Ashford and St. Peter's Hospitals NHS Foundation Trust

Report title:	Patient Experience Group Report		
Report to:	**Public Council of Governors**		
Date of meeting:	Wednesday, 17 December 2025	**Agenda item:**	5.2
Report summary:	The minutes of the meeting of the Patient Experience Group held on 19 November 2025 are attached. Matters discussed in the meetings included: • Integrated Performance 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 Group members went on a guided tour of the Ophthalmology Suite at Ashford Hospital.		
Recommendation:	To note		
Report lead:	Shirley Holmes, Chair of PEG and Public Governor for Woking and Guildford		
Report author:	Anu Sehdev, Membership and Engagement Manager		

Purpose of report:	**For Noting** ☒	**For Decision** ☐	**For Assurance** ☐

Assurance level:	**Significant** ☐ High level of confidence / evidence in delivery	**Acceptable** ☒ General confidence / evidence in delivery	**Partial** ☐ Some confidence / evidence in delivery	**No Assurance** ☐ No confidence / evidence in delivery

Link to Strategic Objectives:	Quality of Care -
Link to CQC Domains:	Not applicable
Link to BAF risk:	Not applicable
Potential impact on stakeholders:	None
Next steps	N/A
Appendices:	None

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
19th November 2025
14:00 – 16:00 hours

Room 1, Education Centre, Ashford Hospital

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

Minute **Action**

PEG-49/25 Apologies

As noted above.

PEG-50/25 Minutes of the Previous Meeting

The minutes of the meeting held on 3rd September 2025 were agreed as a correct record.

PEG-51/25 Matters Arising

1. Queries for the Patient Transport Improvement Group – Andy Brown confirmed he had not received any feedback from Group members.

2. Raise issue with Zesty with PALS – Ann Ooms advised that the issue had now been resolved and that she had received the letters concerned.

REGULAR ITEMS

PEG-52/25 Feedback on Patient Panel

There had been two meetings. Panel members were still engaged with the patient flow project and were yet to hear back. The Chair advised that she had been invited to visit wards to gather feedback and that she would forward the email to the Membership and Engagement Manager so that she could send on to the Chair of the Patient Panel. **SH**

The electronic consent form had been shared with the panel for feedback. The form was not currently available on the patient portal.

PEG-53/25 Learning from Patient Experience

There had been no meetings in the interim period.

PEG-54/25 My Care Patient Portal

The meeting had to be postponed due to poor attendance.

Issues with the portal had been shared with the Group Director of Digital and Transformation and the challenges were noted. It was considered she should be invited to a future meeting. **AS**

It was added that Ashford and St Peter's and the Royal Surrey used the system differently and the requirement to harmonise working was an area of focus.

PEG-55/25 Integrated Performance Report – Patient Experience

The Associate Director of Quality indicated that the patient experience team had undergone a transformation period. The Chief Nurse was in the process of developing a comprehensive patient experience strategy, which would encompass the involvement of volunteers in engaging with patients and enhancing overall participation. The recent governance review had also contributed to the mapping of work.

There had been a notable increase in the feedback received from the Friends and Family Test (FFT), which currently stands at 15%. The next target is to reach 20%. Once this milestone is achieved, there will be sufficient feedback to proceed to analysing the data.

A Viewpoint visit was conducted to ensure that all systems were functioning properly and to explore additional measures to boost response rates, including the production of banners. Discussions were held regarding strategies to enhance feedback collection, such as having reception staff or clinicians remind patients to respond and adding a reminder at the end of clinic letters. There was a question about whether patients arriving at A&E were being engaged and it was noted that previous issues with the kiosk had been resolved. SMS texting was implemented and volunteers provided hand-held devices for feedback collection. The Associate Director of Quality expressed a desire to incorporate some text into the patient portal. It was deemed necessary to install kiosks along the lengthy corridors of St Peter's Hospital and with additional kiosks negotiated, this gap could be

addressed. The suggestion of using QR codes was also made. It was reported that Endoscopy would be obtaining a kiosk and areas with high foot traffic would feature kiosks in visually appealing settings to enhance their attractiveness.

The Associate Director of Quality noted that the PALS Team was performing effectively, and there were hopes for further improvements in patient flow to minimize complaints related to discharge. The Divisional Chief Nurse was spearheading efforts on patient flow and staff were encouraged to discuss discharge dates upon patient admission with the patient and their family.

Several wards were undergoing remodelling to reduce patient movement. It was agreed to disseminate the presentation from the previous meeting concerning discharge. **AS**

A backlog in complaints had arisen due to a pause that allowed for a review of processes. While the front end had seen significant improvements, addressing the backlog was proving to be time-consuming. The patient experience team provided task and finish sessions, with the hope that the backlog would be resolved by the start of the following year.

Questions were raised regarding the impact of the new Medical Director and Chief Nurse on complaints, and it was noted that complaints had become more comprehensive, with a robust structure established to ensure closure of issues. Daily meetings with divisions were conducted to review their status on complaints, which aided in maintaining staff focus. It was agreed that positive feedback should be shared to maintain equilibrium. In some instances, complaints were de-escalated and no longer necessitated a formal response.

It was confirmed that staff were directed to wellbeing support and the Chaplain provided considerable assistance. The Associate Director of Quality committed to addressing the concerns raised by a Group member. Additionally, there would be an exploration of the use of 'they' as a pronoun to better understand the approach. **JR** **JR**

FEEDBACK

PEG-56/25 Feedback from Group members on recent visits and meetings

None

PEG-57/25 Feedback from members/public to Governors relating to Patient Experience

Several positive patient experience feedback incidents were shared relating to Cardiology, A&E and Ophthalmology.

Other issues were about appointment locations being incorrect or not shared appropriately during phone calls. The Associate Director of Quality agreed to speak with the Appointments Centre. Another was around a clinic letter providing incorrect location information. The Associate Director of Quality emphasised that Reception staff should be encouraged to report such incidences on Datix. There were around 300 – 400 incidents reported on Datix per month but they were followed up by pulling out themes. A handler was allocated to each incident and they had to respond within 28 days. Overdue responses were tracked. Anyone **JR**

inputting on Datix was able to see its progress. The Associate Director of Quality advised that she would speak with Reception staff about Datix reporting. **JR**

PEG-58/25 Any Other Business

The announcement that the Trust had received £3.2 million from Runnymede Borough Council for the cardiac and neonatal units had been very positive. It was considered that it was a good opportunity to receive further funding from the borough council.

It was agreed to update the membership of the group in time for the next meeting. **AS**

PEG-59/25 Tour of Ophthalmology

Dorothy Adjorlolo, the Matron for Specialist Surgery, conducted a tour of the Ophthalmology Unit. The group members were first taken to the older section before proceeding to the newly renovated area.

Dorothy informed that the unit managed various eye conditions and emergencies, with processes optimised to ensure that tests were performed initially, followed by referrals if necessary. Approximately 150 to 200 patients were seen daily at Ashford, while around 65 patients were attended to each day at the smaller unit located at St Peter's.

Out-of-hours coverage during weekends was facilitated through an on-call rota.

The group observed consulting rooms, visual acuity testing rooms, photography rooms, and the various machines utilised to obtain an accurate assessment of eye conditions.

The unit conducted weekly huddles where the entire team convened to share insights and ideas.

Subsequently, the group was guided to the newer section of the unit, where they visited the waiting area, eye testing rooms, treatment and pre-assessment rooms, as well as the bays, theatre, and recovery areas.

Group members expressed their appreciation for Dorothy's commitment to the unit and thanked her for the informative tour and update on service provision.

PEG-60/25 Dates of Meetings for 2026

16 February
18 May
13 July
2 November

All 2-4pm

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	*Completed*
16.07.25	**PEG-26/25**	**Patient Safety Partners**	Invite the Patient Safety Partners to a future PEG meeting.	AS	2026	To be arranged	
19.11.25	**PEG-52/25**	**Feedback on Patient Panel**	Forward email to Membership and Engagement Manager on ward visits.	SH	ASAP	Complete	✔
19.11.25	**PEG-54/25**	**My Care Patient Portal**	Invite the Group Director of Digital and Transformation to a future meeting.	AS	2026	To be arranged	
19.11.25	**PEG-55/25**	**Integrated Performance Report – Patient Experience**	Share discharge presentation with the Group.	AS	ASAP	Sent 25 November 2025 with draft PEG minutes.	✔
19.11.25	**PEG-55/25**	**Integrated Performance Report – Patient Experience**	Address concerns raised by HH.	JR	ASAP		
19.11.25	**PEG-55/25**	**Integrated Performance Report – Patient Experience**	Look into the policy on the use of pronouns with patients.	JR	16.02.26		
19.11.25	**PEG-58/25**	**Any Other Business**	Update membership of PEG.	AS	16.02.26		