

Attendees and Apologies

Name	Team / Role	Present / Apology
Chris Hagan , CH	Medical Director	Apology – Mark Cross representing
Martin Bradley (Chair), MB	Non-Executive Director	Present
Gillian Traub, GT	Director, Learning Disability, Adult Community & Older People's Services	Present
Brian Armstrong, BA	Director, Unscheduled Care & Older Peoples Acute Services	Apology
Moira Kearney, MK	Director, Mental Health & Intellectual Disabilities	Apology
Heather Jackson, HJ	Director, Trauma, Orthopaedics and Rehab/Maternity, Dental, ENT & Sexual Health Services	Present
Caroline Leonard, CL	Director, Cancer & Specialist Services	Apology – Geraldine Byers representing
Janet Johnson, JJ	Director, ACCTSS & Surgery	Apology
Claire Cairns, CCa	Co-Director, Risk and Governance	Present
Julie Mulligan, JMu	Co-Director, Trauma, Orthopaedics & Rehab	Present
Debbie Wightman, DW	Co-Director, Cancer & Specialist Services	Apology – Geraldine Byers representing
Sandra McCarry, SMcC	Senior Manager, Community Development and PPI	Apology
██████████	Patient and Client Experience Manager	Apology
██████████	Patient & Client Experience Facilitator	Apology
Rachel Maxwell, RM	Senior Manager – Complaints, Compliments, Licencing & Clinical Ethics	Present
Richard Dixon, RD	Complaints Operations Manager	Present
██████████	Complaints Data Governance Co-Ordinator	Apology
Nuala McKeagney, NMcK	Non-Executive Director	Present
Katherine McElroy, KMcE	Patient and Client Counsel representative	Apology
Charlene Stoops, CS	Director, Performance, Planning and Informatics	Apology – Bryan Nelson representing
Maureen Edwards, ME	Director, Finance, Estates and Capital Development	Apology
Eileen McKay, EMcK	Co-Director, Children's Community Services & Social Work	Present
Clare Lundy, CL	Co-Director, Outpatients, Imaging & Medical Physics	Present
Stephen Boyd. SB	Co-Director, Surgery	Apology

Name	Team / Role	Present / Apology
Brona Shaw, BS	Co-Director, Nursing & User Experience	Present
Allison McCrea, AMcC	Senior Manager, Nursing & User Experience	Present
Bryan Nelson, BN	Co-Director, Planning and Performance	Present
Joan Melanophy, JMe	Nursing and User Experience	Present
Mark Cross, MC	Deputy Medical Director	Present
[REDACTED]	Project Manager, Real Time Patient Feedback	Present
Geraldine Byers, GB	Cancer and Specialist Medicine	Present
Patricia McKinney, PMcK	Co-Director, Child Health and NISTAR	Present
Bronagh Dalzell, BD	Head of Communications	Apology
Jacqui Kennedy, JK	Director of Human Resources	Apology

Meeting Notes

Item	Detail	Decisions/Actions/ Issues for escalation
1.0	Welcome and Introduction	
1.1	Attendees and apologies noted above.	
1.2	Committee Membership MB explained the importance of ensuring that meetings were quorate and noted the enhanced accountability for this within the new Governance and Assurance Framework. There were no conflicts of interest declared.	
1.3	Notes of Meeting - 18 July 2022 No amendments required from the group	

Item	Detail	Decisions/Actions/ Issues for escalation
2.0	Matters Arising from last meeting	
2.1	<p><u>Long Term Provision of Multidisciplinary Bereavement Service Model</u></p> <p>AMcC provided the following update:</p> <p>Work was ongoing in support of the Bereavement Network and Regional Bereavement Strategy.</p> <p>Recruitment was ongoing to the team with a new Bereavement Coordinator Tracy Ashfield coming into post in late November 2022, and other staff including a Band 7 and a Band 3 recruited. These posts are being paid out of charitable funds with a Business Case to be prepared to secure core funding.</p> <p>The UK Bereavement Commission for Northern Ireland had recently published its report which identified eight key principles for change affecting service users and service provision:</p> <ul style="list-style-type: none"> • Support for families, friends and communities • Sensitivity and support in schools • Financial resources • Increased experience by service users of compassionate care in hospital and acute settings • Employment support including bereavement leave • Affordability and having a meaningful funeral • Being able to secure own home • Increased emotional support <p>This report was published in October 2022, and the arrival of the new Trust Bereavement Coordinator would enable more detailed planning to proceed.</p> <p>AMcC had attended the launch of the report at which there was lobbying for a new regional palliative care strategy and at which the Trust had been represented by a service user and employee. There would be a need to enhance working between the Bereavement and Palliative Care services.</p> <p>AMcC clarified that the Commission had reported UK wide and also on Northern Ireland services specifically.</p>	<p><i>AMcC to provide the link to the UK Bereavement Commission Report</i></p>

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	<p>AMcC clarified also that work was beginning into the development of a new NI Bereavement Strategy but this was limited by the current absence of an Executive.</p> <p>MB noted that the Permanent Secretary had launched at NICON a new Advanced Care Planning Strategy and requested that SUEFG receive a briefing on this.</p> <p>AMcC noted that the Bereavement Forum for the Trust would be re-established with the appointment of a new Bereavement Coordinator and this and related strategies would be addressed at that group.</p> <p>It was agreed that this item would now be moved under the Patient and Client Experience Update part of the agenda.</p>	<p><i>AMcC to provide a briefing on the new Advanced Care Planning Strategy</i></p>
2.2	<p><u>Customer Care Training</u></p> <p>AMcC updated on the working group which had been formed in May 2022. The emphasis of the group was on devising more practical and scenario based training. It had been suggested that this work should begin in outpatients but baseline studies established there really was no issue within this area. The team had completed a new baseline audit in Fractures. The data had only just been received for this and so the results were not yet known.</p> <p>AMcC noted that the current training is good but needs to be more scenario based and subject to more regular retraining by staff.</p> <p>MB noted the importance of targeting the training on areas known to present challenges.</p> <p>AMcC had noted that complaints data – which had been sought – had not been capable of being broken down to a level that might highlight problems. Datix complaints categories were too broad to inform such a targeted approach.</p> <p>NMcK commented that triangulation of data with SAIs and NIPSO complaints might help to pinpoint areas of interest. NMCK also felt that Directors would have a sense of where there were possible issues.</p> <p>GMCK commented that it would be important at the inception of an initiative such as this to define some outcome measures that would be effective in demonstrating improvement.</p> <p>There was consensus among those speaking that a targeted approach would be most beneficial.</p>	

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	<p>JM commented that the Staff Survey was also a useful indicator for targeting this training and that a new staff survey was ongoing.</p> <p>MB noted that the data routinely provided to SUEFG was wide ranging and might be a useful indicator of a priority area to develop new customer care training.</p>	
2.3	<p><u>Lost Property Queries</u></p> <p>MB noted that this was about managing these issues at ward level as opposed to requiring a formal complaints procedure.</p> <p>BS confirmed that central nursing had reviewed and updated the Trust's Lost Property policy but that the mechanism for resolving these issues was a matter for the service area to decide locally. It was therefore an operational issue and local managers needed to take ownership of that.</p> <p>JMu commented that these issues arise regularly as regards dentures and that invariably what happened would be that a write off process would be undertaken as part of a complaints resolution process. JMu noted that it was often difficult to establish whether items had been indeed lost or if so where in the patient journey they had been lost.</p> <p>JMu confirmed that admission paperwork did allow for items such a glasses or dentures to be recorded but acknowledged also that this paperwork was often not sufficient to prove the loss of an item or otherwise.</p> <p>Further to previous SUEFG agreement that lost property matters be progressed without requiring the complaints process to be invoked, RM asked if those present would be content for the Complaints Department simply to refer such complaints on by means of a simple SOP for resolution by service areas – without the need for a formal complaints response.</p> <p>There was consensus that these issues need to be resolved at ward/department level. It was agreed that RM would profile out the instances of lost property complaints to complement a simple SOP regarding management of lost property concerns raised via the complaints department. It was agreed that any such proposal would reinforce the current Lost Property policy and the responsibilities of wards/departments to implement it.</p>	<p><i>RM to draft simple SOP and profile of lost property complaints and submit to SUEFG in January for further consideration.</i></p>

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2.4	<p><u>Long Term Provision of Patient Liaison Service</u></p> <p>AMcC noted that Patient Liaison is currently operating with two Band 2 Call Handlers and there was no longer nursing input into this service. Virtual visiting was also being managed by this team for RVH.</p> <p>There is a project ongoing to maintain these services focussed on a ward (5A) that appeared to generate a number of concerns about the management of these communication issues.</p> <p>A Trust wide SOP is in development based on the work generated by the Ward 5A project to see that communications with families on visiting were indeed improving. Funding is being sought for the ongoing provision of this service which is felt to remain important.</p> <p>Activity levels were in the order of 60 calls daily. A service improvement project is ongoing to ensure effective communication also between Trust reception areas/switchboard and the Patient Liaison Service.</p> <p>BS noted that there was good feedback on the role of the Patient Liaison service in supporting visiting and family communication with patients on wards. The current problem was lack of secure funding to continue a service that was valued by patients and families.</p> <p>GB noted it was important to differentiate data about virtual visiting and other forms of visiting but agreed it was important to maintain the option of virtual visiting for example where there was a Covid outbreak on a ward.</p> <p>AMcC noted the importance of the Patient Liaison Service in taking away from nursing staff the responsibility for booking and coordinating visits by families.</p>	
3.0	Divisional Updates - Complaints	
3.1	<p><u>Shared Learning</u></p> <p><i>C30225 – Shared use of Insulin pens</i></p> <p>RD updated all present on a shared learning letter relating to inappropriate re-use of single use insulin pens within Departments. The complaint had been managed as an incident and the shared learning letter had been approved by the SAI Review Group and was consequently submitted to SUEFG for noting only.</p>	

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	<p><i>Confirmation re: shared learning status from previous NIPSO cases: C25962 & C26571B</i></p> <p>RM advised that potential for shared learning regarding these two NIPSO cases had been identified by the service area at the July meeting of SUEFG but as the relevant service area was not represented at the meeting an update would be sought for the January meeting.</p> <p>RM confirmed that the Complaints Department was actively seeking to encourage shared learning, particularly arising from both High Risk complaints and NIPSO reports.</p>	<p><i>General Medicine representative to update on shared learning arising from C25962 and C26571B at January SUEFG meeting.</i></p>
3.2	<p><u>Complaints Quarterly Report – Q2 2022-23</u></p> <p>RM noted that the format of these reports was continuing to be enhanced to improve their readability and utility.</p> <p>RM noted an increase in the number of complaints risk graded as Medium. RM highlighted that the monthly Directorate reports included the risk grading profile of complaints on an ongoing basis to allow Directors and their teams to be cognisant of and responsive to changes in the grades of complaints regarding their services. RM advised that work had been undertaken to ensure future reports would be in line with the new Trust Directorate structures.</p> <p>The quarterly complaints report includes a focus on where High Risk complaints were arising. RM noted that the every newly received High Risk complaint was discussed at the Weekly Live Governance meetings and shared with the relevant Director(s) on receipt.</p> <p>RM noted that compliments were still likely under-reported.</p> <p>RM noted just 33 responses across the Trust that had been outstanding for more than 200 working days and this was a significant improvement.</p> <p>MB queried an increase of 19% in the overall number of complaints and noted that communication remained a very high driver of complaints. RM noted communication complaints arose in a range of contexts for example diagnostic, bereavement, waiting times and pre and post-operative information.</p> <p>MB appreciated the report's specific section relating to maternity complaints. MB noted also that the quality of treatment and care appeared to be the highest factor leading to complaints in this service area.</p>	

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	<p>HJ commented that a number of those complaints had been about scans being undertaken by qualified sonographers, about test results, in particular delays in e coli, fertility appointments and delayed D and C following miscarriage. MB noted the spotlight on maternity services prompted by some recent reviews in GB.</p> <p>MB commented on the works of the Maternity Service Liaison Committee and expressed an interest in understanding the issues discussed at those committees. HJ undertook to provide a briefing on this.</p>	<p><i>HJ to provide a short briefing to MB on discussions at the Maternity Services Liaison Group.</i></p>
3.3	<p><u>High Risk Closed Complaints Overview</u></p> <p>RD noted that 8 of 10 High Risk complaints closed in the last quarter had been closed as they were superseded by SAI reviews, Vulnerable Adults investigations, and in one instance due to the health of the patient who was detained. RD assured all present that in those circumstances the complainant was informed about the new process and given a contact for ongoing information on the progress of that investigation.</p> <p>High Risk Briefing Templates were presented for the following complaints:</p> <p style="padding-left: 40px;">- C31354B – General Medicine - C28554B – ACOPS – Commissioned Services</p> <p>RD noted that these were recently completed templates and so the action plan elements completed by service areas were yet to be provided.</p> <p>MB welcomed the information and noted it was important that actions identified by complaints were taken and progress against actions kept under review.</p>	
3.4	<p><u>NIPSO Report Briefing Templates</u></p> <p>RM explained that the first sections of these templates were completed by the Complaints Department, with relevant service areas subsequently asked to identify associated actions and learning.</p> <p>NIPSO Report Briefing Templates had been circulated to committee members for the following complaints:</p> <p style="padding-left: 40px;">-C/042/17 – Surgery / Ophthalmology -C/1339/18 – Thoracic Surgery -C25868 – Adult Cardiology</p> <p>As there was no service area representative available to discuss these templates it was agreed that these would be tabled for discussion at the next SUEFG meeting.</p>	

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	<p>RM noted that in some recent cases the comment had been made by the Ombudsman that incidents were not being reported as they should be and some further work would be done in this area to raise awareness of the incident reporting policy.</p> <p><i>C/875/19 – Older People’s Services</i></p> <p>GT noted that this was one of several complaints made on the theme of Continuing Health Care, and that further action would follow from the outcome of a Judicial Review on the application of policy in this area. GT noted that the challenge would establish whether or not the Trust should establish the Continuing Health Care status of patients / clients prior to nursing / care home admission. The Judicial Review outcome had potentially significant implications for the health and care system.</p> <p>NMcK commented that the reporting templates were very helpful in identifying and triangulating complaints intelligence and asked how these were monitored at a higher level within the Trust. RM confirmed that the responsibility for overseeing these was with the Complaints Department and that work was ongoing to triangulate this complaints data with that of the incidents and litigation departments. RM clarified that responsibility for actually implementing complaints recommendations remained with service areas.</p> <p>RM advised that the Complaints Department would be empowered to highlight issues with Directors where issues or concerns might be arising from clusters of complaints or thematic review of them. RM commented that overall there was positive engagement between the Complaints Department and Executive Directors most commonly at present on issues relating to individual cases.</p> <p>NMcK commented that Non-Executive Directors would be happy to assist in raising issues at the Board level if asked to do so.</p> <p>MC in response to MB confirmed that work was ongoing within the Medical Directorate to ensure and support learning from complaints throughout the medical workforce. MC noted the use of simulations and the outcomes of Mortality and Morbidity meetings in stimulating and promoting ongoing learning. MC noted that this was all</p>	

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	<p>documented in the case of Mortality and Morbidity meetings and discussed at the Outcomes Review Group. MC in response to MB confirmed that there was an audit trail to track learning arising from Mortality and Morbidity meetings and further development of this was in hand.</p> <p>CCa commented that SUEFG as an Assurance Group could quite legitimately seek updates from service areas on progress against implementing recommendations arising from complaints. CCa also noted the revamp of the Assurance Framework and the review of individual committees and groups arising from it. CCa noted in particular the Shared Learning Committee as a useful forum for the discussion of outcomes from complaints and triangulating this with learning from incidents and litigation.</p> <p>MB noted given the size of the organisation and the turnover of staff there was a risk that learning might not be maintained and asked if e.g. induction arrangements would address this. MC commented that there was a system albeit one that required further development to ensure it was robust.</p>	
4.0	Covid Complaints	
4.1	<p><u>Data Overview – Update</u></p> <p>RM gave this report in the absence of TMcS. RM noted:</p> <ul style="list-style-type: none"> • That while Covid related complaints continued to be received the numbers were reducing • Such complaints tended to be dominated by waiting time issues • Covid rules and staff attitude complaints continued to be a theme – where patients/families and carers were unhappy at a lack of consistency in the wearing of face masks and where patients/family members felt they had contracted Covid while in hospital • A new theme was a view that Covid was being used as an excuse for delays in providing complaint responses. • There was some ongoing concern about visiting restrictions and the provision of up to date information <p>MB noted that the public inquiry was now ongoing and that some of this data may ultimately be seen in a wider context</p>	

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	<p>MB noted a recent increase in Covid infections. BS confirmed that the DoH did keep the situation under regular review and noted the difficulties in, for example, requiring mask wearing in health care facilities given a public perception that the risk had passed.</p> <p>PMcK agreed that the public perception was often that Covid had gone away and stated there was a need to revisit this messaging – e.g. through Corporate Communications – to challenge that misconception.</p> <p>AMcC advised that she represented the Trust at the PHA Steering Committee on visiting and the PHA had been asked to review its messaging to the public on Covid but PHA was taking the view that Trusts should take such steps as they thought necessary. PHA would possibly publish some principles for guidance but not specific directions.</p>	
4.2	<u>Update re Patient Liaison Service communication issues</u> - addressed as part of Agenda Item 2.	
5.0	Care Opinion and Patient Liaison Service Updates	
	<p>AMcC provided an update on the following matters:</p> <p><u>Care Opinion</u></p> <ul style="list-style-type: none"> Care Opinion had now been established for 2 years within the Trust Currently there are an average of 39 stories per month with 484 trained responders – the third highest in the UK A lot of feedback had been received on health visiting services Training has been expanded to include asking for feedback by speaking to service users Stories are being shared with services to promote change <p>AMcC queried whether Directors were seeking monthly reports and noted positive feedback that had been received about Maternity and ED Services</p> <ul style="list-style-type: none"> 80% of stories received were positive – this was an indicator of quality in itself. Negative stories usually related to communication and staff attitude. The positive feedback had a positive impact on staff morale 	

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	<ul style="list-style-type: none"> • AMcC noted an instance where one positive story had been read by members of the public 600 times • AMcC gave two examples of positive feedback and development - one on the care of people with dementia in the podiatry department and another on review of diabetic eye screening at KHCP. • AMcC also highlighted a story on radiotherapy for a patient with sight loss. • In all of these cases, work was being undertaken by the relevant service areas to make improvements in response to this feedback • AMcC stated it would be important to embed Care Opinion more clearly in Trust Governance arrangements and for the Trust to improve its response times to comments posted • The Team continued to be active in regional forums focused on the further development of Care Opinion as a tool. • The Trust had been invited to present at the Care Opinion national forum. • The regional communications strategy was under review • There was a focus on developing shared learning regionally on issues arising from both positive and negative feedback • Work was ongoing to provide sign language options for Care Opinion • PHA was being encouraged to develop a Patient and Client Experience Strategy <p>EMcK commented that 10,000 Voices was ongoing in Social Work and asked AMcC if Care Opinion was an alternative to this. AMcC replied that social work could certainly encourage Care Opinion feedback from social services clients. The interplay between Care Opinion and 10,000 Voices would be discussed as part of any new Patient Client Experience Strategy</p>	

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	<p>GB noted the importance of Care Opinion on placing a spotlight on services that might not ordinarily have a profile – she gave the example of radiotherapy services.</p> <p>MB noted the importance of learning from compliments as well as complaints. MB also congratulated the Team on their presentation to the national Care Opinion conference.</p>	
6.0	Patient Client Council Update	
	There was no PCC representative at the meeting however RM informed the group that there was now a quarterly interface meeting between the Trust and the PCC in relation to Complaints and incidents/SAIs which was attended by the Risk and Governance Senior Management team. This would aim to assist mutual understanding and provide the opportunity to discuss specific problematic cases.	
7.0	Real Time Patient Experience Update	
	<p>RB gave the update and noted:</p> <ul style="list-style-type: none"> • This work had been ongoing for the past 3.5 years in the Trust. • Currently the Team visit 80 areas and across the all Trust sites covering a broad range of specialties. • Feedback was sought fortnightly by a team of 11 officers. • Recruitment had recently been completed to second 3 new officers into 6-month temporary posts to support the continued development of this initiative. • Reports continue to be provided within 24 hours so that real time problem solving can take place. • In 2021/2022 6741 inpatients were spoken to in addition to feedback gathered regarding some outpatient services and domiciliary care. • Adaptations to meet the needs of specific service areas had been implemented. RB noted in particular a specific survey for Muckamore Abbey developed with staff to ensure service users were empowered to participate. This work had included input from the service user led TILI (Tell It Like It is) group. Through this work it had been possible to obtain feedback from patients with communication difficulties. 	

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	<p>RB also noted adaptation of the model to survey EDs. Patients admitted to a bed from ED were visited and follow up phone calls were made to patients who had attended ED and been discharged. These adaptations had been designed with input both from ED and service users.</p> <ul style="list-style-type: none"> In Maternity Outpatients there had been good engagement with women attending appointments. The service had provided a room for interviews to take place and this had an overall beneficial effect. A bespoke service had been developed for domiciliary care – both those in receipt of Trust services and Third Party Service Providers. <p>MB asked if the feedback from ID Inpatients and Maternity Outpatients specifically could be shared with him and with NMCK.</p> <p>PMCK noted the plans to include Children's Services in this initiative and the capacity to ensure the participation of children and young people through this initiative was being explored. RB noted Children's Services was the top priority to carry out additional work.</p> <p>EMCK asked if Children's Community Services also had a priority and RB confirmed this was a work in progress and in early 2023 detailed planning would take place to include new services in this initiative.</p> <p>CL noted the importance of feedback from outpatients also and expressed her wish that work in this area should proceed in the near future.</p> <p>RM noted that there was clear demand for this service and that the resource implications of this would need to be considered. RM advised that there had been significant pressures on the team during 2022 due to unplanned staff absence.</p> <ul style="list-style-type: none"> 1,198 patients were spoken to in Q2 2022/2023. RB highlighted the domain scores for all of the areas and noted the high levels of satisfaction and positive comment in all services. 	<p><i>RB to ensure that the specific reports on Maternity Outpatients and on Intellectual Disability are shared with MB and NMCK</i></p>

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	<ul style="list-style-type: none"> • RB noted these figures were monitored so that improvement could be tracked and noted as an example various improvements that had been undertaken to deal with noise at night onwards. • RB noted the written comments that patients had made as part of their responses and that this had a very positive effect in staff morale. • RB noted that the outcome of the “Friends and Family” test had been extremely positive across the board. • RB noted a number of positive initiatives that had arisen from maternity outpatients work including improved information provision on different drugs and on birthing options. • RB noted also initiatives in CAMHS work with the aim of discussing at depth the feedback received from service users which included improved meal time options, some estates issues and also staff compliments made by service users. <p>NMcK commented on the very positive nature of this work and its beneficial outputs and that she and other Non-Executive Board Members had received positive feedback from staff about the importance of this initiative to them. JM commented on the work and the positive impact it has for the Trust. JM asked whether it would be timely to combine real time feedback and care opinion feedback to maximise learning and development opportunities for the Trust. JM suggested that a QI or similar project to explore this might be considered.</p> <p>GB commented on the new information that arose from this work as it came from the patient perspective. GB suggested it would be useful organisationally to look at the themes arising from both real time patient experience and Care Opinion. GB commented also that given the value of the work it would be good to see funding for this service being put onto a more permanent footing.</p> <p>CCa agreed with GB that a decision needed to be made to make these temporary posts permanent.</p>	

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8.0	Patient and Client Experience Working Group Update	
	<p>AMcC noted that the Patient and Client Experience Working Group had not met recently but that these meetings would be reinstated in 2023.</p> <p><u>Front of House Staff</u></p> <p>BS provided an update on work with RVH front of house staff which included renaming the team as the Welcome Team, reviewing uniforms and ensuring these staff are more closely aligned with the wider patient experience team. Team members had also undergone training to support them in their work. This work would be implemented also in the BCH site in 2023.</p> <p><u>Chaplaincy</u></p> <p>BS informed everyone that there had been contact from the Humanists Society raising concerns about equity of support for people who are in accord with the views of that society. Work has therefore been initiated to ensure Humanists are represented in the body of support available to patients requiring pastoral support.</p> <p><u>10,000 Voices</u></p> <p>AMcC mentioned the ongoing work in 10,000 Voices on Social Work for which it had been difficult to find stories to submit but that momentum was being maintained on this. The deadline had been extended to March 2023. 10,000 More Voices survey work on visiting during Covid had been completed but the report was not yet available.</p> <p>A project has been begun on virtual visiting aiming to provide virtual befriending to patients of the cancer centre.</p>	
9.0	Complaints Department Update	
9.1	<p><u>Independent Neurology Inquiry</u></p> <p>CCa updated that the DoH would potentially be establishing workstreams similar to those following IHRD to address the INI report recommendations and noted also that a gap analysis by the Trust was ongoing.</p>	
9.2	<p><u>Muckamore Abbey Hospital Inquiry</u></p> <p>RD updated that the Complaints Department continued to provide complaints records to the Inquiry. In addition, the Complaints Manager and Muckamore Senior Team were meeting regularly to ensure that current Muckamore complaints were managed effectively.</p>	

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9.3	<u>Internal Audit Update</u> RM updated that work to implement Internal Audit recommendations regarding the Trust's management of complaints was ongoing and that Complaints Investigation Training – which was one of the recommendations – would be implemented by the end of the year. RM noted also excellent work that had been done in Children's Community Services in light of comments made by Internal Audit on complaints management in that area.	
9.4	<u>Complaints Annual Report</u> MB asked whether the annual report was made public and RM confirmed that it was, and that the report was produced in line with DoH requirements. MB suggested also that the report should seek to highlight compliments received by the Trust in addition to complaints. RM agreed to expand the compliments portion of the report to include examples of positive feedback that had been received.	<i>RM to amend the Complaints Annual Report to reflect the comments made by MB.</i>
9.5	<u>Complex Complaints</u> RM made all aware of a piece of work being undertaken by the complaints department to address the needs of complainants whose complaints became very complex and long lasting and often involved significant input from senior managers. The process would aim to plan more effectively for the management of these complaints.	
10.0	Any other Business None raised.	
11.0	Date and Time of next meeting – 23rd January 2023 @ 1pm	