

## Patient and Carer Experience (PaCE) Panel Meeting

Held on 14/09/2020  
via Video Conference  
MINUTES

### Present:

Chair: Kara Blackwell, Deputy Director of Nursing (KB)  
Sarah Thomas, Panel Member (ST)  
Bob Ruane, Panel Member (BR)  
Greg Smith, Panel Member (GS)  
Lynn Pickavance, Panel Member (LP)  
Ruth Smith, Lead for Patient Experience (RS)  
Ellie Gunner-Taylor, Patient Experience Assistant (EG)  
Stephanie Young, Interim Head of Nursing, Scheduled Care (SY)  
Katy Moynihan, Lead Nurse for Theatres (KM)  
Deborah Millington, Deputy Head of Nursing, Unscheduled Care (DM)  
Jill Whitaker, Lead Midwife for Acute and Outpatient Services (JW)  
Sue Hambleton, Business Manager, Facilities (SH)  
Betty Lodge, Head of Nursing, Emergency (BL)  
Kate Ballinger, Community Engagement Facilitator (KBa)  
Laura Kavanagh, Assistant Workforce Director for OD, Leadership and Education (LK)  
Sophie Rawlings, Communication and Engagement Officer, Hospital Transformation Programme (SR)  
Amanda Royle, Centre Manager Radiology (AR)  
Alex Lake, Therapy Quality Improvement Lead (AL)

### Apologies:

Colin Stockton, Panel Member (CS)  
Janet O'Loughlin, Panel Member (JO'L)  
Dawn Thorns, Panel Member (DT)  
Hannah Roy, Governance and Membership Manager (HY)

### 2020/01 Chair's Welcome and Apologies For Absence

### 2020/02 Declarations of Conflicts of Interest

No conflicts of interest were declared.

### 2020/03 Minutes of the Previous Meeting

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

- Deborah Millington, Matron Surgery (DM) to change to Deborah Millington, Deputy Head of Nursing, Unscheduled Care (DM).
- Stephanie Young, Matron Scheduled Care (SY) to change to Stephanie Young, Interim Head of Nursing, Scheduled Care (SY).

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

### 2020/04 Matters Arising from the Previous Minutes

There were no matters arising which were not either covered by the action log or agenda items.

## **2020/05 Action Log**

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

### **From previous meeting (29/06/2020) -**

Actions 1, 2, 3, 4, 5, 7, 8, 9 and 10 are closed as actions.

6. RS to engage with GS regarding gathering detailed feedback via methods such as interviews.

A meeting between all patient representatives, KB and Elaine Jeffers (EJ), Improvement Lead for the Trust, will take place on the 17<sup>th</sup> September 2020. GS has requested to wait until after this meeting to identify if a discussion is still required. The action will remain open and reviewed after the 17<sup>th</sup> September 2020.

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

- Way Finding Strategy.

This will be included as an item on the next agenda.

### **Invite CH to give an update on the Way Finding Strategy at the next meeting. (Action: EG)**

- Each care group, including Estates and Facilities, to bring key focus of an action plan to PaCE Panel Meeting to devise work plans.  
Maternity – are presenting today (verbal update)  
Paediatrics – are presenting at the October 2020 meeting  
Emergency Services – presented in August 2020

- Car parking information.

To be addressed in Item 7.0 of the agenda.

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

This will be reviewed once patient experience action plans have been presented by all care groups.

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

### **Invite Jessica Greenwood to give an update on the LWBC Programme at the next meeting. (Action: EG)**

- Explore how the Quality Walks and Observe and Act coincide

Quality Walks and Observe and Act were temporarily suspended due to COVID-19.

The Trust is gradually reintroducing volunteers and anyone who wishes to participate in future Quality Walks/Observe and Act assessments will need to complete a risk assessment form. Only volunteers who are classed as low risk will be able to participate within the present climate to maintain the safety of volunteers.

**Send a volunteer risk assessment form to PaCE Panel members. (Action: EG)**

KB noted patient representatives can also take place in Exemplar assessments.

LP took part in a few Quality Walks before restrictions were introduced and enjoyed it. LP noted the involvement of patient representatives in Quality Walks is beneficial for the Trust and should be continued. KB agreed but acknowledged access within the hospitals may be restricted if cases of COVID-19 increase.

**2020/06 Leadership Improvement within SaTH**

LK introduced herself as the Assistant Workforce Director for Organisational Development, Leadership and Education.

The following update on leadership improvement was given:

- The direction of travel and vision for leadership is contained within the Trust People Strategy. This has four strands: (1) leading and learning, (2) working together, (3) working smarter, and (4) working for our future.
- The Trust People Strategy is aligned to the NHS National People Plan, which was announced August 2020.
- The specific implementation plan for Leadership development is under development in response to the above documents and will also include actions as identified by the CQC in the 'Getting to Good' plan.

Leadership development already underway includes:

- Access to specific training programmes are available for leaders throughout their careers. This includes National Leadership Academy Programmes e.g. the Edward Jenner programme and Mary Seacole programme; Apprenticeship Programmes; the Board Development Programme; Local Leadership Academy Programmes e.g. Foundations of Leadership; and, Transforming Care Programmes e.g. Lean For Leaders. The Trust Leadership Academy also offers sessions, such as Coaching Skills and Values-Based Leadership training. A piece of work is currently being undertaken to consolidate this.
- LK noted leadership is for everyone and is not hierarchical, as by undertaking their job people are leading themselves. Certain leadership programmes, such as emotional resilience training, are therefore available across the Trust.
- Manager induction training was introduced as a pilot within the Trust in 2019. This was paused due to COVID-19 but the team are currently transferring resources online.
- A Medical Leadership Programme, targeting senior clinicians, is being launched in September 2020.
- Access to Wellbeing tools which support all as we undertake leadership and management across the organisation and immediate access to mental health support, training in Mental Health First Aid, access to Trust Coaches and external coaches, availability of a Clinical Psychologist to support staff within the Trust. Further work as set out in the National People Plan is underway such as the use of wellbeing conversations for all.
- As part of the improvement, the Trust values relaunched on Monday 7th

September 2020. The values are now: Partnering; Ambitious; Caring; Trusted (PACT). These were formed following Values Listening Week, which sought feedback from 21 focus groups and a survey which was shared with staff, volunteers and members of the community.

- A behavioural framework will run alongside the values. During August/September 2020, focus groups among individual care groups will take place to discuss what values/behaviour is expected within the workforce. The focus groups are restricted to care groups to ensure the behavioural framework remains relevant to that team. These will be signed off in September 2020 and will be reviewed in October 2020.

It was agreed regular updates from the Leadership Team would be beneficial.

**Include regular updates from the Leadership Team on the agenda. (Action: RS)**

BR asked if the values are incorporated into personal targets. LK noted the values are incorporated into all personal targets, including appraisals, team objectives and personal objectives.

GS made the following points:

- The number of training courses available to staff is great – almost overwhelming – thus, a piece of work pulling it all together is important.
- The acknowledgement that ‘leadership is for everyone’ is important as, if everyone understands what a good leader is; staff will demand it of their own leader.

GS asked what the key measures are. LK noted the key measures are not included within the presentation as at this stage they are being finalised. However the proposed key measures are based on evidence based research such as research from The King’s Fund which is based on NHS staff survey data. The key measures can be forwarded to PaCE Panel members once available.

GS asked if the Trust leadership strategy will tackle issues identified by the CQC ‘well-led’ feedback (i.e. bullying, staff feeling ignored by senior leaders). LK noted this will be incorporated into the leadership strategy via inclusion i.e. ensuring all staff know how to behave, how to address behaviour which does not support the values and what to expect when speaking up against such behaviour. By incorporating this into the strategy, the Trust will be held to account.

LK noted 90% of delegates found training useful but there are issues with rolling out the training as staff don’t have the time to complete training outside of statutory and mandatory training.

LP asked if anyone will be going out on the ‘shop floor’ to seek feedback from ward staff. LK identified the following ways staff can give feedback:

- Staff Survey,
- Speaking to business partners who work with the Care Groups,
- Freedom to Speak Up Guardians, and
- Engagement Champions.

It was acknowledged that these methods need to be more visible to encourage staff to give continued feedback. The behaviour framework could, however, be used as a conversation-starter.

LP noted that there are still some instances of bullying despite this and anyone who

behaves in this way should not be in a leadership position. LK agreed that where there are identified issues with an individual, action will need to be taken to understand and resolve. It is important to understand the context and background for people behaving in the way that they have done when following a course of action. It is hard to believe that anyone chooses to come to work with the intention to bully someone and so there may be underlying issues that need to be understood, identified and resolved.

BR asked if the same applies to contract staff. The Trust values apply to all staff and visitors. If PaCE Panel members have any areas for concern, they should contact [laura.kavanagh2@nhs.net](mailto:laura.kavanagh2@nhs.net) who can offer a more detailed intervention.

## **2020/11 Hospital Transformation Programme (HTP) Update**

It was agreed SR would give more frequent updates to PaCE Panel members and to seek their input in key decisions via the meetings.

### **Include regular updates from the HTP Team on the agenda. (Action: EG)**

The following update was given:

- The majority of the HTP Team are clinical members of staff. They were, therefore, redeployed to clinical areas at the beginning of the pandemic. These members of staff have now returned to the HTP team and continue to progress with the business case, with the aim of developing an Outline Business Case in the first half of 2021.
- During July/August 2020, the HTP team focused upon areas, such as: clinical quality, non-clinical facilities e.g. car parking, emergency floor and the workforce set-up.
- They will also be working with the Restoration and Recovery Committee to embed positive changes resulting from COVID-19.

BR asked if there are any patients involved. SR noted a meeting with RS is taking place to discuss how best to involve patients. KB noted she has previously worked with SR to recruit patients in the different work streams (i.e. commercial planning).

GS asked if staff who work in the areas are being consulted in regards to design. SR noted the HTP team are working with all care groups. Task and finish groups with the architect will be taking place in due course to involve staff in the design phase. SY noted that, within Critical Care, the team have visited different ITUs with the architect and have sat down with a blank canvas to share ideas.

LP asked if there would be updates on the SaTH website. Communications regarding the HTP will continue to be released on the website and elsewhere (e.g. radio interviews, engage directly with local organisations such as Healthwatch). Communications had reduced over the past few months yet this will now increase with the return of the team.

BR asked if the HTP team are still on-track with the budget. SR noted they are still working towards delivering the original clinical model costed at £312 million and that all parties need to meet all deadlines to prevent further cost increase.

## **2020/07 Car Parking Leaflet**

The car parking leaflet was developed by GS and formatted by the Trust. It has been through the Patient Information Panel and the Readers Group.

LP made the following comments:

- The first paragraph adds no value to the content of the leaflet,

- LP was unaware you could pay via the parking attendants,
- The concessionary forms needs to be more readily available, and
- Parking information for individuals attending for the Bereavement Service or Patient Advice and Liaison Service (PALS) is not clear enough.

RS noted the concessionary forms could be introduced at each reception point; although, forms need to be signed by a member of staff to validate them so this would not speed up the process.

SH also noted that visitors cannot pay via the parking attendants. SH suggested this is reworded in the leaflet, to prevent misinterpretation.

GS advised the leaflet is too long and should include location plans rather than descriptions of where the car parks are. GS asked where the leaflets will be displayed. RS noted they would be available online and could be displayed by the parking machines.

ST noted all Trust literature should be more visual to ensure it is accessible to individuals with learning disabilities, learning difficulties and sensory or cognitive impairments, the use of maps in place of text would support this.

#### **Amend car parking leaflet. (Action: RS)**

GS asked when the reintroduction of car parking charges would be. KBa said the Trust is planning for charges to be reintroduced on the 1<sup>st</sup> November 2020, but the date will be communicated with patients and visitors, once confirmed.

### **2020/08 Update on Improvement Alliance with UHB**

KB gave the following update:

- The improvement alliance with University Hospitals Birmingham NHS Foundation Trust (UHB) began on the 1<sup>st</sup> September 2020.
- Colleagues from UHB who have come to support SaTH include: Dr David Rosser, Chief Executive of UHB; Cherry West, Chief Transformation Officer at UHB; Richard Steyn, Associate Medical Director at UHB; and, Hayley Flavell, who has replaced Maggie Bayley as Director of Nursing at SaTH.
- Ben Reid has also stepped down from his role as Chair and Dr Catriona McMahon from UHB has been appointed as our new Chair.
- Dr David Rosser has been involved in engagement sessions with Trust staff, since the improvement alliance began on the 1<sup>st</sup> September.
- Colleagues from UHB are anticipated to attend governance meetings, including Trust Board, discussions regarding governance arrangements to benchmark against UHB are taking place. KB suggested it would be beneficial for Hayley Flavell to attend the next meeting to introduce herself and provide a more detailed update on the improvement alliance once further details have been confirmed.

#### **Invite Hayley Flavell to the next PaCE Panel meeting. (Action: EG)**

GS asked if the improvement alliance was a takeover. KB noted UHB are not taking over SaTH as this would not be best for patients. They are instead helping to address challenges and support learning, as UHB have been identified by the CQC to be outstanding for leadership and performing good in all remaining areas. The improvement alliance will help to embed positive change across SaTH.

### **2020/09 Patient Experience Annual Report 2019/20**

The patient experience annual report provides and overview of how the Trust uses and obtains feedback including the following: Friends and Family Test (FFT), national surveys, patient stories, third-party feedback, Real Time Experience (RaTE), Patient

Led Assessments of the Care Environment (PLACE), complaints and PALS, compliments, patient information, engagement, PaCE Panel, equality and diversity, Transforming Care Institute, volunteers, and voluntary sector.

It also outlines the focuses for 2020/2021, which include:

- Exploring new ways in which feedback can be obtained and provide patients and carers with greater opportunities to share their experience of accessing services.
- Increasing the number of patient experience volunteers within the Trust to provide greater support to patients. This priority has been delayed due to COVID-19. Four further patient experience volunteers had been recruited at the beginning of the year but due to visiting restrictions, this has not progressed any further.
- Implementing the revised Family and Friends Test (FFT) which includes collecting demographic data to provide a valuable resource of the experience patients report when accessing services within the Trust.
- Sharing actions which are taken in response to feedback more widely to ensure that the community are aware that their voice is listened to and acted upon.
- Providing an increased focus upon identifying and supporting carers within the Trust, and
- Working with the Care Groups to increase the profile of patient experience.

GS commented this was a thorough report which sets the scene for the patient experience strategy. GS did note there was no reference of random sampling within the report.

RS acknowledged feedback is only received by those who wish to give it and so it is not completely random. Yet, by improving accessibility and increasing the number of feedback methods available, the opportunity to share feedback widens to a more diverse demographic.

KBa suggested the purpose of the PaCE Panel is to advise the Trust what we can do to improve and, in this instance, gather a more robust sample.

## **2020/10 Update on Patient Experience Strategy**

- RS has been working with Lesley Goodburn, NHSE/I Lead for Patient Experience, to ensure the patient experience strategy is fit for purpose. The strategy is intended to be simple and accessible. It will be accompanied by an action plan, which includes robust and detailed measures for improvement.
- A gap analysis is currently being undertaken to identify areas for focus, following a Trust-wide assessment using the patient experience framework tool.
- The first meeting with Lesley took place last week. This was originally planned to take place in April 2020, but Lesley was delayed coming into the Trust due to COVID. A second meeting will take place w/c 21<sup>st</sup> September 2020.
- KB asked RS to bring expected timescales for the strategy to the next meeting.

**Inform panel members of patient experience strategy timescales at the next meeting. (Action: RS)**

## **2020/12 CQC Action Plan Update**

- The CQC improvement plan consists of 187 actions. The care groups met weekly to discuss progress of the actions. As it stands, 63% of these actions have been completed.
- KB acknowledged that whilst good progress is being made on implementing the actions, the next step will be to embed the changes.
- Under Section 31 of the Health and Social Care Act 2008, the CQC decided to impose and vary the conditions already imposed on the Trust, following the CQC

- inspection in November 2019 and June 2020. There are 26 conditions in total – 2 of which are that the Trust will report on the progress of these conditions. There are, therefore, 24 conditions which require action.
- 6 of the actions are for ED. As they are required to be reported on separately for both sites (Royal Shrewsbury Hospital and Princess Royal Hospital), there are 12 actions in total for ED. Actions for ED include:
    - (1) Having an effective system in place to identify, escalate and manage all services users who present with possible sepsis.  
Currently, there is high compliance in sepsis screening (98-100%).
    - (2) Ensuring service users under the age of 18 are triaged within 15 minutes of arrival to the emergency department.  
SaTH is currently reporting weekly individual triage times for service users under the age of 18 for the RSH and PRH sites. This includes details of any follow-up and details of any harm arising through the result of the child leaving the department without being seen.
    - (3) Having an effective system in place to ensure mental health risk assessments are completed in line with relevant national guidance.  
SaTH have recruited a mental health matron from the Midlands Partnership Foundation Health Trust to work alongside ward teams.
    - (4) Having a system in place to ensure effective environmental risk assessment and management across the emergency department.  
Significant work has been undertaken to complete this action, including regular environmental checks in the EDs and matron/lead nurse-led audits.
  - 10 of the actions are Trust-wide. These include:
    - (1) Having an effective system in place to ensure de-escalation management and intervention holds are completed in line with relevant national guidance, including restraint and chemical intervention.
    - (2) Completing Best Interests documentation for service users with cognitive impairments.  
SaTH are ensuring service users are assessed in line with the Mental Capacity Act. More emphasis is being placed on documentation, following Trust policies and procedures, to capture the whole process.
    - (3) Ensuring nursing risk assessments are accurate and detailed to provide documentation of care.  
A large piece of work focusing on documentation is currently taking place within the Trust. This will include written and video sessions/user-guides on how to best complete documentation.
  - 2 of the actions are for maternity. These focus on:
    - (1) Ensuring effective and continued clinical management for low and high-risk patients who present to the midwifery services in line with national clinical guidelines, and
    - (2) Having a clear escalation plan to secure timely review from medical staff.  
Compliance with these actions has been consistently achieved. KB noted the Trust will ask to remove these actions going forward.

SY and DM agreed weekly monitoring of the actions has been a positive learning experience for staff and has helped to drive improvement and assurance.

Audit results are included on dashboards and triangulated with other data, including falls data. This helps to identify where further support is needed. KB suggested it may be useful for some of the matrons involved in audits to be invited to the next meeting.

**Invite some of the matrons involved in audits to the next meeting to share an update. (Action: RS)**



LP asked if the ED figures include Bridgnorth Urgent Care Centre. BL said they were not, as they have their own governance processes and do not require the same level of intervention.

GS asked what Elaine Jeffers' involvement with the quality improvement plan is. EJ works with the care groups to monitor progress of the 'must do' and 'should do' actions and ensure they are sustained. KB suggested there may be an overarching Trust improvement plan with UHB, as part of the improvement alliance.

GS asked who EJ reports to. EJ reports to the Director of Nursing and NHSE/I.

GS asked about the Urgent Treatment Centres, as there was a new contract in April 2020. BL noted all activity was moved off-site during COVID. The service has been reimplemented to RSH only, on Saturdays and Sundays, for the past 6 weeks. The Trust is holding conversations about how best to reimplement the Urgent Care Centres on both sites, full-time. SaTH is the second Trust in the region to go live with this.

## **2020/13 Care Group Update**

### **Maternity**

JW gave the following update:

- FFT feedback for maternity has been 100% positive yet it was acknowledged this was completed by only a small sample of service users. The team are trying to encourage more service users to give feedback.
- 6 complaints have been received by maternity.
- The department are working with Maternity Voices to name the new Midwife-Led Unit. KBa has recently visited the Wrekin Midwife-Led Unit and noted it was a beautiful area which was clean and airy. JW commented the number of low risk births has increased since installing the facility.
- Neonatal Early Warning Tools (NEWT) was launched this week (w/c 14<sup>th</sup> September 2020) to improve the early detection and care of babies with serious heart conditions. The launch was supported by the charity 'Tiny Tickers' who provided funding for the equipment.
- The department have recently begun using balloons to induce labour, rather than using drugs, as it is safer for the baby. This works by putting pressure on the cervix to encourage dilation.
- Staff are participating in aromatherapy and reflexology training to improve patient experience.

### **Scheduled Care**

SY gave the following update:

- Scheduled Care developed a patient experience action plan in December 2019. This was shared with the PaCE Panel in February 2020.
- A new complaints procedure has been introduced by the PALS and Complaints team. This was shared with all matrons and ward managers.
- The care group continue to improve visibility within the wards by encouraging managers to spend at least 3 hours a day on the ward, talking to patients. Matrons also spend a large amount of time on the ward.
- SY noted it was important to reinstate the Quality Walks when possible, as this source of engagement helped to identify what the key issues in each area are.

GS asked to what extent managers explore what is happening at night. KM noted one of the ways feedback regarding the night-time is received is via the National Inpatient Survey – for example, it is acknowledged the Trust received poor feedback in regards

to the level of noise at night. The care group link in with the Corporate Nursing team to address issues and ensure patient's needs are met when staff are not there. The care group have also increased presence over the weekends, where matrons give individual feedback.

GS noted there cannot be a concentration on the day-time when trying to change the culture. KB suggested spot checks should be carried out at night-time, going forward, as they have already been introduced at weekends. RS noted night-time audits have already been introduced on 2 wards to identify what is keeping patients up at night (following feedback from the National Inpatient Survey). This was developed as part of the ward's patient experience group – if successful; it can be rolled out to other wards across the Trust.

#### **2020/14 Patient Representatives Updates and Comments**

GS suggested the development of the patient experience strategy will be the key stage going forward.

It was identified that a schedule of what's coming up (i.e. standing items on the agenda) would be useful to provide more structure going forward.

**Develop a schedule for standing agenda items and share with PaCE Panel members. (Action: RS)**

**Explore why some patient representatives don't attend the majority of meetings. (Action: RS)**

#### **2020/15 Next Steps**

See action log.

#### **2020/16 Any Other Business**

KBa highlighted the importance of providing clinical waste bins in the male toilets, as males are just as likely to use continence pads as females. AL noted clinical waste bins are also required for the disposal of stoma bags.

KBa was told to come through the PaCE Panel for funding from the PLACE budget and so needs the group to approve this cost. KB noted this was incorrect but funding should not stall the installation of clinical waste bins in male toilets. It was agreed this should go ahead as it is the right thing to do. KB requested KBa give an update of this at the next meeting.

**Update PaCE Panel on the installation of clinical waste bins in male toilets. (Action: KBa)**

**Close**

**Date of next meeting: Friday 16<sup>th</sup> October 2020, 13.00 – 15.00**