

Armed Forces HTP Focus Group

Held on Thursday 17th October 2024
10:00 – 12:00hrs via MS Teams

QUESTIONS/ANSWERS

Armed Forces HTP Focus Group

Team responding to public questions:

Julia Clarke – **Director of Public Participation**
Tom Jones – **(TJ) HTP Implementation Lead**
Charlotte Hill – **(CH) Business Manager to CEO**
Aaron Hyslop – **(AH) HTP Engagement Facilitator**
Ed Rysdale – **(ER) Emergency Medicine Consultant and Clinical Lead for HTP**
Stewart Mills – **(SM) HTP Project Manager (MEC and CSS)**
Lisa Walker – **(LW) Quality Matron (ex-QARANC)**

Q&A's FOLLOWING PRESENTATION

Q: Is there a part of the patient pathway where emphasis could be put on the Armed Forces Covenant with the NHS, and could patients be highlighted in some way using the IT system or through a specific point of contact in the Trust?

A: (LW) – This is not an issue specific to HTP and is something we are working on now. When our patients get admitted to hospital, we ask them whether they're a veteran, serving in the military or if their family are serving in the military because we can then put processes in place to support their pathway. We are currently working on how we can better find out the patient's veteran/serving military details before they get into hospital.

A: (CH) - As part of the Trust's programme of work, we have been looking at patient pathways and are developing a patient pathway to link into the Electronic Patient Record (EPR) system. We want to be able to record the patient at the very beginning of their contact with us, potentially beginning in primary care and then through to secondary care. We have now got an Armed Forces Forum who meet monthly, which is a network of Systemwide Healthcare services, and we will take future development through that Forum, which will link GP practices to our services to ensure a patient is recognised at the very beginning of their healthcare journey. This should reduce the risk of patients "falling between the gaps" and help track and support them through the system. The Forum is working towards identifying patients

already in the system from their GP practice all the way through future care in hospital services.

Comment: There have been a few cases where I have had to contact the Trust because someone has moved into the area, and they are at the bottom of the list; I don't know the best way that patient information can be transferred over to the Trust.

ACTION: Charlotte Hill to liaise with Sarah Kerr (Armed Forces Outreach Support Coordinator) to discuss the best way for patient referrals to be transferred within the Trust.

Comment: There have been discussions about developing a Patient Passport. I have a hard copy of a Patient Passport that Stockport produced a few years ago. Would SaTH be able to adopt something similar?

A: (LW) – We are in the process of starting to build the patient digital record, we already have it in ED and now we're starting that process for the inpatients on the wards. We have included veteran awareness in our nursing admission booklets currently, albeit on a small scale and we do ask patients if they're a serving member of the armed forces, a veteran or a family member. I know it is something that we will be building into our electronic patient record.

A: (CH) - This is already being looked at. As part of the Veteran's Task and Finish group, we have started to look at patient care plans. There are some issues we need to resolve with the Electronic Patient Record (EPR) first and then we will implement a care plan/passport for veterans.

ACTION: Charlotte Hill to liaise with Ruth Smith (Head of Patient Experience) to discuss options on adapting the patient passport for Armed Forces/Veterans.

Comment: I think it would be good if a HTP Armed Forces working group could be put together to confirm some of the sensory requirements that will be needed in the new build such as soft closing bins (very important), quiet areas, different coloured walls (not red), all those sorts of things. There's lots of things that happen within the wards that can be too sensitive for veteran patients

We have the architects and interior design presentation which takes you through some of the ideas that have been raised by other focus groups. We want to make sure we provide the best environment that we can. There are regular quarterly focus groups that anyone can attend (and we will have these for the next few years). You can also raise suggestions by contacting our engagement team: sath.engagement@nhs.net for questions or comments

ACTION: Aaron Hyslop to send Charlotte Hill the various focus group action logs which covers all issues raised by all the different groups with different needs.

Q: Has the Robert Jones and Agnes Hunt (RJAH) Orthopaedic Hospital been contacted because they've gone through a similar build at a much smaller scale not long ago with their veteran awareness?

A: (ER) - We have spoken to the team at RJAH and Adam Ellis-Morgan (Assistant Director and Technical Lead for HTP) was also the Technical Lead for the RJAH but we do need to remember this build is slightly different as we are not building a specialist Veteran's Centre, and we need to provide a hospital building that meets the needs of our whole community.

Q: Regarding patient navigation, I think there's an opportunity here for you to consider employing retired military who are always looking for jobs. For patients to get from A to B, which is always going to be a challenge and to make sure they are appropriately looked after and receive all the treatment, care and support they need retired military members who would do well at patient navigating.

A: (LW) - I would get ex-military involved with everything; I think it's a good idea to get the ex-military involved.

A: (JC) - We have a significant number of ex-military working with the Trust, but we aren't able to create new roles because of our financial position and any post we have would have to be properly advertised. We have seen several ex-military personnel that initially joined as volunteers and went on to get a permanent post with the Trust. We are also working with a national charity 'Helpforce', who support volunteering in health and social care. We have a meeting booked in with them next week, to discuss the Trust being one of 10 pilot sites for a national Veteran's Volunteer to Career scheme, supported at Cabinet-level. I think we are an organisation that is very mindful of our obligations to Veterans and their families.

A: (CH) - We've got a recruitment package guide now, which is on the internet and the intranet (Trust internal website), which supports managers who potentially could be interviewing former military personnel. If we've got the jobs available, it's a case of following that recruitment process and guidance. Unfortunately, we can't create new roles at the moment, but if there is interest from military colleagues and they want to volunteer, that would be amazing because the more people we can get helping, especially guiding patients around the hospital would be phenomenal.

Q: Is 'Step Into Health' still being run as a project?

A: (CH) - Yes, we signed up to 'Step Into Health' and we attended the Carer Transition Partnership (CTP) Event, we're also signed up to 'Forces Families' as part of this programme of work.

Comment: The environment that patients are going into needs to be welcoming and calm with mood lighting, nice colours, soft furnishing and everything considered to absorb the noise. For a lot of people with mental health issues, noise, confinement and traffic it makes it very difficult. As a sufferer myself with hearing loss, these things are amplified, and it does make

my life more difficult. I would advocate that the whole hospital is like that rather than just having just a few selected areas.

A: (ER) – That is an issue, as the money we've got is all going into the new build. We can't build a whole brand-new hospital, so it won't be perfect for the whole hospital, but certainly it's a step in the right direction. This is a massive investment to Shropshire health which will make a huge difference, but it doesn't solve all the issues.

A: (JC) - Hopefully HTP will set the bar for any future developments. Even the signage in the new build is going to be so much better than elsewhere in the Trust. There's only a certain amount of funding for HTP and the first call on that will have to be for clinical priorities. We do currently use charitable funds for additional benefits, for example Captain Tom's Garden outside the ward block where patients and visitors can go to relax and take some time away from the busy hospital environment. The garden is now screened off, with beautiful hedging that muffles noises and makes it feel much more private. We've also invested in more benches and seats externally for staff and visitors, so we're doing those small things that do make a big difference. Some of the additional facilities requested will need to find separate funding as the £312m only covers the clinical model.

Q: There are difficulties with accessing radiology services and it seems to be a lot more difficult than it was pre COVID. We (RAF Shawbury) hardly have any access to walk-in services, we wait a long time for reports, and it feels like a lot of our forms get rejected for little reason. When we're trying to decide if people are fit to fly or fit to deploy, it makes it very difficult. I'm wondering if there's some discussion about the diagnostic centre in Telford, what works are going on in terms of radiology access in Shrewsbury or whether there's scope to have more access to the centre in Telford?

ACTION: Charlotte Hill to liaise with Karla Jennings-Preece (Operational Manager) and Anna Martin (Divisional Director for Clinical Support Services) around RAF Shawbury accessing radiology services in a better way.