

# Minutes of the meeting of Action against Medical Accidents

**Held on 7<sup>th</sup> July 2020 by Microsoft Teams**

Present: Suzanne Shale (SS) Chair, Caroline Browne (CB) Vice-Chair, Angela Brown (AB) Treasurer, Nigel Holland (NH), Mike Andersson (MA), Jonathan Hazan (JH), Moi Ali (MAli), Linda Kenward (LK), Rachael Vasmer (RV)

In attendance: Peter Walsh (PW), Hugh Williams (HW) (Database item only), Nicky Rushden (NR)

## 1. Introduction and Trustee/Staff observations

SS welcomed RV to her first Council meeting following surgery, and noted that virtual meetings were proving supportive of Trustee and beneficiary involvement in the charity's activity .

It was AGREED that this meeting and any other meetings of the Council could be held virtually over the internet and that all such meetings have the same status as if they had been held in person.

SS noted that there had been discussion with PW about the future balance of virtual and face to face meetings, and this would be considered further with Executive Committee.

### **Action: PW to put on agenda for next EC**

Trustees and staff noted the following parts of AvMA's work since the last meeting which they were particularly pleased with: the hard work on successfully adapting financial systems and procedures to work digitally and accommodate home-working; [REDACTED] the workshop held with beneficiaries and the 'harmed patient journey' document and other tangible work flowing from this; the "not the ACNC" virtual conference and webinars developed by the events team; the strong and supportive leadership and efforts of the staff to deal with the challenges posed by the pandemic; the Lawyers Service newsletter; the work that had gone into assessing the financial risks and implications caused by Covid-19 and presenting them clearly; the policy/campaigning on the needs of non-Covid patients; the Quality Committee work looking at the specialist solicitor panel, medical experts etc.

## 2. Minutes of the Council Meeting held 24<sup>th</sup> March 2020

The minutes were AGREED as an accurate record. It was AGREED in future that each page of the papers PDF for meetings would have its individual page number.

### **Action: VN**

## 3. Covid-19: Patient Safety and Policy Issues

SS summarised some of the issues she had become aware of in the capacity as a non-executive of a mental health trust. The lack of PPE had been a major surprise. There was also conflicting guidance from the Resuscitation Council and Public Health England regarding CPR.

The concept of 'Moral Injury' and need for psychological support for staff was gaining credence. SS would circulate a forthcoming article which points out that 'moral injury' could apply to patients as well. It was thought this could support AvMA's argument re 'just culture'.

## **Action: SS to circulate article to Council members when published**

Problems with infection control were posing a big challenge for opening up services. There are concern about mental health patients and those with learning disabilities facing restrictions. Some were seeing no-one except their care workers which was leading to mental health problems. Community health services had identified strange pressure ulcers emerging and there was a concern about whether harm in the community would be recognised and reported.

Several trustees expressed concern about the adequacy of telephone and digital communication with patients replacing face to face contact and concerns that this may become more common even after the pandemic. It was felt that there were opportunities as well as risks in more use of technology but the needs of vulnerable people needed to be taken into account including older people who may be uncomfortable with it and people in rural areas who may not have access to good broadband.

PW summarised the work that had been being done to raise awareness of the risk of avoidable harm and deaths of patients and non-Covid conditions posed by lack of access to services and the growing backlog of cases. This had centred on work with the media, a joint letter to the Prime Minister and First Ministers of UK countries and an online petition. He explained that other charities he had spoken to had expressed support for the messages in the letter but had declined being a signatory because of having their own lines of communication with Government/their own campaigns such as #onevoicecancer.

It was queried whether potential signatories may have been put off by the strong wording of the letter or concern about one or other of the signatories. It was suggested that the letter may have missed an opportunity to be more specific about what was being asked for from Government. PW explained that no-one had expressed such concerns and that he letter had only received positive feedback on social media etc from his knowledge. The content of the letter had been agreed with a range of people/organisations involved and had necessarily involved a degree of compromise, but PW was satisfied with it whilst appreciating that different individuals may prefer different approaches.

PW confirmed that work on this issue had not detracted from existing policy work such as just culture. He had a meeting with Aidan Fowler of NHSI about this and our patient safety alerts the following week.

It was suggested that there may be funding opportunities as a result of the pandemic. PW agreed to keep an eye on this.

CB pointed out that QOC had discussed a framework for choosing and conducting campaigns and this work should be looked at in the context of that.

It was felt that there might be a lot of extra litigation to result from the pandemic and extra call on AvMA's services.

## **4. Minutes of the Executive Committee held 5<sup>th</sup> May 2020**

The minutes were noted.

## **5. Finance**

AB summarised key points from the last Finance & Investment Committee meeting. It was noted that our investments had taken a hit but the move to a less risky portfolio had been timely and helpful.

The FIC had discussed the revised 'post-Covid' budget and were happy with it. AB urged caution as there was so much uncertainty, but the draft budget was the best that could be produced in the circumstances. It was noted that we were expecting a legacy of circa £450,000 this year which more than covered the greater than previously expected deficit.

It was noted that it was anticipated that much of the loss this year from not running the annual clinical negligence conference would be recouped by running two annual conferences in 2021-22. It was queried whether firms would be able to fund places at two conferences in the same financial year. PW explained that nothing was guaranteed and that whilst numbers might be down for each conference, overall much of the losses from this year's lost conference should be made up. Ed Maycock had taken soundings from firms and sponsors and felt that most would not be put off. Also, some organisations work to different financial years.

The revised budget for 2020-21 was AGREED.

NR summarised key points from her report. It was noted that the value of the expected legacy may decrease because it consisted almost entirely of investments. She did not expect that the legacy would need to be included in the 2019-20 accounts due to the uncertainty. NR was exploring options for new finance software. This may require extra expenditure which would need to be approved.

SS explained that after discussion with PW they had decided to postpone, pending review, current planned expenditure on the lift project in light of the potential for this being less necessary due to home working, the financial situation and possible different uses of the building long-term. This would be reviewed at the next Executive Committee.

**Action: PW to put platform lift on agenda for the next Executive Committee meeting**

6. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## 7. Quality & Outcomes Committee

CB summarised key elements of the committee's work. [REDACTED]

[REDACTED] The review of mental health helpline calls data was ongoing and very worthwhile. It was agreed that this work should look at whether we need to improve what we offer and not solely on whether the calls should be dealt with elsewhere. It was felt that there may be human rights violations that are of concern. Training of volunteers to enable them to handle such calls as well as possible was important, and information on which law firms are able to help in such cases.

Progress was being made on reviewing legal services, panel and medical experts.

RV felt that there was a need to review services we offer to solicitors which was of strategic importance.

SS suggested that this might be looked at as part of a strategic review meeting in 2021 to consider progress against our five year strategic plan. Trustees were supportive of this proposal. It was AGREED the Executive Committee discuss arranging a review event at its next meeting.

**Action: SS/PW put on Executive Committee agenda**

## 8. Grievance Policy & Procedure

The draft policy was AGREED.

## 9. Beneficiary Journey

PW presented the "Harmed Patient Journey" slides that had formed the basis of discussion at the workshop held with beneficiaries in May.

It was felt that exciting progress was being made on this work. PW would update the 'Harmed Patient Journey' and present a project plan for the next six months to the next QOC.

**Action: PW**

LK agreed to liaise with PW and LOD on developing ideas for increasing access to appropriate counselling.

**Action: LK**

There was enthusiasm expressed for facilitating support between beneficiaries and developing the group as a sounding board for AvMA. It was suggested that a beneficiary may be found to lead on this.

**Action: PW to explore this further**

**10. Any other business**

Due to lack of time the CEO's report, Operational Plan and Departmental Objectives reports were not discussed. Trustees were encouraged to send questions or comments to PW.

**Action: All**

**11. Date of next meeting**

Tuesday 29<sup>th</sup> September, 1-5pm. This meeting would be conducted virtually.

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Chair