Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
11th December 2024

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meeting of the Patient Experience Group held on 4th November 2024 are attached. Matters discussed in the meeting included: • Quality Report – Patient Experience • Feedback from Patient Panel meeting • Feedback from the Learning from Patient Experience meeting • Feedback from Group members on recent visits and meetings • Feedback from members to Governors relating to Patient Experience • Update on the Patient Portal In addition, the Head of ASPH Improvement Partnership and Interim Deputy Chief Nurse attended to update the Group on the Improvement Movement initiative.
The Council is asked to:	Note the minutes of the meeting of the Patient Experience Group held on 4th November 2024.
Submitted by:	Shirley Holmes, Chair of the Patient Experience Group and Public Governor for Woking and Guildford
Date:	December 2024
Decision:	For Noting

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
4th November 2024

via Microsoft Teams
14:00 – 16:00 hours

PRESENT:	Andy Brown	Staff Governor, Volunteers
	Sue Doran	Appointed Governor, Spelthorne Borough Council
	Lilly Evans	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Karen Howkins	Public Governor, Spelthorne
	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:	Lucie Butler	Interim Deputy Chief Nurse
	Sally Greensmith	Head of ASPH Improvement Partnership
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Claire Atkinson	Deputy Head of Patient Experience and Involvement
	Ellen Bull	Interim Chief Nurse
	Kate Colban	Staff Governor, Allied Health Professionals
	Jacqui Rees	Associate Director of Quality
	Anthony Tweh	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England

Minute **Action**

PEG-48/24 Apologies and Welcome

As recorded above. Chris Howorth welcomed Sally Greensmith, Head of ASPH Improvement Partnership and Lucie Butler, Interim Deputy Chief Nurse, to the meeting.

PEG-49/24 Improvement Movement

The Head of ASPH Improvement Partnership advised this initiative was building upon the emergency improvement pathway improvement programme.

A set of slides was shared including the makeup of the improvement partnership team, the 'Be the Change' initiative started by junior doctors in 2014 and the new 'Improvement Movement' campaign.

The Head of ASPH Improvement Partnership described the Improvement Movement, which was launched in September 2024 and the main aim of this initiative was to ensure all areas of the hospital were working as efficiently and safely as possible. A key element of the Improvement Movement was the introduction of improvement huddles which were short, 15 minute weekly

meetings introduced to allow staff to come up with ideas on how to improve working practices in their own areas. There was a one-day Quality Improvement Academy training open to all staff teaching the skills needed for everyone to undertake quality improvement projects in their own working areas. When addressing complex problems, there is no one right answer, but trying small things, some of which may result in improvements, allows staff to test out their ideas.

Physical improvement huddle boards had been introduced. Staff could pin their ideas to the board and these were discussed at the huddle meeting where all staff collaborated on ideas to resolve the problems raised. There was also an important area on the board for teams to mark celebrations which could be birthdays or attaining qualifications. The Emergency Department (ED) already had weekly meetings and the Improvement Movement initiative helped to formalise them. Currently there were 18 huddles running across the Trust, with 6 more ready to go and an additional 16 areas engaging with the team. The plan was to introduce more huddles and continue QI (quality improvement) skills training.

The Interim Deputy Chief Nurse advised that as part of the ED teams QI activity a journey board had been introduced in the ED which helped patients understand where they were in their journey. The waiting room chairs had been improved and pink slips had been introduced by Reception which detailed a patient's enquiry for actioning by a nurse. A self log-in service was being developed for anyone that was comfortable using the system and this is intended to reduce queues.

In relation to corridor care; the intention is to exit corridor care. The current target was no more than 15 patients in the corridor and in the last week there had been no more than 10 patients. In addition, harm review meetings were held every Wednesday to identify any themes from potential harm and put in place mitigation.

Michael Smith advised he had been a patient recently and experienced corridor care in July. He considered that pressures were likely to increase during the winter period and queried what the solution was. The Head of ASPH Improvement Partnership advised that the operational plan was used during the winter period and partners were engaged with to avoid admission. Michael considered the actioning of routine maintenance needed to be improved, for example he had noted toilets being out of action. It was advised that estate issues were being focused upon and the longer plan was the new ED build which was hoped to be in place by next winter.

Chris Howorth highlighted the initiatives which had been introduced over time and had not resolved the pressures and queried what the Governors could do to help. He wondered if the challenges were the same at other trusts. The Head of ASPH Improvement Partnership advised initiatives were largely the same but framed in a way that was meaningful to staff to encourage participation. The corridor care issue was everyone's problem as each area had to work efficiently for corridor care to be removed. For example, that wards ensured patients were discharged in a timely way. It was important that Governors continued to challenge the Trust through the various forums they participated in. It was added

that the problem was not in any way unique to the Trust. NHS England's Impact Framework highlighted an improvement resulting from the improvement movement work. The Be the Change initiative had been hugely popular and several trusts had visited the Trust to learn more.

In response to Lilly Evans it was confirmed that the Trust was working towards zero patients in the corridor and changing the culture where it was unacceptable to have patients in the corridor. Concerns on the discharge process and patient portal not being fully integrated were raised. It was advised that there was a focus on discharge as well as operational delivery. A transfer of care hub had been introduced in the area and this should help speed up the discharge process. It was added that the digital strategy was key to getting staff to embrace the technology.

Sue Doran queried whether removing the ED at Ashford Hospital had impacted the numbers attending St Peter's. She was aware that many turned up at the ED when they did not need to receive care there. It was added that Spelthorne Borough Council was working with the Trust on transferring patients home more quickly. The Interim Deputy Chief Nurse advised that elective activity had been moved to Ashford which allowed for a clearer ED pathway at St Peter's. It was important to get services in primary care right, including social and mental health care, so that people were getting to the right area for their care. It was added that Ashford had a Walk-In centre which handled minor injuries and illness.

Karen Howkins considered it was no longer acceptable to have patients in the corridor but queried what the alternative was if more patients arrived than beds were available. It was advised that it was a culmination of timely reviews, redirecting patients, SDEC (same day emergency care) and flow through the hospital that worked together to remove corridor care. Occasionally conversations with ambulance crews were needed in order for patients to be redirected.

Michael considered that the Interim Deputy Chief Nurse had covered much of the queries raised by the Governors at the agenda setting meeting they had had the previous week. He added that GP surgeries now only covered around 50 hours per week. Out of hours patients were advised to contact 111 where the patient was either reassured, advised to call the emergency GP or attend A&E. It was confirmed that the GP was notified of all A&E attendances but it was up to the GP to review repeat attendances. The Trust, working with community teams, collated names on a high intensity user group. There were about 30 names on the list. The reasons for reattendance were reviewed and where appropriate alternate plans put in place for patient care.

The Group thanked the Head of ASPH Improvement Partnership and Interim Deputy Chief Nurse for attending and responding to queries.

PEG-50/24 Minutes of the Previous Meeting

The minutes of the meeting held on 9th September 2024 were agreed as a correct record.

PEG-51/24 Matters Arising

The updated action log was noted.

REGULAR ITEMS

PEG-52/24 Feedback from Patient Panel meeting

Andy Brown advised that there was nothing of relevance to report back.

PEG-53/24 Learning from Patient Experience

Again there was nothing to feedback here.

Quality Report – Patient Experience

The report was deemed as read and there were no queries raised.

FEEDBACK

PEG-54/24 Feedback from Group members on recent visits and meetings

A patient arriving for an appointment at the Rowley Bristow Unit was cancelled as they had arrived late. It was agreed to query how many patients were cancelled due to being late. **AS**

Appointment letters were referred to and it was queried why a better method of communication was not used instead when post was so erratic. The Group was reminded that any feedback relating to appointment letters was to be forwarded to the Chief Operating Officer.

PEG-55/24 Feedback from members/public to Governors relating to Patient Experience

A case where a patient had been waiting 15 months to be seen was highlighted and how this case had been referred to the Chief Operating Officer which resulted in the patient being seen the previous week. Another case where complications had arisen from an operation in the UK but highlighted when the patient had moved to Spain. It was queried whether the Trust would meet accommodation costs when attending in the UK to have their procedure corrected. It was advised that the patient should be referred to the Patient Advice and Liaison Service office. **KH**

PEG-56/24 Patient Portal

Andy Brown advised that the patient portal was almost one year in but was not in a position to go paperless or allow patients to book or cancel appointments. Chris Howorth advised that he had been impressed with what he had seen so far and understood that such initiatives often took a long time to become embedded. Michael Smith advised that one of the key topics at the agenda setting meeting had been Digital which he would discuss further with the Chair later that week.

Governors were reminded of the importance of assuring themselves that the non-executive directors were aware of the issues. Chris advised that he took advantage of 1:1s with the non-executive directors and encouraged others to forge relationships in the same way.

ANNUAL BUSINESS

PEG-57/24 PEG Annual Report and TORs

The Group APPROVED the annual report and TORs.

PEG-58/24 Chair of PEG

Chris Howorth advised that his tenure as Appointed Governor would be ending this year and advised that he was aware that one Group member had put themselves forward to take over as Chair of PEG and invited interest from other Group members. The Group unanimously agreed the appointment of Shirley Holmes as Chair of PEG.

On behalf of the Group, Michael thanked Chris for his excellent leadership of PEG. Lilly added that the Group had benefitted greatly from the work Chris had undertaken during his leadership of PEG.

PEG-59/24 Any Other Business

Ann Ooms understood that it was also Lilly Evans' last meeting and wanted to thank Lilly for her time with the Council of Governors and expressed how she had found her to be extremely insightful.

PEG-60/24 Date of Next Meeting

tbc

Ashford and St. Peter's Hospitals NHS Foundation Trust

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
4.11.24	**PEG-54/24**	**Feedback from Group members on recent visits and meetings**	Acquire data pertaining to how many patients were cancelled due to being late.	AS	ASAP		
4.11.24	**PEG-55/24**	**Feedback from members/public to Governors relating to Patient Experience**	Encourage patient to refer their concerns to PALS.	KH	ASAP		