

Healthwatch Worcestershire  
Public Board Meeting  
Friday 10<sup>th</sup> February, 1000hrs  
Life After Stroke Centre, Church Lane, Bromsgrove, B61 8RA

## Minutes

### 1. Attendance

- **Directors:**  
Peter Pinfield [Chair]  
Jo Ringshall  
Jane Stanley  
John Taylor

### Also in Attendance

- **Co-opted Members:**  
Anne Duddington  
Barbara Pugh  
Ray Eades

[NB The Co-opted members attend the Public Board Meeting as non-voting participants]

- Simon Adams [Chief Operating Officer and Company Secretary]

### Apologies

- Martin Gallagher - Director

### 2. Declarations of Interest

No additional declarations of interest

### 3. Minutes of the Public Board Meeting on 13 January 2017

The minutes of the Public Board Meeting on 13 January 2017 were unanimously agreed by the Directors.

### 4. Worcestershire Adult Safeguarding Board Annual 2015/16 Report

**Ms J Galloway, Redditch and Bromsgrove & Wyre Forest CCG Chief Nursing Officer (on behalf of Kathy McAleer, Chair of WSAB)**  
**Ms B Brickley, Adult Safeguarding Board Manager, WCC**

Presented the WSAB Annual Report (See PowerPoint presentation) followed by a question & answer session

**Q** What was the definition of organisational abuse?

**A** it was when more than one member of staff were not treating people as they should.

**Q** The death of Cordon Banfield last summer in a tent by the River Severn was a safeguarding issue?

**A** It was, because of self-neglect. However although the case had been referred for a Safeguarding Adults Review it did not meet the criteria because there was a lack of multi-agency involvement. The person was known to charities but not to other agencies so there was not a lot of additional information to be evaluated from the SAR process. However the circumstances were reviewed in order to learn lessons. Commissioning issues had been identified and raised with WCC Public Health, who were no longer commissioning the previous range of services for homeless people. The issue of safeguarding and homelessness had also been raised with District Safeguarding officers and homelessness now has a raised profile with the WSAB, who will be seeking more assurances from agencies on this issue.

**Q** For clarification - was it the case that a SAR could not be undertaken if there was not multi-agency involvement?

**A** Clarified that this was not a prerequisite - the issue was about the best way of identifying issues and sharing learning, and although a SAR had not been held a review of the circumstances had taken place and lessons learnt.

**Q** How cases got to the Board, and were people aware that they could raise issues? Ms Brinkley explained that the Board were working with a range of agencies (e.g. fire service, meter reading services etc.) to raise the profile and explain the difference between safety and safeguarding.

**Q** How long a Safeguarding Adults Review (SAR) would take?

**A** A Review could not be undertaken if a police investigation was taking place. The exact time was not measured at present but they took an average of 3 - 4 months. Following a SAR a Learning Event is held that is open to all agencies & providers to share learning.

**Q.** Referred to the recent OFSTED inspection of the Children's Safeguarding. He asked if the WSAB had sufficient budget & resources to carry out its work?

**A** Agencies had to make the best use of time and resources. Health agencies have developed a protocol for representation at meetings and Sub Groups whereby one representative will be responsible for attending & feeding back to others. She felt that the WSAB had good sight on risk, and discharged its responsibilities effectively through its Sub Groups.

**Q** How VCS / local organisations are informed about developments such as additional categories of abuse being identified.

**A** The categories of abuse are now more closely aligned with Children's Safeguarding. She described a range of networks that are used to send out information. There are also model policies that can be adopted and a communication & engagement strategy. It was acknowledged that two way communication was required.

**Q** How long it should take before a response is provided to a potential safeguarding issue. She had left an Ansaphone message with a question about a relative and had not received a response for 2.5 weeks.

A Advised that a response should be provided within 24hrs, but understood the issue was linked to social care. Undertook to follow this up directly with the enquirer.

## **5. Domiciliary Care Overview for Healthwatch Worcestershire**

**Ms J Chesterman, Quality Assurance & Compliance Manager / Interim Lead Commissioner of OP Care Homes**

Ms J Chesterman provided a Power Point presentation followed by a question and answer session.

**Q** Mr Pinfield asked about the discrepancy between his understanding that there are approx. 4/5 000 people in the county who make up our “vulnerable” population and the figure of 2,400 using domiciliary care.

**A** There will also be people in residential care, receiving extra care services and self-funders who are not reflected in this figure.

**Q** Mr Pinfield asked if self-funders could get access to WCC approved providers list.

**A** This may be available via social workers but it was not on the WCC website

**Q** If there was a trend about what might be causing concern?

**A** They received lots of information about missed calls, medication errors, and communication problems as a result of providers recruiting workers from abroad with poor spoken English. Information from a range of sources was logged. Where this triggered a “red” rating on the risk register a full Quality Assurance visit will take place. This will include service user questionnaires.

**Q** How Ms Chesterman’s team reported the outcomes of their quality assurance work.

**A** The providers who are high risk are reported to Strategic Commissioners (currently Elaine Carrolan)

**Q** The representative of the Motor Neuron Disease Association raised three issues:

1. Difficulty in finding providers for specialist provision - there is a long wait
2. Self-Funders - are not given access to appropriate information and advice - if they don’t meet means test they are left to find their own provision
3. Continuing Health Care - when social care tips into CHC there is no system for fast tracking referrals when a person’s condition changes

**A** Ms Chesterman offered to take up the last two points

**Q** How many team members worked on QA domiciliary care

**A** 2 FT QA officer working on domiciliary care.

**Q** easy was it to get service users views, and whether these differed from families and carers views?

A Not aware of any difficulties with this. 10 service users were selected as part of the QA process, they may be asked for views over the telephone or ideally face to face.

Q In his experience it could be difficult to get people to be honest about services.

A People could be assured about confidentiality as information was anonymised, with safeguarding issues as the only exception.

Q Ms Reilly raised the issue of medication / clinical procedures.

A WCC has guidance on medication and that carers should not be doing anything which requires a trained clinician.

The representative from Crossroads Care undertook to forward to Healthwatch a list of issues from care agencies perspective with medication.

#### **6. Spotlight on: Support for Mental Health and Wellbeing: A Carer's Perspective**

The Directors considered and approved the Spotlight report.

#### **7. Worcestershire Acute Hospitals NHS Trust:**

- **CQC action**

PP reported on the warning notice that the CQC had sent to the Trust requiring improvement by 10 March 2017.

- **E&V Corridor Nursing**

SA reported on the proposal to undertake a programme of Enter & View at the Worcestershire Royal and Alexandra Hospitals to gather patients' experiences of corridor nursing referring to the letter to the Interim CEO of 27 January 2017.

The Directors in discussion with the Co-opted Board Members approved the proposal and the survey that would be used to gather patient experience.

#### **8. Worcestershire CCGs restriction of access to hip and knee replacement surgery**

JR reported that following the Clinical Commissioning Groups decision to restrict access to hip and knee replacement surgery Healthwatch Worcestershire had made written representation to the Accountable Officers raising issues relating to the lack of public/patient engagement in decision making and the clinical basis for the decision ie the use of the oxford Hip and Knee score.

The Accountable officers had responded in a letter date 6 February in which the rationale for the decision was explained. Letter to be published on Healthwatch Worcestershire's website.

The Directors following discussion with the Co-opted Board members and public present at the meeting agreed to ask the Clinical Commissioning Groups for further justification of the decision with reference to the lack of public engagement and basis for the clinical decision.

**Action: JR**

## **9. Response to CQC consultation on its next phase of regulation**

SA reported that the response to the CQC consultation on its next phase of regulation had to be submitted via an online survey by 14 February 2017. Having taken part in the CQC webinar for Local Healthwatch he proposed that the response should address the following issues:

- The approach to the new phase of regulation was still based on organisations rather than patient or service user journeys and therefore was unlikely to address the gaps that patients/service users report in service provision between organisations.
- To question if the new power to review use of resources will extend to CQC commenting on an organisation's resource capacity to deliver services.

The Directors agreed that SS should respond to the consultation raising those issues.

**Action: SA**

## **10. Public Participation**

[By prior notice or with the agreement of the chairman - please see new rules for participation in HWW's public meetings]

### **Parking at Kidderminster Hospital**

Kidderminster use a Pay & Display system for parking, but on other sites payment is on exit. Pay & Display can result in overpayment if appointments are finished earlier than expected. HWW have raised the issue of parking previously but Mr Pinfield said he would raise this again.

### **Sustainability & Transformation Plans**

Could Healthwatch raise concerns about a reduction of community and acute hospital beds set out in the Plan. Mr Pinfield encouraged people to participate in the consultation that was taking place on the STP and looked forward to hearing the public's views as expressed in the Survey that was taking place.

## **11. Reference & Engagement Group**

The Directors considered an application from Kidderminster Carers Group to join the Reference & Engagement Group. It was noted that the Kidderminster Carers Group was associated with the Worcestershire Carers Association. SA to make further enquiries before the application be approved.

**Action: SA**