

**Draft meeting notes from PaCE panel meeting  
10<sup>th</sup> January, 09.30am  
Room A, Education Centre, PRH**

**Attendees:**

Chair: Kara Blackwell, Deputy Director of Nursing (KB)  
 Ruth Smith, Lead for Patient Experience, SaTH (RS)  
 Ellie Gunner, Patient Experience Assistant (EG)  
 Katy Moynihan, Lead Nurse Theatres, Scheduled Care (KM)  
 Joanne Yale, Head of Facilities (JY)  
 Kirsty Tivey, Pharmacist (KT)  
 Kath Preece, Head of Nursing, Scheduled Care (KP)  
 Alex Lake, Therapy Quality Improvement Lead (AL)  
 Chris Hood, Head of Operational Estates, SaTH (CH)  
 Jill Whitaker, Lead Midwife for Acute and Outpatient Services (JW)  
 Edith Macalister, Macmillan Living With and Beyond Cancer Programme Lead, SaTH (EM) – For update only  
 Colin Stockton, Panel Member (CS)  
 Greg Smith, Panel Member (GS)  
 Bob Ruane, Panel Member (BR)  
 Lynn Pickavance, Panel Member (LP)  
 Dawn Thorns, Panel Member (DT)  
 Natalie Parkinson, Panel Member (NP)

**Apologies:**

Barbara Beale, Director of Nursing (Interim) (BB)  
 Julia Palmer, Head of PALS & Complaints (JP)  
 Gary Caton, Head of Nursing, Unscheduled Care (GC)  
 Kate Farrow, Operation Lead Nurse for Emergency Care Centre (KF)  
 Kate Ballinger, Community Engagement Facilitator (KBa)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	KB welcomed everyone to the meeting and noted apologies. Attendees introduced themselves, as not everyone had previously attended.	
2.0	Minutes	
	The minutes were agreed for accuracy.	
3.0	Action Points from previous minutes	
	<p><b>1. Invite Ian Morris to give answer questions regarding parking at the next meeting.</b></p> <ul style="list-style-type: none"> <li>RS noted that Ian Morris was unable to attend the PaCE Panel meeting; however, a written response to the panel member's questions had been provided by the Director of Corporate Services. RS asked if panel members had any outstanding questions.</li> </ul>	

- GS commented that the posters advertising concessions were not clear enough and patients find it difficult to know what kinds of concessions are available. He also noted the pay machines were unclear and difficult to read, due to the small type. GS concluded that the current means of advertising concessions is not working, as patients do not know about concessions. JY acknowledged GS's comments but commented that patients were aware of the concessions as 866 concessions were issued in November 2019.
- RS commented that a 'Friends, Family and Carers leaflet', which includes explicit information on concessions, was due to be released in early February 2020. This will be shared with PaCE Panel members once it has been published. KB commented that a leaflet is a key way to deliver the message regarding concessions, as everyone will receive it. CS enquired if the leaflet will be sent out with appointment letters. LP commented that an alternative would be to include a generic paragraph regarding parking in appointment letters. KB commented that this had not yet been agreed, but discussions could take place before the next meeting, to see if this would be feasible.

**Action: Investigate if it would be feasible to incorporate a paragraph regarding parking in appointment letters.**

- RS noted that, in addition to the leaflet, it would be useful to collaborate with the PaCE Panel members to create an information poster that can be displayed throughout the Hospital and on the website, to advertise concessions to patients. JY commented that it would be useful to include Sue Hambleton, Business Manager of the Facilities Directorate.

**Action: 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.**

- GS commented that there was still some confusion surrounding the free 'drop-off' period, and enquired as to whether visitors had 20 or 30 minutes before having to pay for parking. JY noted that where visitors are on site for more than 20 minutes, it is advised to pay, even if they have left the site before 30 minutes.
- GS commented that, within the Car Parking Update, it is stated that visitors can pay through 'Vivo' but this is not advertised on the current posters within the Trust. DT noted that she uses 'Vivo' and has registered her own, her husbands' and her daughters' cars to the Royal Shrewsbury Hospital site, via Direct Debit. DT commented that this was a much easier way of paying for car parking; but stated that, when visiting the Princess Royal Hospital in Telford, she was fined as you are unable to register to both hospital sites.
- GS enquired if visitors were required to pay at night, as the car parks are not manned at night. JY commented that visitors were required to pay at night, as the car parks are operated by cameras.

- GS commented that whilst car parking is irrelevant to running a hospital, it is important to the patients and their families.
- NP commented that there are inequalities with the current car parking concessions, as it is only patients with cancer, or renal patients, who are entitled to free parking. This excludes patients with other life-limiting conditions: individuals who may never be cured will be charged for car parking.
- JY commented that the Government are soon to release new guidelines on hospital parking, but the impact this will have is currently unknown. As a Trust, however, concessions would very soon be available for visitors of the Neonatal ward.
- BR questioned why the Trust cannot reduce the overall charge to a reasonable level. KB commented that, as a Trust, SaTH have one of the cheapest car parking charges across the country.

**2. KT to explore opportunities within Pharmacy Services to involve patient representatives in following the discharge medication journey.**

- KT commented that the biggest complaint received in Pharmacy is the discharge medication journey and the time it takes for patients to be discharged. This can be due to necessary changes in medicine (e.g. intravenous antibiotics to oral antibiotics). KB commented that conversations are currently taking place regarding the establishment of a group who will take on a specific piece of work, mapping out the various aspects of the discharge journey. KB noted that the PaCE Panel members could be the patient voice of the group; and more details can be provided at the next meeting.

**Action: Bring details of 'Discharge Group' to next meeting.**

- KT commented that this was a positive way forward in addressing the issues that Pharmacy face regarding the discharge medication journey; as the issues are multifaceted and are not always determined by medication alone.

**3. KM to confirm Quality Walk dates (and locations).**

- KM commented that the dates (and locations) will be confirmed and shared early next week (week beginning 13/01/2020). KM noted that it would be ideal to have 3 people on a walk, including the Matron (with a maximum of 4 people per walk). The document which will be used to assess the area has already been created; but this will evolve with progression, and feedback regarding the document is welcomed.
- GS commented that the Scheduled Care patient experience action plan presented at the previous meeting (3<sup>rd</sup> December 2019) was very good.

**Action: Share confirmed dates and locations of Quality Walks with PaCE Panel members.**

	<p><b>4. Discuss with Gary Caton the opportunity to partner patient representatives and Matrons in Unscheduled Care.</b></p> <ul style="list-style-type: none"> <li>• RS and KP have agreed to test the Quality Walks out in Scheduled Care to see if it is feasible and successful. If so, they will then support GC in introducing this in Unscheduled Care.</li> <li>• GS commented that he would have liked the actions, or key points of the last meeting (3<sup>rd</sup> December 2019) earlier, to inform the people who did not attend of what was discussed. RS noted that, in the terms of reference, it was agreed that the actions would be sent with the minutes 7 days prior to the meeting. KB commented that the 7 days needs to be extended; therefore, a timeline will be agreed.</li> </ul> <p><b>Action: Agree a timeline of communication, to speed up the process of sharing actions with PaCE Panel members.</b></p>	
4.0	"Living With And Beyond Cancer" Programme Update	
	<ul style="list-style-type: none"> <li>• EM introduced herself as the Macmillan Living With and Beyond Cancer (LWBC) Programme Lead; her colleague, Leah Morgan (Project Manager) is currently on maternity leave.</li> <li>• The team have received funding from Macmillan Cancer Support to introduce a range of LWBC services (within 3 years), in partnership with: patients, family, friends and carers; Shropshire and Telford Clinical Commissioning Groups; Telford and Shropshire Councils; Powys Health Board; and, Third Sector organisations and groups.</li> <li>• EM noted that there are between 30,000 and 50,000 people currently living with and beyond cancer in Shropshire, Telford &amp; Wrekin; the purpose of the LWBC Programme is, therefore, to put individuals as in control as possible, and to support those who may also be affected by a cancer diagnosis of a loved one (family, friends and carers).</li> <li>• The focus of the LWBC Programme is to concentrate on what matters most to the patient using a person centred approach. EM recalled a patient who, when asked what the most important thing to her was, said it was a tattoo of a child she had lost on an arm that was about to be amputated. The Medical Illustration team were contacted to take photos of the tattoo, so the tattoo could be put on the other arm. EM commented that staff do not always know what the most important thing to the patient is, we need to ask.</li> <li>• The LWBC programme consists of five components: <ul style="list-style-type: none"> <li>- Holistic Needs Assessment and Care Plan</li> <li>- Treatment Summaries: which improve consistency of care, as this is something the patient has written in front of them.</li> <li>- Cancer Care Reviews: EM commented that the team are starting work with Telford GPs at the end of January 2020, as this component of the programme needs to be improved.</li> <li>- Person Centred Follow Up</li> <li>- Living Well Offer: which include interactive sessions (empowering both patients and professionals) and videos. EM commented that 5 films have been made by people with cancer for people with cancer. These will be available from the 16<sup>th</sup> January 2020 on the SaTH website.</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>• EM noted that the team have recently introduced an 'LWBC Passport', which will be used in local GP surgeries and hospitals. EM would like to introduce care navigators and patient care navigators to help reduce bewilderment of patients.</li> <li>• EM commented that there are 18 months of the 3-year LWBC programme to go, and the team are open to investment; although, there is a lack of equity in future provision, as GPs in Telford &amp; Wrekin and Shropshire have taken different approaches.</li> <li>• DT enquired if the 'LWBC Passport' includes practical information (e.g. benefits, housing). EM confirmed that it did.</li> <li>• KB commented that EM should come back in 6 months' time to update the PaCE Panel members of the team's progress.</li> </ul> <p><b>Action: Invite EM to provide an update on the LWBC Programme in July 2020.</b></p>	
5.0	Care Group Overview on Patient Experience Action Plans	
	<p>Maternity</p> <p>JW provided an update on Maternity:</p> <ul style="list-style-type: none"> <li>• The Maternity services are currently under scrutiny, due to the Ockenden Review, which is looking into cases of serious and potentially serious concern at The Shrewsbury and Telford Hospital NHS Trust.</li> <li>• Feedback from patients is collected via various sources and is being used to improve the services; and, as such, Maternity has received two diamond exemplar awards.</li> <li>• Movement bracelets were launched during July 2019 to help women monitor their baby's movements. Movement bracelets are given to every pregnant woman at 24 weeks, along with a card which encourages women to talk to staff, if their baby is not moving. This has raised awareness of the need to monitor baby's movements. In combination with a change in scanning methods, this has reduced the number of stillbirths in the area.</li> <li>• The Wrekin Midwife Led Unit is being moved next to the Consultant Unit. As part of the move, the Team have introduced a scheme called 'Fifteen Steps for Maternity' where service-users are invited to review the environment and care provided. JW commented that the service-users will be invited back once the designing of the new building has commenced.</li> <li>• GS asked for clarification as to what RaTE (referenced in the Maternity update presentation) stood for. KB explained that RaTE (Real Time Experience) is a piece of specialised software which helps to collect, analyse and report on data in real time.</li> <li>• JW informed the group that a full patient experience action plan will be provided at the next meeting (4<sup>th</sup> March 2020).</li> </ul> <p><b>Action: Maternity to bring, and discuss, patient experience action plan at next meeting (4<sup>th</sup> March 2020).</b></p>	
	<p>Paediatrics</p> <p>KB noted that there was no representative sent on behalf of Paediatrics;</p>	

therefore, the Paediatrics patient experience action plan will be discussed at the next meeting.

#### Emergency Services

KB noted that KF has sent her apologies; therefore, the Emergency Services patient experience action plan will be discussed at the next meeting.

#### Estates

CH provided an update on Estates:

- CH commented that there is no patient experience action plan as of yet. The Infection Prevention and Control team are introducing visits to the wards soon, which will feed into the start of an action plan for Estates.
- Way finding has started, with 'Way finding Lite' being introduced. Plans are currently being drawn up with existing signage highlighted. CH will link in with RS to involve patient representatives, once the plans have been finalised.

#### **Action: CH to link in with RS to involve patient representatives in Way finding.**

- Dementia-friendly toilet seats have been introduced at the Trust and dementia-friendly signage can now be made in-house, which will reduce cost and time.
- DT enquired as to where in the process we are, with Future Fit. KB commented that Future Fit has been agreed in principle, but this is 4 or 5 years away from completion. Any work taking place on the current building is out of necessity only. KB commented that once we have moved onto the next stage (i.e. outlining the business case, which will likely be in June 2020), the Hospital Transformation Programme will be invited to provide an update. BR enquired as to whether Future Fit had been signed off. KB commented that Future Fit had been signed off by the Secretary of Health, but as there are lots of groups involved (e.g. CCGs), it is an ongoing process with numerous discussions taking place. CH also commented that the decisions surrounding Future Fit will be based on need and demand, as things may change over time. KP noted that conversations about what the services are going to look like are currently taking place. DT enquired if staff 'on the ground' are involved in the process. KB commented that as the Trust is in the early stages of Future Fit, mock ups of what the sites may look like are being designed; and, as this progresses, staff 'on the ground' will become more involved. RS also noted that there will be a plan of engagement, to seek feedback from patients and people accessing services.
- GS enquired if CH would bring a patient experience action plan to the next meeting (4<sup>th</sup> March 2020). It was noted in previous meetings that Way finding would cost hundreds of thousands to implement; but it has been stated the Way finding is now going ahead. GS enquired how this was possible. CH commented that the existing signage was being improved as a first priority. GS asked if there would be any patient involvement in Way finding. RS noted that the Equality, Diversity and Inclusivity (EDI) Sub-committee and the Environmental Group could be

	<p>involved. JY commented that it would also be shared in the PLACE meetings in spring 2020.</p> <ul style="list-style-type: none"> <li>The PLACE meeting due to take place on the 9<sup>th</sup> January 2020 was cancelled. The meeting was arranged to discuss where to allocate the remaining £50,000 budget. JY commented that the budget had been withdrawn, and Estates would now be in control of the finances.</li> </ul>	
6.0	Next steps	
	<ul style="list-style-type: none"> <li>NP enquired how the different groups/projects would link/work together. GS commented that the patient experience action plans will take precedence, as the topics discussed (e.g. discharge) are broader issues within the Trust. KP commented that this was the main reason for introducing Quality Walks: to explore different areas and highlight overarching themes. RS commented that the Quality Walks are similar to Observe and Act, and it may be beneficial to explore how these could coincide.</li> </ul> <p><b>Action: Explore how the Quality Walks and Observe and Act coincide.</b></p> <ul style="list-style-type: none"> <li>GS commented that the patient representative involvement at present was fantastic; but this issue is knowing how everything fits in together (i.e. are the projects already existing or will the projects stem from the Quality Walks?).</li> <li>The idea of assigning PaCE Panel members to Care Groups was put forward. DT commented that she would feel more comfortable with this as she knows how certain areas work and what the patients in these areas need. There is less of a patient voice in ED as there are no regular visitors. DT feels she is in a position to be the patient voice in ED.</li> <li>KB commented that it may be beneficial for PaCE Panel members to align to a care group, who would then work side-by-side with other groups (e.g. the EDI Sub-committee); although, no official decisions should be made at this moment.</li> <li>GS enquired if, and when, RS would update PaCE Panel members on this. KM commented that once the PaCE Panel members have begun their Quality Walks, actions will materialise. KP added that actions will also arise from feedback from the CQC and patients, as we do not wish to be working in silos: the aim of the Quality Walks is to tie everything together. KB concluded to start with the Quality Walks, receive feedback from this and then align PaCE Panel members to care groups. GC will be informed of this at the next meeting.</li> </ul>	
7.0	Any other business	
	<ul style="list-style-type: none"> <li>GS enquired when the CQC report would be made available. KB commented that this would likely be available March/April 2020. This will be shared with the PaCE Panel members and used to highlight key actions, once released.</li> <li>GS noted that a personnel chart was shared this time last year; he enquired if there had been many changes since then. KB commented</li> </ul>	





**Actions:**

	Action	Update
1.	Investigate if it would be feasible to incorporate a paragraph regarding parking in appointment letters.	<p><b>06/02</b> – email sent to Ruth Standley</p> <p><b>11/02</b> – been passed onto Natasha Little, Scheduling Services Manager, who will investigate this</p> <p><b>14/02</b> update: We have looked at the request and have discussed this, we did originally used to have the parking information on patient letters, for the following reasons this has been removed:</p> <ul style="list-style-type: none"> <li>• The OPH RPIW week. A Patient survey revealed that they don't read the majority of things on the letter. Out of 50 asked, 49 said they didn't read it. So we added a sentence to direct the patients to the website for information about the site and facilities.</li> </ul> <p>Another reason we removed the information from letters:</p> <ul style="list-style-type: none"> <li>• The parking charges changed and because some clinics were booked out so far it meant that thousands of patients had the wrong info on the letters and the only way to correct it would have been to reprint ALL letters.</li> </ul> <p>After looking on the website regarding the Concessions, the only concession we could include is the 10 visit concession may be suitable for some of our patients, as we do not book the appointments for Renal Dialysis, Oncology or Bereavement.</p>
2.	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.	30/01 – meeting took place, draft of possible leaflet to be discussed.
3.	Bring details of 'Discharge Group' to next meeting.	06/02/2020 – email sent to Kaizen Promotion Office (KPO).
4.	Share confirmed dates and locations of Quality Walks with PaCE Panel members.	16/01/2020 – Email sent to PaCE Panel members detailing confirmed dates and locations
5.	Agree a timeline of	To be reviewed with Terms of Reference, once

	communication, to speed up the process of sharing actions with PaCE Panel members.	patient experience action plans have been presented.
6.	Invite EM to provide an update on the LWBC Programme in July 2020.	
7.	Maternity to bring, and discuss, patient experience action plan at next meeting (4th March 2020).	05/02 – Email sent to Lynn Atkin, Emma Dodson and Marie Harris.
8.	CH to link in with RS to involve patient representatives in Way finding.	Meeting arranged 26/02/2020.
9.	Explore how the Quality Walks and Observe and Act coincide.	Meeting took place on 17/02/2020. Action will be discussed at next meeting.
10.	Circulate personnel chart with PaCE Panel members.	05/02 – email sent to PaCE Panel members.
11.	Circulate Trust Updates with PaCE Panel members.	10/01 – Email sent to PaCE Panel members asking for consent to share email address with KBa. 05/02 – Consenting panel members' email addresses emailed to KBa to be added to mailing list.
12.	RS to share feedback regarding performance figures with KB.	05/02 – Feedback shared with KBa.