Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
21st February 2024

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 11th September 2023, 30th October 2023 and 5 February 2024 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 A new recurring item was added to the agenda on 30th October and this was an update on the Patient Portal. Visitors included: Claire O'Brien,Head of Emergency Preparedness Priya Ratnasingham, Outpatients Service Manager Amandeep Chana, EDI Officer Jack Wagstaff, Acting Chief Delivery Officer
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 11th September 2023, 30th October 2023 and 5 February 2024.
Submitted by:	Chris Howorth, Chair of the Patient Experience Group and Appointed Governor for the Royal Holloway, University of London
Date:	February 2023
Decision:	For Noting

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
11th September 2023

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Frances Ansell	Public Governor, Elmbridge
	Andy Brown	Staff Governor, Volunteers
	Shirley Holmes	Public Governor, Woking and Guildford
Chair:	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Michael Smith	Public Governor, Woking and Guildford

IN ATTENDANCE:		
Item PEG-39/23	Claire O'Brien	Head of Emergency Preparedness
Item PEG-36/23	Priya Ratnasingham	Outpatients Service Manager
Item PEG-41/23	Jacqui Rees	Associate Director of Quality
	Anu Sehdev	Membership and Engagement Manager

APOLOGIES:	Claire Atkinson	Interim Head of Patient Experience and Involvement
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery
	Ellen Bull	Interim Chief Nurse
	Kate Colban	Staff Governor, Allied Health Professionals
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Ann Ooms	Public Governor, Elmbridge
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead

Minute **Action**

PEG-33/23 Apologies

As recorded above.

PEG-34/23 Minutes of the Previous Meeting

The minutes of the meeting held on 26th June 2023 were agreed as a correct record.

PEG-35/23 Matters Arising

The updated action log was noted.

PEG-36/23 Waiting well letters and update on progress with appointment letters

The Outpatients Service Manager was welcomed to the meeting. It was advised that Group members were concerned about the accuracy of letters. The Outpatients Service Manager advised that the new IT system that had been implemented in Summer 2022 had had an impact on accuracy but issues were being worked through.

The Outpatients Service Manager outlined three waiting well letters that she wanted Group members to feedback and get their approval on.

1. Rejected referral letter – patient was triaged by specialty and called to check in with them. GPs currently do not know what is happening and assume the patient is with the Trust.

2. Unable to contact letter – Trust has attempted several calls to contact the patient and patient remains on the waitlist. Patient has 14 days to respond before taken off the waiting list.

3. Waiting list letter – patient is added to the waiting list and will receive an appointment. There may be a considerable wait.

Rejected referral letter
It was queried whether all departments conducted triage and it was advised not all did. Some, for example Colonoscopy, accepted all referrals. It was further queried what happened when there were several referrals at different locations. The Outpatients Service Manager advised this would be different work flow and very rarely the patient would be rejected. It was highlighted that all would understand what triage meant and that perhaps the word assess could be used instead and better to use department instead of specialty.

It was queried why the letter needed to be so formal and whether the language could be softened and simplified. Also the letter should advise that the GP is aware since a copy of the letter has been sent to them. Including the date the patient was seen was suggested. The Outpatients Service Manager confirmed that contact details would be included in the letter head.

Unable to contact letter
It was considered the 10 day timescale to respond was a little tight and that 17 days was better to allow for holiday periods and the postal service. It was considered detailing how the patient was contacted would be a good idea and again the letter needed to be softened and copied to the GP in case address and contact details were incorrect. Details of the date the patient was seen should be included. It was highlighted that if the patient was deaf it would be better to send a letter or text. The Outpatients Service Manager advised that patients could call in, email or use the portal when it is implemented. The Outpatient Service Manager confirmed that indicating whether the patient was deaf or has a sight issue was part of the GP referral paperwork. It was added that a communications piece would be sent to GPs asking them to complete if this was the case.

Waiting list letter
It was queried at what point the patient received this letter. The Outpatients Service Manager advised that it depended on the specialty. If it was a specialty that conducted triage then the outcome of the triage was awaited. A potential incident was highlighted when a patient had to be seen by two different departments and one appointment may be arranged immediately and the other months later and suggested the waiting time should be highlighted. It was considered the reason for waiting should be explained and apologised for, if

needed. Also the timescale for expecting an appointment should be highlighted. The fourth paragraph should be reworded to say, "if you no longer need an appointment or have received treatment, please let us know". Again the referral date should be included and it was queried whether the letter was only received once. The Outpatients Service Manager confirmed the letter was only sent once. Text message validation messages were sent asking the patient whether they still needed to be seen. Once the patient portal was implemented the patient would be able to see all their letters. The portal would not prompt the patient as the NHS app did.

It was queried why the NHS still relied on postal mail when it should be the last ditch response. The Outpatients Service Manager advised that the patient portal would greatly reduce the need for postal mail and once it was up and running patients could opt to go paperless.

The Outpatients Service Manager advised that she would re-draft the letters and send these out again for final approval. In response to the issue regarding signage, the Outpatients Service Manager advised that this was a work in progress and confirmed that signage at both St Peter's Hospital and Woking Community Hospital was getting updated. It was requested that the Chertsey address be removed from appointment letters for Ashford Hospital to avoid confusion. **PR**

Chris thanked the Outpatients Service Manager for attending the meeting and providing the letters for Group members to look through and for answering their queries.

FEEDBACK

PEG-37/23 Feedback from Group members on recent visits and meetings

None

PEG-38/23 Feedback from members to Governors relating to patient experience

A patient experience was relayed about a patient being admitted to Cardiology via A&E and then to the Respiratory service. The patient had found their care exemplary. Another patient had commented how they had to cancel and appointment by email and the response was very quick and personal with a letter following soon after.

It was advised that the signage in Outpatients had improved since first raising concerns. There was some confusion regarding a telephone appointment with it being a virtual appointment which the patient did not attend although this had not been made clear.

A case was highlighted for which further details would be sought about someone who was deaf and had had two appointments cancelled as the interpreters had not turned up. Further details would be highlighted when they became available. **FA**

Ashford and St. Peter's Hospitals
NHS Foundation Trust

PEG-39/23 Business Continuity

The Head of Emergency Preparedness was welcomed to the meeting.

The Head of Emergency Preparedness advised that she had worked for the Trust for a long time beginning as a ward manager. Business continuity referred to how the Trust responded to incidents as well improving its resilience. The Health and Care 2004 Act had stipulated that the Trust must have resilience plans in place in cases of power and utility outages which included major incidents, evacuations and contaminated incidents. To sustain core critical functions the essential components were ward care, ED, diagnostics, imaging, utilities and safe care.

The Head of Emergency Preparedness advised that industrial action had placed significant constraints on the Trust and more strikes were due in September and October with doctors and consultants taking action at the same time. The industrial action mandate meant that an emergency service had to be retained but other non-urgent services had to be stepped down.

The Head of Emergency Preparedness advised that she worked with the divisions to co-ordinate critical care and stepping down clinics. Postponing appointments and procedures had a knock on effect as conditions often deteriorated and treatment and care became more urgent over time. Cancer services remained a priority. Administrative teams had a difficult job to do as they had to explain to patients that appointments were postponed. Day to day pressures increased with more patients coming to A&E and there being surges in demand. It was advised that the Opal Plan described the Trust's response.

Issues with traffic especially coming from the Woking area was raised and the Head of Emergency Preparedness advised there was a local resilience forum which appraised significant road works and inform the Trust in advance. During bad weather there were facilities for staff to stay on site.

It was queried what happened when procedures were repeatedly cancelled and how long patients had to wait. It was advised that if the surgery was cancelled more than once then it was prioritised and rescheduled. Additional clinics and theatre slots were put in place to reduce the backlog.

The Head of Emergency Preparedness turned to major and internal incidents which were around utility and IT outage, both local and external. IT outage covered many things, not just PCs but telecoms, theatres and remote monitoring. A 24/7 designated PC was in place that could run for two hours following an outage and had the ability to print essential date. Other examples were water outages. The Trust had an agreement with Affinity Water to deliver fresh water to the Trust so it could continue to sterilise, heat and run theatres.

The Head of Emergency Preparedness encouraged the Governors to look at the Trust's website for the major incident and business continuity plans.

It was queried how practises were organised and it was advised that a live exercise was undertaken every three years but had not taken place during the pandemic. A lot of learning had been acquired during COVID and this included

implementing remote working and e-consultations. A practise was planned for this year, originally being 4th October, but postponed due to the industrial action. The area being covered would be casualty management.

Once a year a communication exercise was undertaken when all staff were alerted by a text and a response was requested. It was advised that there was a major incident and business continuity meeting which took place monthly and staff from several areas attended to cover incidents and feedback on resilience plans. Targeted meetings with staff were undertaken. It was added the Simon Devonshire, Non-Executive Director had expressed an interest in being involved with this work and he had some great ideas.

The Head of Emergency Preparedness confirmed that staff would be able to get the COVID and flu vaccinations from the 18thSeptember.

The Group was encouraged to email any further questions via the Membership and Engagement Manager.

REGULAR ITEMS

PEG-40/23 Feedback from Patient Panel meeting

Due to Claire Atkinson's annual leave, it was agreed to cover this at the next meeting.

PEG-41/23 Quality Report – Patient Experience

The Associate Director of Quality advised the report highlighted two months of data. There were a few concerns around the response target for complaints. This was due to a period of long term leave and the need for administrative staff. Once the full complement of staff was in place it was hoped the response rate would improve.

Surgical Site Infections (SSIs) were similar to the national average. The sepsis audit required further work. There was a reduction in hospital acquired pressure ulcers and more in par with what was expected. The doctors strike had had an impact on incident reporting but the data was not flagging up anything significant.

The CQC visit in Maternity was referred to and it was queried how the Trust was ensuring that staff concerns were listened to. The Associate Director of Quality advised that the new Freedom to Speak Up Guardian was working to improve communications and focusing on reducing the need for issues to be raised anonymously as long as staff felt safe to do so. This would help to close the loop by providing an outcome.

The Associate Director of Quality discussed the importance of encouraging whistleblowing and supporting people during serious incident investigations. It was understood there was quite a percentage of concerns raised anonymously and queried how the Trust benchmarked nationally. It was advised that the Trust was considered to be very open but received more anonymous concerns than the national average. It was considered that this could be covered more fully at the next Governor-NED meetings. **AS**

The Associate Director of Quality assured Group members that whistleblowing issues were raised with the Medical Director as long as the person raising the concern was in agreement.

PEG-42/23 Any Other Business

It was queried whether a focus group looking at letters could be developed. It was advised that the Patient Panel was already involved in this process but there may be more opportunities coming up. The membership and engagement survey was referred to where several members had indicated they would be interested in taking part in focus groups. The Membership and Engagement Manager had put out some communications and guidance to staff about setting up focus groups and how the members could be invited to take part.

The Group discussed the issues with letters further and it was suggested that the Patient Panel be approached to check on what they were doing in order not to duplicate work. **CA**

PEG-43/23 Date of Next Meeting

Monday 30th October 2023, 2-4pm, via MS Teams

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
11.9.23	**PEG-36/23**	**Waiting well letters and update on progress with appointment letters**	Send Group members reworded letters for approval.	PR	ASAP	Complete	✔
11.9.23	**PEG-38/23**	**Feedback from members to Governors relating to patient experience**	Get more details and share with the Group	FA	30.10.23	Complete	✔
11.9.23	**PEG-41/23**	**Quality Report – Patient Experience**	Request a detailed update at the next Governor-NED meeting	AS	11.10.23	Complete	✔
11.9.23	**PEG-42/23**	**Any Other Business**	Provide detail of work the Patient Panel is doing with regards to appointment letters.	CA	30.10.23		

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
30th October 2023

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Andy Brown	Staff Governor, Volunteers
	Kate Colban	Staff Governor, Allied Health Professionals
	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
	Ann Ooms	Public Governor, Elmbridge
	Michael Smith	Public Governor, Woking and Guildford
IN ATTENDANCE:	Claire Atkinson	Interim Head of Patient Experience and Involvement
Item PEG-45/23	Amandeep Chana	EDI Officer
	Jacqui Rees	Associate Director of Quality
APOLOGIES:	Frances Ansell	Public Governor, Elmbridge
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery
	Sylvia Whyte	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead

Minute **Action**

PEG-44/23 Apologies

As recorded above.

PEG-45/23 Health Inequalities

The Group welcomed Amandeep Chana, EDI Officer, to the meeting. Amandeep advised that his area of focus was on patients.

AccessAble was highlighted and this had been commissioned to produce guides for patients on how to get to the area of the hospital they needed to get to and included further information, for example, on how wide the doors were and where the nearest accessible toilet was located. These guides were updated annually. Guides for the Woking Community Hospital had been paused due to the building works currently underway. It was queried whether the guides were available in a digital format or were printed to assist those with visual impairments. It was advised that they were available digitally and it would be checked whether Recite Me could be included to adjust the script as required according to visual impairment. It was also advised information on the nearest car park was included. **AC**

The access for wheelchair users to the main entrance was queried and it was confirmed that patients could be dropped just outside the main entrance and that the driver could then access the multi-storey car park by driving down the ramp

and use a disabled car parking space if the patient had a blue badge. It was added that assistance from the volunteers at main reception could also be requested. A tool the Royal Holloway used to score for accessibility was highlighted and it was agreed to share this tool with Amandeep. **CH**

Amandeep shared the Recite Me tool which allowed users to translate text, increase the text size or have it spoken. Colours of text or backgrounds could also be changed.

It was queried whether the 111 service was provided in different languages and it was agreed to look into this. **AC**

Interpreters and how to access one was highlighted. Sign language through video was available and interpreters could be accessed with little notice. If the conversation was expected to be complex or private an interpreter could be booked to accommodate this. It was advised that the sign video service was used around 7-10 times a month and interpreters several times a week. A case was highlighted of when an interpreter had been booked but they had not been provided with the name of the patient. It was agreed that more details would be provided in order for Amandeep to look into this. The name of the person who had booked the interpreter should have been made available. **AB**

Amandeep turned to Viewpoint the patient feedback portal and was pleased to advise that patient feedback was up to 8.1% (target 10%). There had been issues with devices not being charged or the internet connection dropping out. Automated reports would be made available soon so each ward/department could access the input they received. It was hoped that this would improve engagement. It was highlighted that texts were no longer being sent the following day after an appointment and it was advised that there had been issues with duplicate texts being sent and coding so the service had had to be paused. Once these issues were resolved the service would return.

The Equality Action Group was highlighted which met every other month. A message would be sent to FT members to expand the membership of the group. **AS** It was also suggested to highlight the group at the forthcoming Annual Members' Meeting. It was agreed that Amandeep would meet with the Associate Director of Quality and Interim Head of Patient Experience and Involvement to discuss how insights from the group could be shared to inform the experience based co-design work. **AC** Amandeep advised that 1:1s with individuals to gather further detail on experiences were undertaken. Signage had been improved and communications with regards to blue badge parking had been updated.

The Group agreed to forward any further questions via email.

PEG-46/23 Minutes of the Previous Meeting

The minutes of the meeting held on 11th September 2023 were agreed as a correct record.

PEG-47/23 Matters Arising

The updated action log was noted.

The Interim Head of Patient Experience and Involvement added that the Patient Panel met monthly and that patient letters continued to be a focus. It was confirmed that the majority of communications were by letter and that inconsistencies in letters were being looked at.

REGULAR ITEMS

PEG-48/23 Feedback from Patient Panel meeting

The Interim Head of Patient Experience and Involvement advised that the frequency of meetings, increasing membership and demographic were discussed. The purpose was to rejig the group and invigorate its role. It was suggested recruiting patients by handing out leaflets or notices around the Trust.

PEG-49/23 Quality Report – Patient Experience

The Associate Director of Quality presented highlights from the report advising that complainants would be offered meetings more readily to respond to concerns in a timely way. It was advised that a letter would not always be offered in addition but the recording of the meeting could be provided. It was disappointing that there had been a MRSA case as well as a Covid case. There had been less surgical site infections and medication safety was on target. The strategy on harms free care had been refined and a new falls lead was in place. Communications around VTE highlighted on how to escalate issues post-surgery had been produced. The seven day service was improving and the Trust had chosen to continue to monitor performance. The backlog in mortality reviews had reduced.

The Associate Director of Quality turned to the observations in ED as highlighted by Frances Ansell and how these had been replicated in the national survey A task improvement group was in place and these observations would be shared with it. Issues included the area being cramped, private conversations being overhead and those with disabilities not being catered for. Relocation of the UEC, Paediatric A&E and Adult A&E would take place and this would allow for a larger area for walk-ins with additional space for consulting rooms. This would allow for patients to be seen sooner and patients would no longer need to wait outside in inclement weather. The full response would be shared with the Group. Further perspective on moves would be sought via the EDI Officer. The Interim Head of Patient Experience and Involvement advised that Patient Panel members were also keen to be involved. It was requested that main reception was made aware of any service moves so they inform patients/visitors accurately. **JR** **JR**

It was requested that sepsis, being the biggest cause of mortality, was prioritised for the next Quality Report. It was advised that legal representatives would not be invited to complaint meetings and that members of the clinical team would be in attendance. Not all cases could be dealt in this way but many complainants wanted the opportunity to have their voice heard. It was a considered a flow and process analysis would be needed in order to inform the moves in ED and it was agreed to take this suggestion back. It was clarified that the Trust, apart from in MRSA, was doing well in infections overall. **JR**

Ashford and St. Peter's Hospitals
NHS Foundation Trust

FEEDBACK

PEG-50/23 Feedback from Group members on recent visits and meetings

Shirley Holmes advised she had taken part in a walkabout with Jane Dale, Non-Executive Director and the Medical Director. She had witnessed the infection team walking round with their handwashing kit and training staff.

Shirley advised that she had also taken part in a recent Place inspection at Ashford Hospital. She had attended while meals were being served and noted assistance with feeding was lacking with a lot of the food being returned untouched. Shirley appreciated that wards were short-staffed but stressed the importance of patients receiving adequate nutrition. Also many patients were not aware that there was soup and fruit available daily. Shirley did not see evidence that patients hands were washed before they ate. The Associate Director of Quality advised that she would raise these points with the Interim Chief Nurse. Kate Colban was aware that a nutrition strategy was being developed and would also raise concerns highlighted with allied health professional staff. **JR** **KC**

PEG-51/23 Feedback from members/public to Governors relating to Patient Experience

None

PEG-52/53 Patient Portal

Andy Brown advised that he had jointed the project board two weeks ago representing the Governors and would aim to keep the Group, volunteers and Patient Panel updated on progress. This was a joint initiative with the Royal Surrey. Meetings would take place monthly and an additional commitment of an hour per week would also be needed. The project had begun in August and the first phase would be completed by the end of January 2024. A communication plan was being developed and anyone over the age of 16 would be able to access the portal. The portal was not able to integrate with the NHS app. Andy hoped to canvass the Governors and would share the input he gained with the board.

It was queried how many patients were involved and whether input had been sought from the EDI Officer and the Patient Panel. The Interim Head of Patient Experience and Involvement advised that she was asking for representation and that the EDI officer also attended meetings. She confirmed that patients would be involved in the process and Patient Panel members would also be invited.

It was queried whether a conversation with Frimley Health could be undertaken as their patient portal had been live for some time although they used a different server. It was considered other trusts as well as Cerner would be approached. The Interim Head of Patient Experience and Involvement confirmed she was keen to talk with other trusts using Cerner. The integration with the NHS app was referred to which contained a lot of information which did not need to be shared. Experience of using the patient portal provided by Frimley Health was shared and how there was a lack of information provided. For example results of tests could not be obtained. It was considered important to include a younger

voice as this would be core demographic using the portal. It was agreed that gaining diverse opinions would be necessary and that the security controls would need to be addressed. Currently there were multiple places to access information and having everything in one place would be ideal.

ANNUAL BUSINESS

PEG-53/23 PEG Annual Report and TORs

It was agreed to check the membership of PEG and their attendance record. The Group agreed that the report could be shared with Council of Governors. **AS**

PEG-54/23 Chairmanship of PEG

Chris Howorth left the meeting for this item. Shirley Holmes advised that Chris was happy to continue as Chair of PEG until his term came to an end on 30th November 2024. The Group members agreed unanimously for Chris to continue as Chair. It was agreed to select a Deputy Chair and Michael Smith agreed to take on this role.

PEG-55/23 Any Other Business

The Group agreed for the Patient Portal to appear as a regular agenda item.

PEG-56/23 Date of Next Meeting

Monday 5th February 2023, 2-4pm, via MS Teams

Ashford and St. Peter's Hospitals NHS Foundation Trust

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
30/10/23	**PEG-45/23**	**Health Inequalities**	Check whether Recite Me can adjust text.	AC	5/2/24	Asked AccessAble what access tools are available for people with additional needs as ReciteMe will not work on our Access Guides as they are hosted on a different website, not the Trust's website.	✔
			Check whether 111 can be made available in different languages.	AC		Yes, by using the link: Other ways to contact 111 - NHS 111	✔
			Meet with Assoc Dir of Quality and Interim Head of Patient Experience to discuss how insights could be shared to inform the experience based co-design work.	AC		Advised that it is believed this work will be going ahead at the end of February	✔
30/10/23	**PEG-45/23**	**Health Inequalities**	Share details of Royal Holloway tool with EDI officer	CH	ASAP	Complete	✔
30/10/23	**PEG-45/23**	**Health Inequalities**	Share details of the incident when an interpreter had been booked with no name being assigned.	AB	5/2/24	AB spoke with the supervisor of the Outpatient's receptionist at St Peters Hospital about this incident. AB was advised that this was a rare occurrence as they now encourage clinicians to use a telephone translation service which is available to them and the patient and this is less expensive. The matter can be closed.	✔
30/10/23	**PEG-45/23**	**Health Inequalities**	Send invite out to members to join the EAG	AS	ASAP	Complete	✔

30/10/23	**PEG-49/23**	**Quality Report – Patient Experience**	Share response on concerns raised and seek input from EDI officer re ED moves	JR	ASAP	Response shared with Group members by email on 16.1.24.	✔
30/10/23	**PEG-49/23**	**Quality Report – Patient Experience**	Make main reception aware of the ED moves and take suggestion on flow and process analysis forward.	JR	ASAP	There have not been any changes thus far.	✔
30/10/23	**PEG-50/23**	**Feedback from Group members on recent visits and meetings**	Update from Place inspection to be shared with the Interim Chief Nurse.	JR and KC	ASAP	Complete	✔
30/10/23	**PEG-53/23**	**PEG Annual Report and TORs**	Check meeting attendance	AS	ASAP	Checked and updated.	✔

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
5th February 2024

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Frances Ansell	Public Governor, Elmbridge
	Tracey Bradshaw	Staff Governor, Nursing and Midwifery
	Andy Brown	Staff Governor, Volunteers
	Kate Colban	Staff Governor, Allied Health Professionals
	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
	Michael Smith	Public Governor, Woking and Guildford
IN ATTENDANCE:	Claire Atkinson	Interim Head of Patient Experience and Involvement
	Beverley Hales	Interim Deputy Chief Nurse
Item PEG-02/24	Jack Wagstaff	Acting Chief Delivery Officer
	Jacqui Rees	Associate Director of Quality
APOLOGIES:	Ann Ooms	Public Governor, Elmbridge

Minute **Action**

PEG-01/24 Apologies

As recorded above.

PEG-02/24 Surrey Heartlands Elective Centre

The Acting Chief Delivery Officer advised that he had recently taken up this role as would also be continuing in his position as North West Surrey Alliance Chief Officer. The Trust had been successful in its bid for £10m to establish an elective centre covering Surrey and he had been tasked with getting the Surrey Heartlands Elective Centre up and running at Ashford Hospital. The aim was to achieve 104% of the Trust's 2019/20 target.

The Acting Chief Delivery Officer highlighted the movement of services at Ashford Hospital which would be completed in two stages by the end of April and July. In October a second theatre would be established. It was highlighted how the Trust benchmarked very favourably and the aim was to be one of the top performing elective centres making it both attractive to patients and staff, providing a top class clinical culture and specialist services including bariatric, endometriosis and gynaecology.

Work would involve improving the infrastructure and working closely with Surrey Heartlands colleagues.

It was advised that Ashford Hospital had a great culture already with many passionate and long serving staff. Parking and additional support would be needed and it was aimed to mirror the service provided at private centres.

There were several key opportunities and these included treating more patients and thus improving wait times as well as being successful financially allowing for reinvestment across the Trust.

It was queried whether there were clinical safety issues since the elective centre was not located next to an Emergency Department (ED). It was advised that an enhanced service would be provided to ensure a level of post-operative care. The case mix of procedures was limited but covered the provision of electives. Expansion of the provision in the future was possible but there was plenty of work to be carried out already. Not having an ED would ensure the bed space was protected.

The Interim Deputy Chief Nurse advised there was evidence this model worked elsewhere and highlighted St George's and Cornwall as examples. The new centre would allow the Trust to work through its waiting lists and avoid conditions becoming more serious due to lengthy waits.

It was considered the centre was an amazing opportunity and the terminology used was highlighted. It was queried whether the whole of the Bariatric service would be moving to Ashford and whether the parking would be improved. It was confirmed that words were revised when speaking with the public. Much of the Bariatric service was already at Ashford but advanced work would still be carried out at St Peter's. A short term solution to the parking was being sought with Spelthorne Borough Council and long term a multi-storey car park and working with the adjacent Tesco's were being looked at. It was added that the Trust's partners the Royal Surrey and Surrey and Surrey and Sussex would be able to avail themselves of the service at Ashford but it was only worth moving their clinicians if all the whole service was moving over. There would be capacity for long waiters which would appeal to patients even if they had to travel a little further.

A potential duplication of service was raised, especially in Ophthalmology and it was advised that there was enough demand to sustain both Frimley Park and other services. It would also be possible to take patients from Hounslow, Kingston-upon-Thames and Richmond-upon-Thames too. It was queried whether Ophthalmology and Orthopaedics were the right focus when there was a high demand in Gastroenterology. It was advised that the vast majority of Gastroenterology and Colorectal procedures needed access to critical care services but further development of Endoscopy at Ashford was being looked at. iMSK was an exceptionally big area and tackling this would allow the Trust to do the most good for more people. However, expansion of other areas would be looked at in the future.

The Acting Chief Delivery Officer clarified that the bulk of his work was at Ashford Hospital.

It was highlighted that sterilisation of equipment was carried out at St Peter's and

whether a similar service would be introduced at Ashford. It was advised that there was a lot of work to get through including on the infrastructure and signage so sterilisation services would be looked at during this stage.

The Acting Chief Delivery Officer was thanked for his presentation and for updating the Group.

PEG-03/24 Minutes of the Previous Meeting

The minutes of the meeting held on 30th October 2023 were agreed as a correct record.

PEG-04/24 Matters Arising

The updated action log was noted.

It was confirmed the tool Royal Holloway used was called Blackboard Ally.

The Associate Director of Quality confirmed observations in ED and resulting from the Place inspection had been shared with the Interim Chief Nurse.

REGULAR ITEMS

PEG-05/24 Feedback from Patient Panel meeting

The Interim Head of Patient Experience and Involvement advised that a proposal to move to learning from patient experience would be discussed at the next meeting. It would be agreed how often the panel met and how they would be members of the Patient Learning Group. It was still early days and the aim was to improve the diversity and recruit more members.

PEG-06/24 Quality Report – Patient Experience

The Associate Director of Quality presented highlights from the report advising that recovery in key areas was needed but that the industrial action, business continuity and sickness had interfered with the whole recovery programme. The trajectory in patient safety was well on target. The Patient Safety Plan was to go to the next Trust Board and signed off by the Integrated Care Board.

There had been some progress in the CQUINS; although some had not yet been completed.

The maternity survey was due to be published the week of 12th February.

It was advised that 2022 had been a year of recovery after COVID and this including significant sickness in the team had resulted in a high number of concerns raised and deadlines not being met. Divisional focus had diminished during this time as it had shifted to COVID and then the recovery phase. There had been financial constraints too. The response timeline had been extended but this had had limited impact due to the need for clinical input. Complex cases where more than one response was needed tended to take longer to respond to. It was added that there had been an increase in complaints with patients wanting

to know when they would be seen or operated on. Less complex cases were easier to deal and patients were generally happy with a verbal resolution.

It was commented that patients wanted to be seen as individuals and receive compassionate care. A phone call helped but it was not possible to resolve all concerns in this way. It was important to learn when a patient's condition was deteriorating while they were waiting to be seen. The art of actually listening to the patient was considered important. The Associate Director of Quality advised that the Trust did not have a learning programme teaching staff how to deal with complaints and it was important that one was developed geared towards all staff. The Interim Deputy Chief Nurse advised that over the last 18 months staffing had greatly improved and currently there were no vacancies for registered nurses. However, the leaver rate was the same level as across the UK. It was added that it was important to empower senior nurses so they felt comfortable in making decisions.

Lilly Evans highlighted how the Membership and Community Engagement Group was looking at how patients could help themselves and it was agreed that Lilly would meet with the Interim Deputy Chief Nurse after the meeting to discuss how to move forward with this initiative. **LE/BH**

The industrial action was highlighted and how it was suggested there might be some residual resentment after taking action and goodwill lost as a result. It was agreed industrial action had an impact on patient experience, especially in relation to electives and outpatient appointments. More clinics were being introduced to help reduce the backlog. The Associate Director of Quality advised that the Trust was tracking data and currently the data reported no increase in harms during periods of industrial action.

The role of Physician Associates was discussed and how these roles were useful for covering essential but often mundane work, for example signing off TTOs (To Take Out) medications. Although Surrey Safe Care helped with this the data still needed to be inputted, checked and signed off.

FEEDBACK

PEG-07/24 Feedback from Group members on recent visits and meetings

It was advised that two of the Governors had recently observed the Integrated Digital Committee. The Membership and Engagement Manager advised that an update on the Digital Strategy would be provided at the next Council of Governors meeting.

PEG-08/24 Feedback from members/public to Governors relating to Patient Experience

There were several concerns raised relating to urology appointments, text messages for trauma and orthopaedic clinics, outpatient letters, car parking and Viewpoint. It was agreed that the Interim Head of Patient Experience and Involvement would meet with Andy Brown to discuss these concerns further. **CA/AB**

It had been noticed that the car park was very full on Tuesdays and Wednesdays

due to an increase in clinic appointments during these days. It was considered that it was good that more patients were being seen and realised that adequate parking needed to be in place. It was confirmed that the drop off points outside the Main Entrance were still in place and accessible without entering the car park.

PEG-09/24 Patient Portal

Andy Brown advised the Patient Portal had gone live that day at 09:20 hours and that people had already logged on. The scope of information had decreased from what was previously envisaged. It was advised that a fuller update would be provided at the next meeting.

PEG-10/24 Any Other Business

None

PEG-11/24 Date of Next Meeting

Monday 8th April 2024, 2-4pm, via MS Teams

Ashford and St. Peter's Hospitals NHS Foundation Trust

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
05.02.24	**PEG-06/24**	**Quality Report – Patient Experience**	Lilly Evans to meet with Interim Deputy Chief Nurse	LE/ BH	ASAP		
05.02.24	**PEG-08/24**	**Feedback from members/public to Governors relating to Patient Experience**	Andy Brown to meet with the Interim Head of Patient Experience and Involvement	AB/ CA	ASAP		