Ashford and St. Peter's Hospitals
NHS Foundation Trust

Paper 5.2

COUNCIL OF GOVERNORS
8th December 2021

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 6th September and 15th November 2021 are attached. Matters discussed in the meeting included: • Quality Report – Patient Experience • Feedback from Patient Panel meeting • Feedback from Group members on recent visits and meetings • Feedback from members to Governors relating to Patient Experience In addition, at the meeting held on 6th September the Group received a presentation on Outpatient Appointments from the Deputy Head of Patient Experience and Involvement, the General Manager for Outpatients, the Associate Director of Operations for Diagnostics, Therapeutics and Cancer Services (DTC) and the Divisional Professional Lead. At the meeting on the 15th February the Head of Patient Experience and Involvement updated the Group updated on the work around the Healing Arts Programme.
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 6th September and 15th November 2021.
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	December 2021
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
6th September 2021

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Derek Barnes	Public Governor, Spelthorne
	Tracey Bradshaw	Staff Governor – Nursing and Midwifery
	Shirley Holmes	Public Governor, Woking and Guildford
Chair:	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Chris Marks	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Michael Smith	Public Governor, Woking and Guildford
	Danny Sparkes	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:	Lesley Aldridge	Deputy Head of Patient Experience and Involvement
Item PEG-33/21	Susan Holton	General Manager, Outpatients
	Andrea Lewis	Chief Nurse
Item PEG-33/21	Femi Odewale	Associate Director of Operations for Diagnostics, Therapeutics and Cancer Services (DTC)
Item PEG-33/21	Rachel Strauss	Divisional Professional Lead
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Charlotte Broughton	Head of Patient Experience and Involvement
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Jacqui Rees	Associate Director of Quality

Minute **Action**

PEG-32/21 Apologies

As recorded above.

PEG-33/21 Outpatient Appointments

Chris Howorth welcomed back Susan Holton, General Manager for Outpatients, to the meeting.

Susan advised that when she had attended the previous Patient Experience Group meeting she had been new in post and that she had been working with Paul Bostock to unpick the problems and set up a structure for improvement. Susan advised that Paul had now left the Trust and introduced Rachel Strauss, Divisional Professional Lead, who had joined the Trust in July.

Rachel advised a divisional steering group and clinical risk management group had been set up which fed into a number of groups before ultimately the Trust Executive Committee and Quality Assurance Committee.

Susan confirmed that Chris Howorth and Shirley Holmes were members of the Outpatient Improvement Steering Group which met every month.

Susan presented the work plan which highlighted some quick wins and future plans.

Susan advised that the management structure in the Outpatients Department had been examined and it was found there were junior members of staff in key roles. A restructure paper had been produced and once approved this would enable the structure to be tweaked in order to minimise risk.

Susan advised that the booking process for Gastroenterology and Colorectal had been simplified which allowed for patients to be triaged more speedily and seen and treated much sooner.

Susan advised that approval had been granted to secure bank staff over the summer to cover holidays and sick leave which helped to clear the backlog of referrals and allowed the provision of greater notice to patients of their appointments. Susan advised that when she began in post most appointments communications only provided a week's notice and now the system was providing two months' notice. The process had been changed to allow for patients to be registered more quickly so that capacity could be planned in accordingly, and if needs be, extra clinics being arranged. Referrals were uploaded in a more timely manner and urgent cases were actioned much sooner.

Susan advised that future work included looking at appointment letters. Initial examination found letters confusing and included several attachments. As Governors would know, the Trust was moving to Cerner in March/April 2022 when appointment letters would be incorporated. The Team had taken the decision to begin the process of amending appointment letters and not wait until 2022. Susan welcomed the opportunity to share drafts with PEG members to ensure the content was right.

Susan moved to text message reminders which were sent to patients two days before their appointment date and which allowed them to confirm or rebook. It was appreciated that patients found these confusing as the text implied the appointment was a face to face appointment. There had been a number of Did Not Attends (DNAs). Text messages, emails and communications around short notice appointments would also be redrafted and passed to Patient Experience Group members for their feedback.

Susan advised that occasionally patients needed to be seen quickly and they would usually receive a telephone call but the patient was not always contactable. Patients will soon receive a text message asking them to call the hospital. Susan provided another example where cancer, ophthalmology and stroke patients were often booked at short notice and letters did not reach the patients quickly enough. Email will be used in these cases and in the future patients will be asked how they would prefer their appointment; for example, face to face, telephone call or video. Many patients preferred a telephone call but it was also important to meet the requirements in relation to the consultation needed.

Susan referred to the kiosks in Outpatients which patients used to check-in and how these had not been used for some time. Kiosks had been rebooted and updated which now allowed for messages to be relayed to the patient. An app was being looked into which could be used by patients to check-in instead.

In response to Tracey Bradshaw, Susan advised that errors when inputting text for appointments often resulted in the wrong letter being generated. The new Cerner system would remove some of the risk linked to human error as there were a number of safety nets incorporated.

Susan introduced Femi Odewale, Associate Director of Operations for Diagnostics, Therapeutics and Cancer Services.

Shirley Holmes queried whether patients would have the consultation they wanted and Susan advised that this was the aim. Rachel Strauss added that it was hoped to get a better understanding of what people would prefer whilst taking into consideration what the service needed to be. It was important to get the balance right. Being able to offer appointments after the usual work hours for those who could not attend during the working day was another initiative being introduced.

Derek Barnes considered the additional choices were a great idea but queried whether these would incur additional costs and if so, had the services been costed and funds allocated. Femi Odewale advised that trusts worked on a block contract with services being accounted for. Services and technology were supported centrally and costs had been taken into consideration.

Michael Smith queried whether training was provided to staff that triaged patients to ensure the appropriate type of appointment was made. Susan advised that referrals were read by consultants who indicated in notes what type of appointment to book and the Appointments Team then booked the appointment. If there was no capacity this would go back to the consultant who may decide to overbook a clinic.

Michael understood patients requiring an urgent appointment were sent a text message asking them to call the hospital but queried whether phone-calls were answered. Susan advised that this initiative was being piloted in specific clinics and there was a dedicated telephone number which she was confident would be answered.

Michael further queried what happened if a prescription was needed when a patient had a telephone or video appointment and it was advised that the consultant would write the prescription which could either be picked up or sent via a letter. Rachel Strauss advised that at her previous trust medication was couriered over to patients or the GP was asked to write the prescription which could either be picked up by the patient or sent directly to the local pharmacy so medications could be picked up.

Finally, Michael queried when a patient became an outpatient when previously an inpatient. Susan considered that once a patient was discharged and a follow-up needed the patient became an outpatient.

Chris Howorth thanked Susan and her team for inviting him and Shirley Holmes

to be part of the Outpatient Improvement Steering Group. Chris appreciated that patients may not agree with the type of appointment they were given and considered that an explanation was needed so they understood why they were assigned a particular type of appointment. Susan advised that she would add this to the master plan and suggested the production of videos patients could watch which provided explanations.

Chris considered members of the public had strong opinions on how they should be seen. Lesley Aldridge advised that Viewpoint (the patient feedback system) highlighted around half of patients hated virtual appointments while half said they were wonderful. Taking on feedback and undertaking work to improve the patient experience in this area was important.

Chris Marks was pleased that the Patient Experience Group's input was being sought to simplify communications with patients. Chris was aware of cases where two letters would arrive on the same day; for example, one cancelling an appointment and one advising of a new appointment. Chris queried what safeguards were in place to avoid this. Susan advised that she was aware of the issue but was not at this point highlighted in the masterplan. A lot of time had been spent understanding the issues and work would now begin on resolving them. Chris added that he understood a lot of concerns related to communications.

Chris Howorth confirmed the best way to get the Group's feedback was via the Membership and Engagement Manager who would ensure people were chased for their input. **SH**

The Chief Nurse thanked Susan and the team for their presentation and that it was good to see the work being undertaken. The Chief Nurse also recommended approaching the Head of Patient Experience and Involvement for feedback from the Patient Panel. Chris Marks added that it was important to ensure the consultation process was inclusive, especially with members of the public where English was not their first language. Rachel Strauss confirmed that this was very much on the agenda to ensure the Trust was meeting everyone's needs.

Chris Howorth thanked Susan and the team for the work undertaken already and Patient Experience Group members looked forward to working with the team.

PEG-34/21 Minutes of the Previous Meeting

The minutes of the meeting held on 17th June 2021 were agreed as a correct record.

The updated Action Log was noted.

REGULAR ITEMS

PEG-35/21 Feedback from Patient Panel meeting

Danny Sparkes, Chair of the Patient Panel, advised that there had been no meeting of the Patient Panel held since the last Patient Experience Group meeting.

PEG-36/21 Quality Report – Patient Experience

The Chief Nurse provided an overview of the Quality Report. She advised that patient experience had been moved to the beginning of the report which was a positive move.

The Chief Nurse advised that complaints performance had dipped and this was due to staff absences. Performance had now recovered since access to clinicians had improved. Themes in complaints revolved around treatment and care, access to diagnostics and attitude of staff. She added that staff were experiencing burn-out and were not as tolerant. The Director of Workforce Transformation had undertaken an excellent presentation at the recent Council of Governors' meeting on the work being undertaken and improvements should be seen.

The Chief Nurse advised that the main theme in PALS concerns related to appointments, mainly around patients going to the hospital and no one being there or telephone consultations not taking place. PALS had seen a 10% reduction in concerns since March/April.

Other concerns related to difficulties in communicating with patients as a result of restrictive visiting. Since May 2021 visiting restrictions had relaxed somewhat and a carer was allowed to visit daily and patients with learning difficulties could have a visit three times a week. These visits had to be booked through the Patient Experience Team. Since the relaxation of visiting restrictions, there had been a reduction in complaints.

The Chief Nurse advised how results through Viewpoint had dipped during May in being treated with compassion. Lesley Aldridge advised that she had examined the free text and patients had indicated the icons could either not be seen or did not make sense which resulted in the wrong answer being selected. This had been rectified by Viewpoint and more positive results were being seen. Lesley advised that she would keep an eye on this.

Michael Smith highlighted that patients were asked if they were treated with compassion but not asked if the clinician was competent. Lesley Aldridge advised that patients were not experts and could only really be asked if they felt they were treated well and felt safe. It was difficult for them to consider whether they were treated competently. Lesley advised that previously patients were asked if they were treated in a safe way and this had recently changed to whether the patient felt safe.

Chris Howorth queried whether there was regular oversight of clinical reviews and the Chief Nurse advised that there was and that clinical staff had to undergo training in competence on a regular basis. Tracey Bradshaw added that staff had to provide evidence of competency and had to provide examples to their managers of both good and bad consultations. Further evidence of training had been provided in order to staff to keep their registration. Chris Howorth understood the Government was keen that patients were treated compassionately and was pleased that this evidenced.

The Chief Nurse referred to the Healing Arts Programme and how this included getting the environment right. Marcine Waterman, Non-Executive Director, was

involved in this programme. The programme had paused during the pandemic but the group had met recently and had reinvigorated the programme. The Chief Nurse advised that she would be visiting Chelsea and Westminster since it was an exemplar with its environment and would then take a walk round Ashford and St Peter's hospitals to see where improvements could be made. The Chief Nurse welcomed anyone from the Group to become involved. **All**

The Chief Nurse advised that there were currently 24 patients in the hospital with Covid-19 although these patients were mainly on the wards. It would appear that the third wave was lasting longer than previous waves.

Finally, the Chief Nurse advised that the Trust was continuing to meet the guidelines stipulated in the Ockenden Report on maternity services.

In response to Chris Howorth the Chief Nurse advised that the vacancy rate was static with around 8% vacancy in registered posts. There was a higher vacancy rate in HCAs but work had been undertaken to recruit people from the air industry. A lot of work was being undertaken in recruitment and now efforts needed to be turned to retention. The Chief Nurse also responded to Chris Howorth's query on the missed target on pressure ulcers and falls by advising that a lot of work had been undertaken in this area since the report was published. The Chief Nurse agreed to ask Sue Harris, Nurse Consultant in Harms Free Care, to include what improvements were being undertaken. **AL**

Chris Howorth was pleased to see the positive feedback received which highlighted the effective measures put in place to help ease boredom.

Chris Marks referred to the Healing Arts Programme and queried whether there was an update on goals. The Chief Nurse advised that efforts were being concentrated on short term goals at present. The Chief Nurse suggested that the Head of Patient Experience and Involvement be invited to provide a session on the healing arts programme at the next meeting. **AS**

Michael Smith was pleased to see a huge improvement in tidiness and cleanliness and considered it important that clutter was not reintroduced. The Chief Nurse advised that it was the aim of the infection and prevention control strategy to remove clutter as people were able to walk around more freely and areas could be cleaned more thoroughly. It would not be good to return to bad ways and things would be taken still further by introducing areas mirroring airports, for example landside and airside, so that patients came into an area which was ultra-clean.

AL

Chris Marks reiterated his request for a graph on compliments and the Chief Nurse agreed to request this data.

FEEDBACK

PEG-37/21 Feedback from Group members on recent visits and meetings

None

PEG-38/21 Feedback from members to Governors relating to patient experience

Derek Barnes provided some feedback on a recent blood-test. He had an appointment at Ashford Hospital and found far fewer patients waiting when he arrived and staff seemed much less stressed. Derek advised that he had arrived a little early and was seen earlier than his appointment slot. The whole process had been seamless and Derek wished to express his gratitude for streamlining the process.

Michael Smith requested the Chief Nurse's view of whether the GP led service in the Urgent Treatment Centre (UTC) was working. Michael advised that he had had two recent experiences of attending the UTC which had not been satisfactory. The GP attending seemed to have little knowledge of the Trust. Michael wondered how GPs could cover the service when they were so overstretched in their own surgeries. The Chief Nurse advised that previously Greenbrooks had run the service and this had been taken over by North West Surrey Integrated Care Services (NICS) who had been running the service for over a year now. The Chief Nurse understood that there were substantive GPs running the service but there were also some locums that assisted. The issue was the UTC was housed in a portacabin away from the main A&E building and it would soon be moved to the new build which had a much improved environment and was much nicer to work in. Being close to the A&E would allow better interactions and understanding of the workings of the Trust. Michael queried who the GPs were accountable to and it was advised that they were not Trust employees and were managed by NICS. It was confirmed that the service did report into the Trust's governance structure and there was oversight of the service and any issues that came up.

Derek Barnes referred to a case where a patient went to see a GP and was immediately referred to Ashford Hospital. From there the patient was admitted, saw a clinician the very same day and an urgent appointment was made. This led to the condition being identified and treatment beginning. Derek advised that this patient considered their treatment and care could not have gone any better. The patient was relieved to have a diagnosis and to be put on a treatment plan.
The Chief Nurse advised that a lot of work had been undertaken in diagnostics and the Two Week Rule (TWR) and was pleased to see that the patient experience had improved greatly.

PEG-39/21 Any Other Business

None

PEG-40/21 Date of Next Meeting

Monday 15th November 2-4pm, via MS Teams

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
6.9.21	**PEG-33/21**	**Outpatient Appointments**	Seek feedback from PEG members through the Membership and Engagement Manager.	SH	ASAP	Complete	✔
6.9.21	**PEG-36/21**	**Patient Experience – Quality Report**	Let the Chief Nurse know if you would like to be involved in the Healing Arts Programme.	All	ASAP	Complete	✔
6.9.21	**PEG-36/21**	**Patient Experience – Quality Report**	Ask Sue Harris, Nurse Consultant in Harms Free Care, to include what improvements were being undertaken in pressure ulcers.	AL	ASAP	Complete	✔
6.9.21	**PEG-36/21**	**Patient Experience – Quality Report**	Invite the Head of Patient Experience and Involvement to undertake a session on the Healing Arts Programme at the next meeting.	AS	ASAP	Invited	✔
6.9.21	**PEG-36/21**	**Patient Experience – Quality Report**	Request compliments data is place on a graph in the next Quality Report.	AL			

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
15th November 2021

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Derek Barnes	Public Governor, Spelthorne
	Tracey Bradshaw	Staff Governor – Nursing and Midwifery
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Shirley Holmes	Public Governor, Woking and Guildford
Chair:	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Chris Marks	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Michael Smith	Public Governor, Woking and Guildford
	Danny Sparkes	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:	Charlotte Broughton	Head of Patient Experience and Involvement
	Andrea Lewis	Chief Nurse
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Jacqui Rees	Associate Director of Quality

Minute		**Action**
PEG-41/21	**Apologies**	
	As recorded above.	
PEG-42/21	**Minutes of the Previous Meeting**	
	The minutes of the meeting held on 6th September 2021 were agreed as a correct record.	
	The updated Action Log was noted.	
PEG-43/21	**Matters Arising**	
	Outpatient Appointments - Seek feedback from PEG members through the Membership and Engagement Manager	
	The Head of Patient Experience and Involvement advised that she would send the letters to the Membership and Engagement Manager so that she could forward to the Group for feedback.	**CB**
	Patient Experience – Quality Report Request compliments data is place on a graph in the next Quality Report. The Head of Patient Experience and Involvement advised that she would see if	**CB**

this was possible.

Michael Smith highlighted that Appointments would be featuring on the agenda at the next Council of Governors. Chris Howorth added that he was a member of the Outpatients Working Group and the last meeting had to be cancelled due to the pressures on the Trust. Chris Marks queried who the Non-Executive Director responsible for Outpatients was and it was agreed that Chris Howorth would speak with the Chairman to seek assurance that a Non-Executive Director had oversight of this area. Michael also considered that Appointments should be a single item on the Council agenda and the Membership and Engagement Manager agreed to refer to the Chairman in this regard. **CH** **AS**

PEG-44/21 Healing Arts Programme

The Head of Patient Experience and Involvement advised that the Trust had begun the Healing Arts Programme in 2019 after an influential visit to Chelsea and Westminster to see the work it did in relation to the healing arts. The programme had been reinvigorated more recently. Healing arts was evidenced to improve the patient experience and music was especially beneficial in pain management and providing emotional support. Charity funds of £150,000 had been allocated for the programme and it was important that monies were used well and accounted for.

The Head of Patient Experience and Involvement turned to artwork and how it was intended to have a more joined up approach. The Trust would be working with The Lightbox in Woking and they would be advising on art and assisting with procuring art by local artists. This process will begin at St Peter's Hospital first and then move onto Ashford Hospital.

The Head of Patient Experience and Involvement highlighted the new Time Garden initiative which was based on the one developed by Frimley Park and the Kings Fund. It was a garden with a room which provided a space for end of life patients who could be accompanied there by their family. Three landscaping companies had been asked to pitch their ideas. The League of Friends had also been approached to help with the costs. The area earmarked was the quadrant between Pharmacy and the AMU. The existing sculptures would be used.

The Head of Patient Experience and Involvement advised that the Trust would be utilising the services of Charlie White, Photographer, who specialised in nature photos and used lights project from behind to create realistic artwork. The plan was to put a framed picture in the ITU Relatives Room and on a wall in the Ambulatory Care Unit (ACU).

The Head of Patient Experience and Involvement referred to how the Trust would be working with Radio Wey to provide radio broadcasts in Clinical Assessment Unit (CAU) bays.

Chris Marks considered the Time Garden was an excellent idea. Chris referred to the concept behind healing arts and how it was mostly around the taking part, for example patients taking part in creating art, music and pottery. Chris queried whether there were plans to extend the programme in this way. The Head of Experience confirmed that initially environments would be improved, including the Ted Bradley Unit which currently only had a day room with one television and

a table and chairs. A Lighting and Arts Coordinator would be recruited to organise classes according to the needs of the patients. Another area was SAMS (Senior Adult Medical Services) where bids had been invited on activities suitable for patients. The Head of Patient Experience and Involvement invited Chris Marks to join the steering committee if he had time. Chris advised that he would be delighted to attend and added that he had contacts at several art institutes and would be happy to share these. The Chief Nurse welcomed Chris' input. **CM**

The Chief Nurse expressed how happy she was that the Healing Arts Programme was back on track and advised there was much to do across both sites. The Chief Nurse advised that when she visited Chelsea and Westminster it did not feel like a hospital. It was a very relaxing environment and they even had their own cinema.

Chris Howorth advised that he had seen some of the work at Central Middlesex Hospital and had found it interesting to see what could be achieved. Chris advised that the Royal Holloway, University of London, would be keen to deepen links with the Trust and would be happy to contact the Clinical Psychology department at the university and help with introductions.

Michael Smith queried whether there was any provision for inpatients that preferred silence as he personally found the constant TV and radio playing the background quite annoying. Michael queried how large the Time Garden would be and whether it would be just for patients to use. He highlighted the Chapel Garden which was mostly used by staff. The Head of Patient Experience advised that the Time Garden would be swipe access only and mainly for patients on ITU and potentially marriages. The midwifery team would be able to book the area when difficult conversations had to take place and also staff for similar reasons. The area would not be used for staff on their breaks. With regards to silence, this was difficult as even without the TV and radio, noise from bleeps, machines and staff undertaking care would still be apparent. Sleep packs had been introduced which contained eye masks and ear plugs that could be used during the day as well as the night. Michael queried whether patients could be provided with headphones and it was advised that these would need to be disposable.

Danny Sparkes queried whether the Time Garden would be maintained and it was advised that the upkeep had been included in the project.

Chris Marks referred to Child Bereavement UK which provided training in handling deaths in children and had good resources. It was agreed that Chris would provide contact details for the organisation. **CM**

Chris Howorth queried whether details of the activities of the Healing Arts Programme work could be provided and it was agreed to share this with the Governors. The Head of Patient Experience and Involvement advised that a Healing Arts Strategy would also be developed. **CB**

Chris Howorth understood that the work with ICSs and social prescribing was to reduce the number of people in hospital and help to safely discharge patients much sooner. The Head of Patient Experience and Involvement advised that there was a lot of work to do to get to joined up working. Michael Smith queried

whether the plans were for both public areas and clinical areas as he preferred a minimalist and clutter free approach in all areas. The Head of Patient Experience and Involvement advised that public and clinical areas were not separated at Chelsea and Westminster and the aim was to reduce clutter everywhere, as was the case in the new ACU and CAU. Michael added that he very much liked the colour schemes used in the new areas.

Derek Barnes suggested local groups be invited to help with the project, for example local garden centres and local authorities.

Lilly Evans suggested finding a way of analysing the impact of the healing arts on the patient experience and it was advised the Medical Director was keen on the inclusion of research and there was already a question on Viewpoint which asked: *Do you feel that the hospital environment is positive and inviting?* This question had already generated a lot of positive feedback. In response to Lilly, it was advised that music would the first area of focus on the wards. Chris Marks queried whether the Royal Holloway, University of London, had been approached and it was advised that advice in relation to music and research had been sought.

Chris Howorth highlighted the Group had an interest in the patient experience but also had concerns for staff and it was advised that the new staff Wellbeing Centre had opened which was a beautiful space with a gym, showers and areas to relax in.

On behalf of the Group, Chris Howoth thanked the Head of Patient Experience and Involvement for her time today going through the Healing Arts Programme.

REGULAR ITEMS

PEG-45/21 Feedback from Patient Panel meeting

Danny Sparkes, Chair of the Patient Panel, advised that Laura Ellis-Philip, Director of Digital (CDIO) and Senior Information Risk Owner attended to update on Surrey Safe Care and, particularly, the launch of the patient portal which would allow patients to access their own records.

Danny advised that that five candidates had put themselves forward as potential members of the Patient Panel. Interviews would be taking place later that week. Lilly Evans queried whether diversity played a part in the selection process. Danny advised that they were limited to the people that applied but was pleased that a student had applied this time. The Head of Patient Experience and Involvement advised that she had had conversations with colleagues at other trusts and it was clear that there was a particular demographic of people that applied for such roles, since they had the time and energy. These were unpaid roles and those that applied had a wealth of experience so should not be discounted. In response to Chris Howorth the Head of Patient Experience and Involvement confirmed that timings of meetings to encourage more applications had been considered.

Chris thanked Danny for her last report to the Group and hoped that Shirley Holmes, as member of the Patient Panel, would provide future reports to the Group. Chris added his gratitude for Danny's hard work in improving the Patient

Panel during her time as Chair.

PEG-46/21 Quality Report – Patient Experience

The Chief Nurse advised that a lot had changed since the report. She advised that the Trust had seen an increase in Covid-19 cases and the focus was on operational activity. Emergency Department attendances were also up during a time when the Trust would usually experience a quieter time. There was also an impact on quality priorities. Responses to complaints during July and August had been 78% and 81% and delays were due to the clinician being unavailable and the Patient Experience Team having staff with long term sickness.

The Chief Nurse advised that the Trust's aim was to reach a 20% target in patient feedback but the Trust was currently only at 3.2%. Volunteers near thermal cameras were directing patients to the Viewpoint kiosks and staff were being encouraged to seek real time feedback from inpatients.

The Chief Nurse advised that medical safety targets were on track. It was also advised that hospital acquired Covid-19 numbers had increased and this was in part due to relaxing visiting restrictions. Communications had been directed at staff to encourage them to adhere to Infection Prevention Control (IPC) measures.

The Chief Nurse advised a lot of work had been undertaken in relation to surgical site infections and would circulate the recent newsletter shared by Anna Thompson, Surgical Site Infection Surveillance Nurse. **AL**

The Chief Nurse advised that work continued to comply with recommendations published in the Ockenden report into Maternity. There had been an increase in demand for maternity services.

Danny Sparkes referred to a report in a local paper which suggested 40% of doctors at the Trust had not been fully vaccinated. Lilly Evans added that by comparison, 90% of doctors at the Royal Surrey were fully vaccinated and the article indicated that there had been no comment received from the Trust. The Membership and Engagement Manager agreed to forward the article to the Chief Nurse. **AS** Michael Smith advised that not only was there a comparison with the Royal Surrey but also with Epsom Hospital and Surrey and Borders. Chris Marks queried how many staff at the Trust were fully vaccinated. The Chief Nurse advised that there was a good take up of the vaccine with around 90% of staff being fully vaccinated and those not having been vaccinated having good health reasons for not having the vaccinations. Chris Howorth considered that if the article was not correct then the Trust should put out communications advising so.

Chris Marks reiterated to his request for a compliments graph and the Head of Patient Experience and Involvement advised that it was rough tool and that compliments had to be counted manually. The Chief Nurse agreed that displaying data in graph form would be good. Lilly Evans queried whether additional software could help and the Head of Patient Experience and Involvement advised that the additional software would cost £10,000. Lilly agreed that this was a large sum but highlighted that the cost of staff doing this menial work. The Chief Nurse agreed to go back to the company and negotiate **AL**

a more agreeable price.

Chris Howorth referred to the increase in delayed responses to complaints and queried whether this was due to the pandemic and whether there was another reason. The Head of Patient Experience and Involvement advised that there had been a 50% increase in complaints during September which was at the same time as losing a quarter of the team and a period of annual leave/sickness. October figures were more average.

Chris Howorth queried how realistic it was to achieve a patient feedback response rate of 20% when the report indicated a response rate of 3.8%. The Chief Nurse advised that she was optimistic in achieving the target with the use of texting and the use of iPads. The Head of Patient Experience and Involvement advised that the current response rate was 6.9%. Chris considered this was great progress. The Head of Patient Experience and Involvement added that using volunteers and rewarding wards who performed the best with a hot drink was assisting with the improving figure. Chris queried whether there were any barriers to receiving responses and it was advised that not everyone had the right type of phone to receive texts and respond. The Head of Patient Experience and Involvement advised she would look into how the Trust benchmarked against other trusts. **CB**

Chris Howorth queried how the Trust compared to other trusts in medication safety and the Chief Nurse agreed to come back with further detail. The Chief Nurse advised that the Trust was doing a lot of work and performing well but would provide more detail in the next Quality Report. Lilly Evans added that she attended the Medication Safety meetings and was happy to request further information from Fraser Brown, Medication Safety Officer. **AL**

Danny Sparkes advised that her husband had attended the hospital recently and was not asked to provide feedback. The Chief Nurse advised that staff were constantly being messaged about the importance of getting feedback from patients.

Michael Smith queried whether the Covid-19 updates could be reinstated. Lilly Evans advised that this information could be found on the Government website. It was agreed to ask the Communications Team if these updates could be reinstated. **AS**

Lilly Evans referred to information she had shared with the Medical Director and Chief Nurse on the research around HEPA filters cleaning the Covid-19 causing virus from the air. The Chief Nurse expressed how proud she was that the Trust had invested in HEPA filters as a way of improving ventilation quality before the pandemic. The Infection Prevention Control Strategy had also been updated. The Chief Nurse was sure that these actions resulted in the Trust being in the Top 10 of the lowest hospital acquired Covid-19 trusts.

FEEDBACK

PEG-47/21 Feedback from Group members on recent visits and meetings

Danny Sparkes advised that she had visited the new staff Wellbeing Centre and had also taken part in handing out the Covid-19 stars and yearbooks to staff.

This had been a very uplifting experience and staff were very pleased to receive their mementos.

PEG-48/21 Feedback from members to Governors relating to patient experience

Tracey Bradshaw shared feedback from a patient after they had been discharged where they spoke very highly of the care they had received.

PEG-49/21 Patient Experience Group (PEG) Annual Report and Terms of Reference (TORs)

Chris Howorth presented the PEG Annual Report and TORs to the Group and advised of one small change to the TORs which removed a duplication under item 2 – Membership. In response Chris Marks, the Membership and Engagement Manager confirmed that the amended sentence would follow on from the previous sentence.

Michael Smith suggested that the wording in the TORs should be further revised under 2 – Membership to say at least half of the membership should be made up of public governors. Lilly Evans highlighted that the Trust's Constitution indicated that all governors had equal input and all represented the views of the members. Chris Marks added that staff governors provided invaluable input into discussions and were equally vital to the membership of the Group. Chris reminded Group members of the Induction and Training session which took place at the beginning of a governor's tenure where it was stated that all governors had the same duties. The Group agreed to leave the wording as it was so as not to imply that one governor was more qualified than another for membership and to encourage membership across the board.

PE-50/21 Chairmanship of the Patient Experience Group

Danny Sparkes advised that Chris Howorth had been Chair of the Group for two years and queried whether anyone else wished to be considered for the role. Shirley Holmes considered that Chris Howorth was a good Chair and should continue in the role. The Group agreed, unanimously, that Chris Howorth should continue as Chair of the Patient Experience Group.

PEG-51/21 Any Other Business

The Membership and Engagement Manager wished to thank both Chris Marks and Danny Sparkes, on behalf of the Group, for their dedication and excellent discussions during their time as members of the Group.

PEG-52/21 Date of Next Meeting

Monday 14th February 2022, 2-4pm, via MS Teams

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
15.1.21	**PEG-43/21**	**Matters Arising - Outpatient Appointments**	Seek feedback from PEG members through the Membership and Engagement Manager.	CB	ASAP	Letters were forwarded to Governors on 15.11.21	✔
15.1.21	**PEG–43/21**	**Matters Arising Patient Experience – Quality Report**	Request compliments data is place on a graph in the next Quality Report.	CB	14.2.22	CB would check to see if this was possible	
15.1.21	**PEG-43/21**	**Matters Arising**	Speak with the Chairman to find out who the NED was responsible for oversight of Appointments	CH	ASAP		
15.1.21	**PEG-43/21**	**Matters Arising**	Query with the Chairman whether Appointments could be a stand-alone agenda item	AS	ASAP	The item will form part of the Performance Report and will include a reference to discussion on Appointments	✔
15.1.21	**PEG-44/21**	**Healing Arts Programme**	Share art institutes contacts	CM	ASAP		
15.1.21	**PEG-44/21**	**Healing Arts Programme**	Provide details of contact at Child Bereavement UK	CM	ASAP	Chris Marks emailed Ann Chalmers, CEO, and introduced her to Charlotte and Ann emailed on 22.11.21 to invite Charlotte to make contact for a discussion.	✔
15.1.21	**PEG-44/21**	**Healing Arts Programme**	Share a list of activities in the Healing Arts Programme	CB	ASAP	Shared 15.11 21	✔
15.1.21	**PEG-46/21**	**Patient Experience – Quality Report**	Share newsletter by Anna Thompson, Surgical Site Infection Surveillance Nurse.	AL	ASAP	Shared 17.11.21	✔
15.1.21	**PEG-46/21**	**Patient Experience – Quality Report**	Send local newspaper article with AL	AS	ASAP	Sent 15.11.21	✔
15.1.21	**PEG-46/21**	**Patient Experience –**	Negotiate software costs	AL	14.2.22		

		Quality Report					
15.1.21	**PEG-46/21**	**Patient Experience – Quality Report**	Benchmark against other trusts in patient feedback response rates	CB	14.2.22		
15.1.21	**PEG-46/21**	**Patient Experience – Quality Report**	Provide more detail on medication safety in the next Quality Report	AL	14.2.22		
15.1.21	**PEG-46/21**	**Patient Experience – Quality Report**	Speak to Comms about reinstating the Covid-19 updates	AS	ASAP	The Chairman agreed for them to cease in line with system and national colleagues' Covid-19 updates and briefings, partly as the Trust relied on those updates for some of the content. The request will be shared with the Chairman.	