

Healthwatch Portsmouth Board Meeting in public 18th February 2020 at the Frank Sorrell Centre

## **Agenda Item 1: Welcome, Introductions to the Board, Declarations of Interest**

Present: Roger Batterbury (RB) Chair, Ken Ebbens (KE) Vice Chair, Jan Dixon (JD), Anthony Knight (AK), Peter Izard (PI), Jenny Brent (JB), Steve Glennon (SG), Graham Keeping (GK), Siobhain McCurrach (SM), Maria Ganderton (MG)

Apologies were received from: Jane Bailey, Emma Leatherbarrow, Isobel Ryder, Ram Jassi and Mary Amos

Healthwatch Portsmouth Board members and staff introduced themselves.

No Declarations of Interest made.

## **Item 2: Minutes of last meeting December 2019 and matters arising**

The minutes of the last Board meeting in December 2019 were approved and matters arising were to be covered during today's agenda items and the Manager's report. It was noted that regarding the imposition of the 12 month time limit for cases to have been presented to the Parliamentary Health Service Ombudsman, which is being used (in an inconsistent way) for decisions regarding whether to take on reviews of NHS complaints that have gone through the local process, Healthwatch Portsmouth will be taking forward its concerns.

Approved minutes from the December 2019 HWP Board meeting will be available on the website.

## **Item 3: Presentation from guest speakers**

The Chair introduced the guest speakers to the Board and members of the public attending and explained to everyone how to use the yellow 'jargon alert cards' .

Ian Scrase Operational manager of Solent Trust and Jenny Michael Freedom to Speak Up Guardian provided information about their Trusts' Freedom Speak up Guardian Teams, using this

[powerpoint presentation](#) to illustrate their points. The Freedom to Speak Up Guardians were introduced to NHS Trusts after the Mid Staffordshire Hospitals scandal and Sir Robert Francis' Inquiry which concluded that there had been very poor care for patients, that few staff were willing to stand up to the widespread staff bullying culture in order to improve patient care.

Ian explained how the service was introduced to displace the bullying and protect staff from the previous culture which did not encourage whistle blowing, with Trusts now encouraging their staff from all departments to access a Freedom to Speak up Guardian. It is estimated that between 400 and 4000 patient deaths were due to poor care with few people willing to speak up for fear of bullying which had included verbal and or physical attacks. Freedom To Speak Up Guardians are

there for the protection of staff, “Speak up is not in place just for the big and bad” -quote from Sir Robert Francis QC. The Guardians receive contacts from staff which are investigated, many concern the relationship that staff have with their staff colleagues and/or managers. Issues taken forward. The identification of the Freedom To Speak Up Guardians in each Trust is heavily promoted on all wards with contact details of the local Guardian. If a contact is made by staff working in Adult Social Care then the matter is flagged to the relevant local authority. The intention is for the staff culture to feel that a Freedom To Speak Up Guardian is not needed, that they can address their concerns directly with their manager and or staff team colleagues. Compassionate Leadership is the mantra.

Questions from Board members:

AK asked, with regard to community based care working with the Trust, are there any issues with the staff not co-operating?

Answer: The teams are working well together.

PI asked what is the patient’s view of how the Trust is dealing with issues? Do the issues that are raised with PALS by the public correlate to those issues being raised to FTSU Guardians?

Answer: I will look into this.

Jenny explained there are 20 team advocates across all department within the trust and all staff are represented, monthly meetings are held and 80% of cases managed at local level. There is a communications team involved to reach the 7500 staff.

SG asked what is the different between FTSU Guardians and a union?

Joining Ian, Jenny Michael of Portsmouth Hospital Trust explained how the service works with the trade unions which supports staff with local statutory integrated health and care services. They are not boundaries driven. Regional cluster group meetings are held across sites.

Information is gathered from Patient and staff Safety reports and taken to a quality performance meeting – if an area is identified (following the clinical and national guidelines) as flagged as ‘RED’ but this doesn’t correspond with staff feedback, Guardians look at why staff are not speaking up and target support in that area.

JB asked How do you know it’s doing well – Staff surveys – confidence levels in reporting incidents and knowing that it will be dealt with are key indicators the priority is that all staff know where to go – have spot audit of 500 staff to ask if they know who their guardian is and how to access them.

#### **Item 4: Operational Update on Healthwatch Service**

The Healthwatch Portsmouth Project Manager, Siobhain read out highlights from her [Operational Update Report](#)

Regarding the Dental services Update- Emergency additional appointments:

SG asked how are they measuring the impact- where are patients going?

RB replied- I attended a dental committee meeting and I don’t know how they are measuring it. He went on to explain regarding information about the dental surgery Perfect Smile that was said to be offering NHS additional appointments -I phoned up and was put on a waiting list for 9-12 months.

SG said in Portsmouth we have always had poor access to dental care. Will any new dental surgeries setting up in the city get the medical records of previous patients?

Roger-No, they do not pass on patients' records due to different there being different evaluation and mediation boards awarding the contracts.

A question was raised regarding the location of the new dental surgeries offering appointments in place of the 3 Colosseum surgeries based across the city that closed in July 2019. The Healthy living Centre in Paulsgrove as potential replacement site the north of the city has accessibility problems.

SG suggested that new providers need to be more proactive to engage more patients?

RB informed the Board that there is provision in NHS England's procurement tender documents for surgeries to demonstrate how they would be proactive to engage more patients. Those bidding for the contract(s) will be scored: 0 = not addressed, 2= acceptable 3= good and 4= excellent?

SG said lessons need to be learnt. Any new providers will need to have a different approach to their cash flow. It is disappointing that no penalties were issued by NHSE to the dental surgeries who suddenly pulled out of their contracts last year and they are still operating from sites within the city.

New dental providers for Portsmouth should have a better dialogue with patients in Paulsgrove.

SG said that different contracts issued in the next 10-12 months will throw up different challenges.

SM said that the latest update from NHS England is available in her Operational Report to the Board.

#### **Agenda Item 5: Presentation from Down Syndrome Association**

Alice Osborne represented the Down Syndrome Association (DSA) Parent and Community Liaison team. Alice brought along a presentation: [Down Syndrome Association presentation to Healthwatch Portsmouth](#)

The aim of the charity is to offer care in the community to improve the lives of families in Portsmouth and South East Hampshire- They are supporting 110 families across this area.

Alice had brought along DSA's new Parent Pack that had been developed and was a national initiative. DSA was working to develop links with QA Hospital (ante-natal screening service) and social media to reach families wanting support. DSA offer speech and language development support to children age 0-4, school age 4 – 11 and teenager groups - social communication at this age is important to support teenagers to make friends and access independence through workshops and drama – improving self esteem and memory, supported by the New Theatre Royal. Support to other ages is offered face to face and by running coffee mornings, an opportunity for families to meet health professionals and for health professionals to have family input including siblings.

GK asked does the Down Syndrome Association promote the shows?

Alice – I don't know they are run by professionals.

The Portsmouth branch is a national centre for Down Syndrome research for inclusive learning via mainstream schools. Training is offered to health and care professionals on the social model of disability in school settings. They have found that there is an inconsistency in family experience across the country, a postcode lottery of the physiotherapy service across different age categories.

RB asked is that how services are commissioned? Age related : Trust contract?

SG added that because it is a small community of interest, patients know each other, it is less easy for inconsistencies to be accepted.

Alice said there are often changes in staff – high turnover of physiotherapists.

RB said it is outrageous that there are different approaches to the service, that people are not told about new staff members. It is not a consistent staff-patient relationship.

Alice reported that there was a lack of support – a waiting list mechanism to the need away, hoping the need goes away. Regarding respite, families do not often reach the 'criteria for support'. In diagnostics Down Syndrome 'symptoms' are described rather than Down Syndrome 'illness'. There isn't much person-centred care and a limited understanding by medical professionals, specialising.

PI asked: is there any change in perspective e.g. recent midwife training.

Alice said DSA'S offer of free training for health professionals on site had not been taken up.

Clare Rachwal from the Carers Centre asked if there might be some training available for the Carers Centre so that they could help raise awareness of Down Syndrome.

### **Agenda Item 6. Update from Carers Centre**

Clare Rachwal, Manager of the Carers Centre gave a [presentation](#) on their current engagement activity to develop a new carers strategy. Clare was pleased to report that the key aims in the Carers Strategy 2015-2020 had been reached and they were keen now to update ideas/initiatives. There will be a national strategy with local initiatives developed, such as the GP makers for carer identification in GP surgeries. In the current engagement activity carers should feel able to raise concerns. Feedback is important, it will be a dialogue to generate qualitative responses. There are 17,000 carers in Portsmouth, it is not just Portsmouth Carers Voice that needs to feed in ideas. The Carers Centre wants to reach carers in the way they say is most effective. The carers centre is organising a series of events in February to gather feedback. Clare said there are also 28 groups that offer peer support to carers so they want to hear from them too. Clare said they will approach the Patient Participation Groups in GP surgeries.

SM suggested that the Carers Centre contacts the Pompey Pensioner Association for feedback too.

### **Agenda Item 7. Board member updates**

HWP Chairperson, Roger Batterbury asked Board members to report back briefly on meetings they had added while representing Healthwatch Portsmouth.

AK said he had been to a mental health Time To Change event and discovered how individuals can apply for support

GK said he had attended the meeting at QA Hospital with Portsmouth Hospitals Trust Chief Executive, Mark Cubbon and had found it very good

RB said he had attended the Health and Wellbeing Board, Portsmouth Clinical Commissioning Group's Primary Care Commissioning Committee, Portsmouth Hospitals Trust (PHT) Shared Assurance Improvement Programme/Clinical Quality Review Meeting. Roger suggested to PHT about Solent Trust's idea of asking Healthwatch Portsmouth to suggest topics to be included prior to the draft Quality Account being written. PHT said they would consider.

PI said he had attended the Health Inequalities Subgroup of the Learning Disability Partnership Board in which the Terms of Reference for a LD hospital passport, epilepsy passport and dental passport were discussed.

JB said that from her participation so far in the Learning Disability Partnership Board Health Subgroup meetings that she wants broader membership.

KE said he had attended a useful meeting with the Chair and HWP Manager with Portsmouth Clinical Commissioning Group's (CCG) head of Health and Care and the CCG Chair Dr Elizabeth Fellowes. KE also attended the final meeting of the Gosport Learning and Oversight Assurance Board in which the final findings were discussed prior to publication in early 2020. It had been requested that due to HWP's very supportive participation that we should be invited to monitor how the learning from the tragedy at Gosport War Memorial Hospital can be undertaken. KE said he had also attended the Carers Executive Board meeting at which it was discussed why was the council mothballing the Board. KE said that the criticism had been accepted. It is anticipated that the Carers Executive Board will be re-started. KE also attended the Carers Strategy Group. KE also attended the Shaping Portsmouth Health and Wellbeing group which includes 18 local companies. KE attended the Long Term Conditions Hub Scrutiny Board meeting which is now the Management Board now that the Hub is open for patients. KE said it had been agreed for HWP to be included in the new Board. KE now attends the new QA Hospital Audiology Dept patient forum that HWP was approached to promote. KE attended the Dementia Alliance at the hospital. With regard to Blue Badge applications and the worry that the service would be deluged with applications for badges further to the Government's introduction of the application criteria which allows you to apply if you have an invisible disability, the service has not seen a spike in licences issued since the end of last year.

#### **Agenda Item 8. Any Other Business**

Nothing was raised

#### **Agenda Item 9. Questions from the Public**

No questions had been received in advance by the Chair and no questions were asked by those attending.

#### **Agenda Item 10. Close of Board meeting**

HWP Chairperson, Roger Batterbury thanked everyone for attending and closed the meeting at 4.10pm