

Patient and Client Experience Committee (PCEC)
Summary Report for Board Meeting on 29th August 2019

1. Welcome

The Chair welcomed Mr Barney McNeany to his first meeting of the Committee as Director of Mental Health and Disability. Apologies were received from Mrs Esther Gishkori; Mrs Pauline Leeson; Mrs Paula Tally and Mrs Margaret Marshall.

2. Presentation

‘Improving the Patient and Client Experience – Estates Services’.

Estates Services presented a comprehensive summary of the work they had carried out detailing the ways in which they had developed services using the patient and client experience.

3. Chairs Business

- The Chair commented on one aspect of the Internal Audit Report on Board Effectiveness highlighting the attendance at the Patient and Client Experience Committee. In comparison to the other Trust Board sub committees, the attendance was lower. He posed several questions: What does this level of attendance indicate? What would the Trust lose if the Committee was no longer in existence?
- The Chair commented on his recent visit to Glasgow to the IHI conference. He gave examples of the work done in England and Scotland in relation to the patient and client experience. In both jurisdictions, there was a marked emphasis upon the Heads of Service (HoS) to carry out work to ascertain the patient and client experience and through this to implement improvement. In some cases this was done on a monthly basis. The Chair asked if directorates in SHSCT measured service user/patient and client experience. In addition, he asked WHY do directorates measure patient and client experience and HOW do they measure it.
- The Chair spoke of First Line Measures – e.g. Delegated Statutory Functions and gave examples of HoS doing an annual survey/14+ Team;
Second Line measures would include the Compliments and Complaints Reporting;

Third Line Measures would include London School of Economics/HCat Report/10,000 voices/Nursing Quality Indicators – Domain Three/Coroner’s Report/ Patient Client Council Reports.

- Alongside this work, there was the PPI work significantly using the lived experience of the service users through the service user groups.
- The Chair commented that the Patient and Client Experience Committee was on a journey and had been on this journey from he took over as chair of the committee. At this stage of its development, he felt more cognisance and work needed to be done to secure the service user experience as a result of receiving services from the Trust.
- The Chair also commented that the PCEC was an integral part of the governance arrangements to inform and assure Trust Board that the Trust’s services, systems and processes provide an effective measure of patient, client and carer experience and involvement, and that improvement initiatives are in place to address identified shortcomings.
- Comments around the table from Executive Directors, Assistant Directors and members were strongly in favour of the work which the PCEC was doing.

4. **Minutes of the previous meeting**

The minutes of the meeting held on 7th March 2019 were approved.

5. **Matters Arising**

Items completed were noted and several reports were placed on the agenda for the next meeting.

6. **Compliments and Complaints Report**

The report was presented for information.

Questions were asked around the purpose of the London School of Economics/Hcat tool. It was explained that this was only the second time this report was presented to the committee and that trends would emerge as more data was analysed.

7. **Presentation**

‘Improving the experience of service users with a learning disability within the acute inpatient setting. Ms Sinead Hughes and a service user Ms Mary Duffin presented an excellent update demonstrating innovative work within the Trust using co-production and co-design processes. Members questioned the application of outcomes across other directorates.

8. **Patient Client Experience Report**

Report was presented for information and detailed the work of 10,000 voices. Mrs Trouton reported on her meeting at regional level and highlighted the change in focus for the 10,000 voices programme of work to include areas such as Learning Disability, Safeguarding, District Nurse Services, Care Homes, and Pain.

9. **Quality Improvement**

The Quality Improvement Highlight report and the Quality Improvement progress update report were noted for information.

10. **PPI**

The following action plans were noted and discussed:-

- PPI Corporate Action Plan 2018/19 – demonstrated good progress. Impact flyers were commended.
- Draft PPI Corporate Action Plan 2019/2020 – clear additional actions resulting from the Transformation Agenda were identified.
- It was noted that service user consultants were being appointed and it was hoped that they would go through the Q.I. Level 3 Award.

A PPI Panel update was provided.

11. **Carers Report**

- The Carers Action Plan was noted and progress identified. It was pointed out that this plan was co-produced with care organisations, carers and staff. There was a marked focus on identifying carers and offering carer assessments.
- Issues remaining – the development of capacity and capability.

12. **Terms of Reference**

Discussed and approved.

13. **Patient Client Council**

Mr Richard Dixon gave a verbal update on the work being progressed.