

Patient and Client Council

Your voice in health and social care

Minutes of the seventy-eighth meeting of the Patient and Client Council held on Tuesday 20 November 2018 at 10.05am, in the Conference Room, PCC, Quaker Buildings, High Street, Lurgan, BT66 8BB

Present:

Dr Maureen Edmondson (Chair)

Mr Brian Compston

Mrs Liz Cuddy

Mr Bill Halliday

Mrs Joan McEwan

Professor Hugh McKenna

Cllr Martin Reilly

Mrs Seána Talbot

Apologies:

Dr May McCann

In attendance:

Dr Glynis Henry, Interim Chief Executive, PCC

Mrs Jackie McNeill, Interim Head of Corporate Services, PCC

Mrs Karen Cheyne, Interim Head of Development & Corporate Services,
PCC

Mrs Helen Mallen, Board Secretary, PCC

Mrs Joanne McKissick, External Relations and Policy Manager, PCC (*from
12.05pm*)

Mr Brian McNeill, Director of Operations, Northern Ireland Ambulance
Service

Other Apologies:

Mrs Michelle Tennyson, Assistant Director of Allied Health Professionals
and PPI, Public Health Agency (PHA)

81/18 INTRODUCTION

Dr Edmondson welcomed everyone to the PCC Board meeting. She particularly welcomed and introduced Dr Glynis Henry, who has joined the PCC as interim Chief Executive and Mrs Karen Cheyne who has joined the PCC as interim Head of Development and Corporate Services.

82/18 CONFLICTS OF INTEREST

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

83/18 MINUTES OF THE LAST MEETING

The minutes of the meeting held on the 18th September 2018 were reviewed.

A query about the draft minutes had been submitted to the Board from Sponsor Branch. Mrs Mallen outlined the query which related to Item 71/18 Review of Standing Orders, in relation to co-opting onto sub-committees and quorum for Board Meetings.

a. Co-opting onto sub-committees

The query was specifically about the delegation of powers to people co-opted onto sub committees.

On discussion Members agreed that the wording should be made clearer in item 71/18, paragraph 3 and this will be changed to read: 'On discussion, Members said that the terms of reference for individual sub-committees can be reviewed in relation to the scope of powers.

Although people co-opted onto Sub Committees have no decision making powers, they can contribute to recommendations as part of the sub-committee and these recommendations would be subsequently ratified by the Board.'

b. Quorum for Board Meetings

Sponsor Branch had asked if the Board will retain the quorum for Board Meetings at 5, given that the Chair and 3 Board Members appointments have been extended to March 2019.

Members agreed that the quorum should remain at 5 but this will be reviewed in April 2019 as the Chair's and 3 other Members extended terms of appointment are due to end on 31 March 2019. If new Board Members commence before that the quorum will be reviewed sooner.

Pending the above amendment, the minutes of the 18th September 2018 were agreed as an accurate record of the meeting and signed by the Chair and Chief Executive.

84/18 CONSULTATION ON CLINICAL RESPONSE MODEL, NIAS. MR BRIAN MCNEILL, DIRECTOR OF OPERATIONS.

Dr Edmondson welcomed Mr Brian McNeill from NIAS who was attending the meeting to outline the proposed ambulance clinical response model, which is currently out for public consultation.

Mr McNeill thanked the Board for this opportunity to talk to the PCC about the proposed changes that are needed to the clinical response model in order to:

- Improve response times for priority calls;
- Better meet patient needs with significant investment to ensure an improved effective and safe service;
- Improve measurement of service performance.

Demand on the ambulance service has increased by 49% since 2011/2012, when NIAS last met the DoH response target. The current response targets are as follows:

- Category A calls – respond in less than 8 minutes. These are classed as immediate or life threatening calls.
- Category B calls – respond in less than 21 minutes. These are classed as not life threatening but serious.
- Category C calls – respond between 1 to 4 hours. Response agreed with contract caller, eg. GP

Mr McNeill explained the background to current targets and why the review was needed. The current performance target is that 72.5% of category A calls will meet the 8 minute response time. This was last met in 2011/2012 and performance is currently running at 40% and winter pressures could impact on this further.

Research had been carried out in England, Scotland and Wales. The 8 minute response time for Category A calls was set in 1974 and is no longer considered to be fit for purpose for clinical reasons. Mr McNeill indicated that if new models were to be applied, category A would reduce from 30% of calls to around 7% of calls. E.g. Cardiac arrest calls which require an 8 minute response time and represent only 0.75% of all calls.

Dr Edmondson asked if the change in the conditions classed as requiring an 'immediate or life threatening response' is an evidence based clinical decision or about the resources available?

With research already carried out in England, Scotland and Wales, it is proposed that Northern Ireland would adopt the system that has been operating in England since July 2017. This is a 4 step clinical response model. NHS England had undertaken a pilot of 14 million calls and no untoward incidents were reported. The University of Sheffield reviewed the model and assisted with the analysis of the pilot and quality assuring its clinical safety.

Mr McNeill outlined the categories and target times in the new proposed model. The code set is totally revised to provide for pre-triage aimed at identifying 'Category 1' immediate and life threatening calls. The controller continues to ask questions in the code set which identifies the category and ensures that the most seriously ill people are identified quickly and ambulances get to them first. Dispatchers will have various options available to them and will dispatch based on the category of the call. There would be a variety of options available including ambulance, rapid response vehicle, community first responder and air ambulance. There will be alternatives to taking someone to an Emergency Department in order to ensure the best care is provided with the paramedics using skills and pathways to decide if an alternative destination is appropriate, or if the person can be treated and left or treated and referred.

In response to a question about alternative services available at weekends and out of hours, Mr McNeill said that Local Commissioning Groups have already expanded hours of service provision in some areas and further expansion will depend on how resources and funding can be developed further.

Members discussed a number of issues with Mr McNeill, including:

- Development of alternative response mechanisms in rural areas such as community first responders and community paramedics. Other options are GPs employed by NIAS in rural areas. Although there is no strategic plan for more collaboration with other emergency services, there are regular meetings where this can be explored.
- Paramedics now undertake a third level qualification.
- The resources required to match the varying demand for ambulance services and the residual cost for support to frontline staff.
- The timeframe for implementation of this model. Consultation closes on 20th December and a report will go to the DoH where it can be considered and acted upon in relation to implementation of an alternative response model.
- Complaints about NIAS services that the PCC have assisted members of the public with. In the last year there have been 12 complaints about NIAS, mainly around staff attitude and complaints management.

In conclusion the following was agreed:

- Mr McNeill will provide a link to an animated video which explains the new proposed model. The PCC will share this information with

- the PCC Membership Scheme and encourage and help Members to respond to the consultation;
- The PCC will work with Mr McNeill to do a blog for the PCC website to make people aware of the consultation;
 - The PCC will encourage members to respond to the consultation at coffee connections currently taking place.

On behalf of the Board, Dr Edmondson thanked Mr McNeill for his presentation and detail on the proposed clinical response model and said the PCC will encourage members of the public to respond to this important piece of consultation.

85/18 MID-YEAR OPERATIONS REPORT, BOARD PAPER NO. 535

Mrs McNeill presented this report which outlined progress towards achievement of the PCC Business Plan objectives as at 30 September 2018. On review of the timetable, Mrs McNeill referred to the following objectives:

- 1.1a Adult Social Care – Views on Power to People including isolation and funding of domiciliary care. Due to delays in Departmental funding proposals for public engagement, this project will be extended into 2019-2020;
- 1.1b Transcription of the interviews with members of the panels of physically disabled adults is delayed. Will be presented January 2019 instead of December 2018.
- 1.2 Follow up on PCC projects. Mrs McNeill confirmed that the project is on target for March 2019. Members asked Mrs McNeill to liaise with the Research Committee on this work,
- 1.5 Professor McKenna asked for the number of Allied Health Professionals to be amended as Paramedics have joined professional groups making the figure 13.
- 2.3a Develop Membership Scheme. This will not be completed as originally stated for January 2019, but work will commence this year using allocated resources, and continue into the 2019/2020 Business Plan

In relation to transformation money for work on digitalisation of the Membership Scheme, Mrs Cheyne is liaising with Sponsor Branch. The Board agreed that work needs to deliver a fit for purpose Customer Relationship Management (CRM) system. The PCC will look at what systems are used by other HSC organisations and work with the Innovation Lab in order to develop this work.

In conclusion of discussion, the Board referred to the following objectives:

- 2.2 - The PCC will work with the DoH to ensure effective co-design and co-production in development of HSC services. It was agreed that Dr Henry should invite Mr Rodney Morton, Deputy CNO, to a future Board Meeting to update the Board on progress of the Partnership Network.
- 3.4 – PCC will support implementation of the relevant recommendations made from the Inquiry into Hyponatraemia Related Deaths (IHRD). The Board asked Senior Management to consider how staff and Board Members representing the PCC can communicate effectively on the various IHRD workstreams.
- Annual Complaints Report 2017-2018. The PCC is in liaison with the DoH in relation to launch of the PCC Annual Complaints Report. A communication plan has been developed and the Board said it will be important to highlight the repetitive issues that continue to be a problem for patients each year.

The Board accepted that as discussed some objectives will be pushed back into the 2019/2020 Business Plan.

Board Paper No. 535 was noted.

86/18 VIEWS OF SELF-DIRECTED SUPPORT IN THE REFORM OF ADULT SOCIAL CARE, BOARD PAPER NO. 536

The objective of this project was to learn about experiences of people using self-directed support/direct payments. This was undertaken to help inform the Reform of Adult Social Care as one of the proposals in the Expert Panel report 'Power to People' is to have models of self-directed support become the norm in provision of social care services.

In line with the relevant business plan objective, views and experiences were initially sought using an online Twitter chat but given the low response a discussion with a Direct Payment User Group via Facebook was held in addition to one to one interviews.

Members agreed that although the PCC spoke to a small number of people this was a good report, giving insight mainly into the direct payment element of self-directed support. Recommendations have not been made, but some important user issues have been identified from this engagement.

On discussion it was agreed that:

- the sample size and context piece about the take-up of self-directed support services needs to be clarified and expanded in the report;
- the Research Committee should be more involved in discussions about methodology for projects, especially when new models of engagement are being proposed.

The Board noted thanks to Mr Weatherall for his work on this project and report. The Board also noted thanks and best wishes to Mrs Suzanne Martin, Research Manager, who is leaving the PCC at the end of November.

The Chair and Chief Executive will finalise this report. Pending the above amendment, Board Paper No. 536 was approved.

87/18 IMPLEMENTATION PLAN FOR ADULT SOCIAL CARE REFORM CO-PRODUCED WITH SERVICE USERS AND CARERS, BOARD PAPER NO. 537

This report provided an update on ongoing co-production work to support the Reform of Adult Social Care and Support at the DoH.

Mrs McKissick explained that the PCC continues to be a key partner with the Department across the programme of reform to ensure that that implementation is co-produced with service users and carers. Whilst the implementation of adult social care reform is not happening as quickly as anticipated, the PCC is working closely with the DoH and other stakeholders, across a number of workstreams to ensure the implementation of the Expert Panel work.

The BMG have also taken part in workshops to help inform a number of proposals in the Power to People report.

The Department are planning consultation on proposals which was initially expected in March 2019.

The Board thanked Mrs McKissick and asked her to keep them informed of progress with this work.

Board Paper No. 537 was noted.

88/18 PCC CORPORATE RISK REGISTER. Board Paper No. 538

Dr Henry said that in recent discussions with the Chief Nursing Officer, Professor McArdle suggested that Sponsor Branch meet with the PCC to review the Corporate Risk Register.

Members agreed that it would be worth reviewing the risk register with Sponsor Branch as there are a number of risks that present a risk to the PCC but that the Department control.

Members reviewed the risk register and agreed a number of changes to the wording and ratings in a number of risks.

Dr Henry will speak to Professor McArdle about meeting with the PCC to discuss the Corporate Risk Register. Dr Henry, Mrs Cheyne, Mrs McEwan and Mr Halliday will attend on behalf of the PCC.

Action:

- 1. Mrs Cheyne to update the corporate risk register for review at the Board Meeting in January 2019.**
- 2. Dr Henry to speak to Sponsor Branch about meeting with PCC to review the risk register.**

Pending the agreed amendments Board Paper No. 538 was approved.

89/18 FRAUD AWARENESS UPDATE

The PCC has a Fraud Policy, Fraud Response Plan and an Anti-Bribery policy.

Mrs Cheyne confirmed that the PCC has no incidence of fraud this year.

90/18 BEST PRACTICE GOVERNANCE IN HSC, ECHO NETWORK, CLLR MARTIN REILLY

Cllr Reilly had agreed to represent the PCC on the ECHO network. He outlined the proposal of the ECHO Network which has been set up to learn about Non-Executive Director (NED) experiences of governance systems with view to sharing best practice and identifying a development project for NEDs'.

Cllr Reilly had been unable to join the inaugural meeting. He said that meetings are all on line and he is in contact with the group administrator in relation to IT requirements to participate in meetings. He will keep the Board informed of progress.

There are a number of challenges for Boards, for example hyponatraemia inquiry and the neurology recall of patients. Proportionate governance and the relationship between Boards and

their Sponsor Departments are important components of this piece of work.

91/18 CHAIRS REPORT

In addition to the work listed Dr Edmondson has been heavily involved in the recruitment process for the new Chief Executive.

Dr Edmondson had provided a copy of the Secretary of States Guidance on Decision Making for Northern Ireland Departments during the period when NI has no devolved administration. It would seem that Board appointments can now be made.

The Chairs Report was noted.

92/18 MATTERS ARISING

Dr Edmondson referred to the outstanding items from the minutes and Matters Arising sheet:

- a. Item 91/17 Review of Standing Orders
A full review of the Standing Orders had been deferred until new Board Members had been appointed. However, as new appointments have been delayed the Board agreed that Mrs Cheyne and Mrs Mallen should review the Standing Orders and put forward any recommendations to the Board.

Action: Review of Standing Orders to proceed.

- b. Item 68/18 Membership Scheme
Mrs McNeill spoke to the Information Commissioner's Officer (ICO) to check if writing to Members every 3-4 years to confirm if they are still happy to receive communication from the PCC is a requirement under new General Data Protection Regulations (GDPR). She confirmed that this is not a GDPR requirement but considered best practice.
- c. Item 69/18 PCC Internal Audit (IA) Strategy 2018/2019
Mrs McNeill spoke to IA about the planned audit of Board composition. IA agreed that they can wait for a final decision until December 2018. At that time if no new appointments have been made, the Board will be asked to decide if there is any other area they want to use the audit days for, or if the planned financial audit should be strengthened.

93/18 ANY OTHER BUSINESS

- a. Launch of Social Work Report 'Relationships Matter'
Queens University completed this piece of work with input from the PCC and NI Social Care Council. Dr Edmondson, Dr Henry and Mr Dixon will attend the launch of the report on 7 December.


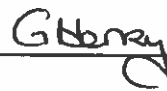
94/18 INPUT FROM MEMBERS OF THE PUBLIC

There were no members of the public present.

95/18 DATE OF NEXT MEETING

The next meeting will be held on Tuesday 18th December 2018 at 10am in the Conference Room, PCC, Quaker Buildings, Lurgan, BT66 8BB.

The meeting closed at 1.10pm.

Signed <u></u>	Signed <u></u>
Date <u>18/12/18</u>	Date <u>18/12/18</u>
Maureen Edmondson Chair of PCC	Glynis Henry Interim Chief Executive of PCC