East London **NHS**

NHS Foundation Trust

Minutes of Meeting
People Participation Committee

Date:	15 December 2016	**Time:**	2:00 - 4:00 pm	**Meeting No:**	
Location:	Boardroom, Trust HQ, 1st Floor, Alie Street, London, E1 8DE				

Chair:	Marie Gabriel, Trust Chair
Minute taker:	Elizabeth Holford, Bank Corporate Minutes Taker

Present		
Name	**Title**	**Initials**
Marie Gabriel	Trust Chair	MG
Leigh Bell	PPL Lead Newham	LB
Paul Binfield	Head of People Participation	PB
Peter Bruton	Service User Representative	PBr
Zara Hosany	Trust Governor	ZH
Jenny Kay	Non-Executive Director	JK
Sandra Porter	Service User Representative	SP
Eddie Rose	Service User Representative	
Rubina Shaikh	PPL - Bedford	RS
Alan Stratton	PPL – Children's Services	AS
Graham Savage	PPC & Service User Representative	GS
Alan Wallace	Committee Member WTG, Volunteer	AW
Jonathan Warren	Director of Nursing	JW

Apologies		
Name	**Title**	**Initials**
Navina Evans	Chief Executive	NE
Daniella Palmer	*tbc*	DP

All parties should note that the minutes of the meeting are for record purposes only. All concerned should note any action required during the course of the meeting and action carried out without waiting for the issue of the minutes (normally XX days prior to/after the meeting).

Action Decision Template

Meeting title: People Participation Committee	Date: 15 December 2016

PROCEEDINGS		
Item No	**Agenda Item**	**Responsibility**
1.	**Welcome and apologies for absence**	MG
	MG welcomed those attending, and noted apologies as above.	
2.	**Minutes of last meeting held on 20th October 2016**	MG
	The minutes of the meeting held on 20th October 2016 were agreed as a correct record subject to the following corrections: Page 3 Item 4 – the 2nd bullet point should read 'Mental Health Champion'.	
3.	**Matters arising (not elsewhere on agenda)**	ALL
	The following matters arising were discussed and actions agreed: Item 7 'Stigma and what we are going to do about it': Agreement has been received from Hackney, Newham and Tower Hamlets to start training their workers. Input in Luton and Bedfordshire is gradually being built up. Item 8 'Volunteer Update' A service user reported that conflicting (both positive and negative) comments had been received re: the implications of undertaking voluntary work. **Action:** **Clarify the implications for service users of undertaking voluntary work**	PB
4.	**How do we measure change (to services and to people getting involved) made via People Participation**	All
	PB opened the discussion. The main points to note were as follows: • Assurance is needed, for external audit purpose, on the impact of service user involvement initiatives (changes to staff attitudes for example, following service user involvement in staff training). • At present there is a lack of adequate information on how involvement affects approaches, experiences and outcomes. • The challenge is to determine how the impact of the work of the People Participation Committee can be measured. • A proposal has been developed to seek academic money for	

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	research.	
	The Chair, Marie Gabriel stressed the following:	
	• The People Participation Committee is a Committee of the Board and therefore has responsibility to assure the Board that it is engaging service users to good effect.	
	• Other Committees have clear measures: for example, the Workforce Committee presents figures on staff turnover.	
	• Equivalent measures of the impact of service user involvement are needed to create a performance report. This may include numbers (such as number of interviews with a service user on the panel) and qualitative information.	
	• The People Participation Committee brings together voices from various locations and interest groups and may wish to may wish to consider the impact of its strategy.	
	Questions, comments and suggestions were as follows:	
	• Previous audits have shown the positive impact of involvement on service user confidence and 'finding a place in the world'.	
	• There is a CCG contract covering service user engagement.	
	• The Options Group, Partnership Group and 'Temperature on ward' initiative show that it is very difficult to isolate what actually led to positive changes.	
	• Although ELFT has a record of service user stories, the initiatives that made a positive difference are not routinely recorded. (IT company example referred to).	
	• Newsletters are a good source of information that could be collated and synthesised.	
	• Directorate leads often talk about initiatives they have implemented – this is a further source of information.	
	• Service users influence the commissioners and universities but there is not yet a systematic record of this.	
	• Where gaps are identified in other performance reports, service user involvement could be reviewed (as is happening with complaints – two service users are involved in writing complaint responses).	
	It was agreed that:	
	• There is consensus ('a definite yes') that the People Participation Committee will measure the impact of its strategy.	
	• In the first instance measures will relate to 10 areas for which information is already available (no 'new industry' will be created).	
	• Service user involvement in Quality Improvement is one area which will be covered.	
	• The nine 'Trust Wide Working Together Priorities' came from an awayday and cannot be changed without reconsulting, but it would be possible to prioritise three or four of them for measurement.	
	• The option of developing a dashboard should be considered.	
	• The number of service users who carry out involvement activity	

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	should be reported as a minimum first step. • JW and PB will meet and develop a proposal for measuring the impact of the work of the People Participation Committee and report back.	JW/PB
5.	**Trust Wide Working Together Away-day Update**	PB
	PB introduced the report. The main points to note were as follows: • The priorities (developed in conjunction with each 'Working Together' Group) were agreed by the Service Delivery Board (SDB) on 14 December 2016. • It was agreed by the SDB on 14 December 2016 that a reporting structure would be developed, so that reports on progress in implementing the priorities would flow sensibly through the organisation and enable any problems to be identified at an early stage. Questions, comments and suggestions were as follows • Some priorities (such as achieving a true recovery-focussed service) are wide ranging and difficult to measure. • Process measures, such as use of recovery CPA, may be a good starting point, as would audit of service user involvement in care plans. • The national quality survey could be drawn on. • Volunteers are needed re priority 9 – ward rounds. The first step on the ward round work will be a 'scoping exercise' – reviewing what is happening now and what needs to change. • Staff agree that ward rounds do not work entirely well and some wards are trying alternatives (partly due to availability of consultants). The acute sector is piloting models that may be applicable – such as daily triage and a 'huddle' concept. • Service users felt that wards rounds can feel intimidating and a friendly approach where people don't feel they need to defend themselves would be better. If people are emotional they cannot express their real needs. • A QI approach would be valuable in tackling ward rounds, with reports to the SDB so that connections with Directorates are made well. • It may be that a smaller meeting, focused specifically on ward rounds, should be held. • Existing feedback from service user quarterly visits to wards is a source of information. • Work is taking place in Bedfordshire, with three Working Together Groups established. There has been some confusion amongst service users re different groups. These existing groups will meet three more times then come together as with this Patient Participation Committee. • Language and common understanding of terms such as 'ward round' is paramount (e.g. many people, such as chaplains go round visiting wards)	

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6.	**CQC Work Plan**	JW
	JW introduced the report. The main points to note were as follows:	
	• Although rated outstanding, ELFT has 60 actions to complete, varying in magnitude. (For comparison, North East London NHS Foundation Trust has over 120 actions).	
	• It was proposed to the CQC that the focus initially should be on the 'high impact' actions, but the requirement is to begin to implement the whole range of actions.	
	• There are four 'must do' areas which will be 're-inspected' in a further visit by the CQC. Service user input to this second visit will be valuable.	
	• The 'must do' areas are:	
	▪ Forensic services – tagging	
	▪ Forensic services, learning disability ward – change alarm system (funding is available and contractors awaited)	
	▪ Learning disability services, The Coppice – care plans are not of sufficient quality.	
	▪ District Nursing service – record keeping.	
	• Progress with action has been good.	
	• JW will send a copy of the progress report to the CQC.	Interested service users
	• Service users interested in being involved in implementing the CQC Work Plan to let Jonathan Warren know.	
	• In future, the CQC will make smaller, unannounced visits.	
	Comments and clarifications were as follows:	
	• Some 'should do' (as opposed to 'must do') actions are rated Red on progress. An eye should be kept on these.	
	• ELFT staff feel positive about the action plan, wishing to provide an outstanding service (though there are some reservations re electronic tagging).	
	• Service users highlighted that high quality services require good resourcing.	
	• Beds in Luton were noted to be a possible area where resources are insufficient.	
7.	**Orlando Service User Film**	PB
	MG , PB and NE reported verbally on the Institute for Healthcare Improvement annual winter summit event in Orlando, to which ELFT had been invited as strategic partner. The Service User film shown in Orlando, was screened.	
	The main points to note from discussion and comments were as follows:	

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	- The Orlando event provided an important stimulus to think about year ahead – for example, how ELFT will implement its recovery focus. - ELFT delivered a whole day of training on implementing a QI system. Benefits of service user involvement and staff engagement were promoted - NE took part in a Chief Executives' leadership event. - Links were made with organisations doing innovative work on community healthcare and with colleagues from Denmark. - The film made by ELFT, of service users talking about their experience of involvement, was shown in Orlando and much applauded. (40 minutes-worth of filming had been done and edited down to 11 minutes). Twitter comments on the film were very positive. - Members of the People Participation Committee similarly had very high praise for the film and the powerful and encouraging testimonies from service users. MG congratulated those who took part. It may be possible to obtain funding for service users to attend in person next year (it should be noted, however, that the event is hard work – and cold!). - It was evident that ELFT is very well known internationally. By co-incidence, the relative of a service user cared for by ELFT happened to be at the conference and spontaneously stood up to sing the praises of ELFT.	
8.	**Christmas Thank You**	MG
	MG expressed deep thanks to service users for the huge difference service users make – involvement is the 'heartbeat' and 'lifeblood' keeping the organisation in good health. ELFT is proud of its service users. Festive refreshments, provided as a small token of gratitude, were enjoyed by all.	
9.	**Discussion of future topics**	MG
	MG led discussion to determine topics that the People Participation Committee would focus on in 2017. It was agreed that the following topics would be worked on: - The 'Trust Wide Working Together Priorities' - Children and Young People (presentation by Alan Stratton in March 2017) - DLR Update (MG thanked a service user for the great effort made to attend driver refresher training).	AS
10.	**Any Other Urgent Business**	ALL

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	a) <u>Board Committee Exception Report</u> MG explain that as a sub-committee of the Board, the People Participation Committee provides a report to the Board summarising key points and challenges that it should be aware of. It was agree that the next exception report should include the following: - Trust Wide Working Together Priorities - How the People Participation Committee will measure the impact of its work. - The success of the Orlando service user film. - Work progressing on ward rounds. b) <u>Making meetings less London-centric</u> JK raised this issue and the following suggestions were accepted: - Use a video link to Luton and Bedfordshire. - NED(s) to attend Luton and Bedfordshire local people participation meetings (as happens with the Mental Health Law Committee). c) <u>Publicising ELFT's people involvement work</u> PB advised that he is approached by Trusts interested in ELFT work. This raised the question on how ELFT's methods and successes should be shared. It was agreed that: - A communication plan should be drawn up, itemising the audiences to be reached, what they would be interested in and the best communication channels to use (e.g. videos, word of mouth, newsletters or academic publications, depending on the audience.)	SG/PB
11.	**Agenda Items for Next Meeting**	ALL
	Agenda items for the next meeting were agreed as follows: - Child and Adolescent Mental Health Services. PB will to consider how to enable young to provide input. - Feedback on measurement	
9	**Date of Next Meeting**	
	2017 Meetings: 3rd Thursday of the month, 2-4pm Thursday 16th March 2017 Thursday 15th June 2017	ALL

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PROCEEDINGS		
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	Thursday 21st September 2017 Thursday 21st December 2017.	

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