Minutes of User Feedback and Involvement Committee held on Wednesday 20 June 2012 in the Boardroom, Bush House, Antrim

Present:  Dr C Ackah, Non Executive Director (Chair)  
Professor D Whittington, Non Executive Director  
Mr B McCann, Non Executive Director  

In Attendance:  Mrs H Baird, Head of Governance and Patient Safety  
Ms R Getty, Assistant Director of Acute Services Operational Support (representing Ms V Jackson)  
Mrs R McDonald, Assistant Clinical and Social Care Governance Manager  
Mrs C Kerr, Deputy Director of Nursing (representing Mrs O MacLeod)  
Mrs J McNeill, Patient and Client Council, Northern Office

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<td><strong>Apologies</strong></td>
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Dr P Flanagan, Medical Director  
Mr O Donnelly, Director Mental Health and Disability Services  
Mrs O MacLeod, Director of Nursing and User Experience  
Mrs U Cunning, Director Primary Care and Community Care for Older People’s Services  
Mr C Worthington, Director of Children’s Services  
Ms V Jackson, Director of Acute Hospital Services |

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<td><strong>Minutes of Previous Meeting – 20 March 2012</strong></td>
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The minutes were agreed as an accurate reflection of that meeting. |

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**3.1 Clinical Complaint Co-ordinator post – Acute Directorate**  
Mrs McDonald advised that this post had now been filled. The post holder who previously had planned to leave to take up another post had agreed to stay on part time. The other half of the post had been filled from the waiting list. |
3.2 Nursing Home Complaint

Mrs McDonald referred to discussion at the previous meeting regarding a complaint about care in a private nursing home. She advised that the Trust was carrying out an investigation and were following up issues with the home.

Dr Ackah expressed her concern regarding monitoring of standards of care in nursing homes. Mrs Baird advised that the Trust Contracts Support and Governance Officer post was currently being recruited and it was hoped that the appointee would be in post by the end of the Summer. One aspect of that role is to monitor care contracts including complaints with a particular focus on the provision of domiciliary care services provided by independent sector providers.

Members also referred to discussion at the previous meeting where a client’s daughter was unhappy with the way her mother was treated by a Home Care Worker. It was noted that systems of monitoring clients in nursing homes and in their own homes appeared to be very fragmented and it was agreed to invite a representative from the Home Care Service to the next meeting to provide assurance that standards of care were being effectively monitored.

It was also agreed to invite a service user to the next meeting to share details of their experience.

3.3 PCC Membership Scheme

Mrs McNeill advised that 4500 people in Northern Ireland and 1400 people in the Northern Trust have enrolled in the scheme.

4. Complaints and User Feedback

4.1 Complaints and User Feedback Report for quarter Ending 31 March 2012

Members reviewed the report for the quarter ending 31 March 2012 and comments were made as follows:

- It was noted that 199 complaints had been received for this quarter which was a significant increase from 134 received in the previous quarter. This increase was related to car parking complaints. Following the
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<td>introduction of car parking charges complaints initially related to payment for parking. These most recent complaints related mainly to availability of parking spaces at Fern House for physiotherapy patients and this has since been resolved by providing additional spaces. Other car parking complaints received were in relation to staff not advising inpatients of the process to have their car parking ticket validated and queues for pay stations. Complaints had also been received regarding clamping. It was noted that it is an independent company who is responsible for monitoring car parking.</td>
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<td>- Members noted the substantial increase in the number of complaints regarding ‘Treatment and Care, Quality’ since the previous quarter. Mrs McDonald agreed to investigate this further.</td>
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<td>- Members noted the increase in the number of complaints received regarding ‘Discharge/Transfer Arrangements’ since the previous quarters. Ms Getty advised that there had been radical changes to discharge arrangements and that the increase may be related to that. If this was the reason, the number of complaints should decrease. Mrs McDonald agreed to investigate this further.</td>
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<td>- Members expressed concern regarding the Children Order complaint received. The complainant felt that there were too many social workers involved in their case and were unable to build up trust with one particular staff member. It was acknowledged however that unforeseen circumstances such as sick leave, maternity leave or staff getting a new job are beyond the Trust’s control.</td>
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<td>- There was discussion regarding whether there was a pattern of increased numbers of complaints received following media coverage about the Trust. Mrs McDonald confirmed that there would be an increase but equally an increase in the number of compliments received.</td>
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<td>- Mrs McDonald commented that more complaints are being received as a result of using the user feedback form.</td>
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Mrs McNeill advised that the Patient and Client Council had launched a helpline in March to share patients’
stories. It is hoped to have feedback available on this in October and she undertook to share this with the Trust. She advised that callers to this helpline are given advice regarding how to make a complaint if they wish to do so.

Dr Ackah advised members that the Committee would focus today on complaints received within Emergency Medicine. Mrs McDonald tabled a paper which analysed complaints received by subject and location for the quarter ending 31 March 2012. Members reviewed the paper and noted the following:

- 25 complaints were received which related to Emergency Medicine during the quarter ending 31 March 2012.

- 20 (80%) of these complaints related to Antrim Hospital and 5 (20%) to Causeway Hospital.

- The main subjects for the complaints received were:
  - Treatment and care quality
  - Clinical Diagnosis
  - Waiting times
  - Staff attitude/behaviour
  - Communication/information to patients.

- 48% of complaints received were with regard to Treatment and care, quality. Members noted that many of these complaints related to the considerable pressure which the Emergency Department is under.

- Members were concerned to note that 24% of complaints received were with regard to clinical diagnosis. Professor Whittington expressed concern regarding whether robust systems were in place to identify doctors who frequently misdiagnose and ensure that it is flagged up within the appraisal system.

- There was discussion regarding complaints relating to missed diagnosis of fractures. It was noted that x rays are routinely reviewed in 2-3 days and members discussed whether a leaflet explaining this should be given to patients. Ms Getty advised that such leaflets should be already available and undertook to check.

Dr Ackah thanked Mrs McDonald for the very useful analysis of complaints received relating to Emergency
4.2 Monthly complaints performance reports from February 2012 to April 2012

It was noted that 74% of complaints had been responded to within 20 working days in February and March and this had increased to 78% in April.

4.3 Children Order Complaints
1 January – 31 March 2012

It was noted that one complaint had been received for this quarter.

4.4 Complaints Annual Report 1 April 2011 – 31 March 2012

Mrs McDonald presented the Complaints Annual Report for the Northern Health and Social Care Trust for the period 1 April 2011 – 31 March 2012. She advised that the report reflects the information contained in quarterly reports.

Members noted the report and approved it.

4.5 Updated regional guidance on the use of Conciliation

Mrs Baird referred members to guidance from the Health and Social Care Board, ‘Supplementary Information for HSC Organisations on the Use of Conciliation’. She advised that the recently reviewed Trust Complaints and User Feedback Policy contained a section regarding conciliation. Members felt that it was not necessary to include this document in the policy but a reference should be made to it.

Mrs Baird informed members that the first conciliator had been used and it was planned to provide more details of the complaint and outcome of the conciliation at the next meeting of User Feedback.

4.6 Review of NI Ombudsman’s New and Closed Cases

Members noted the report on the Review of Ombudsman (Commissioner for Complaints) Cases (New and closed
cases) for the period 1 April 2011 – 31 March 2012. There were 7 new and 9 closed cases.

5. Personal and Public Involvement

5.1 Patient and Client Experience Standards Reports For quarter ending 31 December 2011

Members noted the reports for the patient and client experience standards work which was carried out in the following wards:

- Rehab Ward, Mid Ulster Hospital
- Surgical 1, Causeway Hospital
- Ward B2, Antrim Hospital

The reports contain details of patient and client experience standards work which was carried out through patient/carer experience questionnaires and observations of practice. The reports also include compliments and complaints received for both wards and details of patient stories in the Rehab Ward.

5.2 Patient and Client Experience Standards Reports For quarter ending 31 March 2012

Members noted the reports for the patient and client experience standards work which was carried out in the following wards:

- Ward A2 (Paediatrics), Antrim Hospital
- Tardree, Holywell Hospital
- Emergency Department, Antrim Hospital

5.3 Patient and Client Experience Standards work Currently ongoing

Mrs Carolyn Kerr provided an overview to members of the patient and client experience standards work undertaken in Ward A2, Antrim Hospital, Tardree, Holywell Hospital and the Emergency Department, Antrim Hospital. She advised that the reports for Ward A2 and Tardree were positive and action plans were being progressed.

Mrs Kerr reported that there was a poor response to the patient satisfaction survey carried out in the Emergency Department. Of the 60 questionnaires given out, only 9 (15%) were returned. Of those 9 which were returned, the questionnaires reflected a poor experience for
patients. Recurring themes identified were:

- Interruptions to care delivery
- Staff not taking time to listen to questions/concerns
- Lack of provision of information leaflets
- Staff not introducing themselves to patients
- Lack of explanations about what was happening in relation to treatment and care

It was noted that due to the poor response rate of questionnaires it is planned to repeat the exercise during the next quarter.

Mrs Kerr also reported that comments received regarding nursing care were positive.

There was discussion regarding staff in the Emergency Department not wearing name badges. It was noted that in the past there had been some incidents regarding violence towards staff and staff were afraid to be identified. Dr Ackah expressed concern regarding this and emphasised that hospital staff should be identifiable. Ms Getty undertook to investigate this further.

Members highlighted that staff should always introduce themselves to patients and provide an explanation about their treatment.

It was noted that all of the reports on patient and client experience standards work were discussed at Governance Management Board. There was discussion at GMB that Action Plans should be multidisciplinary. Dr Ackah agreed that clinicians should be involved in the Action Plans as well as nursing staff.

Mrs Kerr outlined proposed areas to be sampled during 2012/13 – five areas per quarter. She advised that areas within mental health would also be included.

Dr Ackah thanked Mrs Kerr for the update on this very worthwhile work and looked forward to receiving updates in the future.

### 5.4 Trust Consultation Scheme

Mrs Baird advised that since 2009 Trusts were legally required to have a Consultation Scheme. At that time the Trust included its Consultation Scheme within the PPI Strategy. Recent DHSSPS guidance had advised that

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<td>Trusts should revise their schemes. The Trust sought legal advice and following this Mrs Alison Irwin, Head of Equality attended Governance Management Board where amendments to the Consultation Scheme were agreed. It was also agreed that the Scheme would be a stand alone document.</td>
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<td>It was noted that the new Consultation Scheme would be brought to the next meeting of User Feedback and Involvement Committee.</td>
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<td><strong>5.5 Revised Reimbursement Policy</strong></td>
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<td>Mrs Baird referred to guidance from the Public Health Agency on reimbursement to service users and carers. This had been discussed at Governance Management Board for approval to develop a Northern Trust policy. It had been agreed to adopt the policy from the Public Health Agency but to amend the rate of payment for travel reimbursement. The policy from the PHA recommended that service users and carers should be reimbursed at public transport rate. The Trust currently reimbursed according to the cc of the service users/carers car which was more favourable and it had been agreed at GMB to continue this rate of payment and the policy would be amended to reflect this.</td>
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<td><strong>5.6 Draft PPI Standards</strong></td>
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<td>Mrs Baird advised members that there was still an opportunity to make comments on the Draft PPI Standards.</td>
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<td><strong>5.7 Merging of Community Development and PPI Action Plans</strong></td>
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<td>Mrs Baird advised that the Trust had engaged external Consultants to assist with this and should be completed by September.</td>
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<td><strong>5.8 Leadership Walk rounds – Patient Experience Feedback November 2011 – May 2012</strong></td>
<td>Mrs McDonald</td>
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<td>Mrs Baird referred members to a summary of Leadership Walkrounds which detailed patient experience comments. Members reviewed the summary and remarked that some walkrounds were not included in the summary and it was agreed that it would be updated and brought to the next meeting.</td>
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<td>Dr Ackah commented that the Committee would review issues from walk rounds on a regular basis.</td>
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### 6. Minutes of Meetings

#### 6.1 Audit Committee Minutes

Members noted the minutes of Audit Committee meetings held on 8 March 2012 and 26 April 2012.

#### 6.2 Governance Committee Minutes

Members noted the minutes of Governance Committee meeting held on 12 January 2012.

#### 6.3 Joint Meeting held between Chairs of Governance Committee and Audit Committee

Members noted the minutes of the above meeting held on 26 April 2012.

### 7. Any Other Business

- Mrs McDonald updated members regarding the Children Order Complaints Procedure. The consultation process was now complete and would be finalised and issued in the near future.
  
  The Children Order leaflets were currently being printed.
  
- Members noted a report tabled by Mrs McDonald regarding U-talk staff feedback for the period 1 April 2011 – 31 March 2012.
  
- Mrs McNeill advised that the Patient and Client Council were holding public road shows during September and October regarding Transforming Your Care. Communication regarding these will be sent out in the near future.

### 8. Date of Next Meeting

Rearranged for: Monday 15 October 2012 at 1 pm
Seminar Room 1, Postgraduate Medical Centre, Bretten Hall, Antrim Hospital