

**Minutes of a meeting of the  
Patient and Service User Experience (PSUE) Committee  
held on Thursday, 6<sup>th</sup> March 2025 at 10.30 a.m.  
in the Boardroom, Trust Headquarters, Craigavon**

**PRESENT:**

Mr R Lynas, Non-Executive Director (Chair)  
Mrs G Browne, Non-Executive Director (*via MS Teams*)  
Mr P Alexander Service User/Carer representative with Live Experience

**IN ATTENDANCE:**

Mr B Beattie, Director of Adult Community Services  
Mrs M Corkey, Non-Executive Director observer (*via MS Teams*)  
Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery, AHPs,  
IPC and FSSs  
Mrs G Hamilton, Assistant Director of Nursing, Patient Safety, Quality and  
Experience  
Mr G Rocks, Assistant Director for Promoting Wellbeing  
Mrs P Tally, Assistant Director of Quality Improvement  
Ms S Hetherington, Assistant Director for Clinical Social Care  
Governance (*via MS Teams*)  
Mrs S Judt, Board Assurance Manager  
Mrs S McCormick, Committee Secretary (Minutes)

**APOLOGIES:**

Mr C Stewart, Non-Executive Director  
Mr A Hughes, Non-Executive Director (observer)  
Mr C McCafferty, Executive Director of Children & Young People's  
Services/Executive Director of Social Work  
Ms A McAreavey, Patient and Client Council  
Ms T Franchi, Service User/Care Representative  
Mrs E Fogarty, Independent member with lived experience

**1) WELCOME & APOLOGIES**

Following the noting of apologies as outlined above, Mr Lynas welcomed everyone to the meeting.

## 2) **DECLARATION OF INTERESTS**

There were no declarations of interests expressed.

## 3) **CHAIR'S BUSINESS**

Mr Lynas noted, this was his first meeting as Chair of the Patient and Service User Experience Committee (PSUE). He thanked the previous Chair, Mrs Ensor for her contribution and handover and wished her well in her new role of Non-Executive Director Chair of the Audit and Risk Assurance Committee (ARAC).

Mr Lynas explained that members of a committee hold a collective responsibility for the business it deals with. He therefore welcomed healthy and helpful participation from all present and stated his expectation that members come to meetings well prepared, having read their papers in advance. This will enable effective contribution and challenge.

Mr Lynas advised that the meeting scheduled for 12th June 2025, has been stood down to allow focus on Encompass Implementation.

## 4) **MINUTES OF MEETING HELD ON 3<sup>rd</sup> DECEMBER 2024**

Mr P Alexander requested the following amendment to the draft minutes:

Item 10: Service User Feedback Complaints and Compliments Report  
(page 2 – paragraph 1):

*“The date of the reporting period should read 1 April 2024 as opposed to 1 April 2023”.*

**Members approved the minutes of the meeting held on 3<sup>rd</sup> December 2024, subject to the amendment being made.**

## 5) **MATTERS ARISING FROM PREVIOUS MEETING**

The issues raised at the previous meeting were covered in Directors' updates apart from the following: Ms Hetherington advised that she was undertaking a review into the grading of risks and agreed to provide an update at the next meeting.

***Action – Ms Hetherington***

Mrs Tally clarified that previous difficulties experienced by Mr Alexander in terms of accessing embedded documents within papers has been resolved. She is happy to arrange for a shared link if there are future access issues.

Mr Alexander suggested that when updated papers are being provided, the file name is updated accordingly to avoid confusion. Mrs Tally agreed to take this suggestion onboard.

It is hoped outstanding actions for the Patient Client Council (PCC) will be addressed at the next meeting in September 2025. PCC are currently experiencing staff shortages.

***Action – Patient Client Council Rep***

**6) PERSONAL AND PUBLIC INVOLVMENT (PPI)**

**i) Corporate PPI Action Plan 2023-2025 Update**

Mr Rocks referred to the action plan which was co-produced with staff and service users around 2 years ago and is now due for review. The plan is aligned to five regional standards for personal and public involvement and the actions focus on these.

Mr Rocks advised that the target of 50 identified and trained User Involvement Champions introduced this financial year 2024/25 has not yet been met. Only 21 are in place. The reasons include, capacity issues within his team, long term sick absence over the last 12 months and other competing demands and he advised that further training is planned. The champions already trained are keen to continue to do the necessary work and Mr Rocks is hopeful the numbers will increase moving forward.

While summarising the rest of the action plan Mr Rocks drew attention to several points:-

- The number of service users and carers on the register of involvement has reduced significantly from 83 (quarter 2) to 45. This follows a review to satisfy the PPI team that the individuals who remain are meaningfully involved or in a set of circumstances where they continue to want to be meaningfully involved. The reduction in numbers could be viewed as a setback, however this is a result of due diligence and the team will use the information from the review process to inform

actions going forward.

- The introduction of the new senior leaders training will enable the Trust to continue the strong commitment to user involvement. Mr Alexander added that the training has been condensed and now takes about 30-40 minutes to complete. A short discussion took place around how PPI elements can be rolled out and embedded within the teams.
- For the benefit of new members, Mr Lynas asked Mr Rocks to outline PPI and why the Trust is involved. Mr Rocks explained that the Trust has a statutory duty of public and personal involvement in accordance with the HSC Reform Act 2009. This applies to all health and social care organisations. It means that service users and carers must be involved in decisions that impact service development delivery and evaluation.
- Trust activity around involvement is monitored on a yearly basis by PHA on behalf of the DoH. The action plan itself is aligned to the standards set in 2015 on a regional basis.

Following a brief discussion there was an acknowledgement that the range of PPI activity across the Trust requires further commitment from Directorates and Mr Beattie agreed to look into this further and provide an update at the next meeting.

### ***Action – Mr Beattie***

Mr Alexander asked Mr Rocks if there were implications of not meeting the timescale regards identifying and training 50 User Involvement Champions. Whilst Mr Rocks acknowledged it was disappointing not to have reached this ambitious target, he is confident the target set is achievable with further work.

Mrs Browne asked if there was any action the Board could take to assist in increasing the number of User Involvement Champions. Mr Rocks reassured the committee that his team is working closely with Directorates to progress this. He welcomed the support from the Non-Executive Directors and encouraged them to raise the profile of user involvement at every opportunity.

Mr Alexander referred to the 'Purple Heart Project', which is a dementia tagging system. He raised concerns that with the implementation of

'Encompass', there is no reference indicator to trigger that an individual has dementia, other than the patient informing a staff member and furthermore, there is also no facility on Encompass for a dementia register. A brief discussion around this matter took place and Mr Beattie agreed to raise with the Programme Director Mrs Hanna, in particular that the Encompass system does not have the facility to create a dementia register.

### ***Action – Mr Beattie***

Continuing, Mr Alexander highlighted point 3.3, which states “actively engage in opportunities to profile PPI/User Involvement in local communities” and said the target states 3 minimum community events per quarter and under point 3.4, it states a minimum of 4 events per year. He asked, if these are achievable and are there any events scheduled for Q4. By way of response, Mr Rocks said the targets are achievable, however, staff capacity issues over the last 12 months have impacted the ability to resource these events.

Mr Alexander welcomed the detailed document and said it would be helpful if the glossary could be updated for all the acronyms. Mr Rocks agreed to take this forward.

In response to a question from Mr Lynas on the leadership training programme, Mr Rocks advised that this is at an early stage of development, however he would be willing to provide a draft outline at the next meeting. Mrs Tally said it was important to note that training plans organised for Q4 will be impacted due to the Encompass Implementation.

### ***Action – Mr Rocks***

#### **ii) PPI Monitoring Report 2023/24**

Mr Rocks presented the above-named report drawing attention to the PHA Human Library approach which is engaging directly with the service users. The Trust is currently reviewing the report and will be responding.

#### **iii) Carers Action Plan 6 monthly report**

Mr Rocks presented this report which sets out how the Trust will work over the next two years to further raise the profile of carers and strengthen carer support. He also highlighted the areas of improvement, risk and concern.

SPPG have commissioned an evaluation of the 'Caring for Carers Strategy 2006' which is being carried out by the HSC Leadership Centre and it is anticipated that the evaluation report will be available in Spring 2025. A new action plan will then be developed through existing Trust mechanisms. However given the challenges with the implementation of Encompass, it may not be possible for this be completed before the summer of 2025.

Mr Lynas questioned the value of a 20-year-old strategy and the ongoing commitment of Trust resource to collect and report related data and trends and said that in his view, the strategy should have been integrated into normal working practice some time ago.

#### **iv) Service User Representatives update**

Mr Alexander stated there has been good engagement with the staff and was pleased the service user register has been cleansed. He made the point that it is important to keep people engaged and suggested the approach of co production and co design is a good mechanism to achieve this.

### **7) PATIENT AND SERVICE USER EXPERIENCE REPORT**

Mrs Ferguson advised that the report outlines progress across the organisation linked to the regional PCE agenda as set by the Chief Nursing Officer and Public Health Agency (PHA).

She highlighted updates in relation to Care Opinion, associated improvement initiatives, 10,000 More Voices project and work linked to the regional and local bereavement agendas as well as the Care Opinion stories received during Q3 24/25.

The number of received care opinion stories is around 32,000. Some 27 related changes are planned and this is an increase of 12 from Q2. There has been a real focus to get the teams to try and ensure change happens immediately. The Trust's Visiting Promoting Family Presence policy and leaflet have been updated.

During Q3 2024/25, there has been a decrease of 35 Care Opinion stories compared to the previous quarter and there is an expectation these will decrease further with the Encompass roll out. During the last quarter, while there has been an 8% increase in the number of stories responded

to within the regionally agreed timeframe of 7 days, 81% is still below the regional target.

Mrs Ferguson stated that for the quarter under review, the percentage of stories rated critically 3 and above, increased to 13% from 8% and assured members this area will continue to be monitored.

Members were given opportunity to ask questions. Mr Alexander welcomed the report and for the next meeting requested more detail on patients waiting in the Emergency Department (ED) on admission to a hospital bed would be provided at the next meeting. Mrs Ferguson agreed to undertake.

### ***Action – Mrs Ferguson***

## **8) SERVICE USER FEEDBACK COMPLAINTS AND COMPLIMENTS QUARTERLY REPORT**

Ms Hetherington spoke to the above-named report for Quarter 2 period 1 July – 30 September 2024 and she particularly highlighted the following:-

- Changes to the reporting schedule has facilitated enhanced quality assurance in relation to complaints
- Number of formal complaints received has decreased this quarter
- Continued improvement indicated in relation to Communication and information, and Staff Attitude and Behaviour
- 21% increase in Trust Compliments.

Members noted, the Trust received 137 formal complaints in Q2, which is a 9% decrease (14 less) from the previous reporting period.

Ms Hetherington referred to the examples of learning from complaints detailed within the report. She went on to advise of the challenge in relation to the Northern Ireland Public Services Ombudsman (NIPSO) model complaints handling procedure which has a focus on early informal resolution.

Within Q2, the Trust received 19 requests for information from the Ombudsman's Office.

Members considered the detail in the report on the HCAT tool and welcomed this as extremely helpful.

Mr Alexander highlighted the following:

- page 5 of the report, 'Examples of information included in the top 10 complaints subjects' – Quality of Treatment and Care and asked whether learning had been identified and taken forward.
- Page 6 of the report, 'Table 2.0: Percentage Share and Comparison of Top 10 Complaint Subjects per Quarter from Q2 23/24 to Q2 24/25' and sought clarification as to why the percentage is growing in respect of the complaint subject ' Professional Assessment of Need'.
- Page 36 of the report, 'Table 3': Quality – Sub Categories (Rough Handling) and requested further information in terms of the increase from 2 complaints in Q1 to 6 complaints in Q2.

Ms Hetherington agreed to provide an update on all for the next meeting.

***Action – Ms Hetherington***

**9) PATIENT & CLIENT COUNCIL WRITTEN UPDATE REPORT**

Mr Lynas noted continuing difficulty in getting the Patient and Client Council to attend meetings and provide written updates. He referred to information shared with him by the PCC in relation to:-

- 'Top areas of concern reported to PCC from the Public and
- 'Top 5 service areas of concern reported to PCC from the Public

The PCC have given a written commitment to attend the next PSUE Committee meeting in September 2025 in person.

**10) QUALITY IMPROVEMENT SUMMARY OVERVIEW**

Mrs Tally spoke to the report and advised that due to the redeployment of the Quality Improvement Team to support the Encompass Implementation, several ongoing projects have been temporarily paused. This has limited available QI support. The team will endeavour to provide assistance within their reduced capacity.

The Quality Improvement Division continues to remain focused on building organisational quality improvement capacity and capability. Also

building staff improvement confidence and competence, enhancing service user and carer safety and experience. In particular, Mrs Tally referred to i) Helping Children Feel Comfortable with EEG Tests and ii) Enhancing Dementia Care Across the Southern Health & Social Care Trust.

Mr Lynas emphasised how important it is for all staff to have the opportunity to share their improvement ideas.

## 11) **ANY OTHER BUSINESS**

Mr Lynas recorded thanks to everyone for their helpful contribution to the discussion and reminded members that the next meeting will take place on 11<sup>th</sup> September 2025 in the Boardroom, First Floor, Trust Headquarters.