MINUTES OF THE MEETING OF THE PATIENT FOCUS PUBLIC INVOLVEMENT STANDING COMMITTEE HELD ON WEDNESDAY 5 SEPTEMBER 2012 AT 10AM IN THE BOARD ROOM QUEEN MARGARET HOSPITAL, DUNFERMLINE

Present:
Mr H Blyth, Non-Executive Board Member
Ms I Corbin, Chair, G & NEF PPF
Ms J Mitchell, Non-Executive Board Member
Mr R Parsons, Chair, K & L PPF

Ms F Purdon, Non-Executive Board Member
Ms A Rooney, Non-Executive Board Member (Chair)
Mrs I Vernolini, Chair, D & WF PPF

In Attendance:
Ms A Buchanan, Nurse Director
Mrs S Manion, General Manager, D&WF CHP
Mrs L Ewing, Patient Relations Manager
Ms I Reid, Volunteer, Bereavement Listening Service
Mrs M Kenyon, Area Manager (Borders, Fife, Forth Valley, Lothian), Scottish Health Council
Ms T Rodigan, Personal Secretary

1/22 WELCOME AND APOLOGIES
Ms. Rooney welcomed everyone to the meeting and extended a warm welcome to Mr. K Cochrane, Non-Executive Board member who was attending as an observer.

No apologies to note.

2/22 DECLARATION OF MEMBERS’ INTERESTS
There were no declarations of interest.

3/22 PRESENTATION – BEREAVEMENT CARE
It was noted that Mr. Mark Evans, Head of Spiritual Care was unable to attend due to the visit of the Right Reverend Albert Boyle, Moderator of the General Assembly of the Church of Scotland. In his absence, Mrs. Ewing provided a brief background to the Bereavement Listening Service and then invited Ms. Isla Reid, one of the volunteers, to elaborate on her role.

Ms. Reid advised that six volunteers had been recruited for the service, three of
whom are councillors from Cruse. NHS Fife worked in partnership with Cruse, to deliver training and support. The service has now been launched, initially within QMH. It will be evaluated prior to consideration of wider roll-out, being mindful of resources required.

Ms. Reid shared an experience about how she supported a patient. She advised that two appointments are offered initially, with flexibility to provide further appointments if requested. The service is completely confidential with referrals currently being made via Mr. Evans. It was noted that the service is also available to staff. The Committee were assured of the supervision and support aspect for volunteers and Ms. Reid explained it was normal to take time to reflect after a session and speak to Mr. Evans where required.

It was asked if Cruse continued to be involved in the service. Ms. Buchanan advised that they had been involved initially with the recruitment and training to set-up the service, however the service sits under the remit of the Spiritual Care Department. Ms. Rooney wished to highlight that this was an excellent example of partnership working with the third sector.

Ms. Rooney wished to thank Ms. Reid on behalf of the Committee for a very informative insight into this valuable service and ask that Mr. Evans be made aware of the positive feedback. An open invitation was extended to Ms. Reid to return once the service has developed further to provide an update. A thank you was extended to Mrs. Ewing for organising the presentation.

4/22 MINUTES OF THE MEETING HELD ON 30 MAY 2012
The Minutes of the meeting held on the 30 May were approved as a correct record.

5/22 ACTION POINTS OF THE MEETING HELD ON 30 MAY 2012
As requested at the previous meeting, Mrs. Ewing had sought feedback on issues raised from the visit to the Dunfermline Muslim Centre, issue and responses bulleted below:-

- Provision of appropriate diet/menu choices – there has been discussion about the topic resulting in confirmation that the community is happy with the suppliers and how the food is processed.
- Care of the deceased / storage within the mortuary when a PM required – it was noted that there had been a misconception about the storage and preparation of bodies. The community was satisfied that the procedure in place is reasonable following an explanation.
- Aids to worship (including directions to prayer point/washing facilities) – Positive feedback had been provided about facilities in QMH and agreement to make available similar facilities on the Victoria site at the appropriate time.

It was noted that a follow up visit is planned for the end of the year.

Ms. Rooney wished to acknowledge that this was an example of good practice,
whereby issues raised had been picked up and dealt with appropriately. It was
good to recognise that operational issues raised had been taken forward and
Ms. Rooney suggested that Mr. Leiper, Director of Estates and Facilities, be
given this feedback to ensure information is shared with the Senior Management
Team (SMT).

It was noted that all actions had been progressed.

6/22 MATTERS ARISING

There were no matters arising.

STANDING AGENDA ITEMS

7/22 PUBLIC PARTNER FORUM DEVELOPMENT PROGRESS UPDATE

Mrs. Ewing provided an update on the issues brought to the Committee’s
attention at the meeting of 30 May.

1) Attendance at the D&WF PPF meetings of members integrated from the
Patients Forum. It was noted that only one Patient Forum member had not
attended and that this is being followed up locally.

2) Requests for Group Representation to replace a former member of D&WF
PPF. It was noted that out of the 9 groups, 5 requests had been processed, 2
groups had been disbanded and there is an outstanding query for the remaining
2 groups.

Members asked for the groups to be identified and, after discussion, it was
agreed to circulate a list of the groups for information. As one of the outstanding
queries concerned the NHS Fife Redesign Committee, Ms. Buchanan advised
that Ms. McGovern, who chaired that Committee, was the appropriate contact.

There was a query about succession planning for group representation. Mrs.
Ewing elaborated on the process for requesting, recruiting and supporting public
partners. Ms. Buchanan wished to clarify that it was the responsibility of the
Chair to support the public member by whatever means required, e.g. ensure
acronyms are explained.

Ms. Rooney asked the chairs of the PPF if they were satisfied with the
integration process, meeting schedule and reporting mechanisms for the joint
PPF meetings. The Chairs were confident that any minor issues had been
addressed and that this was a new innovative way for the 3 PPFs to work
together effectively. It was agreed to remove this item from the Agenda.

Ms. Rooney thanked the three chairs and their predecessors, Mrs. Ewing, PFPI
Leads and colleagues from Organisational Development for all the work carried
out during the integration process.

The Committee noted the report.
a) Kirkcaldy & Levenmouth PPF

It was noted that a copy of the confirmed minutes are to be issued to all PPF members on the Register of Interest.

Mr. Parsons made reference to the PPF Evaluation Report, which had been undertaken as part of the ongoing review and development, looking at ways to demonstrate how the PPF has made a difference.

It was noted that the GH & MS Project Board and the GH & MS Project Team had disbanded but that the two representatives who sat on the short-life working groups have not received feedback. It was suggested contacting Mrs. M Porter and Ms. V Irons who were the responsible leads for driving forward this piece of work.

It was noted that the Fife Rehabilitation Service has retained its accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) for a maximum of three years.

It was noted that Muiredge surgery has taken part in a pilot of the Alaska project. Mr. Parsons elaborated on the major benefits of this to both patients and staff. He advised that a presentation would be delivered to K&L PPF; although the numbers are limited, he would ask if an invitation could be extended to the Chairs and Vice-Chairs of the other two PPFs. Ms. Rooney asked, if diary permitting, she could attend. It was agreed, once spaces are clarified, that Mr. Parsons would liaise with Ms. Rodigan.

It was queried how long funding was in place for the Letham Rehabilitation Hub. As there was no-one from this service to advise, it was agreed to raise the query with Ms. M Porter.

It was acknowledged that the educational DVD produced by the Stroke MCN was an excellent development.

The Committee noted the report.

b) Dunfermline & West Fife PPF

Mrs. Vernolini advised that there had been more activity in the last quarter, with eight requests for representation. Five members had attended the QMH PCRC Stakeholder Event.

Mrs. Vernolini advised that, as part of the Participation Standard, NHS Fife has undertaken to utilise the VOICE tool as a joint project with the Scottish Health Council.

There was an overall consensus that the VOICE summary report lacked
clarity. A discussion followed on the viability of using VOICE and Mrs. Kenyon welcomed feedback on the report summary. It was felt that the report did not provide the context or clarify the relevance for the PFPI Standing Committee. It was agreed that the PFPI Leads and officers from the SHC would discuss further.

The Committee noted the report.

c) Glenrothes & NEF PPF

Mrs. Corbin advised that the two representatives from G&NEF who attended the first Joint PPF meeting, raised concerns that the venue was not suitable for the number of people in attendance, and that it had been difficult to engage or contribute to the Agenda, as one particular individual inhibited discussions.

Mrs. Ewing advised that the Main Hall at Lynebank had been booked originally, however due to a poor response with regards to attendance, this was changed to a smaller room. Mrs. Ewing commended Mrs. Vernolfini for ably chairing such a large group, and advised that in future it will be stressed that members need to confirm attendance to prevent a reoccurrence.

The general consensus was that it was well attended for the first meeting with good representation. Ms. Rooney agreed to discuss representation with Professor McGoldrick and feedback at the next meeting.

The Committee noted the report.

9/22 PATIENT EXPERIENCE FEEDBACK REPORT

The report was presented as self-explanatory. Mrs. Ewing elaborated on the report and highlighted that there was an increase in compliments and a decrease in complaints, as anticipated. It was noted that where common themes have been identified within specific areas, work is in place to address these.

Clarification was sought regarding the colours identifying issue types within the pie charts. Mrs. Ewing elaborated further on these and agreed to try to improve the graphs visually.

An explanation was requested for the increase in the complaints for G&NEF. Mrs. Ewing advised that there had been a number of complex cases linked with other Health Boards and services where the main issue identified had been a community based hospital element.

The Committee wished to highlight the amount of money donated and asked if this was ring-fenced. Ms. Buchanan advised that donations go into the Endowments fund, and that, at the time of making donations, patients/members of the public are advised accordingly.
The Committee noted the report.

**10/22 EQUALITY & DIVERSITY PROGRESS REPORT**

It was noted that the concerns raised at the last meeting with regards to the Action Plan have been addressed and that the document is easier to read. Ms. Rooney wished to acknowledge the breadth of work captured in the Action Plan.

Mrs. Manion advised of the specific piece of work around the model of engagement and inclusion, which is a substantive Agenda item.

Mrs. Manion advised of a significant piece work with regards to the Interpretation and Translation services. It was noted that the service budget was overstretched due to an increase in demand for the service. To ensure an efficient and effective service within budget, a telephone interpreting service has been implemented, with a dedicated member of staff responsible for triaging calls.

Clarity was sought on where work relating to disability sits organisationally. Mrs. Manion advised that different elements sit within different services; for example, Estates & Facilities, Operational Division and Human Resources. The Equality & Diversity Steering Group has an obligation to assure the Board that staff elements are picked up through the Governance Committee.

Clarity was sought on the wording in the Specific Objective column, as some read like statements.

The Committee noted the report.

**10.1 Model of Engagement**

Mrs. Manion advised that, following a further development session to review outcomes, a new working model has been agreed. The current structure will be replaced with a model that works more closely with the existing PPFs and which will utilise its links with the Equality Participation Network. Short-life working groups will take forward specific pieces of work and the Equality and Diversity Steering Group will be responsible for monitoring these.

It was asked who sat on the group. Mrs. Manion advised that she would Chair and there would be operational leads from the following:

- Corporate Services
- Community Health Partnerships
- Public Health
- Human Resources
- Estates and Facilities.

It was asked if there was a member of the public on the group. Mrs. Manion advised that the Terms of Reference are currently being reviewed and that public partner membership would be considered.
| The Committee noted the report.

11/22  POLICY UPDATE

Ms. Buchanan advised that NHS Fife had prepared a response for the consultation on the Health & Social Care Integration. It is recognised that there is no mention of PPFs in the consultation document and that NHS Fife had requested that this be considered at the next stage of the process. It was noted that Public Partners had been invited to respond as a group or individually.

Ms. Buchanan made reference to the Revised Strategy for Volunteering, advising that accreditation for the Investing in Volunteers would take place in 2013, and that an update would be brought to the next meeting.

Ms. Buchanan referred to the Report presented to the Strategic Management Team (SMT) on the Patient Rights (Scotland) Act 2011 – Secondary Legislation and the Charter of Patient Rights and Responsibilities and the additional paper for the public ‘What it means to you’. Ms. Buchanan advised that the Board had endorsed the Patient Access Policy (waiting time guarantee). If the Board were to be unable to meet the target, it is anticipated that the sanction would be for the Board to pay for treatment in another Board area.

11.1  Person-Centred Care Programme

Mrs. Ewing shared a report detailing the plan for the above programme.

It was noted that a session had been held to showcase a range of person-centred work already underway across NHS Fife, which representatives of the Scottish Government attended. It was highlighted that the representatives were extremely impressed by the range of work and particularly the CBAS work. A national event is being planned for later in the year; NHS Fife may be approached to present some of these projects.

The Committee will be kept updated on developments.

The Committee noted the report.

12/22  SCOTTISH HEALTH COUNCIL UPDATE

Participation Standard Submission - it was noted that it would be less onerous this year as only two supporting examples of patient and public involvement are to be selected from a shortlist of 4/6 examples.

The Committee noted the report.

ITEMS FOR DISCUSSION / DECISION

13/22  CARER INFORMATION REPORT

Ms. Buchanan wished to note that her signature was not on the report and apologised for this oversight.
Clarification was sought on the process in place to ensure carers’ needs are met by the various projects. Ms. Rooney advised of the process as Chair of the Funding Panel, making reference to the criteria set by the Scottish Government.

The Committee noted the report.

**14/22 BETTER TOGETHER UPDATE**

Mrs. Ewing advised that the In-Patient survey results for 2010 – 11 had been released. Overall they were slightly worse for Fife in comparison to previous years. It was noted that there had been improvements for St. Andrews Community Hospital.

It was noted that the next steps would be for Local Delivery Units to review their Local Action Plans with their public partners.

It was suggested that mini surveys could be undertaken prior to the next survey to ascertain if improvements have been made. Ms. Buchanan advised of a range of mechanisms in place locally to capture feedback but indicated that there was no plan to carry out a specific piece of work. It was noted that the next national survey will likely be for Maternity Services.

**15/22 QUALITY DELIVERY PLAN & GETTING BETTER IN FIFE UPDATE**

It was noted that the final version of the ‘Getting Better in Fife’ delivery plan will be presented at the next Board meeting. Once approved, the final document will be circulated. It was noted that public partners had been involved at an earlier stage.

**16/22 PARTICIPATION STANDARD UPDATE**

Noted under the Scottish Health Council update

**17/22 PFPI SC WORKPLAN 2012 / 13**

It was noted that all work to-date has progressed and there are no concerns.

The Committee approved the workplan.

**18/22 COMMUNICATING EFFECTIVELY**

This will be carried forward to the next meeting, with an invitation extended to Mrs. N Wilson, Communications Lead, to provide an update on the website and other issues pertaining to communication.

After a brief discussion, it was agreed to obtain statistics on how many hits there have been on the PFPI section of the website to inform the discussion.

It was noted that the NHS Fife Accessible Communication Group had disbanded under the Equality & Diversity revised ‘Model of Engagement’; a summary of items raised through the group will be circulated for information.

**ITEMS FOR INFORMATION**
MINUTES

The Committee noted the following minutes:

a) Kirkcaldy & Levenmouth PPF – 10.02.12 & 01.06.12
b) Glenrothes NEF PPF – 01.08.12
c) Equality & Diversity Strategy Group – 11.05.12
d) NHS Fife Accessible Communication Group – 01.05.12
e) Carer Information Monitoring Group – 12.07.12
f) Volunteering Development Group – 08.08.12
g) Joint Strategic Advocacy Planning Group – 14.05.12
h) Spiritual Care Forum – 14.06.12
i) Joint Public Partnership Forum Reference Group – 20.06.12

NHS FIFE SHAPING BEREAVEMENT CARE UPDATE REPORT AUGUST 2012

The Committee noted the report.

A.O.C.B

Ms. Kenyon raised awareness about a recently published Healthcare Improvement Scotland/Scottish Health Council leaflet called “Planning public involvement, community engagement or involving service users in NHS Scotland”. The leaflet gives information about how the Scottish Health Council can help the NHS to engage with its service users, the public and local communities. It has been written to assist NHS Scotland staff who have a responsibility to engage with people – either in gathering views about existing services or in developing and redesigning services.

Mr. Cochrane thanked the Chair for allowing him to observe the meeting and indicated that he had enjoyed the patient-centred approach.

Ms. Buchanan requested that a reminder be circulated advising of the venue for the next meeting.

DATE OF NEXT MEETING

Wednesday 12 December 2012 at 10am within Discussion Room 1, Queen Margaret Hospital, Dunfermline