



**PATIENT PANEL**

**MINUTES**

**14/09/2021**

**15:00-17:00**

**Microsoft Teams**

<b>PRESENT</b>	Name	Title
	Danny Sparkes	Chair
	Charlotte Broughton	Head of Patient Experience and Involvement
	Val Baker	Patient Panel Member
	Eiry Price	Patient Panel Member
	Kalli Graves	Patient Panel member
	Philip Goldenberg	Patient Panel Member
	Bori Szegedi	Patient Panel Member
	Mark Lotinga	Patient Panel Member
	Shirley Holmes	Patient Panel Member
	Diana Moran	Patient Panel Member
	Andrea Lewis	Chief Nurse
	Andrea Knock	Patient Panel Member
<b>MINUTE TAKER:</b>	Joanne Rockett	Volunteer Coordinator
<b>IN ATTENDANCE</b>	Laura Ellis-Philip, Director of Digital, Senior Information Risk Owner Surrey Safe Care Update	LEP
<b>APOLOGIES</b>	Name	Title
<b>ITEM</b>	<b>ACTION</b>	
<b>1.0</b>	Welcome and apologies – no apologies	
	Guest Speaker Laura Ellis-Philip Director of Digital, Senior Information Risk Owner Surrey Safe Care Update  Presentation on Surrey Safe Care Different development stages;	LEP

	<p>Testing and user acceptance  Engagement Activities  Training – starting soon, go live early March  Full Dress Rehearsal – after Christmas (3 week activity)  Go Live</p> <p>Weekly Surrey Safe Care Café weekly updates for staff  Roadshows coming up  Test lab  Weekly pulse surveys, 2 questions</p> <p>Follow the link below for the short film;  <a href="https://www.youtube.com/watch?v=jluSHzmpBqI">https://www.youtube.com/watch?v=jluSHzmpBqI</a></p> <p><b>SH</b> – what will happen when patients are transferred out of area eg Harefield then transferred back?  <b>LEP</b> – we already use other systems to transfer notes etc and communicate  <b>PG</b> – will it integrate with GP practices?  <b>LEP</b> - most GP practices use a system that will feed into Surrey Safe Care</p> <p><b>LEP – Transformative Projects</b> -slides to show other projects going on in the team, importance/prioritisation and red, amber, green status  <b>Defend and Protect Projects</b> – cyber attacks etc</p> <p><b>DS</b> – what happens when the systems go down?  <b>LEP</b> – we work out what the problem is and find a resolution as quickly as we can usually 1-4 hours. Business Continuity Plans, paper recording that's scanned in when systems go down. The data centre is very secure.  <b>ML</b> – Curious about test runs for back ups and alternate plans  <b>LEP</b> – test runs and back up runs, cyber security is kept close to chest, cannot divulge detail. Systems are taken down regularly to ensure staff know what to do.  <b>LEP</b> – feedback from panel on how they are feeling about the new system and what it will deliver for them?  <b>DS</b> – delighted, frustrating to not share information, long wanted.  <b>EP</b> – excellent idea, you don't always remember everything you are told  <b>CB</b> – what do other trusts say who have rolled out?  <b>LEP</b> – it's a big thing, this is a big project. Will impact the clinicians, won't feel much different to patients</p>	
2.0	<p><b>Minutes from last Meeting</b> – 13 July 2021</p> <p><b>ML</b> – should be issued as per terms of reference 10 working days after meeting</p> <p>Action log, is that compiled internally between Charlotte and Jo?</p> <p><b>CB</b> – yes it is we record actions and we should update and share, it's an attachment we can put on the minutes</p> <p>Page 4 of TOR minutes should go on the website</p> <p><b>CB</b> – copy Jo in if you want anything added and she will do it</p>	<p>DS  DS</p>

<b>3.00</b>	<b>Matters Arising</b>	
	<p><b>EP</b> – note of infection control committee – will be added to bottom of last meetings minutes</p> <p><b>DS</b> – Do we want to discuss terms of reference?</p> <p><b>CB</b> – going to leave them for a bit, have had meeting, term of 3 years and new people should come to the table. I will try to seek a more diverse panel but without wanting to cause any offence to anyone. Still looking for an exemplar patient panel. The trust wants to feel that they can ask us to do many things; we need more members for some of the work that is needed. Thank you for the advert feedback.</p> <p><b>ML</b> – we are now into our first term and we have not done our recruitment campaign. 3 and you are out feels a bit risky, can we recruit first and we revise the TOR?</p> <p><b>CB</b> – yes</p> <p><b>DS</b> – agreed</p> <p><b>PG</b> – agree with Mark, 2 term with half appointed at start, half join later</p> <p><b>BS</b> – diversity, make sure we have members who have been here for a longer term, set amount of time shouldn't be deciding criteria, older members have valuable input.</p> <p><b>CB</b> – agree makes a lot of sense. Patient panel needs to be representative of patients and community.</p> <p><b>EP</b> – young mums, difficult to recruit patients who use maternity, big gap and very important</p> <p><b>CB</b> – will ask Gemma Puckett to come and speak to us to update on what she has been doing, live feeds to patients etc.</p> <p><b>ML</b> – now that we have begun to see recruitment material what is the recruitment plan?</p> <p><b>CB</b> – I don't have an overall plan. Need a job spec, give them an idea; I don't think you had them when you joined, then come to panel. Split panel into teams and interview so that it is a good representation of the panel, doesn't have to be me doing all the interviewing. All social media platforms will get the advert, ASPH members and members meeting, local magazines, nhs jobs, care net</p> <p><b>KG</b> – I belong to Englefield Green WI, they might be interested, I can put forward to them,</p> <p><b>CB</b> – yes tell them to look out on social media and local magazines</p> <p><b>BS</b> – social media for advertising, doesn't seem to be a lot of followers for these sites. Do we need to promote these sites? Should they be mentioned on the bottom of patient communications?</p> <p><b>PG</b> – local authorities, Woking Borough Council for example does a weekly email. You might want to approach local councils.</p>	
<b>4.00</b>	<b>Members Reports</b>	
	<p><b>EP</b> – Health and Safety – department seems to be very busy around the trust e.g. moving beds after covid, checking on ventilation, all working very hard. Control of infection committee next week.</p> <p><b>VB</b> – Drugs and Therapies Committee restarting in October, joining them then. I have been doing A&amp;E shifts as a volunteer, helping out when busy. Visitor booking line, really enjoy that, very worthwhile, very busy, victim of its own success!</p> <p><b>CB</b> – we couldn't do without you Val. About 120 calls a day, furlough scheme ending we have lost BA staff and rules not changing any time soon, role remains busy and will stay that way.</p> <p><b>KG</b> – Been in touch with Caroline Goodyear about nutrition steering group, will let me know when next group will be.</p> <p><b>CB</b> – thanks to those who agreed to review letters</p>	

5.00	<b>Members Concerns</b>	
	<p><b>EP</b> – difficulties with things being sent out by the booking office, there is something wrong, not getting them out on time. I am taking that up personally.</p> <p>Covid testing at entry point, Ashford it's really efficient, St. Peter's got to the escalator and hadn't done anything went back. Generally it works well. Timing is superb for appointments, seen promptly.</p> <p><b>DS</b> – completely vice versa experience!</p> <p><b>VB</b> – last meeting reported GP surgery only accepting request on an email form, wait for them to reply etc. they have found it doesn't work and gone back to ring in, waiting 40 mins to get phone answered but you do get a person!</p> <p><b>DS</b> – gets phone response within half an hour, each surgery is different</p> <p><b>EP</b> – Surrey Heartlands, some surgeries has misinterpreted what had been said</p> <p><b>VB</b> – husband been to endoscopy, bone scan at St. Peters, excellent service in both departments. Does anybody know why Stephanie Marks diabetes centre closed sometimes? I was surprised building locked and no one there.</p> <p><b>DS</b> – as far as I know they don't have the staff all the time and are forced to close.</p> <p><b>BS</b> – Non-double vaccinated staff not allowed to work at some places, how will that affect if brought in?</p> <p><b>CB</b> – No comms about it yet, it was discussed on gold call today, we will move tentatively, we will implement what is put upon us. No word in near future. Not sure of our vaccination rate currently.</p>	All
6.00	<b>Any other business</b>	
	<b>DS</b> – OP projects and we will be hearing from Claire about that.	All
	<p><b>ML</b> – what if anything do we want to do about deputy chair? It's part of TOR.</p> <p><b>CB</b> – as TOR aren't finalised, shall we wait and recruit deputy once we have bigger panel?</p> <p><b>DS</b> – good idea if we met one another, judging what people are like face to face, it's not urgent at the moment, hoping fairly soon we can meet each other</p> <p><b>ML</b> – shall we pick up at next meeting? Recruitment and deputy</p> <p><b>CB</b> – CCG rooms in Weybridge are available, was thinking of alternating meetings, teams and face to face.</p> <p><b>DS</b> – St. James church roundabout, behind Curchods, very little parking, have to park in church car park and pay.</p> <p><b>CB</b> – happy to park and pay? Will pursue for next meeting. As volunteers you can claim parking and mileage.</p> <p><b>BS</b> – in support of face-to-face. Meetings at 3, It's difficult for some people to get there during the day. Is it possible to move to weekend or evening? Also links in to diversity.</p> <p><b>ML</b> – we will have to accept not everyone can attend every meeting, some meetings virtual, some in person.</p> <p><b>EP</b> – shouldn't we be able to have virtual attendees if we have face-to-face meetings? Evening meetings should be on teams as well so everyone can attend one way or another.</p>	

Next meeting Tuesday 9 November.

## Microsoft Teams meeting

**Join on your computer or mobile app**

[Click here to join the meeting](#)

