

NHS GRAMPIAN

**Minute of Meeting of the Engagement and Participation Committee
10.00am Wednesday 27 February 2019
Committee Room, Foresterhill House, Aberdeen.**

PRESENT:

Amy Anderson, Chair, Non-Executive Board Member
 Katie Banister, Patient and Public Involvement and Engagement Research Fellow, on behalf of Professor Louise Locock
 Kim Cruttenden, Principal Pharmacist (Clinical), Chair, Area Clinical Forum
 Linda Duthie, Public Health Manager, on behalf of Susan Webb
 Nigel Firth, Equality and Diversity Manager
 Jenny Gow, Public Representative Lay Member
 Laura Gray, Director of Corporate Communications and Board Secretary
 Liz Howarth, Public Involvement Officer
 Fiona Mitchelhill, Patient Safety Programme Manager, on behalf of Linda Lever, Feedback Service Lead
 Dave Russell, Public Representative Lay member

ATTENDING:

John Tomlinson, Non-Executive Board Member – observing
 Jane Fletcher, Head of MH&LD Services
 Dr Tharaka Gunarathne, Consultant Psychiatrist
 Russell Arthur, LRP Project Manager
 Catherine Cassie, Specialist Occupational Therapist
 Anna Rist, Public Involvement Officer
 Emma Berry, Public Involvement Officer
 Marilyn Elmslie, Communications Officer, Clerk to the Committee

No.		Action
1.	<p>Welcome and apologies</p> <p>The Chair welcomed everyone to the meeting and introductions were made around the table.</p> <p>Apologies were intimated on behalf of Paul Allen, Louise Ballantyne, Professor Amanda Croft, Cllr Isobel Davidson, Professor Nick Fluck, Fiona Francey, Caroline Hiscox, Rachael Little, Professor Louise Locock, Dr Lynda Lynch, Jonathan Passmore and Susan Webb.</p> <p>Amy welcomed Jenny Gow to her first meeting as Public Representative and John Tomlinson a new Non-Executive Board member who attended to observe.</p>	

2.	<p>Minute of the meeting held on 21 November 2018</p> <p>Kim Cruttenden asked for an additional sentence to be added to the second last paragraph of item 4.1 clarifying that the “discussion would be to discuss the potential harm associated with medicines use as they are the biggest single healthcare intervention.”</p> <p>With this change noted and actioned the minute was approved.</p>		
3.	<p>Matters Arising</p> <p>Biographies of Committee members</p> <p>Not all Committee members have responded to the request for a short biography. A reminder will be sent. The full set will be made available for the next meeting on 15 May.</p>		Marilyn Elmslie
4.	<p>Project updates – involvement and engagement activity</p>		
	4.1	<p>Mental Health and Learning Disability Service</p> <p>Jane Fletcher commenced by thanking the Committee for providing an opportunity to present an overview of the projects within MH&LD services which have benefitted from having involvement and engagement with the public, staff, patients, carers and third sector organisations. Opportunities for Committee members to ask questions would be taken at the end of the presentations.</p> <p>4.1a The Child and Adult Mental Health Service Redesign and Relocation Project</p> <p>Dr Tharaka Gunarathne explained that CAMHS provides a service for children and young people from birth – 18 years including learning disabilities and was previously delivered from 4 separate sites by 3 separate teams. An organisational redesign process was followed which involved extensive consultation and engagement. A series of workshops was arranged to capture feedback from staff on how the future of the service could be improved and to produce a Vision, Purpose and Mission. The aim of the transformational redesigned service is to provide a regional CAMHS Centre of Excellence under one roof.</p> <p>The Scottish Government has provided £1million funding to provide accommodation for the Centre at the refurbished Links Unit at the City Hospital. Service</p>	

		<p>user engagement has influenced colour schemes, furniture, amenities and branding. Engagement with staff has been utilised in the design development within clinical and office space which will create a therapeutic and safe environment. It is anticipated that the Centre will be open and functional by Summer 2019.</p> <p>Dr Gunaratne stated that colleagues from the Public Involvement team had fully supported all workshops and meetings and were to be thanked for all advice and support provided.</p> <p>4.1b The Adult Mental Health and Learning Disability Review</p> <p>Jane provided a brief overview on the strategic review commissioned by NHS Grampian, the Integration Joint Boards and stakeholders to look at the service going forward. Recruitment issues impact on how the service can be provided therefore restructure and considerations around regional working are required. Many service users are treated in the community. Three workshops have been arranged, the first on 15 March. The findings from these workshops will influence the overall plan which will be produced by October and presented to the NHS Grampian Board.</p> <p>4.1c Ligature Reduction – Evaluation Report</p> <p>Russell Arthur explained that the Ligature Reduction Programme (LRP) involves the renovation of the Acute Admission wards in Royal Cornhill Hospital which followed an Improvement Order from the Health and Safety Executive (HSE). The project aims to create an improved physical environment within the inpatient wards, and will achieve a more contemporary therapeutic and safer environment for the patient and staff experience.</p> <p>£1.45M has been invested in Huntly ward to eliminate – where possible – ligature points in areas where patients may be at risk of suicide or self harm.</p> <p>The remaining Acute Adult Admission wards at Royal Cornhill Hospital, along with at Dr Gray’s Hospital in Elgin will be refurbished over the next 2 years.</p> <p>A range of engagement and involvement activities were used with patients, families, carers and staff</p>	
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		<p>prior to the move of patients to the refurbished ward. The establishment of an Engagement Sub Group was found to be extremely useful and will continue throughout the life of the project. The evaluation of the effective engagement report was provided for the Committee members.</p> <p>The HSE have returned to Huntly ward since the renovation to undertake a follow up inspection and commented that the service has set the National Benchmark in balancing a safe and therapeutic environment.</p> <p>Russell finished by also commending the Public Involvement team for their continued support of the programme.</p> <p>4.1d OT Services Project – Evaluation Report</p> <p>Catherine Cassie noted that the Occupational Therapy Service at Royal Cornhill Hospital was keen to undertake a review of the service and to gather a comprehensive understanding of how patients viewed the service which could inform future service planning and delivery.</p> <p>Public Involvement support was provided by Liz Howarth and also Gordon Edgar, Service User and Carer Involvement for Aberdeen City Health and Social Care Partnership. They formulated a process which would allow patients, families and carers to contribute to the design of the questionnaire which would be used to gather patient feedback during OT week in 2018.</p> <p>Patients commented on how much they appreciated the opportunity to share experiences and felt their contributions had been valued. The information gathered is being used to demonstrate and promote the value of the OT service and has increased motivation for the OT team.</p> <p>Catherine quoted from a patient who valued the OT service and who was delighted to be ‘back on the bus – independence which I greatly appreciate’. This feedback confirms that the service is well received.</p> <p>The team has produced an ‘Involving Patients in your Service Review’ template which is available to other health professional teams to provide a framework to</p>	
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		<p>use when gathering views of their service or area.</p> <p>Catherine finished with thanks to Liz and the Public Involvement team for the valued support and assistance during the process.</p> <p>4.1e Social Media, Feedback and Care Opinion themes received about CAMHS and MH&LD</p> <p>Jane talked through various statistics on Feedback, posts on NHS Grampian social media pages and Care Opinion about Mental Health Services. Complaints are important to address and for the service to receive learning from the outcome. Treatment, staff attitude and environment are the issues which receive the most positive and negative comments. Care Opinion posts were mostly non critical and the most viewed story had received over 10,000 views and was posted by a service user complimenting staff and the treatment received at Brodie ward.</p> <p>The Chair thanked Jane and the team for the informative presentations and allowed the Committee members to ask questions and comment.</p> <p>Laura Gray commented that engaging with Learning Disability patients could be challenging and asked about how the team approached engagement with this patient group. Jane stated that the service encouraged more one to one engagement and that documents and questionnaires were designed with pictorial content.</p> <p>Dave Russell enquired whether the service involved carers as many patients don't recognise that they have mental health issues. Jane replied that the role of the carer was very important and with the patient's consent staff are encouraged to engage with carers.</p> <p>Katie Banister commented that the results of the engagement were extremely valuable and would encourage other services to follow. Russell Arthur confirmed that due to the successful feedback on the Ligature Reduction Programme within Mental Health Services other areas within the Acute Sector are looking to work with him to address issues relating to ligature reduction.</p> <p>Kim Cruttenden enquired whether staff within schools</p>	
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		<p>are trained to recognise mental health issues. Jane replied that the service works closely with schools and there are many voluntary and third sector organisations who provide advice. She noted that the service has to keep up to date with the influences of young people to better understand their concerns i.e. social media. The CAHMS service move to the Links Unit will ensure that the health service staff can engage in formats that young people are more comfortable with.</p> <p>The Chair thanked Jane and her team once more and encouraged the service to keep the Committee informed on current priorities and plans going forward.</p> <p>Jane noted the Committee's thanks and reiterated that the service was most grateful to the Corporate Communications team for all advice, support and assistance received.</p>	
5.	Equality and Diversity		
	5.1	<p>Equality and Diversity Report</p> <p>Nigel Firth gave a rundown of the report which had been previously circulated.</p> <p>Equality and Diversity Training Seminars 11 Equality and Diversity Training Seminars have been provided since the last EPC meeting. Dave Russell enquired if the training could be accessed by locums, contract staff etc. Nigel confirmed that locum and Bank staff could book places at the training through the TURAS Learn System. He was not aware of contract staff requiring access.</p> <p>Impact Assessments Several policies, strategies and documents have been Equality and Diversity Impact Assessed to ensure compliance with legislation. A further seminar to train additional assessors was held on 15 February 2019.</p> <p>LGBT The Stonewall charity provides advice to Health Boards on LGBT matters through an arrangement made by NHS Scotland. Nigel noted that the recent NHS Grampian Workplace Equality Index (WEI) submission had been well received. The feedback obtained in January 2019 stated: "NHS Grampian has gone up 14.5 points and 24 places which is a testament to all the work you've put</p>	

		into the index and championing LGBT equality.” He noted that not all Health Boards completed the WEI due to the complexity of the questionnaire. A Video Conference with Stonewall staff has been arranged for 1 st April 2019 to obtain further detailed feedback.	
	5.2	<p>Face to Face interpreting and translation report</p> <p>Nigel presented a report on activity from 1st April to 31st Dec 2018. Key points included were:</p> <ul style="list-style-type: none"> ➤ 2,148 interpreting requests. A reduction of 12.4% from 2017.# ➤ 97% of requests met. For the requests that could not be met the Language Line telephone interpretation service was used instead.# ➤ Feedback forms are available to staff, patients and interpreters. Feedback received is generally positive.# ➤ There are 6 commonly requested local ethnic languages which accounted for 91% of all requests although a total of 29 different foreign languages had been requested.# ➤ The interpreters have given valuable support to the New Syrian Scots relocated to the North East. ➤ 69 translation requests had been received with Polish and Arabic being the 2 main languages requested. ➤ Where possible NHS Grampian source pre-translated general health care information from NHS Health Scotland and other NHS sources which can be obtained free of charge. <p>Katie Bannister enquired if information was available for people with sight impairments. Nigel confirmed that information was available in any format such as large print, audio, pictorial/accessible, or language and NHS Grampian adhered to the RNIB guidelines.</p>	
	5.3	<p>Language Line Usage Report</p> <p>Nigel presented a report on Language Line usage for NHS Grampian and the three Health and Social Care Partnerships from Jan to Dec 2018.</p>	

		<p>There were now 1,059 access points across Grampian, each equipped with an Access Kit and there were staff trained in its use at each location. The service was a valuable supplement to the face to face interpreter service but did not replace it. It was an essential tool for healthcare staff to use to ensure effective communication when health and social care was provided.</p> <p>A summary of the usage figures showed that there has been a slight decrease in calls to Language Line compared to 2017. Polish was the language most requested but demand for other ethnic languages remains strong. Feedback from staff and patients using the service continues to be positive.</p> <p>In conclusion Language Line works well and is popular with patients and staff. It is cost effective and an easy to use communication tool.</p>	
	5.4	<p>Evaluation of Equality and Diversity Seminar</p> <p>Nigel noted that all new and existing staff was required to attend an Equality and Diversity Training Seminar at a level appropriate to their role. The training remained valid for 5 years. Every fifth Seminar was evaluated by the participants who were invited to complete a Feedback form. Nigel had produced a report for the EPC members on the evaluation received from a Level 2 Seminar held in January 2019. All of the comments were complimentary and the course content was found to be valuable, interesting, stimulating and educational.</p>	
	5.5	<p>Socio-Economic Duty (Fairer Scotland duty) January 2019</p> <p>The socio-economic duty of the Equality Act 2010 was brought into law in Scotland in April 2018 by means of legislation called the Fairer Scotland Duty. All Health Boards were required to ensure that their major decisions and actions were designed to reduce the inequalities of outcome which result from socio-economic disadvantage. To achieve this, each major decision/option required to be Health Impact Assessed using the full EQIA methodology. A number of Impact Assessors have been fully trained to carry out these assessments to ensure compliance.</p> <p>The Chair thanked Nigel for all the detailed Equality</p>	

		and Diversity reports.	
6.	Feedback		
	6.1	<p>Feedback report</p> <p>Fiona Mitchelhill attended the meeting to present the report which had been prepared by Linda Lever. This was the first report prepared by Linda following the realignment of the Feedback Service to Quality Governance and Risk unit. Fiona talked through several of the statistics within the graphs. Discussions followed on the actions taken place as a result of complaints received and it was confirmed that the expectation was that the service which received the complaint had to ensure that they made the improvements/actions etc.</p> <p>The Chair noted that the sharing of the lessons learned should be available throughout the organisation to ensure lasting change.</p>	
7.	Internal updates		
	7.1	<p>Public Involvement – activities and evaluation</p> <p>The Public Involvement Team Projects updated template provides information on every project the team are working with. Several only require light support but many of them have a need for active engagement and involvement. Liz Howarth highlighted several of the projects including the successful Come Dine With Me event arranged for members of the public to provide feedback on the food prepared for patients.</p> <p>Dave Russell requested the projects flagged as having concerns should be invited to discuss their projects to future meetings of the EPC. Action</p>	Louise Ballantyne
	7.2	<p>Media Report Nov to Dec 2018</p> <p>Laura Gray talked through a variety of the headlines and issues which were prevalent from November to December.</p>	
	7.3	<p>Social Media Reports</p> <p>The reports provided an overview of the social media activity from the NHS Grampian Facebook and Twitter accounts. Laura reiterated that the small e-Communication team is core to the Corporate</p>	

	Communications Department and that social media activity continues to increase and was an integral way of communicating with the public.	
8	<p>Report to NHS Board</p> <p>The Chair confirmed that a report on a selection of the subjects discussed at the meeting will be provided to the NHS Grampian Board. It was agreed that the report would include:</p> <ul style="list-style-type: none"> ➤ Mental Health and Learning Disability Service ➤ Equality and Diversity ➤ Public Involvement team 	Laura Gray
9.	<p>Any other Competent Business</p> <p>Laura Gray noted that the Older People in Acute Hospital report published by Healthcare Improvement Scotland (HIS) following an unannounced inspection at ARI had a number of positive comments but it had reported a weakness in completion of documentation and also highlighted that inspectors were unable to speak directly to a patient representative. As this was an unannounced inspection it is not always easy to have a patient representative available. It has been agreed to discuss with HIS that for future unannounced inspections the possibility of speaking to a representative the next day or on the telephone.</p> <p style="text-align: right;">Action</p>	Laura Gray
10.	<p>The next meeting of the Committee is on Wednesday 15 May at 10.00am in the Conference Room, Summerfield House.</p> <p>Future dates for 2019:</p> <p>10am on Wed 21 August in the Conference Room, Summerfield House</p> <p>10am on Wed 11 December in the Conference Room, Summerfield House</p>	