

Patient and Carer Experience (PaCE) Panel Meeting

Held on 10/08/2020
via Video Conference

MINUTES

Present:

Chair: Kara Blackwell, Deputy Director of Nursing (KB)
Sarah Thomas, Panel Member (ST)
Bob Ruane, Panel Member (BR)
Greg Smith, Panel Member (GS)
Janet O'Loughlin, Panel Member (JO'L)
Lynn Pickavance, Panel Member (LP)
Dawn Thorns, Panel Member (DT)
Trish Rowson, Interim Associate Director of Nursing for ED & Urgent Care (TR)
Ruth Smith, Lead for Patient Experience (RS)
Ellie Gunner, Patient Experience Assistant (EG)
Stephanie Young, Matron Scheduled Care (SY)
Katy Moynihan, Lead Nurse for Theatres (KM)
Deborah Millington, Matron Surgery (DM)
Joanne Yale, Head of Facilities (JY)
Jill Whitaker, Lead Midwife for Acute and Outpatient Services (JW)
Amanda Royle, Centre Manager Radiology (AR)
Alex Lake, Therapy Quality Improvement Lead (AL)
Lynn Atkin, Lead Nurse for Women and Children's (LA)

Apologies:

Colin Stockton, Panel Member (CS)
Anthea Gregory-Page, Deputy Head of Midwifery (AG-P) (called away at the beginning of the meeting, replaced by JW)

Item 1.0 Chair's Welcome and Apologies For Absence

Item 2.0 Minutes of the Previous Meeting

The minutes were approved as a correct record. KB noted it would be beneficial to include an action log going forward.

GS requested the car parking leaflet be discussed at the next meeting.

Action: Include car parking leaflet as an item on the next meeting's agenda.

Item 3.0 CQC Report Findings and Actions

KB gave an update on the CQC report findings. The following points

were made:

- The CQC inspections took place in November 2019 and February 2020 across both sites. At PRH, the urgent and emergency care, medical care, surgery, maternity, children and young people, end of life care, and outpatient services were inspected. At RSH, the urgent and emergency care, medical care, surgery, end of life care and outpatient services were inspected.
- The CQC, again, visited SaTH on the 9th and 10th June 2020 to visit a number of wards and to speak to staff in relation to: end of life care; ReSPECT forms (recommended summary plan for emergency care and treatment); falls; pressure ulcers; use of bed rails; and, learning from incidents. Results from the visit and currently pending.
- The Trust has established a quality improvement plan which is managed by Elaine Jeffers, the new CQC improvement lead. This includes 94 must-do and 93 should-do (187 total) actions identified by the CQC and are broken down by care group.
- Each action is assigned to a responsible lead, given a timescale to complete and the status is monitored (i.e. off track, in progress, complete, embedded). 63% of the total actions have been completed.
- KB noted the reports and actions will be further discussed at the next meeting.

Action: Include CQC reports and actions as an item on the next meeting's agenda.

GS asked why the link between Trust management and quality of care, in the summary of findings, was poor if the Trust is supported by the Virginia Mason Institute (VMI). KB noted that, whilst the VMI do improvement work e.g. with patient safety and theatre pathways, the issue is wider than the VMI and stems around culture (i.e. ensuring the Trust values are lived). This includes how the Trust appoints staff (i.e. values-based interviewing) and supports them through their career (i.e. empowering staff to become innovators and leaders). GS requested that a report on how the Trust is improving leadership is brought to the next meeting.

Action: Include an agenda item on Leadership improvement within SaTH at the next meeting.

KB introduced TR as the Interim Associate Director of Nursing for ED & Urgent Care. TR gave an update on the ED-focused findings and actions from the CQC inspections. The following points were made:

- Betty Lodge (BL) has been appointed as a substantive (permanent) Head of Nursing. BL has replaced Claire Hughes who was providing support in an interim position.
- 157 of the 187 actions identified by the CQC belong to ED. TR noted one particular focus is to engage and empower staff to implement change. Whilst this is a long-term goal, improvement is

already being seen in ED, as a foundation for change is now in place.

- ED have a patient experience improvement plan based on the national patient experience framework, which incorporates 6 indicators (leadership, organisational culture, capacity and capability to effectively collect feedback, analysis and triangulation, using patient feedback to drive quality improvement and learning, and reporting and publication).
- Actions included on ED's patient experience improvement plan include:
 - Improving the response rate to the Friends and Family Test (FFT) by telephoning patients who have received treatment and returned home. There is currently a 30% response rate.
 - Send the national urgent and emergency care survey to patients each month to collect further feedback.
 - Establish working groups which involve patient representatives. Anyone who is interested in being involved with this should contact sath.patientexperience@nhs.net (emails to EG will not be picked up between 17th Aug – 4th Sep 2020).
 - Hold focus groups to gather rich and detailed patient feedback. The first focus group will be held at the end of August.
 - Introduce a patient experience report for ED to measure and report on the effectiveness of new and existing feedback methods (triangulation).
 - Prompt culture change by encouraging and empowering both patients and staff to communicate and engage.

LP asked if the ratings were the same across both sites, overall, SaTH is rated as inadequate in 4 domains and rated as requires improvement in 1 domain.

GS asked if a random sample of patients could be approached directly for feedback. FFT is completed by a random sample of patients, carers and visitors. The urgent and emergency care survey questions are approached via a more focused effort. If focus groups prove successful, recurrent themes identified via the urgent and emergency care survey will be discussed in focus groups on a monthly basis.

BR asked if patients were involved in the production of the urgent and emergency care survey. As it is a national survey, the questions were produced with patient involvement. TR noted that Trusts are only required to complete this survey annually, but by asking patients to complete this on a monthly-basis, a large proportion of valuable feedback can be sought.

GS asked if ED will report back to patient as how to their feedback was used. "You Said, We Did" boards have been installed in both ED departments. Whilst in the early stages, the feedback given to patients on how their feedback was used will grow over time. GS noted that the Trust is not good at feeding back to those share their views. TR assured that feeding back to patients is vital in the ED patient experience improvement plan.

GS asked about the improvement alliance with University Hospitals Birmingham NHS Foundation Trust. KB noted that, as this was released on Friday 7th August 2020, the Trust is currently working through the details and, as such, KB is unable to share further information on how it will work and when it will begin. GS asked for an update to be given at the next meeting.

Action: KB to report on the improvement alliance with University Hospitals Birmingham NHS Foundation Trust.

KB noted that going forward TR and BL are the Trust links for ED. GS asked for DT's contact details to be passed onto TR.

Action: EG to share DT's contact details with TR.

Item 5.0 Quality Priorities for 20/21

The following were noted as Trust priorities:

Safety, including:

- treating Sepsis and recognising deterioration,
- learning from serious incidents and sharing learning,
- infection Prevention and Control (IPC) priorities,

Effectiveness, including:

- learning from deaths,
- being compliant with National Institute for Health and Care Excellence (NICE) guidelines,
- cancer pathways,

Patient Experience, including:

- learning from complaints,
- engagement, and
- children/young people transitioning to adult services.

KB thanked panel members for their suggestions and noted GS's suggestions including (1) addressing patient feedback (2) addressing the actions identified by the CQC, and (3) gathering detailed feedback via methods such as interviews, are all important priorities and will be incorporated within the Trust priorities. KB suggested if GS wishes to be involved in taking this work, he can be.

Action: GS and RS to explore how this work can be taken forward.

KB noted there was a new Director of Governance, David Holden, who would be taking the quality strategy forwards. KB suggested it may be useful to have an update on the quality priorities every other meeting and patient representatives can be involved as they wish.

Item 4.0 National Inpatient Survey results

RS noted the 2019 results for the National Inpatient Survey were published by the CQC on the 2nd July 2020. These results report on patient's experiences between September and December 2019, and included patients treated at the Trust during July 2019. The data is effectively one year old.

A total of 615 usable questionnaires were completed and returned to the Trust. This gave a response rate of 51.16% which compares favourably to the national response rate of 45%.

Results indicate that for the majority of questions, patients rated their experience as 'About the Same' as other Trusts (59 questions). In addition to this, of the questions which were comparable to those used the previous year, the vast majority (57 questions) did not demonstrate a statistically significant difference in score.

When reviewing the questions which scored lower, the Trust results were significantly lower than the national average for four questions: 1 regarding food choice and 3 regarding discharge home from hospital. There are 4 questions where the Trust demonstrates a statistically significant decline from 2018 to 2019: 2 regarding food and 2 regarding discharge.

Whilst previous National Inpatient Surveys have been led by the Trust Clinical Audit Team, the 2019 survey was led by an approved survey contractor, Patient Perspective, who were commissioned by the Trust. Within the report all questions which demonstrate a change of 5% or greater on the previous year's data are highlighted regardless of statistical significance. This approach identified 10 questions of which 6 are linked with discharge from hospital.

The themes which were identified support feedback which has been received from patients during focus groups (discharge from hospital) and patient assessors on PLACE assessments (food). This gives assurance that the Trust are aware of improvements which need to be made through listening to what matters to patients and a number of priorities have been identified to improve the service, including:

Discharge home from hospital

- Increasing the number of Patient Journey Facilitators to support patients who are fit for discharge but require ongoing home support
- Providing an increased focus on identifying and supporting carers
- Introducing patient pathways to provide specialised rehabilitation in community hospitals
- Establishing enhanced discharge summaries to improve communication with Primary Care colleagues

- All adult patients with a hospital stay of 14 days or greater are tracked to expedite treatment and discharge and ensure there are no unnecessary delays, and
- Establishing an integrated discharge hub to support rapid complex discharges, supporting patients to be discharged home or to a therapeutic environment.

Quality and choice of food

JY noted that to address the issues regarding food, the Trust has taken a number of steps which include:

- Introduction of a new menu at PRH which extends the hot meal choice from 2 options to 4 options,
- A hostess meal service is being piloted at RSH with plans to introduce this across all of RSH in September 2020,
- The Trust will introduce menus in different languages, large print and easy read format, and
- Regular tasting sessions of patient and staff food will be introduced, involving patient representatives.

A Trust workshop on the survey will be delivered to Senior Nurses in September which will incorporate the key actions. It would be beneficial to increase the sample size for the survey in 2020 to enable the results to be broken down further by ward/department, rather than by site. This will help to identify which areas need further support to improve patient experience and gives ownership to each Ward and Department.

GS stated the score of 1.2 out of 10 for 'patients being asked to give their views about the quality of their care during their hospital stay' was abysmally low but, as it measured 'about the same' as other Trusts, SaTH was no worse than anyone else. It was noted that SaTH could do better.

KB also noted questions where SaTH performed worse than the national average are now included in the monthly Matron survey to monitor performance.

JO'L questioned how the discharge process has improved and how this is measured. RS noted a discharge hub has been established, meaning support goes in at an earlier point for complex discharges. A multidisciplinary approach is taken by the discharge liaison team, who link in with community organisations and social services, where appropriate.

Item 6.0 Next Steps

1. The patient experience annual report will be circulated and discussed at the next meeting.
2. A written update from the Hospital Transformation Programme was circulated via email on the 4th August. A representative will be invited to the next meeting to provide a verbal update on the plans and

timescales.

3. Care groups will be expected to give an update at the meetings. SY agreed to give an update at the next meeting on behalf of Scheduled Care. ED will give an update at the following meeting.

Action: SY to give an update on behalf of Scheduled Care at the next meeting.

Action: BL/TR to give an update on behalf of ED at the following meeting.

4. An update on the CQC actions will be given at the next meeting.
5. An update on how the Trust is improving leadership will be given at the next meeting.

GS asked if the patient experience strategy was included in the patient experience annual report. The patient experience strategy was drafted earlier this year and Lesley Goodburn (NHSE/NHSI Lead for Patient Experience) was due to meet with RS in March to refine the document. However, due to COVID-19, the meeting was postponed and the strategy has not since progressed. KB suggested an update of the NHSE/NHSI work with the patient experience strategy would be beneficial at the next meeting.

Action: RS to give update on NHSE/NHSI work with the patient experience strategy.

BR asked if there is a possibility University Hospitals Birmingham NHS Foundation Trust will change everything within SaTH. KB noted they cannot change the CQC action plan, as SaTH are held to account by the CQC. Further detail will be given at the next meeting.

Item 7.0 Any Other Business

DT was contacted by Claire Hughes (Interim Head of Nursing for ED). As BL has now replaced CH as a substantive member of staff, DT's contact details will be passed over.

Close

Date and time of next meeting:

Monday 14th September (10.00am – 12.00pm) via Microsoft Teams

Action Log	
1. Include car parking leaflet as an item on the next meeting's agenda.	
2. Include an update on CQC reports and actions on next meeting's agenda.	

3. Include an item on how the Trust is improving leadership at the next meeting.	
4. KB to report on the improvement alliance with University Hospitals Birmingham NHS Foundation Trust.	
5. EG to share DT's contact details with TR.	10/08/2020
6. RS to engage with GS regarding gathering detailed feedback via methods such as interviews.	
7. Include patient experience annual report as an item on the next meeting's agenda. Circulate in advance of the meeting.	
8. Include HTP update as an item on the next meeting's agenda.	
9. SY to give an update on behalf of Scheduled Care at the next meeting. BL/TR to give an update on behalf of ED at the following meeting.	
10. RS to give update on NHSE/NHSI work with the patient experience strategy.	

Outstanding actions from previous meetings			
Action	Who by	Date	Updates
<i>Way Finding Strategy – Establish a task and finish group to develop a way finding strategy. KM, KB and KateB agreed to be part of group, an email will be sent out to invite members to join. Progress to be discussed at the May meeting.</i>	KM / KarenB / KateB / Estates	June 2019	<ul style="list-style-type: none"> Update 30/5/2019 – CH group not formed fully as yet. GS, LP and J'OL interested and awaiting emails for update/invite. 24/10/2019 – Update given at PaCE meeting Meeting between RS, KateB and CH took place on 26/02/2020.
<i>Each care group, including Estates and Facilities, to bring key focus of an action plan to PaCE Panel Meeting to devise work plans.</i>	Each care group including Estates and Facilities	Oct 2019	<ul style="list-style-type: none"> Outstanding action plans that need to be presented (as of March 2020 – meeting not quorate, therefore postponed): <ul style="list-style-type: none"> - Maternity - Paeds - Emergency Services
<i>PaCE Panel members interested in designing a parking information sheet to email RS. A meeting will be organised between RS, Sue Hambleton and PaCE Panel members who have expressed an interest in being involved.</i>	RS		<ul style="list-style-type: none"> 30/01 – meeting took place, draft of possible leaflet to be discussed. Update - leaflet produced, text approved by Facilities and the patient information panel. The leaflet is presently having graphics designed.
<i>Agree a timeline of communication, to speed</i>			<ul style="list-style-type: none"> To be reviewed with Terms of Reference, once

<i>up the process of sharing actions with PaCE Panel members.</i>			patient experience action plans have been presented.
<i>Invite EM to provide an update on the LWBC Programme in July 2020.</i>	EG	01/07/2020	<ul style="list-style-type: none"> • EM not yet been contacted due to long-term leave
<i>Explore how the Quality Walks and Observe and Act coincide.</i>	RS and KM		<ul style="list-style-type: none"> • Meeting between RS and KM took place on 17/02/2020. Action will be discussed at next meeting. • Update – Quality Walks and Observe and Act temporarily suspended due to COVID-19.