

**Draft meeting notes from PaCE panel meeting
24th October, 9:30am
Room B, 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)
 Colin Stockton, Panel Member (CS)
 Lynn Pickervance, Panel Member (LP)
 Dawn Thorns, Panel Member (DT)
 Greg Smith, Panel Member (GS)
 Janet O'Loughlin, Panel Member (Jo'L)
 Poppy Horrocks, Community Engagement Administrator (PH)
 Chris Hood, Head of Operational Estates, SaTH (CH)
 Julia Palmer, Head of PALS & Complaints (JP)
 Emma Dodson, Matron Ward 19/Outpatients, Womens and Childrens (ED)
 Katy Moynihan, Lead Nurse Theatres, Scheduled Care (KM)
 Joanne Yale, Head of Facilities (JY)
 Carol Bagnall, Matron Medicine (CB)
 Jan McCloud, Lead superintendent Radiology (JM)
 Kirsty Tivey, Pharmacist (KT)

Apologies:

Barbara Beale, Director of Nursing (Interim) (BB)
 Karen Breese, Dementia Clinical Specialist (KBR)
 Robert Ruane, Panel Member (RR)
 Julie Southcombe, Panel Member (JS)
 Jill Whitaker, Lead Midwife for Acute and Outpatient Services (JW)
 Stephanie Young, Matron ITU, HDU, Outpatients (SY)

Item		Action
1.0	Opening remarks from the Chair and note of apologies	
	Kara Blackwell introduced herself as one of the newly-appointed Deputy Directors of Nursing. KB welcomed everyone to the meeting and thanked members for their time and commitment.	
2.0	Minutes	
	The minutes from the May and August PaCE Panel Meetings were agreed for accuracy.	
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: RS commented that KB was continuing to explore having dementia and carer views represented in FFT. Carer feedback would continue to be collected through the carer's survey.	

RS summarised the methods in which low FFT response-rates are being addressed. RS receives FFT data from Clinical Audit each month, to feedback to ward managers and encourage them to collect more FFT data, if their area has a consistently low response-rate. This action was closed.

CH stated that the funding for toilet signage, across the site, had been confirmed and an order had been placed. KB asked for a timeframe in which this would start to take shape – CH suggested it would be within the next six months. CH commented he would provide an update on this at the next PLACE Group meeting.

RS asked PaCE Panel Members if they were still interested in receiving a breakdown via informatics. DT commented that there were other things that should take priority over this action. The other Panel Members agreed and, as such, the action was closed.

RS commented that a glossary on the Friends and Family Test had been produced. Panel Members each received a copy. This action was closed.

RS commented that the PLACE task and finish group would be a continuing group, and were due to have a meeting the following week (week beginning 28th Oct). RS commented that the PLACE assessments had now come to an end, and the results are due to be shared by Spring 2020. This action was, therefore, closed.

RS acknowledged that the panel members had not yet received any information regarding parking. It was agreed that an update would be given at the next meeting.

Action: invite Ian Morris to give an update regarding parking at the next meeting.

RS confirmed with the Panel Members that they had received their staff banding information sheets via email, at the beginning of September. The Panel Members confirmed that they had. This action was closed.

RS asked CH to give an update on the Way Finding Strategy. CH said he had been looking at this for a long time. CH said the Way Finding Strategy would form part of the overall strategy. When asked for a timescale on the Way Finding Strategy, KB commented that this was not going to happen for years and, as such, the action would remain open.

RS commented that three PaCE Panel Members had confirmed their interest in being involved in the Exemplar Programme. RS commented that there were some upcoming Exemplar assessments, as well as some 'mini' Baseline Exemplar assessments. RS confirmed the details of these assessments would be sent to the three confirmed PaCE Panel Members and, if anyone else was interested, for them to email RS.

PH commented that there are two community meetings due to take place: one in Telford, at Meeting Point House, on Tuesday 3rd December 2019 (10:00 – 12:00) and one in Shrewsbury, at SECC RSH, on Thursday 5th December 2019 (10:00 – 12:00). PH commented that these meetings would include: Gemma McIver discussing frailty; Dr Arne Rose providing an update on urgent and emergency care; and, Corporate Nursing providing an update on CQC and special measures. PH commented that people could register for these meetings on Eventbrite.

RS commented that Children's Assessment Unit would become part of the Observe and Act programme of visits. A user group was being pulled together and some of those will receive Observe and Act training. This action was, therefore, closed.

RS commented that, due to other commitments, no-one from the Workforce Team was able to attend the PaCE Panel meeting to discuss the actions regarding the use of agency staff and current vacancies. It was agreed that an update would be given at the next meeting.

Action: invite Workforce representative to give an update regarding the use of agency staff and current vacancies, at the next meeting.

DT commented that was she aware a group of Nurses had been recruited from India, and enquired as to when they would start. KB commented that they would be phased in over the next six to nine months, due to the level of support needed, and would be introduced to the Clinical areas from December 2019.

RS asked the Panel Members if a Whatsapp group had been set up between them. The Panel Members confirmed that it had. This action was closed.

RS asked to clarify with the PaCE Panel Members if: (1) a food-tasting session was organised as part of a PaCE Panel Member-only group, and (2) if the Panel Members had met separately to explore their vision for the PaCE Panel. The Panel Members confirmed that both these actions had been completed. They were, therefore, closed.

RS commented that the way Observe and Act was being governed had now changed to ensure robust feedback and progress of actions. RS commented that EG had made a spreadsheet detailing both the actions and feedback, and would be following up on this, to ensure the outstanding actions were completed. RS commented that this would also be shared with the Heads of Nursing to warrant accountability.

RS enquired as to whether Panel Members would prefer a written or verbal update on the Staff Survey. DT commented that staff morale was a concern. RS explained that the results of the staff survey were determined by data collected from the previous year, and the progress that had since been made, is not reflected by the results of the staff survey. KB commented that a Workforce representative will be invited to the next meeting to provide an update, as this will coincide with the development of the People's Strategy.

Action: invite Workforce representative to give an update regarding the staff survey, at the next meeting.

KM confirmed that Theatre recovery staff had been reminded that patients' hearing is the first and last sense to be affected and for staff to be mindful of inappropriate/personal conversations. This action was, therefore, closed.

RS asked JY to give an update on the development of a Food Team. JY commented that there had previously been a food group; however, they were unable to have regular meetings, due to the Catering Manager vacancy. JY commented that this group would be reinstated.

JY also confirmed that the new catering system at RSH would be piloted on the 1st

	<p>February on Ward 28.</p> <p>RS acknowledged that the actions from the August meeting had not progressed, as the purpose of today's meeting was to discuss this with the care groups (Scheduled Care, Unscheduled Care, Support Services and Women and Children), who were all in attendance.</p>	
4.0	<p>Patient Story</p> <p>RS shared a Patient Story which discussed the experience of a patient in the Postnatal ward at PRH. The Patient Story helped shape the environment outside the ward, to prevent people from smoking near the windows and doors.</p> <p>Attendees acknowledged the content of the patient story. DT commented on the alarms shown in the video. RS stated that these have since been put up outside the main entrance of RSH and in the bike shelter, as people congregated outside these areas to smoke.</p> <p>KB commented that, nationally, the NHS has to become a smoke-free site. Whilst effective in preventing people from smoking near windows and doors, the alarms will not prevent people from smoking in general.</p> <p>Attendees acknowledged the power that feedback can have, and were impressed by how the Trust responded to the patient's feedback. DT commented that although the Trust had actioned the feedback, they had not publicised the improvements made.</p> <p>RS commented that there is a monthly magazine, available to access by the public, which details how the Trust has responded to complaints. JP confirmed this was true, and commented that the magazine was called 'Improving Together'. JP commented that patients should expect direct feedback when they make comments/complaints.</p> <p>ED commented that staff do try to move those who smoke outside of the designated smoking areas away, but these people often respond in an aggressive way. As such, staff do not feel comfortable asking people not to smoke outside of windows and doors. KB commented that this highlighted the importance and having national no smoking sites and smoking cessation services.</p>	
5.0	<p>What does the future PaCE Panel look like</p> <p>RS commented that the PaCE Panel decided, at the last meeting, that it is time to start action.</p> <p>RS enquired, as this is the first meeting since this was decided, how best to progress with action. At the previous meeting, it was theorised that it would be a good idea to set up working groups in the following areas: Environment, A&E and Outpatients. Since this, however, RS has been conducting focus groups within Shropshire and Telford & Wrekin and has identified the following themes to be of concern to patients and carers: communication, carers, environment, staff and discharge.</p> <p>DT commented that over the year she has been attending PaCE Panel meetings, she feels she has been given a lot of facts and figures. She instead, wants to share her experience and give back to the Trust by taking action. The Panel Members agree and wish to know what staff want from them and where they would fit, if they were to become involved with the care groups.</p> <p>CS comments that he feels he receives more information and opportunities from the</p>	

Engagement team, than from PaCE, and this has taken the focus away from the PaCE Panel. RS explained that a lot of the opportunities that are open to PaCE Panel Members are also open to volunteers, so as to be as fair and representative as possible. As such, some of the emails that are from the Patient Experience Team are sent via the Community Engagement Team, so that all contacts receive the invite, but the PaCE Panel Members do not receive multiple copies. DT asked what, therefore, was the difference between PaCE and general engagement. RS commented that whilst some opportunities, such as VMI work streams and Observe and Act, go out to everyone; some opportunities, such as the Carers Group, and Exemplar, are individually sent to PaCE Panel Members.

The discussion then moved on to what the PaCE Panel Members can do with the Care Groups. GS commented that the Terms of Reference stated that each group would make an action plan. GS asked if these action plans were being prepared and if the development of the 'Patient and Carer Experience Strategy' would feed into these action plans. RS commented that there were several on-going action plans, including from the Patient Experience Framework, 'Patient and Carer Experience Strategy', and the specific care groups. GS enquired as to who is developing the Strategy (and accompanying action plan) and how will this link to the Care Group and Patient Experience Framework action plans.

RS explained that the strategy will consist of feedback from the engagement and focus groups, and is currently being pulled together. This information will then be used to develop an overview and action plan. RS also explained that the action plans may have some overlap, as there will be common issues, such as those highlighted in the focus groups. This led to some confusion as to what the role of a PaCE Panel Member was: was it to contribute to the development of the Strategy and action plan, or to get involved in the action and be hands-on? KB commented that the strategy would be overarching and would shape what the action plan looks like. As such, the role of a PaCE Panel Member has two parts: (1) to form a steering group and to agree on what should be done, and (2) to be involved in the hands-on completion of the actions.

DT commented that she doesn't want PaCE to be just a box-ticking exercise. LP commented that she was expecting the meetings with A&E, Outpatients and Environment groups to have already taken place and to have had a clear vision of what PaCE can become involved in. KB commented that the Care Groups are all represented at this meeting; therefore, this is an opportunity to decide how to work together going forward. DT commented that she doesn't want to assess the areas, as there are enough assessments that take place.

ED commented that in Paediatrics, all the complaints, comments and feedback are recorded to form one, big action plan. ED explained that some of the questions asked, as part of an assessment, are closed-ended questions and, as such, it can be difficult to know what patients truly want. It is, therefore, necessary to do more work around this to find out more detail. The Panel Members agreed it would be useful for ED to bring the action plan to the next meeting.

Action: ED to bring action plan to next meeting.

GS enquired as to whether PLACE feeds into the action plans and, if so, how soon. JY commented that the PLACE assessments finished on Monday 21st October 2019. All information collected will be put into a database and analysed over the next few months. The results will be available in Spring 2020 for an action plan to be

	<p>developed. JY commented that the PLACE assessments will feed into action plans. It was noted that, due to set budgets, areas considered most desperate for change, such as dementia-focused improvements, are prioritised.</p> <p>GS enquired as to whether PaCE would be able to influence where the budget was allocated. KB commented that there is a balance between risk and cost, and PaCE feeds into the Quality and Safety meeting, therefore PaCE concerns <i>are</i> heard at Trust level.</p>	
6.0	Next steps	
	<p>It was decided, going forward, that PaCE will meet quarterly. However, another meeting will need to be held in the meantime, to formalise the arrangements.</p> <p>RS commented that, in regards to the next meeting, there are two potential options: for all care groups, as well as Estates and Facilities, to bring an action plan, so a work plan can be formulated; or, for the shared issues present in work streams to be targeted. CS enquired as to whether it would be easier for the care groups to say what the PaCE Panel Members can do to help, rather than bringing the whole action plan to the next meeting. This was agreed by all members.</p> <p>Action: Each care group, including Estates and Facilities, to bring the key focus of an action plan to the next PaCE Panel Meeting so work plans can be devised.</p>	
7.0	Any other business	
	<p>PLACE JY gave an update on PLACE and commented that the independent assessor, who attended one of the PLACE assessments, gave complimentary feedback. This was fed back to the areas.</p> <p>Patient and Carer Experience Strategy RS gave an update on the focus groups that had been held, to gather public opinion on how SaTH can improve the experience of patients and carers. RS commented that the comments received in Telford and Shrewsbury were different, but this proved useful, in that a variety of overarching and sub-statements were gathered.</p> <p>Equality, Diversity & Inclusivity Sub-committee RS gave an update on the Equality, Diversity & Inclusivity Sub-committee. RS commented that a meeting was being held this week to discuss the applications. It was also commented that the Equality, Diversity & Inclusivity Sub-committee would provide an additional link that could feedback to PaCE, to highlight any inequalities and work in unison to make improvements.</p> <p>Rainbow Badges RS gave an update on the rainbow badges, which are to be introduced to improve accessibility. RS commented that there had already been over 100 applicants, and applications had not yet formally opened, highlighting how many staff wished to be advocates for the LGBTQ+ community.</p> <p>Pharmacy KT gave an update on behalf on the Support Service care group, Pharmacy. KT commented that there were 7 new Band 6's starting – one of which was a pre-reg from last year. KT commented that there were also 3 new posts: a frailty specialist; an oncology specialist; and, an ITU specialist.</p>	

	<p>KT commented that the weekend hours were being extended from 9-12 to 10-4. This would help to improve patient discharge over the weekend.</p> <p>A scanner system had also been introduced, which measured waiting times. The scanner would turn orange when a patient had been waiting for 15 minutes, and would turn to red when a patient had been waiting for 25 minutes. KT commented that haematology prescriptions take longer to be dispensed – however, this is always explained to the patient. The scanner system now means that prescription waiting times can/will be audited.</p> <p>KT also commented that air-conditioning was being introduced in ward treatment rooms, as medications has previously had to be destroyed, due to high temperatures (+25°). Having air-conditioning now means that temperatures can be better regulated, leading to less waste.</p> <p>In regards to Brexit, KT commented that staff are being told not to stockpile medications and to challenge long, or excessive, prescriptions. This was outlined in a 'One-minute Brief'.</p> <p>Peoples Academy</p> <p>PH commented that there is one remaining date for the 2019 Peoples Academy (8th/15th/22nd/29th November), otherwise the Peoples Academy will continue in 2020.</p> <p>Estates</p> <p>CH gave an update on the vacancies in Estates. CH commented that the Estates Site Manager role at RSH is still vacant, despite being advertised, due to a number of unsuitable candidates. However, the Associate Director for Estates & Hospital Transformation vacancy has been filled and CH commented that Will Nabih is settling in and has become a valued member of the team.</p>	
8.0	Close	

Next meeting: Tuesday 3rd December 2019
11:30 – 13:30
Seminar room 1, SECC, RSH