Draft meeting notes from PaCE panel meeting
4th March, 09.30am
Seminar Room 2, SECC, RSH

Attendees:
Chair: Ruth Smith, Lead for Patient Experience, SaTH (RS)
Kara Blackwell, Deputy Director of Nursing (KB)
Ellie Gunner, Patient Experience Assistant (EG)
Katy Moynihan, Lead Nurse Theatres, Scheduled Care (KM)
Kath Preece, Head of Nursing, Scheduled Care (KP)
Bob Ruane, Panel Member (BR)
Kate Ballinger, Community Engagement Facilitator (KBa)
Sophie Rawlings, Comms and Engagement Lead for the Hospital Transformation Programme (SR)
Jacqui Talbot, Emergency Centre Manager (interim) (JT)
Anthea Gregory-Page, Deputy Head of Midwifery (AG-P)
Julia Palmer, Head of PALS and Complaints (JP)

Apologies:
Ann Lewis, Panel Member (AL)
Joanne Yale, Head of Facilities (JY)
Dawn Thorns, Panel Member (DT)
Kirsty Tivey, Pharmacist (KT)
Greg Smith, Panel Member (GS)
Gary Caton, Head of Nursing, Unscheduled Care (GC)
Lynn Pickavance, Panel Member (LP)
Chris Hood, Head of Operational Estates, SaTH (CH)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	RS welcomed everyone to the meeting and noted apologies. As the meeting was not quorate, it was decided to reschedule for the end of March and postpone the agenda until then. An update from the attendees would, instead, be provided.	
2.0	Service and Departmental updates	
	Scheduled Care	
	• KM noted that they had been working through the Scheduled Care patient experience action plan. 13 Quality Walks have now taken place with patient representatives. This has proved useful and highlighted areas that are performing well (e.g. IPC, environment) and areas for improvement (documentation). • KP commented that staff had been doing Quality Walks in Scheduled Care for the last 12 months, but had decided to invite patient representatives on the walks as part of their patient experience action	

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<tr><td></td><td>plan. KP and KM were pleased with how the inclusion of the patient representatives had progressed, and how it had been beneficial to have ‘fresh eyes’ on the walks.
RS and KM had met on the 17th February 2020 to review the document used to record the Quality Walk findings. It was noted that this would need to be streamlined to incorporate robust methods of measurement and acting upon findings. KM suggested some questions may be removed to make it more ‘patient-friendly’.
RS and KM had also discussed how the Quality Walks would coincide with Observe and Act, as they are of a similar format. Volunteers who are Observe and Act trained may potentially be invited to join the Quality Walks, in additional to members of the PaCE Panel. RS noted that there were some upcoming Observe and Act training sessions; therefore, this would provide an opportunity for more people to join the Quality Walks.
The next Observe and Act training session will take place on the 7th April (09.00 – 17.00) in Room B of the Education Centre, PRH.
KBa commented that it would be useful to send out the details of the Observe and Act training session to graduates of the Young People’s Academy, as it would be a fantastic opportunity for a young person and would be useful for the Trust to hear their feedback. RS noted that there are a minimum number of observations that those who complete the training are required to commit to; therefore, this would have to be outlined in the email sent to Academy graduates.
BR noted that there had been positive feedback from the patient representatives regarding the Quality Walks, although some felt it was slightly unstructured. RS noted that it may be those who have not completed Observe and Act training who found it to be unstructured. KM commented that the Quality Walks are a work in progress and they could be made to be more concise and structured. The overarching feeling, however, was that they had been beneficial.</td><td></td></tr>
<tr><td></td><td>PALS and Complaints
JP noted that the complaints had peaked at 70 during quarter 3, compared to an average of about 60.
PALS and Complaints had been struggling with receiving responses from the Care Groups, due to the current demand for services. JP noted that this was being addressed on an individual basis.
JP commented that there were no new trends in the subjects of complaints. Where rises are noted in specific areas, this is highlighted to the manager for early identification of problems. KP shared one such example, where it was identified that, with the introduction of new roles, there had been a lack of communication around discharge and who would lead on this, which resulted in some complaints being received.
KBa questioned if, when there was an increase in specific complaints such as discharge, this would be addressed by increasing the number of Observe and Act observations and Quality Walks.
KP noted that there are ‘hotspot’ areas that tend to receive more</td><td></td></tr>
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complaints in specific areas, such as the Emergency Department; and whilst there are plans to introduce Quality Walks in Unscheduled Care, it would be difficult to do a large number of Quality Walks in such busy and demanding areas, such as the Emergency Department. Similarly, all Care Groups, including the Emergency Services, are reviewed as part of Observe and Act but it would be difficult to increase the amount of observations that take place. RS commented that this instead could be built into Exemplar (a formal assessment of the clinical environment undertaken by the Corporate Nursing team) to minimise disturbance.

- KBa commented that the Trust had 12 licenses for ‘Sit and See’ (where a trained observer sits for 15-50 minutes and watches for and records examples of care and compassion, or recommends improvements if the care appears dispassionate). RS noted that, as part of Observe and Act the observers stand in a ward for 20-30 minutes to simply watch; therefore, adding an additional method of assessment may not be beneficial. KBa highlighted that with Sit and See, there is only one person undertaking an observation, whereas with Observe and Act this can range between 2 and 5 observers in one area. KP commented that all methods are part of a toolkit of improvement. It may be beneficial to further discuss the methods that are used at the next meeting.

Action: Include on agenda an opportunity to discuss the methods that are used to assess the wards and departments.

Emergency Services

- JT noted that the Emergency Department had recently been under a lot of scrutiny, as with a lot of other EDs across the country.
- The nursing structure within ED is changing. A Head of Nursing for Emergency care is being introduced; as well as a Deputy Head of Nursing who will lead on patient experience and patient engagement within Emergency Care.
- A second Matron position within ED is also being recruited for, to allow for one Matron at each site as currently one Matron is responsible for both RSH and PRH.
- JT commented that she had brought a draft version of the Emergency Services patient experience action plan. This will be presented at the next PaCE Panel meeting, after going through the governance process.

Maternity

- AG-P commented that the nursing structure for Maternity had also changed. A Director of Midwifery position has been introduced, and has been filled by Nicola Wenlock.
- AG-P would now take focus on patient experience for Maternity, whilst LA would take focus on patient experience for Paediatrics. Joy Oxenham would, however, continue to focus on patient experience from a governance perspective for the overall Women and Children care group.
- AG-P has developed a Maternity patient experience action plan, in partnership with Lynn Atkin who has incorporated aspects from a

	Paediatrics perspective. This will be presented at the next PaCE Panel meeting, after going through the governance process.	
	Community Engagement	
	• KBa noted that she was currently doing some work on how to engage with people. She is currently going out into the community and asking people how they want to engage with us, as a Trust. • Feedback from the Equality, Diversity and Inclusivity event highlighted that the Engagement team had not been ad robust in engaging with people of different ethnicities and religious beliefs. • It was noted that engagement cannot be a tick-box exercise and cannot be dictated by solely trying to meet the requirements of each protected characteristic. However, it is important to change the way the Trust engages with members of the community, to ensure we reach as many people as possible.	
	Hospital Transformation Programme	
	• SR explained that the Business Case for the Hospital Transformation Programme was submitted last year (2019) and they were currently waiting for approval. • Over the next six to seven months, the HTP team will be working with clinical staff to discuss needs and expectations (e.g. number of beds required). • They will also work with KBa to engage with the community and ensure the needs of the patients and local community are considered when the sites are developed. RS noted that it would be useful for SR to become involved in the PaCE panel and Equality, Diversity and Inclusivity patient group meetings to gather feedback from patient representatives.	
	Patient Experience	
	• RS noted that the Equality, Diversity and Inclusivity Stakeholder event which took place on the 23rd January was very well-attended. As capacity was exceeded, some people who expressed an interest in attending were unable to come. As such, RS is looking to make next year's event bigger, increasing capacity from approximately 100 guests to 150 guests. The event helped to identify which Care Groups were doing well, in terms of meeting the needs of patients and service-users, and which Care Groups could use some improvement. Feedback from stakeholders was collected verbatim and this was shared with the presenters, who have since developed action plans to detail how the feedback will be acted upon. An update on how the presenters from 2019's EDI event was also shared, as it was important to highlight what had been done since the last event and how stakeholder's feedback had been utilised by the Trust. A video, which summarises the day, will be shared at Trust Board, alongside the Equality and Diversity annual report. • RS commented that a new Equality, Diversity and Inclusion Lead joined the Trust on Monday 2nd March. Kal Parkash will work with both Workforce and Service Delivery (i.e. patient-focused). • Templates for easy-read patient information leaflets, and an image bank containing thousands of clip art images, have been introduced on	

	the intranet for staff to create their own leaflets designed for individuals with learning disabilities. This will be promoted over the next few weeks. • The Family, Friends and Carers Information leaflet is soon to be launched, in addition to the Carers Charter, which has been developed in partnership with the Carers Partnership Board. • 'Carers emergency contact information' posters have also been introduced, detailing the telephone numbers of who to contact to access emergency support for the person they care for, if they are admitted to hospital in an unplanned or emergency situation. These have been displayed in the following areas: Emergency Department; Stroke Unit; Acute Medical Unit; and, Surgical Assessment Unit. Although, it was also be shared on the intranet for all staff to access. • The Carers Passport is currently being updated. RS noted that it would be useful to receive the PaCE Panel members' feedback on this. The initial idea is that the Carers Passport (which is currently a small card) will be developed into a badge, similar to what staff wear, which can be worn on a lanyard. The badge will also trigger discounts in Café Bistro etc. • Carers Passports are very much targeted at individuals who care for people with either dementia or a learning disability. This is because these are the teams who currently give the Carers Passports out. RS suggests to prevent this, it may be beneficial for all identified carers to be referred to the Carers Hospital Link Workers, who will come to the carers on the ward/in the department and administer the Carers Passport. KBa commented that this may create more hurdles for carers to jump through; the biggest problem KBa has come across is that people are unaware of the concessionary parking. SR noted that this is because there is no one obvious entrance point to the hospitals; therefore, it is difficult to target information. • KP asked if there was any evidence to show how many Carers Passports had been given out. She believes the Carers Passport is a good thing to look at and re-launch as, to her knowledge, the wards do not currently give them out. RS noted that there was currently no evidence to show how many Carers Passports have been given out; but once the Carers Passport has been re-launched, carers questions could be built into Exemplar to measure how many are administered on each ward/department. • KP commented that a big issue is that there is no hot food provided in the restaurant at the RSH site before 12:00; whereas, in the restaurant at the PRH site, patients and visitors can get a full cooked breakfast from as early as 9.00. Similarly, whilst individuals can buy food and drink from the Café Bistro at the RSH site, the chances of finding it, if you are coming from the ward block (as most would be) are slim; and there is nowhere to sit down with this food and drink, as the seating area is part of the restaurant (which does not open until 12.00). KP stated that it is unfair that patients are treated differently at the two sites. **Action: RS to revisit this.**	

	• RS commented that a new Carers Survey was being drafted together. The new Carers Survey will merge the existing dementia- and learning disability-focused Carers Surveys into one general survey which will target all carers. The new Carers Survey will also identify young carers. It is hoped that by having one specific survey, it will make the presence and needs of carers more high profile. • KP commented that the Trust is not currently signposting where friends, family and carers can seek help and support for themselves. RS commented that she is working with the Carers Centre in Telford, Shropshire Council Let's Talk Local Hub, the Stroke Association and Citizens Advice to provide 'Carers Drop In Sessions' in the Resource Room, by Ward 15 and 16 at PRH. The number of drop-ins will be measured over the next 2 months, to determine how successful the sessions are. At RSH, drop-in sessions are already provided: an information stand is set up every Friday at the entrance of the Ward Block, by the Chapel, and in Outpatients once a month.	
3.0	Any other business	
	Hospital Transformation Programme (Future Fit)	
	• BR asked what the current situation was with the budget for the building. SR commented that the £312 million budget was still allocated to the Trust and media reports which suggested the cost of the reconfiguration has increased can from leaked draft documents. The Trust is currently working to deliver the work within the £312 million budget; however, there has been a cost increase due to inflation. SR commented that the Trust is still aiming to deliver reconfiguration of both sites but noted that we will know more once the business case has been approved. • BR commented that the reported 40% overspend was due to bad management. SR commented that, unfortunately, due to the information being leaked to the media, people are hearing the information second-hand. It was noted that this information is not being leaked internally, but higher up.	
	Way Finding	
	• RS commented that she had met with KBa and Dave Lewis, Estates Assistant Manager, to discuss the external signage within the hospital sites. They were currently looking at what other hospitals do to provide further insight. • KB commented that the quality improvement sheets will be brought to the next meeting. It was agreed that the next meeting will take place at the end of March.	
	Coronavirus	
	• KB commented that whilst individuals have been screened for Coronavirus at RSH and PRH, no-one has tested positive for the virus. There have been some rumours regarding coronavirus victims in the Emergency Departments at RSH or PRH. These rumours are unfounded and anything that needs to be shared will be done so through the official channels.	

	• KB noted that Coronavirus needs to be taken seriously, but the morbidity rate is low, compared to other viruses such as MERS (Middle East respiratory syndrome) and Ebola. Vulnerable groups, such as those with co-morbidities, frail and elderly individuals, are more at risk of developing Coronavirus, just like with seasonal flu. • A screening pod has been installed on both the RSH and PRH site. The pod was put in place following national guidance given to all Trusts, and means that anyone attending hospital with symptoms of the virus can be kept isolated from other patients and avoids causing unnecessary pressure in A&E. AG-P commented that community testing was also taking place. • The samples taken are currently sent to Colindale for testing by Public Health England and the results are given within 24 hours. Discussions regarding local testing are currently taking place. • To prevent the spread of infection, you should take the same precautions as you would with flu. This includes: hand washing for 20 seconds using soap and hot water; and, covering your mouth and nose with a tissue when you cough or sneeze.	
	Maternity	
	• A new maternity building at PRH will be handed over on the 22nd March. It will be open for staff to look around on the 26th March and for the public to look around on the 27th March, before becoming fully-operational on the 28th March. • More information will be sent to the PaCE Panel members once this becomes available.	
	Ward 35	
	• The handover of Ward 35 took place today (04.03.2020). The ward will become fully-operational from the 9th March. Ward 35 will be a therapy-led ward, with a discharge lounge. DART (Direct Access Rapid Treatment) will move into Ward 35 eventually. DART is not managed by the Trust but is currently located on the RSH site. • Ward 35 will be assessed as part of the Quality Walks, once fully-operational.	
	Community Engagement Meetings	
	• The next Community Engagement Meetings will take place on the 17th March (10.00 – 12.00) in the Glebe Centre, Telford and on the 19th March (10.00 – 12.00) in SECC, Royal Shrewsbury Hospital site.	
4.0	Close	