

**Draft meeting notes from PaCE Panel meeting
28th February 2019, 9.30am
Innovation Suite, RSH**

Attendees:

Chair: Ruth Smith, Lead for Patient Experience, SaTH (RS)
 Chair: Helen Jenkinson, Deputy Director of Nursing and Quality, SaTH (HJ)
 Jill Whitaker, Matron (JW)
 Greg Smith, Panel Member (GS)
 Karen Breese, Clinical Specialist Dementia (KB)
 Julia Palmer, Head of PALS & Complaints (JP)
 Katy Moynihan, Lead Nurse Theatres, Scheduled Care (KM)
 Natalie Parkinson, Panel Member (NP)
 Robert Ruane, Panel Member (RR)
 Janet O'Loughlin, Panel Member (JO'L)
 Judith Barnes, Personal Assistant to Corporate Nursing Team (JB)
 Ann Lewis, Panel Member (AL)
 Dawn Thorns, Panel Member (DT)
 Chris Hood, Head of Operational Estates, SaTH (CH)
 Gary Caton, Head of Nursing, Unscheduled Care (GC)
 Emma Dodson, Matron Ward 19/Outpatients, Womens and Children's (ED)
 Lynn Pickervance, Panel Member (LP)
 Colin Stockton, Panel Member (CS)
 Jackie Jones, Panel Member (JJ)
 Sally Allen, Clinical Governance Manager (SA)
 Sarah Thomas, Panel Member (ST)
 Kirsty Tivey, Pharmacy, Clinical Support Services (KT)
 Alex Lake, Therapies, Clinical Support Services (AL)
 Sue Hambleton, Facilities Business Manager (SH)

Apologies:

Jo Yale, Head of Facilities (JY)
 Hannah Roy, Volunteering and Governance Manager (HR)
 Kate Ballinger, Community Engagement Facilitator (Kate B)
 Deirdre Fowler, Director of Nursing, Midwifery and Quality (DF)
 Andrew Tapp, Care Group Medical Director – W&C and Clinical Support Services Care Groups (AT)
 Julie Southcombe, Panel Member (JS)
 Kath Preece, Head of Nursing, Scheduled Care (KP)
 Louise Macleod, Maternity Voices (LM)
 Martin Foster, Associate Director of Estates (MF)
 Sheila Fryer, Care Group Director, Clinical Support Services (SF)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	Due to the Chair's preceding meeting running over Ruth Smith stepped in as Chair and welcomed everyone to enable the meeting agenda to start as planned. Helen Jenkinson attended the meeting during the Future Fit update and took over as Chair from this point.	

2.0	Minutes	
	<p>These were agreed for accuracy. It was commented that the minutes did not always pick up individual names and all Panel members were in agreement that their initials can be detailed on the minutes. GS commented that the minutes were good and acknowledged that the CQC update was useful to Panel members, along with the reference made to Who's Who.</p>	
3.0	Action Points from previous minutes	
	<p>The Action log was reviewed. Comments made as follows : ED representing W&C – confirmed that W&C have looked at different ways to increase FFT feedback, such as leaving in parents rooms, at the nurse's station, providing on discharge and including them in the feedback packs, etc. The best response is when a member of staff hand it out, however this is not sustainable. A suggestion of texting was made along with email. There is a criteria Clinical Audit need to follow. A further suggestion was using volunteers to assist with the process. RS added that there is potential to develop the role of the volunteer. The Trust are looking into the use of iPads, however staff are still needed to facilitate. W&C are using the pants and tops test to increase feedback. SA confirmed that they are specific questions and FFT cannot be changed due to being mandatory set of government question, however DT commented that they are not the most useful set of questions. The FFT is complimented with additional surveys that have been introduced by the Trust. The surveys captured on RaTE will be moving to Gather which will enable FFT to be captured electronically and can include staff experience. Dementia – KB is on the agenda to present at today's PaCE meeting. FFT – Further exploration work to take place to increase responses Engagement plan – still being worked on by KB Informatics breakdown – to be brought to next meeting Survey and new ward invites - still being worked on by KB The quarterly engagement update – still waiting for this – to be on agenda for next meeting</p>	
4.0	Update on Future Fit	
	<p>Louise Jones (LJ), Clinical Programme Lead for Sustainable Services presented an update on Future Fit. A series of FAQ's were handed out to compliment the presentation. The objective of Future Fit is to improve patient experience and flow. Consultations offered two options, with option 1 chosen. Future Fit have engaged with teams of Architects, working on plans with a spend of £312M. Full completion is planned for 2023. High level plans are in place currently, which will be signed off by various clinical leads, with regard to areas such as safeguarding, dementia, IPC etc. Future Fit are working with VMI the following week, including a 3P event involving task and finish groups at specialty levels. An outline case will be provided July 2019. Travel considerations have been recognised from the public consultation. There is an increased recognition of the need to gain patient and public input, the Future Fit Team will link in with RS and KB as this will be essential, along with working with the CCG to ensure community involvement. LJ invited any involvement from the PaCE panel, members were encouraged to make RS know if they would like to be involved. Louise asked if she could return to give a future update on progress of Future Fit. GS asked where New Cross, Oswestry and Staffordshire fit in to the plan? LJ outlined that all services which presently go out of county will continue to do so however there may be an opportunity to explore moving some services back locally. JJ highlighted that this links in with Shropshire closer to home work. LJ agreed</p>	

	<p>that Future Fit is looking to shorten care on arrival, and working with paramedics to provide this on site where the medical emergency takes place. The CCG has aspirations to provide care closer to home, and are aspiring to reduce admissions by working with the Trust and Stakeholders. There is a system wide involvement, SaTH cannot do this alone.</p> <p>DT commented there are still concerns by the public that A&E will be lost. People are worried that Urgent Care Centre will be put into place instead.</p> <p>HJ responded that the Public are still not understanding what UCC is and the Trust can learn from activity in Manchester and the work carried out by GP's. A huge communications exercise is needed, and clarity for signposting. LJ outlined that there will be a large communication exercise to inform the public.</p> <p>Action : <i>invite the Future Fit Team to provide an update in 3 months</i></p>	
5.0	Introduction to the Medical Examiner Role	
	<p>JP introduced this to the meeting. This post has been introduced nationwide following the Shipman enquiry. A pilot has been supported to introduce the Medical Examiner role who will agree the cause of death, they will be supported by Medical Officers and the role will add an extra layer of support - it will involve a 24 hour timeframe for review. This process is still process of being set up and the Trust is looking for patient representatives to be involved to ensure this is a family friendly process. Commitment will be attendance to a couple of meetings and will be a phased introduction. It will start this year and be implemented 1st April 2019 and fully implemented April 2020.</p> <p>If any PaCE Panel members would like to be involved please inform RS.</p>	
6.0	Patient story	
	<p>The patient story was provided by Unscheduled Care and presented by Gary Caton, Head of Nursing. It was covering a recent visit by Healthwatch in A&E. It was a positive experience.</p> <p>JO'L agreed it was a good experience, however stated not all experiences in A&E are good.</p> <p>HJ explained you cannot teach kindness, a nurse is seen as a role model in the provision of care. GC and the Care Group can reflect on the learning. Good mannerism is necessary in a public facing role, eg receptionists used to receive customer services training.</p> <p>HJ outlined that all staff are recruited through values based interviews to ensure that staff reflect the values of the organisation.</p>	
7.0	FFT and Patient Surveys	
	<p>SA explained that FFT is given out to all areas. It is given out in Outpatients, A&E, Wards, Departments and Maternity. Cards are given at point of discharge and completed within 72 hours. It is a tool currently available to monitor feedback. Improvements in satisfaction have been made in January with a recommendation of 97.1% however the response rate has dropped slightly at 11.3%.</p> <p>A few months ago SaTH has had the highest A&E response rate in the country. All staff are given 10 cards at the start of their shift to give out during their shift. The Trust does take part in national and local surveys. Local and national A&E surveys are completed which are more valuable and the comments received are more useful.</p> <p>There is limited flexibility to change the approach as they are national questions which have to be asked.</p> <p>Inpatient surveys have just been submitted with results available in April. Other surveys include children and young peoples, dementia carers, maternity, local surveys, carer and patients with learning disabilities, ongoing bereavement survey, plus more including a breast survey (twice yearly).</p> <p>Action : <i>provide a glossary on the FFT</i></p>	
8.0	Dementia Service	
	<p>KB provided a presentation on the dementia service giving a background on the team's development. The team undertake a screening tool which has recently</p>	

	<p>moved onto an Ipad, improving the time taken to complete a screening by 40%. Lots of people are still not being diagnosed, and the Trust has seen an increase in people from 2015 to 2018.</p> <p>The team attend A&E daily at 7.30am, they work with the A&E and Acute Medical Unit (AMU) staff to increase awareness and improvements are being seen. A&E are more aware of making reasonable adjustments, utilising cubicals which are quieter to improve the patients experience.</p> <p>The butterfly scheme has been introduced in the Trust, with the Dementia Team constantly promoting the service, eg wearing t-shirts with a butterfly on the front and printed on the back. Future Fit will make a big difference, minimising the movement of patients.</p> <p>KB stated being kind, introducing yourself and good manners can make a huge impact on the patient. KB is involved with the yearly statutory training. Online training is good, but being a role model on the wards is a better experience for staff and patients. An explanation of the This is Me passport was given, and that each area has a butterfly box. As a team, they are constantly raising money to replace resources and invest in new initiatives - a good example of this is the dementia café. This is involving lots of people in the community. The Team and Trust signed up to the campaign enabling anyone who knows the patient best – to join them at any time.</p> <p>There are 2 expert carers who attend the dementia café to assist others, giving support and advice.</p> <p>The team have been involved with the new ward – highlighting how using the right colours can make a difference.</p> <p>KB highlighted that there are challenges – there are on average 250 patients with dementia at any one time. There can be delayed discharges when sorting out packages of care. The population is older and frailer.</p> <p>Action : <i>share future study days and workshop dates with the PaCE Panel</i></p>	
9.0	<p>PLACE</p> <p>SH confirmed that the PLACE task and finish group meeting had taken place as planned, and outlined that £15k out of the £25k would be spent on dementia clocks which should arrive in the Trust shortly. The remaining balance is to be spent on replacing the toilet seats with blue dementia friendly ones. The Cleanliness and Monitoring Team are identifying how many toilet seats are needed across the Trust and this information should be available by the end of the week which will enable an order to be placed.</p> <p>A plan is in place for 2019, with areas to prioritise identified. This will enable improvements to be made and money allocated at the start of the new financial year. Further ideas include signage, painting doorframes, looking at different height chairs, etc.</p> <p>HJ commented if frames are considered to have a huge impact, then a report offering recommendations should be progressed.</p> <p>PLACE 2019 is undergoing a review nationally to make sure fit for purpose – expecting to launch Sept 2019.</p> <p>Action – <i>the PLACE task and finish group will continue to hold bi-monthly meeting. GS and JO'L to continue attending the meetings.</i></p> <p>Action – <i>KB to inform Estates of the preferred colour for door frames to be painted and identify the signage required.</i></p> <p>Action – <i>HJ to explore what is happening with the PLACE assessments at trial sites.</i></p>	
10.0	<p>Care Group Updates</p> <p>Scheduled Care update was provided by Katy Moynihan</p> <p>Currently involved in the engagement and enablement meetings, inviting link champions from across SaTH to attend to have a voice.</p> <p>An app has been developed to improve communication with staff.</p> <p>Vanguard : Has now been on site for 7 weeks. Patient feedback is being captured</p>	

– really positive and will bring back to the next meeting.
Rapid Improvement work underway – looking at 5 steps to safer surgery. Making sure all patients safe.
HJ reconfirmed that the 5 steps to surgery is currently in place, enabling a standard to follow across the Teams. There are real opportunities working with VMI, especially looking at shared learning and governance process.

Unscheduled Care update was provided by Helen Jenkinson
Quality Improvement Plan (QIP) being reviewed, with 80 plus Must Do's and 120 Should Do's. Already a lot of this identified was known by the Trust. There is a piece of work co-ordinated through Corporate Nursing and outside advising team called Moorhouse. Nutrition and hydration was identified by the CQC as requiring improvements – the Trust are re-launching the policy and increasing awareness. Sepsis work is ongoing – champions in place in every ward.
'Hello my name is..' is being re-launched along with the installation of above the bed patient boards.
The Care Group have had two visits from Healthwatch recently on Ward 9 and Ward 10 at PRH. Feedback is positive with reference to staff giving kind and compassionate care.
There is a high level of vacancies – the Care Group are now working with Health Education Midlands looking at diverse roles and encouraging the Universities to expand their intakes. Considerations to rural v urban workplaces and desire of where students wish to work. The Trust does not have a problem with recruiting HCA's. Shropshire sends more people to do medical training than any other county, and huge numbers do not return to work within the area. Wolverhampton and Staffordshire Universities are presently used for Nurses and Trainee Nurse Associates and the Trust is in negotiation with Shrewsbury and Chester University.

Midwifery update was provided by Jill Whitaker
All maternity staff have recently attended an event which consisted of a debrief on the culture survey among staff. A 60% response rate was needed which was achieved. Motivational speakers were invited. The purpose was to raise morale and listen to staff concerns. The Care Group are experiencing high levels of sickness and it is acknowledged as a difficult place to work. The event held was supported by the CCG who recognise the need to invest in the Midwifery workforce.
A recruitment event was recently held – midwifery vacancies don't seem hard to fill. 7 x band 6's were appointed this week and Band 5 preceptorship posts are being advertised, the Care Group has good staff retention. The focus is on building a new workforce.

Women's and Children update was provided by Emma Dodson
The FFT - Pants and Tops feedback identifying what is good or poor is fed into Clinical Governance Meetings. The Ward Manager undertakes regular walkabouts around the ward addressing any concerns at the time and will pick up if a family is struggling. Launching 'Hello my name is..'.
There are 10 WTE vacancies, with three quarters of these are due to maternity leave as it is difficult to appoint into temporary posts. The Care Group are holding a recruitment day in June. Over the last 12 months, the Group have experienced a high turnover.
Action – ED will share a patient story at the next PaCE Panel Meeting

Clinical Support Services Care Group update was provided by Alex Lake from Therapies
FFT returns have increased and the feedback is good. Results are split into 35 individual areas, feedback is shared with staff and reported at Governance Meetings.
The Patient Panel have assisted with questionnaires for outpatients. Found out

	why patients are not attending along with inconsistencies of the booking process. There has been a major review of letters being sent form Therapies.	
11.0	Any other business	
	<ul style="list-style-type: none"> Care Group updates – RS asked if a template would help the Care Groups to structure the updates. It was agreed to draft a template to trial this approach. Action – RS to draft a template and circulate to the Care Groups Update on involvement by RS Carers – Janet and Natalie attended the first meeting and Jackie has since expressed an interest to join the group. RS and KB also attended with the Carers Lead for Shropshire and apologies were received from the Carers Lead for Telford. A survey is to be developed to identify from Carers what we do well and areas where we could do better. The survey will identify feedback from Inpatient and Outpatient areas and if carers are providing support for children or adults as the needs may be different. Work will be carried out with the Clinical Audit Team and the survey will be via survey monkey. It is planned that the group will meet monthly. Conference – Patient Experience and Involvement Improvement Conference was attended by Colin Stockton and RS, Julie Southcombe also attended to present. The main message from the conference is 'if recurring problems are seen, then they need to be addressed'. CS gave an example where he did not know that the Trust has introduced red trays, and people should be reminded of good work being done as eventually this is normalised. The conference covered language services – Ipads were also promoted as a solution for translation services, and more cost effective than an interpreter. CS was listening to conversations throughout the day and realised a lot of the good things that are happening throughout the country are actually in place and have been introduced at Sath, and made reference to the CQC findings in the inspection report. HJ reconfirmed that the inspection was a one day visit by the CQC in which they did not pick up on all the good work being carried out by the Trust. Update from Estates by CH Prioritising signage to toilet doors, ward areas and bays. Further work has been identified following the recent Observe and Act (RSH pavements and lighting) and is being looked at such as crossings, handrails, potholes, lighting Estates also struggle with vacancies the team took part in the NHS Careers Day event with an outstanding response and level of interest. JO'L asked how frequently the Board of Directors are visiting wards. HJ informed the group that Board members visit clinical areas at least once a month (including prior to the Quality and Safety Committee Meeting) the Executive Team also carry out ward visits. Ben Reid, the Trust Chairman is on the Exemplar Programme. HJ reconfirmed that the Executives are visible around the Trust. HJ thanked the group for the positive work which is underway. 	
12.0	Close	

Date of next meeting – 29th March 9.30 to 11.30am, Room A, Education Centre, PRH

<i>Action</i>	By Who	Target Date
<i>protocol for complaints and forward presentation with the minutes</i>	JP	Feb 2019
<i>Bring Photos of new ward to next meeting</i>	KB	Feb 2019
<i>JB to email an update to individual members on their volunteer checks</i>	JB	Feb 2019
<i>Actions are to be detailed on a separate sheet to keep track of progress.</i>	JB	Feb 2019
<i>update and recirculate TOR</i>	JB	Feb 2019
<i>KS to provide an electronic copy of the FFT data shared at the meeting to enable this to be circulated to Panel members</i>	KS	Feb 2019
<i>Circulate a copy of 'who's who on a page' with the minutes.</i>	JB	<i>Feb 2019</i>
<i>Discuss PL ACE further at the next meeting. Update 28/2/2019</i>	JY	Ongoing
<i>JW to find out how FFT is promoted in Women's and Children's Services and bring update to next meeting. 28/2/2019 – update provided, still more to follow</i>	JW	Feb 2019
<i>KB to explore dementia and ensure carers views included in FFT. Update 28/2/2019 – to bring back to March meeting</i>	KB	March 2019
<i>FFT - consistently low areas to be looked at by Clinical Audit along with showing areas that are under reporting. Clinical Audit to look at how the qualitative data could be better presented. Update 28/2/2019 – still being explored</i>	Clinical Audit	Feb 2019
<i>FFT – bring back to the meeting and look at how to improve and implement new ideas to increase response rates</i>	All	Ongoing
<i>Estates to feedback update on signage development across the site. 28/2/2019 – update still to be provided</i>	CH	Feb 2019
<i>To share the engagement plan for areas to be visited with the Panel to enable Panel members an opportunity to support some events. Update 28/2/2019 – Kate B to bring to next meeting</i>	Kate B	Feb 2019
<i>Obtain breakdowns via informatics</i>	JB/RS	Feb 2019 and ongoing
<i>Send a copy of the survey and send out invites for a tour of the new ward. Update 28/2/2019 – Kate B to bring to next meeting</i>	Kate B	Feb 2019
<i>The quarterly engagement update was provided to the Trust Board, and will be available at the next PaCE meeting. HR and the volunteering team have legal duties to talk to the public – section 242 and will bring back to the group. Update 28/2/2019 – RS to include on agenda for next meeting</i>	HR	Feb 2019
<i>Send out invitations for future engagement meetings. Kate would like to know of any events that SaTH could attend to enable updates around the region. Update 28/2/2019 – KB to bring to next meeting</i>	Kate B	Feb 2019
<i>Invite the Sustainable Services Team to provide an update on Future Fit in 3 months.</i>	JB	June 2019
<i>Provide a glossary on the FFT</i>	SA	March 2019
<i>Share future study days and workshop dates with the PaCE Panel</i>	KB	April 2019
<i>The PLACE task and finish group will continue to hold bi-monthly meeting. GS and JO'L to continue attending the meetings.</i>	SH	May 2019
<i>To inform Estates of the preferred colour for door frames to be painted and identify the signage required.</i>	KB	April 2019

<i>To explore what is happening with the PLACE assessments at trial sites.</i>	HJ	May 2019
<i>Women's and Childrens will share a patient story at the next PaCE Panel Meeting.</i>	ED	April 2019
<i>Draft a template to provide structure the Care Group updates and circulate to the Care Groups</i>	RS	March 2019