WELCOME AND APOLOGIES

Mr. Burns welcomed everyone to the meeting.

It was noted that Ms. Shona Robinson, Cabinet Secretary attended a celebration visit at Queen Margaret Hospital. The visit went well, Ms. Robinson was extremely impressed with the warmth and friendliness of staff, the environment and experience of engaging with staff and patients.

DECLARATION OF MEMBERS’ INTERESTS

Ms. Rooney wished to make a declaration that she knew Sir. Lewis Ritchie through her college role.

There were no other declarations of interest.

MINUTES OF THE MEETING HELD ON 25 MARCH 2015

The Note of the meeting of the Development Session held on the 25 March were approved as a correct record.

DEVELOPMENT SESSION OUTPUTS

The Committee were asked to consider the summary of the Development Session produced by Mrs. Rafferty, in particular a few of the key themes identified;
- The volume of papers submitted;
- Terms of Reference;
- Meaningful conversation at meetings around core business;
- Assurance that issues identified have specific outcomes and actions;
- Increase service user / public involvement;
- What Agenda business is required as a statutory requirement;
- Identify key issues as targeted pieces of work.

There were concerns about whether this Committee could currently assure the Board of adequate public engagement. Mr. Robertson advised that within his role as Ambassador for NHS Fife, he had attended a wide range of groups, and provided a presentation. In advance of the visit, Mr. Robertson ensured that he was aware of any particular issues / concerns pertaining to that area. Although there have been challenges with regards to resources and time commitment, the feedback from these engagements has been extremely valuable and positive. Mr. Robertson wished to highlight that to continue in taking this initiative forward and build trust within the community, wider discussion is required about ways to expand and support this role. It was suggested identifying and training health representatives within Community Councils / PPFs, in terms of Patient Experience / Service User involvement to take this forward.

Mrs. Ewing provided an overview of the Healthcheck document and suggested the value it would bring to the Committee if revised to include key areas of work pertaining to the Person Centred Agenda. This would allow the Committee to focus on the key areas. After further discussion, it was agreed that this should be extended to include Health and Social Care. The document will also be reviewed to include relevant data / information pertaining to the public engagement elements. It was queried if this would replace individual reports. Mrs. Ewing advised that as the work evolves, this would incorporate all elements of the individual reports pertaining to the Patient Experience Agenda, the Healthcheck would be an easy read document which would enable wider debate.

Ms. Rooney agreed that this approach was a good way forward and was extremely interested in Mr. Robertson’s Ambassador role. This would be an ideal opportunity to raise awareness and support the journey of Health and Social Care Integration. This would also reduce the volume of papers currently presented to allow wider discussion on the content within the Healthcheck paper.

Mrs. Ewing advised that there had been a meeting of the sub-group tasked to develop and consider a viable model from the outputs of the Way Forward events. It was highlighted that Health and Social Care does not cover Acute Services, so this needs to be considered. It was acknowledged that there needs to be a peripheral vision to embrace this work collectively, recognising the different pathways and who has responsibility for what. Ms. Rooney, again reiterated the importance of the Ambassador role in this piece of work, to raise awareness of service changes as they emerge. It was agreed that there needs to be wider discussion to ensure that there is a single pathway to meet the
diverse needs of the communities. It was recognised that the Committee needs to facilitate wider engagement opportunities, including evening and weekends within the community to be more innovative in accessing seldom heard groups.

Mr. Bisset sought assurance as to whether the Committee was fulfilling its role as an operational link in community engagement as an assurance to the Board. Mr. Robertson made further reference to the Ambassador role and how this could evolve, and support integration. Mr. Bisset was anxious about the time it is taking to establish the new structure, and raised further concerns with regards to the reduction in membership of the PPFs and the loss of expertise.

Mrs. O’Neill noted the concerns raised regarding the timescale, and advised that options were being collated to be considered from the ‘Way Forward’ events.

After further discussion regarding Agenda business, it was agreed to review the existing data / reports provided, continue with the current governance arrangements, present a key theme / issue on the Agenda for wider discussion and consider formalising the Ambassador role.

5/22 MATTERS ARISING

There were no matters arising.

STANDING AGENDA ITEMS

6/22 PERSON CENTRED DELIVERY PLAN UPDATE

As the focus of the meeting was the outcome of the Development Session, the Person Centred Delivery Plan will be updated and brought to the next meeting.

6.2 Patient Opinion Annual Summary

Mrs. Ewing made reference to the mention of NHS Fife in various sections of the report.

The Committee commended Mrs. Ewing on being nominated for the ‘Patient Opinion Heroes’ in recognition of the quality and speed of responses.

It was noted that the data provided in the graphs demonstrated that NHS Fife had continued to improve since commencement. The Scottish Government have extended funding to continue with Patient Opinion from 2015 – 2017.

The key targets for the Board over this period would be to continue with timely and quality responses. Case Studies are to be developed and used as examples to support the difference the interaction has made to a service and demonstrate the difference. The Committee wished to commend Mrs. Ewing and the Team for their work in this area.

It was noted that key staff within Ophthalmology have been identified to respond direct to postings pertaining to this area and will be supported by
Mrs. Ewing and the Patient Relations / Patient Opinion Team.

It was queried if there was a timescale for responses to be closed off. Currently there is not a specified timescale but this can be reviewed.

Mrs. Ewing advised of Care Opinion, Social Work are raising awareness of Care Opinion and how to respond. As Mrs. Ewing is the lead responder for NHS Fife in relation to Patient Opinion, she will support if / where required as model evolves.

7/22 COMMUNICATIONS

A draft Communications Strategy will be circulated for consultation. Ms. Aitken advised of the divisional structure for Health & Social Care Integration and the role of the internet. The Queen Margaret Hospital newsletter had been well received.

8/22 HEALTH & SOCIAL CARE INTEGRATION

The Integration Scheme was submitted to the Scottish Government on the 31 March 2015 and returned with some queries. It was noted that until the Integration Scheme is signed off, the Shadow Board will remain in place, this could be until October due to the parliament going into recess.

The three General Divisional Managers are now in place. One of the key pieces of work as part of the divisional re-structuring will be to integrate teams to ensure staff are working more efficiently going forward.

It was noted that IT are progressing to ensure a single patient identifier exists across each sector. An agreement has been reached that the Community Health Index (CHI) can be integrated into the Social Work system, this is being progressed by National Services Scotland.

Mrs. Ewing advised discussions are ongoing with regards to a Single System to deal with complaints across both sectors. There is an issue as both systems have different legislative requirements.

Mr. Burns advised that once the Integration Joint Board is established, both organisations will take it in turn to Chair the Board:
Year 1 – Chaired by Fife Council Elected Member with NHS Board member as Vice-Chair (Ms A Rooney)
Years 2 and 3 – Chaired by NHS Fife Board member with Vice Chair one of the Fife Council elected members

The Integration Joint Board will comprise of 8 councillors and 8 NHS Board members. The NHS Board members will be made up of 5 Non Ex / and 3 executives. Mr. Burns will have discussions with the Chair of the Shadow Board to ascertain which Non-Executive members will represent NHS Fife Board.

As Ms. Rooney sits on the Shadow Board her expertise will be of value to
colleagues to gain an understanding of the protocols.

9/22  JOINT PPF REPORT

Mr. Robertson advised that there was a reference to volunteering in his presentation when going out to engagements in the community, and suggested considering extending the role further to include other Non-Executive Board and PPF members.

Mrs. Vernolini raised concerns that the PPFs had not signed up to be Ambassadors and reiterated a previous concern as to whether the PPFs will remain and if so, in what format. It was noted that the membership of DWF PPF previously sat at 12, however this has reduced to 9 due to the uncertainty.

It was noted that an Options paper is currently being devised from the outputs of the recent ‘Way Forward’ Meeting. Mrs. Ewing wished to state that the PPF members are greatly valued. Wider consideration should be given on how best to utilise their expertise, for example, use as Ambassadors for specific pieces of work in wards / departments in gathering patient experience and in supporting local workplans and feeding back to a central group.

Mrs. O’Neill elaborated further on the options being considered to be included in the draft paper which be ready by the end of July. There will be wider engagement around September / October prior to the paper being presented to the Shadow Board.

It was acknowledged that although the PPFs would continue throughout the transition phase, there were concerns that due to the timescale for completing this piece of work, the membership of all PPFs was continuing to fall.

It was noted that there had been poor attendance at the ‘Way Forward’ events. After further discussion, it was agreed that Mrs. Ewing speak to the members at the next Joint PPF meeting to alleviate any concerns and to encourage engagement / involvement at the next event. It is imperative at this stage to ensure that members are involved in devising the Options paper.

Mrs. Vernolini wished to state that the location of the venue was unsuitable for some members.

After further discussion it was requested that preparatory work be undertaken with a timeline brought to the next PFPI Standing Committee.

10/22  PATIENT EXPERIENCE FEEDBACK REPORT

Mrs. Ewing made reference to the new graph providing the additional information the Committee requested to aid a better understanding of the key issues in key locations across Fife. This data delves deeper into the issues arising, which will enable the Committee to challenge and identify appropriate action.

It was suggested moving to a zero tolerance stance regarding staff behaviours.
EQUALITY & HUMAN RIGHTS PROGRESS REPORT

Mrs. Heyes advised that there is continued work being undertaken to engage with Gypsy travellers to focus on the health care needs of this community. This is across many service delivery units.

Two events have taken place for hard of hearing service users and BSL users. From the comments received at these two events an Action Plan has been developed. A further event will be held to give feedback in August 2015.

Mrs Heyes asked if there would be any benefit of developing a reporting template that highlighted 3 areas where engagement had taken place, and 3 areas where the next focus would be. Also a section that would allow discussion from the group on experiences that members had which could be shared.

There are still potential areas where further engagement work could focus these include High Schools, young people and high street late night businesses where different methods of engagement would be needed.

Some of this work is being done by other partner agencies so collaborative working needs to be considered.

Mr Burns suggested Ms. Heyes develop a draft engagement recording template and bring it back to the next PFPI Standing Committee.

SCOTTISH HEALTH COUNCIL UPDATE

Mrs. Kenyon drew attention to a report recently published on the Scottish Health Council (SHC) website ‘Supporting Public Involvement and Community Engagement’. This report provides a snapshot of the range of activities and support which the SHC provides in promoting and encouraging the benefits of public involvement and community engagement.

The Participation Standard process was moving ahead, SHC Performance Analysts have been in touch with the PFPI Leads.

Mrs. Kenyon also drew attention to ‘The National Out of Hours Review’, Sir Lewis Ritchie, Review Chair, has been commissioned by the Cabinet Secretary to lead a review of primary care out-of-hours services across Scotland. Local offices have been asked to conduct focus groups with patients to coincide with Sir Lewis’s visits. NHS Fife’s visit will take place on the 3 July 2015.

Local Office activities have included work to support Health & Social Care (H&SC) Integration where they had facilitated at both “Way Forward” events, and the Localities consultation, as well as contributing to the Communications Steering Group. Local Officers are supporting and assisting with the Communication and Service User work streams of the H&SC Sensory Impairment Strategy. Two case studies have been completed with Oakley and Inverkeithing Medical Practices in the recruitment of new members for their

Local officers / service change advisors have been providing guidance and support throughout the Fair Isle Clinic review, including options appraisal process. Support will continue throughout the 3 month consultation process on the preferred option. As well as continuing to support the CommonHealth initiative, local officers are participating in meetings to co-ordinate the community engagement by NHS Fife, with the Community Engagement Ambassador and the SHC pilot engaging young parents and working people, in Fife.

It was noted that this was the last meeting the Mrs. Kenyon would attend. Mr. Burns wished to thank Mrs. Kenyon on behalf of the Committee for her contribution to the PFPI Agenda business.

13/22 POLICY UPDATE

It was noted that the Medical Innovation Bill will be brought back into the Parliamentary vision.

ITEMS FOR DISCUSSION / DECISION

14/22 PFPI SC ANNUAL REPORT 2014 / 15

The Committee agreed to adopt the PFPI SC Annual Report 2014 / 15 which would be signed off by Mr. Burns on behalf of the Committee.

15/22 PFPI SC WORKPLAN 2015 / 16

It was noted that the workplan would be reviewed throughout the course of the year to reflect issues arising.

At future meetings elements of the workplan will be presented as specific Agenda Items, staff behaviours will be the feature at the next meeting.

16/22 PATIENT EXPERIENCE AUDIT REPORT

A discussion followed on some of the points within the report.

Point 10 – Letter and letter templates for routine communications with patients. As there is no consistent wording to encourage feedback and inform patients of the method available to provide feedback, does this also impact on the way information is captured in line with the protected characteristics. It was agreed to take this issue into account if a new system is implemented.

Action Plan – Reference 4 - Priority 3 (recommendations are usually matters that can be corrected through line management action or improvements to the efficiency and effectiveness of controls) EDG are unaware of issues with regards to complaint investigation response times, as Performance does not currently feature at EDG meetings. After further discussion it was agreed for EDG to be sighted on this. Issue to be raised with Chief Executive, should also ask about including it in Healthcheck report.
After further discussion on the Action Plan, it was agreed that clarity should be sought on who is accountable and timescales, these queries will be taken back to the Audit Committee.

ITEMS FOR INFORMATION

17/22 CONSULTATION ON PROPOSALS TO INTRODUCE DUTY OF CANDOUR FOR HEALTH AND SOCIAL CARE SERVICES

18/22 PASS FIFE REPORT QUARTER 4

19/22 DUNFERMLINE & WEST FIFE HEALTH PARTNERSHIP QUEEN MARGARET DEVELOPMENT UPDATE

20/22 MINUTES

Mr. Burns advised that the minutes were for noting, and asked the Committee to review in advance of meeting to come prepared with any questions.

(a) Kirkcaldy & Levenmouth PPF (22/08/2015)
(b) Dunfermline & West Fife PPF (15/04/2015)
(c) Glenrothes & NEF PPF (06/05/2015)
(d) Equality & Human Rights Strategy Group (08/08/2014 & 06/02/2015)
(e) Carer Strategy Implementation Group (05/03/2015)
(f) Health & Social Care Integration Public Reference Group (02/04/2015)
(g) Joint Strategic Advocacy Planning Group (10/02/2015)
(h) Volunteering Development Group (12/03/2015)

21/22 A.O.C.B

There was no other business to discuss.

22/22 Date of Next Meeting

Wednesday 2 September 2015 at 10am within Conference Room 1, Lynebank Hospital, Dunfermline.

Mr. Burns advised that Mrs. C Cooper had been appointed as a Non – Executive Board member and would sit on the PFPI SC, and that he was not in a position to confirm who the successful candidate was for the Nurse Director post.