

Birmingham LINK – UHB Action Group Meeting
Minutes of meeting held Tuesday 25th October 2011
Morris Centre, Queen Elizabeth Hospital
6.30 – 8.30 p.m.

PRESENT:

Nick Flint (NF) Chair
Rwth Hunt (RH)

Rita Bayley (RB)
Carol Rawlings (CR)

Hazel Cole (HC)

HOST FACILITATORS PRESENT:

Katy Bunn (KB)
Pam Dixon (PD)
Claire Lockey (CL)

Birmingham LINK Coordinator
Birmingham LINK Advisor
Birmingham LINK Administrator

APOLOGIES:

Sangita Acharya (SA)
Dr Rob Rijckborst (RR)

1. WELCOME & INTRODUCTIONS

1.1 RB welcomed everyone to the meeting and introductions were made.

2. INTRODUCING BVSC THE NEW HOST

2.1 KB said BVSC now have the Host contract for 12 months from 3rd October 2011 until 30th September 2012. BVSC has set up a team to provide to support, guidance and administration to Birmingham LINK. There was an open event on 10th October at BVSC introducing the new Host and was an opportunity for us to put forward a suggested way of working highlighting we have limited time as well as funding.

2.2 KB advised 125 members transferred their data so we are working with a reduction and need to look to increase the membership, raise the reputation of the LINK; get out to hard to reach and make a difference in health services and social care.

2.3 A copy of the presentation from the Open House Event was circulated and the suggested structure was explained. A selection process rather than election was being proposed due to the reduced number of LINK members, cost and reduced time available.

2.4 KB said we need to discuss priorities of the action group and what resources you will require from the Host to support you ensuring new voices are heard.

3. HOW WE WORK TOGETHER & YOUR VIEWS

3.1 PD said it is a challenge to move quickly and the proposed structure was based on BVSC experience of facilitating networks. The main purpose is because LINK has public money and there needs to be accountability and secondly a work programme that needs the aims of the public views and monitoring role of how services are delivered. The Strategy Group could be a small citywide group ensure that Regulations regarding LINK are being adhered to, to ensure work programmes/agree areas of work is on track but specific activities could be delegated. This is all up for discussion. Resources to be provided from the Host and a lot of the action groups have been doing some good work where we want to ensure that the decision-making process supports them.

3.2 RH said why have a Strategy Group delegating when we can get on with the work.

3.3 NF said it is taking over from the Core Group.

3.4 PD said the regulations are clear when LINK is in place there needs to be a decision-making process.

3.5 NF said how you will achieve this as the Core Group took 2 years and had some problems.

3.6 PD said the previous Host suspended the core group meetings.

3.7 RB said the Standard Operating Procedures were passed at a meeting on 17th May and they have been unanimously agreed to formulate and it is on record. The core group were allowed to reconvene a meeting in order to pass the Standard Operating Procedures and a meeting in June to express looking at the complaints policy. We therefore met the requirement to get the Standard Operating Procedures in place and were resolved however the complaints policy was not agreed.

3.8 RH said who owns the LINK.

3.9 NF said how many core group members have transferred their details. CL confirmed that only one core group member had not transferred their details.

- 3.10 NF said the core group can only agree what can be done and not the host. LINKs has a procedure and know it did not work effectively but the core group authorised the action group work plans.
- 3.11 KB said Kevin Hubery attended the open event on 10th October and within the contract the Host is responsible to work with the LINK to determine a structure for 12months and have some key decision-making procedures in place.
- 3.12 RH said did you receive the action group work plans and if so, can we adopt them and move on.
- 3.13 PD said ultimately it is up to the LINK to decide what they want to do with the support of the host however there needs to be a proper decision-making process in place.
- 3.14 HC said who is the LINK. KB said every single member of the members list and organisations.
- 3.15 RH said the LINK is not spending public money, the Host is. We make our decisions regarding work that we feel we can do and if not, we carry can carry forward the outstanding issues to HealthWatch
- 3.16 PD said there is money in the LINK to support activities such as this and you may ask as a group to commission some research or expertise as these funds are available. However, for this to be agreed decision-making processes need to be in place.
- 3.17 NF said who decides this. PD said the LINK with a suggested selection process rather than election. The proposal is that there is a Strategy Group made up of 9 – 12 people to keep the LINK on track regarding governance, work programme, expenditure and decision-making processes.
- 2.43 PD discussed the Sounding Out process and is proposing to put together a group to work through some of the detail. There will be a physical meeting taking place on 2nd November AM and an on-line meeting PM – full details will be sent to all members and if anyone is interested in being a part to let PD know. There will be an issue log recording all concerns, which will be published at the same time of the proposed structure.

4. AGREE PREVIOUS MINUTES

- 4.1 Defer until next meeting.

5. WORKPLAN – THE WAY FORWARD

- 5.1 PD asked what areas are UHB had previously focused on. The group said patient transport. PD asked where the group felt they had got with this. NF said it is continually bringing the patients issues to the forefront of providers and ensuring they are dealt with. It is about monitoring and improving services and as being an outsider being able to question decisions on both sides. Members are involved with Patient Council Experience and a public view of what they do.
- 5.2 PD said how does the group know that this is a big issue for the public. RB said from the patients where some were waiting an undue time and through liaisons with the Ambulance Service and Trust it has improved. It is about being the voice of the patient.
- 5.3 CR said having access to the report of the Ambulance Service and NF was invited to be part of the tendering contract for this service, which he monitors.
- 5.4 PD said this demonstrates that you have made some improvements and asked if there are still some challenges around transport. NF said it is an enormous problem and is ongoing.
- 5.5 PD asked what the group feel they need to do next. NF said we will not be able to change and improve over night but it is a question of keeping it going and ensuring it does not get forgotten.
- 5.6 RB said kidney patients are in a unique position and have to come to hospital 2 to 3 times per week and NF is in a position to analysis this given his experience. She felt a key issue was trying to ensure that Diabetics know that there is animal insulin available in this country.
- 5.7 NF said it is about making sure that GPs are made aware that there are alternatives and patients are aware that these are available.
- 5.8 PD said this could, for example, be undertaken through awareness sessions with GPs.
- 5.9 If the proposal to continue the transport work and the evidence for it was presented the LINK decision-making process and they agreed it was a significant issue they could release the funding, resources etc required. Or they may identify that it may crossover with the work of another group so there could be some joint-working.
- 5.9 CR gave an example where there were 2 good events undertaken by LINK and the Trust involving a cost for tablecloths, chairs etc This decision was made by this group and did not have to go to the Core or Strategy Group.

- 5.10 RB said a document was sent to the Admin and Finance Sub Group who in principle agreed and the Host supported the event.
- 5.11 NF said there are GP practices and dental services that need to be included in our work plan. CR said GP groups already exist and suggested links could be made with them.
- 5.12 RB said that the existing action groups worked in isolation and there was no clear set of goals. There needs to be an overall view of where we are all going and the need to encompass other groups and work cohesively.
- 5.13 KB said as Host we would encourage network of networks and having a different avenue for people to get their voices heard, which are independent. We therefore need to have a process in place that is understood by all members e.g. how they get involved, need to encourage younger people to become involved and as a collective group are we listening to the people in Birmingham and the priorities. Furthermore, when the Outreach Workers have been appointed they will out in the community to recruit new members.
- 5.14 RB said the Trust have a model that is useful as people have different time constraints and meant that people could see how they could get involved. They included thought donors and time donors
- 5.15 CR said people have to see that something will change as a result of getting involved and they can contribute to something. The Patient Council has been successful in influencing and making a difference. In the 11 months we have left, we need to pick 1 or 2 projects for everyone to be involved and work towards.
- 5.16 RH raised Dignity in Care is a big issue and important. RB advised there is a Dignity in Care Talking Therapies across social care and health and given the changes we will need to be involved in this.
- 5.17 RB said when Enter and View was set up there was no guidelines and they devised a framework including operational procedures. There is universal tool for dignity in care looking at inclusion, user carer involvement and feels strongly this would be a good point to start.
- 5.18 KB said CQC are very keen to do a joint visit with Sandwell LINK and information was circulated. NF said he had not heard from Stephanie at Sandwell LINK. KB explained Stephanie is very keen on doing a joint session and some recommendations that they would like to work with LINK around.

- 5.19 NF asked why the visit has not taken place following an important issue being raised. KB said in light of what CQC have found the hospital to put in place a set of recommendations and for LINK to undertake visits thereafter.
- 5.20 HC said there is an active South Birmingham Group (PIAG) who meet every 2 months who we can make contact with.
- 5.21 RB said last year 7 members attended Dignity in Care Training to become trainers to run a series of workshops to cascade and to her knowledge only 1 workshop has happened and this could be resurrected. RB said she is passionate about this and would be happy to do with someone to get the confidence and roll out across other groups.
- 5.22 PD suggested that the LINK could have values that members sign up to and one of them could be dignity as this affects everyone and the quality of services.
- 5.23 CR said the UHB are up for an award in dignity and have undertaken a lot of training around this and would have no problem in hosting something.
- 5.24 PD asked what would encourage other hospitals and providers to take dignity seriously. CR said it is due to feedback from patients and we have embraced it in a way to vehicle us to improve patients and carers outcomes.
- 5.25 CR said a key area where the hospital need to do further work was the involvement of people with Learning Disability. PD suggested t she contact to People First Learning Disabilities Service. They not know if they will have any future funding but have the skills to provide training, easy read documents etc.
- 5.26 RH said we need to raise the profile of LINK as people do not know who we are for when we go into HealthWatch. RH asked if there it is definite that LINKs will become involved in HealthWatch.
- 5.27 KB said it is not definite. However over the next 11 months we need to build up a legacy, have a bank of people, become effective and build links with other organisations. The structure will be different and is conscious that LINKs started from starch with no structure. There will be a LINK member seat on the City Council HealthWatch Advisory Board. There is currently the budget consultation where members can attend a series of road shows and she circulated information.
- 5.28 PD said dignity in care is huge topic but the key is looking at where the LINK could have most impact The Link will need to identify we would have a strong

impact. RB said CQC have evidence and we need to look in tandem with them.

- 5.29 RB said she is concerned as there needs to be something that combines all groups with a common thread and valued and the them of dignity would be a useful unifier.
- 5.30 KB said we are meeting with all action groups to speak to members, hear their views and discuss any issues they may have.
- 5.31 Group agreed to focus on Patient Transport and Dignity in Care. Suggested an UHB article is produced to promote LINKs. CR suggesting contacting PCTs so this can be put onto hospital screens. Also suggested promoting success stories. **Action: RH agreed to pull together an article.**

6. MEMBERSHIP FORMS

- 6.1 KB said if members are aware of any existing or new members that wish to join the LINK to let the host know.

7. NEXT STEPS

- 7.1 Focus on Patient Transport and Dignity in Care.
- 7.2 RH to produce article and circulate to promote LINK/success stories.
- 7.3 CL asked if members were happy to share their email addressed. All agreed. **Action: CL to email members to seek permission in writing.**
- 7.4 RB thanked everyone for attending and future meeting dates were agreed:

15th November 2011

13th December 2011 – RB apologies noted

Venue: Morris Centre, Queen Elizabeth Hospital