Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
4th December 2019

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 9th September and 18th November are attached. Matters discussed in the meeting on 9th September 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 Andrea Lewis, Deputy Chief Nurse, and Fraser Brown, Medication Safety Officer, also attended to update the Group. Matters discussed in the meeting on 18th November 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 • Patient Experience Group Annual Report and Terms of Reference The Group also visited the Eye Unit at Ashford Hospital
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 9th September and 18th November 2019
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	December 2019
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
9th September 2019

Room 3, Chertsey House, St Peter's Hospital
14:00 – 16:00 hours

PRESENT:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	Keith Bradley (Chair)	Public Governor, Woking and Guildford
	Brian Catt	Public Governor, Spelthorne
	Maurice Cohen	Public Governor, Woking and Guildford
	Godfrey Freemantle	Public Governor, Hounslow, Kingston upon Thames and Richmond upon Thames
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Judith Moore	Public Governor, Woking and Guildford
	Danny Sparkes	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Bertie Swan	Public Governor, Elmbridge
IN ATTENDANCE:		
	Tom Allan	Staff Governor, Volunteers
Item PEG-34/19	Fraser Brown	Medication Safety Officer
	Helen Collins	Head of Patient Experience and Involvement
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
Item PEG-35/19	Erica Heppleston	Associate Director of Quality
	Andrea Lewis	Deputy Chief Nurse, Corporate Services
	Chris Marks	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Sue Harris	Staff Governor, Nursing and Midwifery

Minute **Action**

PEG-29/19 Apologies

As noted above.

PEG-30/19 Welcome

Keith Bradley welcomed the Head of Patient Experience and Involvement to the meeting as well as Governors, Tom Allan, Lilly Evans and Chris Marks.

PEG-31/19 Minutes of the Previous Meeting

The minutes of the meeting held on 1st July 2019 were agreed as a correct record.

The updated Action Log was noted.

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PEG-32/19 Matters arising

PEG-22/19 – Bring the Seven Day Board Assurance Framework paper to the next meeting
It was advised that the Associate Director of Quality had sent the paper to the Group that day and would speak to it later on; although it was considered this may need to be postponed to the next meeting.

PEG-22/19 – Speak to Tissue Viability Nurse to seek clarification
In Sue Harris' absence, Keith Bradley read out the following response from Sue:

Sue had looked at the Quality report and it would seem that two categories of pressure damage were omitted in the report which was sent by Tissue Viability.

Further information for deep tissue injury and unstageable pressure ulcers was provided as follows:

- Deep Tissue Injury - There is no current target set for hospital acquired deep tissue injury. The Trust had two hospital acquired deep tissue injuries in May 2019; none of which was device related. Deep Tissue injuries are monitored by the Tissue Viability Team until a category can be allocated. Deep Tissue injuries can resolve or evolve to become, at worst, a category 4 pressure ulcer.

- Unstageable - The Trust has a target of zero hospital acquired unstageable pressure ulcers for 2019/2020. The Trust had two unstageable pressure ulcers affecting two patients in May 2019.

PEG-33/19 Andrea Lewis, Deputy Chief Nurse for Corporate Services

Keith Bradley welcomed the Deputy Chief Nurse for Corporate Services and welcomed her perspective on the first few months in her new role and a little about her hopes for the Trust.

The Deputy Chief Nurse advised she remembered a few of the Group members as she had taken them on a tour of A&E a year and half ago.

The Deputy Chief Nurse advised that she had begun her career by joining the army before taking her final exams. She had found it to be a good life and she gained confidence and leadership skills. She rose to the rank of full colonel. She then got married and had a daughter and this was when she considered it would be a good time to move to the NHS.

The Deputy Chief Nurse advised that she became Associate Director of Operations for Emergency Services at the Trust which was an extremely high pressured job. During this time she pulled upon the leadership skills she had acquired whilst in Iraq, Bosnia and Camp Bastion in Afghanistan. She experienced times of being at black status, with up to 20 patients waiting in the hospital corridor and the team wondering whether the pressure would ever ease up.

The Deputy Chief Nurse advised that she had been in her current position for four months and that she had started around the same time as the Head of Patient Experience and Involvement. It was clear there was a lot of work to be done in patient experience. The complaints process was scrutinised to ensure meaningful and timely responses were being sent and the target of sending a response within 25 days was met. In February 30% of complainants received a response within 25 days. Currently this had increased to 91%. The complaints team had been centralised and there was good engagement with the divisions. Follow-up letters had reduced with only 2% of complaints coming in as follow-ups in August.

In response to Judith Moore, the Deputy Chief Nurse advised that the main concern in complaints was inadequate communication, be it in relation to discharges, consultations, explanation of surgery, waiting times in clinics; for example. Judith queried the staffing levels in the Emergency Department and it was advised that staffing was at 70% of what was needed. It was hoped that further recruitment initiatives would help the situation. The Deputy Chief Nurse advised that the Trust had employed the services of Prism Improvement to assist with the Make Every Day Count (MEDC) initiative. The Head of Patient Experience and Involvement added that the new build would significantly help with the recruitment and retention of staff.

Chris Howorth advised that the Group had been told previously that complaints were not necessarily a bad thing and when the Trust was functioning better there were fewer complaints. Chris queried whether there was under reporting of complaints. The Head of Patient Experience and Involvement advised that fewer issues were being raised as formal complaints as they were tackled as they arose. It was confirmed that all issues regardless of being formal complaints or PALS concerns were logged.

Tom Allan referred to his case which had been dealt with very promptly and effectively. Tom queried whether trends were tracked and the Head of Patient Experience and Involvement advised that they were. A regular paper was shared with the Patient Experience Monitoring Group which provided a granular analysis. Tracking concerns gave a sense of where the Trust was.

The Deputy Chief Nurse advised that since the Trust received a low number of Friends and Family Test responses it had been decided to trial three different patient feedback companies in AMU, A&E and Maternity. More questions had been added in to align with the Trust's Strategy. Kiosks were used in A&E and the response rate had improved dramatically, receiving up to 100 responses per day. The other two areas were trialling iPads which had also improved response rates. The trial would be coming to an end at the end of the month and then a decision would be made on which feedback system the Trust wanted to take forward.

Further initiatives included the Experience Based Co-Design project, the new build, the Well North work and including more art at the Trust, as well as fresh fruit and vegetable stalls and ways of working with local providers. The Head of Patient Experience and Involvement added that a creative arts steering group was being set up to look at how art, music and literature could be incorporated into the new build. Ways of making the new multi-deck car park more attractive

were also being considered, for example the use of living walls. The Head of Patient Experience and Involvement had visited Chelsea and Westminster which had won several awards in this area. Bristol was another good example. The Head of Patient Experience and Involvement advised that she would bring this piece of work back to the Group when ideas had been finalised. The Deputy Chief Nurse considered that patients were often anxious coming into hospital and anything that could soothe them would be beneficial for both patients and staff. Judith highlighted how cold she had found the main entrance foyer when she had attended during Organ Donation week and welcomed the initiative. **HC**

The Deputy Chief Nurse was happy with the new team and considered there were exciting times ahead.

Keith thanked Andrea for her insight and for updating the Group.

PEG-34/19 Pharmacy Update

Keith Bradley mentioned the Group's visit to Pharmacy two years ago and how the conditions the team was working under had been far from ideal. Lilly Evans advised she was a member of the Medicines Governance Committee which looked at the quality of prescribing, training, individual cases, trends, coding, IT, NICE guidelines, cumulative statistics and pharmacy on the wards. Lilly advised she had invited Fraser Brown, Medical Safety Officer, to the meeting to update the Group.

Fraser advised that Pharmacy was undergoing a rebuild and a new robot would be going into the dispensary which would provide a more effective way of dispensing drugs. Pharmacy had recently signed an electronic prescribing contract which would take two years to become live. This, together with ePR (electronic patient record), should reduce the error rate by 30%. Judith Moore queried whether the Trust handled chemotherapy drugs and Fraser confirmed that the Infusion Suite administered chemotherapy. The chemotherapy drugs were no longer made at the Trust but at St Luke's. There had been some issues with supply of chemotherapy drugs.

Brian Catt understood there was a 4.30pm deadline for prescriptions and Fraser advised that one of his prior colleagues had come up with a way of improving the flow of patients and prescription times which meant the Pharmacy was now not open as late as it had been before.

Chris Howorth welcomed the 30% reduction in errors. Fraser advised that nationally a target reduction of 50% had been set and a 30% reduction in errors that caused significant harm. Chris Howorth queried whether sharing best practice happened. It was advised that the Chief Pharmacist conducted regular reviews to prevent errors re-occurring. Chris referred to issues with the omission of Clozapine and Fraser advised that administering this drug was linked to blood test results. Patients were encouraged to bring in their own Clozapine in to avoid delay in administering. Once drug history was recorded electronically this would avoid omissions as staff would be prompted.

Lilly advised that staff from many areas of the Trust attended the Medicines Governance Committee. Fraser highlighted that medication safety was a key

priority at the Trust. Judith queried whether there were concerns about drug supplies with Brexit on the horizon. Fraser gave an example of the drug Midazolam which came in low and high strengths and how important it was the right dose was administered. Currently, there was no low strength Midazolam available so the high strength had to be utilised. Processes had been put in place to ensure the safety of its use.

The Group thanked Fraser Brown for his update.

PEG-35/19 Quality Report – Patient Experience

Keith Bradley thanked the Associate Director of Quality for Seven Day Service Report and agreed that this would be looked at in further detail at the next meeting. **EH**

The Associate Director of Quality welcomed questions from the Group. Chris referred to the section on Stroke and whether additional specialist resources were now in place. It was advised that plans were still ongoing to have consultant cover over seven days. Chris was concerned that this was similar to information provided previously. Danny Sparkes added that recruitment initiatives had been unsuccessful. The Group did consider that after bidding for the Hyper Acute Stroke Unit (HASU) this should attract the expertise of stroke physicians. In response to Chris with regards to seeking assurance from the non-executive directors, the Associate Director of Quality advised that non-executive directors received regular reports on the HASU. The Group considered taking concerns to the formal Council meeting. The Associate Director of Quality advised that a full presentation would be taking place at the Quality Account Assurance Workshop and encouraged Governors to attend to seek further assurance.

Chris Howorth highlighted two patient safety alerts that were significantly overdue. Chris congratulated the reduction in complaints.

In response to Tom Allan about the graphs not highlighting the percentage decrease, the Head of Patient Experience and Involvement agreed that the proportion to activity could be highlighted. The Associate Director of Quality advised that outpatients had the largest activity and hence received the most complaints, but the comparison of complaints to activity was miniscule. The Head of Patient Experience and Involvement considered there might be a way of setting upper and lower limits and when complaints rose above the upper limit then services would be examined in more detail. Tom considered that trends needed to be highlighted.

The Head of Patient Experience and Involvement advised that the team was anticipating a rise in complaints relating to car parking and A&E during the new build works. In response to Brian Catt the Head of Patient Experience and Involvement confirmed that more issues were being dealt with live by the PALS team and hence the report highlighted an upward trend in PALS concerns and a downward trend in complaints. Tom considered the graphs were confusing and Chris Howorth advised that reading and understanding the information soon became second nature. Keith Bradley added that the quality report had improved considerably over time and this was a credit to the Associate Director of Quality.

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PEG-36/19 Feedback from Patient Panel meeting

Danny Sparkes, Chair of Patient Panel, advised that the group had met once. She advised that she and the Head of Patient Experience and Involvement would be visiting similar groups at other trusts. It was intended to visit the Royal Surrey's Patient Panel next.

PEG-37/19 Feedback from Group members on recent visits and meetings

Judith Moore reminded the Group that she was Chair of the Organ Donation Committee and that it had been national Organ Donation week the previous week. Judith advised that the Trust had had eight donor patients the previous year and since April 2019 had already had nine donor patients. Judith was pleased that the lift wraps were now in place sharing the organ donation message. She also touched upon the "opt out" legislation coming into place next year. Judith also stressed the importance of families speaking to each other about their wishes.

Tom Allan advised he had found the Director of Workforce Transformation's weekly message to staff very good. Keith advised that the Director of Workforce Transformation had spoken very movingly at a past Schwartz Round. Chris Marks agreed that the message had been very powerful.

Keith Bradley highlighted the successful Annual Members' Meeting. Brian Catt advised he had attended the Car Parking Steering Group meeting at which the future design of the multi-deck car park had been discussed, as well as the signage during the works.

Bertie Swan advised she and Danny Sparkes had attended the End of Life Care meeting where Clare Smith, Consultant in Palliative Medicine, and Sue Dargan, Macmillan Lead Nurse, Cancer, Palliative and End of Life Care, had shared the work being undertaken. Communication issues had been discussed in relation to the Respect form which could only be completed by a doctor. Issues with Power of Attorneys not being adhered to when there were capacity issues were also raised. It was advised that there was a mandatory requirement to complete safeguarding adults training. Bertie further advised that the Chief Nurse had invited all the Governors to an End of Steering Group meeting on 9th December (10.30 – 12.00, Room 2, Chertsey House).

Brian referenced a "pharmacy preference note" which he had received from his local Patient Participation Group (PPG) and welcomed the Group's feedback. He also mentioned issues with the delay in getting a GP appointment when patients were discharged and were referred to their GP for further advice on medications.

PEG-38/19 Feedback from members to Governors relating to patient experience

Keith Bradley advised that he had received another compliment about the Trust on an excellent patient experience.

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PEG-39/19 Any Other Business

Chris Howorth considered that concerns of staff in relation to capacity and resources in IT had not been fully addressed at Council. Chris Howorth queried whether other members of the Group were also concerned assurance had not been provided. After some discussion it was decided that it was best to raise this subject at the next Governor/Non-Executive Director meeting taking place on 21st October. It was agreed that the Chairman would be advised of the Governors' concern so it could be responded to at the meeting. **AS**

Keith reminded the Group of the next Quality Account Assurance Workshop taking place on 11th September at 12.30pm. **AS**

Keith suggested the Membership and Engagement Manager try to find a larger room for their next meeting or move the meeting to Ashford Hospital if it was convenient for everyone.

PEG-40/19 Next meeting

Monday 18th November 2019, 2-4pm at Ashford Hospital, Room 3, Education Centre - *please note change of venue*

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
9 Sept 2019	**PEG-33/19**	**Andrea Lewis, Deputy Chief Nurse for Corporate Services**	Bring final ideas resulting from the creative arts steering group	HC	ASAP	On the agenda	✔
9 Sept 2019	**PEG-35/19**	**Quality Report – Patient Experience**	Bring the Seven Day Board Assurance Framework paper to next meeting under a dedicated agenda item.	EH	PEG 18 Nov 2019	On the agenda	✔
9 Sept 2019	**PEG-39/19**	**Any Other Business**	Advise the Chairman that Governors wish to seek reassurance on capacity and resources in IT at the next Governor/NED meeting.	AS	ASAP	Advised the Chairman who has agreed to include on the agenda.	✔
9 Sept 2019	**PEG-39/19**	**Any Other Business**	Find a larger room or move the next meeting to Ashford.	AS	ASAP	Agreement reached with staff attendees that the meeting could be moved to Ashford. Room 3, Education Centre booked.	✔

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
18th November 2019

Room 3, Education Centre, Ashford Hospital
14:00 – 16:00 hours

PRESENT:	Keith Bradley (Chair)	Public Governor, Woking and Guildford
	Brian Catt	Public Governor, Spelthorne
	Maurice Cohen	Public Governor, Woking and Guildford
	*Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Godfrey Freemantle	Public Governor, Hounslow, Kingston upon Thames and Richmond upon Thames
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Judith Moore	Public Governor, Woking and Guildford
IN ATTENDANCE:	Helen Collins	Head of Patient Experience and Involvement
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	*Tom Allan	Staff Governor, Volunteers
	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	Sue Harris	Staff Governor, Nursing and Midwifery
	*Chris Marks	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Danny Sparkes	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Bertie Swan	Public Governor, Elmbridge

*shadow members

Minute		**Action**
PEG-41/19	**Apologies**	
	As noted above.	
PEG-42/19	**Minutes of the Previous Meeting**	
	The minutes of the meeting held on 9th September 2019 were agreed as a correct record.	
	The updated Action Log was noted.	
PEG-43/19	**Matters arising**	
	<u>Bring final ideas resulting from the creative arts steering group</u> The Head of Patient Experience and Involvement advised that a Healing Arts Steering Group had been set up and would be happy to circulate the ideas discussed. Keith Bradley referred to the medi-cinema concept and the Head of Patient Experience and Involvement advised that funding and space were issues although it was a great idea. She understood that Chelsea and Westminster had	**HC**

received sponsorship and had raised a lot of money through fundraising initiatives. The Head of Patient Experience and Involvement advised that a job description for an Arts Co-ordinator had been drawn up and this post would assist with pushing initiatives forward. Chris Howorth mentioned the media department at the Royal Holloway and the Head of Patient Experience and Involvement advised that she was already working with the volunteers lead at the Royal Holloway to undertake initiatives at the Ted Bradley Unit. She had also met the choir at the Royal Holloway and discussed working with schools and holding performances at the Trust. Chris mentioned that British Airways also had an orchestra and that the Magna Carta School had an arts group.

PEG-44/19 Seven Day Service Report

In the Associate Director of Quality's absence, Keith Bradley advised that this was the paper that had been presented to the Board in June. It had been agreed that if there were any immediate questions these could be put to the Associate Director of Quality via the Head of Patient Experience and Involvement. If Group members required it, a separate meeting could be set up. Chris Howorth considered the item could be brought to the next meeting. Lilly Evans suggested it being tabled at the next Quality Account Assurance Group and it was agreed that the Head of Patient Experience and Involvement would ask if the Associate Director of Quality would be preparing an update for the meeting. The next Quality Account Assurance Group meeting would be taking place on 18th December 12.30-2.00pm in Room 2, Chertsey House.

PEG 45/19 Feedback from Patient Panel Meeting

In Danny Sparkes' absence, Maurice Cohen advised that the next meeting would be taking place on 19th November. The Head of Patient Experience and Involvement advised that the format of the meeting and those who might be involved to achieve a larger cross-section of patients and their needs was being looked at and that she had met with the Chief Nurse and Deputy Chief Nurse to discuss. It was intended to make the group more purposeful. Maurice advised that when the Patient Panel first came into being individual members sat on a number of committees and reported back. The Head of Patient Experience and Involvement advised that the Terms of Reference would be revisited to encourage more diversity. One area of work being considered was looking at patient leaflets. Maurice advised that when the group was first formed it had had a diverse membership but as time went on members left the group. Getting to meetings on a regular basis was often the issue. The Head of Patient Experience and Involvement suggested consideration was needed on where meetings took place in order to assist with attendance and advised that this would be discussed at the next meeting.

Brian Catt advised that his local Patient Partnership Group (PPG) also had a problem with a lack of diversity and young people. The Head of Patient Experience and Involvement advised that many people worked during the day and having meetings in the evening might encourage better attendance. Lilly suggested the Hythe Centre opposite the Magna Carta School in Egham which was relatively easy to get to. It would also be easier for parents of children that went to the school to attend.

PEG-46/19 Quality Report – Patient Experience

The Head of Patient Experience and Involvement agreed to go through the patient experience section of the report. She was pleased to advise that the majority of complaints were being responded to within 25 days. The re-opening of complaints had dropped significantly and it was considered this was the result of each letter now detailing the actions resulting from the complaint and how these were lifted out of each complaint letter so that they could be kept a close eye on. The Head of Patient Experience and Involvement advised that her team was looking at improving the coding of issues within complaints.

Maurice Cohen referred to the initiative of discussing concerns with the patient to resolve these sooner and whether this had impacted on the number of complaints. The Head of Patient Experience and Involvement advised that the PALS team received around 10-12 communications per day and these were mostly about incorrect communications around appointments. A lot of the letters were computer driven and her team would be keeping a log of which areas problems were occurring more frequently.

The Head of Patient Experience and Involvement advised that PALs was particularly busy, especially since 87% of concerns were resolved within 5 days. Themes were very similar to those of complaints.

The Head of Patient Experience and Involvement advised that her team was also looking to record compliments more effectively and to link in with the staff reward scheme. Chaucer Ward received a high number of compliments and mirroring the same level of satisfaction across all wards would be looked into. Judith Moore referred to an acquaintance who wanted to express his gratitude for the care he had received and wondered how he could do this. It was advised that he could either email or write to the Chief Executive. The Head of Patient Experience and Involvement referred to other ways of gaining feedback from patients whilst they were at the Trust and these were in the form of kiosks sited in the Emergency Department and AMU where you could press a button to say whether you were happy, not so happy or unhappy. The Maternity Department had another version of this. The team would be making a decision on which suppliers they would be going with.

The Head of Patient Experience further advised that her team were now actively responding to social media input via NHS Choices, for example, and how they were actively seeking where the issues were.

In response to Lilly Evans, the Head of Patient Experience and Involvement advised that she had attended the Trust Executive Committee where a presentation on artificial intelligence (AI) had taken place and the Chief Executive had asked her team to think about how AI could be incorporated into day to day work. It was advised that Datix, the system used to log incidents, complaints and PALs, had a web portal. In response to Chris Howorth, the Head of Patient Experience and Involvement advise that once a concern was logged on Datix a response was required by the manager. A system was in place to chase managers and they were monitored to resolve and close concerns. However, it was considered that Datix was not user-friendly and in response to Lilly about the way forward it was advised that utilising AI options were being considered, ie being able to speak to a system in order to record input.

The Head of Patient Experience and Involvement referred to safety measures and how medicine errors and crude mortality had improved. Mortality reviews were not being undertaken as they should be and the process was somewhat cumbersome. It was considered that once the Medical Examiner came into post things would improve.

PEG-47/19 Feedback from Group members on recent visits and meetings

Lilly Evans advised that she, Danny Sparkes, Steve McCarthy, Brian Catt and Godfrey Freemantle attended the recent Surrey Heartlands meeting at Sandown Racing Course. Lilly found that different people had attended this time, including carers, and it had been interesting to get their views. Chris Howorth understood there were different pots of money for social care and hospital care. Lilly understood that Surrey Heartlands was working towards having one overall pot of money in order to move monies where needed. Maurice Cohen considered this was the purpose of the Surrey Heartlands initiative and Chris reminded the Group that legislation was not yet in place. Chris queried whether social care was discussed at the Trust and the Head of Patient Experience and Involvement advised that adult social care was indeed very challenging. A lot of work was underway and with the Trust's Chairman in a key role things were moving in the right direction. The arrangement at Manchester was brought up and it was advised that they were a pioneer and had had support from the Department of Health. Judith Moore queried whether the Trust could learn from Manchester and it was advised that it could and that, fortunately, the Trust's Chief Executive as well as Royal Surrey's Chief Executive were members of the Integrated Care Partnership (ICP).

Judith highlighted the Organ Donation Committee and how meetings had been constructive. She advised that the Trust had already had eight donors this year. Judith reminded the Group that the opt-out legislation would be coming into place in Spring 2020 and how information would be shared at the Trust, as well as nationally. Judith advised that she had attended the Organ Donation South East Regional meeting recently and there had been a lot of energy in the room. In response to Chris Howorth, Judith advised that data was collected. It was agreed to invite Judith to update the Group at future meetings. **AS**

Brian Catt advised that he had walked around the Trust with the Head of Patient Experience and Involvement conducting a mini audit of patient bathrooms. He had also attended the car parking steering group and had been instrumental in renaming the A&E car park as the Blue Badge car park. In response to Chris Howorth, the Head of Patient Experience and Involvement advised that extra charging points would be made available in the new car park.

Finally, it was advised that Godfrey Freemantle, Danny Sparkes, Tom Allan and Bhagat Singh Rupal had taken part in the recent PLACE inspections.

PEG-48/19 Feedback from members to Governors relating to patient experience

Keith Bradley advised how a constituent had praised the children's ward after her child suffering from leukaemia had been very ill. The food, however, had not been great. The Head of Patient Experience and Involvement advised that she was currently conducting a survey of the food provided for young children. She understood that the food served to adults was especially good and well received.

Judith Moore referred to a neighbour who was 95 and had been pleasantly surprised by the good care he had received. He had advised that he would not hesitate to recommend St Peter's to his acquaintances.

Brian Catt advised that an acquaintance of his had been very happy with the care he received after suffering a stroke.

PEG-49/19 PEG Annual Report and Terms of Reference (TOR)

The Group agreed the Annual Report and TOR to be presented to the Council of Governors.

PEG-50/19 Chairmanship of Patient Experience Group (PEG)

Since Keith Bradley's term of office as Public Governor would be coming to an end on 30th November 2019, the Group requested and agreed that Chris Howorth become caretaker Chairman of PEG. This was to cover the next Council of Governors' meeting as well as the next PEG meeting taking place on 10th February 2020. A number of new members would be needed to replace the vacancies on the Group since five other members had come to the end of their three terms too.

Judith Moore highlighted the great work undertaken by PEG and how useful it was that Governors on the Group were able to visit wards/departments to help pose informed questions. She wished to thank Keith Bradley for his excellent chairmanship of PEG which had enabled this work and Group members agreed with this sentiment.

PEG-51/19 Any Other Business

The Group was seeking three new members and requested nominations from public or staff governors. It was agreed to approach Council members at the next Council of Governors meeting. **CH**

PEG-52/19 Tour of Eye Unit

Anne Arthur, Service Manager for Specialist Surgery, and Charlotte Broughton, Matron for Specialist Surgery, showed the Group around the Eye Unit. It was advised that although there had been problems with the service previously, it was now working very well and a service to be proud of.

The service was a 7 day service and work that could not be undertaken by the team was outsourced. Generally there were seven patients per list and double lists had been introduced to reduce follow-ups. The unit had an eye theatre and also utilised other theatre areas. The main services were performing cataracts and injections for age-related macular degeneration (AMD) conditions. The Trust was currently better than others trusts at reducing waiting lists and further recruitment drives would help reduce follow-ups still further. In response to Judith Moore it was advised that the Trust looked after an aging population with many suffering from glaucoma or AMD. Once these patients visited the Trust they were with the Trust for life.

It was advised that the service was constantly growing and had around 5,000

patients which was two thirds more than the Royal Surrey. Keith Bradley queried whether patients received continuing care from the same consultant and it was advised that this did happen most of the time and that weekend work was always reviewed by the department consultants.

Brian Catt queried whether the Trust was paid per patient or on a fixed budget. It was advised that the Trust was paid per patient but that now it was on a block contract. This meant it was up to the Trust to predict its growth and these predictions were quite accurate. Chris queried the impact to the Trust performance when too few or too many patients had been treated and it was advised that the Trust was not paid for those that had not taken place and there was manoeuvrability to reconcile if more were treated than predicted.

Lilly Evans queried if there were any recruitment issues and it was advised that the unit was only two nurses short. The unit had 11 consultants and two more were needed to cover paediatrics. Currently there was a fixed term locum in post to cover this work. It was advised that the unit utilised partial booking for diabetic patients whereby an appointment was sent out 6 weeks before the appointment. Patients had a better experience as it was unlikely the appointment would be cancelled unless there was an emergency. It was appreciated that cancellations were always disappointing to patients and the administrative team were also impacted when there were cancellations due to the work involved in cancelling and rebooking; not to mention the lengthy telephone conversations that had to be had.

In response to Lilly Evans it was advised that both sites were used but that the St Peter's unit was much smaller. Services were also provided at Heart of Hounslow and Woking Community Hospital. Charlotte Broughton advised that she had been working in the eye unit for two years and in that time a strong team had developed. In response to Chris Howorth it was advised that consultants did not work cross-site and occasionally nurses were moved across site in times of staff sickness.

The Group were then shown the pre-operative assessment room, the two injection rooms, waiting areas, eye ward, assessment area and minor ops room.

When queried whether anything was needed to improve the service it was advised that they had remodelled the area to make it work but could do with two extra pre-operative assessment rooms. The unit wanted to run a screening service which would allow the provision of a one stop service. A business case was currently being finalised.

Keith Bradley advised that he found the service most impressive and both Anne and Charlotte agreed that they were very proud of the service they provided.

PEG-53/19 Meetings 2020

All taking place 2-4pm

Monday 10 February	Room 3, Education Centre, Ashford Hospital
Monday 6 April	Room 3, Education Centre, Ashford Hospital
Monday 22 June	Room 3, Chertsey House, St Peter's Hospital
Monday 7 September	Room 3, Chertsey House, St Peter's Hospital
Monday 16 November	Room 3, Chertsey House, St Peter's Hospital

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
18.11.19	**PEG-43/19**	**Matters arising**	Circulate the ideas discussed at the Healing Arts Steering Group	HC	10.2.20		
18.11.19	**PEG-47/19**	**Feedback from Group members on recent visits and meetings**	Invite Judith Moore to future PEG meetings to update on the workings of the Organ Donation Committee	AS	22.6.20		
18.11.19	**PEG-51/19**	**Any Other Business**	Approach Council of Governors for three new members	CH	4.12.19		