Minutes of the fifty-first meeting of the Patient and Client Council held on Tuesday 20 January 2015 at 1pm in the Large Mac, Pavilion, Stormont Estate, Belfast

Present:
Dr Maureen Edmondson (Chair)    Mrs Joan McEwan
Cllr Mrs Beth Adger               Cllr Colin McGrath
Mr Brian Compston               Professor Hugh McKenna
Mrs Liz Cuddy                   Cllr Martin Reilly
Mr Bill Halliday                 Mrs Elaine Sheridan
Dr Sheila Kelly                  Cllr Mrs Marion Smith
Mr Garrett Martin               Mrs Seana Talbot
Dr May McCann                   Ms Koulla Yiasouma

In attendance:
Mr Jim Wells, MLA, Minister of the Department of Health, Social Services and Public Safety (DHSSPS) (from 1pm to 1.45pm)
Mrs Maeve Hully, Chief Executive, Patient and Client Council (PCC)
Mrs Louise Skelly, Head of Operations, PCC
Mr Sean Brown, Head of Development and Corporate Services PCC
Mrs Helen Mallen, Board Secretary, PCC
Mrs Hilda Hagan, DHSSPS (from 1pm to 1.45pm)
Mrs Pamela Baxter, DHSSPS (from 1pm to 1.45pm)

Apologies:
Mrs Oriel Brown, Nurse Consultant, Public Health Agency (PHA)

01/15 INTRODUCTION

Dr Edmondson welcomed everyone to the Board meeting of the Patient and Client Council (PCC) and confirmed that this is a meeting of the Board held in public and not a public meeting.

Dr Edmondson congratulated Cllr Mrs Adger on the recent announcement that she has been awarded an MBE in the New Years Honours List.

Ms Yiasouma was attending her last Board Meeting today and the Board congratulated her on her recent appointment as Children’s Commissioner.
Dr Edmondson welcomed the Minister, Mr Jim Wells.

Mr Wells also noted his congratulations for Ms Yiasouma and Cllr Adger. He said that the PCC is an important player in health and social care and thanked the Board for the invitation to meet.

The Board were keen to hear from the Minister on a number of issues and Dr Edmondson asked the following questions on behalf of the Board:

1. Transforming Your Care (TYC)

The PCC has concerns about the implementation of TYC. Is TYC still the direction of travel, especially in light of the current budget constraints?

The Minister confirmed his commitment to TYC as the best way forward to achieve necessary improvements in service. The major shortfall in the original planned funding of £70 million, poses significant difficulty in this five year process. Planned changes are being implemented but more slowly than had been hoped.

Challenged that the short term cuts are therefore counter strategic to TYC, Mr Wells said £164 million is to be found within Health Trusts to put into front line services. Some efficiency measures (appointments management, overtime, non-branded pharmaceuticals, shorter stays in hospital) have been maximised and other decisions have had to be made.

The Minister indicated that the Donaldson review, due to be published on Tuesday 27 January, will be relevant to this issue and he will welcome PCC comment on the report.

2. Public Engagement

The PCC recognises that difficult decisions have to be made but the Board are concerned that meaningful public engagement is not carried out and this is a priority for the PCC. People must be given information and have an opportunity to discuss proposed changes and what it means to them. Formal consultation as a mechanism of doing this does not provide open discussion in advance of any changes so that people know what alternative options are.

The Minister acknowledged that some decisions must be taken quickly.
which does not allow for consultation. These would normally be urgent temporary contingency plans and where a proposal is made to make it a permanent change, there is an obligation for formal consultation. He said that although there can be evidence to show that a service is better or safer provided elsewhere, people sometimes have an emotional attachment to services that will make implementing any change difficult.

On discussion, Members accepted that people can have an emotional attachment to a service that has been provided in a specific way for years and change is difficult. However, meaningful conversations between decision makers and the public, where medical evidence for change and relevant information is communicated in a timely way, can and should involve people in decision making rather than having decisions imposed in an arbitrary way.

In response to a question from Cllr Mrs Smith, Mr Wells referred to the review of HSC administration currently underway by the Permanent Secretary. However, only 4.1% of the budget in Trusts goes on administrative costs. The focus must be on how services can be provided differently in the future if the savings needed are to be made.

3. Complaints Service
From the work that the PCC does in supporting people through the complaints process the PCC is concerned that staff attitude and communication remain core issues in the majority of complaints. Trusts can be defensive in their approach to complaints and evidence of change and learning from complaints is minimal. Do you feel the complaints process is ‘fit for purpose?’

The Minister was cautious in his response to this question due to the imminent publication of the Donaldson review which would address it. He asked that the PCC respond on that as soon as possible. However he indicated whilst not wishing to see any complaints, 8,600 formal complaints is not a lot given that there are over 100 million transactions a year in the NHS.

On discussion Board Members countered that the persistent failures in staff attitude and communication must be addressed. Formal complaints are an opportunity to receive invaluable learning and information about patient experience. A culture change does not necessarily need resources but it can improve patient care and make a difference to the patient experience.
The Minister said that problems with communication throughout HSC are not acceptable and HSC does need to be less defensive about complaints and embrace the learning.

The PCC would welcome progress with the proposed online HSC feedback system. A business case for introducing this service has been submitted to the DHSSPS and when implemented, could provide a huge amount of information about good and bad patient experience with timely feedback for people and invaluable learning for the service.

4. Access to HSC services for homeless people
The PCC has completed a scoping exercise for a piece of work on access to HSC services for homeless people. Dr Edmondson asked the Minister if anything can be done to improve access for people who do not have a permanent address?

Mr Wells said that he has not been made aware of issues around homelessness and provision of health care. As there is no information readily available on this he said he will come back to the PCC on this important issue.

5. Workforce Planning
Is the Minister satisfied that the current workforce planning will meet the staffing shortfalls in the short and long term? While this is not a PCC responsibility it is a major concern for the public and it impacts service safety and access.

Mr Wells referred to major staffing problems throughout Northern Ireland, with a shortage of around 150 GPs and many trained staff leaving NI. There is a workforce review for medical training currently being undertaken.

Asked about specific GP shortages, long waits to see a GP or long waits on call backs from out of hours services and whether out of hours provision was adequate, Mr Wells referred to the Choose Well Campaign aimed at the high proportion of people who go straight to A&E and do not consider contacting out of hours services. A number of out of hours services are operating with an inadequate number of staff and in some areas recruitment problems are critical and under particular pressure.

6. Work of PCC
The PCC provides an independent voice for service users. Dr Edmondson asked the Minister if there are specific areas that he would like to see the PCC engage on?
Mr Wells said that it is important that the PCC provide an authoritative voice for the public and he will welcome the PCC response on the Donaldson report and involvement in future consultation on proposed savings plans.

Dr Edmondson thanked the Minister for attending the Board Meeting to discuss these important issues with the Board.

Following the Minister’s departure the Board discussed the session with the Minister. In conclusion Members agreed:

- That the management of current HSC financial constraints is currently counter strategic and inappropriate.
- The difference between effective public engagement and public consultation needs to be addressed. There is a need to truly engage the public in options for changes to their services, rather than a minimalist consultation process.
- There is no doubt that difficult decisions have to be made and it is encouraging that the Minister talked about evidence based decisions. Evidence for change needs to be effectively communicated to the public. It is not transparent.
- HSC needs to be less defensive about complaints and embrace the learning that these can provide to improve patient experience.
- The PCC must respond to the Donaldson report based on the evidence gathered from the public and service users over the last six years.
- The Chair and Chief Executive should seek an early meeting with the Minister in follow up to the discussion today and to discuss the Donaldson Report.

The normal business of the Board resumed.

03/15 CONFLICTS OF INTEREST

There were no declared conflicts of interest in the items to be discussed on the Board meeting agenda.

04/15 MINUTES OF THE LAST MEETING

The Chair asked that one amendment to the draft minutes be noted as follows:

Item 113/14 (d) Chairs Report should read ‘the Chair and Chief Executive met with Mrs Fiona Hamill’.
Pending this amendment, the minutes of the meeting held on the 16 December 2014 were agreed as an accurate record of the meeting and signed by the Chair and Chief Executive.

05/15 MATTERS ARISING

a. Item 111/14 Business Plan
   Mrs McEwan referred to the action listed under this item and asked that the detail of the amendments to the Business Plan, as agreed by the Board at the last meeting, be put on the sheet for reference when the paper comes back to the Board for final approval in March 2015.
   Action: This amendment to the matters arising sheet was agreed.

b. Item 61/14 (a) Expert Panel
   The expert panel was set up to centrally collect and consider the best evidence available. No recent meetings of the Panel have taken place. And no evidence of perceived need has been forthcoming from the Dept or HSCB.

06/15 OPERATIONS UPDATE

a. Understanding the future planning issues for those caring for people with a serious mental illness. Board Paper No. 337
   Mrs Skelly introduced the paper. Dr McCann explained that this project was developed from the Bamford Monitoring Group (BMG) from the Learning Disability Older Carers Project.

   This paper is a summary of the scoping exercise with no firm recommendations at this stage.

   On discussion the Board suggested that in going forward
   • the project brief needs to clarify:
     o the definition of an ‘older carer’
     o if the project will focus on older carers caring for someone with a learning disability or mental health illness
   • that it will be important to not only speak to the carers, but to speak to the people being looked after where possible
   • The footnotes and references in the paper need to be checked.
   • This project will require an inter-departmental approach as it will not just be about health but about housing/accommodation and forensic psychiatry.
   • Consideration should also be given to ‘reverse caring’, for people caring for elderly parents.
Since there was some confusion about the lines of communication between research, BMG and PCC team on this project the Executive will clarify and confirm acceptance of this report by correspondence and proceed to next stage as outlined in the draft Business Plan.

**Action:** Recommendations for progressing this project in the 2015/2016 Business Plan to be confirmed by correspondence by the Board.

b. **Update on HSC online user feedback system for patients and service users.** Board No. 338

As part of the PCC Business Plan for 2014-2015 the PCC has worked with HSC providers to develop a real time feedback system for patients and service users. This report summarises the current position on progress with having this system implemented.

Mrs Skelly explained that as the revenue funding for the system will come directly from the DHSSPS and the capital funding will be managed by the ICT Department of the HSCB, the Chief Nursing Officer (CNO) has asked for sign off with the HSCB prior to resubmission to the DHSSPS by the end of January 2015.

Members raised concern that all the effort over a number of years, put into this project and the Advice and Information Project, may not reach fruition given budget constraints. Mrs Skelly said that the PCC has taken every opportunity to stress the need for this funding to be approved and the service implemented as soon as possible Board Paper No. 338 was noted and thanks expressed to the team for the work on this project, in particular to Mr Deepak Samson.

c. **Evaluation of PCC Roadshows 2014**

This paper provided information on the six PCC roadshows held between October to December 2014. The roadshows provided an opportunity for the public to ask questions to decision makers in HSC, with representation on the panel from the DHSSPS, HSCB, LCGs and Trusts. The ensuing discussion centred on whether the outcomes merited the PCC resources involved especially where attendance was low.

Comments included:
- Members felt that there can be apathy about HSC from the public.
- The roadshows have been better attended when they focus on a single issue, for example, TYC;
• More thought needed to whether having roadshows can add value to service user engagement;
• If holding future roadshows, consider the time of year these are held;
• The value of live Tweeting events should be reconsidered.

Mrs Hully will have an opportunity to discuss the roadshows with HSC Chief Executives involved in the roadshows and will consider any suggestions that may come from them or the Department and will report back.

Board Paper No. 339 was noted.

07/15 FINANCE UPDATE, Board Paper No. 340

Mr Brown confirmed that the PCC was overspent by £8,000 at 30 November 2014. Although awaiting formal notification for December, the PCC was forecast to be £2,800 underspent by the end of December and is expected to breakeven in March 2015, achieving 0.25% or within £20,000 of the revenue resource limit (RRL).

It is anticipated that the DHSSPS will announce soon the savings that will have to be made in 2015-2016.

_Mrs Seana Talbot left at 3.25pm._

On discussion the Board agreed that:
• Consideration in cost management be given to proportionate governance, the Service Level Agreement (SLA) with the BSO and advertising future Board Meetings in the media.
• The prioritisation of the Business Plan objectives for 2015-2016 will be important. The Board will want to prioritise these proposals when the Business Plan comes back for final approval in March 2015.

Board Paper No. 340 was noted.

**Action:** Draft budget planning to be submitted to the G&A Committee in February 2015 before Business Plan goes to the Board in March 2015.

08/15 PCC GUIDANCE PRINCIPLES

Dr Edmondson asked Members to comment on the draft PCC Guidance Principles. The following issues were identified on discussion:
• ‘Social Care’ needs to be included throughout the principles
• Need to include ‘vulnerable adults’ in the principles
• Public interest versus public views: the PCC can relay the views provided to it by the public but does not have the clinical expertise to say that the way services are provided is right or wrong. However, if changes to services are being proposed HSC must make this clinical evidence available to the public.
• Need to use ‘engagement’ rather than merely ‘consultation’ throughout the principles
• The principles may evolve and can be reviewed periodically.

**Action: PCC Guidance Principles to be amended and circulated to the Board for urgent approval by email.**

*Cllr Colin McGrath left at 3.45pm.*
*Mrs Liz Cuddy left at 3.55pm.*
*Cllr Mrs Marion Smith left at 4.00pm.*

**09/15 SCHEDULE OF BOARD MEETINGS 2015-2016**

The proposed dates for Board Meetings were discussed. It is sometimes necessary to change a Board Meeting to a Board Workshop and Members were asked to hold the dates in their diaries.

Members suggested that consideration be given to invitations to attend PCC Board Meetings. This could include groups that could add value to a number of projects planned in the PCC Business Plan for 2015-2016. For example:

- Organisations involved with homeless people
- Service users involved in Integrated Care Partnerships (ICPs’)
- Young people projects
- Service users and carers
- Permanent Secretary

Board Paper No. 342 was approved.

**10/15 CHAIRS REPORT**

Dr Edmondson highlighted the meeting on 19 January with Dr Michael McBride, Chief Executive and Mr Peter McNaney, Chair, Belfast HSC Trust. Mr McNaney said that the Board of the Belfast HSC Trust do
find the learning from complaints work important and are committed to ensuring that this is translated into positive action.

11/15 CHIEF EXECUTIVE REPORT, Board Paper No. 343

There has been an increase in the number of media requests and Mrs Hully said that the finalised PCC Guiding Principles will assist the Executive Team in responding to these requests, in order to ensure that the PCC can add value to the issue being debated.

Board Paper No. 343 was noted.

12/15 ANY OTHER BUSINESS

a. Farewell to Board Member
Dr Edmondson thanked Ms Yiasouma who will be leaving on 31 January 2015. Ms Yiasouma has been on the Board since the inception of the PCC and has helped shape the organisation with enthusiasm and passion. Dr Edmondson said the PCC will welcome working with Ms Yiasouma in her new role as Children’s Commissioner and wished her every success for the future

Ms Yiasouma thanked everyone and said that she is grateful for the valuable experience and insight that she has obtained from her role as a PCC Board Member.

13/15 DATE OF NEXT MEETING

The next meeting will be held on Tuesday 24 March 2015 at 1pm in Ballymena Council Offices, Ardeevin, 80 Galgorm Road, Ballymena.

The meeting closed at 4.20pm.

Signed _____________________  Signed _____________________
Signed _____________________  Signed _____________________
Date ________________________  Date ______________________
Maureen Edmondson  Maeve Hully
Chair of PCC  Chief Executive of PCC