

PUBLIC MEETING OF THE COUNCIL OF GOVERNORS

Monday 25th March 2024, 17:00-18:30

Microsoft Teams

AGENDA

Time	Agenda Item	Paper/Oral/Presentation	Lead
17:00	1. Welcome and Apologies for Absence	Oral	Chair
	2. Declarations of Interest	Oral	Chair
	3. Minutes of the previous meeting	Attached	Chair
	4. Action Log from previous meeting	Attached	Chair
17:05	5. CEO Appointment	To Follow	Chair
17:15	6. Audit Committee Report	Presentation	Committee Chair
17:50	7. Membership of the Committees of the Council of Governors for Approval	Attached	Lead Governor
18:05	8. Patient Experience and Involvement Group Report	Attached	Committee Chair
18:15	9. Public Questions	Oral	Chair
18:20	10. Close	-	-
-	Date of the Next Meeting 15 th May 2024, 18:00-19:30, Lecture Theatre, WPH	-	-

Report Title	Minutes of the previous meeting
Meeting and Date	Council of Governors, 25 th March 2024
Agenda Item	3.
Author and Executive Lead	Victoria Cooper, Acting Company Secretary Bryan Ingleby, Trust Chair
Executive Summary	The attached minutes records the items discussed at the Council of Governor meeting held on 27 th February 2024.
Action	The Council of Governors is asked to APPROVE the minutes as a correct of the meeting.
Compliance	NHS Provider Licence; Standing Order 14.1

MEETING OF THE COUNCIL OF GOVERNORS

Tuesday 27th February 2024, 17:00-18:45

Board Room, Frimley Park Hospital

MINUTES OF MEETING

Members Present:

Bryan Ingleby	Trust Chair
Sarah Peacey	Public: Bracknell & Wokingham (Lead Governor)
John Lindsay	Public: Bracknell Forest and Wokingham
Charles Fowles	Public: Hart and East Hampshire
Malcolm Treen	Public: Hart and East Hampshire
Kellie Meyer Bothling	Public: Surrey Heath and Runnymede
Samantha Rayner	Public: Rest of England
Ann Smith	Public: Surrey Heath and Runnymede
Barbara Story	Public: Windsor and Maidenhead
Sylvia Thompson	Public: Guildford, Waverly and Woking
Malcolm Treen	Public: Hart and East Hampshire
Kevin Watts	Public: Rushmoor
Robin Wood	Public: Windsor and Maidenhead
Michael Ellis	Staff: Heatherwood & Community Hospitals
Udesh Naidoo	Staff: Frimley Park Hospital
CLlr Catherine del Campo	Stakeholder: Berkshire Councils

In Attendance:

James Clarke	Chief Strategy Officer
Caroline Hutton	Chief Operating Officer
Matt Joint	Chief People Officer
Kishamer Sidhu	Chief Financial Officer
Melanie van Limborg	Chief of Nursing and Midwifery
Michael Baxter	Deputy Chairman, Non-Executive Director
Linda Burke	Non-Executive Director
Mike O'Donovan	Non-Executive Director
Jackie Westaway	Non-Executive Director
John Weaver	Non-Executive Director
Bethany Bal	Head of Quality
Victoria Cooper	Acting Company Secretary (Minutes)
Carol Deans	Director of Communications and Engagement
Hannah Farmhouse	Assistant Company Secretary
Robyn Jarrett	Assistant Director of Engagement
Sarah Waldron	Membership and Engagement Manager

Apologies:

David O'Mahoney	Stakeholder Governor: Surrey County Council
Caroline Vincent	Stakeholder Governor: Ministry of Defence
Neil Dardis	Chief Executive
Tim Ho	Medical Director
Dawn Kenson	Non-Executive Director
Gary McRae	Non-Executive Director

1. Welcome and Apologies for Absence

- a. The Chair welcomed everyone to the meeting and the new Executive Directors Melanie Van Limborgh, Chief of Nursing and Midwifery and James Clarkes, Chief Strategy Officer, were introduced to the Council of Governors. All those present at the meeting were asked to introduce themselves.
- b. Apologies for absence were received from David O'Mahoney and Caroline Vincent. The apologies from the Board of Directors were Neil Dardis, Tim Ho, Dawn Kenson, Gary McRae and Naeem Ahmed. The Chair advised that Caroline Hutton was deputising for Neil Dardis, noting that from the 1st April she would also be Interim Chief Executive.

2. Declarations of Interest

- a. There were no declarations of interest.

3. Minutes of the previous meeting

- a. The minutes of the Council of Governors meeting held on Wednesday 8th November 2023, were **APPROVED** as a true record.

4. Action Log from previous meeting

- a. The Council of Governors noted that completed actions and the one action in progress with a forward date. *(Post meeting note: The Trust's Complaints Policy was currently being updated to reflect the national complaints guidance.)*

5. Audit Committee Report

- a. Due to challenges with technology this item was deferred to a future meeting.

6. Performance Report

- a. Caroline Hutton provided a brief update on the Trust's performance and the following key points were highlighted:
 - The Trust continued to face significant challenges in A&E, noting that winter pressures continued. Space remained a particular difficulty for Frimley Park Hospital.
 - Daily attendance numbers were regularly over 400. The Slough and Aldershot urgent centres were in place to support attendance numbers but were taking time to build and develop. Slough performance was better than Aldershot as there was some challenges with diverting patients to Aldershot.
 - Acuity of patients was high. Both ICU and Critical Care areas were busy, patient stays were longer and as a result flow and discharges were challenged and there were long waits in A&E.
 - The Heathlands facility was providing support as a community discharge unit but was mandated to close at the end of March.
 - Despite the challenges in A&E performance was at 65% for February and the previous day had achieved 79.9%. This performance included the urgent care centre numbers. There was now a requirement, from NHS England to achieve 76% throughout March which would be challenging but the Trust had implemented plans to meet the requirement.
 - Elective performance was doing well and waiting lists had recovered to pre-Epic levels.
 - Cancer performance was reasonable.
 - Risks were being managed well particularly through the industrial action to ensure patients with cancelled appointments were rescheduled.
- b. The Council of Governors asked questions on the reasons for the increase in the number of attendees in A&E, the percentage of people that attend A&E first rather than going elsewhere, the implications for missing the 76% performance target for March, messaging to the public during industrial action, challenges with length of stay and flow, alternative solutions to A&E including virtual wards and the following responses were noted:

- The increase in the numbers attending A&E was a national NHS issue and a greater understanding of the reasons was needed. Factors contributing to the numbers included populations getting older, more complex issues and patient needs that would be better served with primary care services. Collaboration with the system was continuing to address the challenges.
 - Patients attending A&E first was behavioural and required re-education. There was also the issue of space constraints which impacted on operational efficiency. The use of the urgent care centres would help in addressing the issue and social media was being used to raise awareness amongst the local population
 - There were no financial implications for missing the 76% performance target, but performance would be escalated to NHS England. The Trust was determined to achieve the 76% although it was recognised that it required significant effort.
 - Effort was made during the periods of industrial action to communicate with patients regarding attendances at hospitals. The communications were distributed across different media including through GP surgeries, 111, pharmacist websites, social media, posters etc. It was confirmed that whilst 111 would directly refer patients to the Slough urgent care centre, and to a triage service first before referring to the Aldershot urgent care centre, no person would be turned away from A&E if they attended there first.
 - Length of stay impacted flow in the hospitals, although length of stay was more challenged at Wexham Park Hospital than Frimley Park Hospital. Significant effort continued to improve length of stay, including the use of Same Day Emergency Care Units. It was hoped that these units could be used more next year which would support improvements in flow.
 - Alternative solutions to defer attendance from A&E was always being considered such as increased use of virtual wards. Examples of what others were doing such as Secamb drop in centres, consultants on ambulances to treat patients outside of the hospital was noted.
- c. Kish Sidhu commented that whilst the emergency pathway was challenged for the Trust, in other areas the Trust was performing well and consequently the Trust had received £16m of elective recovery funding and was being approached by external parties about using the Trust's services.
- d. The Council of Governors **NOTED** the Performance Report.

7. NED Appointment Recommendations

- a. The Lead Governor thanked those that had participated in the Non-Executive Director (NED) recruitment process and for the Chair's leadership throughout the process. The Non-Executive Director Remuneration Committee (NERC) recommendations were presented to the Council of Governors.
- b. The Chair reminded the Council of Governors that in September 2023 they had approved the recruitment of two non-executive directors to start from 1 April 2024, to replace Dawn Kenson and Mike O'Donovan who would come to the end of their term on 31st March 2024. The recruitment consultant chosen, through a competitive process, was tasked with finding one financially qualified person and one person from a more general and/or commercial background.
- c. There were 14 candidates long listed, seven for each position, and then a shortlist comprised of three candidates for each position.

The recruitment process followed precedent from previous years. The selection panel comprised of a combination of NEDs and Governors. Priya Singh, Chair of the NHS Frimley Integrated Care Board, had provided advice to the panel, in the shortlisting process, as the external representative but due to a diary clash had been unable to attend the final interviews. Neil Dardis had taken part in the long-listing

and shortlisting process but due to time constraints, with his impending departure had been unable to join the final interview day.

- d. The Chair explained that the two candidates, John Lisle (Finance) and Janet Rubin (General and/or Commercial) being recommended to the Council of Governors were of exceptional quality and a summary of their experience was provided to the Council.
- e. Samantha Rayner asked about John Lisle's financial qualifications and the Chair confirmed that he was a Chartered Accountant, along with his experience in finance director positions and as a chief executive officer which required him to be the accountable officer in the organisation.
- f. **Associate Non-Executive Director**
The Chair reminded the Council of Governors that they had appointed Dr Naeem Ahmed as an Associate Non-Executive Director for one year from 1st April 2024 and that the role would be reassessed at the end of one year. Naeem had contributed well during the year and due to his other considerable commitments, he had not applied for the non-executive roles but had expressed his interest, which was supported by the Chair, to extend his role as Associate for another year. Accordingly, it was recommended that Dr Naeem Ahmed's appointment be extended from 1st April 2024 for one year on the same terms as currently.
- g. The Council of Governors **APPROVED**:
 - 1) The appointment of John Lisle as Non-Executive Director of Frimley Health NHS FT from 1st April 2024 for a period of three years with standard remuneration of £13,000 per annum;
 - 2) The appointment of Janet Rubin as Non-Executive Director of Frimley Health NHS FT from 1st April 2024 for a period of three years with standard remuneration of £13,000 per annum;
 - 3) The Naeem Ahmed's appointment as Associate Non-Executive Director of Frimley Health NHS FT be extended from 1st April 2024 for one year, with annual remuneration of £5,000.
- h. **Additional Candidate**
The Chair apprised the Council of Governors of another of the candidates that was not selected for either of the roles above but was of interest as she would bring a very strong non-executive oversight, challenge and support to the Trust's work on the New Hospital Programme. It was anticipated that a non-executive director, in addition to the existing non-executive director resources would be needed for the New Hospital Programme and a conversation had taken place with this individual who expressed their interest. The Chair explained that if the situation did develop a proposal would be brought back to the NERC and Council of Governors in due course, potentially summer 2024.
- i. **Chief Executive Officer Recruitment**
The Chair provided a brief update on the recruitment of the Chief Executive Officer, noting that following Neil Dardis's departure on 31st March 2024, Caroline Hutton would be the interim Chief Executive Officer until a new Chief Executive Officer was in post. A short list of three candidates had been identified and final interviews were scheduled for 13th March. All Governors were invited to attend the presentations by the candidates which were also taking place on the morning of 13th March. The selection panel included the Lead Governor and a Stakeholder Group including some Governors. Following the interviews, a Council of Governor meeting would be held to ratify the appointment.

8. Membership Engagement

- a. The Chair set out the context for the proposed Membership Engagement Group (MEG) which would replace the Community Engagement Group (CEG). He explained that the origins of the MEG followed on from the discussions of the governors' task and finish group last year which had considered all aspects of the governor role. The task and finish group had considered that engagement with the wider

public was a responsibility of the whole Council of Governors, as was the case with other matters requiring wider population engagement such as the New Hospital Programme and the Trust strategy. It was then necessary, as a membership organisation, to fulfil the responsibilities to members, and accordingly it was proposed that MEG be constituted with a focus on four areas:

- 1) Ensuring that the Trust's membership was representative of the Trust's population;
 - 2) Supporting engagement with members;
 - 3) Promote genuine two-way engagement; and
 - 4) Support governor elections.
- b. The Chair noted that a draft terms of reference had been provided to the Council and if the proposal was supported by the Council then the terms of reference would be reviewed by MEG and recommended to the Council for formal approval.
- c. The proposal was considered by the Council of Governors and the following comments were made:
- More proactive engagement with the wider public was needed;
 - Engagement with the wider community should not be neglected;
 - The membership proportion of the population as a whole must be increased;
 - One suggestion to increase membership was to approach people as they left the hospital, as was the case with the lottery.
- d. In response to the comments made, the Chair emphasised that engagement with the wider public was a responsibility for the whole Council however if the MEG discussed initiatives that were also relevant to the wider public then these could be raised with the Council for discussion. With regard to membership targets and demographics, he advised that these were discussion topics for the MEG.
- e. The Council of Governors **APPROVED** the replacement of CEG with MEG and gave their support, in principle, to the four areas of focus for the MEG.

9. Future Membership of the Committees of the Council of Governors

- a. The Chair explained that the constitution sets out the requirement for the membership of the Council of Governor committees to be reviewed on an annual basis and as a review had not been undertaken for a while, it was appropriate to undertake one following recent changes in the Governors in November 2023. Accordingly, the Secretariat team would be contacting the Governors after the meeting to ask them to express their interest in joining or remaining on a committee. He emphasised that there was no obligation to join a committee as it was acknowledged that the governor role was voluntary.
- b. The results would be reviewed and reported to the next Council of Governor meeting. Governors would be asked to approve the membership of the committees for implementation from 1st April 2024.
- c. The different committees and forums were discussed by the Council, and it was agreed that expressions of interest would be sort for the Non-Executive Remuneration Committee, Patient Experience Involvement Group, Governance Working Group and the Membership Engagement Group. Other opportunities for governor involvement such as the Creative Arts Forum and Patient Experience Forum would be highlighted for information only.
- d. The Council of Governors **NOTED** the Future Membership of the Committees of the Council of Governors.

10. Patient Experience and Involvement Group Report (incl. Governor Quality Indicator)

- a. The Chair provided the context for the Quality Account Indicators for the Quality Account for 2024-25 and the Governors role to select a quality account indicator for inclusion within the Quality Account, which would then be monitored by the Patient Experience and Involvement Group (PEIG) during the year. To ensure that the chosen indicator was reasonable/measurable the Trust would need to approve the choice.
- b. Beth Bal, Head of Quality, Audit and Clinical Effectiveness, presented a summary of the six quality account indicators, inclusive of the Governors choice of Shared Decision Making in 2024/25 to the Council of Governors. These were:
 - 1) Improving our pressure injury prevention and management in both our acute and community hospital settings.
 - 2) Improving our recognition and management of sepsis in our Emergency Department, Adult, Paediatric and Maternity wards and units.
 - 3) Improve recognition of malnutrition on admission to hospital and risk of malnutrition in hospital and interventions to manage this and to ensure our patients have a positive experience of mealtimes.
 - 4) To improve patient, family and carers (as appropriate) experience of End of Life Care.
 - 5) To reduce the rate of trust apportioned healthcare-associated E-coli bacteraemia related to Urinary Tract Infections associated with a urinary catheter.
 - 6) To improve our patient's involvement and experience in decisions about treatment and care through Shared Decision Making (SDM) – *Governors choice*
- c. Beth thanked the Lead Governor for being an advocate on shared decision making, which she advised required a cultural change in the organisation. SDM was complex and would need to develop over time. It was proposed that the SDM for Governors focused on cancer and Beth was currently in discussion with the cancer lead to confirm the details.
- d. John Lindsay provided an update on the items discussed at the December 2023 and January 2024 PEIG meetings. He explained that the PEIG had been presented with a choice of eight quality indicators and SDM had been unanimously agreed.
- e. Both the Lead Governor and John Lindsay thanked Beth and the team for their work in presenting the choices, recognising that it required a cultural change which the Governors were keen to support. John emphasised that putting patients at the centre of decisions was the priority and selecting one pathway for SDM was the right choice to follow through from beginning to end.
- f. Linda Burke commented that the alignment of milestones within the SDM and the End of Life Care quality indicators was important.
- g. Melanie Van Limborgh advised that this was the first step in SDM and the learnings from one pathway would influence the implementation of it in further pathways. It was vital that the Trust got it right for each patient as it progressed. She further commented that having Beth as dedicated resource for quality work was significant and not always in place in other organisations. Melanie thanked Beth for all her support.
- h. The Council of Governors **APPROVED** that the Shared Decision Making quality indicator was the Governors choice.

- i. Beth Bal thanked Mike O'Donovan for all his support and guidance with producing and finalising the Quality Account each year.
- j. John Lindsay continued his summary of the discussions that took place at the recent PEIG meetings, providing a brief background to the Committee, for the benefit of those Governors that joined in November 2023. The topics at recent meetings included a detailed discussion on food and drink and nutrition, Gemba walks and quality indicators. Future discussion topics included outpatient communication, and mental health.
- k. The Chair advised that a detailed discussion on mental health was scheduled for the May Public Board of Directors meeting.
- l. The Council of Governors **NOTED** the Patient Experience Involvement Group update.

11. Public Questions

- a. There were no members of the public present to ask questions. The Council of Governor members asked the following questions:
 - a) Sarah Peacey noted that the recent refurbishment of the Cath Lab and asked whether it was expected to support the work to reduce waiting lists. Caroline Hutton confirmed that it was expected to support this work and further details on the Cath Lab would be provided in the Members Newsletter which was being published shortly. Caroline Hutton suggested that a Gemba walk could be arranged so that the team could provide more detail on the benefits of the refurbished facility.
 - b) Kevin Watts commented that several years ago on a walkabout around the hospital stock piling of catheters had been observed and at that time a suggestion had been made to adopt a just in time approach and he asked whether it had been implemented. Caroline Hutton expected that the just in time approach would have been adopted but advised that she would seek confirmation. **Action: CH** James Clarke mentioned that he had arranged for a visit to the Cath Labs team the following Tuesday and invited interested Governors to join him. The Secretariat team would follow up with Governors after the meeting. **Action: VC**
 - c) Malcolm Treen asked about the issues with the fire alarm system and Caroline Hutton explained that there had been issues with the fire alarm system at Frimley Park Hospital for a while. The system was old and over the years improvements had been made but it had recently been determined that the system was not fit for purpose and Matt Joint, Caroline Hutton and Kish Sidhu had taken action with support from external advisers including the fire brigade to resolve the issues. Caroline confirmed that the majority of the work had been completed. Whilst the work was being completed fire walkers had been in place 24/7 to monitor but it was expected that these would be scaled back soon once the fire alarm system had been tested and signed off. It was also noted that alongside the work, staff had received training, fire wardens had been identified for all areas and their names were being published on notice boards. The final sign off was expected in May.
- b. There was no other business.

12. Date of Next Meeting

- a. 24th April 2024, 17:00-18:00, Venue TBC

MEETING OF THE COUNCIL OF GOVERNORS

 25th March 2024

ACTION LOG

Agreed Action	Lead	End Date
ACTIONS COMPLETE		
16th September 2021 – 5. Complaints and PALS Report Confirm the new FHFT internal complaints process once the national complaints guidance has been published. Update: The Trust's Complaints Policy is currently being updated to reflect the national complaints guidance.	Chief of Nursing and Midwifery	31 March 2024
27th February 2024 – 11b. Public Questions Secretariat team to follow up with Governors after the meeting to confirm interest in attending a visit to the Cath Labs.	Company Secretariat	31 March 2024
ACTIONS IN PROGRESS		
27th February 2024 – 11b. Public Questions Confirm that a just in time approach has been implemented for catheter stocks.	Chief Operating Officer	30 April 2024
ACTIONS OVERDUE		
-	-	-

Report Title	Membership of the Committees of the Council of Governors
Meeting and Date	Council of Governors, 25 th March 2024
Agenda Item	7.
Author and Executive Lead	Victoria Cooper, Acting Company Secretary Bryan Ingleby, Trust Chair
Executive Summary	<p>The annual call for Members was held between Monday 4th March and Friday 15th March 2024. This paper reports back on the results.</p> <p>Following on from the Council of Governor meeting on 27th February 2024, the recent changes in Governors following the elections and Governor retirements in November 2023, it was timely to reconsider the membership of the Council of Governors committees. The Constitution also stipulates that each Council of Governor committee should review its membership annually.</p> <p>The following process was followed:</p> <ul style="list-style-type: none"> • Governors who were interested in joining or remaining on a committee (i.e., the Non-Exec Remuneration Committee (NERC), Governance Working Group (GWG), Patient Experience & Involvement Group (PEIG) and Membership Engagement Group (MEG)) were asked to express their interest. An overview of each Committee along with the current terms of reference for each was provided. • Following receipt of the expressions of interest the Trust Chair, Lead Governor and Acting Company Secretary reviewed the results against the requirements for membership and quorum contained within each committee terms of reference.
Issues/Actions	<p>The proposed membership for each Committee is attached in Appendix A.</p> <p>Please note the following:</p> <ol style="list-style-type: none"> a) As there was no interest received for the Membership Engagement Group it is proposed that all workstreams relating to member engagement will be the responsibility of the Council of Governors as a whole. If particular pieces of work require support from governors, then an invitation to volunteer for this work will be circulated.

	<p>b) It is acknowledged that there is a breach in the total membership numbers for the PEIG, but it is suggested that all governors that expressed an interest in the committee should be allowed to join. The breach can be addressed when the committee terms of reference are reviewed.</p>
Action	<p>The Council of Governors is asked to APPROVE the membership of Council of Governor committees as set out in Appendix A.</p>
Compliance	<p>Trust Constitution</p>

Proposed Governor Memberships 1st April 2024

Governor	Constituency	<i>Creative Health</i>	GWG	NERC	PEIG	TOTAL
Del Campo, Catherine	Stakeholder: Royal Borough of Windsor and Maidenhead					0
Ann, Smith	Public: Surrey Heath and Runnymede	Member		Member	Member	3
Story, Barbara	Public: Windsor and Maidenhead			Member	Member	2
Treen, Malcolm	Public: Hart and East Hampshire				Member	1
Cooper, Rod	Stakeholder: Hampshire County Council				Member	1
Ellis, Michael	Staff: Heatherwood & Community		Member	Member		2
Flower, Julia	Public: Rushmoor					0
O'Mahoney, David	Surrey Heath Borough Council					0
vacancy	Public: South Bucks					0
Monye, Theodora	Public : Slough		Member			1
Miles, Robert	Public: Slough					0
Lindsay, John	Public: Bracknell Forest and Wokingham		Member	Member	Member (Chair)	3
Naidoo, Udesb	Staff: Frimley			Member		1
Peacey, Sarah	Public: Bracknell Forest and Wokingham	Member	Member	Member (Chair)	Member	4
Meyer-Bothling, Kallie	Public: Surrey Heath and Runnymede			Member	Member	2
Rayner, Samantha	Public: Rest of England			Member		1
Wood, Robin	Public: Windsor and Maidenhead				Member	1
Thompson, Sylvia	Public: Guildford, Waverley and Woking		Member		Member	2
Fowles, Charles	Public: Hart and East Hampshire		Member	Member	Member	3

Proposed Governor Memberships 1st April 2024

Watts, Kevin	Public: Rushmoor				Member	1
Vincent, Caroline	Stakeholder: Ministry of Defence		Member			1
Chauhan, Rahul	Staff: Wexham Park					0
TOTAL	-	2 Governor members	7 Governor members	9 Governor members	11 Governor members	

Member by virtue of being Chair of either NERC or PEIG

Report Title	Patient Experience and Involvement Group Summary Minutes
Meeting and Date	Council of Governors, 25 th March 2024
Agenda Item	8.
Author and Committee Chair	Dorota Underwood, Committee Officer John Lindsay, Committee Chair
Executive Summary	<p>The attached report briefs the Council of Governors on the items discussed at the Patient Experience and Involvement Group meeting held on 18th March 2024.</p> <p>Patient Experience Communications Strategy</p> <p>The Committee received with the Patient Experience Communication Strategy and the following key points were noted regarding My Frimley Health Record (MFHR):</p> <ul style="list-style-type: none"> • The number of users onboarded onto My Frimley Health App increased; • The Trust had seen a significant improvement in its call centre performance over the last 18 months; • The response times reduced from around 10 minutes to below 2 minutes; • Abandonment rates reduced from nearly 45% to 5%, and number of calls answered within two minutes doubled from 40% to over 80% per day. The target was for 80% of calls to be answered within 90 seconds; • Overall feedback from clinical teams and patients on MyFrimleyHealth Record (MFHR) app was positive; • There number of actions on the MFHR issues log had improved; • Following a review of all letter sent out to patient, letters would now include a contact number for the specific appointment clinic • PALS contact regarding communication indicated that there were inconsistencies in the information provided to patients and the time taken to respond to queries; • There were plans to align the functionality of EPIC and the MFHR app to support with how the Trust interacts with patients, alongside the introduction of a 2-way SMS system; • Future plans also included digital appointment letters, which would comply with Accessible Information requirements, although hard copy letters would still be sent to patients who opted out from digital letters and to those who did not access digital letter within 48 hours; • The team were considering further opportunities over the coming years to enhance the service for the patients, including focus on increasing in MFHR app enrolment, short -notice appointment communications, urgent message updates, certain pathways diagnosis via SMS/digital letter, improved pathway support via questionnaires and waiting list validation. <p>The Committee had an in depth discussion around the MFHR app, patient expectations and engagement campaign to increase number of users.</p>

	<p>Quality Account Indicator</p> <p>The Committee was presented with a Shared Decision Making (SDM) summary guide and 9-item Shared Decision Making Questionnaire. The main points included:</p> <ul style="list-style-type: none"> • Shared Decision Making was a joint process, in which healthcare professionals work together with a patient to reach a decision about care; • SDM involved choosing tests and treatments based both on evidence and on the patient’s individual preferences, beliefs and value, which empowers patients to make decisions about the treatment and care that is right for them at that time; • SDM ensured the patient understands the risks, benefits and possible consequences of different options through discussion and information sharing, facilitating a good understanding of the benefits, harms and possible outcomes of different options; • SDM allowed patients the opportunity to determine the degree of involvement they would like in decision making • The Trust’s Ear, Nose and Throat team was the first to pilot SDM. The decision tool was sent out via the MFHR app prior the visit and was found to improve the discharge process; • The Breast Cancer team had agreed to adopt SDM for the Quality Account Priority. <p>The Committee discussed the next steps in relation to Governor involvement, training, SDM roll out and monitoring.</p> <p>Minutes of the Quality Assurance Committee and Patient Experience Forum</p> <p>The Committee noted the Quality Assurance Committee and Patient Experience Forum minutes.</p> <p>Review of GEMBA Walk Outcomes</p> <p>The Committee was presented with the GEMBA reports for the period of December 2023-March 2024. The Committee discussed the report, outcomes and governor participation.</p> <p>Preview discussion on focus for next topic – Mental Health</p> <p>The Committee discussed future deep-dive topics and considered Mental Health as a topic of next PEIG meeting but agreed to explore it further.</p>
Action	The Council of Governors is asked to NOTE the summary minutes from the Patient Experience and Involvement Group meeting held on 18 th March 2024.
Compliance	Trust Constitution and Committee Terms of Reference.