

**Minutes of a meeting of the
Patient and Service User Experience (P&SUE) Committee
held on Thursday, 12th September 2024 at 10.30 a.m.**

PRESENT:

Mrs L Ensor, Non-Executive Director (Chair)
Ms G Donaghy, Non-Executive Director
Mr Rob Lynas, Non-Executive Director
Mr R Hamilton, Service User/Carer Representative (left 12th September 2024)
Ms E Fogarty, Independent member with lived experience (appointed 12th September)
Ms T Franchi, Service User/Carer Representative (appointed 12th September)
Mr P Alexander, Service User/Carer Representative (appointed 12th September)

IN ATTENDANCE:

Mrs H Trouton, Executive Director of Nursing, Midwives, AHPs and Functional Support Services/Deputy Chief Executive
Mrs G Hamilton, Assistant Director of Nursing, Patient Safety, Quality and Experience
Mr B Beattie, Director of Adult Community Services (left the meeting at 11.30am)
Mr G Rocks, Assistant Director for Promoting Wellbeing
Mr C McCafferty, Director of Children and Young People's Services / Executive Director of Social Work (left the meeting at 11.30am)
Mrs. J Morton, Head of Quality Improvement
Mr S Wallace, Head of Chair and Chief Executive Office
Mr P Scapaticci, Service User Representative (item 1)
Ms D Wilson, Service User Representative (item 1)
Mrs Janet Johnston, Senior Clinical and Social Care Manager
Mrs S Judt, Board Assurance Manager (part attendance)

APOLOGIES:

Mrs P Tally, Assistant Director, Quality Improvement
Peter Donnelly, Service User/Carer Representative
Caroline Doyle, Interim Assistant Director – Clinical and Social Care Governance

2. WELCOME & APOLOGIES

Apologies were noted and Mrs Ensor welcomed everyone to the meeting, noting that this is the first face to face meeting that has taken place since before COVID.

Mrs Ensor particularly welcomed the three new service user representatives to the group and asked them to introduce themselves.

1. PRESENTATION: SERVICE USER EXPERIENCE: CARE EXPERIENCE HUB

Mrs Liz Ensor welcomed Ms Deborah Wilson and Mr Paul Scapatizzi, service user representatives. Mr Rocks introduced the item and highlighted that there had been a discussion at the previous meeting around care experience and the hubs in terms of how they involve service users and carers. It was felt that it would be beneficial to invite service user care representatives to hear their point of view.

Mr Rocks thanked Ms Wilson and Mr Scapatizzi for their commitment to the hubs and for attending today to provide their feedback.

Mrs Ensor asked a few questions around their experience and any support received within the Care Experience Hub, as well as improvement through involvement, and if they had any suggestions as to how the Trust could support service users and carers to get involved in the hub.

Ms Wilson responded that her initial interest in the role was due to having seen the post through social media and had also spoken with a colleague who recommended that she apply. Training in relation to the post was received and the expectations of what is involved was clearly explained. Ms Wilson noted that it was very supportive, and they were very much welcomed by everyone in the group.

Ms Wilson confirmed that she absolutely feels respected and that her views and opinions are valued, also noting that she had been offered the position of Co-Chair which gave her a sense of pride and responsibility.

Ms Wilson described how it took a little bit of time for the group to get to know each other and determine the needs of the group, however, there is now good momentum in terms of ideas. One of the achievements noted was within the

autism services where a text message service has been developed resulting in an increase in the number of people responding to the care opinion.

The opportunity to be a representative for the community and get a chance to speak on their behalf was highlighted as a very positive aspect of the experience. Ms Wilson commended the hub and hopes that the work can continue to grow.

Mr Scapatacci echoed the sentiments of Ms Wilson and noted that it would be great to get more people involved and engage on a social level. He suggested that an invitation could be issued on social media platforms such as Facebook to try and reach a wider audience.

Mr Scapatacci relayed that he has had the opportunity to bring issues raised with him by fellow carers into the group, noting that he is grateful for the hubs in giving a chance to voice his opinions and those of others.

3. Declaration of Interests

There were no declarations of interests expressed.

4. Chair's Business

Mrs Ensor noted that Mrs Heather Trouton will be retiring from the Trust at the end of September 2024, therefore this will be her last committee attendance. Mrs Ensor thanked Mrs Trouton for her leadership and positive contribution to the patient and service user agenda over the years. Ms Donaghy echoed Mrs Ensor's sentiments and wished Mrs Trouton best wishes for the future.

5. Minutes of meeting held on 6th June 2024

Mrs Ensor asked members to confirm that the minutes of the meeting held on the 6th June 2024 were an accurate record of the meeting. There were no amendments and members approved the minute.

6. Matters arising from previous minutes.

Mrs Ensor referred to the progress update provided indicating that Item 6 has been addressed via the attendance of the Service User Representatives/Co-Chairs of the Service User Hubs

In relation to item 13 (Working together strategy) regarding complaints, Mrs Ensor noted that the response in relation to the seven catastrophic severity complaints was inconclusive, there was no further detail supplied in relation to final action taken, learnings or outcome with the service user. Committee requested further scrutiny of the outcome and assurance that there has been satisfactory closure on the incidences. Mrs Ensor stated that this matter will be included on her report to the Trust Board and requested that further detail is provided by Caroline Doyle relating to the outcomes.

Mrs Trouton noted that whilst she does not have the information available for the individual cases, she did however provide assurance that during the course of the investigation that any learning found will be fed back into the organisation to prevent a recurrence. The patient/service user will also receive a full response in relation to the complaint.

**ACTION: Caroline Doyle to provide further information relating to the outcomes of the complaints.
Mrs Ensor will advise Trust Board.**

Mrs Ensor had a further query (Item 13) for Mrs Trouton in relation to the last issue on the patient appointment and the response of not understanding why the patient could not get through on the telephone to the booking office at 8.30am. Mrs Trouton explained that the booking centre phone lines are open from 8am and that calls are monitored and dealt with from this point. The team are monitoring to ensure that this is not a regular occurrence.

Ms Donaghy queried a matter arising (Item 10) from the meeting on the 6th June in relation to why waiting times in Northern Ireland are different to the rest of the UK so therefore could not be compared. A briefing paper was provided which explains some of the reasons. however, it is still difficult to determine if Northern Ireland has worse waiting times due to the difference in classification across the UK.

ACTION: Request to be made to Elaine Wilson to ask SPPG if they can provide an accurate comparison of waiting list times between Northern Ireland and the rest of the UK.

Mr Rocks referred to (Item 8.1) regarding PPI training as part of corporate induction training and confirmed that new staff would undertake, both patient facing and non-patient facing.

7. Working Together Strategy Hubs and Indicator Report

Mrs Trouton presented this report, highlighting that it is on behalf of all members who had input into it.

Mrs Trouton noted that the report contains metrics used to measure the success of the hubs and gave a brief overview.

- 4 out of 5 of the hubs are now well established and progressing improvements in line with service user feedback.
- Surgery and Clinical Services has now got a new Chair and is starting to progress.
- A lot of work has been done in relation to grief, loss, and bereavement along with the bereavement coordinator.
- The overall number of complaints received relating to the top themes has reduced this quarter.
- Significant learning has been identified from recent complaints and shared with Mrs Ensor and the Hubs.
- The number of care opinion compliments within quarter one was increased.
- The action plan and associated key performance indicators are going to be revised in line with regional targets.

Within the last quarter, two key estates improvements were the re-opening of the cabin, which had external funding to enable this to happen, and signage across acute facilities which will have had a huge impact in terms of ensuring patients and service users were directed correctly.

Ms Fogarty complimented the layout of the report and how easy it was to read and understand, especially given the volume of information contained within it.

Members were assured that all care opinion comments are responded to, however, it is the timescale in which they are responded to that is kept under monitoring to ensure that responses go out in a timely way.

Ms Donaghy questioned the gap in bereavement champions due to staff shortages and when this situation might be rectified as there has always been great feedback around this service. Mrs Trouton advised that the bereavement co-ordinator has been off on sick leave but has recently returned to work so this will now resume.

Mr Alexander queried if AI is used in any way to assist the production of the report as this would be time saving to staff. Mrs Hamilton noted that the information is manually extracted and put into graphs, however, agreed that a

system to assist this process would be beneficial. Mrs Ensor commented that the introduction of encompass will hopefully be able to assist in pulling data together quicker.

8. Quality Improvement Summary Report

Mrs Morton presented the report to the committee, explaining the role of the Quality Improvement team to be one of providing support and facilitation across the organisation for quality improvement work. They provide QI clinics, training and can assist on specific aspects of projects such as data analysis.

A big focus for the team at the minute is the timely care programme which is linked to the RISE programme (reform, improvement, savings, and efficiency). Mrs Morton described a suite of projects which fall under 3 pillars, each led by a director and with task force groups associated with different strategies.

Mrs Morton noted that in future the paper coming to the committee will include the timely care programme in terms of outcomes and achievements. There are collaborations going on across the system in progressing this work and it is so far very positive.

The QI team are still actively encouraging and supporting staff to participate in regional projects and there are a number of regional HSC QI pieces of work currently ongoing, one in particular is the transforming medication safety project in Northern Ireland focused on improvement of opioid prescribing for non-malignant pain management. This has been a very successful piece of work which will be presented regionally later this month and has also been submitted for an all Ireland Conference later in the year.

Mr Alexander queried if there would be further work undertaken in relation to the lesser addictive drugs such as paracetamol and aspirin by way of educating from the beginning of the pain relief process as opposed to starting directly with opioids which are already known to be addictive. Mrs Morton noted that there is possibly a second leaflet being produced and that there are also further staff resources on pagetiger.

ACTION: Mrs Morton to share comments in relation to the opioid prescribing project with that team and bring feedback from this back to the committee.

Mrs Morton described another QI project which had been undertaken within Children and Young Peoples Service relating to lack of allocated social workers

for children in care. The project focused on utilising skills mix approach to free up social work capacity through the use of social care assistants. This project has seen a measurable improvement and significantly reduced the number of unallocated cases within the service.

Mrs Morton highlighted that the quality improvement capacity capability training has now been standardised for both staff and service users to partake in. It has been very successful, and the prospectus was provided within the papers for members.

The quality improvement theory into practice foundational program has also launched and has 30 staff members taking part.

Mr Alexander requested if future reports could include the measurable improvements of specific projects to provide a better overview of their success. It was also highlighted by members that the embedded documents were not accessible and if a solution could be found regarding this element.

ACTION: Jacqueline Morton will include more detail on the measurable improvements within projects in the next report and will look at an alternative method of linking the additional documents into the report instead of embedding them.

A positive piece of news noted was the attendance of 10 members of staff at the recent IHI Quality and Safety Forum in London to present their work and bring back learning into the organisation. Another important point noted was that the Southern Trust was the only Trust in Northern Ireland to secure funding from the Health Foundation Q Exchange Programme.

9. Patient and Service User Experience Report

Mrs Trouton gave an overview of the patient and service user report.

Within the quarter April to June, 11 changes have been planned or made in response to care opinion stories and there were 471 care report stories which is an increase of 100.

Shared Decision making was highlighted which revolves around medical professionals sitting down with patients and discussing their care with them directly and ensuring they are supported to make their own decisions about their own health care. One of the potential changes will be in terms of patients receiving their own results rather than those going directly to the GP as they have done historically to ensure they are more informed.

Work is already going on with Allied Health Professionals and nurses, those

who do independent clinics, as well as with consultants and other doctors as this will be a transformational patient centred piece of work.

10. Personal and Public Involvement (PPI)

i) PPI Corporate Action Plan update

Mr Rocks began by defining the PPI Corporate Action Plan as providing assurance to this committee and Trust Board that, as an organisation, we are moving forward on our statutory commitments to involve service users and carers.

The plan is structured in line with the regionally agreed five standards for PPI and more recently, they have worked with service users to align the actions to the working together strategy.

Mr Rocks highlighted that service users are now involved in QI training as part of the process of supporting involvement at every level across the organisation. Service users and carer representatives are actively encouraged to avail of these opportunities.

One of the service user and carer representatives had suggested Community of Involvement as a way of ensuring that the representatives felt both connected to each other, and to developments happening across the organisation.

The team have launched the opportunity for staff to become User Involvement Champions. This was launched in July and 20 people have signed up. There was a training program due to take place on the 11th September.

The number of service users who have registered an interest in getting involved has also increased and there are now 82 on the database.

There has been increasing number of staff and service users attending knowledge and skills training, this is increasing year on year. There are a number of service users and carer representatives working with the Trust in co-delivering training.

Mr Rocks discussed the self-assessment which the Trust was asked to submit to the PHA earlier in the year aligned to the five standards, the PHA also came to visit in June. A formal report is awaited, however, Mr Rocks noted that an informal conversation with one of the PHA representative highlighted that they were very appreciative of the work that is being done within this Trust so he is hopeful for a positive report.

ii) PPI Panel update

Mr Rocks highlighted that that PPI Panel update is a short way of acknowledging the input of the service user representatives, particularly those who support the Trust at a more corporate strategic level.

Mr Rocks noted that in the past the service user representatives would have presented their own report highlighting their work, engagement and involvement and this may be something to consider bringing back in the future. Mrs Ensor agreed that this would be a beneficial idea for the next meeting.

The carers action plan is co-produced with carers, service users and staff. Mr Rocks noted that in the absence of an up-to-date regional strategy for caring for carers, the last one being published in 2006, the Trust's carers reference group felt that it was important to develop a plan for Southern Trust containing 10 key action areas.

iii) Carers Action Plan update

Mrs Ensor began by acknowledging the ongoing representatives within the group and specifically thanked Mr Hamilton for his contribution to the committee over the past 13 years. Mr Hamilton's care and support worker Ruth spoke on his behalf, highlighting that he has enjoyed working with everyone and the committee has been an invaluable space for him to have his voice heard. On a personal note, she also stated her appreciation for the way Mr Hamilton has been treated within the Committee and the fact that he has been seen as an important and valuable member of the committee.

Mr Rocks echoed the sentiments of Mrs Ensor, also noting that Mr Hamilton has been an integral and fundamental supporter and contributor to the development of PPI in this organisation and that his personal support has been very much appreciated.

Mrs Ensor also acknowledged the other outgoing representatives, Mr Peter Donnelly and Mrs Sharon Doherty and thanked them for their contribution to the committee.

Mr Rocks referred to previous conversation with the committee in relation to an open and transparent process to recruit and select the new service user representatives, as well as the need for a more robust process for representation at the committee.

The option agreed was that an expression of interest request would be

advertised, and a selection panel would oversee the review of the applications. To ensure a degree of objectivity and independence in the process, the panel was supported by a Service User from South-Eastern Trust, Ms Joan Smith to ensure transparency during selection process. 5 applications were received and 2 rejected on the basis that not all of the criteria was met.

Mr Rocks also thanked the 3 new Service User/Carer Reps members and welcomed them to the committee.

Mr Rocks raised the issues the carers reference group has had to meet frequently and how this has impacted on the completion of the targets by March 2025. Staff absences in supporting roles has also been a contributing factor and as such, Mr Rocks asked the committee if there could be consideration given to extending the timeframe for a further 12 months to complete all the actions stating that a second co-ordinator has recently been appointed and the carers reference group meetings are progressing according to schedule again, however, the extension on time would allow time to complete the action plan. Mrs Ensor asked if a formal review with recommendations had been undertaken. Mr Rocks confirmed that no formal review had taken place to date. Mrs Ensor also queried if this activity is part of the Trust corporate plan and what process had been followed previously to approve scheme. Mr Rocks confirmed that it was the committee who had given approval and was unsure if it formed part of the corporate plan. Mrs Ensor stated as there was ambiguity that she would include it in her committee report to Trust Board on the 26th September.

Mrs Trouton noted that to request a 12 month extension should be brought through to SLT via Mr Brian Beattie for further discussion.

ACTION: Mr Rocks to find out if this work is part of the corporate plan and feedback to Mrs Ensor in advance of Trust Board on the 26th September.

ACTION: Further discussion regarding the 12 month extension to go through SLT via Mr Beattie.

ACTION: Mr Rocks to provide a review with recommendations

iv) Promoting Wellbeing Annual Report

Mr Rocks noted that the annual report is available for members to review and approve. It summarises the wide range of activity and services that his division is responsible for, working in partnership across a broad range of health

improvement and community development activity.

Mr Rocks highlighted that the information is reflective of collaboration and partnership working, via different directorate, other statutory stakeholder such as the police service, education, schools, youth services etc.

There is a significant dependence on support from within the population and there are cohorts of people from within the local communities whom the Trust trains and supports to act as advocates for, and facilitators of health and well-being opportunities at a local level.

The report has been structured to reflect the Trust's new vision and strategy 2030 and has been framed across the thematic areas of start well, live well, age well.

Members approved the Promoting Wellbeing Annual Report

11. Annual Report of the Patient and Service User Experience Committee 2023/24

The Annual Report was approved by members with one minor amendment.

12. Patient and Client Council Update

There was no representation from the patient and client council at the meeting. A report had been submitted, unfortunately it was too late for the meeting so will be circulated via email for comments. Mrs Ensor also noted that the lack of input from PCC to the Committee would be escalated to Trust Board.

ACTION: Mrs Ensor to escalate to Trust Board on 26th September.

13. Any Other Business

- i) Service User Feedback Annual Report 2023/24

This report will be circulated to members via email following the meeting for comments and approval.

Mrs Ensor thanked all members for their participation in the meeting which was very informative and provides evidence of the work going on across the Trust in relation to patient and service user experience.

The next meeting will be held on 3rd December 2024 @ 2.00 p.m.