

**Meeting notes from PaCE Panel meeting
24th January 2019, 9.30am
Room A, Education Centre, PRH**

Attendees:

Chair: Ruth Smith, Lead for Patient Experience, SaTH (RS)

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 (KM)
 Jan McCloud, Radiology (JM)
 Jo Yale, Head of Facilities (JY)
 Natalie Parkinson, Panel Member (NP)
 Robert Ruane, Panel Member (RR)
 Hannah Roy, Volunteering and Governance Manager (HR)
 Janet O'Loughlin, Panel Member (JO'L)
 Judith Barnes, Personal Assistant to Corporate Nursing Team (JB)
 Ann Lewis, Panel Member (AL)
 Kate Ballinger, Community Engagement Facilitator (Kate B)
 Dawn Thorns, Panel Member (DT)
 Chris Hood, Head of Operational Estates, SaTH (CH)
 Carol Bagnal, Matron, Unscheduled Care (CB)
 Karen Swain, Clinical Audit (KS)

Apologies:

Helen Jenkinson, Deputy Director of Nursing and Quality, SaTH (HJ)
 Deirdre Fowler, Director of Nursing, Midwifery and Quality (DF)
 Gary Caton, Head of Nursing, Unscheduled Care (GC)
 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)
 Jackie Jones, Panel Member (JJ)
 Colin Stockton, Panel Member (CS)
 Louise Macleod, Maternity Voices (LM)
 Martin Foster, Associate Director of Estates (MF)
 Lynn Pickervance, Panel Member (LP)
 Sarah Thomas, Panel Member (ST)
 Sheila Fryer, Care Group Director, Clinical Support Services (SF)
 Sally Allen, Clinical Governance Manager (SA)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	Ruth Smith, as replacement Chair for Lead for Patient Experience welcomed everyone to the meeting. Apologies were noted.	
2.0	Minutes	
	These were agreed for accuracy.	

	<p>GS commented for transparency the minutes did not fully reflect the meeting, however it was noted in previous discussions, minutes would take the form of bullet points. RS responded stating that the aim of the minutes are to be transparent and genuinely represent issues that might occur, if any panel member feels that an item is not clearly reflected then please highlight this when draft minutes are reviewed.</p> <p>Hannah Roy's title to be corrected.</p> <p>In line with GDPR all emails addresses to PaCE members will be kept off the distribution list.</p> <p>Action - <i>Actions are to be detailed on a separate sheet to keep track of progress.</i></p> <p>The Panel asked if there is a possibility to see the responses to the CQC report. RS was unsure of how widely circulated they are and if able to will include with the minutes.</p>	<p>RS</p> <p>JB/RS</p>
3.0	Action Points from previous minutes	
	<p>PLACE update – this is included on the agenda</p> <p>Terms of Reference (ToR) – this was missed off the agenda. RS confirmed that the key changes have been included. Recommendations from the panel will be directed to the Quality and Safety (Q&S) Committee, which takes place monthly. RS explained that she has recently attended the Q&S Committee and gave an update on patient experience and what representation panel members can make on various groups throughout the Trust is being explored.</p> <p>Reference was made to the wording safe, care and high quality which reflects the discussion in the previous meeting.</p> <p>Hannah Roy and Kate Ballinger to be listed as dual role/attendance.</p> <p>The ToR will be reviewed in 6 months and annually thereafter.</p> <p>Action – <i>update and recirculate</i></p>	<p>RS</p>
4.0	Patient Story	
	<p>Jill Whitaker shared verbally a letter received from a previous patient of maternity services. It detailed a message to staff reflecting on the good work they are carrying out. It has been shared with the team and individual staff.</p>	
5.0	FFT (Friends and Family Test) and Patient Surveys	
	<p>Karen Swan who was in attendance to represent the Clinical Audit Team handed out a summary sheet detailing December 2018 data for FFT explaining that this method of patient feedback was introduced by the government in 2013. Results are collated monthly following collection of cards throughout the hospital. The charts show the ward responses. A&E response rate is low (it should be noted that A&E response rates are low nationally). It is hoped that this will longer term be available on RaTE (an electronic system for various performance data). There are challenges to achieving high response rates and this has dipped noticeably in the last quarter. The feedback helps improve the patient experience and is fed back to wards, however it is felt that this is not always taken on board.</p> <p>Action – <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></p> <p>The FFT is only via cards and no other method is currently available. The potential provision of an email address on the cards will give carers/patients time to reflect once home following their hospital experience. NP explained that some patients/carers do not always have the time to complete whilst on site. JO'L asked if the option of freepost has been explored. It was commented that it can be</p>	<p>Clinical Audit</p>

	<p>daunting to complete if a patient has just received treatment, and from the Panel members experience, it is not always handed out by ward staff. The Panel asked if the Children's ward are included within this process as panel members had not always been offered a card. JW is aware that they are kept by the drinks machine.</p> <p>Action - <i>JW to find out how it is promoted in Women's and Children's Services and bring update to next meeting.</i></p> <p>All data is submitted nationally to NHSI. The questions are set nationally. RS has spoken with the SaTH Clinical Governance Manager, Sally Allen, who is looking to increase questions on demographics, to ensure local surveys reflect the local demographic and enable groups with low responses to be identified.</p> <p>Translation is available for FFT and it is available in an easy read version.</p> <p>KB explained about the Dementia group which is missing. Carers are sent a survey after their visit, but it is not getting the voice of people.</p> <p>Action - <i>KB to explore dementia and ensure carers views included</i></p> <p>Panel members were concerned about the statistics and felt that the low response rate does not truly reflect the overall feedback from patients that could be generated. If wards have a low response rate, Clinical Audit work with volunteers to help increase feedback. HR is having this conversation with Trust volunteers.</p> <p>Action – <i>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.</i></p> <p>Additional suggestions to increase feedback include installing a feedback facility next to car parking payment machine. It was also suggested by the panel that the forms do not need completing at Discharge, they could be done at any time throughout the hospital stay, or even provided in the discharge pack (for return via post). HR commented that the Trust needs to be mindful that multiple input may happen.</p> <p>Action for the future – <i>bring back to the meeting and look at how to improve and implement new ideas to increase response rates.</i></p>	<p>JW</p> <p>KB</p> <p>Clinical Audit</p> <p>ALL</p>
6.0	PLACE	
	<p>Jo Yale, Head of Facilities, explained that as a Trust there is £50,000 available to spend during 2018/2019. This is separate from the large scale Trust budget. Out of the £50,000, so far £15,000 has been spent on dementia, with the remaining to be spent by end of March 2019. A Task and Finish Group has been set up for 6/2/2019 and invites have been extended to the PaCE Panel. Findings will be brought back to the next PaCE meeting.</p> <p>Kate B commented that signs and the development of a signs strategy have regularly been highlighted in PEG meetings.</p> <p>Action – <i>Discuss further at the next meeting</i></p> <p>It was suggested that New Cross zones are not repeated at SaTH as the Zones are huge, causing confusion where to go, however the Trust should consider using other hospitals as a benchmark for signage development and ideas on what works best for the patient experience.</p> <p>Action – <i>Estates to feedback update on signage development across the site</i></p>	<p>Estates</p>

	The next PLACE inspection will be taking place September 2019 and JY invited volunteers to help with the inspection. GS has offered to help.	
7.0	Care Group Updates	
	<p>GS commented that it would be helpful to understand the structure and how services fit together.</p> <p>Action – <i>To circulate a copy of ‘who’s who on a page’ with the minutes.</i></p> <p>Scheduled Care: This verbal update was provided by KM.</p> <ul style="list-style-type: none"> • The Trust has opened up a Vanguard unit as detailed in the media. • Following the CQC report there is better governance in place with further meetings to discuss improved governance were being held this week. A Task Force Group is being established for never events – shared learning and this will be embedded within the team. • Enablement and Engagement was also highlighted in the report – talking to teams to make this happen with a focus on ‘must do’s’. • Theatres are difficult to feedback on patient experience and Clinical Audit have been approached for help. One suggestion may be to phone the patient up a few days later to ask for feedback. <p>A panel member was happy to share her recent experiences in the hospital. Care was good, and she could tell that nurses were anxious about the Vanguard unit and the warmth and was offered a blanket. The provision of warm blankets enables the patient to feel good, and KM reconfirmed that this is part of NICE guidance and that patients need to be warm (with individual temperatures monitored). She had a pleasant experience with the porter – while being on the bed to and from an operation, and commented how calming this felt before and after.</p> <p>Unscheduled Care: Carol Bagnall, Matron provided a verbal update on behalf of Gary Caton.</p> <ul style="list-style-type: none"> • Task and Finish Groups being held in response to the CQC report, which involves multi discipline teams. • Observe and Act had taken place in Ward 21 and 22, and improvements have been made following the feedback. • Patient experience issues within unscheduled care due to capacity and being in escalation areas. The Care Group are using substantive staff in escalation areas to maintain safety and improve patient experience. <p>Midwifery : JW attended the meeting on behalf of Midwifery and provided an update to the meeting.</p> <ul style="list-style-type: none"> • Maternity Neonatal collaborative run by NHS improvement for smoking cessation – project to reduce stillbirth. JW has been involved in this project and there has been shared learning. Once project is implemented carbon monoxide testing will be for mother and partners, as well as environmentally for heating boilers. A new leaflet has been developed. • Carbon Monoxide testing is being introduced for inpatients. • Last week the team received a certificate for their progress. RS congratulated the team for this good news story, which could be shared as a patient story that could be shared with the Trust Board, Comms, social media etc. • There is a need to work collaboratively with other areas to increase awareness, there is an opportunity to educate women at cervical screening and families in areas such as the neonatal unit as smoking can affect bonding. 	JB

	<p>Kate B expressed that she would be happy for midwives to join her on engagement events to engage with the community in high risk areas.</p> <p>Action – <i>To share the engagement plan for areas to be visited with the Panel to enable Panel members an opportunity to support some events.</i></p> <p>Womens and Children’s: A representative was not available to attend.</p> <p>Clinical Support Services: This verbal update was provided by Jan McCloud</p> <ul style="list-style-type: none"> • Radiology is reporting improvements in turnaround. Routinely was 6-8 weeks and now reduced to 2-3 weeks. 3 new MRI scanners – which will improve the patient experience – and resulting in a higher success rate for people with claustrophobia. • Cardiac scanner – now brought in house as was out of the county, which is helping with a better local experience. • Digital Radiography - all equipment to be replaced throughout the county and moved to digital – each image will take 6 seconds compared with 1.1/2 minutes it currently takes to do. • A mobile xray is on ward, to enable xrays at bedside and results within 6 minutes. • Jan confirmed all procedures are currently safe, but the new projects will make the patient experience better. • 7 day services have been further extended to include Ultra Sound Scans. • An additional CT scanner is on site which will help stroke patients and to save moving across site. • Further improvements to help the patient experience are in place such as to a pull system (rather than push) which was identified through an ED / Radiology value stream– A business case has been submitted and if financial investment is identified then a trial will take place in PRH and then roll out to RSH. • Advanced Practitioners – have 14 radiographers, with another 2 recruited, plus a further one next year. • The Care Group has identified areas which need to be improved to support transgender patients, Jan will discuss further with Ruth Smith • A panel member asked how long are digitised scans retained – Jan confirmed that they are stored in line with medical records guidance, a child is 25 years and adult 7 years based on the last treatment experienced. The report will be available but not the images. 	Kate B
9.0	Quarterly Update	
	<p>Complaints Presentation made by Julia Palmer, Head of Complaints and PALS</p> <ul style="list-style-type: none"> • Spike in numbers on the presentation during November 2018 in the two weeks following the Trust going into special measures but have since reduced. 0.6 to 0.75 of every 1000 patients make a complaint. • Common themes are: delays in diagnosis, communication (between the patient / family / departments / organisations), staff attitude and booking systems. • Biggest areas of complaints are A&E and Outpatients however this reflects where the largest number of patients have contact with the Trust. JP commented that she is focussing on teams and wards to address issues. • There are just over 350 PALS contacts each month. • Treatment issues are being picked up on wards there and then. • Internal response rates have been an issue as identified in the CQC report. 	

	<ul style="list-style-type: none"> • Learning from complaints is important for the team, every complaint is used as an opportunity to learn. • All complaints have an action plan, and monitoring to ensure progress and responses have been monitored since June 2017. • Improvements within the complaint team include acknowledging complaints within 3 days (now 2 days), which helps the patient experience. The team have 30 days to respond to a complaint (bearing in mind multiple teams and the movement of patient notes). Response times have improved. Complaints are now broken down into sections identifying which area needs to reply to which section and identifying learning for each point. <p>JP asked the panel what information they would like to see in the meeting. In the meantime the protocol for responding to complaints was requested.</p> <p>Action – <i>protocol for complaints and forward presentation with the minutes</i></p> <p>Dementia KB asked the group what would they like to see at the meeting. KB is working with a dementia plan which has been finalised for 2018/9 which can be shared to be more transparent. There has been an increase in dementia by 30% each year. The Team are now looking at the number of complaints which are made by people living with dementia. KB has been involved in the decoration of the new ward to ensure that it is dementia friendly.</p> <p>Action – <i>Bring Photos of new ward to next meeting</i></p> <p><i>NP asked how can panel members be informed of the breakdown/proportion of people accessing the hospital, such as speciality which will aid the panel to make informed decisions?</i></p> <p>Action – <i>Obtain breakdowns via informatics</i></p> <p>A tour of the new ward was offered. Quality Impact Assessments have taken place.</p> <p>Action – <i>Send a copy of the survey and send out invites for a tour of the new ward</i></p> <p>Engagement and Volunteers HR provided an update on the volunteers grant recently applied for worth £75K. HR has worked with Jules Lewis (JL), the EoLC Facilitator and currently in the final 12 (originally 120 applications). Aim of the grant is to extend services to have EoLC volunteers at both sites seven days a week, and extend volunteering to patients who are dying at home, such as provide respite for families, carers or patients without any relatives. If successful, the Trust will be informed by the end of the week.</p> <p>HR and JL went to London the previous week. There is £2.3M available in NHS volunteering. SaTH work with over 900 volunteers. SaTH is one of the longest volunteering organisations outside of London which is a great achievement for a rural area.</p> <p>Action - <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 regarding service change / development and will bring back to the group next month.</i></p>	<p>JP</p> <p>KB</p> <p>JB/RS</p> <p>Kate B</p> <p>HR</p>
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	<p>Kate Ballinger explained the key theme from A&E engagement, with the next meeting 5/2/2019 in Telford (including updates on A&E, CQC, special measures, ophthalmology). 14/2/2019 will be at the Hamar Centre, RSH.</p> <p>Action – to 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.</p> <p>Further People’s Academy and Young People’s Academy planned (assist routes into NHS Careers).</p> <p>JW welcomed anyone to visit W&C and to get in contact with JW to organise.</p> <p>Healthwatch T&W Healthwatch carried out a visit to ward 9 – the report is in draft form, and will be shared with the PaCE panel once available.</p> <p>Shropshire Healthwatch has offered support to ED. RS is working on questions for patient feedback.</p>	
10.0	Any other Business	
	<p>Equality and Diversity - The Annual Report for workforce was taken to Trust Board in November 2018 however due to the Equality and Diversity Stakeholder Event which was held on the 06/12/2018 it was agreed to submit the service delivery report in February 2019 to include feedback following public engagement.</p> <p>A number of areas have been identified and shared with colleagues in the Trust, both good practice and areas for improvement and further focus were identified.</p> <p>Within the report one of the key actions is for an Equality, Diversity and Inclusivity group to be established, which will be chaired by the Non-Executive lead for E&D. Other areas being explored is funding for an E&D post, and the planning of an EDS conference for later this year, along with an Awareness Day for EDS. It is intended to have a stakeholder event every year, subject to agreement.</p> <p>Observe and Act – This is continuing. It is a scheme run and developed by the Community Trust, a future training session will be held by SaTH. Date to be finalised.</p> <p>Carer’s Group – an initial meeting to set up the group has been planned for 31/1/2019. NP and JO’L have asked to join the group</p> <p>PLACE – Task and Finish Group organised for 6/2/2019. JO’L and GS have asked to join the group.</p> <p>Values Based interviewing – There is a 2 day training session which is required to become a values based interviewer (VBI). The Trust is changing how these sessions are delivered to provide the training in-house and increase the places. Presently the next available training session is the 5th and 6th November 2019 however when the in-house training commences there will be more dates made available.</p> <p>The leadership team will prioritise the PaCE Panel representatives and inform RS once dates are confirmed to enable them to be shared with the group.</p> <p>Patient Experience and Improvement Conference – 13/2/2019 – An event for patients, carers, Heads of Patient Experience and Heads of Patient</p>	

	<p>Involvement / Engagement who work in NHS Trusts across England. RS has secured a free place for a PaCE Panel volunteer to attend and extended an invitation to an interested member of the Panel.</p> <p>Transforming Care Institute – to be invited to a future meeting</p> <p>Skill mix and interests of PaCE panel – RS asked all members to list their areas of special interest/skills to enable RS to match to groups/relevant engagement</p> <p>Volunteer checks – RS reminded the panel to ensure all checks (DBS and references) have been progressed to enable issue of a SaTH ID badge.</p> <p>Action – JB to email an update to individual members on their checks a SaTH ID badge</p>	JB
	RS thanked everyone for attending	

Date of next meeting – 28th March 9.30 to 11.30am, Innovation Suite (by Mytton Oak Restaurant, RSH)

<i>Action</i>	By Who	Target Date
<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>JW to find out how FFT is promoted in Women's and Children's Services and bring update to next meeting.</i>	JW	Feb 2019
<i>KB to explore dementia and ensure carers views included in FFT</i>	KB	Feb 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</i>	Clinical Audit	Feb 2019
<i>Action for the future – bring back to the meeting and look at how to improve and implement new ideas to increase response rates</i>	All	Ongoing
<i>Discuss PL ACE further at the next meeting</i>	JY	Ongoing
<i>Estates to feedback update on signage development across the site</i>	CH	Feb 2019
<i>Circulate a copy of 'who's who on a page' with the minutes.</i>	JB	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.</i>	Kate B	Feb 2019
<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>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</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</i>	HR	Feb 2019

<i>and the volunteering team have legal duties to talk to the public – section 242 and will bring back to the group.</i>		
<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.</i>	Kate B	Feb 2019
<i>JB to email an update to individual members on their checks</i>	JB	Feb 2019