

**Patient and Carer Experience (PaCE) Panel Meeting**  
**Held on 16/10/2020**  
**via Video Conference**  
**MINUTES**

**Present:**

Chair: Clair Hobbs, Deputy Chief Nurse (CH)  
Hayley Flavell, Director of Nursing (HF) - part  
Jessica Greenwood, Lead Cancer Nurse (JG) - part  
Edith Macalister, Macmillan Living With and Beyond Cancer Programme Lead, SaTH (EM) - part  
Lynn Pickavance, Panel Member (LP)  
Colin Stockton, Panel Member (CS)  
Dawn Thorns, Panel Member (DT)  
Greg Smith, Panel Member (GS)  
Sarah Kirk, Matron Medicine (SK) – deputising for Deborah Millington, Deputy Head of Nursing for  
Unscheduled Care  
Rachel Bowen, Matron, Unscheduled Care (RB) - part  
Dave Lewis, Acting Site Manager (DL)  
Alex Lake, Therapy Quality Improvement Lead (AL)  
Katy Moynihan, Lead Nurse for Theatres (KM)  
Anthea Gregory-Page, Deputy Head of Midwifery (AGP)  
Betty Lodge, Head of Nursing, Emergency (BL)  
Ruth Smith, Lead for Patient Experience (RS)  
Ellie Gunner-Taylor, Patient Experience Assistant (EGT)  
Ana Ribeiro, Matron, Unscheduled Care (AR)  
Kate Ballinger, Community Engagement Facilitator (KB)  
Julia Palmer, Head of PALS and Complaints (JP)  
Joanne Yale, Head of Facilities (JY)

**Apologies:**

Chris Hood, Head of Operational Estates (CHd)  
Lynn Atkin, Lead Nurse for Women and Children's (LA)  
Hannah Roy, Governance and Membership Manager (HR)  
Bob Ruane, Panel Member (BR)

**2020/17 Chair's Welcome and Apologies For Absence**

CH introduced herself as new chair of the PaCE Panel. CH joined SaTH in September 2019 as Deputy Chief Nurse for People (with Kara Blackwell being Deputy Chief Nurse for Quality). Previous roles have included Ward Manager in Cardiology, Community Matron for long-term conditions, Senior Matron in Adult Community Services across the city of Wolverhampton, and Head of Nursing at New Cross Hospital. CH has particular interests in workforce, staff engagement and the link between staff and patient experience.

CH has acquired patient experience as part of a restructure within the Trust following introduction of the University Hospitals Birmingham (UHB) Improvement Alliance. CH will focus on 'people' which is now inclusive of patient experience, complaints and compliments; whilst Kara Blackwell will focus on 'quality'. CH noted regular updates from these areas can be included on the PaCE agenda if desired.

Since acquiring patient experience, complaints and compliments, CH has met with RS and JP to explore how the two areas can work together. It has been identified that PALS and Complaints have a big structure, whilst the Patient Experience Team currently consists of two staff members and the PaCE Panel. It is hoped by having a more robust structure to improve patient experience, the Trust will become more proactive and less reactive, leading to fewer complaints. Discussions have, thus, taken place this week (w/c 12<sup>th</sup> October 2020) to explore this and ideas have been shared with the Director of Nursing.

#### **2020/18      Declarations of Conflicts of Interest**

No conflicts of interest were declared.

#### **2020/19      Minutes of the Previous Meeting**

The minutes were approved as a correct record, with the exception of the following amendments:

- 'GS asked what they key measures are' changed to 'GS asked what the key measures are'.
- 'It is hard to believe that anyone choses' changed to 'It is hard to believe that anyone chooses'.
- 'EJ reports to the Chief Nurse and NHSE/I' changed to 'EJ reports to the Director of Nursing and NHSE/I'.

**Resolved:** The approved amendments to be included in the approved final version of the minutes.

**Include page numbers on the minutes going forward. (Action: EGT)**

#### **2020/20      Matters Arising from the Previous Minutes**

**2020/05** - RS to engage with GS regarding gathering detailed feedback via methods such as interviews.

The meeting between RS and GS was not arranged as a meeting with Kara Blackwell and Elaine Jeffers took place. Within this meeting, panel members expressed a degree of frustration regarding the direction/strategy of the PaCE Panel. It was agreed panel members made good progress within this meeting and GS requested the meeting with RS be reconvened on the basis of this.

**GS and RS to meet to discuss methods of gathering detailed feedback. (Action: RS)**

**2020/06** - Include regular updates from the Leadership Team on the agenda.

GS asked when this update will take place, as it was not stated in the minutes. CH noted this would be discussed in agenda item 2020/28 Terms of Reference and Functions of the Group. CH suggested a planned agenda for the next 12 months be agreed and committed to. This will reduce the number of apologies, particularly from SaTH representatives.

**Develop draft agendas for the next 12 months. (Action: EG)**

CH suggested an update from the Leadership Team is included on the next agenda. Panel members agreed this would be beneficial. RS noted Laura Kavanagh, Assistant Workforce

Director for OD, Leadership and Education, who gave the update was keen to become a PaCE Panel member and attend more regularly following review of the terms of reference. It was agreed this would be a good idea.

**Invite LK to become a member of the PaCE Panel following review of the terms of reference. (Action: EGT)**

**2020/06** - Key measures can be forwarded to PaCE Panel members once available.

GS asked when this would be received, as it was not stated in the minutes. RS noted these had not yet been shared but would be followed up.

**Follow up on key measures and share with the PaCE Panel members. (Action: RS)**

**2020/11** - Include regular updates from the HTP Team on the agenda.

GS asked when this update will take place, as it was not stated in the minutes. CH noted draft agendas for the next 12 months will be generated and updates from the HTP Team can be included where panel members feel is appropriate. RS noted a representative from the HTP Team is also keen to become a PaCE Panel member and attend more regularly following review of the terms of reference.

**Invite a HTP representative to become a member of the PaCE Panel following review of the terms of reference. (Action: EGT)**

**2020/10** - Inform panel members of patient experience strategy timescales at the next meeting.

GS asked if this action was included on the agenda. CH noted it was not and it was agreed this would be included on the agenda for the next meeting.

**2020/13** – Care Group Update (Scheduled Care)

GS clarified his comments regarding nurses at night were not focusing upon noise, but instead referring to the disconnect between the culture in the day and the culture at night. GS noted the day-time culture is very good, but night-time culture is not very good at all and is a blind spot in management.

DT asked if this is because there is more agency staff at night. CH noted this was a good point and is something she can investigate from a workforce perspective.

**CH to look at data regarding agency staff at night-time. (Action: CH)**

DT noted she has a lot of experience in the difference in culture between staff and agency staff and highlighted that agency staff do not embody the Trust values. CH noted it would be beneficial going forward to include a section on this in the Monthly Staffing Report and to feed this back to the PaCE Panel, as it has been found the wards which are working with higher numbers of agency staff, whether that be during the day or night, experience an impact on quality. This isn't necessarily due to individual behaviour but a lack of understanding regarding policies and processes and not being a member of the team in the same way substantive staff are.

Consequently, a key priority is to reduce nursing vacancies as quickly and safely as possible across the organisation. This is progressing well with the overseas nurses – by January 2021, the Trust will have brought 212 nurses over since December 2019 and a business case is in place to recruit a further 100 overseas nurses, which will mean by the end of June 2021, the Trust will have no vacancies in nursing. The demand for agency staff should diminish as a result of this.

CH noted she came from an organisation which eradicated the use of agency staff completely and this is CH's ambition for SaTH eventually. There are challenges with recruitment of overseas nurses but it is currently the only lucrative and potential method of recruiting large numbers of nurses in between now and 2024/2025. Following the fulfilment of nursing vacancies in June 2021, the Trust will increase the nursing workforce as part of the HTP model. Other methods of recruitment have also been set up but these will not come to fruition until later, due to the need to complete training.

CH also suggested some consideration and discussion with HF and the Senior Leadership Team takes place regarding what can be done to gain assurance around what is happening overnight.

**CH to explore what can be done to gain assurance around what is happening overnight.  
(Action: CH)**

CH asked if there were any minutes of the meeting which took place between the panel members, Kara Blackwell and Elaine Jeffers on the 17<sup>th</sup> September. No minutes were taken.

Following on from GS's point, KB highlighted there were huge difficulties contacting the Trust and, because of visiting restrictions, families are being left with little or no information for long periods of time. KB had recently spoken with Kara Blackwell as, anecdotally, a patient's relative had called 42 times and the ward phone had not been answered. KB asked if anything was being done to address this.

RS noted that the Trust had introduced virtual visiting from the offset in key areas such as ITU and wards that were looking after patients with COVID. The Patient Experience Team is currently exploring ways to expand virtual visiting – wards 15 and 16 have now been given iPads, and volunteers have been reintroduced to support virtual visiting as a pilot. The team have 8 further iPads which are due to be given out following a meeting with the Heads of Nursing to identify the key areas which need to be prioritised. RS noted the IT Team and HF are working to increase the number of iPads and stands available for virtual visiting; and, RS has arranged to meet with one of the leads within IT and Elin Roddy, who is leading on some of the COVID work, to review how virtual visiting is progressed. Feedback from virtual visiting has been very good, but it is acknowledged the issues with telephone answering need to be addressed.

KB suggested the telephone answering should be a priority as patients who are able to contact their loved ones are doing this anyway – it is the families of patients who are very unwell and unable to use an iPad to talk to their family who are unable to get through. KB noted if the telephones are not being answered now, when we are possibly under less pressure, what the situation will be like during the winter months. CH noted this will be included on the agenda of a meeting taking place next week (w/c 19<sup>th</sup> October 2020) with HF and the senior nursing team. CH and RS will give an update at the next PaCE Panel meeting.

**Address telephone answering with HF during Senior Nursing Team meeting. Update to be shared at the next PaCE Panel meeting. (Action: CH)**

JP noted the Trust is increasing Ward Clerk provision and capacity which will help, to an extent, with answering phone calls; and, telephone answering is also being look at as part of the wider winter planning. JP suggested Sara Biffen (Deputy Chief Operating Officer) may be able to provide further information.

**Clarify with Sara Biffen how telephone answering is being addressed as part of winter planning. (Action: RS)**

## **2020/21 Action Log**

The members of the Committee considered the Committee action log, and noted the details provided of progress against actions, where applicable.

**Include a column in the action log to detail who is picking up the action. (Action: EGT)**

**From previous meeting (14/09/2020) -**

- 2020/10 - RS to inform panel members of patient experience strategy timescales at the next meeting.

RS has been meeting with Lesley Goodburn from NHSE/I to discuss the Patient Experience Framework tool and identify what should be included in the strategy. There have been delays in this work after being asked to stop during COVID. However, Lesley has expressed an interest in linking in with the Trust and attending some meetings, such as the PaCE Panel. RS and CH will discuss this further outside the meeting.

- Car parking leaflet.

CH asked, from a governance perspective, where the leaflet is going for final sign-off following the changes suggested in the previous PaCE Panel meeting. The leaflet has been through the patient information panel and is now with the Reader's Group. CH suggested more detail needs to be included in this action so the progress can be followed until it is out for circulation.

KB asked if the leaflet can be launched to coincide with the reintroduction of car parking charges on the 1<sup>st</sup> November 2020. The Reader's Group have been asked to return all feedback by Friday 23<sup>rd</sup> October. Following any final changes, the leaflet will be shared with the PaCE Panel and included on the website. It was noted that with the inclusion of site maps, the leaflet has now been changed from a trifold to an 8-page booklet. The long-term plan is to have paper copies available but to prevent transmission of COVID, this will currently only be available online.

- 2020/16 - KBa to update PaCE Panel on the installation of clinical waste bins in male toilets.

KBa noted she was involved a piece of work to establish the need for clinical waste bins and that Kara Blackwell had agreed to take this away and make it happen. KBa said she had the agreement from Kara through the PaCE Panel to complete this action and this has since been passed onto JY. JY noted some have been installed but the Trust has run out of funds and so needs to identify some money to continue to roll these out.

**JY to inform CH of how much money is needed to install the remaining clinical waste**

**bins. (Action: JY)**

### **Outstanding Actions from Previous Meetings -**

- Way Finding.

RS noted Way Finding has been split up so that Way Finding sits with Estates and signage sits with RS. An update from Estates will be given in agenda item 2020/24. RS is awaiting confirmation from Estates regarding who best to link in with – a meeting with Karen Breese, Dementia Specialist Nurse; Ophthalmology; and, the EDI Community Advocates will then take place to discuss standardised signage within the Trust.

- Patient Experience Action Plans.

CH noted LA is unable to attend today's meeting. CH has picked this up outside of the meeting.

- Agree a timeline of communication, to speed up the process of sharing actions with PaCE Panel members.

This will be addressed in agenda item 2020/28.

- Invite EM to provide an update on the LWBC Programme in July 2020.

An update on the LWBC Programme will be given in agenda item 2020/22. The action will be closed following this.

- Explore how the Quality Walks and Observe and Act coincide.

RS noted this action has not progressed, due to prioritising in other areas. Quality Walks and Observe and Act have been temporarily suspended due to the visiting restrictions. CH asked if the same restrictions applied to panel members being involved in the Exemplars. It was noted this should be captured in the actions (see action log 2020/05).

### **2020/22 “Living With and Beyond Cancer” (LWBC) Programme Update**

JG introduced herself as the Lead Cancer Nurse for the Trust and EM as the Macmillan LWBC Programme Lead. EM previously attended a PaCE Panel meeting to give an overview of the LWBC Programme. The Team are coming to the end of the second year within a three-year Programme.

There are 5 pillars to the LWBC Programme: (1) holistic needs assessment and care planning; (2) the living well offer; (3) end of treatment summary for the patient and GP; (4) cancer care reviews, which takes place in Primary Care with the GP; and, (5) person centred follow up around breast, prostate and colorectal in the first stages (e.g. self-management and initiated follow-up). Since COVID, the team have been looking at remote options which have been introduced fairly quickly.

The Team's achievements include the 'My Passport To Living Well' which is a new initiative, building on the hand-held records which have been in existence in areas such as maternity and dementia. The passport includes a holistic needs assessment, directs people to support services and includes useful information that is needed now and in the future when living well with cancer.

Another achievement includes training the team: this includes carrying out 461 holistic needs assessments and 473 passports being passed onto patients. Due to COVID, face-to-face

appointments have been significantly reduced – a new role known as a ‘Cancer Care Navigator’ has, however, been introduced. These act as the first point of contact for patients.

Feedback from patients and professional regarding the passport has been very positive. The passport has also been presented as part of a national webinar – the Team were contacted by 11 Trusts who asked for the passport to be shared with them as an example of good practice.

During the second phase of the pilot, the living well sessions were rolled out to different venues across the community and were very well-received. Two sessions were held in 2020 before being affected by COVID. Future plans include holding virtual living well sessions – these will last for an hour-and-a-half, rather than half-a-day, and will unfortunately give less opportunity for interaction. A patient or person with lived experience will be invited to attend the virtual sessions to offer information and support.

Living Well videos have been captured and are now included on the Trust website. The average watch length of the videos is quite short. One of the next steps, therefore, is to break the videos down into bitesize chunks.

In terms of the end of treatment summaries, there is fantastic progress within the Breast Team - over 1000 patients are now on the remote monitoring personalised follow-up with over half of these on a pathway with self-management and a treatment summary. The treatment summaries have been developed in collaboration with GPs and patients to include useful information for both parties. This is being rolled out in colorectal and urology and the team are also looking to roll this out in radiotherapy and chemotherapy.

Cancer care reviews have been significantly impacted by COVID. The team are working with the CCGs to help develop this, as Macmillan are funding a piece of work to look at the quality of cancer care reviews (from the patient and GP perspective) over the next 18 months.

The impact of the programme at SaTH on the patient and on nursing in general has been recognised by the Nursing Times and has been shortlisted for an award in the cancer care category of the Nursing Times Award. The Team will find out the result during a virtual event, taking place in November 2020.

GS asked if it would be possible for EM to give an update on the LWBC programme to his GP Patient Participation Group. EM said she would be happy to – contact [e.macalister@nhs.net](mailto:e.macalister@nhs.net)

CH asked if there was any feedback regarding the Passport to Living Well and suggested it may be useful to do a patient story around this. EM noted the feedback was going to be reviewed formally, by taking a small sample of patients and following it up. CH noted if any opportunities to do a patient story arise, she would be keen to do so.

## **2020/25 Introduction to the new Director of Nursing and Improvement Alliance Update**

HF joined SaTH 7 weeks ago as Director of Nursing. HF has been nursing for 28 years and previous roles include Ward Manager, Matron, Head of Nursing and Deputy Chief Nurse. As Deputy Chief Nurse, HF had a similar portfolio to what Kara Blackwell currently has (i.e. infection prevention and control (IPC), tissue viability, falls, mental health, safeguarding and other quality metrics).

Dr Rosser, Chief Executive of UHB, had approached HF, after being asked by NHSE/I and the CQC if UHB could support SaTH. An Improvement Alliance was formed to support SaTH in its journey to quality improvement, following prolonged intervention from interim staff. The Improvement Alliance began on the 1<sup>st</sup> September 2020, with the aim of improving care and quality by ensuring the correct processes, structure and infrastructure are in place – it is not a

takeover. The accountable officer for SaTH is Louise Barnett but support is being given from the Chief Executive, Chair, Chief Transformation Officer, and Associate Medical Director of UHB, in addition to HF.

HF noted that, whilst she still has a substantive role at UHB, she is part of the SaTH executive team. There is a 'Committees in Common' where members of the SaTH Board meet with members of the UHB Board to discuss current progress and next steps.

DT asked how long the Improvement Alliance will be in place and how long HF expects to be in the role, as SaTH needs stability. The alliance is expected to last between 12 and 18 months. HF noted the role within SaTH is a development opportunity for her, and so if the relationship between HF and SaTH is mutually successful, HF would be happy to go for a substantive post. It was noted that HF is a Director of Nursing who is visible, operational and approachable – HF doesn't focus on the CQC action plan, but on the themes contained within the action plan and the progress being made.

Following introduction of the Improvement Alliance, the portfolios of CH and Kara Blackwell have changed. CH will focus on people – this includes areas which focus on staff, patients and relatives such as patient experience, education, staff engagement and complaints. Kara Blackwell will focus on quality – this includes areas such as falls, tissue viability, IPC, safeguarding and mental health.

HF noted there are 3 competing priorities within SaTH: (1) the CQC and regulation, which can result in a lot of work; (2) moving the organisation forward; and (3) the operational function (running a hospital). It is, therefore, important to get our priorities right. HF noted she would like a Compliance Lead to focus solely on the compliance element (i.e. the CQC and other regulatory bodies, CCG) to free up the Deputy Chief Nurses to manage people and quality. This will be taken to the Committees in Common.

There has been an increase in outbreaks of COVID, particularly in Telford. This highlights the importance of ensuring the systems, processes and communications are right, as well as our relationships with external partners.

GS asked about the paper regarding the Patient Experience model which is being taken to the Committees in Common. HF noted that to deliver the planned improvements, more posts are needed in the organisation. HF, therefore, asked RS and CH what they think the Patient Experience model at SaTH should look like.

RS noted that as there are currently only two members of the Patient Experience Team the current focus is to maintain the service and make some improvements. If given the capacity to do so, the Patient Experience Team can act on opportunities to work with the care groups and the Improvement Team. HF noted it is also important to have patient experience ownership at the care group level, to promote engagement and share best practice.

GS asked if the panel members can see the paper regarding the Patient Experience model, as they have wanted a patient experience model/strategy and so would relish at the opportunity to see a working document regarding this. It was noted that the paper being taken to Committees in Common is a 'wish-list' but CH can share this with panel members and give a progress update at the next meeting.

**CH to share Committees in Common paper with PaCE Panel members and give an update on its progress at the next meeting. (Action: CH)**

GS noted it would be nice if the panel members can contribute to the patient experience model/strategy before it is finalised. KB commented it is important that the Engagement Team and their work are also considered with the restructure of Patient Experience. KB would like to



share the Public Participation Strategy with HF to discuss how Engagement fits with each care group.

## **2020/24 Patient Experience Action Plan - Estates**

DL has been with the Trust for 14 years and is currently Acting Site Manager.

The following update on the Estates Patient Experience Action plan was given:

Estates are currently in the process of appointing five Band 7 Estates Officers. The new Senior Management Team will consist of Chris Hood, Head of Operational Estates, and Will Nabih, Associate Director of Estates. Chris and Will have been reviewing the new structure with a view to provide a more modern Estates service that can support requests coming from groups, such as the PaCE Panel.

The new Estates Officers will be key in developing compliance, safety and efficiency benchmarks. The team have also added a temporary Operational Project Supervisor – part of this role is to handle CQC requests, IPC requests, exemplar assessments, new works, minor new works and capital works. The role is an example of how the Estates Team are streamlining works.

The Estates Senior Management Team, including DL, met with KB and RS to discuss way finding and signage. Prior to this, the Estates Team had undertaken site surveys at the Royal Shrewsbury and Princess Royal Hospitals. Discussions have included colour schemes, dementia-friendly signage and pictorial signage. The Team now have funding to make improvements they could not previously make.

Way finding is now being included with capital planning. This means signage can now be changed with HTP in mind e.g. colour changes to make signage more dementia-friendly.

Around 60 dementia-friendly clocks have been installed at the Princess Royal Hospital. The Team don't currently have the figures for the Royal Shrewsbury Hospital, but estimate this is a little behind Telford. The Royal Shrewsbury Hospital will be surveyed and an updated figure can be shared.

The Team are now confident that all patient areas have standardised dementia-friendly (blue) toilet seats installed. Some staff areas may have black or white toilet seats, but these are replaced with blue seats when faults are reported. Stoma-friendly toilets with a full-length mirror, hook and shelf to aid stoma-bag replacement, have been installed across all public toilets; and the supplier can now provide a pre-made stoma-friendly pack.

KB highlighted the importance of involving the community in the way finding strategy. GS agreed there needs to be patient involvement. RS assured panel members the EDI Community Advocates will be involved with way finding – an update can be shared with PaCE Panel members following this.

GS asked why there are no lids provided with dementia-friendly toilet seats, particularly with aerosol effects in respiratory wards. After visiting Nuffield Hospital, GS noticed a sign in the toilet which read 'don't rush to flush, please close the lid' to prevent the spread of bacteria such as C. diff. CH asked DL why toilet lids are not currently provided. DL noted it is an IPC risk to have a larger surface area for the Cleanliness Team to clean and the aerosol generation hadn't been proven. DL acknowledged he couldn't give a clear answer on this at the moment, but that he would follow this up with the IPC Team.

**DL to follow up on toilet seat lids and aerosol generation with the IPC Team. (Action: DL)**

CS asked DL to provide further information on the stoma pack. KB proposed the need for stoma-friendly toilets within the Trust to Estates. This means having a full length mirror in the

cubicle for a person to be able to see where the stoma-bag is on their body; having a hook to hang the bag and a shelf for resting the bag. CS asked if the pack itself is what's needed in the toilet. DL noted that when kitting out a disabled access toilet, they will order a pack which contains dementia-friendly hand rails, a dementia-friendly toilet seat and other 'group 3' items (items that are fitted to the wall) to facilitate access. A stoma pack can now be ordered which provides a full-length mirror, instead of the smaller version which comes as part of the standard pack. This means individual commissioning managers no longer need to specify exactly what is needed – they simply ask for the stoma pack.

CH noted one of her frustrations is the names of the wards. There are currently three ward 22's and a second ward 26 is being introduced – this can make it confusing. CH asked if ward names have ever been discussed and if there has been patient involvement with this. Estates aren't involved in the renaming of wards/departments – the Space Utilisation Group may be able to help with this. DL noted the renaming of wards would play a key part in way finding and so having clear terminology is vital. CH said she would look into this.

DT questioned why the head of the site can't just renumber the wards to prevent them being duplicated. CH noted that as the problem has gone on for some time, it has become difficult to unpick it for each service and function. DL said, previously, each hospital had wards numbered 1-30; but, to prevent confusion, the wards began to differentiate to prevent duplication.

RS noted way finding is on the CQC action plan and Julia Clarke, Director of Corporate Services, is overseeing this.

CH suggested, due to limited time, agenda items 2020/28 Terms of Reference and Functions of the Group and 2020/29 Next Steps are rolled over and given more time on the next meeting's agenda.

### **2020/23 Matron Audit Update**

The Matron Quality Assurances which have been taking place to improve quality on the wards have come about as a result of the CQC reports. A set of questionnaires have been developed which incorporate themes such as documentation, observations, food charts and weight charts. These questionnaires are used by Matrons from within each of the care groups. Each month, the Matrons will ask 10 patients or more, at random, what matters to them.

The results are then recorded on a spreadsheet for data analysis. The Matrons work with Ward Managers to implement change based on the findings. The audits have increased visibility of Matrons on the wards and improved communication with patients, which has had a consequent impact on the resolution of any concerns or queries.

The audits have been in place for 4 months, with 3 months of full data. Findings mirror that of the CQC and since its implementation, improvements have been made (e.g. changes have been made to how ward rounds are carried out, and how relatives are communicated with). One example of how processes have been changed as a result of feedback is the distribution of important patient information. Patients at risk of falls were initially given a falls prevention leaflet, which usually ended up being put in the patient's bag and not being looked at. The leaflet is now laminated and kept at a patient's bedside locker to encourage people to read this information.

A meeting between the Deputy Chief Nurse, Ward Manager and Matron also takes place to go through the Assurance dashboard and discuss achievements and next steps.

### **2020/27 Patient Representatives Updates and Comments**

DT noted she is now involved in the Patient Experience Task and Finish Group for Emergency Care. The first meeting has taken place and DT is excited to be involved. CH suggested it

would be worthwhile for someone to feed back – DT said she would do this.

## 2020/30 Any Other Business

CH apologised for running over but stated the conversations had been worthwhile. It was noted the agenda items 2020/28 Terms of Reference and Functions of the Group and 2020/29 Next Steps, as well as Patient Representatives Updates and Comments, be included at the start of the next agenda.

If anyone wishes to include anything on the next agenda, please contact [ellie.gunner1@nhs.net](mailto:ellie.gunner1@nhs.net)

Draft agendas for the next 12 months will be developed, with time left for any additional agenda items panel members may want.

**Close**

**Date of next meeting: Thursday 19<sup>th</sup> November (12.30 – 14.30)**

Action Log			
2020/19	Include page numbers on the minutes going forward.	EGT	Noted and closed.
2020/20	GS and RS to meet to discuss methods of gathering detailed feedback.	RS	Meeting arranged for 02.11.2020.
2020/20	Develop draft agendas for the next 12 months.	EGT	
2020/20	Invite LK to become a member of the PaCE Panel following review of the terms of reference.	EGT	
2020/20	Follow up on key measures and share with the PaCE Panel members.	RS	Contacted 20/10/2020. 21/10/2020 – had not yet been signed off.
2020/20	Invite a HTP representative to become a member of the PaCE Panel following review of the terms of reference.	EGT	
2020/20	CH to look at data regarding agency staff at night-time.	CH	
2020/20	CH to explore what can be done to gain assurance around what is happening overnight.	CH	
2020/20	Address telephone answering with HF during Senior Nursing Team meeting. Update to be shared at the next PaCE Panel meeting.	CH	
2020/20	Clarify with Sara Biffen how telephone answering is being addressed as part of winter planning.	RS	
2020/21	Include a column in the action log to detail who is picking up the action.	EGT	Noted and closed.
2020/21	JY to inform CH of how much money is needed to install the remaining clinical waste bins.	JY	<ul style="list-style-type: none"> <li>Discussion between JY and CH on 5/11/2020 – plan to assess how many bathrooms require</li> </ul>

			clinical waste bins and calculate cost.
2020/25	CH to share Committees in Common paper with PaCE Panel members and give an update on its progress at the next meeting.	CH	
2020/24	DL to follow up on toilet seat lids and aerosol generation with the IPC Team.	DL	Contacted 20/10/2020
Outstanding Actions From Previous Meetings			
2020/05	PaCE Panel members to be invited to take part in Exemplar assessments.	RS	<ul style="list-style-type: none"> <li>Not currently possible due to visiting restrictions.</li> </ul>
2020/10	RS to inform panel members of patient experience strategy timescales at the next meeting.	RS	<ul style="list-style-type: none"> <li>To be included in November 2020 meeting.</li> </ul>
2020/16	KBa to update PaCE Panel on the installation of clinical waste bins in male toilets.	KBa	
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.		
October 2019	Each care group, including Estates and Facilities, to bring key focus of an action plan to PaCE Panel Meeting to devise work plans.	Each care group including Estates and Facilities	<p>Outstanding action plans that need to be presented:</p> <ul style="list-style-type: none"> <li>Paeds, Neonates and Gynae</li> </ul>
	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.	RS	<ul style="list-style-type: none"> <li>30/01/2020 – meeting took place, draft of possible leaflet to be discussed.</li> <li>01/08/2020 - leaflet produced, text approved by Facilities and the patient information panel.</li> <li>01/10/2020 - Leaflet updated with PaCE Panel member's comments.</li> <li>Sent to Readers Group to be reviewed. Feedback to be returned 23/10/2020.</li> </ul>
	Agree a timeline of communication, to speed up the process of sharing actions with PaCE Panel members.	RS	<ul style="list-style-type: none"> <li>To be reviewed with Terms of Reference, once patient experience action plans have been presented.</li> </ul>
	Explore how the Quality Walks and	RS and	<ul style="list-style-type: none"> <li>17/02/2020 - meeting between</li> </ul>

	Observe and Act coincide.	KM	RS and KM took place. <ul style="list-style-type: none"><li>• Update – Quality Walks and Observe and Act temporarily suspended due to visiting restrictions.</li></ul>
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