MINUTES OF THE MEETING OF THE PATIENT FOCUS PUBLIC INVOLVEMENT STANDING COMMITTEE HELD ON WEDNESDAY 2 SEPTEMBER 2015 AT 10AM IN CONFERENCE ROOM 1, LYNEBANK HOSPITAL, DUNFERMLINE

Present:
Mr. Les Bisset, Non-Executive Board Member
Mr. A Burns, Chair
Ms. C Cooper, Non-Executive Board Member
Ms. A Rooney, Non-Executive Board Member

In Attendance:
Ms. N Aitken, Head of Corporate Services
Mrs. K Brechin, Head of Nursing (Acute)
Mr. G Cuthill, Local Officer, Scottish Health Council
Mrs. L Ewing, Patient Relations Manager

Mrs. I Vernolini, Chair, D&WF PPF
Mrs. K Gibb, Clinical Governance Lead, K&L / DWF
Ms. A Heyes, Equality & Human Rights Lead
Mrs. J O'Neill, Risk Manager, K&L
Mrs. L Ewing, Patient Relations Manager
Ms. T Rodigan, Personal Secretary, Patient Relations

1/23 CHAIRPERSON’S WELCOME AND OPENING REMARKS

Mr. Burns advised that sadly Mr. Barber had unexpectedly passed away. He wished to pay tribute to Mr. Barber’s character, who was a well respected gentleman with high integrity and inspiring to be around, whose contribution over the years has added great value to the public involvement / engagement work.

Mr. Burns advised that after discussion with Mrs. Paterson the Agenda was reviewed to allow wider discussion regarding taking forward engagement in a more meaningful way. The following Agenda Items will be the main focus of discussion;

- Agenda Item 7 - Healthcheck currently presented to the Board, for discussion to ascertain if it would be of value to this Committee.
- Agenda Item 8 - Mrs. Ewing will elaborate further on Patient Opinion.
- Agenda Item 9 – As there has been a substantial amount of work in relation to H&SCI.

2/23 DECLARATION OF MEMBERS' INTERESTS

There were no other declarations of interest.
3/23  APOLOGIES FOR ABSENCE

No notes of apologies were received.

4/23  MINUTES OF THE MEETING HELD ON 3 JUNE 2015

The Note of the meeting held on the 3 June 2015 were approved as a correct record.

5/23  ACTIONS OF THE MEETING HELD ON THE 3 JUNE 2015

It was asked why the JPPF meeting had been cancelled. Mrs. O'Neill advised that this was due to low numbers, which was partly because of holidays. The next JPPF meeting is in the process of being organised. The Committee were concerned that as the meeting had been cancelled there had not been the opportunity to alleviate any concerns as raised at the previous PFPI Standing Committee meeting (minute ref: 9/22). After further discussion, it was agreed that a letter be sent to the PPFs to provide reassurance and encourage engagement/involvement as the Options paper evolves.

All other actions would be addressed under their respective Agenda heading.

6/23  MATTERS ARISING

Ms. Rooney queried the statement under Agenda Item 6.2 ‘Patient Opinion Annual Summary’, regarding the speed of responses as in subsequent papers the 20 day response target was not being met. Mrs. Ewing advised that the 20 day target was in relation to complaint responses rather than to Patient Opinion.

Ms. Rooney asked why ‘Staff Behaviours’ was not a specific Agenda item. Mrs. Ewing advised that 3 Key Points for discussion featured on the Patient Experience Feedback report and this was one of them.

6.1  ROLE OF COMMITTEE MEMBERS

Mrs. Paterson advised that as the Agenda had been revised this would be an opportunity to discuss the role / remit / membership of the Committee.

Engagement needs to be evident not only via feedback but by evidencing wider engagement with the public and an element of staff engagement. The Agenda was reviewed to include 3 main Agenda Items to inform wider discussion, for example the Healthcheck report which would be elaborated on further under Agenda Item 7.

It was acknowledged that there are various pieces of engagement work happening within the community; however the challenge remains in terms of collating all the strands of work.

After further discussion, it was suggested undertaking a mapping exercise to ascertain what engagement initiatives are going on across
Fife presently, how data captured is recorded, if these are evaluated and actions addressed.

It was noted that minutes from each local Community Services are submitted to the PFPI Standing Committee which detail engagement activities. One of the main areas of engagement has been the ‘Way Forward’ for public participation to devise a new approach for Fife.

It was acknowledged that challenges exist as a result of the changes resulting from Health & Social Care Integration.

It was noted that a 100 comments had been received with regards to the H&SCI ‘Your Views Matter – Looking Closer at Participation and Engagement a new approach for Fife’. It was acknowledged that this is an ideal opportunity to develop a strategy to ensure that the engagement model is fit for future work. It was recognised however that there remains a challenge in reaching seldom heard groups.

The Equality Centre was allocated £170,000 to provide all Fife Council’s engagement. Mrs. Heyes advised that feedback from a recent Unpaid Carers event identified a lack of engagement with carers. The Equality Centre is seen as a critical link in terms of future working.

Mr. Robertson’ advised that in his experience of engagement with community groups it is recognised that the Patient Focus element is good; however the Public Involvement element is weak. Community Councils have expressed an interest in becoming more involved, however, the appropriate links need to be in place to ensure that information is being cascaded appropriately. It was acknowledged that it is important to have links in localities in terms of the whole engagement process. Mrs. Paterson advised that on reflection there should be a more person centred approach with community engagement, which needs to be reflected in the Person Centred Agenda, with any challenges around engagement presented to the PFPI Standing Committee and as part of the new governance arrangements reported via Clinical Governance.

It was suggested undertaking a mapping exercise to obtain a better understanding of the needs of communities and existing groups, and forming a SLWG to take this piece of work forward with involvement of patient representatives. Mr. Bissett acknowledged that this would be a worthwhile exercise as different communities have differing issues, i.e. diseases, drugs, diabetes, therefore the level of interest could vary.

After further discussion, it was agreed that to be more proactive in participating in communities resources would be required to enable engagement in the evenings and at weekends.

Mr. Cuthill advised that the Scottish Health Council have been engaging
with workforces in Fife.

It was noted that the engagement of young people and ethnicity groups was not just an issue with NHS Fife Health Board. Mrs. Ewing wished to note that through the Carer Strategy Implementation Group close links have been developed with Fife Young Carers.

7/23 HEALTHCHECK

Mrs. Paterson made reference to the Healthcheck report presented at the Board meetings and elaborated on each section under Safe, Effective, Person-Centred.

It was noted that elements of Safe and Effective could link to the Person-Centred element to make it meaningful for the Committee. Mrs. Paterson asked the Committee if this would be of value. The Committee agreed that this would be helpful, however wanted to ensure that there would not be any duplication to the information presented to the Clinical Governance Committee and suggested taking out what is relevant pertaining to each Committee.

Discussion followed on the Complaints data and narrative. As there had been 63 formal complaints reported in May and June 2015, the Committee asked how performance targets were measured, if contact was made to every complaint / enquiry and about the complaints 20 day target. Mrs. Ewing advised that these were complaints with multiple issues. Mrs. Ewing confirmed comments and concerns are followed up by the Patient Relations Team in liaison with local areas. Performance against the 20 day target has been poor for a number of reasons, work in underway to address this.

After further discussion regarding the data pertaining to complaints, the Committee sought assurance on the main causes of the complaint, i.e. staff behaviours, communication and how these should be addressed. Mrs. Ewing advised that in reviewing the data, whilst common themes emerge the distribution was sporadic. Where a cluster / theme emerges there are mechanisms in place to address specific issues.

After further discussion, it was agreed that the Person-Centred element could be more meaningful to the Committee. The narrative should evolve to inform the Committee.

It was acknowledged that Patient Opinion is an important vehicle for feedback where people can post their story anonymously.

The Healthcheck report will be revised to reflect what was agreed, key themes that arise from one meeting to the next will be brought back. Information in relation to Healthcare Inspectorate visits will also be presented.

8/23 PATIENT OPINION

Mrs. Ewing advised that there is a notification list that receive automatic alerts. There has been a 200% increase in activity over the last year. NHS Fife have
received praise on their open response feedback approach. Patient Opinion have offered to provide training for staff at different levels. Currently, Mrs. Ewing is the main responder, although initial work has been undertaken in the Ophthalmology Unit at QMH to equip staff to respond.

As part of the next steps, NHS Fife have been asked to review this current level, Mrs. Ewing proposed that NHS Fife currently was a level 6 - ‘Widening staff involvement as recipients’. There was discussion about which level the Board would aspire to on 1-8 scale, after wider discussion around the following levels;

- Level 7 - Widening staff involvement as active participants
- Level 8 – Everyday Patient Opinion

After discussion, it was agreed to aim for to level 7, to encourage staff to become more aware of using and responding to postings. Mrs. Ewing will provide training and ongoing support to staff identified as responders to postings, dependent on the complexity of the posting it will be escalated as appropriate.

Mr. Bissett acknowledged that it was important to encourage staff to become involved and aware of responding to feedback, however he queried if there should also be an awareness with clinicians and consultants around Patient Opinion and complaints as part of their training. There is a need for them to be more aware of the importance of communication, being mindful of the proposal to introduce a statutory Duty of Candour for Health and Social Care. Mrs. Ewing advised of training for junior medical staff and consultant staff which covered these topics but agreed Duty of Candour would have implications.

Mrs. Ewing made reference to the document developed which sets out 10 principles which underpin the Participation and Engagement approach and working practices for the new Health and Social Care Partnership in Fife. It was noted that there has been anxiety around the time it is taking to develop a model of participation and engagement, taking into account that the Integrated Joint Board will be formally established on the 3 October 2015. After further discussion on the document it was agreed that it could be utilised to inform the Communication Strategy.

Ms. Rooney wished to commend those involved in pulling the paper together, and was particularly struck with principle 8. Ms. Heyes advised that there is an issue with the use of plain English in leaflets/ forms of information, which she would elaborate further on under Agenda Item 15.

Mr. Bisset made reference to the Governance and Accountability issues.

As part of the Integration scheme there is a responsibility to have public involvement/engagement happening within all parts of the system. In the past,
both organisations had their own rules for public engagement, however it is now recognised through H&SCI that there is requirement as set out in the legislation for a cohesive approach. There will be no change required for NHS Fife’s current level of governance.

It was noted that the paper was circulated to key local groups to ensure wider effective consultation, along with those that had been involved in the process.

It was noted that Mr. Riddell is accountable for all aspects of operational delivery within H&SCI and would report directly to Mr. Hawkins. Mr. Hawkins is accountable financially, within the protocols set by the Scottish Government. A further event is planned following which options for future models of working will be proposed.

STANDING AGENDA ITEMS

10/23 PERSON CENTRED DELIVERY PLAN UPDATE

Mrs. Ewing advised that the Delivery Plan will be reviewed to reflect the discussions around Healthcheck and Patient Opinion to be presented at the next meeting.

11/23 COMMUNICATIONS

Mrs. Aitken advised that she is in the process of devising a paper, there are wider elements to be considered as part of this piece of work to ensure all aspects of communication and engagement are linked.

Communications will be involved in the QMH Open Day on the 20 September 2015.

The Annual General Meeting – Non-Ministerial visit takes place on Thursday 10 Sept at 1pm. This is open to the general public and will be treated in a similar fashion to that of the Ministerial visit. There will be a focus around Mental Health and the challenges in the community to allow individuals to meet their full potential. It was acknowledged that this is a challenging area, as some patients lack the support required. There has been development with some services to ensure a smooth transition and support in place when going back into the community, this is part of the work of the Clinical Strategy Group to take forward.

A discussion followed with regards to the Ambassador role and it was agreed that this piece of community engagement, utilising feedback received should inform the Engagement Strategy.

Mrs. Brechin reflected on a Healthcare Environment Inspection visit to VHK which included evidence of information provided to patients in regard of Hospital Acquired Infection. The HEI inspection team recognised that patients receive / have access to information leaflets but do not always read retain the information within them. It is also recognised that there is a requirement to provide information leaflets about a variety of issues. It is important that as
healthcare professionals we support patients with the most important information they require. Mrs. Heyes agreed and noted that evidence shows that cancer patients only retain a percentage of information given to them at diagnosis despite the large amount of information given to them at this time.

It was suggested being more proactive by utilising current mechanisms, i.e. the website to promote and influence staff awareness of meaningful engagement.

12/23 JOINT PPF REPORT

It was noted that Mr. Cuthill provided a presentation on Our Voice, which was well received.

Ms. Owens had provided a presentation and sought feedback following the Vale of Leven report. The PPF were pleased to note that NHS Fife have implemented 75 of the recommendations.

Mrs. Vernolini sought clarity on an article on the website relating to expanding maternity services in West Fife, and what this would mean to patients in other areas. It was noted that there are discussions underway in relation to the current provision of maternity services due to an increase in births and antenatal post care and how this could be managed. No decision has been made, there will be a review across Fife and a paper drafted prior to consultation.

There are currently 8 members on the PRG with 1 note of interest.

13/23 PATIENT EXPERIENCE FEEDBACK REPORT

The content of the report will be reviewed to reflect the data to be transferred onto the Healthcheck report.

Mrs. Ewing advised that there continues to be a challenge producing more data around performance. The Divisional Units now have a monthly report providing a breakdown of complaints pertaining to their respective areas and interested in particular in models/mechanisms to make improvements to meet the 20 day standard.

Complaints targets are now presented at the Executive Directors Group every Monday.

Mrs. Ewing made reference to the 3 key areas from the common themes identified for discussion;

- Disagreement with treatment plan
- Co-ordination of clinical support
- Nursing Care / lack of explanation and attitude

It is recognised that there can be multiple issues that lead to a cluster of complaints in ward areas is sporadic in the quarter reported from the data provided the issue of attitude and behaviour.
Mrs. Paterson will be proposing a piece of work called ‘First Impressions’ piloted with Nursing Teams.

Mrs. Rooney raised a concern that ‘Nursing Care / lack of explanation and attitude’ did not correspond with previous reports, and made a reference to the previous reporting which categorised ‘attitude and communication’ as a recurrent theme.

Mrs. Ewing advised that attitude does appear as a recurrent theme however it has not been identified in a specific area. To inform wider discussion it was suggested that further detail is provided / breakdown given to inform actions of the committee.

It was agreed that the main question for this Committee was that it could reassure the Board that patient care in hospital was good and to give assurance that where this is negative it is being addressed.

Mrs. Ewing will review the data currently presented to determine what can be incorporated into Healthcheck.

14/23 ANNUAL REPORT 2014/15 – FEEDBACK, COMPLIMENTS, COMMENTS, CONCERNS AND COMPLAINTS

The Committee commended the level of detail in the report. Mrs. Ewing referred to the ‘Participation Standard 2015-2015 – Initial Analysis of NHS Fife’ and advised that NHS Fife had been evaluated as having met Level 3 which matched the self assessment completed by NHS Fife.

15/23 EQUALITY & HUMAN RIGHTS PROGRESS REPORT

Ms Heyes highlighted that when patient information and leaflets were sent for translation into community languages or Braille, they were not written in plain english, were at times factually incorrect in relation to contact details, no version control and no specified review date. After discussion it was agreed that Ms. Heyes and Ms. Paterson will meet and provide an update at the next meeting.

16/23 SCOTTISH HEALTH COUNCIL UPDATE

The Committee noted the update.

17/23 POLICY UPDATE

17.1 QUEEN MARGARET OPEN DAY

It was noted that the Queen Margaret Open Day is on the 20 September 2015. Mr. Robertson will attend in his Ambassador role.

17.2 PERSON CENTRED COLLABORATIVE BID

It was noted that a bid was submitted to support and enhance the collection of real-time data. The Committee will hear in due course if the bid was successful.
PFPI SC WORKPLAN 2015/16

The workplan will be updated to reflect the Healthcheck report and other key Agenda items.

ITEMS FOR INFORMATION

19/23 CARER STRATEGY FUNDING PANEL DECISION 2015/16

20/23 DUNFERMLINE & WEST FIFE HEALTH PARTNERSHIP QUEEN MARGARET DEVELOPMENT

21/23 MINUTES

(a) Equality & Human Rights Strategy Group (08/05/2015)
(b) Carer Strategy Implementation Group (28/05/2015)
(c) Health & Social Care Integration Public Reference Group (23/07/2015)

22/23 A.O.C.B

Mr. Burns elaborated on a bid by Fife Council for the City of Region status, monies to invest in local areas as part of Regional City Planning.

23/23 Date of Next Meeting

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