

Board Minutes (Approved)

Minutes of the Board Meeting held on the 1st July 2020

Board members present

Dr LN Murthy, Mr C Cunnington-Shore, Mr B Jackson, Mrs M Mitchell, Mr J Welch, Mrs J Evans.

Apologies.

Ms Z Jones, Mr D Scott.

In attendance.

David Logan, Project Lead
Julia Catherall, Signposting and Engagement Lead
Georgina Cowey, Administration Officer

22//20 Welcome and introduction.

Chair welcomed everyone to the meeting- and a specific welcome was extended to Dom as it is his first board meeting.

The Chair informed the board that Zena is taking some time out due to ill health. She is still happy to receive board papers and is not averse to people contacting her. The board wished Zena well.

23/20 Apologies for absence.

Apologies for absence were noted.

24/20 Notes of the previous meeting.

The notes of the previous Board meeting held on the 6th May were accepted as an accurate record.

25/20 Matters arising.

Julia referred to the Notes of the Team meeting held 03.06.20 and indicated that the case study was to be included in the e-bulletin rather than the CRM, as she has already inputted it into the CRM It was agreed that Gina would correct the notes.

Updates from staff matter and accommodation - DL informed the board that the office move may not go ahead as planned. He indicated that he would be holding a meeting on Friday with the property owner- updates will be shared with the board once there is more clarification. DL will then start to formulate a plan about moving back into offices accommodation (taking safety precautions for COVID-19 into account) will be prioritised, considering whether two offices will be safer than one large office. The Chair made the point that team & DL needs support from the board. It was suggested that with the technology of video conferencing etc, perhaps there is a potential to work partly from home and partly from the office.

DL explained that cost is not the issue, as it is a project cost and no money would be saved if the team remain where they are. The main concern is safety of staff. DL will double check that HWCD can work within the COVID-19 regulations when returning to the office and it is likely that a rota system will be implemented.

The board noted the discussion and agreed to leave this decision up to the team if safety and guidance remains the top priority.

Action DL report to progress to the next Board meeting.

Engagement Format.

Following the last meeting the Chair had contacted HWE as agreed but reported that no 'model' templates were available at this stage that HWCD can use for templates of engagement. CS suggested HWCD formulate a template and can share it with HWE.

AOB - Recruitment to the board -The Chair advised that he still waiting on some skill matrixes. Chair suggested postponing recruitment until we are in a better position to do so, and work with HWE to see what recruitment will look like moving forward. **Board agreed**

Action – to review at future meetings

[26/20 HWCD Papers for information.](#)

The Board received the following papers:

- March signposting log
- April signposting log
- May signposting log
- April-May complexity log

Julia provided an update which noted the following:

- currently receiving approximately half the amount of signposting calls before lockdown, this may be due to no face-to-face engagement taking place. Keep reminding that it is 'business as usual' in newsletters and on social media.

Dentist treatment appears to be an ongoing concern. Usual GP concerns- not regarding COVID-19.

- Signposting case in June regarding B-12 injections- there was a lack of communication between pharmacy, GP and client that national guidance had changed. Julia got in touch with the pharmacy and they were going to ring the client back- they hadn't let client know that injections would be postponed for 3 months due to COVID-19.
- It was noted that B-12 injections have appeared to be an issue nationally as it has been highlighted on workplace.

JE asked about missing medical records case identified within the signposting log - significant national issue as the health system appears to 'lose' records. She wondered whether this an item that might be connected with the infected blood inquiry? JC explained case is ongoing as client has been in touch a number of times for similar issues. JC is going to talk further about this case with JE separately.

LM highlighted the signposting case from 2nd March where a client reports that they had been given the same medication twice, which could have led to a catastrophic event for the patient, is identified as a 'never' event. JC reported this to the LPC representing the local pharmaceutical committee, so it has been logged in their system also as a concern.

JW stated there should be some sort of notification when a medication package changes for visually impaired people so that an individual's carer or support worker is aware.

LM asked how the pharmacy had responded and how they are going to prevent this from happening again? It was agreed to follow up with client to see if he was satisfied with the response received the last heard was that a formal written complaint was being submitted. Pharmacy has recognised it was an error and shouldn't have happened. CS sought to understand what would constitute an 'incident' and how it is reported and audited, and what subsequent action takes place. **It was agreed that perhaps there could there be a future piece of work with the LPC.**

LM highlighted a case from 4th March about error within patient being removed from a GP practice - both patient and surgery didn't understand how it had happened. He asked was this a human error or a system error? JC explained it wasn't a case she dealt with but will look into it and give update at next meeting.

JW sought to understand what the criteria is for a surgery to say an individual can no longer be registered there- do they have to live in a specific region? JC explained that most surgeries have a catchment area and will only see patients within that area.

27/20 Co-opted Board Member

DL spoke to the paper he had prepared and circulate with the agenda regarding the proposal to co-opt a new member to the Board and introduced Dominic Scott (Dom – DS) Dominic had met the Board at an earlier meeting. DI proposed that Dom be co-

ted initially for a period on a temporary basis, perhaps a 3 months rolling appointment with delegated approval to the chair to extend Dom's temporary co-option.

DL explained that Dom had worked well and positively contributed to HWCD as a volunteer over the last few months.

It was proposed by MM and seconded by JW that Dom become a co-opted member and the Chair formally welcomed him to the Board.

It was agreed that DL would arrange a time to work through the necessary contractual arrangements and inform the PCP of his new position on the Board

Dom explained he has recently finished his degree and will now be living in the North East for the next few months- the COVID-19 situation means he is unable to start masters in September.

28/20 Quality Framework Paper.

Quality Framework Paper- For Discussion

DL spoke to the paper he had prepared and updated the Board on the following point:

- Following on from pilots being put on hold; it is being refined, different sections are being delegated to different members of staff. DL has a zoom meeting with new area coordinator and will update. Aim is for the draft to be completed by September. The board will be asked to support where appropriate.

JE highlighted a concern that the process may be in danger of becoming a paper exercise. In response DL explained it is up to HWCD whether it becomes just a paper exercise, he explained there was a need to imbed these new ways of working into practice and using targets such as 'SMART' targets to monitor ways of working. JW asked how often it had to be renewed. DL explained it is reviewed annually, to make sure Healthwatch is following good practice, policies are still in date etc.

MM asked if it would be possible for HWCD to look at other 'pilot' templates. DL explained HWCD would be able to look at others, but need to make its own for Durham, as there isn't much that can be taken from other templates as it wouldn't be appropriate to HWCD. **Agreed that DL would send out spreadsheet to board members** (appendix missing from paper).

CS indicated that the QF was more than good practice it was likely to be mandated for all organisations and there was a need to ensure that current policies and procedures to be neatened up. The framework can be audited and can determine why certain decisions have been made/ are not made through a transparent, clear assessment.

29/20 Finance Report.

The Board received a paper and update with regard to last years budget and potential out turn. DL advised that given Q4 outturn to be included in annual report.

The Board were advised that CS & DL have had meeting with commissioner. Issue with VAT- wrong assumption by PCPs finance team, which they are now aware of.

The Board were informed that the Commissioner has appointed their accountant to review statement made by PCP.

The Board discussed their concerns of how 'vaguely' some of the spending has been recorded.

30/20 Attendance at Future Meetings.

DL spoke to his paper with regards to attendance of meetings by Board and Team members. DL sought to understand where the board represents Healthwatch at any meetings/ would they like to attend any meetings. It was noted that LM attends mental health strategic meetings when EH needs further support. These meetings are currently 'frozen' due to COVID19. It was agreed that there needed to be a list of statutory meetings we must attend.

Agreed that DL will produce a comprehensive list so that there is clarity on what meetings HWCD currently attend.

31/20 Presentation by Rachel Rooney, NHS County Durham Clinical Commissioning Group, Engagement and Commissioning Manager

The Board received a presentation from Rachel Rooney and the following points were noted: -

- Rachel introduced herself to the meeting and is a Commissioning and development manager for County Durham Clinical Commissioning Group.
- 'County Durham System Recovery' NHS and social care services in County Durham have had to change dramatically over the last few months due to the pandemic. It was decided it would be far easier to stop and restart the majority of services again rather than try to continue during the pandemic. CCG is working with CDDFT, TEWV and DCC to restart the services and exploring the impact COVID-19 has had on all services such as waiting times etc.
- NHS is having to adapt moving forwards in how services will continue e.g. a lot less people in waiting rooms. Rachel explains she is attending OSC meeting next week, asking how services will be reopened. More detail is available on democracy page on DCC website where there is a full report available.

JE asked in terms of restarting services, has demand changed. People's habits appear to have changed and are now taking more responsibility for their care. How is this going to be taken into account?

In response RR agreed that peoples habits have changed and needed to be changed - self-care is being adopted more which is a positive as there was previously a great expectation on services. Primary care service demand reduced significantly - will change the future of care as telephone appointments have worked well. Will only see

patients face-to-face if they absolutely need to and utilise the technology available. It has been found that pharmacies are also being used far more effectively. The positives from the COVID situation must be capitalised.

MM asked what will those people who have been shielded for 14+ weeks, and who are likely to have suffered mentally during lockdown. RR explained the CCG are working closely with TEWV; a community hub has been formed. Mental health services and voluntary sector services will be in even higher demand than before- it is important that people who need these services are identified.

BJ asked if care navigation will be continued after lockdown. RR explained that pathways will be further developed after the COVID-19 situation has calmed down but will be changed based on what has been learnt, as GP face-to-face appointments etc will be less in demand. It was felt by the Board that this may be a retrograde step.

LM asked a question around 'backlog' of acute patient surgeries- when will people be able to be seen? Especially those desperately in need such as cancer patients.

RR explained that the CCG is working with the acute trusts in County Durham and Darlington but it is hard to answer that question as a possible second wave of COVID-19 could affect services even further. Services need to be more innovative than ever before.

RR further explained that on 1st April 2020 CCGs merged and now is NHS County Durham CCG. Merging as an integrated team with the local authority so mental health services, children's services etc will be working together as a big team, which Sarah Burns is leading.

She indicated that the CCGs need to do a targeted piece of work following COVID-19 and an ongoing programme of engagement with the public that provides them with the information of how and why services have and will continue to change in the coming months. Needs to consider that not everyone has the luxury of accessing technology/ have the appropriate IT skills. Not everyone will enjoy telephone triage so this needs to be taken into account moving forwards, with forward ways of thinking.

RR indicated that she had been in contact with Julia and Rachel will pull together a proposal of how they are going to engage as a system. Need to understand from a patient and carers perspective what has been a positive experience during the pandemic and what has been negative, in order to help develop future services that are as effective as possible.

JW asked if RR is referring to a survey going out to the public. RR explained that surveys is one mechanism which the CCG will use in the targeted piece of work- different pieces of information are also collected from the trusts, Healthwatch, patient experience groups etc. the CCG had recently carried out a survey with Sunderland and South Tyneside CCG's she explained on the recent changes to primary care services which so far has collated over 900 responses.

LM asked how the CCG will take into account the views of those who do not have access to the electronic survey and when will everyone be informed about the findings of the survey and how the recommendations will be implemented?

RR explained that this survey has not been 'over publicised' at the moment due to the current situation. There are large cost implications surrounding paper surveys so are currently thinking of different ways to connect with those who do not have online access. RR said she would welcome any ideas or suggestions on this. The report with the findings will be sent to GC to circulate to the board once it is published and will be on the CCG website.

JE suggested approaching people directly to form a focus group as a way of engaging but there still remains the issue of technology barriers for certain individuals and GDPR concerns.

DS asked which platform was used for the survey which collected 900 responses- RR indicated that she would put DS in contact with her team for further detail.

DS suggested trying to collate some data/ figures around how people have changed how they use health services e.g. using a pharmacy instead of A & E.

CS thanks RR for joining the HWCD meeting.

32/20 Any Other Business.

The following points were noted/agreed: -

- Board agreed to purchase 1year licence for Zoom
- CS and DL are to attend a meeting with CCG Dr. Neil O'Brien- will feedback to the board at next meeting about future engagement.
- DL explained that Claire is going to write a paragraph in policies around volunteer expenditures. The Board supports this and expressed that they do not want volunteers to be spending their own money when working with HWCD.

DS asked whether this becomes taxable, DL explained that as long as the claim is dependent on hours worked rather than a fixed monthly cost, it won't be taxed.

Agreed, the Board agreed to support the initiative provided the volunteer is not disadvantaged and there remains sufficient budget.

The Chair thanked the board and team for joining the meeting.

33/20 Date and Time of next meeting.

The Board agreed that the next meeting would be a combined meeting with the Team to be held by virtual conference commencing at 13.30 on Wednesday 29th July 2020.

Healthwatch County Durham

July 2020