



PATIENT PANEL

MINUTES

08/03/2022

13:00-15:00

Microsoft Teams

PRESENT	Name	Title
	Danny Sparkes	Chair
	Charlotte Broughton	Head of Patient Experience and Involvement
	Claire Atkinson	Deputy Head of Patient Experience
	Val Baker	Patient Panel Member
	Eiry Price	Patient Panel Member
	Kalli Graves	Patient Panel Member
	Philip Goldenberg	Patient Panel Member
	Mark Lotinga	Patient Panel Member
	Shirley Holmes	Patient Panel Member
	Diana Moran	Patient Panel Member
	Bori Szegedi	Patient Panel Member
	Gloria Smith	Patient Panel Member
MINUTE TAKER:	Joanne Rockett	Volunteer Coordinator
IN ATTENDANCE	Elinor Morgan	Quality Improvement Lead
APOLOGIES	Name	Title
	Patricia Freeman-Cramp	Patient Panel Member
	Andrea Lewis	Chief Nurse
	Andrea Knock	Patient Panel Member
ITEM	ACTION	
1.0	DS	
	<p>Welcome and apologies</p> <p>Apologies – Andrea Lewis, Patricia Freeman-Cramp, Andrea Knock</p> <p>Introductions</p> <p>Diana Moran – broadcasting for long time specialising in health and well being</p> <p>Shirley Holmes – patient at ASPH, governor for Woking and Guildford</p> <p>Val Baker – worked for BBC for 28 years, then BA aunty, volunteer for ASPH for 16 years</p> <p>Philip Goldenberg – Wife was clinical trials pharmacist, through Isaac Johns</p>	

became lay member. Has written a book, "Walking through Different Worlds" and "Annoying People for Good".

Mark Lotinga – worked in finance previously, chronic illness that has meant lot of interaction with nhs, joined panel about 2 years ago

Bori Szegedi – 1st year medical student at Southampton

Eiry Price – patient panel for 10 years, background in health, chairman of community health council, primary health group, non-executive director. Family and personal background in health.

Gloria Smith – 1st attendance at panel. Trained at London Hospital in nuclear physics, BOAC, also work with breast cancer patients and occupational therapist. Been a patient, SP as an outpatient, which spurred me to join the panel. Involved in amateur dramatics.

Danny Sparkes – started training as physio, worked as medical secretary, joined SP in 1983 for 35 years. Became a governor and has been lead governor.

Kalli Graves – used to work British Heart Foundation, buying equipment.

Claire Atkinson – joined team couple of months ago. Background in research. Delighted to be here and meet you all.

Charlotte Broughton – Head of Patient Experience, Claire my deputy will take over from next meeting.

Elinor Morgan – Quality and Improvement Lead, supporting viewpoint

Looking at viewpoint feedback. Presented slide show.

Increase number of responses, currently at 5%, want 20% by September.

Need devices to function well.

Wards have tablets.

Staff to escalate issues with devices.

Looking at inpatients first as outpatient area so large.

Wards reporting devices poor at holding charge. Notice on back of devices to advise how to escalate operational issues, communication to ward managers on maintenance of device. Making sure everywhere has device and can recognize it as viewpoint tablet.

Discharge checklist will include viewpoint.

Engagement awareness days at Ashford and St. Peter's.

Aspire communication.

Getting people to engage with feedback, working group to be established.

Whose responsibility to complete feedback?

Issues - Tablet functionality, patients too confused, too busy, didn't see point in completing it, patients moving too quickly miss the opportunity to gather feedback, QR code – couldn't follow it up, teams didn't know how to do it, no knowledge of system, parents in pediatrics prefer QR code

Nurses and HCA's too busy, better performing wards had clerk or discharge coordinator, where patients are more able to be left to fill in on their own, younger cohort are more likely to fill in, medical wards tend to have more elderly or confused cohort who need more support. Some wards showing

great improvement.

Actions – as detailed above

Review engagement in outpatients

Questions?

VB – I'm in Rowley Bristow Unit once a week I do about 40. There are 2 questions that are very unclear, who sets the questions?

Are you a veteran? Does that mean military?

Age group?

CB - Reciprocal agreement that we are veteran aware and we support them, we have been asked to try to understand how many patients are or have been in the forces. Age does not refer to whether you are a veteran or not, you can be a young military veteran. Can take that and change to military veteran.

VB - Are you the same gender as when I was born? People don't want to answer that question.

CB - doesn't matter if they don't answer that question, we get the answer per question so we can gather what questions are all being asked and what they don't want to answer. You don't have to put comments in if you don't want to. There are questions we have to ask but there is an ability to review per the responses we get, some people want the opportunity to say more.

GS – what is the dark bit at beginning of graph?

EM – number of responses

PG – can I come back to veteran question, you should ask a question in the least likely way to raise another question. Have you been a member of the armed forces rather than veteran? With this sort of thing why don't you send it to patient panel with a 48 hour window for feedback?

CB - good idea

ML – what are the ideal optimum response rates, blue sky thinking to reach an achievement?

CB – 20% response rate, comparable with other trusts.

EM – what's difficult to understand, people for multiple appointments don't want to fill it in all the time. We want more than 20%, we want everyone every time, but the reality is that won't happen.

ML – do you need some mechanism to capture those who are attending multiple times?

EM – matching people to area and how many times they have visited, we are asking informatics to look at it. The option to respond multiple times. We are looking at rewarding those doing well and those improving the most.

ML – what's the feeling of too much to do, want to look after patients etc?

EM – there will always be that level of response from some people. I am ex clinical so I understand, trying to find way that it's not more work and its manageable.

ML – do you pair up good performing with bad performing ward

EM – yes that's the plan

ML - could we have a run through of the questions?

	EM – showed 1 slide as example	
2.0	Minutes from last Meeting – 09 November 2021 - accepted	DS
3.00	Matters Arising -	DS
	<p>DS – meeting locations and dates for rest of year</p> <p>CB - 10 May 3pm, I'm suggesting we can switch times round so others can attend but can't attend during day, can we offer flexibility</p> <p>DS - happy of that so long as we know which is which</p> <p>CB – didn't feel blended approach worked, we need to agree in person or on teams, we can try Ashford morning meeting</p> <p>GS – do meetings always have to happen on a Tuesday?</p> <p>CB – they have been but don't need to be, can depend on whether we can get a room if you want in person meeting, every other month, usually every second Tuesday, no particular reason why</p> <p>ML – my preference is in person, think we should retain bi-monthly Tuesday pattern, stability, only vary time, not day. Lighter months in person, winter on teams?</p> <p>PG – blended meetings work if majority are in room and small number outside. Shouldn't start later than 5, finishing later than 630 as disruptive. In person need to be mid-morning or mid-afternoon. Sensible point about summer and winter.</p> <p>CB – agree about consistency, very few meeting rooms, 80% of meeting rooms not available from May.</p> <p>DM – late afternoon easier for me, middle of day difficult.</p> <p>ML – last venue available?</p> <p>CB – no</p> <p>DS – meeting room at Ashford?</p> <p>CB – yes but a lot of training going on, no rooms available at Chertsey House.</p> <p>Eiry – agreement with comments, can probably fit in with anything. Important to have at least 1 or 2 in person a year, would all find it beneficial.</p> <p>CB – take comments on board Claire and Jo to plan. 10 May will be on teams, 3-5.</p> <p>ML – do we have to meet on nhs premises</p> <p>DS – yes no budget to get anywhere else, has to be free</p> <p>VB – any room in Woking Community Hospital?</p> <p>CB – can investigate, have just opened another ward and GP hub but we can ask.</p> <p>SH – surely not all rooms booked indefinitely</p> <p>CB – roll out of Surrey Safe Care could take over a year</p> <p>ML - when will we see dates and times for this year?</p> <p>DS – specifics changing all the time,</p> <p>CA – in preference for in person meetings, we will put to panel next time proposed days and meeting rooms</p> <p>PG – research and development committee meets in training room in St. Peters x-ray department, if they have access no reason why we can't? Big enough for us, we have 8-12 people in there.</p> <p>DS – deputy chair still needs to be found.</p> <p>CB – open to the floor, we need to vote in deputy chair, those interested, do expressions of interest to Claire and Jo will share the names and you email Claire with your vote. 8 March, expressions of interest by 15 March, then</p>	

	shared and we can vote.	
4.00	Members Reports	
	<p>VB – January drugs and therapy committee, not much to say or report. SH – no ML - no PG – Green group – staff group transforming us into more climate friendly organization. The amount of paperwork has reduced Research and development committee – nothing to report KG – no EP – Missed last control and infection meeting, nothing to mention from notes. observing only as patient panel members, meetings cancelled or called at last minute. Health and Safety meeting next week. GS – not yet. Mortality rate for stroke patients at St. Peter’s , would be interested if anything set up for that. DS – PG – learning from death committee first meeting on Friday afternoon. There is 3.5 hours training but haven’t been able to access it yet. CB – CB – In future Claire will send out template for report and they can be added into meeting minutes.</p>	
5.00	Members Concerns	
	<p>SH – nothing at present VB – yes, patients letters noticed at Rowley Bristow, patients are asked to park in main car park and have to walk to RB, will get wet if raining and grumpy because of long walk. Nearest car park Hazell not main car park, can letter be changed to Hazel? CB – still work being done with our letters. If you have relationship with anyone in RB, can RB email PALS with numbers of letters being received wrong and it can be put into datix and escalated, we need the data DS – find out how many patients have had to walk miles. CB – email me with the data DM – I have had a lot of appointments, I cannot complain and have found parking excellent. PG – no EP – patient letters about parking, have been revised since covid, I have had various appointments, the letter from Blanche Heriot unit was superb, completely accurate and made it easy. A friend with fractured hip, all went well to discharge. Wait made unpleasant by patient left in there was disruptive and kept exposing himself to everyone, staff found it difficult, inappropriate that he was left unattended. DS – I thought they had sorted this out? EP – over 6 hours waiting for medication DS – give them FP10’s to take to local pharmacy CB – if want to escalate please make contact with PALS and we will look into it. DS – must send email to PALS when this happens ML – why cant FP10 be issued? CB – would be ok for some people, cost implication and making assumption you can get to pharmacy. Safety concern you might not get</p>	All

	<p>medication that you need. I am hoping with Surrey Safecare and electronic prescribing it should speed up.</p> <p>KG – bitten by tic that cat brought in, didn't get head out, went red and itchy, went to chemist, said you had to go to dr, dr said have to go to a&e, rang a&e they said 4 hours, rang walk in center, said 2 hours, went there, very concerned that GP sent her there, said they shouldn't be doing it any more.</p> <p>DS- no say on GP's I'm afraid</p> <p>KG – waiting for audiology and eyes, eyes waiting since July, rang up and referral lost, audiology las t September, rang up said they were busy would have to wait, been waiting 6 months – have to be patient</p> <p>CB – do use PALS if you want update</p> <p>BS – no</p> <p>GS - no</p>	
6.00	Any other business	
	<p>CB – we did have other successful candidate who hasn't attended today so will follow up she still wants to be part of team, panel of 3 to interview any further candidates.</p> <p>VB – would like to be on interview panel</p> <p>ML – is it worth another push</p> <p>CB – yes it is</p> <p>DS – Runnymede live, shall we put an article in there?</p> <p>CB - Bori would you be interested in writing a small paragraph</p> <p>BS – yes will do, when by?</p> <p>DS – 14 March for April magazine, insert advert for next month, there is a cost £55</p> <p>CB – we don't have any budget for that</p> <p>EP – can get it onto Egham and Thorpe residents for free</p> <p>ML – should we have a rolling campaign?</p> <p>CB – on website, be part of our patient panel and posters across the trust, will refresh social media campaign</p> <p>ML – have we exhausted all friends and family connections?</p> <p>KG – WI meeting tonight, will mention again</p> <p>BS – posters around the hospital, could we put them elsewhere, schools, community centres?</p> <p>CB – if anyone wants to pick them up you can collect from me or I'll post to you</p> <p>DS – would like one for local library</p> <p>PG – interview, based on last times experience, that same team do all</p> <p>CB – yes</p> <p>PG - Woking Borough Council, weekly email for community things</p> <p>CB – can you send it to the right person at Woking? Anyone interested in writing a short paragraph please send to Claire or Jo.</p> <p>ML – for those who interviewed last time how were the questions?</p> <p>CB – questions elicited a good understanding of whether the person who was right for the job</p> <p>GS – as I was one of the interviewed, questions were good and I was told enough about the role</p> <p>SH – I was on interview panel and I felt questions were right.</p> <p>GS - can we do anything about the stroke?</p>	All

	<p>CB – where did you get the info? GS - Governor at Royal Surrey CB – I meet quarterly with Health Watch Surrey, if you can share the documentation with Claire, I will escalate further. Email Claire Atkinson or me. I will take it to the division first and ask for their comments.</p>	

Next meeting

10 May 3-5pm on Teams

Patient Panel Timelines taken from the Terms of Reference

Agendas and papers will be circulated to members five working days before the meeting.

Minutes of meetings will be formally recorded by the secretary (a representative of the Trust) and sent in draft form to members for review and comments within 10 working days of the date of the meeting.

Members will be asked to formally approve minutes at the next meeting prior to them being signed by the Chair and published on the Trust website.

An action log will be kept. This will be shared with members and updated in-between meetings for review at each meeting.

Microsoft Teams meeting

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