

# Patient and Client Council

Your voice in health and social care

## Minutes of the eightieth meeting of the Patient and Client Council held on Tuesday 22 January 2019 at 10.25am, in the Conference Room, PCC, Quaker Buildings, High Street, Lurgan, BT66 8BB

### Present:

Dr Maureen Edmondson (Chair)	Mrs Joan McEwan
Mr Brian Compston	Cllr Martin Reilly
Mr Bill Halliday	Mrs Seána Talbot
Dr May McCann	

### Apologies:

Mrs Liz Cuddy  
Professor Hugh McKenna

### In attendance:

Dr Glynis Henry, Interim Chief Executive, PCC  
Mrs Karen Cheyne, Interim Head of Development & Corporate Services,  
PCC  
Mrs Helen Mallen, Board Secretary, PCC  
Mrs Sharon Andrews, Acting Research Manager, PCC (*to 11.10am*)  
Mrs Michelle Tennyson, Assistant Director of Allied Health Professionals  
and PPI, Public Health Agency (PHA)

### Other Apologies:

Mrs Jackie McNeill, Interim Head of Operations, PCC

## 01/19 INTRODUCTION

Dr Edmondson welcomed everyone to the PCC Board meeting.

## 02/19 CONFLICTS OF INTEREST

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

## 03/19 MINUTES OF THE LAST MEETING

The minutes of the meeting held on the 18<sup>th</sup> December 2019 were reviewed.

Dr Henry raised two queries in the minutes as follows:

- Page 7, first para, states 'Dr Henry confirmed that to date the PCC has not been contacted in relation to the problems at Muckamore Abbey by any complainants.' Dr Henry asked that this be changed to read 'in relation to the current problems at Muckamore Abbey.....'. The Board agreed this changed.
- Page 7 para 4, states 'PCC enhancing its helpline service for nursing homes in the light of issues .....'. The Board agreed that this should be checked to see if this should read 'PCC enhancing its helpline service for independent sector'.

Pending the above amendments, the Chair and Chief Executive signed the minutes as an accurate record of the meeting.

**Action: Mrs Mallen to amend and circulate the amended minutes.**

#### **04/19 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 the Standing Orders should be reviewed and recommendations discussed by the Board.  
**Action: Review of Standing Orders to be discussed at the Board Workshop in February 2019.**
- b. PCC Psychological Therapies Report  
This report is being updated in liaison with the Research Committee. The Chair and Chief Executive will finalise the report on behalf of the Board and consideration will be given to whether further work on this be carried forward to the 2019-20 Business Plan.

#### **05/19 ADULT SOCIAL CARE - REPORT ON PANELS WITH PHYSICALLY DISABLED PEOPLE TO INFORM THE REFORM PROCESS, Board Paper No. 542**

Mrs Andrews presented this Report. Dr Edmondson asked the Board for any comments on the report and if the Board agreed that the recommendations made in the report were justified by the data.

Members agreed that this was an excellent piece of work and thanked the people who had contributed to this work. On discussion Members highlighted the following:

- Self-directed support often presents obstacles for people and this should be highlighted in the report. People have to employ their own service provider and if they can't come or don't turn up it's up to the carer to get a replacement. Health and Social Care Trusts (HSCT) need to address this.
- Transition from adult services to older peoples services at 65, can result in a reduction in service when transferring from one programme of care to another.
- The final report should be shared with veterans organisations Specialist MOD services are usually provided but there are outstanding issues for veterans.
- Domiciliary care is a vital service to ensure people are able to return home from hospital, yet anecdotal reports would suggest that the people providing this care are often the lowest paid, opportunities for training can be limited and there is a relatively high staff attrition.
- Limitations of domiciliary care arise in relation to timing of visits that are not always designed around what the patient wants and the length of visits can be unrealistic. Both impact on the dignity and human rights of patients receiving this service.
- A number of people were not aware that they should have social work services.
- The Power to People report highlights the legal rights of carers. Too often the system do not identify relevant carers yet they increasingly rely on them. Identifying carers is the first step to being able to offer support both social and financial.
- The need to refer to the limitations of the report. It is impossible to quantify qualitative data. Impossible to say how representative panels were and unknown how many people are offered the service and how many people take it up. Statistics on page 4 and 5 need to be relevant and verified.
- Access to transport results in disparity between urban and rural areas. It was agreed that the importance of community transport should be stressed.
- There are recurring themes previously highlighted in our work: dignity and respect, continuity of care, transport and communication about how and why people can access services.

Members agreed that the areas discussed above should be strengthened in the report and the age range of participants included if available.

A clear communications plan for the report should be agreed to ensure this valuable insight provided by patients and carers is shared with decision makers. Members asked that the report also be sent to the Integrated Care Partnership (ICP) Chairs Forum for dissemination, key voluntary and community organisations and Veterans organisations.

The Board thanked the team for this excellent piece of work.

**Action: Pending the agreed amendments, the Board asked the Chair and Chief Executive to review and finalise the report on behalf of the Board.**

*Mrs Andrews left the meeting at 11.10am.*

#### **06/19 PCC CORPORATE RISK REGISTER. Board Paper No. 543**

The Board discussed the planned review of the PCC Risk Register with Sponsor branch and other departmental representatives. Members agreed that this review should be postponed until the new Chief Executive, Chair and other Board Members commence.

A number of items on the risk register relate to Board appointments and it is anticipated that some of the factors listed on the risk register can be removed when appointments are made. It is important that the risk register stays fluid as changes impact on it.

On review of the risk register the Board agreed the following amendments:

- Risk 1a – Reference to appointment of the Chief Executive and Head of Corporate Services to be removed as this is now complete.
- Risk 4 – Following discussion it was agreed that the Annual Board Self-Assessment should be postponed until the new Chair and Board Members are in place. Dr Edmondson has also confirmed this with the Chief Nursing Officer. Risk 4 will be updated.

**Action:**

- 1. Mrs Mallen will postpone the review of the PCC Risk Register with Sponsor branch.**
- 2. The risk register to be updated with the agreed amendments.**

Pending the agreed amendments Board Paper No. 543 was approved.

## **07/19 G&A COMMITTEE REPORT 14 JANUARY 2019. Board Paper No. 544**

Mrs McEwan referred to the G&A Committee report of the last meeting held on 14 January.

This was a brief meeting and the main items discussed were:

- The Internal Audit (IA) Progress Report for 2018/2019
- IA BSO Shared Services Audit Report from September 2018

As Control Assurance Standards (CAS) have been withdrawn, the Department has asked IA to review governance assurance and identify best practice with view to identifying proportionate governance alternatives to CAS.

The G&A Committee have finalised the G&A Self-Assessment for 2018.

## **08/19 PCC DRAFT BUSINESS PLAN 2019/2020**

Mrs Cheyne confirmed that the draft business plan was shared with Sponsor branch who have asked for comments from policy leads at the Department. Three responses were received and shared with the PCC on 18 January.

There are some large pieces of transformation work commencing this year and this will filter into the 2019/20 business plan. Increased advocacy work will also be explicit in the business plan given recent discussions with the Chief Nursing Officer.

The Board accept that there must be an element of flexibility in the Business Plan for current issues identified by the Department and it remains crucial that the PCC listen to what people are saying are the important issues for them.

**Action: It was agreed that the Draft Business Plan for 2019/2020 will be reviewed at the Board Workshop in February for approval of submission to Sponsor branch.**

## **09/19 CHAIRS REPORT**

In the last month, Dr Edmondson has been heavily involved in the appointment process for the new Chief Executive and Board Members.

Dr Edmondson asked that her thanks be noted to Mr Halliday for his input into the recruitment process for the Chief Executive.

The Chairs Report was noted.

**Action: The Chair agreed to write to the Director of Human Resources at the Business Services Organisation to thank her and the team for the support to the PCC in the last few months in various appointment processes.**

## 10/19 ANY OTHER BUSINESS

### a. Update of Neurology Review

Dr Henry provided an update prepared by Mr Dixon, Complaints Manager, PCC, outlining the position with the recall of neurology patients as a 7 January 2019.

- Almost all of the first cohort of 2,500 patients have been seen of which over 50% require ongoing review by the core neurology service. Just under 50% have been discharged.
- Of a second cohort of 408 re-referred by concerned GPs , 80% have been seen and a large percentage of the remaining patients no longer needed or declined an appointment.
- Of the 1,000 patients who were the subject of the second recall 64% have been seen and 20% no longer needed an appointment.

Overall, the process of recall and initial appointment appears to be substantially advanced for all patient groups. It is anticipated that there will be a detailed clinical outcomes report towards the end of January which should give clearer information on all of this.

The PCC submitted its complaints based evidence on neurology to the Independent Inquiry in December 2018.

### b. 10 year celebrations

The Board asked Dr Henry if there has been progress with the 10 year celebrations. Dr Henry said there is work being done and the plans will be further developed when the new Chief Executive is in post.

Currently plans include:

- Asking the CNO if she would speak at a celebration event in the Autumn and checking her availability;
- Identifying other key people and their availability;
- New CE and Chair will develop programme for event;
- Showpiece PCC work and generated outcomes;



- Conference planning team to be established around planning for day;
- Consider event for possible re-launch of Membership Scheme and promoting helpline service.

c. Recent death in Belfast

Mrs McEwan said she was saddened to hear about the death of a young homeless man in Belfast. The PCC had produced a report in 2015 which focused on the barriers experienced by homeless people in accessing HSC services. She asked that the report be reviewed and consideration given to whether the PCC can do anything further to encourage change in accessing services.

The Board noted its condolences on the death of this young man.

**Action: Senior Management to revisit recommendations on Homelessness report and take any relevant action.**

d. Jacqueline Magee, PPI lead, HSCB

Mrs Tennyson said that it was with sadness that she had heard of the sudden death of Jacqueline Magee. Some of the PCC staff had worked with Jacqueline Magee on PPI projects and the Board noted condolences on behalf of the PCC.

**Action: Dr Henry to write to the Chief Executive of the HSCB extending condolences to Jacqueline Magee's family and colleagues.**

## 11/19 INPUT FROM MEMBERS OF THE PUBLIC

There were no members of the public present.

## 12/19 DATE OF NEXT MEETING

The next meeting will be held on Tuesday 19<sup>th</sup> March 2019 at 10am in the Conference Room, PCC, Quaker Buildings, Lurgan, BT66 8BB.

The meeting closed at 12 noon.

Signed Christine Collins Signed Glynis Henry

Date 19/3/19. Date 19/3/19  
 Christine Collins Glynis Henry  
 Chair of PCC Interim Chief Executive of PCC