Ashford and St. Peter's Hospitals NHS Foundation Trust

COUNCIL OF GOVERNORS			
Date of meeting	13 March 2025	**Agenda Item**	5.2
Author(s)	Anu Sehdev, Membership and Engagement Manager	**Confidential**	NO
Exec Sponsor	n/a	**Date submitted**	
Title of paper	Patient Experience Group Report		
Presented by	Shirley Holmes, Public Governor for Woking and Guildford		
Committee(s) where paper has been discussed previously and outcome of discussion:			

Strategic Objective(s)

Quality of Care	**x**	**People**		**Modern Healthcare**		**Digital**		**Collaborate**	

Executive Summary

The minutes of the meeting of the Patient Experience Group held on 26 February 2025 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 Chief Nursing Officer attended to talk about his first impressions and plans for the future.

Recommendation	For: Decision ☐ Discussion ☐ Information ☒
Key issues: State impact/implications and mitigation	
Quality, safety & patient impact	
Employee	
Other stakeholder(s)	
Equality, diversity & inclusion	

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Finance	
Legal	
Risk(s) Identified (include link to Corporate Risk Register / Strategic (Board Assurance Framework) Risks:	

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Council of Governors

Minutes of the Patient Experience Group
26th February 2025

via Microsoft Teams
14:00 – 15:30 hours

PRESENT:	Andy Brown	Staff Governor, Volunteers
	Sue Doran	Appointed Governor, Spelthorne Borough Council
	Karen Howkins	Public Governor, Spelthorne
Chair:	Shirley Holmes	Public Governor, Woking and Guildford
	Chad Lake	Public Governor, Spelthorne
	Michael Smith	Public Governor, Woking and Guildford
	Denis Wright	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:	Charlotte Broughton	Head of Patient Experience and Involvement
	Jay Dungeni	Chief Nursing Officer
	Jacqui Rees	Associate Director of Quality
	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Heather Hall	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
	Ann Ooms	Public Governor, Elmbridge
	Anthony Tweh	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England

Minute **Action**

PEG-01/25 Apologies and Welcome

As recorded above. Shirley Holmes welcomed Jay Dungeni, Chief Nursing Officer, to his first meeting.

PEG-02/25 The Chief Nursing Officer's First Impressions and Plans for the Future

Jay Dungeni advised that he was of Zimbabwean heritage and had lived all of his adult life in the UK, during which he had undertaken different roles in the NHS at frontline clinical level and leading services. This was his first Chief Nursing Officer (CNO) role although he had worked as an executive director prior to starting at ASPH. His vision was to build an organisation, together with the staff and patients, which responded to the needs of the community. He wanted to be held accountable for delivering on this and would be actively seeking feedback to realise his goal.

The CNO advised that his vision could not be achieved without people and capable leaders and empathised with Lord Darzi's investigation into the state of the NHS which had outlined the need to move care from hospital settings to community settings. Ensuring the voice of the nurses, midwives and allied health professionals (AHPs) was heard and advocating for people would greatly assist

with making improvements in patient care. The foundations needed to be laid down now and it would be difficult work but achieved by being ambitious whilst being realistic about what was achievable.

The issue of patients arriving at Main Reception asking how to get to SDEC was raised and how convoluted it was getting there due to the corridor being closed. The CNO considered that the volunteers would be a key contributor in developing future wayfinding work.

It was considered that nursing care was being compromised due to the time wasted in using a cumbersome computer system. The CNO described that there was a real opportunity to make revisions with the healthcare staff to get the best out of the electronic patient record.

It was queried how patients' dignity could be protected while they were being looked after in the corridor. The CNO acknowledged that there are patients being cared for in areas not designated for the type of care they are receiving in other parts of the organisation and not just in the corridors of ED. He advised that he was working with the Chief Medical Officer on improving the flow of patients through the organisation and initiatives revolved around doing the right things at the right time so that there are no delays to progressing care and discharge. Patients should not be automatically placed in the corridor when they arrived but this should instead be driven by risk assessments. Additionally the most appropriate staff with the right skills and knowledge should be deployed in these areas to provide care for the patients. The Trust was about to come out of the winter period and this programme of work would help the Trust to get a head start to right-size the organisation before the next point of increased pressure and demand. Working with partners to improve care in the community would also be key to achieving this.

Observations of computer systems at Guys and St Thomas' and Ashford and St Peter's were highlighted. The CNO advised that Guys and St Thomas' was indeed better resourced and that the approach at Ashford and St Peter's would benefit from identifying the training needs of staff.

In response to reducing the agency spend the CNO advised that improved recruitment approaches would reduce the reliance on agency staff. However, the Trust would ensure that specific training to access the computer system was made available to agency staff. The CNO also agreed that only those that had the necessary skill level should be inputting clinical details on systems.

The Group thanked the CNO for his update and welcomed him to future meetings.

PEG-03/25 Minutes of the Previous Meeting

The minutes of the meeting held on 4th November 2024 were agreed as a correct record.

PEG-04/25 Matters Arising

The updated action log was noted.

The Head of Patient Experience and Involvement agreed to share the latest Patient Advice and Liaison Service leaflet with the Group. **CB**

REGULAR ITEMS

PEG-05/25 Feedback from Patient Panel meeting

Andy Brown advised that nothing of significance had been raised. He confirmed the Patient Panel was short of members and new and more diverse members would be welcomed. The Associate Director of Quality offered her team's assistance with any communications needed in this regard.

PEG-06/25 Learning from Patient Experience

Since Andy Brown had been unable to attend the last meeting, the Head of Patient Experience and Involvement advised that the usual business had been covered. Three divisions updated on their survey results and there was an update on PLACE assessments.

It was added that the CNO had observed the meeting.

PEG-07/25 Integrated Performance Report - Quality Pages on Patient Experience

The Head of Patient Experience and Involvement considered that the Friends and Family Test (FFT) was an important indicator and the Trust's aspiration was to achieve 15% and was pleased that in January the Trust had achieved 17.2%. This was a result of a lot of effort on behalf of the volunteers.

It was advised that the complaints response rate had fallen to 74%. The CNO had expressed the importance of quality and compassion in letters. The Patient Advice and Liaison Service continued to do well and had achieved a 97% resolution rate and feedback from patients had been incredibly positive. The Head of Patient Experience and Involvement advised that this would be her last meeting and that Claire Atkinson would be attending future meetings. Shirley Holmes thanked the Head of Patient Experience and Involvement for all her contributions as well as during times when she had been seconded to other areas of the organisation.

Shirley Holmes had recently attended the hospital and had found it difficult to provide her feedback while in SDEC which was a real pity as her experience had been positive. The Head of Patient Experience and Involvement advised there should have been a tablet in the department and also QR codes displayed. The Emergency Department had recently purchased a kiosk. She encouraged Shirley to send in her feedback by email. **SH**

The Associate Director of Quality thanked the Head of Patient Experience and Involvement for all she had undertaken during her time at the Trust and expressed how she had found her to be an invaluable member of the team. The Associate Director of Quality advised that she was happy to circulate the quality priorities for comment and asked that the Group have a think about what they would like to see the Trust concentrating on next. **JR All**

The Associate Director took on board the suggestion for distinguishing feedback between medical and nursing care. The Head of Patient Experience and Involvement advised that there was a section for free comments where members of staff could be named although specific questions were not asked.
FEEDBACK

PEG-08/25 Feedback from Group members on recent visits and meetings

It was noted how successful implementation of changes to letters and text messages had been. The appointment system, however, caused confusion with cancelling and rebooking of appointments and it was considered that combining the two together in one letter would provide a clearer picture.

Car parking continued to be troublesome for both patients and staff.

It was highlighted that signing-in screens were being used again in some areas when they were not up to date and did not always advise where the patient should go. The Head of Patient Experience and Involvement advised that she would direct this to Harriet Barker, Divisional Chief Clinical Professional Lead. **CB**

It was noted that not all departments worked in the same way as some used text messages and some letters. The portal was considered not be providing the level of information that had been hoped it would. The Associate Director of Quality advised that she would forward this issue to Kevin Percival, Chief Clinical Nursing Information Officer. **JR**

PEG-09/25 Feedback from members/public to Governors relating to Patient Experience

One Group member advised how they had spent some time in SDEC and A&E and whilst waiting for results they had asked other patients about their experiences which had been exceptionally positive. There were several family members accompanying elderly patients who had praised the staff.

Another Group member advised that he had volunteered at Woking in the vaccination centre and the service provided there was excellent. Parking was a problem for people trying to access the service.

Another experience in A&E was shared and although arriving at 09:15 hours there had already been a large queue of people trying to access A&E. However, the queue moved quickly and the patient was seen within an hour and looked after extremely well. Staff were very kind and provided coffee, tea and sandwiches. It was understood that the day they attended had been reported at Board the next day as being one of the busiest days for A&E. It was also noted there were no issues with parking at Ashford Hospital although it was pointed out that many patients parked in the nearby Tesco car park.

Another Group member had been offered a scan on a Saturday and parking had been a breeze with the entire process taking less than 20 minutes. It was queried why Saturdays were not utilised more. It was suggested that an extra list had been put on for that particular Saturday.

PEG-10/25 Patient Portal

Andy Brown advised that the paperless option had been switched on. However, many had switched back to paper and it was considered this was due to a lack of confidence in the portal. It was not clear who owned the patient portal and the Associate Director of Quality considered a clinical interface was needed and would look into this.

Andy added that features to be included next were being looked at and it was possible a presentation to the Group may take place to gather feedback.

PEG-11/25 Any Other Business

Shirley Holmes welcomed ideas on what topics could be covered at future meetings. **All**

PEG-12/25 Date of Next Meeting

Wednesday 16th April 2025, 2-4pm, F2F in Room 3, Chertsey House

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
26.2.25	**PEG-04/25**	**Matters Arising**	Share the latest PALS leaflet.	CB	ASAP	Sent with minutes	✔
26.2.25	**PEG-07/25**	**Integrated Performance Report - Quality Pages on Patient Experience**	Shirley Homes to forward her feedback on her recent patient experience.	SH	ASAP		
26.2.25	**PEG-07/25**	**Integrated Performance Report - Quality Pages on Patient Experience**	Circulate quality priorities	JR	ASAP		
26.2.25	**PEG-07/25**	**Integrated Performance Report - Quality Pages on Patient Experience**	Feedback on what PEG members would like Quality to concentrate on.	All	ASAP		
26.2.25	**PEG-08/25**	**Feedback from Group members on recent visits and meetings**	Use of signing-in screens and information not being up to date to be raised with Harriet Barker.	CB	ASAP	The Clinical Systems Manager advises the kiosk in OPD Area 3 was not used for over a year so IT reconfigured the kiosk and Savience did some maintenance on the machine. It now appears to be working well.	✔
26.2.25	**PEG-08/25**	**Feedback from Group members on recent visits and meetings**	Ask Kevin Percival to look at the information provided on the patient portal to encourage confidence in its use.	JR	ASAP		
26.2.25	**PEG-11/25**	**Any Other Business**	Feedback on ideas for topics to be covered at future PEG meetings.	All	ASAP		