

LINK Stewardship Group
Thursday 8th December 2011 5.00 – 7.00 pm
Large Conference Room HQ Building

Attendees:	Apologies:
Chris Boote (Chair)	John Miskelly
Barry Lucas (Vice Chair)	
Dot Throssell	
John Miskelly	
Sue Kelley	
Lois Lloyd	
Carol Rose	
Geoff Marks	
Joe Dunn (Vice Chair)	
Julie Paget	
Vicky Shipway (Host Team)	
Christine Breckell (Minutes)	
Karen Morse (Host Team)	
Peter Woodley	

<u>Agenda Item</u>	<u>Action</u>
<p><u>Welcome/conflict of interest declarations and introductions from Chair</u> CB welcomed everyone to the meeting, and informed the group that in future all members must declare any conflict of interest associated with any topics on the agenda. This will be a standard agenda item.</p> <p><u>Minutes of last meeting and matters arising</u> Amendments to previous minutes:</p> <ul style="list-style-type: none"> - Page 5 Parking tender – BL asked that the minutes reflect that he did not decline meetings offered by VS and CB, but had said that he would think about it. - Page 9 John Widerspin - was previously the national director for the Health and Wellbeing board implementation, not national director for HealthWatch board implementation as stated in the minutes for 17th November. - Page 2 paragraph 2 – Reword 'The group then discussed the different types of blue badge available' to 'The group then discussed different concessions for blue badge holders.' <p>The minutes of the last meeting were then agreed as a true record – proposed by DT, seconded by JD.</p> <p><u>Matters Arising:</u></p> <ul style="list-style-type: none"> - Page 1 paragraph 3: VS informed the group that she had spoken to Sally Parker asking for an update about funding difficulties within the local authority and IT issues – SP is to reply for the January 2012 meeting. VS to chase. 	VS

<ul style="list-style-type: none"> - Page 1 paragraph 3: <u>Heart Unit</u> – Steve Waite has responded to the request for information from VS by saying that the Heart Unit is no longer within his work remit. VS is to find who is now responsible and forward the query to them. 	VS/JD
<ul style="list-style-type: none"> - Page 2 paragraph 1: VS is chasing clarity re: PPI for Sentinel not being in place. Sally Parker is to provide a written response for the January meeting. 	VS
<ul style="list-style-type: none"> - Page 2 paragraph 4: <u>Consultations</u> – LL has put an article together for publication in the December bulletin about the need for adequate time to be given to allow LINK to consult on issues. 	
<ul style="list-style-type: none"> - CQC – CQC report – CB and VS have had a meeting with the hospital, where it was explained that to provide detailed responses re: CQC reports to the LINK were very time consuming. The decision has been made to address all future observations on reports to the report author and for them to take further if appropriate. 	
<ul style="list-style-type: none"> - Hospital uniform poster – KM has attended a meeting where it was decided to put the poster explaining the different hospital uniforms in more corridors and in wards. 	
<ul style="list-style-type: none"> - Dentistry – LL has emailed the communications group asking about progress, and has been informed that there is no news. 	
<ul style="list-style-type: none"> - Derriford logo – LL informed the group that Smeaton’s Tower had been chosen as part of the image for the hospital’s new strapline to appear on all stationery. BL expressed concerns about the image. CB pointed out that LINK had been invited to comment and advise on the strapline, not choose it. 	
<ul style="list-style-type: none"> - Page 4 – Monitoring data – JM is actively doing this and is reformatting the data to improve its use following a meeting with VS and CB. The aim is to pick up trends of any decline in services and alert providers. 	JM
<ul style="list-style-type: none"> - Page 4 – Derriford work plan – KM has met with the Head of Quality and Patient Experience to discuss carrying out an access survey on behalf of the hospital. Using the LINK access survey as a starting point, the hospital has developed it. The plan was to survey both patients, visitors and staff, but after discussion the stewards decided that to canvas the opinions of staff was beyond the remit of the LINK and should be confined to visitors and patients only. KM is to take this up with the hospital for clarification. LINK assistance has been requested to carry out the survey between 8 am and 9 pm in several areas of the hospital, to assess how many of the problems are time dependent. KM had requested volunteers in the last stewards update; if a large team could be put together, then the survey could be carried out a lot faster. It was agreed that a large sample was needed to give the survey results credibility. KM asked the stewards who could give some time to contact her with times and preferences so that she could draw up an attendance grid. JP offered to give some time outside of her work hours. 	KM/STEWARDS
<ul style="list-style-type: none"> - Page 5 – Parking tender – Stewardship group review is still to be arranged. 	
<ul style="list-style-type: none"> - Page 6 – Learning Disability subgroup – GM is to attend a meeting on Friday 16th December at the Highbury Trust. He will report back to the group. 	
<ul style="list-style-type: none"> - Page 6 - Eye Infirmary – KM is still investigating and is awaiting return calls about the transfer of services to Derriford. 	GM
<ul style="list-style-type: none"> - Page 6 – Representation at Derriford – BL was asked if he had considered the proposal for a small group to deal with Derriford issues, and replied that he was of the same opinion as he had been at the 18th November meeting i.e. that he wished to deal with all Derriford issues. SK voiced her concern that she was worried that one member of the group should put their interests above those of the group, and the implications of this. 	KM
<ul style="list-style-type: none"> - Page 7 – Drop-in session at the Council Chambers – VS and CB had attended a meeting with Giles Perritt, Chief Executive’s Department, who had advised that a 	

<p>surgery was a good suggestion; however, he would not advise this being held in advance of a full council meeting. He agreed to consider appropriate options and contact VS with some suggestions.</p> <p>- Page 8 – Care homes – KM reported that no further contact had been made with Copper Beeches, but that contact had been made with another care home. LINK is to obtain numbers of care home places funded by the local authority to provide a clearer picture. Page 8 – Events Task Group – has yet to meet. Initial meeting to be set for early 2012.</p>	<p>VS</p> <p>KM</p> <p>Events task Group</p>
<p><u>Urgent agenda items from stewards</u></p>	
<p>PW & LL - Due to time constraints it was agreed to defer discussions about dosage instructions given to patients to the January meeting.</p>	
<p><u>Interactions at meetings/revised ground rules</u></p>	
<p>Copies of stewardship meeting ground rules were distributed, and CB reminded the group that they had been drawn up using the Nolan Principles and the Responsibilities of the Stewardship group document. SK asked for indicators to be given of when individuals could speak, by CB naming the person who was to make a point, in order to prevent people interrupting each other. This was agreed by the group as good practice, and LL commented that individuals should become passionate about the issue, not the person. GM agreed, and pointed out that the LINK existed to represent the people of Plymouth as a whole. PW challenged the rule of being politically correct at all times, but JP defended it, informing the group that previous members of the stewardship group had been lost due to offence being caused.</p>	
<p>Decision: to reword the point to 'Respect equality and diversity in both language and actions.'</p>	
<p>VS reminded the group of their responsibility to challenge individuals who they thought were not acting well.</p>	
<p><u>HealthWatch update</u></p>	
<p><u>Local HealthWatch</u> – CB and LL had attended a regional meeting in Bristol which CB had organised for southwest LINKs to share information. LL commented that it had been very interesting to meet representatives from other LINKs, but that she had noted that Plymouth LINK was involved in a lot more work than many other LINKs. Discussions had been held on corporate body status, but no decision had been made, as it appears that this is to be decided by local councils. LL expressed concern that the monies awarded for the establishment of the statutory bodies is not ring-fenced, and that the HealthWatch England Chair is to be a non executive director on the board of the CQC.</p>	
<p><u>Regional/National update</u> – CB has an open letter from the chair and vice chair of NALM to Lord Howe, who is responsible for the progression of the Health and Social Care Bill in the House of Lords. The letter expresses and identifies many of the concerns of Plymouth LINK. CB offered to circulate the document to stewards who expressed an interest, and promised to circulate any further documents. CB also highlighted the importance of the disparity in the quality of LINKs nationally as a concern for HealthWatch implementation. CB informed the group that the chair and vice chair of NALM have a meeting with Lord Howe the week beginning 12th December.</p>	
<p><u>HealthWatch Working Group</u> – VS and CB had a meeting with Craig McArdle and Giles Perritt, Chief Executive's Department, to discuss HealthWatch and Plymouth LINK Pathfinder. The initial specification for the service is to be produced in February</p>	
<p>CAB</p>	

<p>2012, and will involve three consultation groups; commissioners, providers and users. Craig McArdle would like a LINK steward to lead on the 'User' consultation group. The LINK contract has been extended to October 2012, with the possibility of a further extension to March 2013. It is anticipated that the current level of funding will be maintained. The contract for HealthWatch will be submitted for competitive tender. Clarity for the corporate body is required, and the local authority is awaiting direction from central government and the tender will probably include the requirement to build on LINKs and work with volunteers involved in LINK. CB is on the Health and Wellbeing Development Group, and may increase his responsibility to ensure the delivery of Pathfinder. CB and VS are to meet and discuss the implications of this. VS has the responsibility to deliver the in Pathfinder requirements and will interact and report to the Health and Wellbeing Development Group. During the recent meeting with Craig and Giles it was agreed that additional funding had been identified to facilitate the Plymouth LINK Pathfinder to move forward.</p> <p>CB explained an initial diagram of the LINK to HealthWatch Task and Finish Group, detailing the activities that needed to be initiated. He asked the group to consider how Plymouth LINK should be positioned for the transition phase to HealthWatch and suggested the diagram should be used as a template.</p> <p>Volunteers for the LINK to HealthWatch Task & Finish Group: JM, SK, LL, BL.</p>	<p>Stewards to be agreed</p> <p>CB/VS</p>
<p><u>Work plan</u></p> <p>Care homes are increasing in priority. The group discussed the issues surrounding the protection for residents should a privately run care home go bankrupt. DT informed the group that private care homes can close very quickly, with only a few weeks notice for residents, and as many of the homes run by the local authority have been closed, finding alternative accommodation can pose a big problem. LL volunteered to monitor quality accounts for care homes, as this is a facility HealthWatch would provide. BL asked if LINK can enter and view privately run care homes: the answer received was that any can be inspected that have a council funded resident.</p>	<p>LL</p>
<p>After discussion the group proposed that the Host Team ask the council what monitoring systems are in place for the viability of privately care homes, and what contingency measures are in place should any of them fail.</p>	<p>Host Team</p>
<p><u>Representation on groups</u></p> <p>VS and CB had attended a meeting at Derriford during which the hospital stated that it wished to review LINK representation on groups. LINK representation has been requested on the Safety and Quality group and the Personal Care Group. The formal invitation is expected by the Host Team very shortly.</p> <p>The group then discussed the best way for hospital work to be carried out. At the last meeting, the consensus was that a small team would be best to cover the wide variety of work at the hospital. SK stated that the group needed to sign up to a roles and responsibilities agreement, to prevent further conflict and to make it clear what the expectations of members are. SK also asked for it to be minuted that it was wrong to allow one person the power to threaten to bring the group down (17th November 2011 meeting).</p> <p>GM suggested monthly reviews of the work and meetings attended by those involved in the Derriford group, to keep everyone informed, and reminded the group that the function of the LINK was to represent the people of Plymouth, not personal interests. CB invited BL to enter the discussion, and BL stated that he did not think the group was a good idea due to communication problems within LINK which needed resolving first. JP stated that it was important for LINK and governor representation at the</p>	<p>Stewards</p>

<p>hospital to be kept separate because of possible conflicts of interest. BL explained that he was a non-voting governor. DT applauded BL for the work he carries out at Derriford, but agreed with SK that roles should be kept separate to avoid conflicts of interest. Communication needed to be reviewed by the task group to keep everyone informed and feed back to stewardship meetings.</p> <p>CB suggested that KM lead and coordinate the group, which would meet separately and then report back to the main stewardship group. JP suggested that the group met initially to set its parameters with KM, which was agreed.</p> <p>Proposal: that three people in addition to BL volunteer to cover Derriford work and cover extra groups as required. The Derriford group will decide amongst themselves how to communicate, and then report best practice back to the wider stewardship group. JD volunteered</p> <p>This was agreed by all present with exception of BL.</p> <p>LL and JP suggested that prior to meetings with the various groups that LINK is now involved with, that short catch-up meetings are held with the Host Team. VS agreed, and also agreed that minutes of meetings should be sent to the stewards who 'shadow' the main LINK representative, to keep them informed.</p> <p>JP suggested that communication issues be made a standard agenda item – agreed by the group.</p>	<p>KM</p> <p>JD</p> <p>Host Team/Stewards CAB</p> <p>CAB</p>
<p><u>Any other business</u></p> <p>CB informed the group that Plymouth PCT has now ceased, and the Devon, Plymouth and Torbay Cluster Board has now taken over. Ann James is the Chief Executive, and patient representation is yet to be decided.</p> <p>The meeting then concluded.</p>	
<p style="text-align: center;">Next meeting: Thursday 19th January 1.30 – 4.30 pm.</p>	