

**Minutes of a meeting of the Patient and Service User Experience
Committee held on Thursday, 11th September 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
Mr P Alexander Service User/Carer representative with Live Experience
Mr C McCafferty, Executive Director of Children & Young People's
Services/Executive Director of Social Work

IN ATTENDANCE:

Mr B Beattie, Director of Adult Community Services
Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery and AHPs
Mrs L Houlihan, 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
Mrs S Hetherington, Assistant Director, Clinical Social Care Governance
Mrs S Judt, Board Assurance Manager
Mrs S McCormick, Committee Secretary (Minutes)

APOLOGIES:

Mr C Stewart, Non-Executive Director
Ms A McAreavey, Patient and Client Council
Ms T Franchi, Service User/Carer Representative

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**

The Chair informed the Committee that work is underway on a Trust-wide Board Assurance Improvement Plan, led by the Chair and involving the Board, to ensure Committee alignment with the new Trust Strategy, with a focus on maintaining service user representation.

The Chair explained that the Improvement Plan aims to evaluate the value and purpose of committee activities, ensuring the right committees are in place and their work aligns with the new Trust strategy. This process is expected to take several months and will involve input from the Board and some changes are likely.

Mr Alexander enquired about the inclusion of service user representation in the revised committee structure to which the Chair confirmed that the importance of the service user voice and advocacy role is being reflected in the ongoing work, with mechanisms to ensure appropriate representation. The Chair emphasised that the experiences and voices of patients and service users will remain central to Board and Committee work.

4) **MINUTES OF MEETING HELD ON 6th MARCH 2025**

The Minutes from 6th March 2025 were approved as an accurate record of the meeting.

5) **MATTERS ARISING FROM PREVIOUS MEETING**

The matters arising from the meeting held on 6th March 2025 were noted. Specific reference was made to the following items:-

- Dementia Register and Encompass System Challenges

Members discussed the ongoing challenges with the dementia register, including manual processes, lack of regional standardisation, and integration issues with the Encompass system, with efforts underway to maintain data integrity and advocate for regional solutions. Mr Alexander highlighted that the Southern Trust is more advanced in maintaining a dementia register compared to other Trusts,

which has led to delays in regional adoption and inclusion within Encompass, as SPPG has not prioritised this feature.

The Committee discussed the development of a dementia education module by Ulster University, which is not currently aligned with local requirements, prompting Mr Alexander to initiate communication with the SPPG dementia lead to seek better integration.

A transition from the Purple Heart to the Forget Me Not logo for dementia care was discussed. Members noted that the Forget Me Not icon is already present in Encompass but not fully functional, and the need for regional direction before full implementation.

Action: – Follow up note to be sent to Ms Siobhan Hanna, Programme Director, Encompass, regarding the transition from purple heart to forget me not logo for dementia care

6) QUALITY IMPROVEMENT DIVISION UPDATE

Mrs Tally provided a comprehensive update on the Quality Improvement Division, including the rollout of a new quality approach, the launch of the quality coach programme, ongoing training initiatives, and preparations for the annual quality report, with input and questions from members.

Mrs Tally outlined the newly approved quality approach which builds on previous strategies and focuses on creating learning environments, embedding quality improvement programmes, and supporting corporate priorities such as safety, experience, and health inequalities.

The division has launched a quality coach programme aimed at building senior leadership capacity for grassroots improvement, with all places filled and additional requests from mental health, indicating strong organisational commitment. Various training opportunities, including online and in-person sessions, were highlighted, with resources made available on SharePoint and iCloud to ensure accessibility for both staff and service users.

Notable projects such as the Seasons of Life bereavement support and Be Positive virtual reality initiative were discussed, with recognition through nominations for the Picker Experience Awards and participation in international forums.

The Chair noted and welcomed the launch of a new DoH regional initiative to quantify and measure the value of QIP projects. He stated that he feels it important to the Trust to be able to say how much the projects are worth in terms of efficiencies / savings.

7) PATIENT AND SERVICE USER EXPERIENCE REPORT

Mrs Ferguson and Mrs Houlihan presented the Patient and Service User Experience report, highlighting high levels of care opinion engagement, areas for improvement in response rates, and the integration of feedback into improvement work, with additional discussion on staff engagement and the visibility of feedback mechanisms.

In relation to Care Opinion Engagement, the Southern Trust maintains one of the highest numbers of care opinion stories in the UK, with ongoing training for staff responders and efforts to increase both the number and quality of responses. Mrs Houlihan stated that there was a noted decrease in Care Opinion stories during the quarter, attributed to the Encompass implementation, and a slight decline in response rates within the regional seven-day target, prompting continued focus on improvement.

Mrs Houlihan advised that feedback from Care Opinion is used to drive improvement initiatives, with links established between PPI, complaints, and directorate-level programmes to ensure that service user input informs organisational change.

Mr Alexander reported challenges with the visibility of care opinion QR codes in ED.

Action: Mrs Houlihan to follow up to ensure that Care Opinion QR codes are consistently available in critical areas such as the EDs

8) SERVICE USER FEEDBACK COMPLAINTS AND COMPLIMENTS QUARTERLY REPORT

Mrs Hetherington presented the Patient and Service User Feedback Complaints and Compliments Quarterly report and drew members attention to the following:

- Complaints Handling and New Regional Procedure Implementation: Mrs Hetherington presented updates on complaints handling, including a sustained reduction in formal complaints, ongoing efforts to address backlogs, and the upcoming implementation of the regional NIPSO model complaints handling procedure.
- Current Complaints Trends: The Trust has seen a continued reduction in formal complaints, with an increase in informal resolutions, but faces a significant backlog of overdue complaints, which is being addressed through targeted meetings and escalation pathways.
- New Complaints Procedure: The regional NIPSO model complaints handling procedure was launched in July, with a go-live date of January 2026, and the Trust is preparing for a dual system transition, focusing on reducing backlogs and increasing early resolution.
- Training and Staff Engagement: Training resources are being developed for frontline staff, particularly nurses and midwives, to support the new procedure, with engagement sessions planned to raise awareness and ensure smooth implementation.
- Complexity and Subjects per Complaint: Mr Alexander raised concerns about an increase in the number of subjects per complaint, indicating growing complexity, and Mrs Hetherington agreed to review and report back with more detailed analysis at the next meeting.
- Communication and Letter Quality: Issues with the quality of complaint response letters generated by Encompass were discussed, with Mrs Hetherington agreeing to review examples provided by Mr Alexander and ensure appropriate communication standards.

Action: Mrs Hetherington

9) SERVICE USER FEEDBACK ANNUAL REPORT

The Annual Report was presented for approval. Mrs Hetherington noted that the report is inclusive of information discussed at the meeting today, adding that this was not the final version and highlighted a few amendments required. Mrs Hetherington stated that the report highlights the reduction in formal complaints received during this period, details the complaint subjects and the low risk grading of the majority of complaints received. Members noted examples and learning detailed within the report to demonstrate how the Trust is learning and moving forward. Mr Alexander made a few suggestions on the consistency of language within the report and how to showcase the improvements of complaints better within the report.

The report was approved subject to the noted amendments being made.

10) PERSONAL AND PUBLIC INVOLVMENT (PPI)

i) PPI Corporate Action Plan

Mr Beattie and Mr Rocks presented the PPI corporate action plan.

Mr Rocks explained that the PPI corporate action plan is presented as an assurance tool, structured around regional standards and subject to validation by the Public Health Agency, with ongoing efforts to incorporate recommendations and improve reporting.

Care Experience Hubs Evaluation: Concerns were raised by Mr Alexander regarding the limited operational status and effectiveness of care experience hubs, leading to agreement on the need for a formal evaluation to determine their suitability and impact across directorates.

Mr Rocks advised that the Trust has developed a user involvement champion role, with over 1,000 staff trained, and continues to provide training for both staff and service users to embed PPI principles and improve consistency.

In conclusion, Mr Rocks advised that a new dashboard is being developed to track PPI activity across directorates, aiming to provide real-time data on projects and service user involvement, with monthly meetings planned to review progress and identify gaps.

Action: An evaluation of the effectiveness of Care Experience Hubs across all Directorates to be undertaken

ii) Service User Representative Update

Mr Alexander gave an update as a service user representative noting the following:

- Phone First Service Capacity and Business Case Development: The Phone First service is currently handling more contacts than funded, with ongoing efforts to secure additional resources and improve efficiency through the Timely Care project and direct referrals to appropriate services. Members were advised that a refreshed business case is being prepared to demonstrate the financial and operational benefits of increasing Phone First capacity.

iii) Carers Support Service Update Report

Mr Rocks provided an update on carer support services, including the integration of carer assessments onto Encompass, the re-procurement of the Carers First service, and the evaluation of the regional caring for carers strategy.

Mr Rocks advised that the Carers First service, delivered by Clanrye, is undergoing re-procurement, and has been shortlisted for a national award, with the Trust ensuring recognition of its funding role.

Mr Rocks stated that the regional caring for carers strategy which is nearly 20 years old, has been evaluated by the Department of Health with input from the Leadership Centre, and recommendations for a short-term action plan are under consideration.

Members were advised of the increasing demand for carer support due to demographic changes and financial constraints, emphasising the need for innovative approaches and additional investment to meet growing needs.

iv) Promoting Wellbeing Division Annual Report 2024/25

Mr Rocks presented the annual report for the Promoting Well-Being Division, highlighting collaborative efforts to address health inequalities, the development of a cultural competency toolkit, and a wide range of health improvement initiatives.

11) PATIENT AND CLIENT COUNCIL UPDATE

The Chair noted apologies from the Patient Client Council and referred to the report provided in their absence for information.

12) ANNUAL REPORT OF THE PATIENT AND SERVICE USER EXPERIENCE COMMITTEE 2024/25

The Chair presented the Patient and Service User Experience Committee Annual Report. The report was approved by members.

13) COMMITTEE SELF ASSESSMENT 2024/25

The Chair presented the Patient and Service User Experience Committee Annual Report Self-Assessment for information.

14) COMMITTEE MEETING DATES 2026

The Chair presented the Patient and Service User Experience Committee meeting dates for 2026 and these were approved by members.

15) ANY OTHER BUSINESS

No other business was noted.