

Minutes of a meeting in public of the Healthwatch Rutland Board held on 10<sup>th</sup> May 2017, at Voluntary Action Rutland, Land's End Way, Oakham LE15 6RB

**Present**

**Healthwatch Rutland (HWR) Board:** Jennifer Fenelon, Chair  
Nicola Darby  
Jacqui Darlington  
Judy Worthington  
Miles Williamson-Noble  
Sean Williams

**In attendance from HWR:** Sarah Iveson, CEO

**HWR Volunteers:** Christine Spark  
Brenda White  
Ann Williams

**HWR members and members of the public:**

**17.30 Welcome and apologies for absence**

The Chair welcomed Board Members, volunteers, members of the public. Apologies were received from Bart Taylor-Harris, Bart Hellyer, Sarah Press, Christine Stanesby and Tracey Allan-Jones

**17.31 Declarations of interest**

None received

**17.32 Minutes of the previous meeting**

The minutes of the previous meeting held on 10<sup>th</sup> March 2017 were received and agreed as a correct record.

**17.33 Progress Log**

The progress log for May 2017 was received and noted.

**17.34 Matters Arising not covered by the Agenda/Progress Log**

None raised

**17.35. Public Consultation on implementing Congenital heart disease standards**

The Board noted that NHS England is currently formally consulting on its proposals to implement the national standards for congenital heart disease. These include the proposal to cease the provision of children's surgery and interventional cardiology at Glenfield Hospital.

The closing date for input into the national consultation is Monday 17<sup>th</sup> July 2017.

## **Background**

In 2015, NHS England [published new commissioning standards for CHD services](#) following extensive consultation with patients and their families, clinicians and other experts.

Healthwatch Rutland contributed to that consultation by approving the proposed standards. The HWR Board took the view that it supported retention of the unit at Glenfield but not if national standards could not be met.

Hospital trusts providing CHD services were asked to assess themselves against the standards, which came into effect from April 2016, and report back on their plans to meet them within the set time frames.

On 7<sup>th</sup> July 2016 it announced that, subject to consultation with relevant Trusts and, if appropriate, the wider public, NHS England would work with University Hospitals of Leicester NHS Trust and Royal Brompton & Harefield NHS Foundation Trust to safely transfer CHD surgical and interventional cardiology services to appropriate alternative hospitals. It was stated that neither University Hospitals Leicester or the Royal Brompton Trusts meet the standards and are extremely unlikely to be able to do so. Specialist medical services may be retained in Leicester.

UHL issued a strong rebuttal of the decision followed by a public campaign of protest supported by MPs and other bodies across the whole catchment area.

## **Consultation on Implementation Proposals**

On 9<sup>th</sup> February 2017, NHS England launched a public consultation on how it will put in place the new standards for hospitals providing congenital heart disease services in England.

The consultation runs from Thursday 9 February to Monday 17<sup>th</sup> July 2017 and aims to gather as many views as possible from patients, families and clinical experts and will include face to face meetings around the country, webinars and an online survey.

The standards set out the need for surgeons to do a minimum of 125 cases per year, the equivalent of three per week. They also require that there should be a minimum of three surgeons in the team to cover the workload 24 hours a day, rising to four surgeons per team by April 2021. To make sure critically ill children receive the full range of support, the standards also specify that specialist children's cardiac services must also only be delivered where there are also a wider range of other paediatric specialities present on the same hospital site.

All of the documents relating to the consultation can be found at:  
[www.engage.england.nhs.uk](http://www.engage.england.nhs.uk)

## Action Locally

A range of public meetings have been held including a joint LLR Health and Social Care Scrutiny Committee on 4<sup>th</sup> March 2017 where Mr Huxter who was leading the consultation for NHS England (but subsequently left), acknowledged that the areas of difference at Glenfield over standards had now been reduced to the 125 per surgeon /500 per unit number of cases per annum. Will Huxter attended the Rutland Health and Wellbeing committee on 28<sup>th</sup> March 2017.

Key issues raised were:

- That Newcastle had been given leeway to meet the case number standard over a longer time period so the same latitude at Glenfield would involve no less or more risk than to Newcastle
- The methodology for assessing patient travel times was considered suspect
- The non-availability of public transport in a rural area such as Rutland had not been factored in.
- Assumptions made about where patients would go if Glenfield were not available were considered suspect.

The Rutland Health and Wellbeing Board had concluded that:

1. The Board **NOTED** the report on the Proposals to Implement Standards for Congenital Heart Disease for Children and Adults in England – Consultation Document from NHS England.
2. The Board **AGREED** that it would provide formal feedback to NHS England via the Chair of the Rutland Health and Wellbeing Board.

## Discussion by the HW Rutland Board

There was a long debate on this topic which is considered a high priority throughout LLR and its service greatly valued. The Board was very supportive of the unit and regarded its possible loss as a diminution of services available to the community it currently serves. It was however felt that the service should not be retained at all costs if this meant national standards could not be met as a result.

It was agreed to submit the following into the consultation process-

1. That Healthwatch Rutland continued to support the national standards set and felt that they should be met but that leeway should be allowed as in Newcastle to enable the unit to meet the 375 then 500 case targets. In support of this request numbers are already rising.
2. That transport assumptions should be reviewed as they appear to be flawed. These cover the assumptions made about where families would choose to go and the impact of poor public transport on communities such as Rutland.
3. That the review should consider the “unravelling effect” of taking services out prematurely and the impact that will have on other key services.

Alongside its submission, the Healthwatch Rutland Board believed that UHL should work externally with urgency to extend its catchment area and ergo its caseload.

### **17.36 Leicester, Leicestershire and Rutland (LLR) Sustainability and Transformation Plan (STP) & Associated projects**

17.36 (a) update on matters relating to STPs at national and local level & to note new national criteria on bed closures.

There was considerable discussion of both the process and content of the STP and particular concern on the part of the public of Rutland that no response had been received to the queries they had raised about the STP during engagement in December and January and formally submitted by Healthwatch Rutland on 15th March 2017.

It was noted that revision of the plan was underway but no dates were available for its issue or further discussion.

17.36(b) The interim findings of the joint HWR /RCC Transfer of Care Project Sarah Iveson briefed the Board on the findings of the Transfer of Care project. The findings had proved very helpful and solutions recommended were already being implemented. It had proved to be an effective project in promoting collaboration. The report will be placed on the Healthwatch Rutland Website.

17.36(c) Joint HWR/ELRCCG Primary Care Survey

It was noted that analysis was underway and it was hoped that it would be completed in time for the next Board Meeting.

17.36(d) Continuing Health Care / Settings of Care

Revision of the settings of Care policy had not yet been issued but there continued to be concern about the proposed policy both at national and local level.

### **17.37 Healthwatch Rutland Community Interest company Governance & contract 2017**

17.37 (a) updated Governance policies for Healthwatch Rutland Community Interest Company

The following suite of policies had been reviewed by officers and Board Members and were agreed by the Board. They would be circulated to volunteers and placed on the website.

1. Articles of Association
2. Standing Orders
3. Standing Financial Instructions
4. Code of Conduct
5. Confidentiality
6. Data Protection
7. Disciplinary (Staff)
8. Enter & View
9. Expenses (Staff)
10. Environmental
11. Equality & Diversity
12. Grievance (Staff)
13. Home & Remote Working
14. Online Engagement
15. Safeguarding
16. Volunteer Involvement
17. Whistleblowing

17.37(b) Register of Board Member Interests: Establishment of this register was noted.

17.37(c) To note renewal of the Healthwatch Rutland contract for 2017-18 and to receive the forward Work Plan & Budget: These were received and noted.

17.37 (d) Management Accounts to March 2017

These were received and noted

### **17.38 Chief Executive Update**

A report was presented by Sarah Iveson, covering the following topics;

Task Groups:

Young People's Mental Health  
East Midlands Ambulance Service  
Adult Mental Health  
Transfer of Care  
Rutland Primary Care Survey

Listen and Watch Groups

Dental  
Care Homes

Working Groups

Sustainability and Transformation Plans (STP)  
Enter and View  
Information Technology  
Cross Border Liaison  
Engagement  
Disclosure and Barring Service / Safeguarding  
Signposting  
Policies  
Recruitment and Support of Volunteers

The report is attached to the minute book

### **17.39 Questions from members of the public**

None raised

### **17.40 Any Other Urgent Business**

None raised.

### **17.41 Dates for future formal HWR Board Meetings**

- Friday July 14th 2017
- Friday 15th Sept – annual meeting
- Weds Nov 8th 2017

