

**Draft meeting notes from PaCE Panel meeting
30th May, 9.30am
Room A, Education Centre, PRH**

Attendees:

Chair: Rose Goodwin, Associate Director of Nursing (Interim) (RG)
 Ruth Smith, Lead for Patient Experience, SaTH (RS)
 Greg Smith, Panel Member (GS)
 Karen Breese, Clinical Specialist Dementia (KB)
 Robert Ruane, Panel Member (RR)
 Janet O'Loughlin, Panel Member (JO'L)
 Judith Barnes, Personal Assistant to Corporate Nursing Team (JB)
 Dawn Thorns, Panel Member (DT)
 Chris Hood, Head of Operational Estates, SaTH (CH)
 Emma Dodson, Matron Ward 19/Outpatients, Womens and Children's (ED)
 Lynn Pickervance, Panel Member (LP)
 Colin Stockton, Panel Member (CS)
 Jo Yale, Head of Facilities (JY)
 Tony Davies, Theatres (TD)

Apologies:

Hannah Roy, Volunteering and Governance Manager (HR)
 Kate Ballinger, Community Engagement Facilitator (Kate B)
 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)
 Sheila Fryer, Care Group Director, Clinical Support Services (SF)
 Jill Whitaker, Matron (JW)
 Sarah Thomas, Panel Member (ST)
 Sally Allen, Clinical Governance Manager (SA)
 Jackie Jones, Panel Member (JJ)
 Ann Lewis, Panel Member (AL)
 Katy Moynihan, Lead Nurse Theatres, Scheduled Care (KM)
 Natalie Parkinson, Panel Member (NP)
 Julia Palmer, Head of PALS & Complaints (JP)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	Rose Goodwin, Associate Director of Nursing (Interim) welcomed everyone to the meeting and thanked members for their time and commitment.	
2.0	Minutes	
	These were agreed for accuracy. GS commented that the minutes were good, enabling a full record of the meeting to be made.	
3.0	Action Points from previous minutes	
	The Action log was reviewed and along with the individual responses to actions the following comments were made:	

	<p>ED further commented that the Exemplar process enables engagement with staff within each clinical area, and as her ward is one of the last to have a mock assessment, they have seen other wards achieving gold and silver and as a team they are aiming for higher. J'OL commented that this felt very assuring that staff are feeling this way.</p> <p>TD asked if something similar to Exemplar could be introduced for Theatres, and commented that they have never had a similar process of review carried out within their service area. RS commented that Exemplar has been established for wards, and in the longer term to be aligned for A&E and Theatres, however could be included within the Observe and Act Programme of visits. DT commented about the non-provision of patient feedback in Theatres and suggested even if it was based on their experience of being taken into theatres, such as portering, who provide a valued service to the patient. During April 2019, RS put together a video for Experience of Care week which included porters and theatre staff.</p>	
4.0	Patient Story	
	<p>RS shared a Patient Story which has since been used to help shape Information Governance training. Further guidance for staff is now available on the intranet, and awareness will be raised by sharing the film and feedback at information governance training.</p> <p>Attendees acknowledged the content of the patient story, ED had to assist a patient earlier this week due to arriving in the wrong department. It shows how a complaint is viewed and the perception of the patient's view.</p> <p>GS commented it was an interesting case, and included both sides of the story. DT reconfirmed asking the question 'have you got anyone with you' can make a big difference. This is a much more powerful story than previously seen. LP - good to hear this story and see how this will make a difference, and good to see what happened.</p>	
5.0	Update on Trust Appointments	
	<p>RG explained the recent appointments made within the Executive Team as follows: Medical Director – Arne Rose will start mid June. Director of Nursing (Interim) – Barbara Beal will start late May. Rose Goodwin and Maggie Bayley will be Associate Directors of Nursing (interim) until substantive appointments have been made. Director of Maternity is currently out to advert which will enable Midwifery to have their own senior lead. Ruth Smith has been successful in obtaining substantive post for Lead for Patient Experience.</p> <p>There are a number of nursing vacancies – around 200, with lots of recruitment work taking place. RS commented she received some good feedback on the wards earlier that day, teams are being approached by potential candidates about vacancies for jobs due to moving into the area. Once recruited, retention is then key. A considerable amount of work is being done with colleges. GS asked for more information regarding proportion of vacancies and usage of Agency staff. RG stated this is reported to the Board. BR asked how it fit in with the national picture and comparison to other Trusts.</p> <p>Action : Provide an update on details relating to Agency Staff use and current Vacancies</p>	
6.0	Future Vision and Actions	
	<p>RS commented that the last meeting had been cancelled and training was provided instead. This enabled RS to have an informal discussion with the members in attendance.</p> <p>PaCE commenced in November 2018 and RS confirmed to date a lot of information has been fed into the meeting ie VMI, Exemplar, Future Fit and Quality Improvement,</p>	

	<p>the meeting is now at the point where the vision needs to be reviewed. The feeling following the informal discussion was that the group have not enough to get involved with. The meetings to date have felt the panel have been talked to and feel they could do more, DT added she is involved with Observe and Act, but could do more, especially from her experience of sitting in A&E. RS responded we are seeing progress from Observe and Act.</p> <p>GS has circulated contact sheet (to obtain consent for contact) as a means to enable the group to get in contact with each other.</p> <p>RS agreed that email/whatsapp group is a good tool to produce ideas, and for the group to communicate with each other.</p> <p>Action : JB to chase the balance of consent</p> <p>LP suggested bi-monthly meetings as a group, then re-join with the wider PaCE Panel. RS highlighted the ToR reflects the same frequency once the panel was established, with meetings with sub-group during this period. DT felt the group was too big, and GS would like to hear from sub-groups.</p> <p>JY offered patient food tasting sessions around the bi-monthly meetings – and could be organised around lunchtimes.</p> <p>Action - Organise food tasting sessions around PaCE Patient Representative only meeting</p> <p>Action/Agreed - Patient Representatives to meet separately to explore their vision for the PaCE Panel.</p> <p><i>RS commented that a Care Group feedback template had been devised but had not been used to date and stated that most of the meeting had been taken up with the updates, DT suggested half to be provided one month and the balance to be provided the following meeting. Action Plans for Observe and Act had been fed into Care Groups. TD will feed this back to KM.</i></p> <p>Action - Ensure robust feedback and progress of actions for Observe and Act and ensure appropriate governance.</p>	
7.0	Directorate Updates	
	<p>Estates – CH commented that progress is being made following Observe and Act action plan, such as repair work to pot holes, handrails, pathways (levelling and widening), street lights.</p> <p>Dementia friendly clocks and toilets seats have been rolled out, as agreed at the Patient Environment Group. It is presently unclear how robust the toilet seats are compared to current specification used.</p> <p>A new Estates Manager has been appointed at RSH. The Director of Estates Advertisement is currently out to recruitment and CH is covering as interim Estates Manager. Morale within the estates department is now improving. Tradesmen recruitment is ok, with a couple of posts vacant currently. Recruitment now taking place within the decontamination team. Historically Estates have struggled to recruit and are reviewing the job Descriptions to reflect the role and encourage more interest. One of the challenges within the team is engagement and the sharing of information. A new information app is being developed to enable information to be shared in a timely manner on phones to help improve communication within the team.</p> <p>GS responded about the staff morale in the media, and staff morale is important for</p>	

	<p>patients. GS asked if there is any information PaCE can see.</p> <p>Action: Invite Workforce representative to PaCE Meeting to provide update on staff survey</p> <p>GS commented he has been approached and spoken to other patients/relatives and does not know what to do with the feedback he has been given. RS added that this may not be for this group, but it can be shared with RS who will signpost to the relevant team. GS gave an example where he was made aware that there were delays in the issue out of medication. RS stated in the first instance this should be made known to the Ward if the patient is still in hospital, however it was commented from other panel members experiences that some patients feel they cannot do this due to their vulnerabilities. RS stated it is much easier to have a conversation there and then and address any concerns and improve the experience for the remainder of a patient's stay.</p> <p>There is also a free text box on FFT for provision of feedback.</p> <p>CS thanked CH and the Estates Team for their work on stoma friendly toilets across the Trust.</p> <p>Facilities - JY gave an update on the improvements following the 2018 PLACE inspection. There is a newly formed group, involving GS, J'OL. Future spend allocation in place for dementia toilet seats in PRH, with installation nearing completion in RSH. 100 blue seats have been purchased, with 76 more to be purchased from the 2019 budget. Need to ensure the integrity of the seats. The group have talked about 2019/20 actions, such as creation of a simple sign eg 'This is the SaTH hospital with the xx ward' detailed. Looking to design a standard sign for a toilet, with suggestion of installation across the Trust. Consideration to blue doorframes. A review is also taking place of the different height chairs.</p> <p>JY announced good news that capital approval has been gained for creating two disabled toilets which will also be dementia and stoma friendly on the first floor near to the dining room at PRH to improve access.</p> <p>2019 PLACE has been deferred as previously advised, with a new questionnaire being piloted in a few Trusts. PLACE assessments are likely to take place in Sept/Oct this year, however JY has concerns regarding winter pressures, and is hoping for volunteers to help with this. JY confirmed she is shaping 2019/2020 spend based on last year's results. JY considers this year's fund allocation will be similar, however has asked for more from Capital Planning. JY commented that she feels that the new group will ensure money is better spent, and in the meantime will make contact with other Trusts to try to pre-empt the PLACE review for 2019/20.</p>	
10.0	Care Group Updates	
	<p>Scheduled Care update was provided by Tony Davies, on behalf of Katy Moynihan TD has recently taken over Theatres in PRH, and feels he has a lot to achieve. He asked the panel what they would like to know.</p> <p>J'OL thinks the theatre staff are fantastic, however she observed one patient with dementia who had difficulty asking for a cup of tea, but no one around to address her need. JO'L asked if there were any volunteers around to do this. Further comment was that she was having to repeat herself to confirm her ID which was very reassuring. LP felt this was also reassuring, however during recovery she felt conversations were very strange. TD commented hearing is the first and last sense affected and will remind staff that they should be aware of their conversations. At this stage in the recovery process, LP wanted to say she was cold. An Observe and Act visit would benefit this area, which will enable service improvement and RS suggested following a patient into pre-op could be done.</p>	

	<p>Action – TD to remind Theatre recovery staff that patients’ hearing is the first and last sense to be affected and for staff to be mindful of inappropriate / personal conversations</p> <p>Theatres have recently closed the theatres for a day, which enabled all staff to meet, and discuss Never Events. As a group they looked at disturbances, distractions along with a raft of areas that affect a Never Event. The team follow 5 steps to safe surgery based on national guidelines, however have readjusted practices further, with roll out in August. Pre-op has been reviewed to ensure robustness. New recruits have been trained on theatre etiquette. Vanguard Unit is still in place to enable catch up of operations that were cancelled over the winter period. Theatres are reviewing all areas to improve efficiency as it is now a 365 day demand.</p> <p>Unscheduled Care - non-attendance from Care Group, therefore no update was provided</p> <p>Midwifery - advance apologies were given by the Care Group, therefore no update was provided</p> <p>Women’s and Children update was provided by ED Paediatrics had a meeting with RS to explore approaches which can be taken to build upon the feedback they receive and improve patient experience. Some of the suggestions include: - Introduction of Observe and Act and formulation of plan to involve service users - Children and young Persons feedback – focusing upon a different question each month to learn more about what children want when accessing services. This will then support the development of an action plan to address gaps.</p> <p>RS commented that it has been agreed that Play Leaders will support in seeking children’s views on what is important to them when they come into hospital to enable children and young person’s feedback to be incorporated in the Patient and Carer Experience Strategy.</p> <p>Clinical Support Services Care Group - advance apologies was given by the Care Group, therefore no update was provided</p>	
11.0	Any other business	
	<ul style="list-style-type: none"> - Distribution list/Action list – take Martin Foster off as no longer in post. - Catering - JY confirmed food provided by PRH is cooked and prepared at Wolverhampton, then chilled and reheated at PRH. It is cooked on site at RSH. The same food provision as PRH is being introduced at RSH as the site is looking to purchase hostess trollies. This is aiming to be in place by the end of the year. Following PLACE feedback there appears to be greater satisfaction of food at PRH V’s RSH. All food is processed to national guidelines and analysed with dieticians. Allergies is taken very seriously and buying in food enables reassurance of this. JY offered an opportunity for patient / carer representatives on the Panel to visit the external provider, if this is of interest please let her know. <p>The question was asked if a salad option was given in PRH. JY confirmed that there is provision of salads at PRH</p> <p>Action - A food team is being developed and welcomes input from PaCE.</p>	
12.0	Close	

Next meeting – 17th June 9.30 to 11.30am, Innovation Suite, RSH (Patient Representatives only)

Action	Who by	Date
KB to explore dementia and ensure carers views included in FFT. Update 28/2/2019 – to remain as an action and review with the introduction of GATHER Update 30/5/2019 – Carer feedback to continue through the carers survey	KB	June 2019
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 – to remain as an action and review with the introduction of GATHER Update 30/5/2019 – review progress	Clinical Audit	June 2019
Estates to feedback update on toilet signage development across the site. 29/3/2019 – The number of signs to be agreed and an order placed to ring-fence funding Update 30/5/2019 – CH confirms funding is in place	CH	April 2019
Obtain breakdowns via informatics Update 30/5/2019 – to invite RU to next meeting	JB/RS	July 2019
Invite the Sustainable Services Team to provide an update on Future Fit in 3 months. Update 30/5/2019 – invite sent	JB	July 2019
Provide a glossary on the FFT Update 30/5/2019 – JB to progress	SA	March 2019
The PLACE task and finish group will continue to hold bi-monthly meeting. GS and JO'L to continue attending the meetings. Update 29/3/2019 – SH to circulate dates. Update 30/5/2019 JB provided contact details to SH to enable invites to be sent.	SH	May 2019
To explore what is happening with the PLACE assessments at trial sites. Update 28/2/2019 – to meet the Estates Team and update at next meeting. Update 30/5/2019 – Potential start date for PLACE Sept/Oct 2019	JY / SH	July 2019
Parking and staff banding – include both as Agenda items Update 30/5/2019 invite to the next meeting.	JB/RS	July 2019
Way Finding Strategy – Establish a task and finish group to develop a way finding strategy. KM, KB and KateB agreed to be part of group, an email will be sent out to invite members to join. Progress to be discussed at the May meeting. Update 30/5/2019 – CH group not formed fully as yet. GS, LP and J'OL interested and awaiting emails for update/invite.	KM / KB / KateB / Estates	June 2019
PaCE Panel members to confirm if they wish to be involved in the Exemplar Programme Update 30/5/2019 – J'OL, LP, GS have expressed an interest	PaCE	June 2019
KateB to send details of workshop request to RS to	KateB/JB	May 2019

<i>enable them to be shared with PaCE Panel Members. DT has expressed an interest in the ED Working Group. Update 30/5/2019 – Sent end of April</i>		
<i>Forward copy of all presentations – 30/5/2019 – Sent end of April</i>	JB	May 2019
<i>Carers Survey to be sent to maternity voices link and KateB and HR Update 30/5/2019 - completed</i>	RS	May 2019
<i>Add CAU to Observe and Act programme of visits Update 30/5/2019 – RS met with ED (Matron), bespoke work to be carried out with Paediatrics.</i>	RS	Sept 2019
<i>Provide an update on details relating to Agency Staff use and current Vacancies</i>	RS/JB	July 2019
<i>Patient Representatives to manage whatsapp (or similar) group once obtained agreement to share contact details with each other. This will enable feedback in between meetings.</i>	Patient Representatives / JB to obtain consent	June 2019
<i>Organise food tasting sessions around a PaCE Patient Representative only meeting</i>	JB / JY	July 2019
<i>Patient Representatives to meet separately to explore their vision for the PaCE Panel.</i>	Patient Representatives	July 2019
<i>Ensure robust feedback and progress of actions for Observe and Act and ensure appropriately governance.</i>	RS	August 2019
<i>Invite Workforce representative to PaCE Meeting to provide update on staff survey</i>	RS/JB	July 2019
<i>Remind Theatre recovery staff that patients' hearing is the first and last sense to be affected and for staff to be mindful of inappropriate / personal conversations.</i>	TD	August 2019
<i>Facilitation of the development of a Food Team and input welcomed from Patient Representatives.</i>	JY	August 2019