Ashford and St. Peter's Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS
6th December 2017

TITLE	**Patient Experience Group Report**
EXECUTIVE SUMMARY	The minutes of the meetings of the Patient Experience Group held on 11th September and 20th November 2017 are attached. Matters discussed in the meeting on 11th September included: • Quality Report – Patient Experience • Feedback from Patient Panel Meeting • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors Relating to Patient Experience • Visit to the Pharmacy Department Matters discussed in the meeting on 20th November 2017 included: • Governors' Chosen Local Indicator for year ending March 2018 • Dementia Care • Ophthalmology Services • PLACE Inspections • Quality Report – Patient Experience • Feedback from Patient Panel Meeting • Feedback from Group Members on Recent Visits and Meetings • Feedback from Members to Governors Relating to Patient Experience • PEG Annual Report and TORs • Chairmanship of PEG As well as watching the new Facilities video
The Council is asked to:	Note the minutes of the meetings of the Patient Experience Group held on 11th September and 20th November 2017
Submitted by:	Keith Bradley, Chair of the Patient Experience Group and Public Governor for Woking and Guildford.
Date:	December 2017
Decision:	For Noting

Ashford and St. Peter's Hospitals NHS Foundation Trust

Council of Governors

Minutes of the Patient Experience Group
11th September 2017

Room 2, Chertsey House, St Peter's Hospital
14:00 – 16:00 hours

PRESENT:	Keith Bradley (Chair)	Public Governor, Woking and Guildford
	Brian Catt	Public Governor, Spelthorne
	Maurice Cohen	Public Governor, Woking and Guildford
	Godfrey Freemantle	Public Governor, Hounslow, Kingston upon Thames and Richmond upon Thames
	Judith Moore	Public Governor, Woking and Guildford
	Bertie Swan	Public Governor, Elmbridge
IN ATTENDANCE:		
	Caroline Crabtree	Head of Patient Experience and Involvement
	Anu Sehdev	Membership and Engagement Manager
	Russell Wernham	Associate Director of Quality/Deputy Chief Nurse
APOLOGIES:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council
	Sue Harris	Staff Governor, Nursing and Midwifery
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Danny Sparkes	Public Governor, Runnymede and Windsor & Maidenhead

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PEG-28/17 **Minutes of Previous Meeting**

The minutes of the meeting held on 3rd July 2017 were agreed as a correct record.

The updated Action Log was noted.

MATTERS ARISING

PEG-29/17 **Breakdown of readmissions within 30 days to distinguish which were avoidable**

The Associate Director of Quality/Chief Nurse advised that he would further update during the Quality Report.

PEG-30/17 **Look into the provisions of the Ophthalmology duty officer working between St Peter's and the Royal Surrey**

The Head of Patient Experience and Involvement advised that this was normal practice in many trusts and that Ashford and St Peter's and the Royal Surrey shared an on-call duty officer. This meant that some patients from the Royal Surrey came to St Peter's and vice versa. This was similar to the ENT service

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	provision. Discussion took place around delays in being treated, having a clinician at the end of the phone to discuss cases and transport issues. Keith Bradley advised that it had been agreed at the recent Council of Governors meeting that a report on the Ophthalmology service would be presented at the next Patient Experience Group after being presented at the Trust's Patient Experience Monitoring Group.	**AS**
PEG-31/17	**Discuss with the Deputy Chief Nurse two complaints to be closed that were raised by Brian Catt**	
	The Head of Patient Experience and Involvement advised that both cases had been discussed and were about to be concluded.	
PEG-32/17	**Actions for Governors' chosen local indicator for year ending March 2018**	
	Keith Bradley explained it was planned to discuss options at the next Quality Account Assurance Group Workshop on 25th October after which he would speak with Charlotte Goodrich at KPMG on what the Group required when she attended the Patient Experience Group meeting on 22nd November.	**KB**
	Discussion took place on which indicator could be proposed and effectively measured and whether the Associate Director of Quality/Deputy Chief Nurse and his team considered a particular indicator would be good to review as it was an area where improvement was required.	
	Godfrey Freemantle reminded the Group how the method of recording data had meant an opinion could not be issued by KPMG and queried how data was recorded had changed.	
	Discussion took place on readmissions and how the Trust was working to reduce them as part of the GIRFT (Get It Right First Time) model. Judith Moore considered an indicator relating to the discharge process a possibility. The Associate Director of Quality/Deputy Chief Nurse explained that there were many sub sections relating to discharge and looking at it overall would be difficult. However, it may be possible to target an area of discharge where there were issues and this may be with either TTOs (To Take Out Medications) or wait for transport, for example.	
	REGULAR ITEMS	
PEG-33/17	**Feedback from Patient Panel Meeting**	
	Bertie Swan advised that one meeting had taken place and a presentation by the Voluntary Services Manager had taken place. There was mention of volunteers being involved in additional work in dementia, pharmacy and ophthalmology and that they would be trained to undertake this work.	
	There was also discussion around the Blanche Heriot Unit closure and concerns about the two locations chosen with potential lack of confidentiality. Other	

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venues covering Leatherhead, Epson, Spelthorne and Runnymede had not been shared. HealthWatch would be undertaking due-diligence. It was considered that there had not been enough consultation with the public.

PEG-34/17 Quality Report – Patient Experience

The Head of Patient Experience and Involvement advised that feedback in the Friends and Family Test (FFT) was good but response rates were of concern. Initiatives to improve on response rates included new posters and on-line gathering of FFT responses.

The Head of Patient Experience and Involvement advised that the "I Want Great Care" model was gaining momentum and formed part of healthcare professionals' appraisals.

It was advised that there were no major themes resulting from complaints and that performance had improved in response letters being sent out by the stipulated deadline. Follow-up complaints were lower than the 10% threshold. It was agreed that the Head of Patient Experience and Involvement would circulate the deep dive in complaints that was conducted in advance of the next meeting. **CC**

The Associate Director of Quality/Deputy Chief Nurse advised that this was his last meeting and that he would be continuing as Deputy Chief Nurse only. Erica Heppleston and Marty Williams would be covering the Quality and Patient Safety remits respectively and would be invited to meetings over the next 12 months. **AS**

The Associate Director of Quality/Deputy Chief Nurse advised that mortality reviews remained below target and mentioned a paper due to be presented at the Trust Executive Committee (TEC) which proposed redirecting resources to work with TEC and divisional teams to share the learning from mortality reviews.

It was advised that MRSA cases remained at zero and there were four c-difficile cases reported in June. There had been one CPE (Carbapenemase Producing Enterobacteriaceae) case reported.

Falls were 2.07 per 1,000 bed days which was below target. It was added that there had been reduced provision in falls care due to sick leave and a falls assistant was to be recruited to work two days a week. The Trust continued to have falls champions on the wards and outcomes were better when compared to other trusts.

Pressure ulcers had reduced in July with only one Grade 3 case reported. The Associate Director of Quality/Deputy Chief Nurse advised that stroke patients being admitted to a stroke bed had improved with the latest figure being 71% but this was still below the 90% target. Two beds were ring-fenced and having direct access to Cedar Ward was being looked at. The Membership and Engagement Manager agreed to forward the recent email from the West Surrey Stroke Systems Committees in Common outlining the outcome from the meeting **AS**

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which took place on 7th September.

Brian Catt considered the importance of receiving the right drugs in a timely manner and it was confirmed that patients were but occasionally in the wrong environment. Discussion on reducing medication errors and how double signatures on high risk drugs had been introduced took place.

The Associate Director of Quality/Deputy Chief Nurse updated the Group on SIRIs (Serious Incidents Requiring Investigation) and advised that Marty Williams would be covering patient safety areas. It was added that VitalPAC would be used to record this data in future which will improve upon recorded results.

The Associate Director of Quality/Deputy Chief Nurse advised that responses had improved for Grade 3 complaints and the new Chief Nurse would no doubt be looking to improve the complaints process.

Godfrey Freemantle queried what was being done to reduce emergency readmissions and it was advised that staff were ensuring discharge planning was carried out. Other areas examined included whether there was care at home, whether care in the community was available and that the patient was medically fit to be discharged. Staff were working hard to reduce readmissions but 30 days was a long time.

Keith, on behalf of the Group, thanked the Associate Director of Quality's contribution to the Group and his additional remit at the Quality Account Assurance Group. The Associate Director of Quality/Deputy Chief Nurse advised that he would still be continuing as Deputy Chief Nurse at the Trust and if there were any concerns, these could be passed via the Membership and Engagement Manager.

The Group NOTED the update.

FEEDBACK

PEG-35/17 Feedback from Group Members on Recent Visits and Meetings

Godfrey Freemantle advised that he had attended the Parking Fine Appeals Committee and Car Parking Working Group. He advised that the Pathology car park had been reopened and the demolition of the rest of the ramp had been approved. Selling the west site would mean 500 car parking spaces would need to be re-provided and the favoured option was to build a deck above the existing Outpatient car park, if deemed affordable. Options were also considered to further improve staff parking. Finally, Godfrey advised that more people would be encouraged to work from home as part of office working improvements and creating more accessible staff car parking on site.

Judith Moore said she was most impressed with the new Chairman who had been very visible in his first week. He had met many people during his first

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week. He had also attended the members' event entitled "Let's Talk About It – your end of life wishes", during which a patient had come up to the stage and had spoken about their personal experience. The Chairman had also attended the Trust's Memory Tree Day which took place on Saturday 9th September where he had said a few words and five donor families had attended. Judith wished to record her gratitude for the Chairman's support.

PEG-36/17 Feedback from Members to Governors Relating to Patient Experience

The Membership and Engagement Manager advised that four members had emailed with concerns about the Parkinson's Disease service and Aileen McLeish, Chairman at the time, had responded with the division's support. A further update had been provided at the recent Council meeting.

PEG-37/17 Any Other Business

None

PEG-38/17 Visit to the Pharmacy Department

Olatokunbo Ogunbanjo (aka Toks), Chief Pharmacist and Controlled Drugs Accountable Officer, welcomed Group members to the Pharmacy Department. Toks led the Group into the assembly area where many boxes of drugs could be seen. This was where drugs for each patient were assembled and collected by porters to take to the wards or by transport to deliver externally. External clients included the Runnymede Hospital and a number of hospices. The Trust had a wholesale dealers' licence which meant that drugs could be sold externally. Around five deliveries per day were undertaken.

In response to a query about the drugs kept on the wards in locked trolleys or cupboards, Toks advised that although some drugs were kept on the wards, those that required a level of safety and/or were expensive were kept in the Pharmacy Department. Toks advised that crash trolleys had access to drugs in sealed cabinets. It was added that he was looking to work with other hospitals to create "hubs".

Toks then showed the Group one of the robots and advised these were very efficient in pulling the required drugs although were only able to deal with whole packets.

Toks led the Group to offices for the pharmacists and Procurement Team. It was advised that the Procurement Team worked hard to get the most cost effective deal for drugs.

Toks advised that his team consisted of 78 whole time equivalent staff and 24 of these were pharmacists (number includes pre-registration pharmacists). 14 of these were able to work on the wards and two provided education and training. There were 25 wards covered across the Trust. Toks advised that he would like more staff to ease work pressures but realised that money was tight. It was

queried whether problems were experienced with filling vacancies and Toks advised that it was more about the time it took and experience of candidate. Once a pharmacist was registered, they had to undergo three years' foundation training. Most pharmacists left the Trust after their training for posts in London which had attractive London weighting allowances. There were some that stayed due to family commitments. Toks felt the 1% cap in pay did not help Ashford and St Peter's retain staff.

Toks advised that he had been in post since January 2017.

In response to Brian Catt's query Toks advised that there were dedicated pharmacists on the wards to help doctors. Around 50% of junior doctor prescriptions had errors especially with controlled drugs and warfarin, for example.

In relation to To Take Out (TTOs) medications, more pharmacists were needed on the wards. Currently the practice was to discharge patients at around 10-11 am, ward rounds were undertaken, lunch taken and then TTOs were written up and sent to Pharmacy between the hours of 3-5pm when Pharmacy closed at 5pm. Maurice queried why 24 hours' notice of discharge was not possible when it was clear a patient was about to be discharged and TTOs could be arranged at the same time. Toks advised that blood tests and other checks were conducted on the day of discharge and TTOs could change according to results.

Toks advised that he was looking at process that separate the discharge summary from the drugs summary although when separated the CCG did not get the full picture. Separating out could work for day-cases, although it was anticipated that electronic prescribing would help reduce the time required to complete TTOs.

Toks advised the department conducted drug trials both commercial and for the National Resource for Infection Control (NRIC). Commercial work was an excellent way of securing extra funding.

Group members were then shown the large fridge where certain drugs were stored. Further staff included two education and training pharmacists, pre-registration pharmacists, apprentices and technicians.

Toks then showed the Group the chemotherapy area where drugs were processed and then sent to the Royal Surrey County Hospital (RSCH). All requests were received electronically as this was the safest way. Any requests sent to the RSCH required at least 24 hours' notice to process.

Toks estimated that around 350 to 500 prescription items were processed on a daily basis. Toks would like to employ more prescribing pharmacists and since the Ashford Infusion Suite was a RSCH outreach clinic it would be less cumbersome if RSCH contacted their clinicians direct to avoid delays.

Toks advised that prescriptions arrived via the hatch or shoot. Items were then

put on the computer and appeared on central screens. The prescriber was contacted and a label produced. The robot then brought the drugs down the shoot. A final check was conducted, drugs put in a bag to be collected by the porters.

Toks advised that dosette boxes were also produced but that these did require some time to complete. It was advised that there was an emergency cupboard which could be accessed by the site team out of hours. Toks added that even if drugs were NICE approved that were high cost drugs there was a requirement to fill out an on-line form which would advise whether or not the drug could be used.

Finally, nearby trusts often shared the procurement costs of very expensive drugs held in stock for emergency use and shared the cost of those that could no longer be used as they were nearing expiry.

Toks advised that he would like to change the layout in Pharmacy and renovate the department.

The Group thanked Toks for showing them around the Pharmacy Department. It was clear that the department was a hub of activity.

Date and Time of Next Meeting

Monday 20th November, 2-4 pm, Room 2, Chertsey House, St Peter's Hospital

Dates for 2018

Monday 12 February
Monday 9 April
Monday 2 July
Monday 10 September
Monday 19 November

All 2-4 pm in Room 1, Postgraduate Education Centre, St Peter's Hospital

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
13.2.17	**PEG-05/17**	**Quality Report External Audit Briefing 2016/17**	Invite KPMG to Quality Account Assurance Group early 2018	RW	ND	Attending next meeting on 20th November 2017.	
11.9.17	**PEG-30/17**	**Look into the provisions of the Ophthalmology duty officer working between St Peter's and the Royal Surrey**	Invite Sue Sexton to the next PEG meeting	AS	ASAP	Invited and agreed to attend	✔
11.9.17	**PEG-32/17**	**Actions for Governors' chosen local indicator for year ending March 2018**	Advise Charlotte Goodrich (KPMG) what is required at PEG	KB	26.10.17	Emailed 10th November 2017	✔
11.9.17	**PEG-34/17**	**Quality Report – Patient Experience**	Circulate deep dive information conducted on complaints	CC	10.11.17		
11.9.17	**PEG-34/17**	**Quality Report – Patient Experience**	Invite Marty Williams and Erica Heppleston to PEG meetings	AS	ASAP	Invited	✔
11.9.17	**PEG-34/17**	**Quality Report – Patient Experience**	Send recent email from the West Surrey Stroke Systems Committees in Common outlining the outcome from the meeting which took place on 7th September.	AS	ASAP	Sent 12 Sept 2017	✔

Ashford and St. Peter's Hospitals NHS
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Council of Governors

Minutes of the Patient Experience Group
20th November 2017

Room 2, Chertsey House, St Peter's Hospital
14:00 – 16:30 hours

PRESENT:	Keith Bradley (Chair)	Public Governor, Woking and Guildford
	Brian Catt	Public Governor, Spelthorne
	Maurice Cohen	Public Governor, Woking and Guildford
	Godfrey Freemantle	Public Governor, Hounslow, Kingston upon Thames and Richmond upon Thames
	Sue Harris	Staff Governor, Nursing and Midwifery
	Chris Howorth	Appointed Governor, Royal Holloway University of London
	Judith Moore	Public Governor, Woking and Guildford
	Danny Sparkes	Public Governor, Runnymede and Windsor & Maidenhead
	Bertie Swan	Public Governor, Elmbridge
IN ATTENDANCE:		
Item PEG 44/17 and PEG 45/17	Chris Bell	Director of Estates and Facilities
Item PEG 44/17	William Britton	Head of Facilities Support Services
	Caroline Crabtree	Head of Patient Experience and Involvement
Item PEG 41/17	Charlotte Goodrich	Senior Manager, KPMG
Item PEG 44/17 and PEG 45/17	Keith Hayward	Head of Estates Operational Services
Item PEG 41/17	Neil Hewitson	Director, KPMG
	Anu Sehdev	Membership and Engagement Manager
Item PEG 43/17	Sue Sexton	Divisional Chief Nurse Theatres, Anaesthetics, Surgery and Critical Care
Item PEG 42/17	Dave Sills	Dementia and Admiral Nurse Lead
	Russell Wernham	Deputy Chief Nurse
APOLOGIES:	Maureen Attewell	Appointed Governor, Spelthorne Borough Council

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PEG-39/17 Minutes of Previous Meeting

The minutes of the meeting held on 11th September 2017 were agreed as a correct record.

The updated Action Log was noted.

MATTERS ARISING

PEG-40/17 Circulate deep dive information conducted on complaints

The Head of Patient Experience and Involvement tabled her report and highlighted the data collected for PALS. Data over three quarters showed

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numbers and divisions to be relatively the same. Most concerns related to appointments – delays and cancellations; with Ophthalmology, Trauma & Orthopaedics and Colorectal services receiving the greatest number. The Head of Patient Experience and Involvement considered it important that data for PALS was examined as this provided an indication of what future complaints may be about.

The Head of Patient Experience and Involvement advised that a further Healthwatch visit was planned for Monday 11th December and this time Healthwatch would be visiting A&E. Generally Mondays between the hours of 3.00 and 5.00 pm were the busiest time in A&E and this would give Healthwatch a good idea of how staff had to cope with pressures. It was advised that Healthwatch had also attended a recent Patient Experience Monitoring Group meeting.

PEG-41/17 Governors' chosen local indicator for year ending March 2018

Keith Bradley welcomed Neil Hewitson and Charlotte Goodrich to the meeting and Group members introduced themselves.

Neil advised that pages 3 and 4 provided a summary of KPMG's remit and welcomed the Group's thoughts. Neil went into further detail on what the key elements were.

In response to Brian Catt's query it was advised that the Charities Fund was part of KPMG's remit and this was to ensure money went where it was needed. Maurice Cohen expressed his concern about selling land when it may be needed in the future and how there was a risk of losing the money acquired when land was sold. Danny Sparkes reminded the Group that the timing had been paramount in this case as monies acquired had been linked to building the new A&E.

The Group returned to its discussion at the previous meeting on the local indicator to be chosen. Charlotte advised that NHS Improvement was yet to advise which two mandated indicators would be chosen although it was expected these would continue to be the 4 hour wait in A&E and 18 week referral to treat indicators. Keith highlighted his report which referred to the Group's previous discussion on possible indicators and his subsequent discussion with the Associate Director of Quality, and the suggestions that had come out of the meeting as well. This provided the group with several choices. Judith Moore also felt it worthwhile ensuring an indicator was chosen where learning would benefit the whole Trust. A possible indicator suggested by the Associate Director of Quality was one which helped learning from deaths. The Deputy Chief Nurse explained that data collection methods had changed mid-year but Neil confirmed that it would be possible to audit past data collection as well as new as a comparison although it would be a difficult undertaking as consistent data would be needed on any chosen audit area.

The Group then considered an indicator which could help the Pharmacy process and the Deputy Chief Nurse advised that it may be possible to look at discharge timeliness to cover the time of discharge and the actual time the patient left the hospital, which had been a possible subject discussed at the previous meeting. There were many reasons for delay and these included, transport, TTOs and

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provision of community services and it was considered that this entire area may be too large. It was agreed that the two Associate Directors of Operations would be asked to identify areas of discharge they felt had issues and could be audited. A paper on the updated suggestions from the Group would then be presented to the Council of Governors on 6th December 2017 and an indicator would be chosen by the Governors then. **EH**

PEG-42/17 Dementia Care Update

Keith Bradley welcomed Dave Sills to the meeting who provided an update on Dementia Care at the Trust. Dave advised that great progress had been made with improving the environment and a business case had been put together to make all hospital bathrooms and toilets more dementia friendly over the next three years and this included having yellow doors and dark blue toilet seats.

Dave advised of the difficulties of getting dementia patients to eat and how blue crockery had been introduced. An exercise had been conducted to see how much food was wasted when using white versus blue crockery. Over a period of two weeks 18kg less food had been wasted. Dave was pleased to advise that the blue crockery would now be rolled out across the Trust.

Dave then advised how 70% of staff had been trained in dementia awareness and care. The carers' cafés were proving successful with many staff utilising them personally for help and advice.

In response to Brian Catt about mirrors being removed in bathrooms/toilets, Dave advised that he was not aware that this was the case but there were roller blinds which could be utilised over mirrors when a dementia patient was discovered to be sensitive to seeing his/her reflection. Dave reminded the Group that many dementia patients did not recognise their own reflection and assumed it was a stranger which discouraged them from using the bathroom.

The Group thanked Dave for attending and agreed to invite him again next year to update on further progress in Dementia Care. **AS**

PEG-43/17 Ophthalmology Services Update

Keith Bradley welcomed Sue Sexton to the meeting and advised that the Group had requested an update after the Head of Patient Experience and Involvement had reported that there had been more complaints than usual in Ophthalmology. Keith commended Sue on her report which was very detailed. Sue advised that the report highlighted the number of complaints and PALS concerns during 1st August 2016 to 1st August 2017. During this time 22 complaints and 167 PALS contacts had been received. During the same time 47,095 appointments had taken place and complaints/PALS only amounted to 0.4% of patient episodes. Sue advised that there had been some issues with back office staffing resulting in patients not being able to get through to a member of staff on the telephone. Sue advised that the service had now appointed a new matron and service manager to help improve communications with patients.

Sue also advised that the Theatres, Anaesthetics, Surgery and Critical Care division had introduced experience based co-design events inviting patients to provide their feedback which helped redesign processes.

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In response to Maurice Cohen, Sue confirmed that the out of hours' on-call Ophthalmology service was shared with the Royal Surrey. Anyone presenting with an urgent condition would be referred to the Trust where the on-call doctor was and would not be required to wait again to be seen. The ENT service worked in a similar way. This was regarded as the best use of resources and also ensured that doctors were available on a daily basis to see patients in very busy clinics.

In response to Keith, Sue advised that the Ocular Tomography Machine had been purchased and would be arriving soon at the Trust.

Danny Sparkes queried where patients were seen now that Weybridge Hospital had closed and Sue agreed to look into this. **SS**

The Group thanked Sue for her report.

PEG-44/17 Update on PLACE Inspections

Keith Bradley welcomed William Britton to the meeting. William advised that PLACE inspections had been carried out on 7 and 15 March this year and that he would be looking for volunteers for the next inspections taking place around March 2018. William advised that he normally received 6-8 weeks' notice and would be in contact with the Governors to recruit inspectors.

William then went through his report highlighting that ward food had been scored 99-100% at St Peter's and Ashford respectively. Organisational food was below the national standard at 78 and 81% respectively. The Group then discussed the importance of having choice in food selections and Brian Catt advised that the food he had sampled whilst an inpatient had been excellent. William went onto advise that food was not pre-ordered which meant there was flexibility in portion size. The blue crockery which had been introduced also encouraged patients to eat.

William advised that the Trust had scored a little lower than the national average in the condition, appearance and maintenance category but that refurbishments were happening throughout the Trust with David Sills' advice often being sought. William then talked about the cladding which was helping to keep walls clean and in better condition. He also advised that the reason for choosing similar paint was so that touch-ups could be done easily. The difficulties of decorating Joan Booker ward were described due to it not being easy to relocate maternity patients.

Chris Bell, Director of Estates and Facilities confirmed he was aware of the visitor rooms in ITU not being able to accommodate visitors adequately and was looking into options to resolve the situation.

Finally, William was pleased to advise that all ward entrances had now been redecorated and a painter had been employed by the Trust. William was confident scores would reflect improvements in next year's PLACE inspections. Judith Moore volunteered to take part in next year's PLACE inspections.
The Group thanked William for his update.

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PEG-45/17 Facilities Video

Chris Bell, Director of Estates and Facilities and Keith Hayward, Head of Estates Operational Services attended to present the Estates video they had put together for the Trust.

The Group thanked Chris and Keith for showing them their video and appreciated that due to number of areas being covered it had been difficult to go into too much detail in order to keep the video to half an hour.

Judith Moore queried whether Chris and Keith were satisfied with the provisions put in place in case of a fire and Chris advised that his department adhered to a strict fire framework. The Trust had many open buildings with open access but there was an improvement plan in place and staff underwent regular mandatory fire training.

REGULAR ITEMS

PEG-46/17 Feedback from Patient Panel Meeting

Due to time constraints, Danny Sparkes only wished to advise that they were currently looking to recruit more male members in order to get a more rounded perspective on the patient experience.

PEG-47/17 Quality Report – Patient Experience

The Deputy Chief Nurse advised that he assumed the report had been read and due to time constraints was happy to take any questions. It was highlighted that the Quality Report had been remodelled and safer staffing was no longer reported at Board level but went to the Workforce and Organisational Development Committee with a summary then going to Board. Serious incidents continued to appear in the closed quality report. In response to Brian Catt it was advised that reporting had been streamlined so that reporting was not repeated unnecessarily.

FEEDBACK

PEG-48/17 Feedback from Group Members on Recent Visits and Meetings

Due to time constraints this item could not be covered although the Membership and Engagement Manager advised that she had requested all Governors' commitments as part of the Governors' Activities paper which was due to go to Council of Governors on 6th December 2017.

PEG-49/17 Feedback from Members to Governors Relating to Patient Experience

Due to time constraints this item was postponed to the next meeting.

ANNUAL BUSINESS

PEG-50/17 PEG Annual Report and TORs

The Group approved the Annual Report and TORs and agreed for these to be

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included in the papers for Council of Governors on 6th December 2017.

PEG-51/17 Chairmanship of PEG

The Group voted unanimously for Keith Bradley to continue as Chair for another year.

PEG-52/17 Any Other Business

Judith Moore suggested arranging a members' event on Cancer Services. The last Cancer Services event had taken place in 2015. Judith also conveyed her concern for Pharmacy since the Group's visit and it was agreed that this would be highlighted at the Council of Governors' meeting during Keith Bradley's report. **KB**

Brian Catt advised that some progress had been made with acquiring the gazebo for Ash Ward.

In response to Bertie Swan, the Deputy Chief Nurse advised that a space had been identified for the Samaritans which they will soon be able to use.

Date and Time of Next Meeting

Monday 12th February, Room 1, Postgraduate Education Centre, St Peter's Hospital

Dates for 2018

Monday 12 February
Monday 9 April
Monday 2 July
Monday 10 September
Monday 19 November

All 2-4 pm in Room 1, Postgraduate Education Centre, St Peter's Hospital

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Action Log

Meeting Date	Minute Ref	Topic	Action	Lead	Due Date	Update	Completed
20.11.17	**PEG-41/17**	**Governors' chosen local indicator for year ending March 2018**	Speak with the two Associate Directors of Operations to ascertain which area in discharge should be covered and look into whether this can be audited. Produce a paper for Council for 6th December.	EH	ASAP		
20.11.17	**PEG-42/17**	**Dementia Care Update**	Invite Dave Sills to update the Group in 2018	AS	Nov 2018	ND	
20.11.17	**PEG-43/17**	**Ophthalmology Services Update**	Find out where Weybridge patients are now seen.	SS	ASAP		
20.11.17	**PEG**	**Any Other Business**	Raise Pharmacy concerns at Council on 6th December.	KB	6 Dec 2017		