



PATIENT PANEL

MINUTES

12/07/2022

13:00-15:00

Microsoft Teams

PRESENT	Name	Title	
	Claire Atkinson	Deputy Head of Patient Experience	
	Patricia Freeman-Cramp	Patient Panel Member	
	Gloria Smith	Patient Panel Member	
	Eiry Price	Patient Panel Member	
	Philip Goldenberg	Deputy Chair	
	Mark Lotinga	Patient Panel Member	
	Shirley Holmes	Patient Panel Member	
	Diana Moran	Patient Panel Member	
MINUTE TAKER:	Joanne Rockett	Volunteer Coordinator	
IN ATTENDANCE	Laura Ellis-Philips	Surrey Safe Care	
APOLOGIES	Name	Title	Name
	Danny Sparkes	Chair	Chair
	Bori	Patient Panel Member	
	Val Green	Patient Panel Member	
	Kalli Graves	Patient Panel Member	
ITEM			ACTION
1.0	<p>Welcome and apologies</p> <p>Apologies – Danny Sparkes, Val Green, Kalli Graves</p> <p>Surrey Safe Care update – Laura Ellis-Philips Director of Digital at ASPH</p> <p>Cerna went live and staff have been struggling with the new system. Main challenges; bookings, clinics, ED throughput, discharged patient as a discharged patient – not all steps completed, letters not working properly, double bookings – issues were not unexpected as with any go live project.</p> <p>Laura asked if any panel members had been recent patients in order to provide</p>		<p>DS</p> <p>LEP</p>

	<p>some direct feedback of their experiences.</p> <p>Gloria – 6 month appointments with dermatology always has to wait 45 mins, since new system had to wait 1 hour 15 so nearly double wait time. Why is there no comms about clinic delays, you could choose to buy a magazine, go for a coffee etc.</p> <p>Laura – self check in and tv’s were switched off during covid, there is a project to get them back up and working.</p> <p>Also looking at a new app called Convey for patient use – as you enter the hospital it automatically checks you in and advises of delays and then advises as your appointment is approaching. Only for tech savvy patients.</p> <p>Delays are partly due to unfamiliarity with the new system and the clinician may need to give more time to individual patients.</p> <p>Shirley – dermatology also, letter mentioned Royal Surrey (they use same system – joint venture). Also wanted to mention staff were kind and courteous, things have gone right, need to put context around it.</p> <p>Laura - we have refreshed a 30-year-old admin system, replaced theatre system, automatic recording of patient vitals, electronic prescribing – each of those is huge, we have done them all at once.</p> <p>Eiry – has been told of a patient who had to go to A&E on go live date, nearly everything went wrong. Felt sorry for staff. When will the issues be ironed out?</p> <p>Laura - initially we had 2000 tickets, went up to 4000, went down to 1200 and expect to be down to 300 by end of week. Lots of duplicates, similar issues. For example Smart card needs 3 different people to get it to work. Cerna response time is 3-6 weeks.</p> <p>Mark – also dermatology, called 3-4 days before, clinician on leave and check in error for appointment.</p> <p>Laura – user error, getting used to new system, staff have to keep hitting refresh and not used to it yet.</p> <p>Eiry – diabetic clinic query, not systems so needs to speak to Claire for individual response.</p> <p>Philip – aware a whole ward was discharged in error.</p> <p>Diana - went to new eye clinic at Ashford, everything went smoothly, it was superb.</p> <p>Philip said great to end chat on a positive note. Thanks to Laura for her time.</p>	
2.0	Minutes from last Meeting - 08 March 2022	PG DS
	Minutes accepted and agreed	

3.00	Matters Arising -	PG
	<p>Wheelchair update Jo updated group that 4 wheelchairs are currently being sign written “return to reception” that will be left at front of house at St. Peter’s and volunteers will look after and use them, they will locate if missing and return to reception. Action log to be updated – ACTION for JR</p> <p>Benchmarking against other panels – ongoing discussion Meeting new CEO - tba</p>	PG
4.00	Members Reports	
	<p>Gloria – under AOB Eiry – meeting cancelled on the day Mark – NA Patricia – AOB Philip - Mortality review panel has met – problems with engagement, some parts of hospital are cooperative and some aren’t. Diana – nothing to report Shirley – nothing to report</p>	All
5.00	Members Concerns	All
	<p>Gloria – first zoom mtg, contacts with RSH comparisons made with other local trusts. Low down ASPH are on the leaderboard for things, we are high on food but low on other aspects. Shirley - Explanation – which leaderboard this is? Gloria – to gain an update post the meeting to find out which leaderboard this is. ASPH bottom in almost everything. Shirley - blue badge parking at SPH, email from a member regarding process for parking and obtaining a ticket as a blue badge holder. Physically take blue badge to the ticket machine to be scanned. ACTION for CA – what is happening and review at Ashford. Mark – flower tubs – weeds in these, shame this is happening. Shirley – to take this to the healing arts committee – she sits on this. Eiry – Health and safety committee – flowers to be looked after presented in this committee. Blue badge to come up to this committee also. Patricia – reports on how many complaints there are at the trust – stats / responses. Claire – ACTION for CA report on complaints, panel would like to be copied in Philip – future meetings, by and large decided face to face and alternate facilities subject to availability. Time, 1-3? 5pm takes you into darkness and rush hour. Issue on frequency should we meet more often, we are looking at increased covid and burdens on staff can we leave that to September meeting. Do we move it from 1-3 or 2-4. Majority rules 2-4. Next meeting we are planning to meet CEO and visit Eternal Garden. Claire - communication team may be invited to take photos and raise profile of group. Dependent on room availability and Julie’s calendar. Mark – a worthy disruption to the meeting Eiry – used to have a board member at meetings. Philip – lets raise with CEO next meeting. Non-exec board member. Action for JR - Email to volunteers</p>	

	<p>Mark - Hospital bulletin, put ad on there</p> <p>Philip – should we mention that to CEO at next meeting</p> <p>Gloria – yes people don't know about it</p> <p>Mark – if default preference is for in person what about those who can't attend?</p> <p>Philip – we did offer teams, no one wanted to join this meeting by teams, could do with about 5 more active members</p> <p>Patricia – with rise of covid, no lateral flow tests before we come?</p> <p>Philip – there is a cost to tests</p> <p>Jo – suggested panel members apply to government for free tests as a hospital volunteer - ACTION for JR to send link to patient panel</p> <p>Philip – we suggest panel members do lft before they come to panel due to high covid numbers</p> <p>Eiry – best practice for patient panel, we've done this before</p> <p>Gloria – suggest Andrea Lewis talks to us as there is a patient experience group as well as patient panel</p> <p>Action for CA - can Andrea explain to us difference between the 2 groups</p>	
		All
6.00	Any other business	
	Claire – anything else that springs to mind, please send to myself or Jo or bring to next meeting.	All
	<p>ANNEX 1 – themes from group informal discussion after meeting was closed.</p> <p>There was a general discussion about output from group. Group members feel that they are meeting regularly and discussing issues etc but not actively involved in hospital and questioning validity of group at present. They used to walk round the hospital and report back standards or areas for improvement that were taken to the board.</p> <p>General interest in benchmarking against other patient panels and how to progress this, do we benchmark against our own criteria or against other panels?</p> <p>ACTION for next meeting - Could we ask CEO what she expects group to be doing</p> <p>Jo mentioned she is involved with the PLACE assessment which is run by the NHS. There is to be a meeting with Connall Hogan, Interim Assistant Head of Hotel Services.</p> <p>Essentially the patient assessor is the person for whom the hospital exists. It is their chance to look at the hospital from the patient's point of view and identify areas that could do with improvement.</p> <p>Patient-led assessments of the care environment (PLACE) help organisations understand how well they are meeting the needs of their patients, and identify where improvements can be made. They take Place across NHS trusts, voluntary, independent and private healthcare providers and use information gleaned directly from patient assessors to</p>	

	<p>report how well a site/organisation is performing. ACTION for Jo – Group want to take part in this and Jo will advise dates.</p>	
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Next meeting

September 14 – venue tba

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.