

Healthwatch Trafford

Minutes of Board meeting 31st October 2019

Sale Point

Meeting commenced at 5.30pm

Present:

Heather Fairfield (HF)
Susan George (SGE)
Brian Hilton (BH) *attended via Skype
David Esdaile (DE)
Andrew Latham (AL) – Company Secretary

Tony Fryer (TF)

Agenda item	Discussion and Actions			
393. Welcome;	Apologies: Kerry Blackhurst (KB)			
apologies and				
introductions	393.1 HF welcomed everyone to the meeting. TF introduced himself to the board and provided background to his application to the board (previously circulated).			
	393.2 AL requested that items from the Governance agenda be brought forward in the meeting; HF agreed.			
	393.3 Board Recruitment Policy; AL presented a revised board recruitment policy and			
	explained that there had been felt a need to simplify the process, whilst maintaining appropriate controls and safeguards. SG requested that the requirement of directors to attend a minimum of 3 meetings per year be increased to 4; all agreed. 393.4 HF asked if members were happy to adopt the new policy with immediate			
	effect? All agreed. Action: AL to replace old policy within Organisational Handbook			
	393.5 HF asked members if they were happy to appoint TF as a board member under			
	the new policy? All agreed. AL confirmed that satisfactory reference had been			
	received. TF duly appointed as a director. Action: AL to inform Companies House			
394. Declaration of Interest	No declarations of interest received.			
395. Minutes of previous meeting	395.1 The minutes of the previous meeting were accepted as a true and accurate record.			
396. Matters arising not on the agenda	None			
397. Action Log	268.5 Remove			
	311.2 Remove			
	377.2 Remove			
	391.1 Remove			
	392.2 Remove			
398. Trafford	398.1 HF provided background and context to the previously circulated paper. The			
Locality Plan	proposal from the CCG was for there to now be a 12-month programme of			



	engagement with the public. AL and HF were involved in ongoing meetings around this.			
	398.2 HF had arranged a meeting with Sara Radcliffe (TCCG) and MFT regarding the			
	LTP submission from Trafford and what HWT considered should be included.			
	398.3 At the CCG Governing Body meeting, HF had stated that there should be an easy			
	read/user friendly version of the LTP, which had been agreed by TCCG.			
399. Performance	399.1 HF presented the highlights from the Performance Report (previously			
Report	circulated).			
August/September	399.2 HF reported that the CCG had requested a better way for HW to feed back on			
2019	the issues raised within the Performance Report, so that they in turn were better a			
	to respond in a more structured manner. 399.3 BH asked for detail around the issue of mental health assessments raised in the			
	report; AL clarified.			
400. Trafford				
General Hospital	400.1 HF reported that she had presented the report to the Urgent Care Task & Finish Group and highlighted the key issues contained within the report. All noted that a draft			
HW100 Report	Group and highlighted the key issues contained within the report. AL noted that a draft of the report had also been sent to the CCG and that Tracy Clarke was due to attend			
11W100 Report	the next Advisory Group meeting.			
401. Healthwatch	401.1 AL updated members on the recent developments with HW in GM and in			
in Greater	particular progress with the research and CRM workstreams that HWT were leading			
Manchester	on. Good progress was being made and AT had visited all local HW along with HW			
Update	England representatives to introduce the concept of the Research Governance			
'	Framework and to assess where each local HW was when measured against that.			
	401.2 HF updated the meeting on the ongoing work with the Greater Manchester			
	Health and Social Care Partnership (GMHSCP) and had attended the Greater			
	Manchester Health and Care Board on 25th October. Key points from this meeting:			
	 Currently developing Taking Charge which is about the next five years in terms 			
	of delivery in terms of the LTP.			
	A programme director appointed for elective care. Working closely with CCGs			
	re urgent and emergency care. Implementing a clinical assessment service			
	which will operate until end of March 2020 with a view to deflecting people			
	away from A&E. Says it will handle about 1000 cases each week and deflect			
	around 700 ED attendances.			
	There will be a new GM Patient Service App. Basically, a symptom checker and			
	then direct to most appropriate service.			
	Full business case for Healthier Together still with the Government including			
	the proposal that Salford Royal should become a centre for major trauma.			
	9175 beds occupied by patients who should have been discharged i.e., 296			
	beds per day. Whole host of performance data over a range of specialities			
	provided. In the main, mixed results.			
	Children's Services: 10 objectives of the GM programme. There is a framework developed ever the last year. The main outcomes looked for are to reduce			
	developed over the last year. The main outcomes looked for are to reduce			
	hospital admissions for children with asthma, epilepsy and diabetes, mental health resilience and support, learning difficulties and autism, health support			
	for children with long term conditions, transition to adult services and obesity.			
	GM Maternity programme. There is a Maternity Voices Partnership with a 15			
	step review and there will be one in all areas by 2020. A choice website under			
	production. Continuity of care currently stands at 23.4 per cent but there is a			
	target of 50 per cent by 2021. There will be parent infant mental health teams			
	tal Bet of 50 per cent by 2022. There will be parent mant mental field the teams			



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		in all areas also by 2021. There is a Dad matters programme being rolled out with specialist perinatal community mental health teams formed in clusters.
402. Questions	None	
from the public		
PART 2 – Closed		
Session		