Patient and Client Council Your voice in health and social care

Minutes of the 87th meeting of the Patient and Client Council held on 15th December 2020 at 10:00am, via Zoom Video Conferencing FINAL

Present:

Ms Christine Collins (Chair)
Cllr Martin Reilly
Mrs Joan McEwan
Mrs Liz Cuddy
Mr Paddy Farry
Mr Alan Hanna
Mr Paul Douglas
Mrs Geraldine Lewsley (Board Apprentice)

In attendance:

Ms Vivian McConvey, Chief Executive
Mrs Jackie McNeill, Head of Development and Corporate Services, PCC
Ms Meadhbha Monaghan, Head of Operations, PCC
Mrs Karen Hood, Business Support Administrator, PCC
Dr Kate Laverty, Innovation and Connections Manager, PCC (joined 11.30 am)
Ms Linda Craig, Regional Lead for Patient Client Experience, Allied Health Professions and Public Involvement, PHA (joined 10:40 am)
Ms Alana Taylor-Crawford, MCE Public Relations Ltd (joined 11.05 am)

AGENDA ITEM			
1. Closed Session	Noted separately		
2. Apologies	Mr William Halliday, Non-Executive PCC Board		
3. Conflicts of Interest	Christine Collins noted the potential for a conflict of interest in respect of her role as Interim Chair of RQIA, and that arrangements were in place to mitigate this and to deal with any conflict.		
4. Minutes of last meeting	The minutes of the meeting held on the 15 th September 2020 were agreed as an accurate record of the meeting and signed by the Chair and Chief Executive.	Minutes agreed	
5. Matters Arising	Board Paper 575 – Health Literacy Mrs McNeill advised that the draft Health Literacy report had been reviewed and amended by the Belfast Healthy Cities Health Literacy Group, and the report would be emailed to members for	Mrs McNeill to email Health Literacy	

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	final approval.	Report to Members
	Item 9b - Standing Orders Mrs McNeill and Ms Collins have been reviewing the Standing Orders and this work is to continue in the New Year.	
	Board Paper 581 Risk Register - Live Streaming Mrs Cullen had discussed a live streaming proposal at the last Board Meeting and had undertaken to prepare a second proposal for Members' consideration. Mrs McNeill reported that as Mrs Cullen has now moved on from PCC, MCE Public Relations have been commissioned to carry out a review on how the PCC uses digital resources across all strands of its work. MCE will collate their findings and produce a Digital Strategy. Mrs McNeill noted that Alana Taylor-Crawford of MCE would shortly be joining the Board meeting, in order to better understand Board activities.	Mrs Hood to schedule future dates for the review of Standing Orders.
	Mrs McEwan, Mrs Cuddy, Cllr Reilly and Mr Douglas agreed to participate in a small focus group to facilitate the above review. Mrs McEwan noted that it may be useful to obtain an NI wide demographic in terms of usage across various digital platforms.	Mrs McEwan, Mrs Cuddy, Cllr Reilly and Mr Douglas to join small
	Board Paper 585 – Annual Client Support Report 19/20 Mrs McNeill noted that the report is being finalised	focus group. Mrs McNeill to request demographics from MCE.
		Annual Client Support Report 19/20 to be emailed to Members.
6.Board Review	The Chair provided a verbal update regarding the Council's review. It was noted that she had recently met with the Leadership Centre, together with Ms McConvey and Mrs McNeill. She advised that the Leadership Centre is hoping to forward a paper this week, which will consider the composition and structure of the Board, noting that this will lead to proposals for Sponsor Branch regarding the potential reshaping of the Board. She thanked those Members who had been interviewed by the Leadership Centre in support of this piece of work.	
	In continuing, Ms Collins reported that the next tranche will consider Board effectiveness, including ongoing training for Members and would hopefully be completed in January. She noted that during discussions with the Leadership Centre, it had become apparent that this piece could also be useful across all non-executives (not solely within Health) and may help to address	Ms Collins to

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	the governance gap experienced by all. She had subsequently raised this matter at the DOH ALB Chairs Forum with the Minister, noting that others had shown interest. Mrs McEwan also offered to share learnings and best practice around governance, arising from the NEDs Forum. Ms Collins undertook to pursue the Board effectiveness piece with Kieran Donnelly, with a view to driving this across all non-executives.	contact Kieran Donnelly regarding Board effectiveness.
7. Statement of Strategic Intent	Board Paper 590 – Statement of Strategic Intent A draft proposal had been provided to Members to approve the process for the development of the Statement of Strategic Intent (SSI), which will replace the Corporate Plan 2017-21 and set out the organisation's vision and goals for the immediate future and the next couple of years. The aim is for a simple document amounting to no more than 4 pages that will be underpinned by a considerable volume of data and stakeholder engagement. The CEO led the Members through the 8 key stages and timelines for the process, which follows:- 1. Clarification of the PCC's role, which will include a review of its	
	 legal framework and the update of a policy scoping paper to address direction of travel in relation to public engagement. To update the policy review paper produced by the PCC Research Team in terms of policy and legislative direction of travel. Engagement with the public in January 2021 using a People's Priorities questionnaire to learn about their experiences of HSC services during COVID and prior to this time, resulting in a policy type report, to be brought to the Board workshop in February. Content of the People's Priorities questionnaire to be tested 	
	 through PCC membership and PCC HSC hub members. Stakeholder Reference Group to be developed to provide a coproduction approach to the SSI process. Key stakeholder meetings to be held, Health Committee MLAs to be advised of the process and Sponsor Branch to be kept abreast of progress during monthly meetings. Leadership Centre to facilitate further discussions with the Board at a Zoom workshop on 19 January. Staff engagement workshop to be arranged end of February. Further Board workshop on 19 February, facilitated by the Leadership Centre. 	
	Members also noted that the Leadership Centre will prepare a draft Statement of Strategic Intent for consideration by the Board in early March 2021. It is then intended for the Statement to be launched on 1 April 2021, together with a refreshed corporate branding. All Members agreed that it was imperative to develop a Strategic Plan at the earliest opportunity, but due to the current difficulties around forecasting due to the Covid-19 pandemic, the process to	

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	develop the Statement of Strategic Intent was approved in the meantime.		
8.Operations a)	Journey Towards OBA - Presentation Dr Kate Laverty introduced herself to the Board and explained her role within PCC. She jointly gave a presentation around the process towards Outcomes Based Accountability with Ms Monaghan, who noted that it had been necessary to redraft the Operational Plan and reorient services due to the impact of Covid-19, , with the aim of moving the organisation towards a more outcomes based focus. Ms Monaghan outlined the steps that had been taken to date, noting that 5 focus areas had emerged to be aligned within the revised Operational Plan, all of which would connect with our legislative mandate and be underpinned by Business Support, namely:- 1. The public and the global pandemic; 2. Engaging and involving the public; 3. HSC rebuild and recovery; 4. Advocacy and support; and		
	Dr Laverty then took the Board through the process that had been developed across teams to look at OBA approach; focusing first on the specific outputs needed to achieve our legislative requirements within the Operational Plan. Results were then collated and transferred to a scorecard which would in turn assist with monitoring and provide evidence to inform our impact. A process is now beginning to take shape to redesign our systems in order to gather the correct data to evidence our outcomes. It was noted that not all outputs could be measured, but that this distilled what could be measured and ensured that outcomes are aligned to our statutory requirements. In continuing, Dr Laverty then showed the new the OBA scorecard, noting that this aligns with the Programme for Government. In working with the teams to look at monitoring, Dr Laverty noted that the client database needs to be updated with a review of datasets that will allow for improved reporting and BSO had been asked to look at this. Members were then taken through a dashboard in the form of a bar chart, which could show where a particular outcome is being most effectively achieved and provide evidence at a glance where the organisation is making an impact. Concluding, Dr Laverty moved on to the proposed new action-based monitoring report that would replace the existing Quarterly		
	Performance Report, providing Members with an example of the format and advising that the new report would run to around 10 pages, with a one page visual executive summary. She noted that it will report on impact, record outputs and outcomes and at the end of the year, a one page OBA scorecard will be available that evidences our impact upon the population.		

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	In discussing, Mrs McEwan noted that the Programme for Government may be under review and that this may present an opportunity for PCC outcomes to be shared.			
	In terms of timescale, Ms Monaghan noted that the new action-based monitoring report would probably not be introduced until the new financial year and it is likely that there will be one further Quarterly Performance Report in its current format. She offered to share Dr Laverty's example report in the meantime. In discussing the revision of the client database, Ms McConvey reported that it had come to light that the current database will not be supported after August 2021, due to the expiry of the contract. This presents a significant risk, will be added to the Corporate Risk Register. She noted that the database had not been reviewed or updated since 2009 and a figure of £300K has been quoted by BSO to replace the database, which will fall under capital expenditure. Continuing, she advised that this matter has already been brought to the attention of Sponsor Branch. Dr Laverty reported that other options would be scoped to assess their viability, bearing in mind affordability, procurement processes and lead-in time, and also assuring the Board that the data contained within the current database, could be migrated to any new system.			
8. (b)	Board Paper 591 - Quarterly Performance Report and Board Paper 592 – Revised Operational Plan The Quarterly Performance Report had been shared with the Board and Ms Monaghan extracted a number of highlights: Client Support – the new Client and Support Manager (Mrs Katherine McElroy) had been instrumental in addressing issues such as induction of new staff, staff sickness and embedding of new practice models within the team. In addition, she has been assisting with various work areas, as well as supporting a number of asks of the PCC in relation to individual and group advocacy cases. Ms Monaghan noted policy advocacy and influencing decision making that evolved from the shielding engagement. She also noted ongoing work with Care Homes, Care Partners, and partnership working with Marie Curie to understand people's experiences of grief and bereavement during Covid-19 and how that could link to advance care planning. She alluded to the Interpreting Project for the HSCB; this has been key to providing independent assurance to the Board around evaluating and monitoring the remote interpreting service that had been put in place for the deaf and hard of hearing community during Covid., This work will also evaluate the structures that are required regionally going forward. Ms Monaghan noted that the PCC's involvement and engagement models have been key in working across independent and group advocacy. She noted also the PCC's approach to partnership working, not only externally with DOH and PHA and other partners, but also internally across all of			

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	the teams has set the tone for moving forward.				
	 Mrs McNeill drew attention to a number of high level items relating to Business Support contained within the Quarterly Performance Report, namely:- Page 47 – Mrs McNeill noted that the PCC will be moving from BT Tower to new accommodation in Great Victoria Street in January 2021. However, as it was already known that these new offices would not be large enough to accommodate all staff. Investigations were under way to secure larger premises in Belfast longer term for up to 25 staff. In continuing, Mrs McNeill noted that as part of the 3 year Estates Strategy contained within the Business Plan, consideration is also being given to relocating the Ballymena and Belfast offices next year. She noted that the lease on the Lurgan office has been extended and is sufficient for now. She undertook to provide updates to the Board going forward. Page 50 – Mrs McNeill noted that extensive staff training has been undertaken across a number of areas, with safeguarding training coming up. The PCC Staff Handbook was launched on 22 October, which is a one-stop shop for the organisation's policies and procedures, it is easily accessible on Sharepoint and a system has been put in place to update it regularly. Page 55 – Finance Report. Mrs McNeill noted just over £2m in income, with a breakeven position forecasted for year end. She also noted £53K in surplus, but advised that a spending plan was in place to include staff training, communications support, new copier, general expenses around the move to Great Victoria Street, development of the Estates Strategy and Annual Report. Mrs McNeill reported that two Direct Award Contracts (DACs) had been raised in November; the first for communications support in the absence of a Communications Manager and the second, for a Mental Health Awareness Campaign by the office of the Mental Health Champion in the run up to Christmas. 				
	Mr Farry noted that he had had the opportunity to go through the Finance Report in detail in advance of the meeting, and whilst broadly content with the figures for the year overall, had requested further information on the breakeven position, and had agreed that this be provided offline by Mrs McNeill.				
	In addressing a question from the Chair with regard to the position for the new financial year, the CEO noted that the DOH are going into a one year budget situation. This has implications for the PCC, although a plan is in place to engage regularly with Sponsor Branch in setting the new budget and receiving guidance around additionalities for next year. Ms McConvey also spoke to the organisation's position with regard to revenue, citing a number of relevant factors, including the recruitment of new posts under the				

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	organisational review, looking at a different approach to funding tranches, and securing additional funding re new asks from the DOH.	
	The Board noted that an updated budget overview would be presented at the January workshop.	
	Ms Collins noted that the PCC is funded directly by the DOH in order to preserve its independence, and that the objective should be to work with the DOH over the next year to identify and scope our financial requirements, with the aim of identifying a substantially increased budget for the following 3 years going forward.	
	The Quarterly Performance Report and the Revised Operational Plan were approved by the Board.	
9. Governance (a)	Board Paper 593 - Corporate Risk Register The revised Corporate Risk Register had been circulated for noting. Mrs McNeill highlighted a number of points, noting that the Risk Appetite had now been added to the cover page. Mrs McNeill reported that the key risks have not changed. She noted that Corporate Risk 2 relating to performance had been identified as having a "major impact", but it is hoped that this will improve due to the shift to the new OBA reporting system and improved performance monitoring. She advised that the new MIS system would be added to Risk Register. Mrs McEwan noted that Brexit had been listed under Risks Removed, but it may be pertinent to reinstate this, taking account of a potential no-deal scenario and the resultant significant risk to pharmacy. Mrs McNeill noted that she had been assured by colleagues in BSO re risks on recruitment, procurement and information governance. These were deemed as minimal risks to PCC. However, she accepted that if the public are not able to obtain a particular medicine, they may seek support from the PCC.	
	obtain a particular medicine, they may seek support from the PCC, leading to increased demand on services. Members agreed to keep this item under review for now, but may escalate it to the Corporate Risk Register. It was agreed to keep the matter under constant review until the next Board meeting, when the issues will have become clearer. Mrs McNeill also noted that she sits on an ALB EU Exit Forum, which allows her to keep abreast of any current and arising Brexit issues.	
	Ms Collins requested a one page summary document and Mrs McNeill undertook to look at this for the next meeting. Mr Farry proposed having a risk matrix on the first page and offered to share an example with Mrs McNeill.	Mrs McNeill to consider one
	Mr Farry noted that the next G&A Committee is scheduled for 5 January. He, along with Mrs McEwan and Mrs Cuddy, may	page summary for next Board

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	consider the impact on the risk profile, in terms of following our statutory functions. Mrs McNeill noted that she will be meeting with Mrs June Turkington on 21 December to look at a summary paper of the PCC's legal framework. Mrs McNeill will enquire if the paper would be ready for the 5 January 2021. Mrs Hood is to share the recording of Mrs Turkington's second presentation with Mr Halliday, Mrs McEwan and Mrs Cuddy, as they had not been able to attend, together with any other Member, who would like to have access.	meeting.
9.(b)	Fraud Awareness Mrs McNeill provided a verbal update on this annual item, noting that there had been a nil return on Fraud this year. She further noted that the Fraud Policy had been updated this year and training had been provided for staff. She undertook to keep Members appraised of any matters arising relating to Fraud, noting that these would be presented to the G&A Committee in the first instance.	Mrs Hood to share recording of second legal presentation with Members.
10. Chair's and Members' Update	Ms Collins gave a verbal update regarding recent activity. She reflected on change within the HSC, noting that meetings with the Minister at the ALB Chairs' Forum are starting to have an impact. As the Minister wishes to have feedback from "eyes and ears on the ground", Ms Collins invited comment from the Board for future Ministerial meetings, the dates of which she will advise Members in advance. In discussing this item, Mrs McEwan noted a disconnect from primary care, specifically in terms of getting direct access to GPs, and Ms Collins undertook to raise this matter at the next ALB Chairs' Forum. It was noted that there is currently no representation on this Forum from the primary care sector.	Ms Collins to raise question of primary care at next Chairs' ALB Forum.
11. Any Other Business	Nothing arising.	
12. Input from Members of the public.	No members of the public were present.	
13. Next Meeting	 Close of meeting at 1:12pm. Forthcoming meetings are: Tuesday 19th January at 10.30 am – Board Workshop (focusing on SSI and Finance) Tuesday 16th February at 10.30 am – Board Workshop (focusing on SSI and Finance) Tuesday 16th March at 10.30 am – Full Board Meeting 	

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Date _7 th April 2021	Date _7 th April 2021
Christine Collins	Vivian McConvey