

Minutes of Board meeting in public
20th September 2023

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Held via Microsoft Teams and in person
20th September 2023.

Present:	Vanessa Barrett	VB	Chair
	David Voysey	DV	
	Lynn Cawley	LC	
	Steve Price	SP	
	Mark Lacey	ML	
	Anne Wignall	ALW	
	Bob Welch	BW	
	Rich Amos	RA	
	Terry Harte	TH	

Apologies: Dee Walker

Minutes: Vanessa Barrett

1. Welcome, Introduction & apologies.

VB welcomed colleagues. Apologies from DW.

VB announced that Terry Harte had decided to retire from the Board, after nine years, and this would be his last meeting, but he said he would remain an active volunteer. All Board colleagues joined in thanking Terry for his massive contribution, not least in steering the Business Committee for the last difficult years. Terry responded that he has really enjoyed his time with Healthwatch, and seeing a very different side to healthcare from his professional experience.

2. Declarations of interest

There were no declarations of interest.

3. Board Meeting held in Public 26th June 2023

The minutes of the public meeting were agreed.

There were a few matters arising: VB reported Malcolm Johnson (potential Board member) has been ill since the previous meeting and not able to confirm whether he would like to continue with his application to be a Trustee. Bekki Lloyd has written to say she is too busy at present to join the Board, but we all hope she will remain a volunteer with HWS.

At the recent Business Committee it was agreed to take a different approach to updating the risk matrix and ML and VB are taking this forward.

4. Guest speakers from the Hospital Transformation Programme

Team spoke to a series of slides that illustrated the architects' impression of the new buildings. The specialties to be provided from each of the two sites correspond to those agreed in the public consultation five years ago. The HTP team responded to a number of questions from board members. These included:

- Privacy away from the ward to discuss concerns and complaints about care. We were told such spaces have been built into the design.
- Adequacy of car parking at both hospital sites. We were told the RSH plan has proposals for a two-tier car park, to replace the current area used by staff (which will be absorbed into the new entrance for the Emergency Department). We were also told there is ongoing dialogue with the Council for the Oxon Park and Ride buses to call into the hospital site.
- Have the potential risks of using the same lifts for immune-compromised patients for the oncology ward and patients for the adjacent medical wards and critical care unit who may have sepsis and other infections been assessed/addressed? We were assured we would receive a response to this.
- Has there been any progress with the proposal made under Future Fit for an arrangement with a Telford Hotel for special rates for patients travelling from Wales or the West of the County for elective procedures that start early in the day? The HTP team were unaware of this proposal but agreed to take it away to consider.
- Progress with the OBC was outlined. We were assured the papers submitted still amount to £312m capital and include some contingency reserves.

The slides are available on request.

Action: LC to resend dates for HTP Focus Groups and Engagement Events to the Board members

5. Finance

TH outlined the discussions at the recent Business Committee. There have been a number of (not unexpected) teething problems with the handover from Community Resource to The Hollies, and the management accounts (five months to end of August) had been very late. The lines for office rental and service charge appear inaccurate, and it is not clear which line relates to the finance function before the changeover on 18 July and the current one with The Hollies. However the underspend of £3,500 after three months of such a major change bodes well for the future. Alli was commended for her initiative to find a new printer which performs many more useful functions, and is a lot cheaper to run, than the previous contract.

Action: LC to review Finance Policy and Procedures and take to Business Committee for discussion / draft approval

6. Chair's report

The Chair made reference to the Lucy Letby trial and the number of poorly performing maternity units being highlighted nationally. LC said she had recently attended a meeting with HWE and other local HW affected. In particular she raised the issue of how HWE can support local HW to escalate local concerns when there is an inadequate response from a provider.

7. Committee reports

- BW reported on the limited action undertaken on **Enter and View** because so much of Alli's time is taken up with complex ICHAS cases. However they have developed an observation matrix. RA commented that they had used it on a visit and it was excellent. It was suggested the observation document could be sent to the provider organisation at the time the report is published. Their next visit will be to ShropDoc.
- **Engagement and Marketing** There was a lively discussion on possible ways to engage with the public more directly. ALW wanted a 'culture change' in our approach. There were serious concerns expressed about 'prompting' negative experiences. Not only would that be counter to our independence, but as LC reminded us, many of the cases that were referred to the Ockenden Review had not previously been considered by the family as possibly the result of poor care. Only with the media drive did so many sad stories emerge.
- SP gave a summary of issues discussed at the **Intelligence Committee**. These included a report from Brian listing a significant rise in the number of negative comments about community pharmacies. In particular there were 14 negative comments about one company (Rowlands) spread across three locations. LC agreed to raise this with the STW ICB which has taken on responsibility for commissioning community pharmacy.

Action: LC/BR to speak to STW ICB re closure of community pharmacies and impact on access

8. There was no other business
9. Resolution to manage confidential business in a closed meeting