

MINUTES
of a meeting of the Governance Board
14 June 2022
(13:30-15:50)
At Queen's Court

Present:

Anne-Marie Dean, Chairman
Ian Buckmaster, Company Secretary
Paul Rose, Non-Executive Director
Ron Wright, Non-Executive Director
Bev Markham, Community Support Officer
Carole Howard, Office Administrator

Jenny Gregory and Di Old, Members

1 Welcome and apologies

All members were welcomed to the meeting.

Apologies were received from Carol Denis, Dawn Ladbrook and Val Perry

2 Declarations of interest

There were no declarations.

3 Minutes of meeting held 12 April 2022

The minutes of the last meeting were agreed as a correct record and the Chairman was authorised to sign them.

It was noted that the Policies and Procedures referred to in minute 6 had been posted to the website, and that the issue of Healthwatch representation at "system" and "place" levels in the new NHS system had not yet been resolved.

4 Finance report

The report for May was presented.

Spending in the month totalled £9,440, which was in line with previous regular monthly spending.

The current prediction was that there would be a shortfall at year end of £3,050. It was too early in the financial year to be firm about this, and various options for increasing income to eradicate the shortfall were under consideration. This would continue to be monitored and reported monthly as the year progressed.

The currently predicted shortfall was more than covered by the available reserves.

5 Meeting arrangements

Following discussion at the last meeting, arrangements had been made for this meeting to begin at 1.30pm, with the meeting finishing by 4pm.

The general consensus was this arrangement had been successful and should continue until the November meeting, and then be reviewed.

6 Draft Annual Report, 2021/22

The Board was reminded that the Annual Report had to be published no later than 30 June. The intention was that it would be presented at the Company AGM on 30 June and, assuming it was then approved, would be published immediately afterwards. The Report would be published by putting it on the website and emailing it to a range of stakeholders, including the Council, NHS North East London and Healthwatch England.

The Board now reviewed and approved the draft.

On behalf of the Board, the Chairman thanked staff and members for their work done (in often difficult circumstances) over the past year.

7 Future Enter & View (E&V) visits

The first E&V visit after the Covid disruption had taken place on 28 April, at Abbcross Nursing Home, and had gone well. The report would be published shortly. Arrangements for the next visit, to Queen's Hospital to observe the PELC UTC/triage, the A&E Department and the Ambulance Receiving Centre were in hand, in conjunction with PELC, BHRUT and the LAS.

The Board was reminded that, before the Covid disruption began, there had been an informal understanding with the CQC that E&V visits to care homes would be focussed on those homes that had been rated Good or better. It had become clear, however, during the Covid disruption that, in fact, few homes were being monitored in that way; and the regular quality meetings had been sparsely attended by the agencies that were responsible for monitoring homes.

As not all care and nursing homes in Havering had previously had an E&V visit, the Board now concluded that the understanding had been overtaken by events and that, as visits resumed, homes should be visited on the basis of apparent need for monitoring (as assessed in the light of available intelligence) rather than CQC rating.

The Board also agreed that, in general, homes and other facilities should not be visited repeatedly but that those homes and facilities that had not previously been visited should be prioritised. It was agreed that a programme of intended visits over a period of up to five years should be prepared for consideration by the Board and the Engagement Programme Panel.

8 Engagement projects

The Board considered updated information about the following, current projects:

- **Fundraising for Raizer Chair/St John Ambulance Community First Response**

The likely financial implications of this proposed event were now available. It was noted that, based on advice from Havering Council, initial funding of between £700 and £1,000 would be required, covering essentials such as insurance, signage and supporting participants. It was noted that none of these costs could be met from Healthwatch funds, although they could legitimately be recovered from the funds raised (though that would have an impact on the amount available for donation).

After discussion, the Board concluded that they could not support the project in its proposed format although they remained supportive of the principal of raising funds for a Raizer Chair.

- **Domiciliary Care**

The ongoing project for ascertaining services users' views of the domiciliary care provided by contractors engaged by the Council was continuing.

Following a recent case, the current survey had been extended to find out more about a particular care provider

- **Post Covid Syndrome (Long Covid)**

This survey was nearing completion. The report was being finalised by colleagues at HW Redbridge; the interim report showed that the majority of respondents were from Havering.

It was hoped to present the report to the Council's Overview & Scrutiny Committee in July (and possibly to the Health & Wellbeing Board).

- **Care Homes – Direct Enhanced Service (for GP cover at homes)**

This project, involving contacting all care homes to ascertain managers' views of the service provided by GPs covering their homes, was underway. It had been funded by NHS North East London.

- **Supporting equity and equality in maternity and neonatal across NE London**

The project plan, prepared on behalf of HWs NEL by HW Redbridge, had been accepted and funded by NHS North East London, and was due to be completed by the end of July.

- **Hypertension**

NHS North East London had approached the BHR HWs for support with this project, to ascertain how to reach people suffering Hypertension but who are not aware of that. All three HWs had advised that the project could not be done in the timescale initially proposed. A revised proposal was awaited. NHS North East London would provide funding.

- **Carers' and service users' workshop (NELFT)**

The workshop had been arranged by NELFT to consider the groups and activities that community and mental health services could offer, to support recovery, reduced isolation and loneliness as well as provide specific treatments.

- **GP access**

There were no firm proposals as yet, but NHS North East London were working on a project about access to GPs, building on the projects undertaking 18 months or so ago in relation to GPs' websites and contacting GPs.

It was suggested that, within this project, it would be useful to identify the extent to which GPs flagged vulnerable patients for priority appointments.

- **Patient Participation**

The need for reinstating Patient Participation Groups (PPGs) in GP practices was becoming increasingly obvious. NHS North East London was working on this and all three BHR HWs had indicated support for this.

- **Dental Services**

A survey was carried out around 18 months ago that revealed the extent to which NHS dentistry was no longer available in Havering. Since then, HWs across the country had continued to highlight the lack of NHS Dentistry in their areas. The local data needed to be updated.

- **Digital in/exclusion**

The Council was seeking to develop means by which people who were unable to access services using the internet and digital devices could be helped to do so. Further information was awaited.

- **Hospital discharge**

Following several recent cases, it was clear that discharge arrangements continued to be not all that they might be. There was also talk of a possible NEL-wide project. There were no firm proposals at the moment, but something might emerge soon.

- **Community Insights System (CIS)**

Although not strictly an engagement project, involvement in the NEL CIS was moving forward rapidly. Statistics generated by the CIS database were now becoming available to support local efforts.

9 Reporting of safeguarding incidents

Ms Old reported that it appeared that few homes were reporting incidents that gave rise to safeguarding concerns. This appeared to be a consequence of the revised working arrangements resulting from the Covid disruption.

It was agreed that future agendas would include an opportunity for Ms Old to report back on recent quality meetings she had attended and that, in future, the circulation of her meeting reports would include the Non-Executive Directors (subject to review in October).

It was also agreed that the LAS be requested to provide statistics of 999 call from care homes.

10 Complaints and compliments

The Office Administrator reported receipt of a complaint from a patient about a particular problem in obtaining urgently needed medication; the Community Support Officer reported that she had received expressions of appreciation for her assistance to two complainants about their experiences of care at Queen's Hospital.

11 Involvement of Voluntary Sector with NHS North East London

Mr Rose reported that the arrangements for involving the voluntary sector in the new NHS North East London and Integrated Care System remained unclear, with the exchange of information "fragile".

12 Accident & Emergency at Queen's Hospital

Mr Wright reported that difficulties remained with the arrangements for patients arriving for triage at the UTC at Queen's Hospital. The system had improved at King George Hospital but not yet at Queen's. There will still large numbers of people attending the hospital rather than going to their GP. However, PELC and BHRUT were beginning to work together, and progress was being made.

13 Referring matters for consideration by Healthwatch

Following recent discussions, the Board affirmed that members should be reminded that matters could only be pursued by Healthwatch if all the following parameters were satisfied:

- The individual(s) referred consented to Healthwatch accessing and using their personal data
- The individual provided their full name and address (but any request for anonymity in following up would of course be respected)
- Details were provided of the event they wished to be pursued

14 Volunteers' Week

The Community Support Officer reported that, although it had not been possible to arrange an event to celebrate volunteers' efforts during the recent Volunteers' Week, she proposed to make some arrangement for some time during the coming autumn.

15 Next meeting

The next meeting was due on Tuesday, 12 July 2022 at Queens Court.

16 Confidential business

The Board noted a confidential report concerning recent dealings in a particularly difficult case involving a family's dealings with Queen's Hospital about an elderly person receiving End of Life Care.

_____ Chairman