

Patient and Client Council

Your voice in health and social care

Minutes of the seventy-second meeting of the Patient and Client Council held on Tuesday 23 January 2018 at 10.00am in the Conference Room, Quaker Buildings, Lurgan BT66 8BB

Present:

Dr Maureen Edmondson (Chair)
Mr Brian Compston
Mrs Liz Cuddy
Mr Bill Halliday

Mr Garrett Martin
Cllr Martin Reilly
Mrs Seána Talbot

Apologies:

Dr May McCann
Mrs Joan McEwan

Professor Hugh McKenna

Other Apologies:

Mrs Lynne Charlton, Head of Nursing, Quality, Safety and Patient Experience, Public Health Agency (PHA)

In attendance:

Mrs Maeve Hully, Chief Executive, Patient and Client Council (PCC)
Mrs Louise Skelly, Head of Operations, PCC
Mrs Jackie McNeill, Interim Head of Development and Corporate Services (PCC)
Mrs Helen Mallen, Board Secretary, PCC

01/18 INTRODUCTION

Dr Edmondson welcomed everyone to the PCC Board meeting.

02/18 CONFLICTS OF INTEREST

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

Mrs Talbot confirmed that she has been elected as President/Trustee of the National Childbirth Trust. This was noted and Dr Edmondson congratulated Mrs Talbot on this recent appointment.

03/18 MINUTES OF THE LAST MEETING

The minutes of the meeting held on the 12th December 2017 were agreed as an accurate record of the meeting and signed by the Chair and Chief Executive.

04/18 MATTERS ARISING

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

- a. Item 91/17 Standing Orders
Standing Orders will be reviewed when new Board Members are appointed and the PCC Management Statement is confirmed with Sponsor Branch.

- b. Item 102/17 PCC Business Plan 2018-2019
Mrs McNeill confirmed that the amendment to objective 1.1 on Adult Social Care has been made in the draft PCC Business Plan for 2018-2019. This objective originally made reference to work on social isolation for patients/carers. However with the recent publication of the Expert Advisory Panel Report and specifically the 'Power to People: proposals to reboot adult care and support in NI', it was agreed that social isolation should be removed as the main objective but included elsewhere to reflect the growing concern that exists about social isolation.

The amendment had been circulated to Members. Concern expressed by Dr McCann regarding why the PCC will be limiting the PCC Panels to physically disabled people for the work on adult social care was answered by Mrs Hully. She explained that the PCC has done little work with people who have a physical disability and whilst the PCC Panels will focus on the social care need of adults who are physically disabled there will be an opportunity to work with other target audiences. The BMG is integrated into PCC work and will be involved in this piece of work.

The draft PCC Business Plan will be forwarded to Sponsor Branch for their approval.

05/18 EXPERIENCE AND IMPACT ON PATIENTS WAITING LONGER THAN THE MINISTERIAL TARGETS, BOARD PAPER NO. 499

Mrs Skelly explained that two out of every ten calls received to the PCC Complaints Support Service are about waiting times and it is

important that the system hears about the experiences behind the waiting time statistics. This project was undertaken to learn about peoples' experiences of being on a waiting list, how their health is affected, the social and financial implications and the impact of poor communication and information which denies ability to plan.

On discussion of the report, Members concluded:

- That honest conversations, communication and accurate, timely updates with patients is critical. This would help reduce stress and help patients and their families plan.
- It is concerning that between April and June 2017, more than 5% of cancer patients did not receive intervention within the 31 day target. Ministerial targets are set based on medical evidence and people must be at a medical disadvantage if the targets are not met. Outcome data should be published for patients who receive treatment outside the Ministerial targets. This is particularly important for patients who miss targets for cancer treatment.
- People on waiting lists add to the burden in unscheduled care as these people may attend Emergency Departments. There is also additional cost and pressure on pharmaceutical and primary care services. This is both costly and counter-strategic.
- The Minister highlighted system faults in her Health and Wellbeing 2026. Delivering Together report. An action plan for waiting lists was published and should be implemented forthwith.
- The DoH must acknowledge what people are going through and inform the public about what they are doing to correct this systemic failure.

The Board agreed that the following should be added to the recommendations in the report:

- Whilst major change is required now, the very minimum the system can provide is accurate information and communication to patients.
- The DoH should publish outcome data for patients on waiting lists, especially for those waiting longer than waiting time targets and provide the data in the context of the Programme for Government targets.

Board Paper No. 450 was approved pending the agreed amendments.
Action: The Report and Communications Plan to be updated.

06/18 G&A COMMITTEE UPDATE 09-01-18, BOARD PAPER NO. 500

In Mrs McEwan's absence, Mrs McNeill outlined the update paper from the G&A Committee meeting held on 9 January 2018.

a. Internal Audit (IA) Reports

The Committee had reviewed the following IA reports and recommended them for noting:

- IA Progress Report – outlining the audits of Performance Management and Reporting and Financial Review. Both audits received a satisfactory level of assurance.
- Mid-Year Follow Up – IA noted that 3 of their 19 recommendations are still outstanding. Mrs McNeill confirmed that these have now been fully implemented.
- BSO Shared Services – The PCC have had ongoing concerns about some elements of the service provided by BSO. IA carried out a further audit of Payroll Shared Services. Payroll processing continues to have a limited level of assurance on the basis that 78% of IA recommendations have not been fully implemented. In relation to the Payroll System stability, the level of assurance has improved from unacceptable to limited. Although this is going in the right direction, the Committee would like to see improved levels of assurance in IA's next report on BSO Shared Services.
- Mid-Year Assurance Statement. The Head of Internal Audit (HOIA) provided a satisfactory level of assurance.
- Annual General Report 2016-2017. This reflects the work of IA.

b. NI Audit Office (NIAO) External Audit Strategy 2017-2018

This outlines the NIAO plan and timetable for their audit of the PCC financial statements.

c. G&A Self-Assessment

The G&A Committee has carried out a comprehensive self-assessment.

d. PCC Draft Management Statement

Mrs McNeill had met with Mrs Smyth in Sponsor Branch to discuss some queries with the draft PCC Management Statement in advance of review by the G&A Committee and Board.

Ms Love and Mrs Smyth subsequently attended the G&A Committee meeting and it became clear from discussion that the PCC Management Statement is likely to change again following the Future Search event and consultation on the PCC Board composition. Sponsor Branch has since confirmed that the Chief Nursing Officer and Governance Unit at the DoH are content that Sponsor Branch postpones finalising the PCC Management Statement until the above work is completed.

- e. PCC Corporate Risk Register
Mr Halliday, as Risk Champion and Mrs McNeill, had met to carry out an initial review of the Risk Register which the Board agreed needs a total review. On further discussion the G&A Committee agreed that the whole Board needs to review the Risk Register with a view to identifying high level risks under each of the PCC statutory functions.
- f. Review of PCC Assurance Framework
The Assurance Framework identifies where the PCC receive controls assurance from and if there are any gaps. This document aligns with the Risk Register and the Committee therefore agreed that the review of the Assurance Framework should be carried out once the PCC Risk Register is reviewed and finalised.
- g. General Data Protection Regulation (GDPR)
The ALBs' are meeting with BSO Information Governance to review an action plan for implementation of this new regulation. A new policy will be brought to the Board for approval and training will be required for all staff and Board Members.

The Board thanked Mrs McNeill and the G&A Committee for this work. Board Paper No. 451 was noted.

07/18 NEW ONLINE TOOL TO INFORM AND ASSIST PEOPLE WISHING TO MAKE A COMPLAINT ABOUT HEALTH AND SOCIAL CARE (HSC)

The Board viewed a video that has been developed to explain the PCC Complaints Support Service.

Members felt that the video was informative and recommended two minor amendments before this is placed on the PCC website and social media. It was agreed that this will be helpful for people seeking support through the HSC Complaints Procedure.

08/18 CHAIRS REPORT

Dr Edmondson had nothing further to report on her paper and it was noted.

09/18 ANY OTHER BUSINESS

- a. Future Search Event
The Future Search event had taken place from 16th to 18th January. Dr Edmondson thanked the representatives from the PCC who committed

and contributed fully to the event. Dr Edmondson invited them to update the Board on the key issues from their working group.

Members of the Board and staff who had attended highlighted the following:

- Patient centred care was the value base that ran throughout the Future Search event.
- There was a commitment to move from process focus to outcome focus. Evidence about outcomes needs to be more transparent to improve the system.
- There was a proposal to review current Personal and Public Involvement (PPI) legislation to determine if this needs to change to incorporate coproduction.
- There was a focus on connecting communities with consideration given on how the Integrated Care Partnerships (ICPs) might link with Community Planning Teams.
- There was discussion about the social determinants of health and wellbeing at society level. All organisations can help support the achievement of the PfG outcomes.
- There was concern about how staff can keep up to date with all the evidence-based guidance produced from professional bodies and national/local bodies and the DoH is going to have to address the theory / practice gap.
- There was a clear need for capacity building for staff and patients. The PCC may need to expand its Business Plan to incorporate capacity building for staff.
- The 'proud and sorry' session was interesting. While the system can sometimes be defensive, this session saw service providers admit they didn't always get it right for the public and it is important to acknowledge this. Likewise, the PCC has been brave but could be braver.
- There was discussion around a review of the system to ensure that there is genuine coproduction at **all** levels of decision making.

Members agreed that the Future Search event sounded comprehensive and positive and thanked those present for the detailed summary. A report from the event will be produced by the DoH.

- b. Consultation on Reducing the Board Size/Composition of the PCC
Sponsor Branch had forwarded the draft consultation that morning for review and comment by the Board. The DoH proposes to issue this consultation on PCC Board size and composition simultaneously with the Public Appointments process for PCC Non-Executive members.

Members identified a number of changes in relation to making it clear that this is a Departmental consultation. This included adding a context piece outlining why it is being proposed that the PCC Board composition be changed.

Given that the Board composition could be changed as a result of this consultation, Members raised concern about the Department running its Public Appointments process at the same time as the consultation and felt that this presented a reputational risk to the PCC. The Board asked Mrs Hully to seek legal advice on whether legislation would need to be changed should the Board composition be reduced.

Given time constraints, the Board agreed that Mrs Hully should seek legal advice and a Board teleconference be arranged to finalise the Board's response to the proposed consultation.

Action:

- 1. Mrs Hully to seek legal advice regarding legislation on PCC Board composition.**
- 2. Mrs Mallen to circulate some background information and the consultation document to the Board and arrange a Board teleconference call to discuss and finalise the PCC response to the DoH.**

10/18 INPUT FROM MEMBERS OF THE PUBLIC

There were no members of the public present.

11/18 DATE OF NEXT MEETING

The next meeting will be held on Tuesday 20th March 2018 in the PCC Conference Room, Quaker Buildings, High Street, Lurgan.

The meeting closed at 1.00pm.

Signed _____

Signed _____

Date _____

Date _____

Maureen Edmondson
Chair of PCC

Maeve Hully
Chief Executive of PCC