

**Royal Edinburgh Hospital Patients' Council**

**RECEIPTS AND PAYMENTS ACCOUNTS**

**Year ended 31 March 2013**

**Charity No: SC021800**



**Royal Edinburgh Hospital Patients' Council**  
**Year ended 31 March 2013**

**Reference and Administrative Information**

**Charity Name:** Royal Edinburgh Hospital Patients' Council

**Charity Registration Number:** SC021800

**Contact Address:** Royal Edinburgh Hospital  
Morningside Terrace  
Edinburgh  
EH10 5HF

**Trustees:**

Our Charity Trustees at date of signing the Annual Report

**Shirley Gowers**  
**Ronnie Jack (to 26 November 2012 and from 22 July 2013)**  
**Albert Nicolson**  
**Kerry MacIver (from 28 January 2013)**  
**Alison Robertson**  
**Patricia Whalley**

Names of all other charity Trustees during the period 1 April 2012 to 31 March 2013

**Marc Davidson (to 28 March 2013)**  
**Tony Davis (to 26 November 2012)**  
**Eileen Hay (to 1 December 2012)**  
**Carol Manley (to 27 March 2013)**

**Co-opted Members:**

**Cathy Robertson**  
**Kerry MacIver (to 28 January 2013)**

**Independent Examiner**

**Alan Cunningham, C.A.,**  
Partner,  
Alexander Sloan  
Chartered Accountants  
1 Atholl Place  
Edinburgh  
EH3 8HP

**Bankers**

Bank of Scotland,  
426 Morningside Road  
Edinburgh  
EH10 5QF

# **Royal Edinburgh Hospital Patients' Council**

## **Year ended 31 March 2013**

### **Trustees' Annual Report**

#### **Structure, Governance and Management**

##### **Governing Document**

The Royal Edinburgh Hospital Patients' Council ("Patients' Council") an unincorporated charitable members' association governed by its constitution (Scottish Charity No. SC021800). The Patients' Council is an independent collective advocacy service for patients and former patients of the Royal Edinburgh Hospital and associated community mental health services. Every patient and former patient is a member of the Patients' Council.

The members of the Management Committee are the Trustees for the purpose of charity law.

The Trustees, who are themselves patients or former patients at the Royal Edinburgh Hospital (REH), are responsible for the strategic direction of the charity. The staff who operate the collective advocacy service are employed by an independent charitable agency, AdvoCard, a charity based in Edinburgh (Scottish Charity No. SC023181).

##### **Recruitment and Appointment of Trustees**

Members interested in joining the Management Committee are interviewed by the Office-Bearers to:

- inform them about Patients' Council work
- inform them about the roles and responsibilities of management committee members
- ensure their ability to fulfil the commitments
- identify any specific areas of interest they may have
- explain and sign the Patients' Council activist agreement

Prospective candidates are nominated and seconded by members of the Patients' Council at the AGM. Members present at the AGM elect up to 12 committee members. The same process is used to fill any vacancies during the year, with elections taking place at Patients' Council meetings, held every two months.

##### **Objectives and Activities**

###### **Charitable purposes**

- To promote the rights of patients and former patients
- To address concerns raised by patients and former patients about services
- To resolve these concerns by working jointly to encourage changes and developments in services with hospital staff and management
- To facilitate the representation of patients' and former patients' views and opinions to the hospital, to health service management and to statutory organisations, as appropriate
- To act as a link with other patient groups and networks locally and nationally
- To raise awareness of the views of patients and former patients and collective advocacy issues at training events, conferences and other forums.

# **Royal Edinburgh Hospital Patients' Council Year ended 31 March 2013**

## **Trustees' Annual Report (continued)**

### **Summary of main activities in relation to the objects**

Patient issues are brought to the attention of the Patients' Council in different ways. These include:

- Open Patients' Council meetings which are held every two months at the REH
- regular collective advocacy meetings held with patients on individual wards
- by letter, telephone or by calling into the office
- from individual advocacy staff
- distribution and collection of questionnaires
- direct personal experience of members

These issues are addressed and patient opinion expressed through:

- attending a wide variety of NHS review and development meetings in the REH
- attending consultation and networking events outwith the REH
- writing letters
- producing reports
- working directly with a range of staff

### **Achievements and Performance**

As we approach the end of monitoring period four (ends November 2013), the beginning of our work to deliver on the new contracts seems far away. In fact, twenty-four months have passed since we said goodbye to Care of Older People's Dementia Services, had changes and cuts to staffing and said hello to delivering the contracts in partnership with AdvoCard and Edinburgh Carers Council. We are pleased to report that, despite a loss in resources, we have kept pace with the demand for independent collective advocacy in the REH. This is in no small part due to our very dedicated team of volunteers. We have introduced new systems for collecting data and communication of information to volunteers and stakeholders. We have met the demand of a wide range of stakeholder consultations, focus groups, planning and strategy meetings, but we have not lost sight of speaking directly to patients and former patients. We regularly visit the wards and speak to patients. We find often it can be the small issues that make a big difference: getting time to talk to staff, having somewhere secured to keep your belongings, getting time off the ward, having regular meaningful activities. These issues can often pass by staff as they themselves meet the demands of a busy ward environment. As mentioned we participate in much bigger strategies and development work. As we are about to start on the next round of design workshops for the building of a new hospital we have been enthusiastic in supporting this work and feeding in patient opinion as much as possible. We continue to develop a strong partnership working with the REH staff while maintaining a critical eye on care and treatment and voicing the opinion of patients. Often, feedback is taken directly from patients and fed into strategic meetings. We have also assisted the NHS to carry out different patient questionnaires in rehab and acute wards with the goal to improve care and treatment.

### **What have we achieved during the period from April 2012 to March 2013?**

#### **Patients' Council Meetings**

Our continuing programme of guest speakers included an enlightening talk from Maxwell Reay from the Department of Spiritual Care, which helped us to better understand the huge value the Department of Spiritual Care brings to the patient experience. Merrick Pope, who runs the REH self-harm project, presented a two-day self-harm module on Napier University's mental health nursing course and offers training to REH staff on how

## **Royal Edinburgh Hospital Patients' Council Year ended 31 March 2013**

### **Trustees' Annual Report (continued)**

to help people who use self-harm (a coping strategy), with the aim of changing attitudes and improving the service people receive. Having asked people what would help them, the project now offers a range of activities including art therapy with Artlink, skin camouflage clinic, swimming group, support group, creative writing group and conversational French classes! These aim to improve self esteem/self confidence through skills development and/or offer emotional and practical support and information. For more information on these speakers and their work please download our newsletters from [www.rehpatientscouncil.org.uk](http://www.rehpatientscouncil.org.uk) or call our office.

Patients and volunteers heard about the work of the Volunteer Hub and had a chance to ask questions. Some of the issues we took to meetings with hospital staff included; patients needing better access to drinks on Acute wards; leaking cups on Meadows; challenges some patients face with contacting relatives when they are first admitted to acute wards; lack of opportunity to see your psychiatrist as an in-patient and the label you can be stuck with based on something in your notes that happened years ago.

#### **'Your file sets a precedent of how staff will work with you'**

After hearing patients discharged from REH may sometimes be de-skilled when it comes to preparing meals on a budget, one of our volunteers had the idea to invite Cathy Burns from the Sainsbury's Try Team who provided a fantastic demonstration of how to create simple, cheap and nutritious meals.

#### **Acute Wards**

We held regular collective advocacy meetings on acute wards and either fed issues directly back to the charge nurses for immediate action where possible or put them in minutes for a response. An issue which has been affecting all wards including acute has been a shortage of staffing. This has affected things like patients who need escorted pass and staff availability one to one on the wards. It only takes two or three patients to be on observation for this to have an impact on staff availability for doing other activities. We had a lot of feedback about the loss of socialisation money. This affected availability of activities on all the wards. There was concern that without this money, patients did not have as many opportunities to be meaningfully occupied which helps their recovery. There was not any money to get art, baking materials or coffee groups for example. We asked why the money was stopped and where the money was going. We asked questions about endowments money and asked for clarity on where this money is spent and what it is for. We heard stories of staff paying for materials out of their own pockets. Eventually the socialisation money was reinstated. Patients voiced concerns over lack of working secure storage for a long time. Secure storage was available but keys went missing. It could then take a long time to replace keys. The process of handling such a large number of keys was also difficult for staff to manage. Patients are discouraged to bring valuable items into hospital, but patients still needed some valuable items such as a mobile phone, jewellery or even items valuable to them such as photographs. Different solutions were suggested, but most were discounted as too difficult to put in place and manage. During a Patient Quality Indicators visit to Meadows ward, Norman Lee from Estates suggested key pad entry safes for each patient. We put that forward as a solution. Some staff had experience of working with them in other hospitals and said it worked well. We also found out North Wing already have safes and patients do use them. Consequently, safes were bought and fitted to all patient spaces on Acute wards.

#### **IPCU**

The first of our new series of planned collective Advocacy Meetings on IPCU went well. Issues raised included the ward feeling cold at times and we found out the temperature sensor had been damaged. Patients told us they are looked after and provided with extra heating and duvets if they need them. Concern was raised about lack of a whiteboard promoting activities and no artwork on the walls. There was not a clock which made it difficult for patients without a watch to tell the time. We were able to inform patients the ward was being redecorated and

## **Royal Edinburgh Hospital Patients' Council Year ended 31 March 2013**

### **Trustees' Annual Report (continued)**

these things would be replaced. We were also informed patients felt they could speak to a member of staff when they wanted to and were listened to. Patients said there was no recreational nurse. This was the case as they were off but were now back. Patients asked if a 'quiet room' could be made on the ward, but staff felt this would be difficult to 'protect' as the only available space would be off the main living room.

#### **Care Of Older People's Services**

We continued to visit Comiston ward and Eden ward on a monthly basis. Both wards wanted to install a computer for patients to use and a water cooler on Comiston ward. Patients noticed increased use of bank staff and occasional shortages of staff. This meant that sometimes there were not enough staff for home visits or escorted passes which was very frustrating for patients and could mean it takes longer before patients are ready to be discharged. Shortage of staff also limited the range of activities provided on the wards which leads to boredom. We found out staff recruitment was taking place and this was to alleviate the staffing situation in the next few months. The loss of socialisation fund money also had an impact and patients worried that this was going to affect, for example, the very popular current affairs group on Comiston ward. Patients were keen to improve the Comiston garden area. Patients were generally very pleased with Eden ward. Real efforts are being made to ensure patients receive the information they need. The ward started to hold weekly community meetings. Issues raised have ranged from the temperature of the water in the shower to updating ward leaflets, getting a payphone installed and frosting the windows overlooking Comiston's courtyard garden.

#### **We worked with the Wayfinder Project**

Our management were pleased to meet Michele Harrison, the new lead for the Wayfinder Project. Michele comes from a wide background of experience which most recently includes the learning and teaching team at Queen Margaret University. Michele met with different groups and staff to introduce and get to know them. Just before Wayfinder paused, several working group strands were identified. These were then taken forward. Our involvement continued with helping to develop mapping out the pathway and then being part of the implementation group. A Model where people have a cap on how long they are in rehab services was preferred. We supported the idea that the focus should be on moving people on. This raised questions about lack of services and resources in the community to support those patients not in hospital rehab services or moving on from long term care. We have asked to be part of the Public Social Partnership work which will work towards identifying need, planning and implementing the right support for people moving out of long term care in the hospital.

#### **CAMHS**

Parents at Forteviot told us they are full of praise for the service offered there for younger children. They particularly appreciate the non-judgemental approach of Forteviot staff. Staffing levels in the In Patient Unit are really important – boredom is often a problem for the young people and a good range of activities can alleviate this. Young people appreciated the provision of comprehensive and accurate information about their stay in the unit. Every young person should be issued with a mobile phone on arrival on the unit. We changed the way we work with young people attending the Day Programme to reflect changes in the way the programme is delivered and we had a meeting to discuss ways to support young people who are transferring to adult services. Staff in the In Patient Unit responded promptly to various issues raised in our collective advocacy meetings, including investigating computer access, assessing young people for short passes at admission and daily thereafter, making sports equipment more accessible, updating and improving information given to patients, responding to points raised about meetings with doctors, and identifying a more private venue for our collective advocacy meetings. Young people in the In Patient Unit were pleased that they were allowed to bring in their own laptop computers although they miss having internet access.

# **Royal Edinburgh Hospital Patients' Council**

## **Year ended 31 March 2013**

### **Trustees' Annual Report (continued)**

#### **Orchard Clinic**

These meetings continued to be held regularly. We really appreciate the support from Orchard Clinic staff in organising and holding the meetings. Issues included a request for staggered smoking breaks amongst different wards, and slightly later cut off for the last cigarette break shortening the 12 hours patients have to wait till their next cigarette.

#### **Napier**

The Patients Council continued to support the education and learning of student nurses through its direct involvement in teaching, as well as allowing students to visit and learn about the advocacy work and developments the Council is involved in. Recently, the partnership has developed and Edinburgh Napier University are one of the few universities in Scotland who can clearly demonstrate the range and level of involvement that service users have in the nursing programme.

This involvement is visible through the entire student journey and includes the following:

- Validating the nursing programme
- Developing the curriculum
- Reviewing modules
- Developing modules
- Evaluating the recruitment process
- Recruitment and selection of students
- Face to face teaching
- Assessing students' work

#### **A History of The Patients' Council**

A few of our members have written a history of the Royal Edinburgh Hospital Patients Council highlighting some of our activities from 2000 to 2011. If you would like us to send you a copy, please phone Maggie on 537 6462, or email us at [info@rehpatientscouncil.org.uk](mailto:info@rehpatientscouncil.org.uk).

#### **Patients' Council Management Committee Away Day**

Our Management Committee had their annual away day on 13 August. Our guest speaker for the morning session was Merrick Pope, who engaged everyone so much talking about her self-harm work at our Patients Council meeting that our members wanted more. Merrick didn't fail to deliver and covered many areas of her work such as the different forms self-harm can take and strategies which are used to help people manage self-harm. In the afternoon we looked at different examples of situations where boundaries may be challenged. The session focused mainly on how much our members should disclose to patients about themselves and their own experiences, where the boundaries are and how to maintain boundaries.

#### **Financial Review**

The grant from NHS Lothian to run the collective advocacy service is held by AdvoCard and is included in Advocard's Accounts along with expenditure on staff costs and management costs. Part of the balance of the grant is to be remitted to the Patients' Council and the 2012 payment is reflected in the 2012 Accounts of the Patients' Council. The Receipts and Payments Account to 31 March 2013 on page 9 shows a surplus of £670 which relates to the Unrestricted General Fund (2012: deficit of £4,333 as £5,355 due from AdvoCard for the year to 31 March 2012 was not paid until after that date).

**Royal Edinburgh Hospital Patients' Council  
Year ended 31 March 2013**

**Trustees' Annual Report (continued)**

Donated facilities and services

Accommodation and computer facilities are provided free of charge by NHS Lothian.

**Reserves Policy**

The charity's policy is to hold sufficient funds in reserve to ensure the charity's ability to fulfil its charitable objectives for at least three months.

**Statement of Trustees' Responsibilities**

The Trustees must prepare financial statements which give sufficient detail to enable an appreciation of the transactions of the charity during the financial year. The Trustees are responsible for keeping proper accounting records which, on request, must reflect the financial position of the charity at that time. This must be done to ensure that the financial statements comply with the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006. They are also responsible for safeguarding the assets of the charity and must take reasonable steps for the prevention and/or detection of fraud and other irregularities.

**Independent Examiner**

Following the retirement on 31 March 2013 of Isobel Gray, the charity's former Independent Examiner, as a Partner in Alexander Sloan, Chartered Accountants, Alan Cunningham, C.A., a Partner in Alexander Sloan, Chartered Accountants was appointed as Independent Examiner. The Trustees recommend that Alan Cunningham remains in office as Independent Examiner until further notice.

Approved by the Trustees and signed on their behalf:

**Trustee**

Date:

**Supported by: AdvoCard**

**Funded by: NHS Lothian and City of Edinburgh Council**

ROYAL EDINBURGH HOSPITAL PATIENTS' COUNCIL  
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Registered Charity – Scottish Charity No. SC021800



# Royal Edinburgh Hospital Patients' Council

## Report of the Independent Examiner

I report on the Accounts of the charity for the year ended 31 March 2013 which are set out on pages 9 to 12.

### Respective responsibilities of Trustees and Examiner

The charity's Trustees are responsible for the preparation of the financial statements in accordance with the terms of the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 ("2006 Accounts Regulations"). The charity's Trustees consider that the audit requirement of Regulation 10(1) (d) of the 2006 Accounts Regulations does not apply. It is my responsibility to examine the financial statements as required under section 44(1)(c) of the Act and to state whether particular matters have come to my attention.

### Basis of Independent Examiner's Statement

My examination is carried out in accordance with Regulation 11 of the 2006 Accounts Regulations. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the Trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the accounts.

### Independent Examiner's Statement

In the course of my examination, no matter has come to my attention

1. which gives me reasonable cause to believe that in any material respect the requirements:
  - to keep accounting records in accordance with Section 44 (1)(a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations, and
  - to prepare financial statements which accord with the accounting records and comply with Regulation 9 of the 2006 Accounts Regulations

have not been met, or

2. to which, in my opinion, attention should be drawn in order to enable a proper understanding of the financial statements to be reached.

### Independent Examiner

Alan Cunningham, C.A.,  
Partner,  
Alexander Sloan  
Chartered Accountants  
1 Atholl Place  
Edinburgh  
EH3 8HP

Date:

## Royal Edinburgh Hospital Patients' Council

### Receipts and Payments Account Year ended 31 March 2013

	Note	Unrestricted Funds £	Restricted Fund £	Total 2013 £	Total 2012 £
<b><u>Receipts</u></b>					
Charitable activities		5,959	-	5,959	148
Donation		5	-	5	-
Investment income		-	-	-	4
<b>Total Receipts</b>		<b>5,964</b>	<b>-</b>	<b>5,964</b>	<b>152</b>
<b><u>Payments</u></b>					
Charitable activities	5	5,294	-	5,294	4,485
Governance costs	6	-	-	-	-
		<b>5,294</b>	<b>-</b>	<b>5,294</b>	<b>4,485</b>
<b>Net (payments)/receipts for the year</b>		<b>670</b>	<b>-</b>	<b>670</b>	<b>(4,333)</b>

The Notes on pages 11 and 12 form an integral part of these Accounts

# Royal Edinburgh Hospital Patients' Council

## Statement of Balances Year ended 31 March 2013

	Unrestricted Funds £	Restricted Fund £	Total 2013 £	Total 2012 £
<b><u>Bank and Cash balances</u></b>				
Brought forward	10,624	14,507	25,131	29,464
<b>Movement in the year</b>				
Net (payments)/receipts for the year	670	-	670	(4,333)
<b>Bank and Cash carried forward</b>	<u>11,294</u>	<u>14,507</u>	<u>25,801</u>	<u>25,131</u>
<b><u>Assets</u></b>				
Debtor - due from Advocard	<u>2,040</u>	<u>-</u>	<u>2,040</u>	<u>5,355</u>
<b><u>Liabilities</u></b>				
Independent examination	<u>420</u>	<u>-</u>	<u>420</u>	<u>390</u>

Approved by the Trustees on \_\_\_\_\_ and signed on their behalf by:

\_\_\_\_\_

The Notes on pages 11 and 12 form an integral part of these Accounts

# Royal Edinburgh Hospital Patients' Council

## Notes to the Accounts

### Year ended 31 March 2013

1 The Accounts have been prepared on a Receipts and Payments basis in accordance with the Charities and Trustees Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended).

2 The grant from NHS Lothian to run the collective advocacy service, which amounted in total to £57,681 for the year to 31 March 2013, is held by Advocard and is included in Advocard's Accounts along with expenditure on staff costs and management costs. The balance of the grant is due to be remitted to the Patients' Council at 31 March 2013 and is included in the Statement of Balances.

### 3 Trustees' Remuneration and Reimbursed Expenses

During the year, no Trustees received reimbursed expenses (2012: £nil).

Trustees' travel expenses of £189 (2012: £117) were paid on their behalf by the charity.

### 4 Movement in Funds

	At 01/04/12	Receipts	Payments	At 31/03/13
	£	£	£	£
<b>Unrestricted Fund</b>				
General Fund	10,624	5,964	(5,294)	11,294

This Fund is used to carry out the activities within the general objectives of the charity.

### Restricted Fund

NHS Lothian Endowment	14,507	-	-	14,507
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This grant was received to expand the collective advocacy work at the Royal Edinburgh Hospital to the Care of Older People Service and the Children and Adolescent Mental Health Service starting in January 2010.

	Unrestricted Funds	Total 2013	Total 2012
	£	£	£
<b>5 Charitable Activities Payments</b>			
Staff costs	-	-	-
Running costs	5,294	5,294	4,485
	<u>5,294</u>	<u>5,294</u>	<u>4,485</u>

**Royal Edinburgh Hospital Patients' Council**  
**Notes to the Accounts**  
**Year ended 31 March 2013**

	<b>Unrestricted Funds</b>	<b>Total 2013</b>	<b>Total 2012</b>
	£	£	£
<b>6 Governance Costs</b>			
Management charges	-	-	-
	<hr/>	<hr/>	<hr/>
	-	-	-
	<hr/>	<hr/>	<hr/>

The Independent Examination fee for 2012 was met by AdvoCard.