

**Minutes of a meeting of the
Patient and Service User Experience (PSUE) Committee
held on Thursday, 3rd December 2024 at 2.00 p.m., in the Boardroom,
Trust Headquarters, Craigavon**

PRESENT:

Mrs L Ensor, Non-Executive Director (Chair)
Ms G Donaghy, Non-Executive Director
Mr R Lynas, Non-Executive Director
Mr P Alexander, Service User/Carer Representative

IN ATTENDANCE:

Dr S Austin, Medical Director *(Item 10 only)*
Mr B Beattie, Director of Adult Community Services
Mrs D Ferguson, Interim Executive Director of Nursing, Midwifery, AHPs,
IPC and Functional Support Services
Mrs G Hamilton, Assistant Director of Nursing, Patient Safety, Quality &
Experience
Mr C McCafferty, Director of Children and Young People's Services /
Executive Director of Social Work
Mr G Rocks, Assistant Director for Promoting Wellbeing
Mrs P Tally, Assistant Director of Quality Improvement
Ms J Wright, Patient Client Council Representative
Mr S Wallace, Head of Chair and Chief Executive Office (Minutes)
Mrs S McCormick, Committee Secretary

APOLOGIES:

Ms E Fogarty, Independent member with lived experience
Ms T Franchi, Service User/Carer representative

1) WELCOME & APOLOGIES

Following the noting of apologies as outlined above, Mrs Ensor welcomed everyone to the meeting and in particular Mr P Alexander, Service User/Carer representative. Mrs Ensor advised that in order to assist Dr

Austin in attending a prior diary commitment, she would ask him to speak to Item 10 at this point in the agenda.

10) SERVICE USER FEEDBACK COMPLAINTS AND COMPLIMENTS QUARTERLY REPORT

Dr Austin presented the report demonstrating service user feedback in Quarter 1 2024/25 (1 April 2023 – 30 June 2024), particularly in relation to Complaints and Compliments, examples of learning in these areas and additionally HCAT data. He said it was important that complaints should be viewed as feedback from patients and service users and used to improve the service and emphasised the importance of achieving good outcomes.

For the period under review the Trust received 151 formal complaints, a decrease of 54 (26%) compared to the number of formal complaints received during the previous quarter and a reduction of 7 (4%) in comparison to the same reporting period for 2023. Dr Austin guided members through the top 10 complaint subjects, which account for 87% of the total complaint subjects. Quality of Treatment and Care, Communication/Information and Staff Attitude and Behaviour remain consistent as the top 3 areas of complaint and members noted the finer detail. Dr Austin went on to highlight learning from Complaints received by the Operational Directorates during this reporting quarter, along with the actions taken by the Trust to improve services as a result of service user feedback. Dr Austin referred to Appendix A, which demonstrates Quarter 1 Data Collection, analysis of complaints by severity, stage and directorate and explained this assists in providing a richer picture overall through scoping broader themes to try and draw out other insights. Dr Austin referred to positive feedback from external partners at the recent Northern Ireland Public Services Ombudsman (NIPSO) conference in relation to the Trust being a good example of having used the HCAT tool and furthermore the Strategic Planning and Performance Group (SPPG) have sought advice from the Trust on experience of the use of HCAT to inform the potential to implement the tool across the region and look at its further development.

In relation to compliments, members noted a 21% increase in Trust recorded compliments received this quarter in comparison with the previous reporting quarter. The number of Compliments recorded by staff has increased from 290 previously, to 365 for this reporting period.

Mrs Ensor welcomed the concise and informative report and said it was important to keep a good balance between both complaints and compliments and not to lose sight of compliments. She said it was interesting to note that there was nearly an equal percentage of people who registered they were not happy with staff communication and said she was interested to find out exactly why communication was poor, what do we need to look out for and does it need to be part of ongoing performance reviews amongst staff. In responding, Dr Austin emphasised the importance of complaints as a rich source of data and said it was important to get the outcome and implement learning to ensure better communication in the future.

Mr McCafferty said this was a good document for all Operational Directorates to review and share and added that it was important to view complaints as a normal part of business and is indicative of service users who are confident, who know how to complain and know who to communicate with. Mr McCafferty pointed out that how the organisation responds to complaints and implements the learning is essential to improving patient safety and quality of care, not necessarily that complaints are eradicated.

Mr Wallace reflected on the value the HCAT tool brings, particularly in terms of looking at the severity of complaints as opposed to the volume.

Mr Lynas said it was important to remember that whilst this work provides opportunities for learning, real people at the end of each complaint need to be handled with care and sensitivity. Dr Austin concurred and in his final comments referred to a new complaint handling procedure that the Northern Ireland Public Services Ombudsman (NIPSO) are trying to communicate across to the public sector in relation to 'Early resolution'. HSC Trusts are engaging in this work. Mr Lynas said that complainants want to be heard and taken seriously and respected and that is important.

Ms Wright welcomed the detail within the report and suggested that another source of complaint, can be 'how long it takes to resolve complaint matters', which can fall in the communication area of many complaints, and that communication might not be the initial complaint but the communication during the complaints process is sometimes an issue. She said the PCC always make people aware that the 20 working days for response is an extremely challenging target and whilst this is unlikely to change with the complaints handling procedure that is coming in, she suggested the importance of being open and honest and letting

complainants know that they may not get a response in 20 working days. Dr Austin said NIPSO new procedures is about focusing less on the process and more on the outcomes. He added, the current system means we are too focused on the process, as opposed to the need for resolution and, what is the outcome for the complainant? There must be more understanding in terms of, 'why' they are complaining as opposed to continually thinking about 'what' the complainant is about.

2) **DECLARATION OF INTERESTS**

There were no declarations of interests expressed. Mr Alexander referred to his involvement as a service user representative in various projects and although not a conflict of interest may influence and shape his contributions.

3) **CHAIR'S BUSINESS**

Committee Terms of Reference

Mrs Ensor presented the Committee Terms of Reference for 2025 and highlighted the minor revisions. Members considered these and pointed out several further points which required amendment. Members approved the revised Terms of Reference, subject to the changes identified being made following the meeting.

Members approved the Committee Terms of Reference

4) **MINUTES OF MEETING HELD ON 12TH SEPTEMBER 2024**

Mrs Ensor referenced the previous minutes noting two amendments, the first that the term PPI reps has now been changed to Service User Reps and the second was that Gerard Rocks had requested that the paragraph relating to the Carers Action Plan update should be moved from the section it was in on the original minute, to the PPI Panel Update section. Mrs Ensor asked members to confirm that they were content with the two amendments and that the minutes of the meeting held on the 12th September 2024 were an accurate record of the meeting.

Members approved the minutes of the meeting held on 12th September 2024

5) MATTERS ARISING FROM PREVIOUS MEETING

Agenda Item 5b – Summary of catastrophic Complaints HCAT (connected to matter arising item 6):

A query was raised by Ms Donaghy in relation to the grading of risks, specifically that there were four low grade risks listed and three of these involved fatalities. Members agreed a short summary outlining the grading process would be helpful for the next meeting. Dr Austin agreed to provide a summary on how risks are graded for the next meeting in March 2025.

ACTION – Dr Austin

An additional query was raised by Mr Lynas in relation to a sentence which noted that a response could not be issued as ‘the complainant sadly passed away’. Clarification was sought as to whether or not a response could have been issued to family and also if learning had been extracted. Mr McCafferty stated, it is not uncommon for no learning to be identified in terms of complaints processes and SAls and outlined some of the finer detail. He added, the outcome may not be related to any malpractice or deficiency within the service. Dr Austin agreed to clarify for the next meeting, if the response was issued to family and whether or not there was learning extracted and shared.

ACTION – Dr Austin

Mrs Ensor noted that updates had been submitted shortly before the meeting that she was unaware of, due to the lateness of the information and consequently she had been unable to consider these. She asked if members had read these updated items and if they are content. No further queries were raised by members in relation to the matters arising.

6) PERSONAL AND PUBLIC INVOLVMENT (PPI)

i) Corporate PPI Action Plan 2023-2025 Update

Mr Rocks presented the Trust Corporate PPI Action Plan. He advised that the Trust had submitted a PPI monitoring self-assessment to the PHA earlier in the year, followed up by a site visit in June 2024. Mr Rocks explained that a draft report had been shared with the Trust by the PHA for factual accuracy purposes based on the return and visit, however the final report was awaited.

Mr Rocks referred to the corporate PPI action plan. He updated on training progress and noted a total of 279 staff had PPI training to date this year. He also stated that 62 service users and carers had completed, Service user Carer Opportunity for Participation and Engagement (SCOPE) training, that was co-designed and co-delivered for and by service users and carers. He also noted that a number of service users and carers had been offered Quality Improvement training.

Mr Rocks noted that the Trust currently has 83 service users and carers registered willing to engage in PPI projects and stated this allowed the Trust to match interests of PPI representatives with relevant opportunities. He noted that there are many more service users and carers engaged in activities however, not all have formally registered. He referred to groups that were supporting various Trust projects including the Heart Failure Support Group, service users attending Trust Board and various consultation processes. He advised that that PPI team only can report what they are aware of. Mr Rocks also advised that 46 service users and carers were registered at a corporate, directorate or strategic level including within care experience hubs, the Trust medical revalidation Board and Cytology Review Group. Mr Rocks referenced the introduction of User Involvement Champions and noted the target was to have 50 staff trained by the end of 2025. He advised that 12 staff were training to date with more training scheduled in 2025.

Mrs Ensor thanked Mr Rocks and asked how the new User Involvement Champion role is working and if there has been any feedback, to which he advised it was still early days and feedback will be sought as the role is embedded. Mr Alexander referred to the draft PHA report status and Mr Rocks confirmed the draft report was for factual accuracy review purposes. Mr Alexander also asked how many of the service users and carers on the database are active and involved in ongoing work, Mr Rocks noted there is a validation exercise ongoing to ascertain how many are actively involved in projects. Mr Rocks went on to explain that the 20% increase in service user and carer engagement was based on a baseline taken in 2020/21. Mr Alexander pointed out a summary of what areas the service users and carers are involved in to give a better understanding of the breadth and score of involvement would be useful.

Mr Lynas asked regarding the RAG ratings presented on the action plan and noted that it seems to have changed since the last meeting. Mr Rocks confirmed this was the case and this was a work in progress. Mr Lynas

also asked if the Working Together Hub 5 was running yet, to which Mrs Hamilton advised, it is not yet in place, however, was hopeful this would commence sometime between January and March 2025.

ii) Service User Representatives Update

Mr Alexander spoke of his involvement in various projects and his interactions with staff as a service user. He recorded that he felt very welcome by staff, and he felt the engagements he had were of a good quality. Mr Alexander noted however, that the time commitment for service users was not clear, and he felt that as time progresses it would be useful to fully scope this out.

7) QUALITY IMPROVEMENT SUMMARY OVERVIEW

Mrs Ensor commended the report, and particularly the embedded podcasts. She advised that the paper posted to the website had some page numbering errors which needed reviewed. Mrs Tally advised it was a busy quarter which included the publishing of the Annual Quality Report. She advised that the Department of Health (DoH) provided a minimum data set which each Trust report must include. Mrs Tally said that a total of 88 projects were included in the Workplan and added that service user feedback and involvement was important for improvement.

Mrs Tally referred to World Quality Week in November 2024 and noted the report included staff feedback, she advised that the passion of staff engagement was clearly apparent. She noted the Institute for Healthcare Improvement (IHI) recently held an Annual Quality and Safety Conference and 10 staff attended last year. She described how the staff who attended had to develop networks internally and externally within the HSC and wider NHS allowing the ability to learn from best practice elsewhere. Mrs Tally also noted that the QI team had been supporting the Trust Timely Care programme, noting a lot of improvement work underway and is continuing to gather momentum.

Finally, Mrs Tally noted that Dr Pat McCaffery was shortlisted for 'Clinician of the Year' at the Health Service Journal Awards and the Trust's Windsor Day Centre was also finalist in their category at the same awards. Mr McCafferty commended the report and highlighted the importance of availability of resourcing within teams, to deliver on QI to make improvements business as usual. Mr Alexander raised, that as an external IT user, he could not access the full suite of papers. Mrs Tally

agreed to look into this following the meeting.

ACTION – Mrs Tally

8) 'WORKING TOGETHER' STRATEGY HUBS AND INDICATOR REPORT

Mrs Ferguson presented the update on the Working Together Strategy noting this referred to quarter 2 activity. She advised that 4 out of 5 of the Working Together Directorate Hubs continue to progress improvements in line with service user feedback related to their services. Mrs Ferguson also noted the Working Together action plan and associated Key Performance Indicators are in the process of being reviewed in line with the revised regional performance targets. She advised that the number of Care Opinion stories received during Q2 24/25 remains similar to the previous quarter and that 12 changes have been planned/made in response to Care Opinion stories in Q2. With regards to the 10,000 More Voices Shared Decision Making (SDM) 10KMV project she noted that this is currently at stage 2 with the number of service users registered for involvement having increased.

Mrs Ferguson referred to the previously noted delay in the establishment of Hub 5 within the Surgery and Clinical Services (SCS) Directorate. She also advised that during the last quarter there has been a 13% decrease in the number of stories responded to within the regionally agreed timeframe of 7 days. She also noted there had been an increase in the number of complaints received into the Trust. Mr Alexander asked about Care Opinion reporting and if updates to changes planned and changes made could feature in future reports. Mrs Ferguson agreed to take this suggestion forward.

ACTION – Mrs Ferguson

9) PATIENT AND SERVICE USER EXPERIENCE REPORT

Mrs Ferguson advised this report outlines progress across the organisation regarding Patient Client Experience (PCE) work linked to the regional PCE agenda as set by the Chief Nursing Officer and Public Health Agency (PHA). She noted it details updates in relation to Care Opinion, associated improvement initiatives, 10,000 More Voices projects and work ongoing linked to the regional and local bereavement agendas. Mrs Ferguson highlighted the following information from the report, Care

Opinion stories received during Q2 24/25 have only decreased slightly (5 stories) compared to the previous quarter; as previously noted 12 changes have been planned/made in response to Care Opinion stories in Q2 and the Trust Bereavement Coordinator has returned to work and is actively progressing the regional and local bereavement workplans.

Mrs Ferguson went on to advise that during the last quarter there has been a 13% decrease in the number of stories responded to within the regionally agreed timeframe of 7 days. Mr Alexander notes that the 13% decrease in care opinion related to 180 individual stories. Mrs Hamilton explained these were mostly related to Trust Emergency Departments, where current pressures were leaving it challenging to meet the timescales and teams are being activity supported to help provide responses.

11) **PATIENT & CLIENT COUNCIL UPDATE**

Mrs Ensor invited Ms Wright to speak to the written update, which was a late submission, for the quarter 1 September 2023 – 29 November 2024. At the outset, Ms Wright gave some context in terms of the difference between contacts and cases and advised that for the period, the PCC had 3 contacts and 89 cases in the SHSCT. All 3 contacts were given advice and information, and members noted the breakdown of information in relation to the 89 cases.

Mr Lynas asked what the role of the PCC is when a complaint is received. Ms Wright explained that the PCC provided advocacy support for complainants and that the complaint itself is still managed and responded to by the Trust. Mrs Tally asked regarding 2 cases listed under prison health care, asking were these related to the SHSCT or SEHSCT, as the latter manages prison healthcare. Ms Wright agreed to check the finer detail in relation to the 2 cases listed under prison health care and provide clarification for the next meeting in March 2024.

ACTION - Ms Wright

Mr Alexander if future reporting under main service area cases could include trends quarter on quarter. Ms Wright agreed to take this forward.

ACTION - Ms Wright

Mr McCafferty asked if the categorisations within the report could be

reviewed for future reporting. Ms Wright agreed to look at this for future reporting following the work being progressed to review the format of the PCC database.

ACTION – Ms Wright

12i) COMMITTEE PROGRAMME OF WORK 2025

Mrs Ensor presented the proposed Programme of Work for the Committee in 2025 and a brief discussion ensued.

Members approved the Committee Programme of Work for 2025

12ii) COMMITTEE MEETING DATES 2025

Mrs Ensor presented the proposed meeting schedule for 2025.

Members approved the Committee meeting dates for 2025

13) ANY OTHER BUSINESS

Mrs Ensor thanked all members for their participation. She requested that moving forward any late submissions were to be tabled at the meeting and hard copies provided.

On behalf of Committee members, Mrs Ensor acknowledged the contribution made by Ms Donaghy to the Committees of the Trust over the past years and wished her well as her tenure as a Non-Executive Director comes to an end in December 2024. Ms Ensor advised that she would commence as Chair of the Audit Risk and Assurance Committee in 2025 and Mr Lynas will take over as Chair of the Patient and Service User Experience Committee and wished him well.

The next meeting will be held on Thursday, 6th March 2025 at 10.30am.