not the right time to advertise due to work pressure within the departments. This action has been deferred until April 2022.

PEIG-24-22

Propcare Assurance Report

A paper detailing the CCC Food Journey was shared with the group. DR explained

MEETING NOTES




The Clatterbridge
Cancer Centre
NHS Foundation Trust

	<p>that the purpose of the paper was to provide an overview of the current food service provision at CCC-L, the changes implemented from the service delivered at CCC-W and innovations to improve patient experience.</p> <p>The food service provided at CCC-W prior to the inpatient move in summer 2020, was delivered by WUTH (Wirral University Teaching Hospital). At CCC-W there was a 3 weekly cyclic menu, regenerated bulk meal service (provided in large trays) which was portioned up by HCAs or housekeepers and served to the Inpatients. This format gave rise to difficulty in managing portion control, presentation and significant wastage. There were only 4 hot options for both lunch and dinner, one of which was vegetarian, therefore quite a limited menu. Meals had to be ordered 24 hours in advance.</p> <p>The move to CCC-L saw a new model of patient meal service delivered by ISS. It is an individual plated meal service with a pictorial menu in Inpatient rooms. Wastage is minimal and presentation and portion control is much improved. There are 20 hot meal options in the standard menu and additional supplementary menus available plus there is an option to have hot meals served outside of normal meal time hours.</p> <p>A multidisciplinary Nutritional Operational Group has now been set up (chaired by PropCare) to provide a forum for items of discussion related to nutrition and hydration, this reports into the Trust Nutritional Steering Group.</p> <p>DR reported that there have been some supply chain issues due to the pandemic and Brexit but anticipates that these will be resolved shortly. Taster sessions for the new Spring/Summer menu are to be scheduled for patients, patient voice representatives and governors to sample menus.</p> <p>DR advised that TYA patients are provided with the same menu as everyone else, however if there are any issues they can contact the service provider (ISS) directly to source alternatives. LE added that there is also a Youth Support Coordinator who operates a weekly take away night as well as charity support from Aldi supermarket who replenish the fridge with snacks and drinks.</p> <p>Action: KK asked DR for a position statement on the audits that have been undertaken since the last committee. DR to forward the report to ER for circulating to committee members by 18th March 2022.</p>	DR/ER
PEIG-25-22	<p>Veterans and Armed Forces Update – VCHA Accreditation</p> <p>Project on a page (latest version) shared with PEIG members for noting. CCC have new links with Liverpool Veterans HQ. The VCHA 1 year re-accreditation submission form has been completed for submission due in July 2022.Action: Armed Forces Day is 25th June, SK to add to the Comms calendar.</p>	SK
Governance		
PEIG-26-22	<p>Re-review of Risk Register – identified issues</p> <p>No new risks identified.</p>	
Chairs Assurance Report to Integrated Governance Committee (IGC)		

MEETING NOTES



The Clatterbridge
Cancer Centre
NHS Foundation Trust

PEIG-27-22	Items for escalation in Chairs Report AAA KK to complete outside of the meeting due to time constraints.	KK/ER
Any Other Business		
PEIG-28-22	Healthwatch Liverpool Meet the Cancer Professionals webinar report. Report embedded below for noting.  Liverpool Cancer Professionals webina	

Next meeting:

Date: Wednesday 15th June 2022

Location: MS Teams

Start time: 14:00

Finish time: 16:00

Reason (or exemption code) 2

Signature:

Date: 15th June 2022

Chair

(Insert date when minutes are signed)