

Involving People Steering Group

Approved Minutes of Meeting held August 28th 2006

2pm – Boardroom, Golden Jubilee National Hospital

PRESENT:

Hilary Mounfield	HM	<i>Lay Member (Chair)</i>
Birgit Clark	BG	<i>Rehabilitation Manager</i>
Lindsey Ferries	LF	<i>Director of Human Resources.</i>
Jayne Henry	JH	<i>Nurse Manager 2 West & 3 West</i>
Paul Hogg	PH	<i>Estates Representative</i>
Roisin Houston	RH	<i>Training and Development Manager</i>
Nada Kadim	NK	<i>Involving People Facilitator</i>
Liane Kelly	LKE	<i>Clinical Effectiveness Facilitator</i>
Eleanor Lang	EL	<i>Nurse Manger 3 East</i>
Eileen Newman	EN	<i>General Manager, Beardmore Hotel</i>
June Rogers	JR	<i>Director of Business Development</i>
Sandie Scott	SS	<i>Head of Communication</i>
Mark Swatton	MS	<i>Clinical Governance Manager</i>
Catherine Thomson	CT	<i>Out Patients Manager</i>

APOLOGIES:

Carole Anderson	CA	<i>Employee Director</i>
Shona Chaib	SC	<i>Director of Nursing</i>
Liz Kelly	LK	<i>Information Governance & IT Security Officer.</i>
Paul Mathews	PM	<i>Staff Side Representative.</i>
Maureen Nugent	MN	<i>Chief of Clinical Nutrition.</i>

ABSENT:

TBC *Finance Representative*

MINUTES:

MS *Mark Swatton*

The meeting commenced at 14:00pm

(1) Apologies. Noted as above.

(2) Approval of minutes from last meeting (11/05/06).

The minutes were approved for accuracy.

(3) Matters arising.

I. Resourcing Issues Update

LF noted that the meeting with NHS 24 to discuss proposals for using joint resources had taken place on the 18th of May. MS, NK and herself had attended. It was agreed that GJNH and NHS 24 will work together regarding training, impact assessment and

spiritual care resources. MS noted that he and NK were already jointly working with the NHS24 Equality and Diversity lead on some issues with good outcomes.

Action: Steering group to be updated on progress at future meetings.

- II. **Translation Issues.** SS noted that work was ongoing in updating and reviewing the translation policy.

Action: Reviewed policy and updated arrangements to be taken to next meeting of steering group in December 2006.

- III. **Update on Communication Tactics with Deaf People**

NK noted that four training sessions had now taken place. Due to the success of these sessions a verbal application for another grant to fund further sessions has been made to NHS NES and that negotiations were underway to increase the variety of courses available to include communicating with blind people. NK further noted that several people involved in providing the first rounds of training had expressed an interest in supporting further training on a voluntary basis. HM noted the importance of communication training and stated that more in house training should be made available.

Action: NK / Training and Development Manager to continue negotiations regards development of further training both through NES and locally developed schemes.

- IV. **Introducing a Comments & Suggestion Scheme**

MS noted that the roll out of the scheme was planned for October 2006 and will be called '*Speakeasy*'. SS noted that the scheme will give staff, patients, carers and the public an opportunity to comment on anything they feel is relevant to GJNH, this can be done anonymously if preferred. There was general discussion amongst the group with regards to delivery of the scheme. All present noted support for the scheme.

Action: Update on scheme to be provided at next meeting.

- V. **Cardiac Diary Update**

LK advised the group that, after discussions within the Clinical Governance and Risk Management Development Unit, the start date for this project had been postponed due to time and resourcing issues. The new planned start date will be April 2007. EL advised that this date may have to be revised as Cardiac surgery patient numbers may be low during the summer period, as they have been this year. It was agreed that careful consideration would be given to the re launch of this project.

Action: Involving People Action plan to be adjusted to take into account new commencement date. Update to be provided to group as appropriate.

VI. Orthopaedic Diary Update

NK stated that an initial meeting with the clinicians from orthopaedic team had taken place and some changes had been made to the diary. NK noted that the next step is to meet with the other staff supporting orthopaedic activity to get their input. Once this meeting has taken place and the main structure of the diary has been decided a draft diary will be circulated for comment.

Action: NK to arrange second meeting and revised circulate draft diary. Update to be given at next IPSG meeting

VII. Involving People Consultation Update. MS noted that the consultation for this strategy was drawing to a close. He note the strategy had been made available to all Boards in Scotland for comments during August and was also under review from the Scottish Health Council. (SHC) He noted a consultation meeting was being held with members of the boards Focus group for a lay perspective on the document. MS noted comments thus far had been favourable although comments had been made on the capacity required to deliver the strategy. MS noted that this document had been used as a working for the past 6 months and although would be ratified in September at the Board would effectively continue to evolve and be refined in the coming 12 months and beyond. HM note she felt this was a robust document and gave the group a firm foundation from which to build and develop its agenda.

Action: MS to take to CGC September 5. HM to table at Board.

VIII. Spiritual Care Update

LF advised that CT and herself had interviewed for the Spiritual Care Advisor post last week. The position will be a joint post with NHS 24 and will initially be for 12 months. An experienced candidate has been appointed and has an anticipated start date of mid October 2006.

Action: Spiritual care advisor to be invited to join group.

(4) Developing capacity to deliver training to support delivery of involving people strategy - Resourcing Issues Update. MS tabled this paper and noted the progress that had been made. He noted that the paper was not a business case for training needs, rather designed to prompt discussion around the way forward and to consider a number of options to develop capacity to deliver key areas of the agenda. There was robust discussion amongst the group about the options and how they should be progressed. It was decided that the following actions should be delivered:

- i. A business case should be progressed with regards adopting an e health package for all staff to complete which will link to appropriate dimensions in the KSF. NK to arrange demonstrations.

- ii. Conduct a needs analysis to inform a business case to develop capacity to deliver Equality and Diversity Workshops for key staff groups.
- iii. Develop awareness sessions to support impact assessment process.

(5) Disability Equality Scheme Update

MS informed the group that a meeting of the Disability Equality Steering Group was scheduled to take place on Wednesday 30th August. Six people that attended the recent disability update will be joining this group and will assist in drafting the scheme. An initial draft of the scheme will be discussed at this meeting and a second meeting will take place in late September to develop further objectives. After this second meeting, which will set objectives for the scheme an open meeting will be convened to which senior managers will be invited to discuss actions.

Action: MS to keep group updated on progress by e-mail during the next few months during the development of the scheme.

(6) Patient Satisfaction Update

NK stated that a draft template for future reporting of the patient satisfaction surveys has been distributed to key staff members for comment. NK asked the group for advice on how they would like the results presented. The following suggestions were made:

- A mix of quantitative and qualitative feedback would be preferable.
- Some qualitative feedback for patient noticeboards, highlighting key patient comments and what actions were completed as a result of these comments.
- Layout and wording should be plain English so that patients and the public can easily understand the reports.
- An initial draft report should be circulated for comment.

SS further noted that compliments and comments that are received through the surveys should be highlighted in the staff magazine.

Action: NK to draft report and circulate for comment, update to be given at next IPSP meeting.

(7) Involving People Strategy

MS firstly thanked everyone that had input/commented on the strategy document and asked if anyone had any further comments. LF asked if a sentence on page 9 relating to the NWTCCB recent history could be re-worded, MS agreed to do this.

MS noted that the document would be taken to the Partnership Forum and Clinical Governance Committee (CGC) for approval. HM further noted that this was a significant piece of work that warranted broader exposure and that she was happy to discuss progress at the next Board meeting.

Action: MS to change wording on page 9 and take strategy to CGC. Update to be given at next IPSG meeting.

(8) Policy Review

I. Advocacy Policy

MS presented this policy to the group and the following points were raised:

- HM stated that the document was vastly improved from the initial draft
- The group clarified that there was no need for a flow diagram in the policy as it was now easier to understand. However, BC noted that a flow diagram may be useful for patients.
- LF asked if we have evidence of advocacy use from last year. MS confirmed that no patients used the service last year although an audit and survey was planned for early 2007 to review usage of the scheme.
- SS stated that once the policy was approved it would need a major launch.

Action: MS to liaise with SS regards publicity for policy on its formal launch

II. Volunteering Policy

MS presented this policy to the group. He noted That the policy had been some time under development although delayed after advice from a number of sources including the SHC and HM. MS noted the key adjustments to the document including introduction of roles for volunteers. The group discussed the policy and agreed that it should be subject to a 6 month pilot to test the robustness of arrangements but otherwise approved it.

Action: MS / NK to progress delivery of the policy and provide updates to group.

(9) Involving People Annual Report. MS introduced this report. He outlined the structure and content and highlighted key points including policy and strategy development, organisational changes to support the agenda and key areas of good practice. It was agreed that whilst the report showed encouraging progress across the majority of the agenda, the introduction of the involving people strategy highlighted how much more was still required.

(10) QIS Learning Disability Best Practice Statement

LK presented this paper to the group and noted the following points:

- EL and LK had completed the self-assessment tool found in the recently published QIS Best Practice Statement.
- The paper notes current practice in GJNH and makes recommendations on where improvements could be made in line with QIS guidelines.
- The recommendations from this self-assessment should be incorporated into the wider Involving People action plan.

Action: Comments on the paper to be sent to LK. LK to discuss incorporating recommendations into IP action plan with MS.

(11) Scottish Health Council Report on NWTCB Performance against PFPI Standards. MS noted that the full report had been embargoed until the day of the meeting and for this reason could not be tabled sooner. He noted that the report had been more negative in its tone than was anticipated although a lot of progress had still been highlighted. MS noted he was due to meet with the SHC to discuss the self assessment process and would report back to the group on the outcome of this meeting.

(12) AOB

I. Health Minister visit (28th August 2006)

NK noted thanks to SS and JR for their assistance in organising the meeting between the Health Minister and a group of GJNH patients.

II. Lay Members

NK asked the group for clarification when lay members would be invited to the next IP SG. The group confirmed they should be invited.

Action: MS to ensure lay members are invited to next IP SG meeting.

III. PFPI Meeting

NK informed the group that a PFPI meeting is scheduled to take place on the 7th September 2006 in the Beardmore Hotel. NK is giving a presentation on good practice at this meeting and asked the group to contact her if there was anything they would like added into this presentation.

Action: Group members to contact NK if anything is to be added to presentation. NK to give feedback on event at next IP SG meeting.