

**Draft meeting notes from People's Panel meeting  
21<sup>st</sup> December 2018, 11.30am  
Room B, Education Centre, PRH**

**Attendees:**

Chair: Helen Jenkinson, Deputy Director of Nursing and Quality, SaTH (HJ)  
 Ruth Smith, Lead for Patient Experience, SaTH (RS)  
 Martin Foster, Associate Director of Estates (MF)  
 Louise Macleod, Maternity Voices  
 Jill Whitaker, Matron (JW)  
 Greg Smith, Panel Member (GS)  
 Karen Breese, Clinical Specialist Dementia (KB)  
 Colin Stockton, Panel Member  
 Julia Palmer, Head of PALS & Complaints (JP)  
 Katy Moynihan, Lead Nurse Theatres (KM)  
 Glen Whitehouse, Radiology  
 Jo Yale, Head of Facilities (JY)  
 Natalie Parkinson, Panel Member (NP)  
 Gary Caton, Head of Nursing, Unscheduled Care  
 Julie Southcombe, Panel Member (JS)  
 Hannah Roy, Volunteering and Governance Manager  
 Andrew Tapp, Care Group Medical Director – W&C and Clinical Support Services Care Groups  
 Janet O'Loughlin, Panel Member (JO'L)  
 Jules Lock, EoLC Volunteer (for patient story agenda item only)  
 Judith Barnes, Personal Assistant to Corporate Nursing Team (JB)

**Apologies:**

Deirdre Fowler, Director of Nursing, Midwifery and Quality  
 Ann Lewis, Panel Member  
 Kate Ballinger, Community Engagement Facilitator  
 Kath Preece, Head of Nursing, Scheduled Care  
 Jackie Jones, Panel Member  
 Robert Ruane, Panel Member  
 Dawn Thorns, Panel Member  
 Lynn Pickervance, Panel Member  
 Sarah Thomas, Panel Member  
 Sheila Fryer, Care Group Director, Clinical Support Services (SF)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	Helen Jenkinson welcomed everyone to the meeting. Apologies were noted.	
2.0	Minutes	
	These were agreed for accuracy.	
3.0	Action Points from previous minutes	
	Terms of Reference to be finalised following the meeting held in December.	

	<p><i>Action: RS to finalise and include glossary</i></p> <p>Each of the Care Groups will attend meetings with an Action Plan and update the group on actions which are being taken to improve patient experience within their area.</p> <p>Clinical Audit will be invited to future meetings and asked to provide a quarterly update on FFT and patient surveys.</p> <p>As the meeting develops, extra groups will form from the meeting and the invites will grow. It is intended that a Carers Group will develop along with an Exemplar Programme Group.</p>	
4.0	<p><b>Patient Story</b></p> <p>Jules Lock, an End of Life Care (EoLC) Volunteer offered to attend the meeting and provide a patient story. Jules has been involved with the Trust for the past 4.1/2 years. Jules visited another hospital 2 years ago with the SaTH EoLC Facilitator, Jules Lewis which resulted in the introduction of EoLC volunteering at SaTH and the Swan Scheme, along with the development of training. The thought process behind this is that no one should die alone. Jules commented it is surprising who is alone in the hospital, who do not have any friends and family to visit. A further area that Jules has been involved with is 'nil by mouth' signage and have reviewed this to assist with the end of life care for the patient by using a swan sign rather than the wording, to enable clinicians to know straight away they are patients at the end of their life.</p> <p>Jules will continue with her volunteering work with the EoLC Team and focus on what is important to the patient.</p>	
5.0	<p><b>CQC Update</b></p> <p>HJ went through the CQC feedback following a series of slides. The presentation picks up on areas that the Trust is yet to implement, and equally the Trust needs to celebrate what is good. The Trust has improvements to make, and this is the same for other Trusts around the country.</p> <p>Key points to note :</p> <ul style="list-style-type: none"> <li>• 81 actions are to be addressed</li> <li>• Responses to the report will be made by the 11/1/2019 and 19/2/2019</li> <li>• Continuous improvement to be in place</li> <li>• The Trust is working with Moorhouse Consultants in groups, and working alongside the KPO/VMI Team.</li> <li>• The Executive Team are focusing on the action plan</li> <li>• This is journey and will take a long time to facilitate. A change is being felt/experienced within the organisation</li> <li>• The meeting was reminded that the CQC only came in for a short period of time</li> <li>• The Trust is receiving best practice from external organisations, eg infection control lead nurses to assist. It should be noted, in previous years, external organisations have sought help and advice from SaTH. The Trust is a leader in the country for TNA's, and is bringing the HCA's to TNA levels.</li> <li>• The Trust and Regulators were aware of a lot of the issues identified prior to the CQC inspection taking place, such as A&amp;E closure at PRH, and the boarding of patients where the risks were mitigated.</li> <li>• The Trust were aware of the gaps in the organisation following a Deloitte review</li> <li>• There has been an improvement in staff morale since the inspection, which is evident on SaTH social media, and this</li> </ul>	

	<p>positive morale is bringing staff across the Trust together</p> <p>The panel asked if the public know, and it would be good practice to let the public be aware of the consultants and process surrounding the Trust being placed in special measures.</p>	
6.0	<b>SaTH Vision</b>	
	This agenda item was request by a panel member, with particular attention to the competency statement under safety element of the vision.	
7.0	<b>PLACE</b>	
	<p>This paper was not issued prior to the meeting and the Place 2018 Exceptions report was issued out and reviewed in the meeting.</p> <p>PLACE is a national standard, and future builds will incorporate the PLACE standards.</p> <p>Suggestions around the room included the :</p> <ul style="list-style-type: none"> <li>• Focus on patients dementia who have a visual impairment</li> <li>• Focus on improvements that will have the biggest impact on the highest number of patients</li> <li>• Focus on simple inexpensive improvement that will have the biggest impact, to ease patients who are having life changing experiences</li> <li>• Review some elements of the catering provision, in particular food for the childrens ward and undercooked food.</li> </ul> <p>A business case for change of the food delivery system at RSH to a hostess system is underway.</p> <p>Paediatric food menus are being looked at, NP expressed an interest in being a part of this work.</p> <p><i>Action: Task and Finish Group (to provide costings, survey and agree priorities) to be put into place to follow up recommendations. There is £50,000 set aside to facilitate the recommendation by the financial year end. MF would like to build on this for FY2019 once FY2018 recommendations have been satisfied. The Task and Finish Group will prioritise and cost up the recommendations. Costings to be brought to the next PaCE Panel to enable priorities to be agreed.</i></p>	
8.0	<b>Care Group Updates</b>	
	<p><b>Scheduled Care:</b></p> <p>This verbal update was provided by KM.</p> <ul style="list-style-type: none"> <li>• The Trust has experienced cancellations for surgery due to escalations which has had an impact on complaints.</li> <li>• Consideration to lessons learnt last year over the winter period, and looking at what can be done differently. MF added from the Estates perspective, a Vanguard Unit plus another ward will be available, which will require staffing</li> <li>• Rapid improvement event held in Day Surgery, which will enhance the patient experience.</li> <li>• Pre-op visits have appeared very effective, information received from volunteers that this has been good.</li> <li>• Looking at ways to contact patients one/two days in advance to advise of last minute changes. NH asked was there information available on letters such as cut off times should any appointments</li> </ul>	

	<p>need changing, this would assist patients needing a lift, days of work, childcare, etc.</p> <ul style="list-style-type: none"> <li>• Forward planning for winter - looking to reduce appointments booked throughout the day if this is unachievable. A piece of work is underway to review the appointment slots.</li> </ul> <p><b>Unscheduled Care:</b> Update to be provided with the minutes</p> <p><b>Midwifery :</b></p> <ul style="list-style-type: none"> <li>• GW attended the meeting on behalf of Midwifery, and explained about the project undertaken for Womens and Childrens, which is looking nationally at still births. GW has been into the community/schools to raise awareness and worked alongside maternity voices in partnership. The project is also working on bracelets and fridge magnets to raise awareness. Pop-up units in shopping centres are planned, it is important to educate everyone, not just pregnant women, educate families, children, adults, grandparents.</li> <li>• GW handed out a patients recent feedback.</li> </ul> <p><b>Womens and Children's:</b> A representative was not available to attend.</p> <p><b>Clinical Support Services:</b> This verbal update was provided by GW</p> <ul style="list-style-type: none"> <li>• Constraints regarding capacity and demand, the team are trying to improve early access to diagnostics.</li> <li>• GW commented that the radiologist will always be asked by the patient how long will they have to wait for their results and what delays they are to expect, delays are a national problem.</li> <li>• The routine reporting pathway is 2 weeks and the urgent pathway is 1 week. If the team are unable to meet these targets then they are outsourced to an external provider.</li> <li>• The Care Group are trying to increase capacity through various recruitment campaigns and exploring advanced practice, new pathways for reporting by Radiographers.</li> <li>• The Care Group have recently recruited a Consultant Radiologist and now the Care Group is working with the League of Friends with a bid to purchase 4 additional working stations to support training, with the aim to achieve better outcomes/quicker results for the patients.</li> <li>• HJ congratulated the Radiology Department for the work being undertaken.</li> <li>•</li> </ul>	
9.0	Improvement Work Updates	
	There was no information for this agenda item.	
10.0	Sub-Groups	
	<p><b>Carers</b> - RS asked the meeting if anyone would like to join this Group. NP expressed an interest in joining</p> <p><b>Observe and Act</b> – Observe and Act is a process of looking at practice from the public/patients view point. For example, a recent Observe and Act carried out showed issues with signage, access to water, and an automatic door not working. Addressing these issues within this one area should be quick wins.</p> <p>JS and JO'L expressed an interest in training in Observe and</p>	

	Act, and to offer their help in this group. Post meeting note: GS would like to join too.  <i>Action: Care Groups to feedback on Observe and Act action plans for areas which have been visited at each future PaCE Panel meeting.</i>	
	HJ thanked everyone for attending the meeting and wished everyone a safe journey home and good Christmas and New Year Break.	

**Date of next meetings –**

**24<sup>th</sup> January 2019, 9.30 to 11.30am, Room A, Education Centre, PRH**

**28<sup>th</sup> February 2019, 9.30 to 11.30am, Innovation Suite, RSH (please note change of venue)**