Healthwatch Brighton and Hove Board approved meeting minutes 15.01.2024

Board Attendees

Geoffrey Bowden (Chair)	Chair
Chris Morey (CM)	Board Finance Lead
Gillian Connor (GC)	Board member
Howard Lewis (HL)	Board member
Angelika Wydra (AW)	Board member
Alastair Hignell (AH)	Board member

In attendance

Alan Boyd (CEO)	HWBH CEO
Brigid Day (BD)	HWBH Safeguarding Lead
Lester Coleman (LC)	HWBH Head of Research
Will Anjos (WA)	HWBH Project Coordinator
Michelle Kay (MK)	HWBH Project Coordinator
Katy Francis (KF)	HWBH Project Support Officer
Keith Stevens (KS)	Healthwatch East Sussex, Chair
Veronica Kirwan (VK)	Healthwatch East Sussex, CEO
Zoey Harries (ZH)	Healthwatch West Sussex, CEO
Dr George Findley (GF)	NHS University Hospitals Sussex Trust, CEO
Theo Cronin (TC)	NHS University Hospitals Sussex Trust
John Wood (JW)	Member of public

Apologies

Christine D'Cruz (CDC)	Board member
Khalid Ali (KA)	Board member
Clary Collicutt (CC)	Project Coordinator

Item 1 - Welcomes and declarations of interest

1. Declarations of interest.
    a. Howard Lewis sits on the ICS Digital and Data panel.
    b. Chris Morey is the lead auditor of Care Unbound (trading as Here) and Arch Healthcare.

Item 2 - Minutes from Healthwatch Board 11th September 2023 and Matters Arising (paper).

1. The board approved the minutes from the 11th September 2023 Board Meeting.

Item 3 – Public Questions.

1. A member of the public, John Woods, asked two questions in advance of the meeting, which are answered here: Agenda item 3. Questions to be answ

Item 3 - Safeguarding (verbal update), Brigid Day, Safeguarding Lead

1.
   a. BD sits on the Brighton & Hove Safeguarding Adults Board and chairs the subgroup Safeguarding Adults Review Board). She has a long work history in social work and care.
   b. The review board is tasked with looking at instances where people haven't been safeguarded properly. They review cases in collaboration with the police, NHS, ICB, community trust & local authority.
   c. Since BD began chairing, there has been a regular flow of referrals. They carry out independent reviews, and present findings to the Safeguarding Adults Board and then these are published online.
   d. There are four reviews ongoing on right now and one in the pipeline.
   e. Some of the safeguarding issues have been related to: homelessness and insecure housing; substance abuse; mental health; two cases involving mental health in relation to being transgender; cuckooing and criminal gangs; racist abuse and physical injury.
2.
   a. Healthwatch Brighton & Hove (HWBH) undertook a safeguarding self-assessment (all agencies involved have done this assessment). HWBH itself don't have primary role in safeguarding, but some of our work might flag safeguarding issues so volunteers and staff need to know what to do.
   b. This highlighted how training is delivered and kept up to date and strengthening how we record safeguarding alerts at HWBH.
   c. BD and CEO regularly meet.
   d. HWBH has reviewed and updated the adults and children's safeguarding policies with BD to be reflective of latest legislation.

e. WA: There have only been four safeguarding alerts from Homecare Check project in the past year. There were a lot more pre-pandemic and more from the Hospital Discharge Wellbeing Project (during Covid).

Action 1: BD to send summary of self-assessment to attach to minutes.
Action 2: KF to send board members safeguarding training information. Board members to carry out training.

Item 4 - University Hospitals Sussex Trust, Dr George Findley, CEO (presentation + Q&A)

Link to GF's presentation here: 
Agenda%20item%20
4.%20Presentation%2

Q&A with GF:

A. Questions relating to the ongoing police investigation into patient deaths.

1. **"Has the media coverage had any effect on DNAs for appointments?**

They have not noticed an effect on DNAs.

2. **"What actions are the Trust taking to restore public faith and reassure them about the quality of care provided by the Trust?**

The investigations have been ring fenced. Supporting staff is their focus. This is a historic investigation and many changes have been made since that time. GF and other leadership were brought in 2017 during that difficult time. These issues had already been present for several years.

The Trust acknowledge there would be concern from a patient perspective. They haven't seen any changes in Do Not Attends or in discussions with staff. They believe the public are still using services with a degree of confidence. They are taking a focused look at Neuro- and General surgery. They are looking at safety, outcomes and are taking assurances through the UHSx board and the ICB.

3. **"What action is the Trust taking to bolster staff morale across the Trust in**

light of the negative media coverage?

The Trust is working closely with all departments. The staff are saying they're getting what they need. Results from their staff survey show scores for morale answers are going up. Staff views on the Trust as a place to work etc have all gone up positively over the last year. They are ringfencing Bramber, recognising that there are improvements to be made, but also acknowledging that improvements are being made.

B. Questions relating to CQC inspections

1. "Does the Trust have any indication of the outcome from the most recent CQC inspection, last August?

The Trust had seen a draft report from CQC for comment and factual accuracy checking. The Trust were not able to go into detail about the contents or findings as it is not yet a public report, however the Trust were pleased the report recognised the work it had undertaken to address earlier concerns.

C. Question about treatment for stroke patients.

The question was posed by Howard Lewis. Due to a potential conflict of interest with his role working for the General Medical Council

"This month it has been reported that national performance against key stroke treatment measures has nosedived, with patients in England waiting an average of almost seven hours to be admitted to a specialist unit in 2022-23, compared to three and a half hours in 2019-20. NHSE states that patients with acute stroke should be given access to a stroke unit within four hours. This was achieved in just 40 per cent of cases last year (2022-23), down from 61 per cent in 2018-19. Also, NICE guidance states that admission to a specialist unit from A&E needs to happen quickly and within a maximum of four hours after initial assessment. Analysis of national data shows that UHSX had the longest average waits for specialist beds last year, of more than 14 hours, with just 8 per cent of patients

admitted within four.

I'd like Dr Findlay to explain how these poor wait times came about, what is being done to improve the situation and anything he can share about the impact on patients.

That is just one of a range of metrics to assess stroke services. There are 10 domains of assessment. They perform well at some, not so well at others. This reflects hospital running at 98/99% occupancy. A number of elements have improved.

That data is from the Barry building, which is now the Louisa Martindale building. There is a new stroke assessment area. The move from the Emergency Department (ED) to Stroke Assessment is now much quicker.

On the County side, they are used to providing more care in ED than they would like. There has been a Stroke Services Reconfiguration paper, agreed by the ICB at the end of last year, which includes further investment in stroke services.

There has been a national phenomenon of high bed occupancy. 364 patients in hospital right now could leave if there was appropriate social care. Transforming the way they work as a health and social care system is vital. They are trying to do this through the Discharge Frontrunner Programme and in association with Adult Social Care colleagues, and through increasing capacity in domiciliary care.

C. Questions in response to the presentation:

What measures have been put in place for concern amongst staff that 'whistleblowing career limiting action'?

They measure staff views monthly through their Pulse survey. Some responses are positive and some not as positive, but all are moving in right direction.

There is a 24/7 Guardian service contract where there is a named guardian which is confidential and at arm's length. In the last 6 months, 20 colleagues have used this service, so it is being used. There is a responsibility on leadership to listen and follow up. The best way to raise concerns is through colleagues but the guardian route is also there.

AW: Are the guardian service ex-NHS employees and aware of how the trust functions?

Freedom to Speak Up is an accredited national programme. The evidence from trusts is that there have been higher confidence rates in speaking up and things getting processed. 20-25 staff a month use the service, it has been pushed to be made visible and people are using it.

AH: How do we know the trust is actually improving? These seems like they could be self-marking statistics. Has it improved overall rather than just in periods of time? Patient experience hasn't improved in 12 years in Brighton. In past week, I have experienced a waste of resources, time, and money. An appointment wasn't kept by a clinician. Patient experience should be at the heart of everything a hospital should do.

The waiting list numbers are facts i.e. 11,000 fewer patients. Judgements are made by regulators like the CQC. The ICB also review their performance monthly. In terms of waiting list concerns, there is tier 1 scrutiny, national team meets and reviews of whether they have done what they said they'd do.

500 more staff is right. The trust increases head count year on year. There has been an increase in demand. The staff are demoralised and tired. There are more people staying but doesn't feel that way.

They are focused on understanding why there are issues and making improvements.

Chair: How many people have given up waiting and gone private?

There is a validation exercise which existed before the longer waiting lists: "do you still need to be on this waiting list; have you gone private?". There has been no increase in patients saying they no longer needing treatment. They are using the private sector more as subcontractor. There is an NHS tariff, so it doesn't cost any more but public have quicker access to treatment.

Item 5 - Workplan (paper and verbal update) – CEO

1. CEO: We have published a 2023/24 workplan.

a. This has been informed by taking data from our helpline, intelligence from meetings, looking at ICS Improving Lives Together, Core 20 Plus, CQC reports, and HW England's priorities.
b. 11 projects recently completed, 9 active, 14 considering.
c. LC: We want to look at a broader range of projects than those are we commissioned to do. February/March is the end of a few projects so it will be a key time.
d. HL and GA asked about potential projects regarding e-patient records. This was a big theme in the deliberative engagement workshops. There has been a little patient engagement on this but not much scientific work.

Action 3: LC to find out if the data from the deliberative engagement workshop was shared with NHS Sx.

e. HL: In Surrey, there was a poorly managed launch of an e-patient record system which led to a patient death. The data was not collected appropriately. There is an NHS review that has lots of recommendations for what should be done.

Action 4: HL to send NHS review on Surrey e-patient record incident to LC.

Item 6 - Staff team projects update (verbal updates)

1. LC:
    a. We are engaging with underserved groups over 65 (ethnic and minoritized communities) to explore their use of digital technology to manage their health care needs, and any barriers they experience. This is a project in collaboration with KA. Also working with Bridging Change and others. Without partners' assistance, it would be very difficult to recruit participants. Report to be published in March.
    b. Our equalities and impact assessment shows we need to boost our coverage of this group.
    c. Khalid is developing a follow-up project.

Action 5: GB to put LC in touch with the Black and Minority Ethnic Community Partnership.

2. MK:
    a. We are carrying out a stakeholder survey (occurs at least every other year). It asks our partners how HW are doing.
    b. We are delivering a CQC commissioned project engaging with parents & carers. In October, CQC issued a call for tenders for organisations to deliver engagement work with patients. The purpose of this work is to engage with people about health and care issues impacting them, their families, and carers. They are particularly looking at how people access and use healthcare services, barriers to their ability to do this and recommendations for how CQC could involve and co-design with them. HWBH will be speaking with parents of young children (0-5yrs of age) to understand how they use services to support the wellbeing of their children and any barriers to access. Aiming for 20 interviews with volunteers helping. End of March report.

3. WA:
    a. We can now share the Homecare Check data anonymously and create reports. We are aiming for quarterly reports (3 providers). We will pick out themes from these reports and go to the Health & Wellbeing board.
    b. The project was put forward for the Healthwatch England annual awards.

Action 6: Board members can watch the Homecare Check video from the council on the website here: Homecare Check Summary Report - Nov 2023 | Healthwatch Brightonandhove

CLOSED AGENDA ITEMS

(Not open to members of the public)

Minutes of the agenda items discussed under the CLOSED AGENDA are not published

Meeting closed