



# Northern Health and Social Care Trust

**Minutes of User Feedback and Involvement Committee held on  
Wednesday 1 October 2014 in the Conference Room, Bretten Hall, Antrim  
Hospital**

**Present:** Dr C Ackah, Non Executive Director (Chair)  
Mr B Graham, Non Executive Director

**In Attendance:** Mrs O MacLeod, Director of Nursing and User Experience  
Mrs S Pullins, Head of Governance and Patient Safety  
Mrs R McDonald, Assistant Clinical and Social Care  
Governance Manager  
Ms R Getty, Assistant Director of Operational Support  
(representing Mrs M O'Hagan)  
Ms C McGonigle, Social Work and Social Care Governance  
Manager (representing Mrs M Roulston)  
Dr Greg Furness, Interim Medical Director (in attendance  
only for discussion from Point 4 onwards)

**Mrs D Killough, Administrative Support**

		<b>Action</b>
<b>1.</b>	<b>Apologies</b>  Professor D Whittington, Non Executive Director Mr O Donnelly, Director Mental Health and Disability Mrs U Cuning, Director Primary Care and Community Care for Older People's Services Mrs M O'Hagan, Director of Acute Hospital Services Mrs M Roulston, Director of Children's Services Mrs M McNally, Clinical and Social Care Governance Manager	
	Dr Ackah welcomed everyone to the meeting and particularly welcomed Mr Billy Graham who was recently appointed as Non Executive Director in the Trust. Mr Graham will be a member of User Feedback and Involvement Committee replacing Mr Bob McCann.	
<b>2.</b>	<b>Minutes of the Meeting on 1 July 2014</b>  The minutes were agreed as an accurate reflection of that meeting.	

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<p><b>3. Matters arising</b></p>	<p><b>3.1 Complaints Review Report</b></p> <p>Dr Ackah referred to the recommendations from the Independent Review of the complaints structures and processes. It was agreed at Trust Board that the User Feedback and Involvement Committee would oversee the implementation of the Action Plan and as such, Mrs MacLeod and Mrs Pullins had agreed to update members at this meeting on progress.</p> <p>Mrs MacLeod updated members as follows:</p> <ul style="list-style-type: none"> <li>• Following a review of current staff working within Complaints Management, all staff are now based on one site.</li> <li>• Call handlers are being identified to deal with lower level complaints</li> <li>• Work is progressing with regard to learning from complaints</li> <li>• Complainants are attending meetings to relay their stories and experiences. Patient stories have been heard at Trust Board and it was noted that a complainant would be attending the meeting today.</li> </ul> <p>Dr Ackah asked Mrs MacLeod to forward a copy of the Complaints review to Mr Graham. Mr Graham indicated that he would appreciate information on the complaints process.</p> <p><b>3.2 Possibility of visits to Independent Sector Facilities</b></p> <p>As Professor Whittington was not in attendance today, this item was deferred.</p> <p><b>3.3 Regional Working Group – Children Order</b></p> <p>Ms McGonigle advised that a regional working group has been reviewing the Children Order Complaints Procedure. A member of staff from the Complaints Department represents the Trust on this group. An update will be provided at the next meeting.</p>	<p></p> <p><b>Mrs MacLeod</b></p> <p></p> <p><b>Mrs Roulston</b></p>

		<b>Action</b>
	<p><b>3.4 Coding of Complaints</b></p> <p>Following discussion at the previous meeting with the Patient and Client Council regarding sharing information on coding of complaints, Mrs Pullins advised that she will pick this up at the next Trust/PCC liaison meeting.</p> <p><b>3.5 Re-opened complaints (additional analysis)</b></p> <p>Mrs McDonald presented a briefing paper providing an analysis of re-opened complaints during period 1 October 2013 – 31 March 2014. The report provided information under the following headings:</p> <ul style="list-style-type: none"> <li>• Number of complaints re-opened by directorate</li> <li>• Number of complaints re-opened by specialty</li> <li>• Primary subject matter of re-opened complaints</li> <li>• Reason for complaint being re-opened</li> <li>• Source of re-opened complaint</li> <li>• Number of re-opened complaints per complainant</li> <li>• Outcome</li> </ul> <p>It was noted that the main reason for complaints being re-opened was due to elements of the complaint not addressed or that the response was felt to be inadequate or incorrect.</p> <p>Mr Graham enquired about the process and how a decision is made to close a complaint. Mrs MacLeod advised that each complaint is initially acknowledged and assessed to ascertain whether a letter of response will suffice or if the offer of a meeting with the complainant is felt to be more appropriate. Where meetings are held, a note is taken and actions are highlighted.</p> <p>At this point, if a complainant is still not content, they may contact the appropriate Director or the Ombudsman.</p> <p><b>3.6 U-Talk</b></p> <p>While it was accepted that staff concerns and complaints re service provision could be a useful barometer for the service user experience, doubts were expressed as to whether this committee was the most appropriate forum for discussion on this facility.</p>	<p><b>Mrs Pullins</b></p>

		<b>Action</b>
	<p><b>3.7 Children with Complex Physical Health and Social Care Needs Vision for Future Services</b></p> <p>Members noted the Post Project Evaluation Report for PPI in relation to Children with Complex Health and Social Care Needs – Vision for Future Service Provision.</p>	
	<p><b>Service User Experience Feedback</b></p> <p>At this point, Dr Ackah welcomed service user, Mrs A and members of her family to the meeting to share her experience of the Trust complaints process. They were accompanied by Ms Bronte Mayo, Patient and Client Council. Dr Ackah explained to Mrs A that the Committee were interested to hear directly from her about her experience of the Trust`s complaints process and invited her tell the Committee what had been positive and what had not been positive about the complaints process. Dr Ackah also explained the Committee`s role and stressed that it was not involved in the operational investigation of complaints.</p> <p>Mrs A explained that her mother had been admitted to a particular ward in Antrim Hospital on 30 December 2013 and went on to describe her time there as ‘horrendous’. When she was eventually moved to the MacMillan Unit on 29 January 2014, Mrs A commented that during her short stay there, her mother was treated with respect and dignity and was exceptionally well cared for. Her mother died a few days after admission to the MacMillan Unit.</p> <p>Mrs A advised that following her mother’s death, the family were left with a deep sense of guilt and realised that the care and attention received by her mother in the first ward was not what it should have been. At that point Mrs A wrote to the Complaints Department on 19 March 2014 and subsequently met with Mrs MacLeod on 4 April 2014.</p> <p>Mrs MacLeod confirmed that the Ward Sister was present at this meeting and a note was made which was shared with the family. A summary of actions agreed were documented. Some actions were actioned immediately and others are being progressed. Mrs MacLeod relayed a number of actions which she had</p>	

		<b>Action</b>
	<p>taken since the meeting and confirmed that she had actively been monitoring the particular ward to ensure that improvements were being implemented.</p> <p>Mrs A however commented that since that meeting she had not had any feedback until her attendance at User Feedback &amp; Involvement Committee regarding progress on actions agreed. She also commented that she would have liked a letter of apology from the Trust to her family for the care received by her mother.</p> <p>Mrs MacLeod apologised to Mrs A that an update had not been provided since the meeting in April and undertook to write to her documenting actions progressed.</p> <p>Mrs A commented that she recently had been speaking to a friend whose relative had been in the same ward and it was apparent that no improvements had been made. This had made her feel guilty that she should have done more.</p> <p>Dr Ackah assured her that she had taken the appropriate action in bringing her concerns to the attention of the Trust and actions were being taken to make improvements and to ensure that staff learned from this.</p> <p>Dr Ackah thanked Mrs A and her family for attending the Committee today and for sharing their experience.</p> <p>Mrs A and her family left the meeting.</p> <p>Following the family's departure, members discussed how the complaint had been dealt with. It was agreed that it would be good practice following any meetings with a complainant to keep them informed, in writing, of progress on action taken to address their concerns. Mrs MacLeod advised that she would send a letter to the family and agreed to update members at the next meeting.</p>	<p><b>Mrs MacLeod</b></p> <p><b>Mrs MacLeod</b></p>
<p><b>4.</b></p>	<p><b>4.1 Formal Complaints Performance Report quarter Ending 30 June 2014</b></p> <p>Mrs McDonald presented the formal Complaints Performance Report for the quarter ending June 2014.</p>	

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	<p>The report provides a quarterly update on formal complaints performance by directorate and for the Trust overall. It was noted that 197 formal complaints were received during this quarter. The overall complaints performance responded to within 20 working days increased from 62% in the previous quarter to 64% in this quarter. Members noted the number of complaints responded to within 20 days by directorate. It was particularly noted that within Children's Services, 47% of complaints were responded to within 20 working days. Mrs McDonald advised that for the period July to August, this percentage had improved to 63%.</p> <p>There was discussion regarding the 20 day response time for complaints and it was acknowledged that some complaints are particularly complex and this response time is therefore not possible, The Trust aspires to respond to 72% of complaints within 20 working days. Mrs MacLeod advised that in cases where complaints responses exceed 20 days, the Trust would make contact with the complainant to keep them updated.</p> <p>Members noted that four complaints were still outstanding after 40 days and reviewed the summary details of these. It was noted that there was a delay in providing a written response for one of these complaints within General Medicine in Acute and Ms Getty agreed to provide further details of this to Dr Ackah.</p> <p>Members reviewed the analysis of complaints within each directorate and Dr Ackah requested details to be provided on the outcomes for complaints within administration in acute, anaesthetics and cardiology.</p> <p>Mr Graham commented that this report was informative and enquired about the specific role of this Committee with regard to complaints. There was discussion regarding the need for assurance to the Committee and the Board that the Trust was identifying trends and themes arising from complaints and taking appropriate action. It was agreed that while individual directorates would routinely discuss these at their regular meetings, the Committee also had a role in identifying trends and themes.</p>	<p></p> <p><b>Ms Getty</b></p> <p><b>Mrs McDonald</b></p>

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	<p><b>4.2 Children Order Complaints (included in Complaints quarterly report)</b></p> <p>It was noted that there was one Children Order complaint received during this quarter. This has since been resolved.</p> <p><b>4.3 Compliments (included in complaints quarterly Report)</b></p> <p>It was noted that a total of 199 compliments were received during this quarter.</p> <p>Compliments are shared with relevant staff.</p> <p><b>4.4 Complaints Annual Report for 2013/14</b></p> <p>Mrs Pullins presented the Trust Complaints Annual Report 1 April 2013 – 31 March 2014.</p> <p>There was discussion regarding how the Northern Trust compares to other Trusts in Northern Ireland with regard to number of complaints. Mrs McDonald advised that a regional report used to be published and also undertook to review annual reports for other Trusts to ascertain numbers.</p>	<p><b>Mrs McDonald</b></p>
<p><b>5.</b></p>	<p><b>Personal and Public Involvement</b></p> <p><b>5.1 Patient and Client Experience Standards - Completed Work 2013/14</b></p> <p>Mrs MacLeod presented the Trust Report for Improving Patient and Client Experience work in 2013/14. Members noted that the overarching themes arising from this work are respect, attitude, communication and privacy and dignity. Information is obtained through patient stories, observations of practice, questionnaires, etc.</p> <p><b>5.2 Patient and Client Experience Work Plan 2014/16</b></p> <p>Members noted the Patient and Client Experience Work Plan 2014/16.</p>	

		<b>Action</b>
	<p><b>5.3 PPI Steering Group</b></p> <p>Mrs Pullins advised that work was ongoing to agree a way forward for PPI in the Trust. PPI, community development and patient experience should all be linked. She agreed to keep the Committee updated on progress in this work.</p>	
<b>6.</b>	<p><b>Patient and Client Council</b></p> <p>No Items for discussion.</p>	
<b>7.</b>	<p><b>Minutes of Meetings</b></p> <p><b>7.1 Audit Committee Minutes</b></p> <p>None applicable to this quarter.</p> <p><b>7.2 Governance Committee minutes</b></p> <p>Members noted the minutes of the Governance Committee meeting held on 10 June 2014.</p>	
<b>8.</b>	<p><b>Any Other Business</b></p> <p>None</p>	
<b>9.</b>	<p><b>Date of Next Meeting</b></p> <p>Tuesday 20 January 2015 at 2 pm Boardroom, Trust Headquarters, Bretten Hall, Antrim Hospital.</p> <p>9.1 It was agreed that the schedule for further meetings in 2015 should be produced in conjunction with the scheduling of other Trust sub committees.</p>	