Ashford and St. Peter's Hospitals NHS Foundation Trust

Report title:	Patient Experience Group Report		
Report to:	**Public Council of Governors**		
Date of meeting:	**Tuesday, 03 March 2026**	**Agenda item:**	7.2
Report summary:	The minutes of the meeting of the Patient Experience Group held on 16 February 2026 are attached. Matters discussed in the meetings included: • Draft Quality Account Priorities • 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 • PEG Annual Report and Terms of Reference • Chair of PEG		
Recommendation:	To note		
Report lead:	Michael Smith, Lead Governor		
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

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Council of Governors

Minutes of the Patient Experience Group (PEG)
16 February 2026
14:00 – 16:00 hours

Via MS Teams

PRESENT:	Andy Brown	Staff Governor, Volunteers
	Sue Bryer	Public Governor, Spelthorne
Chair:	Shirley Holmes	Public Governor, Woking and Guildford
	Chad Lake	Public Governor, Spelthorne
	Ellen Nicholson	Appointed Governor, Woking Borough Council
	Michael Smith	Public Governor, Woking and Guildford
	Nigel Stapleton	Public Governor, Elmbridge
	Denis Wright	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:		
	Claire Atkinson	Deputy Head of Patient Experience and Involvement (DHPEI)
	Jay Dungeni	Chief Nursing Officer (CNO)
	Jacqui Rees	Associate Director of Quality (ADQ)
NOTES:	Anu Sehdev	Membership and Engagement Manager
APOLOGIES:	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England
	Ann Ooms	Public Governor, Elmbridge

Minute **Action**

PEG-01/26 Apologies and Introductions

As noted above.

For the benefit of new members, attendees introduced themselves and outlined their respective roles and responsibilities.

PEG-02/26 Minutes of the Previous Meeting

The minutes of the meeting held on 19 November 2025 were agreed as a correct record.

PEG-03/26 Matters Arising

1. Inviting the Group Director for Digital and Transformation – it was advised that it was intended to arrange a seminar for Governors covering Digital in April with a date being advised once finalised.

2. Address concerns raised by Heather Hall – it was agreed to put Heather in touch with the Associate Director of Quality should there be any outstanding concerns. **AS**

3. Look into the policy of using pronouns with patients – it was advised that although there was a Patient Identification policy, there was no mention currently within it about the use of pronouns, although this could be considered as part of the next scheduled policy review.

PEG-04/26 Draft Quality Account Priorities

The Chief Nursing Officer (CNO) explained that instead of a standalone patient experience strategy, the Trust is aligning patient and public experience objectives with the wider Trust and clinical strategies. This approach ensures that patient experience is not developed in isolation but is embedded within the overall strategic plan with the Director of Strategy overseeing the integration to maintain consistency and avoid conflicting priorities.

The Chair of PEG sought clarification on whether the draft priorities were for approval or noting and it was confirmed they were for noting with the main purpose being to keep Governors informed with an opportunity to provide feedback. PEG members agreed to provide any further feedback over the following days before the document was shared with the Council of Governors. **All**

The CNO described a shift in methodology from retrospective event counting to proactive monitoring of behaviours and indicators, aiming to enable earlier interventions and more effective outcome achievement. The new approach includes both outcome-based and process-based metrics, with regular review at divisional and board levels to ensure accountability and continuous improvement.

Discharge letters were discussed and it was queried whether there is a mechanism to highlight any discrepancies identified by the patient or GP within the letter. It was agreed that this would be reviewed to determine whether discharge letters currently include a section for reporting inaccuracies and to explore introducing such a process if one is not already in place. **CA**

The CNO then presented those quality priorities that were considered significant as outlined in the report.

The 15.2% response rate to patient feedback was considered low. The ADQ advised that, although there have been improvements, sustaining the 20% target has been challenging. The team is therefore focusing on increasing engagement at ward level and encouraging staff to actively promote feedback opportunities. It was also clarified that the data reflects feedback from all channels, including both inpatient and outpatient services and all types of appointments.

It was noted that some of the survey questions were perceived as 'soft', and it was suggested that more direct questions relating to clinical care and the environment could be included. Certain questions were also considered unnecessary. It was explained that the survey content is aligned to the Trust Strategy and informed by Patient Panel input; however, the system allows for ongoing review and refinement

of questions. The surveys have also been made more user-friendly, enabling patients to skip questions they prefer not to answer.

An article in HSJ was referenced regarding the development of dedicated waiting areas for patients in the Emergency Department (ED). The CNO advised that there are designated areas within ED, such as Same Day Emergency Care (SDEC), to support patient flow. The electronic patient record (EPR) system is used to timestamp and audit patient journeys, enabling accurate measurement of waiting times within ED and across care transitions. Informatics data is also being utilised to support decision-making and performance monitoring.

It was queried whether specialist mental health support within ED was sufficient. The CNO confirmed that a £2.8m business case to establish substantive mental health provision had been approved, which will significantly strengthen cover. In response to a query regarding clinical measures not being explicitly referenced within the priorities, it was clarified that these are included within a separate improvement plan and form part of the reporting to Trust Board.

The Associate Director of Quality (ADQ) outlined the next steps for stakeholder engagement. This includes sharing the draft with divisional colleagues, Healthwatch and ICB partners, followed by review and sign-off by the Quality of Care Committee, ahead of publication within the Quality Account by 30 June 2026.

The use of terminology such as "defensive culture" within the draft was highlighted, with a suggestion that alternative language be considered to avoid negative connotations. The CNO acknowledged this feedback and agreed to reflect on more constructive phrasing, emphasising that the intention is to promote a learning culture rather than attribute blame.

The Group NOTED the report.

REGULAR ITEMS

PEG-05/26 Feedback on Patient Panel

It was reported that the Patient Panel, comprising about 10 members, met monthly to discuss patient matters, including patient flow and feedback mechanisms. Upcoming meetings would be focusing on the Viewpoint project.

PEG-06/26 Learning from Patient Experience

It was advised these monthly meetings were chaired by the Associate Director of Quality or Deputy Head of Patient Experience and Involvement and divisional representatives attended to share learning from patient feedback, with input from the Patient Panel and consideration of survey results such as PLACE.

PEG-07/26 My Care Patient Portal

It was noted that the patient portal is at a crossroads after two years, with limited progress and confusion among patients about communication channels. The project has been digitally driven and there is a need for greater operational involvement and alignment between Ashford and St. Peter's and Royal Surrey.

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PEG-08/26 Integrated Performance Report – Patient Experience

The Deputy Head of Patient Experience and Involvement (DHPEI) presented highlights from the report.

It was advised that volunteers were supporting areas in the highest footfall areas to gather patient feedback as well as QR codes being used. In January there had been a relaunch of Viewpoint with a two hour session for staff to enable them to look at their own data and linking in with PALS and complaints to understand the trends and themes.

There was a drive to tackle the backlog in complaints with daily huddles and weekly divisional meetings taking place every week. The DHPEI was pleased to report there were very few cases with the Ombudsman and that regular meetings with the caseworker took place.

The Group NOTED the report.

FEEDBACK

PEG-09/26 Feedback from Group members on recent visits and meetings

None

PEG-10/26 Feedback from members/public to Governors relating to Patient Experience

Extended waits for diagnostic results, in some cases up to nine months, were highlighted. The CNO advised that this concern would be escalated to the Chief Operating Officer and the Associate Director for Therapies, who oversee patient waiting times across pathways and are committed to providing a comprehensive update on performance and Board oversight. **JD**

It was queried whether Governors are involved in PLACE inspections, and it was confirmed that they participate alongside members of the Patient Panel.

Concerns were raised regarding the impact of budgetary constraints and administrative staffing shortages on elective care waiting times, with reference to a reported 10% vacancy rate. The CNO acknowledged these challenges and confirmed that they are being addressed through a productivity and transformation programme, focused on optimising resource allocation and improving processes to support timely patient progression.

A further query was raised about aligning increased diagnostic capacity with treatment capacity, and whether radiographers are able to fast-track urgent cases. The CNO explained that while overall capacity is well understood, improvements are being made to demand stratification through enhanced data utilisation and stronger referral discipline. Dedicated productivity workstreams are also in place to address these pressures.

Several Governors shared positive reflections on their recent experiences as patients at the Trust.

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ANNUAL BUSINESS

PEG-11/26 PEG Annual Report and Terms of Reference

The Group APPROVED the Annual Report and Terms of Reference.

PEG-12/26 Chair of PEG

The Membership and Engagement Manager facilitated the annual election of the PEG Chair, with Shirley Holmes re-elected to continue in the role following Group consensus.

PEG-13/26 Any Other Business

The Group discussed the value of walkabouts for Governors to observe Non-Executive Directors and assess board effectiveness. It was confirmed that walkabouts are being revisited and that future PEG meetings will include face-to-face site visits, with arrangements to be communicated in advance.

Recent media coverage regarding delays in Royal Mail deliveries was highlighted, particularly in relation to the potential impact on appointment letters. It was agreed that Group members would monitor the situation locally and raise any feedback received from constituents where postal delays appear to be affecting services.

PEG-14/26 Further Dates of Meetings for 2026

18 May
13 July
2 November

All 2-4pm

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
16.2.26	**PEG-03/26**	**Matters Arising**	Email Heather Hall to provide the ADQ's details.	AS	ASAP	Complete	✔
16.2.26	**PEG-04/26**	**Draft Quality Account Priorities**	Forward feedback to the Membership and Engagement Manager.	All	19.2.26	Complete	✔
16.2.26	**PEG-04/26**	**Draft Quality Account Priorities**	Review discharge letters to ascertain whether there is a section for reporting inaccuracies and to explore introducing such a process if one is not already in place.	CA	18.5.26		
16.2.26	**PEG-10/26**	**Feedback from members/public to Governors relating to Patient Experience**	Escalate concern around long waits for diagnostic results, in some cases up to nine months with the Chief Operating Officer and the Associate Director for Therapies.	JD	18.5.26		