

(c) Workplan Hierarchy Contingency Plans and Financial Situation

The workplan contains a significant large number of tasks and a hierarchy of eight priorities was set out as a contingency plan for the coming year.

During the coming year, consultants will be commissioned to carry out three or four projects to assist with delivery of projects, for example, the joint project with the General Medical Council on raising awareness of Good Medical Practice.

Mr Marshall asked if the outstanding Council workload is to be handed over to the Patient Client Council. The Chief Officer replied that only essential ongoing business such as live complaints would be passed over to the PCC. The Council plan will also look at how the Council closes down areas of work, and will be reviewed regularly throughout the coming year by the Chief Officer.

Mr Marshall asked what the Council intended to do if they were completing work on behalf of another organisation. The Chief Officer explained that the tasks are self-contained projects that do not rely on Council making sustained commitments to others.

Cllr Henderson asked how many complaints Council are dealing with at present. The Chief Officer replied that it was an average volume of 220 per annum. The Chief Officer and Senior Manager, Mr Sean Brown are currently dealing with complaints in the absence of Mr Raymond Newman, Senior Manager which is a significant addition to their own workload.

The Complaints Sub-Group scheduled to meet on 22 May 2007 will receive a briefing on the proposals for reviewing how Council manage complaints. Members were asked to be aware of changes in service because it may prompt some reaction from members of the public, for instance, returning calls within 48 hours instead of the usual standard of 24 hours.

Cllr Henderson asked about the extent of current senior management involvement with complainants. The Chief Officer explained that involvement remains at the same level dealing with some complex and demanding issues with emotional content, for example child abuse, clinical negligence, bereavement and suicide.

The Chief Officer informed members that Council had commissioned a staff stress audit by CareCall, the business arm of the Northern Ireland Association for Mental Health dealing with stress in the workplace. The feedback of this survey was generally positive about the health and well being of staff. The Chief Officer explained that although it is the Council's role to deal with complaints, but staff are Complaints Advocates, not counsellors and it could therefore be very demanding on them.

The Chair recognised the extra workload on staff in regard to complaints advocacy. A small percentage of complainants are very difficult and time consuming. Senior management cannot anticipate what each phone call will entail.

Cllr Henderson acknowledged that complaints could be stressful on everyone, but that it was important for Council to inform the Department of the situation. The Council has a good name for its work and changing circumstances need to be clearly understood. The Chief Officer informed Members that the CareCall Audit was a report provided for governance purposes. Members were assured that appropriate steps have been taken to ensure the health and safety and welfare of the staff. Members should be aware that expectation has been created among the public that standards require them to be seen immediately on visiting the office or making a telephone call, but this is no longer possible, and they may hear anecdotal evidence about inability to make immediate contact.

Members formally approved the 2007/2008 workplan and wished to record their compliments to the staff for the work carried out.

47/07 WORK PROGRAMME UPDATE FROM 2006/2007

The Chair explained that the Chief Officer and Mr Sean Brown, Senior Manager had attended the Department on 23 April 2007 for an Annual Formal Accountability Review by Mr Dean Sullivan, Director of Service Delivery and Alison Jaynes, responsible for Health & Social Service Councils' performance. The Chief Officer therefore provided Members with an update of the 2006/07 Work Programme and feedback from that Departmental Accountability Review.

The Chief Officer thanked staff and Members for their work and commitment to the delivery of the workplan for the past year. The contribution of the EHSSC to the health and social care agenda was acknowledged by the health service. The Chair also passed on Mr Sean Brown's appreciation to Members for the Members' activity reports they provided.

48/07 EHSSB BUSINESS

The Chair informed Members that Dr Paula Kilbane, Chief Executive, EHSSB had submitted her apologies.

49/07 PRESENTATION REGARDING "BEST PRACTICE REVIEW OF PATIENT PUBLIC INVOLVEMENT" BY MS JULIE MCCAUGHAN, ISSUE ISLAND

The Chief Officer set the context to the Patient and Public Involvement Best Practice Review. Patient and Personal Involvement (PPI) is the means by which communities, individuals, patients and the people influence what the health service does and have their needs and wishes addressed by it. This is critical at this time in terms of getting it appropriately recognised and delivered by the new structures. The Council asked Ms McCaughan to undertake research into PPI as it was clear to that there was very little real consensus of what PPI is, widespread awareness of how do you do it, who is doing it, how are they doing it and what is happening here and abroad.

The Council also asked Ms McCaughan to give her independent thoughts and recommendations for a way forward on PPI. PPI is a Council workplan priority item for 2007-08. A key function of the new Patient Client Council will be to act as a resource for PPI, to be seen to support it and to ensure that it is done well across health and social care. This research will contribute to this. The research is a pivotal part of what the Council aims

to achieve in the coming year, especially in engaging with the new structures. There are two follow-up actions already in hand.

- 1 Seminar facilitated by the Council to stakeholders on the report findings.
- 2 One-Day Training in PPI to be arranged.

Ms McCaughan explained that the full report contained 157 pages plus appendices and highlighted that the aspiration for PPI exists, but there is little consistency as to what it means. The project brief was to find innovative and creative ways of undertaking PPI. A copy of the Summary Document was tabled for Members and Ms McCaughan delivered her presentation.

RECOMMENDATIONS AND MEMBERS' QUESTIONS

Cllr Curran asked where the budget for PPI would come from? Ms McCaughan replied that it would have to be mainstreamed into organisations' planning and delivery of services. The DHSSPS would need to provide a lead if PPI is to be the 'next big thing' in health and social care.

The Chair explained that the new Health and Social Care Trusts have a legal obligation placed on them for public engagement. In her attendance at the first board meeting of each of the two new Trusts both had public engagement contained within their draft plans for their way forward.

Cllr Henderson recognised the importance of identifying PPI Champions to take it forward, but questioned who will manage this challenge and ensure the budget exists. Ms McCaughan replied there is a shift in ethos, that health and social care is a partnership whereby the patient takes responsibility for his or her own treatment and recovery and the onus is not just on the service provider.

Mr Meredith stated that in his experience consultation processes generally reflected what the Trusts wanted to hear and there was a communication gap. Mr Meredith stated that sometimes consultation is "wasted" effort and that a good exercise would be to look to gather missing information.

Mr Marshall was of the view that the Local Community Commissioning Associations (CCAs) to be set up will be key otherwise PPI will be too fragmented. Two Local Commissioning Groups are currently piloting schemes for Community Commissioning Associations and the public involvement structure is there. Mr Marshall was concerned PPI will not actually happen, because of the new structures. Mr Marshall stated the fact that the Patient Client Council is the last organisation to be set up is evidence that the structure is not there.

In response to Cllr Henderson's enquiry about restructuring in England and Wales Ms McCaughan pointed out that the 532 patient forums set up in England and Wales failed because they were so diverse in their perspectives on what to do and there was no coherence on PPI.

The Chief Officer noted that there was a lack of clarity in the role of the Community Commissioning Associations (CCAs). There are two key issues to be addressed in the next 12 months.

- Trust plans for the planning, structuring and delivery of services are far advanced leading to the risk of a provider-led service.
- The question of who speaks for communities is unresolved. Is it district Councillors? The community/voluntary sector? GPs?

Cllr Henderson enquired if there is legislation in place to ensure that PPI is acted upon. The Chief Officer explained that legislation states health and social care bodies must have a PPI strategy for engagement with communities, which must be approved by the Department, after consultation with the Patient Client Council. If the PCC takes the view that an organisation is not being effective it can inform the Department who can direct the Trust or the HSC Authority to put in place a new scheme for engagement. The Department is developing standards for PPI, which the Regulation and Quality Improvement Authority will monitor and inspect.

Cllr Henderson also asked if consultation with “relevant” organisations is classified as public engagement. The Chief Officer noted the PCC would be in a position to say what consultation is and influence the associated standards. Ms McCaughan’s report makes it clear that there is a role for the EHSSC to develop a new momentum for that.

Cllr Henderson noted the risk of health and social care organisations going to voluntary organisations representing specialist client groups and the general community not being heard if not heavily involved with their GP.

The Chair drew the discussion to a close highlighting to members that the Belfast Health and Social Care and the South Eastern Health and Social Care Trusts have given notice that they do not want their PPI to be ‘tokenism’.

50/07 MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on Thursday 19 April 2007 were agreed as an accurate record, subject to the following minor amendments:

- (a) Minutes 32/07 – Apologies, page 1
Cllr Henderson requested that his name be added to the apologies list.
- (b) Minute 34/07 - Presentation by Mr John Compton, Chief Executive, South Eastern Health and Social Care Trust, page 5
Mr Marshall requested that the number of questions be amended to read “Mr Roy Marshall asked *four* questions” instead of ‘three questions’, although it was only meant as one question with supplementary information.
- (c) Minute 36/07 Chair’s Business (d) - Information Session re New Women’s and Children’s Hospital, Royal Group of Hospitals, on 29 March 2007 – page 7
Miss Patterson requested that her name be included in the first paragraph: “Mrs Rosemary McGrotty and Miss Muriel Patterson were also in attendance.”

51/07 MATTERS ARISING FROM MINUTES OF 19 APRIL 2007

The Chief Officer updated Members on the following:

- (a) Minute 33/07 – Provision of copy of report on Patient Self Referral in North Down and Ards Area to Mr John Compton, Chief Executive, South Eastern Health and Social Care Trust

The final copy of the “Who Goes Where” report will be forwarded to Mr John Compton in the next few days.

- (b) Minute 35/07 – Ministerial Action Plan for Muckamore Abbey

A letter was sent to the Minister to welcome the focus on Muckamore Abbey and to note that the EHSSB had already claimed there were insufficient funds within their current year to meet the targets that he had set for resettlement for Muckamore Abbey and to inform him that the Council intended to follow this up through the year as outlined in its 2007/08 workplan.

- (c) Minute 38/07 (e) – Council Response on RPA Legislation

Members received a copy of the two-page response.

- (d) Minute 42/07 (c) – Mr Marshall’s report on opening of new Regional Cancer Centre

Copy available to members on request.

- (e) Minute 43/07 – Audit Office Report regarding Consultants’ Contract

The Chief Officer clarified that that report only referred to England.

52/07 REPORT FROM CHIEF OFFICER

- (a) The Chief Officer informed Members of three priority invitations he had received to sit on as the Patient Representative.

- (i) Department of Health Clinical Reference Group

This group has been charged with overseeing and commenting on the delivery of targets for hospital admission and discharge; the end of trolley waits; the four hour casualty wait; the 12 hour wait for discharge when you are fit; and the 72 hour wait for discharge when you have a need for care package.

- (ii) National Service Framework (NSF) for Cardiovascular Disease

This request came from Dr David Stewart, Director of Public Health Medicine, EHSSB.

- (iii) Reference Group for Greater Belfast Trust PPI Strategy

This group will look at how the Trust delivers on PPI.

The Chief Officer made Members aware that these three groups are significant pieces of work that have been prioritised. The Chief Officer undertook to keep Members informed of developments.

(b) New EHSSC website layout to be launched 1 June 2007

Members were given a demonstration of the new Council web site due for launch on 31 May 2007. The web site will highlight the key targets of the health service in simple terms, in easy to read and understand terms. The site will clearly indicate what people have a right to expect in terms of services. Visitors to the EHSS Council website are invited to submit an account of their personal experience by telephone.

53/07 CORRESPONDENCE – PAPER EC/10/07

Paper EC/10/07 was taken as read, with no additional items being discussed. Members were advised to telephone the office as soon as possible if they were interested in requesting any of the documents itemised on the monthly correspondence list.

54/07 INPUT FROM COUNCIL MEMBERS

(a) Northern Ireland Medical and Dental Training Agency (NIMDTA) Educational Consortium 3 May 2007

Mr Meredith was appointed as the Council Representative on this Consortium and highlighted the following items of interests from the meeting.

- (i) The consortium was set up to assess and standardise courses for all health services practitioners, through self-assessment and random checking with 1000-1600 courses on offer.
- (ii) The increased use of foreign doctors for out-of-hours cover and the “perceived” issue of communication difficulties. The NIMDTA reported that this is work in progress and is being considered as a matter of priority.

The Chief Officer noted that on the second point the Council regard the ability to communicate, as a core, clinical competence and the job cannot be carried out if this cannot be demonstrated.

(b) EHSSB General Surgery Network Project Board 4 May 2007

Mr Meredith and Cllr Mrs E Campbell were both welcomed as representatives from the Council on this Project Board. Mr Meredith reported that this group of health professionals from the Greater Belfast area said they felt the Council representatives made a useful contribution. However, as the group members are currently awaiting relocation in view of the Review of Public Administration they are currently in a period of change and unable to resolve matters.

The Chair stated that whilst Members make a valid contribution to committees, attendance needs to be evaluated in terms of what Council and service users gain from such input. The Chief Officer informed Members that this Project Board is a Man-

aged Clinical Network for which patient representation is a pre requisite. The Chief Officer undertook to speak to Dr Jackie McCall on Council representation on this Board.

(c) Recent Awards presented to health and social care staff in Eastern Board Area Hospitals

In view of recent discussions regarding cleanliness in hospitals, Cllr Henderson informed the meeting of the following awards recently presented to health and social care staff.

- (i) Certificates from the British Institute of Cleaning Science achieved by:
 - The team of Ms Jean Deeds, Domestic Services Manager, Mater Hospital;
 - The team of Mr Simon Moody, Ulster Community and Hospitals Trust;
 - The Domestic Services Team at the Royal Group of Hospitals.
- (ii) "Eat Safe Team Award" to Pearl Murray's team for a number of facilities on the Knockbracken site.
- (iii) "Safe Award for Patients" to Ms Birmingham, Group Catering Manager at Royal Victoria Hospital.

- (d) Cllr Henderson wished to record Members' thanks for the Chair's time and commitment and the Chief Officer and the team for all their hard work.

55/07 ANY OTHER BUSINESS

(a) Patient Satisfaction surveys

Cllr Henderson referred to a recent hospital survey regarding quality of services for patients. Whilst the report stated there was 90% satisfaction with the treatment and care provided there were issues of concern related to lack of privacy and an increase in mixed sex wards. Cllr Henderson suggested that Council should highlight this with the Department. The Chief Officer agreed that Council should write to the Department on the reports' content.

The Chair reported the following points of interest for upcoming Council meetings:

(b) June 2007 Council Meeting

Representatives from the Health and Social Care Authority, Ms Anne Lynch, Director of Strategic Planning & Regional Commissioning and Mr Ed McClean, Eastern Area Director of Commissioning, will be presenting at the June Council meeting. It is hoped that representatives of the Local Commissioning Groups will also attend.

(d) July 2007

As per previous years, there will be no meeting in July 2007.

(e) August 2007 meeting

It was proposed that Council arrange a visit to Muckamore Abbey Hospital. An appropriate speaker will be invited to discuss the mental health issues arising in view of the establishment of the new Trusts and the Health and Social Care Authority. The Chair proposed that standing orders for a formal Council meeting should be suspended for August 2007. Members agreed.

(f) Members' Profiles on Website

Mr Marshall noted that the Council Members' profiles on the website are in need of updating. Ms Helen Mallen, job-share Office Manager informed the meeting that this was already in hand and requests for amendments would be issued in the near future.

56/07 CHAIR'S BUSINESS

The Chair updated Members on her attendance at the following:

(a) National Appeals Panel Hearing (DHSS&PS) Monday 23 April 2007

The Appeals Panel considers challenges to Pharmacy Practices Committee decisions on pharmacy lists. Recent hearings were held relating to potential practices in Larne and Ballymena, requiring visits by the Chair.

(b) EHSSB Workshop Tuesday 24 April 2007

The agenda covered the following items of interest to Council:

(i) Primary Community Care Infrastructure (PCCI)

(ii) Future Provision of Acute Psychiatric Inpatient Units

The Board has issued this for consultation from 10 May to 10 September 2007.

(c) EHSSB Senior Management Team Meeting Wednesday 25 April 2007

(d) Central Board of Management Meeting (NIMDTA) Thursday 26 April 2007

The Chair, Mrs McGrotty and Mrs McGrogan were involved in interviewing GPs last year for the GP Appraiser Scheme which is used to identify needs for training.

(e) Asthma UK Public Event at Castle Buildings, Stormont Tuesday 1 May 2007

Minister Michael McGimpsey, DHSS&PS was the keynote speaker.

(f) Meeting with Peter Gibson, Deputy Director, Personal Social Services, EHSSB Wednesday 9 May 2007

This meeting was regarding Acute Psychiatric Inpatient beds as noted in point (b) (ii) earlier.

(g) GP Committee Meeting, Stormont Hotel Wednesday 9 May 2007

The GP Committee Meeting discussed training practices, specialist training and GP involvement with ICATS.

(h) EHSSB Meeting Thursday 10 May 2007

The following papers were issued at the meeting:

- (i) Acute Psychiatric Inpatient Beds.
Draft Paper approved for consultation by the Board until September 2007.
- (ii) Day Services for People with a Learning Disability.
Approved by Board.
- (iii) Day Care Provision for Young People.
A huge increase in provision for this client group is required for because it is currently inadequate.

(i) Pre-Council Meeting Monday 14 May 2007

(j) South Eastern Health and Social Care Trust Board Meeting at Trinity Conference Centre, Lisburn on Wednesday 16 May 2007

The meeting received the "Looking Forward" document, outlining the Trust's priorities and core values. It was noted that this paper includes User Experience in the Trust Delivery Plan, which outlines measures to engage users, carers and communities in the planning, delivery and evaluation of services.

(k) Belfast Health and Social Care Trust Board Meeting at Knockbracken Healthcare Park on Thursday 17 May 2007

Mr Rowan Davidson made a presentation detailing the empowerment of communities to improve health and well-being and engagement with users to improve the services provided.

57/07 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 21 June 2007 at 5.30 pm in the Link Room, The Mount, Woodstock Link, Belfast 6.

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer