

Nutrition standards were issued in 2007. These cover a range of issues which include protection of mealtimes, introducing a marker that can identify if someone needs feeding help and quality of food available within hospitals.

The latest standards being implemented are aimed at improving the patient and client experience. These were issued in 2008 and focus on respect; attitude; behaviour; communication; privacy and dignity. On outlining the standards Mr Bradley said:-

- Some of the work in progress in implementing these standards includes issues around mixed sex wards and confidentiality in A&E cubicles. Consideration will also be given to having 100% single rooms with en suite facilities in any new hospital builds and where possible, in any planned refurbishment of hospitals.
- In relation to improving staff attitude and behaviour there are some areas where extra training is needed in customer relations.
- Past personal experience often forms an opinion on an entire organisation, and when talked about amongst the public can influence other people's perception of care. An example of this would be in maternity services when a mother may have a bad experience and decide not to return to a hospital for subsequent births.

Mr Bradley highlighted that the five standards have been included in the Priorities for Action (PFA) for 2009-2010. These standards must be in place by September 2009 and appropriate measures must be in place to monitor compliance. The DHSSPS Improvement Unit will meet with the Chief Executives of the Health and Social Care Trusts to discuss how these targets will be monitored.

Mr Bradley ended his presentation by emphasising that a culture of respect and dignity is something everyone must take responsibility for in an organisation, throughout all disciplines and grades of staff. The way people are greeted and treated, especially when people are under pressure, leaves a lasting impression of that experience that stays with a patient and is talked about for many years. Mr Bradley said he felt that delivering a good patient experience comes with good effective leadership and mutual respect among staff.

Mr Graham thanked Mr Bradley for his focused presentation. He agreed that a good reputation is crucial to any organisation and a culture of mutual respect contributes greatly to the success of an organisation.

Mr McDowell asked how big a problem recruitment and retention is in nursing and whether this can be sorted by a pay rise.

Mr Bradley said that recruitment is not the problem as Northern Ireland is fortunate to have around three or four applicants for every nursing university place available. Unlike other courses, the tuition fees are paid and there is a bursary for this course which can add to the attractiveness of it. Retention however, is a problem. A number of people complete the programme and then leave to use the degree in another line of work. Nursing is a difficult job and requires people to have a sense of wanting to give of themselves. In midwifery three students need to be trained to get one full time midwife as a lot of people go part-time. Mr Bradley said this can be seen happening in medicine and is likely to increase in the future as people's work-life balance changes. In his opinion, he said pay rises only are not the answer to solving retention problems but that good management is key to retaining staff.

Cllr Curran said that there appears to be efforts to improve the patient/client experience but if you listen to the media there are still a lot of complaints. He questioned whether people now do nursing because it is a vocation or because it is a job and how the ethos of caring is instilled in people in people seeking to do this work.

Mr Bradley said that nursing very much requires dedication and this is evident with nurses, as example, often staying behind unpaid when their shift ends, to ensure a job is completed and an appropriate handover accomplished. Complaints are taken seriously so that lessons can be learnt. He said that unfortunately, media sometimes report a story without all the facts and this can cause alarm about services. An example of this was the pressure on maternity services in Craigavon Area Hospital a few weeks ago with a story that this Unit was about to close. Craigavon Maternity Unit has an excellent safety record and high standards and it took a lot of convincing to reassure the public that this maternity unit would not be closing. There has been an unexpected increase in the number of births in this catchment area and resources for unexpected trends like this cannot always be planned for.

Miss Patterson said that the use of agency nurses can impact on the morale and loyalty of permanent staff as agency nurses tend to earn a higher salary.

Mr Bradley said that nursing services have relied on agency nurses in the last number of years. An example of this would be agency employment of Midwives from Scotland to work in Craigavon Maternity Unit because of the shortage of midwives. In the 1990's there had been a reduction in the number of births and in the last five years there has been an unexpected rise that was not planned for. This could be due to the peace process which has seen not only an influx of foreign workers, but the return of people to Northern Ireland who may have left because of the troubles. He explained that it takes three years to qualify as a midwife on direct entry to training and eighteen months for a nurse to train as a midwife. Where you have a service that is difficult to predict and because some political decisions that impact on services take so long to make, there will always be the need for agency and temporary staff.

Mr Meredith said government always talks about reducing management structures and putting resources into front-line staff but this does not appear to be happening. Mr Bradley said that the reduction from eighteen Trusts to five Trusts under the Review of Public Administration (RPA), has seen the reduction of senior management. He stressed that it can be detrimental to reduce management beyond a certain level as good quality management is essential to the success of an organisation.

Mr Marshall said that his perception of RPA is that management have simply moved about rather than being greatly reduced. He said he feels delivering dignity and care will require more than good leadership and suggested that a new outlook is needed possibly based on some of the models used in industry and commerce. He also questioned how the money would be found for single rooms in new build facilities given the associated cost of staffing single rooms.

Mr Bradley said that the patient experience must be at the top of the health service agenda. Whilst we have a 21st century health service that is clinically competent with the best technologies and medicines available, we must not lose sight of the human side of care of treating people with dignity and respect.

Mr Dixon said that it is good to have these standards and that they will appear as PFA targets, as these are the drivers of change in health and social care in Northern Ireland. He said that the areas that these standards relate to can be referred to as the 'soft stuff'. Without setting measurable standards for matters such as privacy, dignity and respect and monitoring them in the same way as clinical targets these matters might be seen as secondary. He stressed that the 'soft stuff' that can make the patient experience good or bad and must appear in setting core targets in order to achieve a similar level of revolutionary change as had been seen in the management of waiting times in recent years.

In practical terms Mr Dixon asked if resource planning for single room facilities in the future includes staff to patient ratio time for the 'soft stuff' such as a nurse checking regularly on a patient to ask if they are okay.

Mr Bradley said that extensive research has been looked at from Scandinavian and American designs of single room facilities that enable nurses to have a view of all patient rooms from a central nurse's station. He said that whilst you can try to plan for staff to patient ratio for the time to check on patients, what you cannot plan for is human behaviour, such as staff sitting talking instead of using the time to check on patients.

CLlr Leslie referred to the Ward Sisters Charter issued in 2006 and asked that if this Charter is aimed at having a key person responsible for each ward, why are they not held responsible for issues such as cleanliness or food being left sitting uneaten beside patients at mealtimes.

Mr Bradley said that having a Ward Sister responsible for their ward is work in progress and a campaign that he fully supports. To achieve this however, we need to empower the Ward Sister in order to hold them accountable for their areas. Currently however, staff on the ward all have their own reporting structures eg. domestic services, portering, and at the moment the ward sister must speak to various supervisors in order to get anything changed, instead of communicating directly with staff on the ground. There must be change to how the staff and resources are managed at ward level.

Mr Graham thanked Mr Bradley on behalf of Members and said that Council will be preparing a legacy document to pass to the Patient Client Council (PCC). This will include recommendations on issues that need to be carried forward and supporting the campaign to improve the patient/client experience will be one of them.

16/09 MINUTES OF THE LAST MEETING

The Chair asked Members to agree the minutes of the previous meeting held on 15th January 2009, however, there had been an administrative error and Members had received incomplete copies of the minutes. It was agreed that the minutes should be re-circulated to Members and reviewed for approval at the next Council Meeting.

Mrs McGrotty asked that the following change be made to the minutes:-

Page 6 – Item 12/09 (b) Funding for Patient Participation Group

'She said that the PPG, which she Chairs'

should read:-

'She said that the PPG, on which she serves as Secretary'

17/09 MATTERS ARISING FROM MINUTES

- (a) Minute 05/09 South Eastern Trust consultation response
Mr Graham thanked Members for the comments that they had submitted to the Chief Officer in relation to the Councils response to the South Eastern Trust consultation on proposals for service development and efficiency. These comments were considered in formulating the response which has now been submitted.
- (b) Minute 07/09 (c) NIAS Consultation response
This response has also been submitted
- (c) Minute 12/09 AOB (a) Purchase of equipment from voluntary funds
This issue discussed at the previous meeting is work in progress.
- (d) Minute 74/08 (i) Issues regarding NIAS
The Council is still awaiting a response from the NIAS to a letter sent in relation to issues raised regarding patient transport.

18/09 INPUT FROM COUNCIL MEMBERS

- (a) NI Regional Transfusion Committee, 30 January 2009
Mr Marshall had attended this meeting. The Deputy Director of SHOT (Serious Hazards of Transfusion) had attended the meeting to provide a breakdown of UK reporting of all adverse reactions and events during blood transfusion. Mr Marshall said this had been very interesting and noted that NI has one of the lowest number of adverse incidents in the UK.

He said one of the interesting issues discussed was people being transfused when they do not necessarily need it. This could arise when a patient attends their GP and they await blood results by which time the patient needs a transfusion, where earlier intervention with iron could have possibly prevented the need for transfusion.

In response to a comment from Mr Marshall regarding representation on committees in the future, Mr Graham said that this will be one of the issues noted on the legacy document being prepared for the Patient Client Council, as useful contacts have been built up by Members of the Councils' and it would be a shame to lose the valuable relations that have been forged.

Mr Graham thanked Mr Marshall for attending these meetings on behalf of Council at a time when he has been having health problems himself and asked that Councils appreciation be noted.

- (b) East Local Commissioning Group (LCG) Workshop 12 February 2009
Mrs McGrotty attended the meeting of the East LCG on 15th January 2009. The meeting on 12 February was replaced with a workshop on how the LCG will move forward in the new organisational arrangements. Mrs McGrotty provided links to five further Modernisation and Improvement Programme Board (MIIPB) papers which are now in the public domain and may be of interest to Members as follows:
- Paper MIPB 173/08 on RAPH SW input to the Commissioning Process
 - Paper MIPB 174/08 on Research and Development Function within RAPH SW

- Paper MIPB 177/08 on Proposed Performance Management and Service Improvement Arrangements for the HSC
- Paper MIPB 176/08 on Family Practitioner Services Proposed Structures
- Paper MIPB 175/08 on Corporate Services for RHSCB and RAPHSW

Links to these papers can be found on the DHSSPS website at <http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm>

Mrs McGrotty said that she has recently been very impressed by the East LCG members who are asking searching questions and moving forward with future plans.

- (c) Belfast Local Commissioning Group (LCG) Meeting on 29th January 2009
Mr Meredith had attended this meeting and agreed with Mrs McGrotty that the LCGs' appear to be making plans and moving forward.

19/09 CHAIR'S REPORT

- (a) HSSC Executive Meeting 5th February 2009
Mr Graham reported that this meeting had been postponed and will be rescheduled for March 2009.
- (b) Joint Council Forum 26th and 27th February 2009
Mr Graham said that he looks forward to seeing Members at the Joint Council Forum at the end of February. A programme for the event has been circulated to Members.
- (c) Membership of new RPA bodies
Mr Graham said that he is aware that some Council Members have submitted applications to the Public Appointments Unit for representation on the new RPA bodies. The process for advertising, application and interview was under a tight deadline and he thanked those Members who had applied for these positions, for showing an interest, even though it is disappointing that a number of Members did not get offered an interview.
- (d) Thanks to Chief Officer
Mr Graham asked that it be put on record that Council Members expressed their appreciation to Mr Dixon for his work and commitment as Chief Officer during his time in the Council. Mr Dixon will have a position in the new PCC structures although his role will change. On behalf of the Members, Mr Graham said that they have great confidence in Mr Dixon and know that he will continue to deliver with his usual motivation and commitment.

20/09 CHIEF OFFICER'S REPORT

- (a) Thanks to Council Members
Mr Dixon took the opportunity to thank Members for their kind words and support. He gave particular thanks to Mr Graham as Chair and Miss Patricia McMillan as the previous Chair, for their support during his time as Chief Officer.

(b) EHSSC Work

In order to complete the work of the EHSSC for the 31 March 2009, Mr Dixon confirmed that he will be concentrating on the following pieces of work:-

- Report on Joint Council activities
- Joint Council report on recommendations for the future to be passed to the PCC
- EHSSC report on recommendations for the future to be passed to the PCC
- Belfast Trust has a number of major consultations for which the closing dates for responses are the end of March. Mr Dixon explained that Miss Karia Orr, the information analyst who would have prepared briefings for Members, has now left the EHSSC. With no support to provide briefings and with the tight deadlines in March, Mr Dixon proposed that he draft the responses and have these signed off by the Chair. This was agreed.
- The Chair and Chief Officer will be meeting with Ms Christine Jendoubi, Director of Primary & Community Care at the DHSSPS. The purpose of this meeting is to follow on from Mr Raymond Newman's presentation regarding advocacy for complainants. Mr Graham and Mr Dixon will make representation that there needs to be a priority to audit the presence and quality of careplans in community settings.

Mr Dixon told Members that if they want to maintain an interest in developments of the new structures, the papers that Mrs McGrotty referred to earlier in the meeting are among the key policy documents that have been made available and are all accessible via the DHSSPS website.

21/09 CORRESPONDENCE – PAPER EC 02/09

Paper EC02/09 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.

22/09 ANY OTHER BUSINESS

(a) Travel expenses claim

Mrs Mallen had confirmed with the EHSSB that there is not yet a closing date for travel claim expenses, as people will obviously be travelling on business up to the end of March. However, she asked Members to submit claims as soon as possible, for travel carried out to date. A subsequent claim can be made for any further travel during March 2009.

23/09 DATE, TIME AND VENUE OF NEXT MEETING

The next meeting will be held on Thursday 19 March 2009, at 5.30pm in the Lagan Room, Mount Conference Centre, Woodstock Link, Belfast

Signed: _____ Date _____
Chair

Signed: _____ Date: _____
Chief Officer