HAVERING HEALTHWATCH LIMITED
Company number 08416383

MINUTES

of a meeting of the Management Board
14 October 2013 (2.30pm-4.30pm)

Present:

Directors:
Anne-Marie Dean, Chairman
Ian Buckmaster, Company Secretary

Joan Smith, Manager

An apology was received for the absence of Hemant Patel

Note: except as noted, all resolutions were passed unanimously

53 MINUTES OF LAST MEETING

The minutes of meeting of the Board held on 9 September were confirmed as a correct record, subject to the amendment below, and were then signed by the Chairman.

The Manager reported that she would be attending a course for training in "Enter & View", rather than using a video as stated in minute 52. She would then undertake the future training of recruits in E&V.

54 FINANCE REPORT

The Company Secretary submitted the Finance Report for September (including total expenditure in the year to date).

Total expenditure had amounted to £6,938.30 against income brought forward of £33,802.76. The second instalment of the Council's grant had been received, of £8,679.50, so the end of month balance carried forward was £77,067.22.

Details were **NOTED** of contracts and business arrangements entered into by or on behalf of the Company to the end of September.

55 MOBILE TELEPHONES FOR HEALTHWATCH HAVERING USE

The Board was reminded that, currently, the Company supplied a mobile telephone to the Manager.

It was becoming clear however, that it would be advantageous to the business if some other members were also to be supplied with mobiles for business

use. Although members could use their personal mobiles for such business, there was a risk that doing so could compromise their privacy, especially when making or responding to calls from service users, service providers and the press.

It was reported that contracts for mobiles were currently available at relatively modest cost. For example, the 3 Network (providers of the Manager's mobile) were offering mobiles (at no cost for the handset) with 100 minutes inclusive calls, 250MB data and 5,000 texts for about £16 a month, for a 24 month contract.

Obtaining five mobiles (for the Chairman, Company Secretary and three Lead Members) would therefore cost about £70 per month, which was well within budget. Additional charges would be incurred for calls in excess of the 100 minute cap and to certain premium numbers (though the need for such calls was likely to be very low).

At the moment, it would be necessary to obtain only five mobiles but as further Lead Members were appointed, the need for them to have mobiles would need to be considered. At this stage, the future likely cost could not be assessed as deals varied from week to week and costs could go up as well as down.

RESOLVED:

That the Company Secretary be authorised to obtain mobile phones for use by the Chairman, Company Secretary and the three current Lead Members, and one further phone as a spare for use as and when required.

56 **CHARGES FOR SERVICES**

The Company had recently been asked to assist with a survey of patients at the Queen's A&E, which had been commissioned from an external organisation by the Urgent Care Board. The Manager had spent 9.5 hours over two days on this activity.

The assistance was provided on the basis that the Company would be reimbursed for her time at a rate of £8 per hour; the company responsible for the survey had been invoiced £76 and payment was expected at the end of October.

The rate of £8 had been quoted in the absence of any policy on the matter, as the request required a reply at short notice. It was unrelated to any particular figure; and it took into account that Healthwatch Havering would benefit from the outcome of the survey as the data obtained would feed into our own investigations into A&E services. It had subsequently transpired that others assisting with the survey had been paid at a substantially higher hourly rate.

It was **AGREED** that a report should come to the next Board meeting on the options for charging in such circumstances.

57 REVIEW OF MANAGER'S SALARY

The Manager's contract of service included entitlement to an annual review of her salary. As the contract had only been finalised at the Board's last meeting, it had not been possible to undertake the review before now.

There was no automatic entitlement to an increase in salary as a result of any review. However, it was understood that her salary had been frozen for several years by her previous employers, Shaw Trust. Under the TUPE regulations, her previous employment counted as continuous employment by the Company.

The Board noted that Local Government employees had recently been awarded a 1% increase (the first in several years). Although the Manager's salary was not expressly linked to Local Government, it was understood that Shaw's policy had been to treat their staff as informally linked; and in any event, it seemed sensible and reasonable to use an external yardstick such as Local Government salaries (in common with many other voluntary sector organisations, especially those that, like Healthwatch Havering, were Council-funded). It was, however, important that the Company did not fetter its discretion by making such a link the sole determinant.

The full year cost of the increase would be £[redacted], for which funding was available.

RESOLVED:

1 That the Manager's pay be increased by 1%, effective retrospectively from 1 April 2013.

2 That, in future years, the percentage increase awarded to Local Government staff be used as the yardstick for the Manager's annual salary review.

58 REPORTS OF MEETINGS WITH STATUTORY AND OTHER BODIES

A. Urgent Care Board

- Terms of Reference had been agreed for winter planning teleconferences on a daily basis between the key agencies.
- LAS statistics showed that 96% patients were referred by GPs, 93% of calls from Hospices were conveyed, and there had been a 20% increase in patients going to A&E from care homes. Over the 3 month period, the LAS had responded to 2,794 falls, 68% of which were conveyed to A&E.

- There were 19 outlier Care Homes within the 3 CCG areas. Over the period of April to June, the LAS had been called out 20 times or more: in one case, 45 times over this period, and in another 41 times - 87% of these patients had ended up in A&E.

- In the short term, the CCG would be communicating with high referrers - more details would follow and be linked to the Frailty review.

- There was on-going concern about the detail and accuracy of the statistics, particular the link with local authorities. It had been agreed that the primary care data would be included.

- The UCC had not been able to complete the Demand and Capacity Submission and had therefore been summoned to meet with a tripartite panel, Anne Rainsbury, Alwen Williams and NHS England. Areas outstanding were Primary Care data, lack of referrals to 111, PELC and LAS planning. The LAS had confirmed the winter monies for 7 day working would move their self-assessed risk rating to green.

- The Trust was moving forward with 7 day working but it was not integrated in practice with the local authority.

- The CCG was to take the lead and prepare a short term action plan for immediate improvements to be made at the UCC to relieve the pressures on A&E.

- The CCG were progressing two 'surge' schemes for GP centres going live mid-October.

B. Health and Wellbeing Board

- CQC attended and explained that it is to have a more established role with Health and Wellbeing boards. CQC will now be judging whether services are Safe, Effective, Caring, Responsive, Well-led; the key being "is it caring?" There will be a team of 36 people inspecting Queen's.

- The UCC at Queens has a utilisation rate of 32%. The CCG will be using the Best Standards template to develop the service. Concern was expressed about the lack of performance on the Harold Wood UCC, which NHS England were asked to investigate .
- The CCG confirmed that A&E at King Georges will now remain until late summer 2015, when blue lights admissions will cease. A proposal is expected in December from Queens demonstrating the proposals for the re-design of the A&E. The Clinical Senate's review of the proposals for closing A&E at King Georges overnight was discussed – they had rejected the clinical case for doing that.
- BHRUT reported progress on the recruitment of more clinical staff, and that co-operation from the Local Education Training Board (Deanery) for Clinical Fellows had been approved. This initiative successfully supported the improvements at the Maternity unit. Joint appointments were

proposed with the Barts Trust, but there had been no takers at the moment.

- 7 day working has started, but there is no evidence of progress at the moment.

- Concern was expressed about the poor publicity related to the St. George's project

C. St George's Steering Group

The group has been stood down to allow the CCG time to write the Out of Hospital Strategy, without which the scheme cannot proceed further as it is not clear to NHS England and the NHS PropCo what the overall strategy for capital investment is in relation to clinical and demographic need.

A press release regarding the delay had been issued by the CCG; there is public concern and the local paper has covered the issue.

D. Frailty Audit, 9th October

Reports of the audit and the workshop were circulated. Some very key issues had been identified. The workshop was excellent, partly because the data was fresh, and could be owned by all organisations. The areas of concern were nursing homes and primary care. The outcome was very similar to the issues identified in the Ambulance "deep dive".

E. Regional QSG

There are now three Healthwatch people; the Chairman now represents Central and North East London.

Areas discussed included:

- The January RQSG needs to have some feedback or a paper from the Healthwatch on proposals – this is possibly going to be a problem
- The Clinical Review of BRHT needs circulating and discussing – lessons to be learnt etc.
- CQC inspection of Croydon and the approach taken
- NHS Care Connect launched in August, provides patients with an on-line complaint service, a type of Twitter account - a pilot Healthwatch in the west of London is supporting this – we need to get more information on this – Robin Burgess at NHS England /London
- Quality issues, no obvious communications and co-ordination for the Norovirus which normally officially starts in Week 38
- National Strategy for Urinary Catheters to be reviewed and audited for implementation in the community
- C-Difficile: interpretation of the guidance varies across London, and thus reporting is inadequate
- National integrated information toolkit is expected late 2014
- MRSA – 60% in the community – large numbers in care homes.

F. King George's Hospital

Final report received from the CCG and the Clinical Senate which indicates that the services in both Emergency Departments are considered safe and will be operating fully. The letter from the Clinical Senate is of particular concern. Copies have been forwarded HH board.

G. Patient Discharge Topic Group

The TG was following up the original LINk report: the Chairman reported, in essence, that improvements had been noted but Healthwatch Havering was also concerned about the front end at the Trust and how the Trust needs help as it is overstretched.

H. Social Care team meeting

It was agreed that dementia training at Age Concern Havering be investigated and that Healthwatch Havering would chase up meetings to care homes written to in August as a result of CQC reports.

I. Induction Training and Enter and View training

Chris Sweeney SDTL Training undertook the training and members felt a lot clearer after the session. Chris Sweeney has worked with the Dept of Health in the past.

J. Outcomes and Impact Tool Event

This was run by the Local Government Association and Healthwatch England.

A lot of it was obvious e.g. get an office/telephone - but one thing that did emerge was a train of thought that funding may be withdrawn in 2 years and Healthwatches may then be expected to be self-funding

K. BHRUT AGM

The Trust was happy with the turnaround in maternity and how things had improved, financial targets were being met and the annual deficit had been cut. A cost improvement plan had been delivered and improvements made across the board, proving patient care is safe. The challenge now was in recruiting good medical staff and keeping them – but recently they had been getting good candidates for consultant posts. Consultants were especially needed in A&E. David Gilburt, Interim Director of Finance, reported that the deficit had been cut, from £49.9m in 2011/12 to £39.5m now. The Trust had delivered savings under the Cost Improvement Programme (CIP) of £18.9m against a target of £23.1m but was able to mitigate the shortfall, primarily through generating an income contribution from over-performance against

PCT commissioner contract targets. The Trust had plans in place to deliver the £23.1m CIP target recurrently in 2013/14.

L. Healthwatch Havering Launch

28 people attended including two representatives from the CQC and 3 Councillors. The short film from Coopers had been very well received.

M. Health OSC

Matters dealt with at the meeting were:

- A presentation on behalf of NELFHT about service developments in North East London Community Services (NELCS) that impacted on Havering, including the establishment of a Community Treatment Team, integrated case management in partnership with both primary care and social care to manage patients at the highest risk of needing a hospital admission and more proactive discharge planning with patients, families and carers. Community Services had recently scored highly on the Friends and Family rating as well as on the Patient Safety Thermometer – a quality test assessing management of pressure ulcers, catheters etc. Caroline O'Donnell was now the dedicated mental health and community services lead for Havering.
- The Clinical Commissioning Group (CCG) chief operating officer explained that the CCG wished to have services in the community that would reduce the numbers of people attending A&E. It was accepted that there were difficulties in A&E at Queen's Hospital in particular, partly due to high numbers of ambulances attending Queen's A&E and to people not being able to be seen in primary care. Other reasons for the A&E problems included slow responses from other parts of the hospital and slow discharge of patients from wards. In response to these problems, an improvement plan had been developed with stakeholders including the community treatment and integrated case management teams.
- The CCG chief operating officer reported that significant progress had been made in the plans for St George's Hospital. It had been suggested that a GP surgery and a centre of excellence for older people could be located on the site. It was emphasised however that the CCG did not own or develop the site and that this was the responsibility of NHS Property Services. There had been broad support in the recent consultation for the GP surgery and centre of excellence proposals and the CCG had asked several local GP practices if they would be interested in moving onto the St George's site. The next step would be to make a case for services that could be located on the site. This could include phlebotomy, ultrasound facilities as well as possibly rehabilitation and step up beds. These proposals were currently being worked through with stakeholders.

N. Outer North East London Joint Health OSC

Prior to the meeting, Members of the JOSC had visited Whipps Cross Hospital to view the new Maternity Suite and the A&E Department.

Matters dealt with at the meeting were:

- Queen's Hospital had been inspected in May 2013 by a team consisting of A&E consultants and Experts by Experience who were trained members of the public. The main concerns identified had been over patient care and welfare and over staffing issues. Similar concerns had been raised in the CQC's previous inspection in December 2012 but some improvements had been noted

- Barts Health had also been inspected, including A&E, outpatients and maternity. The Trust was not meeting ten of sixteen essential standards. Poor staff attitudes had been found in Whipps Cross maternity and warning notices had been issued over areas such as baby resuscitation units not being ready for use (although it was accepted that this had been prior to the new Maternity Unit opening and that things had greatly improved since then).

- Following the Francis Report, the CQC had recognised that hospital inspections needed to be more in-depth. As such, larger inspections teams were being formed that would be on site at a hospital for 5-7 days. Listening events would be held with the public and the CQC would publish performance ratings for hospitals from April 2014. Failing Trusts could be referred to the Trust Development Authority for the implementation of a failure regime. A new inspection of BHRUT was due to commence on 14 October with a listening event in Ilford scheduled for 15 October.

- The Commissioning Support Unit explained that a reconfiguration of cancer and cardiac services was being proposed across Central, North and East London as well as part of Essex. It would however only be specialist services that would be affected. The launch of the public engagement process had been delayed slightly so it was not possible to discuss the proposals in detail at this stage. The engagement process would run until the end of November at which point views would be sought from the Committee (as well as the equivalent bodies for Inner North East and North Central London) on whether the changes were considered to be substantial and hence whether formal consultation would be needed. Initial letters to the Chairmen of all the affected borough Health OSCs would be sent shortly after the case for change had been signed off. It was agreed to hold a special meeting of the JOSC on 20 November to deal with this.

- Stroke services at Whipps Cross had been reorganised so that patients with stroke now generally spent less time in hospital and the length of stay was predicted to continue to fall further. The number of stroke beds at Whipps Cross had been reduced from 26 to 19 as there was no longer sufficient demand in the system for the higher provison.

59 MEMBERSHIP OF THE COMPANY, AND AUTHORISATION TO ENTER AND VIEW

The Company Secretary reported that the individuals mentioned below had now fulfilled the agreed conditions for being admitted members of the Company and were now eligible, subject to satisfactory completion of the appropriate training, to undertake enter and view exercises.

RESOLVED:

That the following be admitted members of the Company and, subject to satisfactory completion of the appropriate training, be authorised to enter and view:

Barry Wood
Deborah Baronti
Margaret Ann Lexton
Dianne Old

60 EXPRESSION OF THANKS TO COOPERS' COMPANY & COBORN SCHOOL

At short notice, students and staff from the Sixth Form of Coopers' Company & Coborn School produced a short video shown at the Launch event in September. The group was willing to produce more, similar material for Healthwatch Havering in future.

The Board considered that the efforts of the group should be formally recognised by a donation to enable them to buy more equipment.

RESOLVED:

That a donation of £150 be made to the school for use by its film.

It was noted that the Company Secretary would be presenting the donation at an assembly being held on Wednesday 16 October.

61 HEALTHWATCH HAVERING: REVIEW OF EXECUTIVE MANAGEMENT STRUCTURE AND OPERATIONAL ARRANGEMENTS

Based on the experience of the first six months of Healthwatch Havering's operation, the Chairman reported that she now considered that a review of its executive management structure and operational arrangements was needed. It was clear that the Council, when setting up the current structure and arrangements, had under-estimated the levels of time and personal commitment required of the executive directors, and that the Manager's workload was becoming excessive. The work required of Healthwatch Havering had considerably more depth than that of the former LINk.

It was agreed that the Chairman should draft a position paper for consideration by the Board in due course.

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Chairman
11 November 2013