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, 02 June 2026**	**Agenda item:**	5.2
Report summary:	The minutes of the meeting of the Patient Experience Group held on 18 May 2026 are attached. Matters discussed in the meetings included: • Draft Annual Quality Account • 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 • Tour of the Catering Department		
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

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Council of Governors

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

F2F - Blue Room, Postgraduate Education Centre

PRESENT:	Andy Brown	Staff Governor, Volunteers
	Sue Bryer	Public Governor, Spelthorne
	Chad Lake	Public Governor, Spelthorne
	Ann Ooms	Public Governor, Elmbridge
Chair:	Michael Smith	Public Governor, Woking and Guildford
	Denis Wright	Public Governor, Runnymede, Surrey Heath, Windsor and Maidenhead
IN ATTENDANCE:		
	Claire Atkinson	Deputy Head of Patient Experience and Involvement (DHPEI)
	Ellen Bull	Deputy Chief Nurse (DCN)
Item PEG-25/26 only	Eimear Jordan	Facilities Support Services Manager for Housekeeping and Catering
SECRETARIAT:	Anu Sehdev	Membership and Engagement Manager (MEM)
APOLOGIES:	Edwin Addis	Public Governor, Hounslow, Kingston-upon-Thames, Richmond-upon-Thames and Rest of England
	Shirley Holmes	Public Governor, Woking and Guildford
	Ellen Nicholson	Appointed Governor, Woking Borough Council
	Nigel Stapleton	Public Governor, Elmbridge

Minute		**Action**
PEG-15/26	**Apologies**	
	As noted above.	
PEG-16/26	**Minutes of the Previous Meeting**	
	The minutes of the meeting held on 16 February 2026 were agreed as a correct record.	
PEG-17/26	**Matters Arising**	
	1. *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.* The DHPEI advised she did not have an update as of yet but would aim to provide a response at the next meeting.	**DHPEI**
	2. *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.* In the Chief Nurse's absence it was agreed to postpone till the next meeting.	

PEG-18/26 Annual Quality Account

The Deputy Chief Nurse (DCN) advised that the Quality Account was a statutory document required under the NHS Act 2009. The report provides an annual overview of the quality of healthcare services delivered by the Trust, as well as plans for future improvement and is intended for members of the public. In preparing the report, a range of stakeholders had been engaged, including the Governors, Healthwatch, Surrey County Council Adults and Health Select Committee, and commissioners. The final draft would be presented to the Trust Board in June for approval.

The final Quality Account would be published on the Trust's website, where readers would be able to tailor the document to their needs, including adjusting font size, translating the text, or accessing an audio version. Printed copies could also be provided on request, either by downloading directly from the website or through arrangements made by the team.

Members discussed the use of percentages within the report and felt that greater clarity would be helpful. The DCN confirmed that the data was generally presented on a year-on-year basis and noted that the Trust's priorities were outlined at the beginning of the document.

It was noted that staff wellbeing, vacancies and retention were not referenced within the report. The DCN explained that the statutory nature of the document meant that its content requirements were highly prescriptive and assured the Group that workforce related matters were considered in detail through the People Committee.

The inclusion of benchmarking data was welcomed and the Group requested regular updates on the Trust's comparative performance. It was recognised that benchmarking favourably against peers did not necessarily indicate strong overall performance. By way of example, the DCN referred to Emergency Department performance nationally, where even the highest-performing trusts continued to experience around ten patients waiting more than four hours to be seen. Nevertheless, benchmarking remained important in understanding the Trust's relative position, identifying whether it was an outlier and highlighting further opportunities for improvement.

The Group welcomed comparisons with the Trust's previous year performance, as well as benchmarking against organisations with similar demographics, size, and activity levels. It was also suggested that the report could be further streamlined. The DCN agreed to take this feedback away for consideration.

The Lead Governor/Chair of PEG would be invited to provide feedback as part of the Quality Account.

REGULAR ITEMS

PEG-19/26 Feedback on Patient Panel

It was reported that the Patient Panel met monthly and the last meeting discussed Viewpoint, the patient feedback facility.

PEG-20/26 Learning from Patient Experience

It was felt that opportunities for learning from patient experience were sometimes limited, as not all divisions were represented at the meeting. The DCN advised that there were a number of alternative forums and mechanisms in place across the Trust to support the dissemination of learning. It was also noted that the Chief Nurse was reviewing the structure of the meeting with a view to improving its effectiveness and overall functioning.

PEG-21/26 My Care Patient Portal

It was noted that the group had not met for some time. Members considered that the patient portal should be operationally led rather than digitally led. Concerns were also raised that paper letters continued to be issued to patients who had indicated a preference for using the portal.

In addition, some duplication was identified between the portal and the NHS App. It was clarified that the NHS App already provided information relating to medications and appointments; however, integrating the portal with the NHS App had proved challenging to resolve.

PEG-22/26 Integrated Performance Report – Patient Experience

The Deputy Head of Patient Experience and Involvement (DHPEI) advised that the report covered activity for January and February 2026.

An increase in patient feedback had been received during the reporting period, although the target had not yet been achieved. To help improve response rates, a volunteer had been assigned to support feedback collection, digital assistance had been expanded and further engagement with divisions had taken place. Particular focus was being given to high-traffic areas and flow feedback. Volunteers from Brooklands College had also observed patient interactions and assisted in repositioning Viewpoint kiosks. In addition, daily huddles had helped to improve staff engagement with the process.

The main themes arising from complaints and PALS cases related to communication, discharge processes, treatment, and appointment delays. A small number of cases had been reopened where concerns had not been fully addressed, with follow-up meetings arranged accordingly. Several cases had also been referred to the Parliamentary and Health Service Ombudsman (PHSO), with a remedy payment made in one instance. It was noted that PHSO updates were now recorded within Datix.

The report also highlighted a number of national surveys across areas including urgent and emergency care, maternity services and adult care.

Complaints management training continued to be delivered monthly, although attendance remained low. Training times had been varied to improve accessibility for staff and sessions could be tailored to meet specific team requirements. Performance in responding to complaints within the 25-day target had improved to 75%.

Members noted the dip in response rates during December 2025. It was explained that this reflected a review of processes to improve the quality of responses. Response letters were not issued unless all issues raised had been fully addressed and care was taken to ensure that the most appropriate individuals responded to concerns. It was confirmed that complainants were kept informed of any delays.

The DHPEI advised that complaint volumes typically increased during the winter period. In addition, complaint responses were becoming more complex and in some cases required multi-agency input. In response to a question regarding the use of technology to prompt staff about deadlines, it was confirmed that Datix did not currently provide this functionality; however, daily huddles were used to escalate outstanding actions and requests.

It was acknowledged that not all negative feedback necessarily constituted a formal complaint. The DCN agreed that many concerns could be resolved informally at ward level by a senior colleague, helping to de-escalate situations at an early stage. However, where concerns were submitted in writing, they were managed through the formal complaints process. An early resolution approach was also available, enabling patients to discuss concerns directly on the ward so that issues could be addressed promptly. These cases would still be logged as complaints to ensure that learning was captured. Staff were encouraged to manage PALS cases personally where possible, with resolution aimed for within five days.

The Group NOTED the report.

FEEDBACK

PEG-23/26 Feedback from Group members on recent visits and meetings

None

PEG-24/26 Feedback from members/public to Governors relating to Patient Experience

Feedback had been received regarding patients needing to queue outside the Emergency Department (ED). However, once triaged, the patient experience had been described as exemplary. The DCN advised that the ED frequently operated under significant pressure and that protocols were in place with ambulance services during periods of high demand. The triage process was intended to ensure that only patients requiring emergency care attended the ED, while those with less urgent needs were signposted to more appropriate services.

It was noted that the distance between reception and the outside entrance was limited, meaning queues could form quickly. The DCN acknowledged that asking patients to wait outside the ED was far from ideal. To help address this, triage capacity was increased during periods of high demand in order to reduce queuing times.

Further positive feedback had also been received from a patient involved in a car accident, who described every stage of their care as exemplary.

PEG-25/26 Tour of Catering

Eimear Jordan, Facilities Support Services Manager for Housekeeping and Catering, welcomed Group members and provided an overview of the Trust's catering services.

Eimear explained that catering services moved in-house in March 2020, followed by retail services in October 2020. The main aim of this change was to improve staff wellbeing and provide restaurant-style food for staff and visitors.

The Edu Kitchen restaurant, located in the Postgraduate Education Centre, had been extended shortly before the Covid-19 pandemic. The development included a conservatory area, funded through the Captain Tom Moore Fund, as well as an enlarged kitchen. Around 700 lunches were served to staff each day, alongside a full English breakfast and hot drinks service. The salad bar was freshly stocked each day. Additional catering options included a grab-and-go service in the Retreat Café in the Main Entrance foyer and toasties and refreshments in the Abbey Wing. Smoothies and ice creams were also available from the Edu Kitchen coffee bar.

Group members toured the Edu Kitchen facilities, which included ovens, a large fryer, induction hobs and blast coolers. Despite the high volume of food produced, including freshly baked cakes, the kitchen space was relatively small. Storage capacity was limited and counters had to serve multiple purposes, meaning deliveries were required six days a week. The kitchen could store only around two days' worth of fresh fruit and vegetables and menus occasionally had to be adapted according to available supplies. Staff were trained across all areas of the service and the team employed five chefs.

Eimear advised that proposals were being considered to create a more welcoming offer in the Main Entrance area through an extension of the current space. Improvements to the Abbey Wing catering area were also planned.

At Ashford Hospital, catering provision was more limited due to the close proximity of Tesco and McDonald's.

In 2021, patient catering underwent a significant overhaul. Eimear explained that previously only two companies supplied hospital catering, resulting in inexpensive but poor-quality food. The service now worked with five smaller suppliers, offering 22 bespoke main courses and a wider variety of meals tailored to different nutritional needs. Particular attention had been given to younger male patients aged 18–25 who required higher nutritional intake, including the introduction of high-protein cakes. In contrast, many elderly patients required smaller portions.

Menus had also become more varied and better able to meet cultural and dietary requirements, including halal options. Eimear noted that patient feedback could easily be accommodated; for example, soups could be blended if needed.

The team was developing a QR code system that would allow patients to view photographs of meals and eventually link to the electronic patient record system to help manage allergies safely. Patients would also be able to repeat simple meal orders if preferred. Work was currently underway to introduce onion and garlic-

free menu options, with the longer-term aim of enabling digital meal ordering for patients.

From 1 June 2026, food waste would be formally monitored to help tailor menus and reduce unnecessary waste. Seasonal fruit and vegetables were used wherever possible, with a focus on local sourcing.

Eimear also highlighted that coffee was sourced from Kenya to support fair trade initiatives, with 39p from every coffee sold donated to the hospital charity.

Group members queried the provision available for staff working overnight shifts. Eimear advised that later opening hours had previously been trialled but demand had been low. The main requirement for overnight staff tended to arise around 2.00 am, which was difficult to accommodate through staffed catering services. Vending machines offering ready meals and sandwiches remained available, although these were not heavily used. The team was also exploring improved facilities for parents with babies in NICU, including access to vending machines and microwaves for heating food.

It was confirmed that the kitchen opened at 7.30 am, with catering staff beginning work from 6.30 am.

Eimear advised there was a kitchen area outside Ash and Oak wards, where heated food trolleys were stored. These trolleys incorporated timers to ensure food remained hot at the point of service with meals needing to have consistent cooking times and temperatures.

Eimear advised that the existing walk-in freezer located in the Emergency Department was due to be demolished and replaced with a new facility.

The Group thanked Eimear for the detailed tour and welcomed her enthusiasm and passion for the catering service.

PEG-26/26 Any Other Business

None

PEG-27/26 Further Dates of Meetings for 2026

13 July
2 November

All 2-4pm

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
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	To be taken forward to the next meeting.	
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	To be taken forward to the next meeting.	