The Shrewsbury and Telford Hospital NHS Trust

Patient and Carer Experience (PaCE) Panel Meeting

Held on 29/06/2020
via Video Conference

MINUTES

Present:

Maggie Bayley, Interim Chief Nurse (MB)
Kara Blackwell, Deputy Director of Nursing (KB)
Ruth Smith, Lead for Patient Experience (RS)
Ellie Gunner, Patient Experience Assistant (EG)
Lynn Atkin, Lead Nurse for Women and Children's (LA)
Hannah Roy, Governance and Membership Manager (HR)
Kate Ballinger, Community Engagement Facilitator (KBa)
Stephanie Young, Matron Scheduled Care (SY)
Jill Whitaker, Lead Midwife for Acute and Outpatient Services (JW)
Joanne Yale, Head of Facilities (JY)
Kirsty Tivey, Pharmacist (KT)
Amanda Royle, Radiographer (AR)
Gary Caton, Head of Nursing, Unscheduled Care (GC)
Chris Hood, Head of Operational Estates (CH)
Julia Palmer, Head of PALS & Complaints (JP)
Claire Hughes, Interim Head of Nursing for Emergency (CHu)
Greg Smith, Panel Member (GS)
Lynn Pickavance, Panel Member (LP)
Sarah Thomas, Panel Member (ST)
Colin Stockton, Panel Member (CS)
Dawn Thorns, Panel Member (DT)
Bob Ruane, Panel Member (BR)

Apologies:

Janet O'Loughlin, Panel Member (JO'L)
Ann Lewis, Panel Member (AL)
Anthea Gregory-Page, Deputy Head of Midwifery (AG-P)

10.00am **Chair's welcome and apologies for absence**

10.05am **Minutes of the previous meeting**

RS noted that minutes of the previous meeting were not sent to panel members as the meeting was not quorate. Consequently, the planned agenda was postponed and updates from Scheduled Care, PALS and Complaints, Emergency Services, Maternity, Community Engagement,

the Hospital Transformation Programme and Patient Experience were instead given.

10.10am **PLACE (Patient Led Assessment of the Care Environment) Assessments Update**

JY gave an update on the 2019 PLACE assessment findings. 17 areas at PRH and 15 areas at RSH were audited, as part of the assessment and 7 food assessments were undertaken (4 at PRH and 3 at RSH).

The Trust scored better than the national average for 'cleanliness'.

Trust scores for 'food', 'organisation food' and 'ward food' were disappointing. Issues include the taste and texture of the food at both sites and the temperature of the food at RSH. The new catering system will help to address the temperature issues at RSH. New menus have been introduced and food items which were poorly rated have been removed from the menu.

Further points were lost as not all patients had undertaken a nutrition screening and the Trust was not fully compliant with the 10 key characteristics of good nutrition. Additionally, patients were not made ready for mealtimes with their tables cleared and were not always given the opportunity to wash/clean their hands.

The Trust dementia score had improved from last year, but was still lower than the national average. Issues identified included: toilet doors not being a distinctive colour in contrast to the walls; nor all floors are matte, non-reflective, not patterned, non-slip and in a colour that contrasts with walls and furniture; not enough handrails around the hospital; not enough signage and no dimmer switches are available.

It was also identified that there was no disabled access toilet on the first floor of PRH. Work is now being undertaken to rectify this issue. CS asked if this toilet would be made stoma-friendly. JY said it would be.

Priorities going forward will be to liaise with the owners of the actions to ensure they are completed.

RS noted that it would be beneficial to ensure nurses are available on the wards at the time of the assessment to ask questions and/or address issues.

GS commented the RSH and PRH scores by domain were similar despite the sites being completely different. This suggests the issues are organisational.

GS also noted that the toilet on the first floor of PRH is not signposted. This makes it difficult for patients and visitors who may not be aware that they can access this toilet.

Action: CH to discuss this with Estates team.

GS noted that, in regards to car parking, the information provided is not very good. He had put together a leaflet to better explain information regarding car parking, which was sent to RS. RS explained that this had been pushed back due to other priorities arising from COVID-19. Temporary changes including parking being made free to all staff and visitors and visiting restrictions being put in place meant the leaflet was not accurate at this time. RS will now pick this action up as restrictions are beginning to be lifted.

Action: RS to progress car parking leaflet.

ST questioned why there was no mention of sensory loss in the disability section of the PLACE assessments. JY commented that there were no issues, regarding sensory loss, identified during the assessments. The assessors placed greater focus on wheelchair usage, as at least one of the assessors was a wheelchair user themselves. This isn't to say that there aren't any issues regarding sensory loss – just that no issues were picked up during the assessments. JY noted it is important to have a broad range of representatives when carrying out the assessments, to ensure a broad range of issues can be identified.

Action: RS to invite Equality, Diversity & Inclusivity Patient Group members to the 2020/2021 PLACE assessments.

10.15am **Quality Priorities for 20/21**

Panel members were introduced to MB, who joined the Trust as Interim Chief Nurse in April 2020.

MB noted that there had been a CQC inspection in November 2019 which lasted until January 2020. The report, documenting the findings, was published in April 2020. The Trust remains in special measures following the inspection, after being rated inadequate in the following areas: 'safe', 'effective', 'responsive' and 'well-led', as we all receiving an overall rating of inadequate.

MB explained that an improvement plan has been developed to address the issues found. There are currently 176 broad actions included on the improvement plan, with 405 specific actions to complete before the CQC return.

Themes of focus identified as a result of the inspection include:

- How do we manage patients who are really ill, including identifying and managing sepsis and risk of falls?
- How do we monitor the effectiveness of Trust processes?
- How do we ensure the services are appropriate for children transitioning to adult wards?

MB noted that reporting had been postponed until October 2020 because of COVID-19. The Trust is therefore taking this time to further enhance patient involvement and to ask the community what the priorities of the Trust should be. MB asked the PaCE Panel Members if they had any ideas or suggestions.

1. Feedback
GS commented that an obvious priority is to listen to patients as patient feedback is critical. He noted that existing feedback processes should be looked at to determine if, and how, they are working. GS believes asking for feedback at the point of discharge is not likely to gather a lot of useful feedback, as the patient is more focused on going home.

MB noted the Trust was looking at implementing focus groups to gather feedback, following discharge, at a time which was suitable for the patient. RS agreed that focus groups were being looked at as a way to gather feedback and will be used in addition to existing methods such as online feedback forms, Healthwatch and feedback websites (e.g. NHS Choices, Care Opinion). The Trust is also introducing a 'Secret Shopper' scheme to gather regular feedback from patients, carers and visitors.

DT suggested that individuals who give feedback should receive a response to demonstrate how their feedback will be used. From her personal experience in A&E, DT has not seen any results from giving feedback. RS noted that feedback methods such as FFT are anonymous and, as such, it is not possible to respond; however, a response should be given when the person can be identified. Clinical areas currently display how feedback has been used to prompt change via methods such as 'You Said, We Did' posters and the Quality Dashboards. It is, however, noted that we need to improve the ways in which we share this feedback with the wider community.

GC noted that, in Unscheduled Care, localised feedback is being collected in ward areas. Ward Managers are responsible for collecting and acting upon feedback. Patients are asked 'if you could change one thing about your experience, what would it be?'.

In addition, GC uses RaTE (Real Time Experience - a specialised software application used to collect patient feedback) to regularly check what is being said and to actions these areas. Matrons are also being asked to carry out patient experience surveys, using questions from the National Inpatient Survey, each month.

MB noted that it would be beneficial to publicise what we are doing and how we are responding to feedback.

2. Safety
MB enquired if panel members would be comfortable with having

‘infection prevention and control’ and ‘patient safety’ as priorities. GS noted these are essential priorities and ST suggested that without safety, there is no basis for quality.

MB agreed that safety is an essential priority but acknowledged that, with human factors involved, things can sometimes go wrong. Furthermore, patients may not always comply with the advice staff give, compromising their own safety.

MB suggested it may also be beneficial to take a reflective look back when a patient dies, as a way to learn from mortality. For example, when looking at the whole pathway of care, was there anything that could have been done differently?

KB suggested it may be useful to further develop the quality priorities and come back to it at the next meeting. If Panel Members have any ideas or suggestions in the meantime, they can contact ruth.smith42@nhs.net

GS requested a session on the CQC report findings. KB said the next meeting will be extended to include this on the agenda, as it would be useful to seek patient perspective on the results.

BR asked if the budget had been sanctioned for the new build. MB noted that the business case is ongoing and is expected to be addressed at a meeting planned for the end of July. It would, therefore, be useful to have an update from the Hospital Transformation Programme Team following this.

10.35am **ED update and improvement**

Panel members were introduced to CHu, who joined the Trust as Interim Head of Nursing for Emergency in April 2020.

CHu expressed an interest in linking in with DT, as a lot of work has taken place to address the issues found in the Emergency Departments since visiting restrictions have been put in place. It would, therefore, be interesting to see if DT’s concerns have been addressed.

Processes for monitoring how well patients are being looked after have now been introduced (e.g. how long to triage, how often is blood pressure checked).

A second Matron has also been recruited for within ED, to allow for one Matron at each site. This has meant the Matrons can spend more time ‘on the shop floor’ talking to patients and carers. Staff also regularly walk around the Emergency Departments to inspect areas such as the environment and staffing levels. If issues are found, they can then quickly be addressed.

The Emergency Departments have seen a reduction in the amount of feedback received, since lockdown. To address this, family members of staff who have been seen in the Emergency Departments have been sharing their patient stories. CHu said this has been a very powerful method of feedback and has put things into perspective.

DT commented that the core A&E staff are fantastic, but the department is let down by agency staff. CHu suggested this is because agency staff do not have the same sense of ownership as core staff. To address this, the department is focusing on recruitment of permanent staff. They have already fully recruited for Sisters and band 5 Nurse posts. As a result, the department have started cancelling agency posts as they are no longer needed.

10.50am **Next steps**

The next meeting will be extended to two hours to include a session on the CQC report findings. The Quality Priorities for 20/21 will be readdressed in this meeting.

An update from the Hospital Transformation Programme will be requested for the next meeting and a representative will be invited to provide further detail in the September meeting.

10.55am **Any other business**

GS asked if there had been a staff survey or any way to seek feedback from staff during the pandemic. MB noted that they had been working with critical care staff to provide debriefs. SY also commented that human factors-type debriefs had been carried out; as well as a survey to ask what type of support staff want/require. Health and wellbeing webinars are also being provided for all staff and individual coaching is being looked at. A Psychologist has also been working with Trust staff to provide support and counselling.

MB acknowledged that the experience of COVID-19 is very different for different teams. It is important to provide support/intervention to staff before they reach breaking point and need to take time off work in order to mentally recover. Going into the next phase, it is key that staff develop skills in resilience and adaptability.

MB suggested the psychological impact of COVID-19 is expected to go on for between one to two years. The Trust will continue to provide support to staff for as long as it is needed.

11.00am **Close**

Date and time of next meeting

Thursday 6th August 2020, 10.00am-12.00pm

Microsoft Teams