Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS
7th December 2022

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 12th September and 7th November 2022 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 on 12th September, Rachel Strauss and Harriet Barker attended to talk about the workforce challenges. At the meeting on 7th November, Russell Lewis attended to speak about the Main Effort initiative.
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 12th September and 7th November 2022.
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	December 2022
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
12th September 2022

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Frances Ansell	Public Governor, Elmbridge
	Derek Barnes	Public Governor, Spelthorne
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery
	Andy Brown	Staff Governor, Volunteers
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
Chair:	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Michael Smith	Public Governor, Woking and Guildford
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:		
Item PEG-27/22	Harriet Barker	Interim Divisional Clinical Professional Lead for Diagnostics, Therapeutics and Cancer Services (DTC)
	Charlotte Broughton	Head of Patient Experience and Involvement
	Andrea Lewis	Chief Nurse
	Anu Sehdev	Membership and Engagement Manager
Item PEG-27/22	Rachel Strauss	Associate Director of Diagnostics, Therapeutics and Cancer Services
APOLOGIES:	Shirley Holmes	Public Governor, Woking and Guildford
	Emma Gilmore	Public Governor, Spelthorne
	Jacqui Rees	Associate Director of Quality

Minute **Action**

PEG-22/22 Apologies

As recorded above.

PEG-23/22 Minutes of the Previous Meeting

The minutes of the meeting held on 25th April were agreed as a correct record.

The updated Action Log was noted.

PEG-24/22 Matters Arising

It was noted that any outstanding actions would be covered off by the Chief Nursing during the Quality Report segment – *see updated action log.*

REGULAR ITEMS

PEG-25/22 Quality Report – Patient Experience

The Chief Nurse advised that the report covered the three months April to June 2022.

The Chief Nurse advised that performance in complaints was improving and more support had been put into the team to assist.

Clinical teams had now edged out the latest wave of Covid-19 and focus was now being placed on appointment letters through Surrey Safe Care and discharge processes with a new Discharge Flow Lead having been recruited. A communications piece around discharge was in place which included banners and leaflets to assist with outlining what a patient can expect upon discharge.

The Chief Nurse advised that during the time of the report there had been an increase in hospital acquired Covid-19. In August, numbers had reduced and there were had been no patients in the hospital with Covid-19 for some weeks.

The Chief Nurse turned to the safety and harms section advising that there had been an increase in pressure 3 damage due to more coming in from the community. Internally there has been a focus with the harms free care team. It was advised that there had been good improvements in falls.

The Chief Nurse advised that the implementation of Surrey Safe Care had impacted the metrics but services were beginning to stabilise.

Finally, the Chief Nurse advised that the Trust's response rate on patient feedback stood at just short of nine per cent against an ambitious target of 20%.

In response to Tracey Bradshaw the Chief Nurse advised that the discharge pathway formed part of the inpatient workstream and addressing the backlog of summaries and improving the overall quality of the content were being looked at.

Lilly Evans expressed how she was impressed by the detail in the report.

Michael Smith advised that he was aware that people were not being called for elective procedures due to failings in the appointment system. He considered that issues related to the implementation of Surrey Safe Care and requested further clarification. The Chief Nurse provided assurance that this was one of the Trust's key risks and stabilisation work was underway through nine workstreams. The Matron for Diagnostics, Therapeutics and Cancer Services (DTC) division, advised that the Trust was prioritising cancer or urgent pathways with clinicians triaging patients to ensure patients were not missed. There had been some build issues with Surrey Safe Care and resolving this was a priority. This was also highlighted on the risk register and but no major harms had been reported on Datix.

Frances Ansell queried where discharge delays were in connection to dispensing medications. The Chief Nurse referenced issues raised through PALS/Complaints and there being a period of time of issues with delays in

dispensing medications and that this had improved and no concerns had been raised more recently.

Derek Barnes sought further detail on the plans to improve patient feedback and achieve the target of 20%. The Chief Nurse advised that there was a Group looking into this but it was not rocket science and patients just needed to be encouraged to undertake the survey. Checking feedback had been submitted formed part of the discharge checklist. Some areas performed better than others and it was about embedding this requirement with staff. The Head of Patient Experience and Involvement advised that her team had begun an accreditation exercise which included benchmarking against a whole set of criteria which included patient experience elements. Engagement with devices had improved over the last six months and more chargers had been ordered. It was expected there would be a drop in the response rate in the next quarter due to the changeover to Surrey Safe Care as clinic codes had changed and a great deal of work had been undertaken to match these up. Chris Howorth queried whether the volunteers were still being used to assist and it was advised that they were but that Derek Barnes performed particularly well in this area. More volunteers were needed as well as staff engaging.

Chris Howorth referred to the 20% target and whether this was still the aim. The Head of Patient Experience and Involvement advised that although she had not set the target it was more relevant that there was a month on month increase. The Chief Nurse advised that the quality priorities would be reviewed in the new year to ensure targets were more realistic.

Sylvia Whyte queried where dissatisfaction during the discharge process could be directed and the Head of Patient Experience and Involvement advised that issues should be shared with PALS, in the first instance, and where needed could be handled as formal complaints. Face to face meetings also took place with families to address concerns. The information gained was used to populate Viewpoint and staff could access this feedback for their areas.

It was agreed that the Chief Nurse would provide updates via the Membership and Engagement Manager to the actions that came out at the last meeting.

Frances Ansell highlighted communications with patients with hearing impairments and it was agreed to feedback via the Membership and Engagement Manager. **FA**

PEG-26/22 Feedback from Patient Panel meeting

The Head of Patient Experience and Involvement advised that there was no update as the next meeting would be taking place the following week.

PEG-27/22 Workforce Challenges

Chris Howorth invited Rachel Strauss and Harriet Barker to the meeting.

Rachel advised that there were 14 allied health professional roles and the Trust employed staff in nine of these areas. Of the nine, Rachel advised that she and Harriet looked after dietitians, occupational therapists, physiotherapists,

radiographers and speech therapists. Rachel advised that there were significant recruitment challenges with a 90% vacancy rate in occupational therapy and 15% across the other areas. There was a turnover rate of 18% across therapies and imaging. The Trust currently offered limited training to students and opportunities for apprenticeships. Staff were disillusioned, particularly in relation to career development, which had been reflected in the last staff survey. There was a national shortage of radiographers and occupational therapists.

Rachel advised that the Trust had received Health Education England funding in September 2021 for a Workforce Lead post for six months. The position was advertised internally and Kate Colban was recruited and after a successful six months, the post was extended for a further six months. Achievements included:

- Cleanse of ESR data,
- Increased student capacity including an additional King's placement,
- New preceptorship programme in collaboration with nursing,
- 'Try before you buy campaign' with 13 therapy students on bank during the summer,
- International recruitment of 10 Radiographers, and 15 OT's in progress, £125k bid approved,
- Speech Language Therapy assistant starting an apprenticeship,
- Seven recruitment fairs attended,
- Allied Health Professionals Careers Open Day at ASPH in the summer,
- Education Strategy developed to cover how to attract people,
- A comprehensive induction programme was developed,
- Mandatory training compliance was improved.

Rachel advised the next steps included securing permanent funding of the Workforce Lead and shared a slide which outlined the initiatives for the future.

Tracey Bradshaw was very encouraged by the detail shared and queried whether the King's placement was contractual. Rachel advised that it was. Lilly Evans found the presentation very positive and had met Kate Colban a few years ago at an awards ceremony and was glad the Trust had found someone who was enthusiastic and able to take on the challenges. Lilly appreciated that the Trust was not alone in facing these challenges. Rachel agreed and advised that London Weighting played a part as staff were lost to London due to the higher London Weighting payments, even though Surrey was an expensive area to live in.

In response to Chris Howorth, Rachel advised that allied health professionals sat on the same agenda of change scale as nurses but the Trust was looking at incentives other neighbouring trusts provided, such as relocation money in hard to recruit positions, to even up the playing field. Chris highlighted the local universities, ie the University of Surrey and the Royal Holloway and whether they had been reached out to. Rachel advised that the Trust had links with all the local universities and were securing students from all of these. Kate had reached out to Kings as they did a two year postgrad course to help grow the workforce. Occupational therapists had been recruited from the Royal Holloway.

Michael Smith raised his concern on the 15% shortage of radiographers and

queried whether external companies had similar issues. Rachel confirmed there was a national shortage. Historically, staff had been recruited from the southern hemisphere and this had been affected by issues relating to the pandemic and work permits. Health Education England had recognised the issues and had expanded the international recruitment categories to include radiographers. The Trust had recruited nine internationally educated radiographers in December 2021 and the first three had only arrived in July 2022 due to visa requirements. It was important to maintain regular recruitment internationally to avoid any gaps in the future.

The Group thanked Rachel and Harriet for their update.

FEEDBACK

PEG-28/22 Feedback from Group members on recent visits and meetings

Frances Ansell advised that she had taken part in a walkabout and had had the opportunity to talk with theatre staff about how they were getting on with Surrey Safe Care. Frances was pleased to advise that for the most past the implementation had resulted in positive experiences. Staff had commented that they were seeing improvements and were getting used to the new system. Issues were resolved quickly.

Andy Brown advised that he had been working on the Clinical AU and noted that cages were left outside the area containing items due to the lack of storage and had also noted beds in corridors. The Head of Patient Experience and Involvement agreed it was a challenge to store items but these cages contained just a couple of days' worth of items. Areas were kept as tidy as possible. She added that when visiting Chelsea and Westminster recently; despite being an exemplar in arts and wellbeing, she had noticed cages outside areas too. Michael Smith added that during Covid-19 there had been a dramatic improvement in the state of tidiness and considered there had been some slippage more recently. It was agreed to request comments from Chris Bell, Director of Estates and Facilities. **AS**

Andy Brown referred to the blue wheel chairs around the Trust which were only for internal use although there was an area in the car park to store them and queried the mixed messaging. It was agreed to request further clarification from the Hotel Services Manager. The Head of Patient Experience and Involvement understood that there was a risk of the patient tipping out if these were used outside. **AS**

PEG-29/22 Feedback from members to Governors relating to patient experience

Chris Howorth highlighted an issue which had been brought to his attention by Shirley Holmes about blood tests taking place at Ashford Hospital and not more locally, ie at the GP Surgery. Jacqui Hough, Phlebotomy Manager, had responded by advising that the department was not insisting that patients attended the hospital. It was possible that GPs may not have access to requests made by clinicians on Cerner. It was advised that the requester was able to print out the request from Cerner allowing the patient to have their bloods taken where they wanted. In the interim patients were also able to book a blood test at

St Peter's Hospital by calling 01784 884565.

Chris added that a few of his acquaintances had noted that some blood tests required very tight turnarounds to ensure a valid result (some have had to go back on multiple occasions to ensure test and pick up timings were coordinated so that bloods were fresh enough to ensure valid results). The Membership and Engagement Manager agreed to ask Jacqui for further comments. **AS**

Frances Ansell highlighted an issue with blue badge users in the multi-storey car park. She had noticed a visitor had to return to his car first and take their blue badge back to the payment machine. Again, it was advised that this would be looked into. **AS**

PEG-30/22 Any Other Business

The Membership and Engagement Manager suggested the next meeting could take place face to face. However, most Group members preferred it to take place via MS Teams.

Michael Smith raised his concern in relation to the embedding of Surrey Safe Care and requested a special meeting to update the Governors. Chris Howorth considered these were the usual teething problems Lilly Evans added that Governors needed to assure themselves that the Board was looking at issues and that the non-executive directors were aware of them. Frances Ansell advised that staff had indicated that solutions were coming through and she had not heard anything she would not have expected. The Membership and Engagement Manager advised that an update on Surrey Safe Care had been provided at the last Council of Governors meeting in September and that this would be followed up at the Governor-NED meeting in October. It was expected to keep the Governors appraised on a regular basis. Should a stand-alone update still be needed, then this would be set up. Tracey Bradshaw provided assurance that issues were being raised and dealt with.

It was agreed that more time was needed to allow the further embedding of Surrey Safe Care.

PEG-31/22 Date of Next Meeting

Monday 7th November 2022, 2-4pm, via MS Teams

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Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
25.4.22	**PEG-17/22**	**Quality Report – Patient Experience**	Share communications around provision for assisting patients with hearing impairments	AL	27.6.22	Patients are assessed and assisted to use their own devices. Lip reading and sign language translation are available. There is the video relay option which we commissioned during the pandemic. Loop devices are available. Our Access for All group has a divisional rep to cascade services. It is a part of ward accreditation. The Internet has a page on Access for All.	✔
25.4.22	**PEG-17/22**	**Quality Report – Patient Experience**	Speak with Charlotte Broughton about ensuring patient feedback devices are available in Cardiology	AL	27.6.22	Charlotte has reached out to Cardiology querying whether a Viewpoint kiosk or device was needed and has provided details on how to order.	✔
25.4.22	**PEG-17/22**	**Quality Report – Patient Experience**	Check what is provided on the wards to assist patients with hearing impairments	AL	27.6.22	As with point 1. A lot of work has also been done on caring for patient property such as hearing Aids.	✔
25.4.22	**PEG-19/22**	**Feedback from members to Governors relating to patient experience**	Speak with Susan Holton about the amount of paperwork sent to GPs, specifically pages with just a few lines of text	AL	27.6.22	This is being addressed within the Surrey Safe Care Stabilisation programme.	✔
12.9.22	**PEG-25/22**	**Quality Report – Patient Experience**	Share detail of communication in relation to patients with hearing impairments with the Membership and Engagement Manager	FA	ASAP	Complete	✔
12.9.22	**PEG-28/22**	**Feedback from Group members**	Raise issues in relation to cages outside areas	AS	7.11.22	There is a lack of general storage availability on site. Whenever there is a	✔

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		on recent visits and meetings				concerted clearance of all corridors, there is a relatively quick creep back. The main issues are Procurement cages, beds / trolleys, general equipment and occasionally an overspill of general rubbish. The bed store is not fit for purpose in terms of size and the wards are unable to unpack their stores as soon as they arrive - there is no space for the cages on the wards so they are left in the corridor. The plans going forward were to create a central storage building, and this was funded in the three year capital plan. However, with the uncertainty of available capital and the change in releasable capital then the project is at risk. The reason that the corridors were not cluttered during the pandemic was due to the significantly reduced clinical activity on site, although we did experience some real difficulties with ITU storage and general masks / gowns. It would help if the Executives on the group supported the central storage building in the capital planning round.	
12.9.22	**PEG-28/22**	**Feedback from Group members on recent visits and meetings**	Request clarification on the use of the hospital wheelchairs	AS	7.11.22	The Stryker wheelchairs are primarily designed for internal use, however, can tolerate some external usage if necessary. They do not tip but the wheels and bearings would suffer if prolonged use to distant areas.	✔

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						Visitors regularly arrive requiring wheelchair assistance from the car / car park so to enable them to access the hospital they go to a drop off point near (or in the car park). The area marked for wheelchairs is a safe area out of the elements where wheelchairs can be collected/returned allowing relatives minimal disturbance out of the elements. Previously there was a wheelchair collection point on the ground floor of the old car park so this is not a new system.	
12.9.22	**PEG-29/22**	**Feedback from members to Governors relating to patient experience**	Request further detail from Jacqui Hough, Phlebotomy Manager	AS	7.11.22	The Phlebotomy Manager advised that this was not an issue at either Ashford or St Peters as the department can deal with samples at any time.	✔
12.9.22	**PEG-29/22**	**Feedback from members to Governors relating to patient experience**	Raise issue in relation to blue badge holders	AS	7.11.22	There is no need for blue badges to be displayed in the vehicle in the multi storey car park as this is ANPR controlled and would only allow free parking to blue badge holders so anyone parking there without a valid blue badge would not benefit.	✔

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
7th November 2022

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:		Frances Ansell	Public Governor, Elmbridge
		Derek Barnes	Public Governor, Spelthorne
		Tracey Bradshaw	Staff Governor, Nursing and Midwifery
		Andy Brown	Staff Governor, Volunteers
		Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
		Emma Gilmore	Public Governor, Spelthorne
	Chair:	Shirley Holmes	Public Governor, Woking and Guildford
		Chris Howorth	Appointed Governor, Royal Holloway University of London
		Michael Smith	Public Governor, Woking and Guildford
		Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:		Charlotte Broughton	Head of Patient Experience and Involvement
		Andrea Lewis	Chief Nurse
Item PEG-33/22		Russell Lewis	Chief Executive's Programme Co-ordinator
		Anu Sehdev	Membership and Engagement Manager
APOLOGIES:		Jacqui Rees	Associate Director of Quality

Minute **Action**

PEG-32/22 Apologies

As recorded above.

It was advised that Chris Howorth, Chair of PEG, would need to leave the meeting early and hence Shirley Holmes would chair the meeting.

PEG-33/22 The Main Effort

Shirley Holmes welcomed Russell Lewis to the meeting and Group members introduced themselves.

Russell advised that he had begun working for the Trust just before COVID and advised that he had a military background with 20 years in the parachute regiment, which he still maintained. He was now working for the Trust as the Chief Executive's Programme Co-ordinator and worked for all the executives on special projects.

Russell shared a link to the Main Effort video he and colleagues were currently putting together.

https://youtu.be/3CrIoIuQDcE

Russell advised that the Main Effort encompassed the work coming out of COVID. The plan was not to return to heavy footfall but to ensure patients received the right care in the right place at the right time. The Medical Director had emphasised the importance of flow through the hospital and only patients that needed to be in a hospital environment to remain there. Unfortunately, the Trust often had patients that were in hospital longer than needed and it was clear an acute trust was not the best place to be and often patients preferred to receive treatment either at home or closer to home.

Russell advised that a number of things were being done differently and this included the refurbishment of wards and working with the North West Surrey Alliance to realign beds into the community, resulting in 47 beds being realigned. So far this had enabled the refurbishment of three wards. Russell emphasised that the what and why was communicated to staff but not the how. Staff were empowered to make things happen in the best way that worked for them.

Russell advised that the focus was now on urgent care. The facilities were new but the clinical models were not quite right. A patient navigator role had been introduced and this person met anyone coming through the ED and put them on the right pathway. It was early days in the process but already some shoots of success had been noted. The next area of focus would be the ambulatory care area where work was being undertaken to optimise the patient pathway and thus the patient experience. After that the focus would be on Surgery to include lengths of stay and the seven day service. The next area of Surgery was yet to be identified but would no doubt present itself once the work had been undertaken in Surgery.

Russell advised that the Chief Executive considered the Main Effort as being a long rolling project; one where focus would shift across the Trust. The project was going really well and staff were engaging. Benefits of delivering the right care in the right place at the right time clearly benefitted the patient but also staff benefitted. Staff were under a great deal of pressure and when efforts began to have a positive effect there was step change and staff were able to devote more time and attention to patients.

Russell highlighted the reverse queuing idea in the ED which had been trialled recently. This allowed for each patient to be seen and allocated a space in the queue. Refreshments were provided and on the whole patients seemed happier.

Russell advised that it had taken some time to gather some momentum and the real success was that staff were happy to engage and try something different. Russell advised that the link to the video would be shared. This was a collaboration with the North West Surrey Alliance and some tweaks were needed. Russell welcomed feedback on the video.

Chris Howorth considered the project was very interesting and considered the key strengths were the military input. Chris referred to winter pressures and queried why these were not planned for in a military way. Russell agreed that the Trust should not be surprised when winter pressures came around every year and it was important to try to do things differently. The Main Effort was not a seasonal initiative and many ideas could be taken forward to assist with the winter pressures. If the Trust opened more beds then no doubt these would be filled. It was important to retain some discipline and resolve issues in a more efficient way.

Michael Smith advised he was not comfortable with taking a military approach to dealing with hospital practices as he considered it was less applicable in a hospital setting. He also did not like the terminology being used of unnecessary people being in the Trust and considered that it was more about people coming into hospital unnecessarily. Michael relayed an experience in AECU whereby the lack of response from other departments, for example diagnostics, let the service down. Russell apologised for the language he had used and advised he was not advocating a straight line approach. For example, if an idea did not work it was important to try something else. The Chief Nurse considered Michael made some valid points and assured him that a simplistic approach was being taken and this was landing well with the team. However, it was always a collaborative approach. The Chief Nurse agreed "unnecessary" was a poor choice of word but the reality was that there were people in the Trust who really should be receiving care elsewhere and often this was the default position. For example, people often attended the ED when they could seek advice elsewhere.

Andy Brown queried who the video was aimed at and Russell advised that it was for both staff and patients. It was a collaboration via Becky Fairbairn, Director of Communications, Engagement and Experience at North West Surrey Alliance, who also headed up the Communications Team at the Trust. Becky was currently working on how to get the video to patients. Andy referred to the patient navigator role and advised he had thought the Urgent Treatment Centre's purpose was the same. Russell advised that it was still early days and it was intended to redefine the role of enhanced nurse practitioners in the UTC and use their skills more appropriately. The Chief Nurse added that this would ensure the enhanced nurse practitioners were freed up to use their skills to see and treat patients.

It was agreed that the Group would feedback on the video via the Membership and Engagement Manager. **All**

Frances Ansell was aware there were issues with the lack of care in the community and queried whether this had improved. Russell advised that Jack Wagstaff was a member of the Main Effort steering group to ensure the Trust was working closely with the North West Surrey Alliance. Russell emphasised that the Main Effort was mainly focused on the Trust at the moment but the Trust was not able to continue, especially with regards to bed alignment, without working as collaboratively as possible. Other services where the Trust was working collaboratively on was palliative care. The Chief Nurse advised she was aware there was a focus on staff recruitment in the community by reinvigorating the offer to fill the gaps.

Shirley thanked Russell for his input and welcomed him back to a meeting in the future to provide a further update.

ANNUAL BUSINESS

PEG-34/22 PEG Annual Report and Terms of Reference (TORs)

The Group APPROVED the annual report and TORs.

PEG-35/22 Chairmanship of PEG

Michael Smith suggested this matter should be postponed till after the new Governors came into post. Shirley Holmes considered that only an existing Governor with at least a year's experience would feel able to take on the role of Chair and was happy for Chris Howorth to continue. Derek Barnes also considered that Chris was best placed to continue. Sylvia Whyte added that the meetings ran very well under Chris' chairmanship and was happy for Chris to continue as Chair. Lilly Evans considered Chris did an extremely good job and that perhaps a Deputy Chair could be selected.

The Group AGREED for Chris Howorth to continue as Chair and for a Deputy Chair to be selected in the new year.

PEG-36/22 Minutes of the Previous Meeting

The minutes of the meeting held on 12th September were agreed as a correct record.

The updated Action Log was noted.

PEG-37/22 Matters Arising

Frances Ansell agreed to share further details with the Head of Patient Experience and Involvement. The Membership and Engagement Manager agreed to provide email addresses for each of them so they could discuss further outside the meeting. **FA**

REGULAR ITEMS

PEG-38/22 Feedback from Patient Panel meeting

Shirley Holmes advised that the Patient Panel had met on 11th October and Joanne Rockett, Voluntary Services Manager, had attended to talk about the Assemble application which allowed the volunteers to communicate with each other.

Shirley advised that Patient Panel members had visited the Eternal Garden and expressed how wonderful it was looking.

The Patient Panel also discussed appointment letters and how issues were

across all the divisions.

Shirley advised that future meetings would take place face to face and would alternate between Ashford and St Peter's and would have either a speaker or incorporate a tour. The next meeting would include attendance from the Chief Executive to relay her perspective on her role.

Shirley advised that Place assessments had taken place in September and some members of the Patient Panel had taken part. These looked at the fabric of the building. Shirley had visited Dickens Ward which raised no concern. Other colleagues found some issues in the areas they had visited.

PEG-39/22 Quality Report – Patient Experience

The Chief Nurse advised that there had been good progress in some areas but some metrics were off. The Chief Nurse advised there were stricter targets in Infection Prevention Control (IPC) measures as the Trust had performed so well the previous year. Good progress was being made and COVID rates were down, although there had been a mini-wave recently. Flu cases were on the rise and there had been a rise in surgical site infections, especially in Colorectal. The Chief Nurse advised that there was a focus on ensuring risk assessments were completed properly using Surrey Safe Care. The Chief Nurse highlighted the recent Harms Free conference.

The Head of Patient Experience and Involvement advised there had been an acute rise in the number of PALS issues raised. She had asked for all contacts to be recorded on a daily basis as these were not being captured previously. There were a high number of queries in Neurology and Dermatology and these were around cancelled appointments or chasing results. It was advised there was a five day target to close a PALS concern and performance in August was up to 94%.

The Head of Patient Experience and Involvement advised there had been a steady increase in complaints since March and averaged around 48 per month. The complaint response rate within 35 days target was 95% and in October the team had managed to achieve 92%. The team was working very hard to achieve the target so as not to add to the poor experience already experienced by the complainant. Complaints relating to appointment letters were 6 in July and 12 in August. There were issues with Surrey Safe Care and the issues had been forwarded on. There had been 19 discharge issues raised in July and 14 in August and the team had analysed them and found although they were correct and appropriate discharges, communicating the reasons for discharge could have been done much better.

The Head of Patient Experience and Involvement advised that a number of patients were providing their feedback on positive experiences.

The Head of Patient Experience and Involvement turned to the Healing Arts project and advised that Emily Malins had begun in her new role as Arts and Design Officer in June and her focus was on improving the hospital from a healing perspective. This included the decluttering of the main foyer area at St

Peter's, commissioning a painting of the Surrey Hills, providing new seating and a grand piano being located to the right of the café. There had been a lot of interest from staff and visitors and the Head of Patient Experience Involvement was keen to hear from more musicians.

The Head of Patient Experience and Involvement advised that the Trust had come second in the recent National Patient Experience Network awards for the Eternal Garden and there had been recognition for the healthcare plays.

Shirley Holmes advised that she had attended the Harms Free day and found it superb. Staff were extremely knowledgeable and Shirley was keen for this day to be repeated in the future. The Chief Nurse advised that this was the first one the Trust had put on and it had been well received.

Emma Gilmore thanked the Head of Patient Experience and Involvement for further verbal updates she had provided as it helped to receive the more recent statistics. Emma referred to the complaints in Maternity and what happened after they were shared with the staff. The Head of Patient Experience and Involvement advised that the complaint response included an apology and shared the detailed actions that had resulted. The Patient Experience Monitoring Group was being relaunched that month and it was intended to highlight all the actions each division had there and the Head of Patient Experience and Involvement would be able to share these with PEG at the next meeting in February. **CB**

Emma queried whether the number of complaints were compared to the number of appointments/procedures in order to get a better perspective. The Head of Experience and Involvement considered this was a good suggestion and would consider this. Emma also shared feedback she had received from a patient on how brilliant the treatment they had received at the eye clinic and Emma queried whether good practices could be shared with other areas. Emma also referred to pages 16-18 where there was a mention that some wards had not provided data and it was agreed that Emma would provide specifics to the Head of Experience and Involvement. **EG**

Michael Smith agreed the Harms Free day had been great, especially the segment around hydration. Michael Smith advised he knew the music teacher Pam Lunn and would be happy to forward her contact details to the Head of Experience and Involvement. Michael referred to the assurance and variance icons which he found particularly confusing. The Head of Patient Experience and Involvement advised that there was a key on the front page explaining the icons. Michael referred to the shortage of Hibiscrub and whether anything was being done to mitigate that. The Chief Nurse advised she was aware there was a huge demand but that Procurement were working closely with NHS Procurement to ensure there was a constant supply. Sylvia Whyte agreed the icons used were very pale and a great deal of concentration was needed to interpret them. The Chief Nurse agreed to go back to the Quality Department to see if there was anything that could be done. **MS** **AL**

Frances Ansell advised that she had taken part in a walkabout around Chemotherapy at Ashford Hospital and how the area was currently being used

for storage as well and queried whether the area would be sectioned off. The Chief Nurse advised that the Trust had received money from Macmillan and this would be used to redevelop the area. The courtyard area would be covered so it could also be utilised.

FEEDBACK

PEG-40/22 Feedback from Group members on recent visits and meetings

Andy Brown advised that he had taken part in a walkabout where he had visited the departments of Facilities and Finance. Tracey Bradshaw advised that she had visited Cardiology and asked staff about Surrey Safe Care and the infrastructure. Feedback on Willow Ward had been very positive. There were some infrastructure issues within Cardiology and some practicalities with Surrey Safe Care which were being looked at. Tracey was pleased that after the walkabout she was able to sit down and talk with the Executive and Non-Executive Director accompanying her and their conversation was documented and would be shared with the Board.

Shirley Holmes advised that she visited Cancer, Therapies, Operations and Paediatrics. Staff were willing to talk and shared both positives and negatives. There were challenges in the operations suite with discharge. Shirley advised of the board in Paediatrics she had come across. This enabled young patients to put their comments; positive on a vest and negative on the pants; which felt much more of a non-threatening way of providing feedback. The environment was spotless and staff showed great dedication. Shirley advised that feedback on Surrey Safe Care was mainly around things that staff could not do but these issues had been highlighted and were being worked on.

Michael Smith advised that he had been a cardiology patient recently and staff had expressed they found Surrey Safe Care good but slow.

Frances Ansell advised that she had taken part in a walkabout and had been impressed that staff were comfortable enough to be able to share concerns with the Chief Nurse. Ashford Hospital was very clean and areas were colour coded.

PEG-41/22 Feedback from members to Governors relating to patient experience

Shirley Holmes advised that she had received an email from a patient residing in Weybridge who had attended Ashford Hospital for a scan. They were seen on a Sunday and were dealt with well and results were sent over to the patient's GP quickly.

Andy Brown advised that he volunteered on the Clinical Assessment Unit recently where there was a lack of beds. It was an odd day although it was much better the following week. The Chief Nurse suggested this may be due to it being an escalated area at the time. However, wards usually tried to keep the bed on the ward as it was not possible to store beds in the corridor. Andy also advised that he had tried to call Imaging and found the line busy with a message asking him to book via email. Then after holding a little while longer a recorded message asked him to try again later and the phone line went dead. He tried

again a couple of times and the same thing happened. The Head of Patient Experience and Involvement asked Andy to share details with her via email and she would look into this. **AB**

Frances Ansell referred to the blue badge query she had highlighted and it was agreed the Membership and Engagement Manager would go back to suggest the signage was revised. **AS**

Michael Smith queried the Trust's stance on COVID screening and the Chief Nurse advised that patients were no longer routinely screened unless they displayed symptoms.

PEG-42/22 Any Other Business

None

PEG-43/22 Date of Next Meeting

Monday 13th February 2023, 2-4pm, via MS Teams

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
7.11.22	**PEG-33/22**	**The Main Effort**	Provide feedback via the Membership and Engagement Manager on the video	All	ASAP	Shared with Russell Lewis	✔
7.11.22	**PEG-37/22**	**Matters arising**	Share detail of communication in relation to patients with hearing impairments with the Head of Patient Experience and Involvement.	FA	ASAP	Email addresses exchanged and details shared.	✔
7.11.22	**PEG-39/22**	**Quality Report – Patient Experience**	Share actions resulting from complaints against each division	CB	13.2.23		
7.11.22	**PEG-39/22**	**Quality Report – Patient Experience**	Provide specific information found in report relating to wards not providing data	EG	ASAP		
7.11.22	**PEG-39/22**	**Quality Report – Patient Experience**	Share Pam Lunn's contact details	MS	ASAP	Shared	✔
7.11.22	**PEG-39/22**	**Quality Report – Patient Experience**	Go back to Quality re icons used in report	AL	13.2.23		
7.11.22	**PEG-41/22**	**Feedback from members to Governors relating to patient experience**	Share details with the Head of Patient Experience and Involvement re contacting Imaging	AB	ASAP		

7.11.22	**PEG-41/22**	**Quality Report – Patient Experience**	Request signage is updated to advise blue badges do not need to be displayed in vehicles in the multi-storey car park	AS	ASAP		