

Healthwatch Portsmouth Board Meeting 22 October 2019 held at Civic Offices Portsmouth

Present: Roger Batterbury (RB) Chair, Mary Amos (MA), Jane Bailey (JB), Jan Dixon (JD), Ken Ebbens (KE) Vice Chair, Peter Izard (PI), Graham Keeping (GK), Anthony Knight (AK), Emma Leatherbarrow (EL), Amanda McKenzie (AM), Siobhain McCurrach (SM), Isobel Ryder (IR) Avril Adams-Baxter (minute taker) (AA)

Item 1: Welcome, apologies and declarations of interest.

Apologies were received from Jennie Brent, Steve Glennon and Ram Jassi. Healthwatch Portsmouth Board members and staff introduced themselves. There were no declarations of interest.

Item 2: Minutes of last meeting (10 September 2019) and matters arising

The minutes of the last meeting of 10 September 2019 were approved and matters arising part of today's agenda. [Approved Minutes from Board meeting 10 Sept 2019.pdf](#) are available on the website.

Item 3: Operational update on Healthwatch Service

SM introduced the [HWP Manager Report for Oct Board](#) 2019. This is available on the HWP website.

Item 4: Healthwatch England new Operational Framework for Local Healthwatch

EL has produced a single page precis of the new Framework which is being launched initially on a pilot basis (involving 30 HW's) to achieve more consistency across all HW's in the country. The original framework is considered to be over complicated which put off smaller HW set ups. This new system will involve self-assessment, an on-line 360 degree self-assessment and includes an excel spreadsheet which tracks and records progress and implementation. Mechanisms will be put in place to encourage best practice countrywide. Workshops will be set in the first quarter of 2020. The 360 degree review will also support Healthwatch Portsmouth to understand the context of the new local Healthwatch Quality Framework.

KE commented that HWP already have a self-assessment process in place and this could skew statistics when comparisons are made with other HW's who do not have this.

EL said that the embedded spreadsheet would ensure that all HW's would do this as proof needs to be sought and recorded. There will be a facilitated discussion in early 2020 to help Healthwatch Portsmouth to identify what needs to be introduced.

RB stated that he would like to check the spreadsheet to ensure that this will provide a level playing field for all HW's. He suggested a task and finish group be set up and would report back to the full Board in January 2020. RB, AK, GK and KE volunteered to be in the Group.

ACTION: RB

AM said she had been in receipt of the spreadsheet for quite some time, but had been unable to share this. She said that this was quite detailed. AM said she would email her slide presentation and spreadsheet to EL, RB and SM

ACTION: AM

SM said that 360 degree questionnaires are part of the normal practice of HWP, but response numbers are not good. It is part of the Key Performance Indicators of the contract to run the survey. JB said that much of the content of the new FW was basic "tick boxes" must do's rather than pro-active ideas.

EL asked if HWP wanted to be part of the pilot group - the Board voted unanimously to be part of this - the improvement plan needs to be completed by end of March 2020.

AK stressed that this new framework is a tool and not a competition.

Item 5: HWP Governance Review

RB suggested that the Board needs to review the results of the questionnaire and make any necessary amendments to the terms of reference; how we do things, to prioritise **Action: SM**

An important issue which needs to be discussed is the large number of meetings HWP attend, the list currently stands at three pages, and needs to be reviewed to ensure HWP resources are used effectively and that each member of the Board can see where they have been and also the people of the City can see what they have been doing. Quite a challenge.

Item 6: Board Member Updates

RB stated that HWP is typically busy with many meetings with all different themes. Since the last Board meeting, RB has attended Dental Procurement Meetings with NHS England in Southampton, had a tour of two of the new blocks at St Mary's Community Health Campus (SMCHC), attended a HWP Volunteers drop-in meeting where he had Enter & View update training. He has helped with Patient Led Assessment of the Care Environment (PLACE) at Portsmouth Hospitals Trust & St Mary's Treatment/Urgent Care Centre and working with Solent NHS Trust on theirs currently. Today, he had attended the Positive Minds Steering Group, and is waiting to receive the Group's Standard Operating Practice document. Tonight RB would be at the City-wide Patient Participation Group Meeting. He has recently attended two Sustainability & Transformation Partnership Meetings, participated in Non-Executive Director Recruitment for Solent NHS Trust, been involved in a Signage & Wayfinding session at St Mary's Community Health Campus and met with Portsmouth Down Syndrome Association. Roger also attended with the HWP Manager and a Healthwatch stall the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP) engagement event at the Marriott Hotel at which Solent NHS Trust's Podiatry team and Communications team were present and offered for Healthwatch to become involved in their patient engagement activity relating to their service re-location proposals. This is all as a volunteer Board member which all the Board colleagues are - volunteers. Roger asked the Board for their agreement to approach Solent NHS Trust on behalf of Healthwatch Portsmouth to ask about the future of services which are currently based at Falcon House (Children and Adolescent Mental Health Services), The Limes (Older People and Mental Health Rehabilitation) and The Orchards (currently hosting the Podiatry service), all of which are on the St James' Hospital site, part of which has been sold for re-development. Board members agreed. **Action RB**

RB reported that there was good news that Help & Care (who support HWP staff team, and the Board plus the Independent Health Complaints Advocacy Role) have had discussions with Commissioners and will be supporting HWP for another year until the end of March 2021. Board members also attend so many different meetings doing their best to fully represent the people of the City. With regard to meetings the Board will meet in November to discuss this Siobhain is organising a suitable date, day and time for us. **ACTION: SM**

RB to meet with JD, PI and AK to talk through the outstanding meetings from his list via a short meeting. **ACTION: RB**

RB highlighted HWP's website and social media platforms FB & Twitter, which are always worth a visit to find out national and local health & social care stories. During the gap between Board meetings, it should be noted that The News has been approaching HWP quite often for its views on local health issues and these are recorded on social media.

KE said that he had attended Dementia Action Alliance meetings, Patient Group meetings and Blue Badge Update meetings as well as working with St Mary's on their signage for dementia patients.

KE - the latest information on the Long-Term Conditions Hub was that Diabetics and COPD patients should be seen by middle of November, this was partly due to some organisational issues involving partnership agreements, hardware and software problems. He stressed that this needs to be closely monitored going forward.

KE said he had attended two very honest and inclusive meetings with regard to the University's Nursing Faculty and Gosport War Memorial Hospital for which there will be a closing seminar in January. This was encouraging.

PI - said he had attended Long Term Conditions Hub, took part in a PLACE visit at QA Hospital and attended Portsmouth Safeguarding of Adults Board (who were pushing for "making Safeguarding more personal training for staff, as an online course) and attended Positive Minds stakeholder meetings.

GK - said that he had taken part in a PLACE visit to Portsmouth Spire Hospital and had conducted the final of the community research survey visits to GP surgeries regarding the Extended Access Service.

RB reported that Phillipa Pringle had resigned as a HWP Board member and thanked her for her time and commitment during her time serving on the Board. This leaves two vacancies on the Board and applications for these posts are welcome.

Item 7: Portsmouth Hospitals Trust, Chief Nurse Liz Rix

Liz Rix (LR) said she would base her talk today on her job application presentation as the contents were still relevant four months into her new role, having previously worked for University Hospital North Midlands. Liz said that she worked closely with Healthwatch Staffordshire in connection to the challenges that her previous hospital Trust (North Staffordshire) faced which was then merged with the University Hospital North Midlands Trust. Liz places a high importance on listening to both staff and patients and attention should be given to this feedback and should be acted upon. Setting out explicit values which will be constantly monitored. Strong clinical leadership.

Achieve excellence in care, employment and the medical profession. Listen to feedback from a variety of sources to raise standards. Monitoring of progress to improve together. Recruiting and retaining the right staff and the right numbers of staff; registered nurse vacancies have dropped from 350 to 138. Temporary staff usage is at a minimum as bank staff are utilised to the maximum. Overall vacancies at the present time stand at 8.6%.

Questions:-

Q: AM: I'm really pleased to hear that there is more access to training for nurses on improving outcomes for patients. I will contact Tina Hetherington to discuss a potential training plan in relation to the delivery of better patient outcomes with the NHS Long Term Plan, using the maxim M.E.C.C - Make Every Conversation Count.

A: LR Sustainability in terms of ('right people, right care, right time') and Public Health's promotion of this is a massive opportunity for Portsmouth Hospitals Trust.

Q: MA had been present at a workshop when nurses were asked their reasons for being in the profession and in person said that it paid the mortgage, how will LR change this?

A: LR adopts compassionate leadership and sets expectations and puts initiatives in place to encourage the right values and influences. She anticipates this will be a 3-5 year project. AK said he had recently spent a day at QA with the Patient Liaison Team at the Open Day and that they were enthusiastic and felt that they had the freedom to speak up.

Q: AA said that she had attended a workshop where NHS professionals asked for honest feedback about personal experiences. This had been met with negativity and defensiveness, how will LR change this?

A: LR said she had come up against this attitude herself at QA and she is determined to bring about a culture change regarding this. She has weekly meetings to discuss the subject of negative feedback and how it should be dealt with.

Q: KE asked if there was any direct involvement with patients to improve quality?

A: LR said this was a very important source of feedback.

Q: KE said that bullying was a subject which had been brought up at a number of sessions she has attended. What was LR's approach?

A: LR said that this was a significant issue which is taken seriously. There are 7,500 staff at QA and she deals with all accusations of bullying and discourages this behaviour. She opposes drop-kick management which appears to have been quite common practice in the past. To say that this will be totally stamped out will be impossible, but intends to make this less of an issue going forward.

Q: MA asked about sharing best practice, does this happen?

A: LR said that this is not as robust as she would like, she issues bulletins and arranges regular meetings on this subject. She is a supporter of the Schwartz Round - evidence based forum for hospital staff from all backgrounds to come together to talk about the emotional and social challenges of caring for patients.

Q: EL asked if LR was keen to set up a data sharing agreement to obtain independent information regarding feedback obtained from 'Friends and Family Test' and Healthwatch Portsmouth's feedback database.

A: LR would like to do this.

ACTION: EL

Q: PI: I can see your keenness on compassionate leadership: how is this being driven in the Trust?

A: LR: In Nursing and Midwifery, quality is improving. There is a cultural change and leadership development which has been developing over the last 2 years. PHT will concentrate on what it thinks needs improving. Liz foresees this taking 3 - 5 years.

Q: AK: Attended the Open Day at the end of September and spoke to a range of staff teams and was impressed with what they said. It is indicative of a changing culture in the Trust.

A: LR: Yes, I had heard that staff previously felt they needed to have permission to ask 'why' of leadership. Now the Trust has Freedom to Speak Up Guardians'.

Q: AK: I attended the City-Wide Patient Participation Group (PPG) meeting at which patients' experiences of services were discussed. The service managers attending were very defensive. How do you change the culture in the management level?

A: LR: It will take time and she will be trying to improve the culture, wanting managers to recognise and adopt a 'learning approach'. The Medical Director of the Trust has weekly meetings with service managers on reported incidents to provide a chance for reflection and learning from patient experience reports.

Item 8: Update from Carers Centre

Clare Rachwal, Manager of the Carers Centre was unable to attend our meeting so has asked that her update is read out to the Healthwatch Portsmouth Board meeting:-

The current Portsmouth Carers Strategy expires next year so in preparation for developing a new plan for carers in Portsmouth we are starting a new programme of engagement work in partnership

with Solent NHS Trust and Portsmouth Hospitals trust, more partners are engaged in this but will be pulled in as and when we start to gain some direction and priorities.

We are starting with an event on **Carers Rights Day, 21st November at the John Pounds Centre 10-1**. During this event, through a survey and through existing carers groups we will be asking what's working well for carers, what is not working well, where the health and social care system in Portsmouth could be improved and what do carers worry about. We will also be asking how people would like to be involved in shaping services. We hope to get some themes and priorities from this initial phase of feedback from which we plan to have further themed events/discussions with carers in order to refine what work needs to take place, who needs to be involved and what needs to be in a new plan for carers. The idea is that we reach as many carers as possible and that we are not predetermining the conversation by asking just about health and social care services, a carers main challenge might be around work or finances. Publicity materials are being developed by Solent and will hopefully be available for distribution around the 24th/25th October. I am starting to explore the possibility of combined assessment and support planning for carers and the people they are supporting. I am currently seeking opportunities to work with health colleagues to identify where we could work collaboratively across departments and with the carer and person with support needs to take a truly joined up approach to assessment and support planning. One example could be through the new wheelchair contract as discussed - the assessment for the person with the wheelchair could be assessed in combination with their carer (either separately then combined or assessed at the same time) and then a person centred plan could be developed for both parties taking into consideration their full range of needs and giving the best chance of achieving identified outcomes. This work is in the very early stages and I'd love to hear from anyone who has an idea where this could work well. Portsmouth Autism Community Forum has asked the Carers Service to convene a carers subgroup - we'd love to hear from anyone supporting an adult with Autism about what they think our priorities should be. Please contact me or Christopher Noden Christopher.noden@portsmouthcc.gov.uk or call the carers centre on 02392851864 and ask to [speak to either of us](#).

Item 9: Any other business (AOB)

As no items had been put forward, there was no other business.

Item 10: Questions from the public

Marcus Saunders (MS) a local GP pointed out that whilst practices in the city still have their independence, they are all part of one of the five PCN's which have been set up. The Brunel Group which East Shore Partnership is part of (MS practice) represents 78,000 patients. These have been formed to try and reduce the impact of the shortage of doctors and nurses. 1 Social Prescriber and 1 Pharmacist have been added to the group and there is a current upskilling of current staff initiative to enable the assessing of "the whole patient" during consultations. EL said that HWP would be happy to help in patient engagement in any way possible. KE offered to attend a future meeting with the Primary Care Network to start a dialogue on this opportunity for further patient engagement. **Action: KE**

Item 11: Close of Board Meeting

The meeting closed at 1630hrs. The next Board Meeting: Wednesday 11 December 2019 2-4 p.m. St Mary's Lodge, St Mary's Road, Portsmouth PO3 6BB