|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date:** | Tuesday 25th April 2017 | | **Location:** | Hythe Centre, Staines | **Time:** | 2pm – 4.30pm | |
| **Present**: Peter Gordon (PG), Jason Davies (JD), Laurence Oates (LO), Deborah Mechaneck (DM), | | | | | | | |
| **Apologies**: Kary Backhouse (KB), Wanda Jay (WJ), Mark Sharman (MS), Lynne Omar (LOmar), Richard Davy (RD) | | | | | | | |
| **Other HWSY Attendees**: Kate Scribbins (KS) Matthew Parris (MP), Jacquie Pond (JP), Lisa Sian (LS) | | | | | | | |
|  | | | | | | | |
| **Agenda Item** | | **Discussed/Action** | | | | **Who** | **By When** |
| 1. **Welcome and apologies** | | PG opened the meeting and welcomed those present and noted the apologies.  Given the limited attendees present the meeting would be inquorate and therefore PG confirmed that any decisions made would require ratification by the next Board Meeting that is quorate. | | | |  |  |
| 1. **Declarations of interest** | | Board Members were asked whether there were any new Declarations of Interests:   * DM stated that the DC Medica Ltd is no longer trading but at present she is still a director so for the time being will stay on the declarations.   PG reminded Board Members to update their declarations of interest prior to the meeting should they change at any point. | | | |  |  |
| 1. **Questions from the Public (previously tabled)** | | No questions were received from the public this quarter. | | | |  |  |
| 1. **Approval of the previous minutes and matters arising** | | Referring to the minutes of the previous public Board meeting (24th January 2017) a typo was noted on page 2 section 5 of the minutes.  The minutes were approved, subject to this amendment, by the Board members present but this would need to be subsequently ratified .  **Action: Notes to be amended as above.**  **Action: Approval of previous Board meeting minutes to be ratified** | | | | **LS**  **Board** |  |
| 1. **Chair’s Report** | | PG gave a verbal update to the Board. He stated that over the last 6 months he had noticed a change in his operational level of involvement as a result of the work of the Chief Executive and staff team, which was testament to the way the team has developed and come to full strength. He wanted to take the opportunity to compliment and thank KS and the team on activity levels and direction. He feels that the team is now organised and operating as it should be and can now go from strength to strength. KS to pass this on to all staff team members.  PG went on to update on a meeting that he and KS had recently had with David Munro Surrey’s Police and Crime Commissioner during which interesting areas of cooperation had been identified. He explained that a big issue for the police is the time spent on issues relating to mental health although there had been an overall reduction in people with mental health issues being held in cells overnight. DM asked the question whether they have any triage nurses out with the police on calls (which is something that happens in Liverpool). PG & KS did not think this was the case for Surrey. | | | |  |  |
| 1. **Review of Q4** | | Please refer to the CEO report, Quarterly Activity Report and Outcomes report.  KS gave the following overview of the Q4 highlights taken from the above documents.  **Reports** - Two reports were published: Care homes, ‘My Way, Every Day’ and Safe Havens ‘Keeping the light on’ which have generated a fair amount of interest.  **How we helped the public** - Almost 400 people have been supported with information and advice through Citizen’s Advice. 77 people were supported by the Advocacy service, 47 of these were new referrals which is typical of the previous 3 quarters. 170 people were helped through the helpdesk.  **Engagement** - HWSy visited 7 Safe Haven Cafes and had in depth interviews with members of staff and those attending the cafes which gave lots of valuable experiences.  As part of the early intervention in mental health priority HWSy spoke to over 300 students at Magna Carta school through their morning assembly and also an exercise to understand how they access services. The team are now looking at how this is followed up.  4 listening events took place in Q4 and end the year with 3000 individual experiences 2/3rds of which were negative. The services with highest proportion of negative experiences were Nursing Care Homes, Mental Health (Child & Adolescent) and Adult Social Care.  **‘What we have heard’** has been shared in meetings with CCGs, SABP and CQC. The aspiration last year was to hold 6 monthly meetings with the CCGs to share what we’ve heard and now the team is being requested to meet quarterly which surpasses expectations.  **Board Attendance -** Healthwatch Surrey has an active role in the Health and Wellbeing board, Wellbeing and Health Scrutiny Board and the Quality Surveillance Group. Wanda Jay also recently joined the Pharmaceutical Needs Assessment Steering Group.  **The HWSy Enter & View Panel** escalated 13 experiences of concern to the CQC, CCG and relevant providers in Q4.  PG asked for more details on the type of issue that was being escalated and MP shared an example relating to SECAmb and a lady left in her garden for 2 hours after a fall who was then taken to hospital where it transpired she had a broken neck and could have been paralysed.  PG reiterated the importance of having these types of stories front of mind to bring to life the work we do and track through to show impact made. LS updated PG on the revisions that are being made to combine the Quarterly reporting & Outcomes report and also the Comms work stream to collate examples/case studies/stories that can be used in media and meetings.  **Surrey Safeguarding Adults Board** - KS explained that following an invite to the Surrey Safeguarding Adults Board we gave a report on Discharge and shared examples of unsafe Discharge. In response to this a sub-group was set up for scrutiny of unsafe discharge which MP attended.  **SECAmb** HWSy continue to work with our local HW partners to give a unified response to SECAmb. We have an active part in promoting their public involvement and a monthly meeting with the Surrey commissioner for SECAmb. Recently HWSy have been invited to take part in the Quality Improvement Inspections for SECAmb and are awaiting dates for the inspections.  **Action: Kate to circulate dates for SECAMb inspections when available.**  **The STP work** continues and HWSy are keeping close to Surrey Heartlands activity. Our Volunteer Officer (Natallie) successfully recruited and supported 6 patient leaders into a pilot programme in conjunction with Kent Surrey and Sussex Academic Health Sciences Network which feeds into the Academy part of the STP.  DM asked what was happening with STPs and KS explained that she had a meeting with Rich Stockley and Bob Peet this week regarding their plans for public involvement in the STP.  JP explained that there have been discussions about East Surrey joining Surrey Heartlands STP but nothing is confirmed at present.  **The Comms Metrics** have been good this quarter with our highest number of visitors and new visitors to the website. We also had 6 radio appearances.  PG asked for an explanation of Bounce rates to be added to the report if we are using Bounce rates as a metric.  **Action – explanation of Bounce rates to be added to the web metrics in the CEO report**  **Volunteers** - HWSy recruited 6 new volunteers this quarter including 1 for the Enter & View panel as well as volunteers for PLACE assessments.  KS reiterated the need for the Board Hours to be recorded to be included in overall the volunteer hours.  **Action: Natallie to capture and record Board volunteer hours**  **Quality Accounts** – KS explained that following a meeting in February (PG, JD, KS, MP) it was decided that HWSy wouldn’t be responding to the various quality accounts produced this year. It was felt that given the number of quality accounts we are invited to respond to and the time taken to respond this was not a good use of our resource. This is a similar stance taken by HW Kent who have a similar challenge in terms of size to HW Surrey.  The Board were asked to endorse the decision not to partake in responding to Quality Accounts this year. This decision was endorsed by those at the meeting subject to ratification by a subsequent Board Meeting.  **Action: Endorsement for the Quality Account decision needed by absent Board members.**  **Stakeholder Reflective Audit** - the results of this review conducted by an independent consultant have been circulated to the Board and to SCC and there will now be a meeting of the Awareness Raising sub-group early May to take this forward.  **Financial Reporting** – KS explained that the underspend was reduced to £10K by the end of Q4 and the budget will be reviewed with the commissioner at the next quarterly meeting in May.  **Purdah** – Guidelines were circulated with the Board papers. PG reiterated the importance of everyone understanding the restrictions during Purdah, what we say and when we say it. PG also directed to the online version that has links to other guidance including the cabinet office guidelines.  There was then a discussion relating to GP project publication given the Purdah guidelines. KS explained that we would be seeking guidance from HW England and our SCC Commissioner. The Board were happy for this decision to publish or not publish reports during Purdah be made by the staff team. | | | | **KS**  **LS/KS**  **KS/NH**  **Board** |  |
| 1. **Thematic Priority Update** | | MP gave an update on ‘My Way, Every Day’ and the fact the impact report that has been slightly delayed due to the need to ensure everyone had chance to read and respond. Given the Purdah guidance advice will be sought on whether to delay publishing or not.  MP highlighted some of the outcomes to date which included the development of a workshop entitled ‘activities making a difference’. One care home has now adopted a weekly transport bus to get residents out of the home. One care home had safety concerns raised during the project visit has since been inspected by the CQC and subsequently been given notice to close.  The Safe Haven report launched 31st March and involved 25 in-depth interviews which have now been shared with commissioners and Surrey County Council. Feedback regarding the Safe Havens from users showed the service is really valued “saves lives” and “a lighthouse in the storm”.  DM asked the question about how Safe Havens are advertised and MP confirmed that a finding of the study was that the majority of users found out about the service through other professionals involved in their care and the service would benefit from better promotion.  MP also noted that the report led to coverage on BBC Surrey with one of the service users being interviewed as a result of our help.  **Action: Radio clip of ‘Anna’ to be circulated to the Board.**  Commissioners and providers have now all been written to with a pro-forma for feedback and an impact report will follow.  LO asked about funding for future Safe Haven, MP confirmed that Camberley had closed but the others with the exception of Epsom had got funding to remain open.  Hospital discharge has had work previously noted relating to the Safeguarding Adults Board and the Patient Leaders discharge event.  For NHS complaints a video is being produced of ‘Sue’s’ story which will be shared at a future meeting of the Complaints Managers’ Forum  The main focus for thematic priorities now is developing the new work plan for the 1st July. Next year the will see more outputs from our project work and more use of “intelligence” to ensure what we do is relevant and timely using network contacts to increase system wide influence. Related to this, the stakeholder audit highlighted the need to collaborate more to feed our projects into the commissioner planning cycles.  MP emphasised that engaging with system in this way would be a priority for Natasha Ward, the new Project Officer starting in May.  MP highlighted that Board involvement at the planning stage of projects would be welcomed. There is a Thematic Priority sub-group arranged to look at how priorities are set for 17/18. | | | | **MP** |  |
| 1. **Plans for 2017/18** | | KS proposed that the HWSy Mission & Vision as developed the previous year was kept as is with no change for the coming year.  This was endorsed by the Board members with ratification needed by a subsequent Board Meeting.  **Action: Board to ratify the proposal to keep the mission and vision as it is for the coming year.**  **Overview of work plan**  KS updated on the areas that will continue as business as usual for next year.  We will continue to offer information and advice via Helpdesk and CAB partners. We will continue to offer advocacy through SDPP. We will continue to gather evidence from the people of Surrey directly as well as through these partnerships and we will continue to improve the way we analyse this and feed it back to seek meaningful outcomes. We will continue to prioritise our relationships with CQC, CCGs and social care commissioners as we believe these are most influential for us in achieving our aims. We will continue to build on the success of the Enter and View panel in reviewing our evidence and making objective decisions about how to escalate.  Our thematic priorities (which are amplifying voice of care home residents, early intervention in mental health; access to primary care; experience of hospital discharge, and making it easier to make NHS complaints, continue to end of June. We will continue to work on these and have reports on hospital discharge in Surrey and experiences of primary care pathway from perspective of a wide range of seldom heard groups due out soon (purdah permitting). With many of our thematic priorities we are planning to follow up with an impact report to keep the pressure on and seek outcomes (currently in the process of doing this with Care homes).  The thematic priorities will continue until the refresh at the beginning of July. The team are looking at how we define a project/output and how we can be more creative in this.  The campaign led- comms strategy will continue until November then it will be reviewed and evaluated. There is an awareness sub-group planned for early May to work on the awareness strategy.  Work will be taking place to embed the new feedback centre which will go live at the end of May and launch the new website (timing tbc).  KS referred the group to the 1-page engagement plan in the Board notes as an overview of the engagement work that will take place 17/18. The thematic priorities will also have a focus on engagement.  For volunteering Natallie has developed a draft strategy which will be circulated to discuss and endorse at the next Board meeting on 9th May.  MP is leading on our approach to systems meetings and reviewing attendance on various Boards and invites.  The new business sub-group is planned for 28th April. PG stressed the importance of becoming sustainable.  KS asked the Board for endorsement of the work in progress of the work plan as it stands, subject to refinement and more detailed KPIs.  All Board members were happy to endorse this, subject to ratification by a subsequent Board Meeting.  **Action: Board to ratify the work in progress work plan for 2017/18.**  **Budget** – KS invited the Board to note the approval of the 2017/2018 budget by the Finance & Personnel Committee (FPC). PG wanted to record that the FPC process during March 2017 worked smoothly and thanked the FPC members. They had alleviated pressures on other Board members at a busy time and had achieved significant progress for the CIC. | | | | **Board**  **Board** |  |
| 1. **Update on reactive Enter and View panel** | | MP provided background that Enter & View (E&V) panel is made up of staff team, Board NEDs and most recently a new volunteer who was previously a commissioner in Lambeth. The panel reviews experiences that are of particular concern and decides the best course of action. MP noted that whilst HW England gives guidance on how to do Enter & View it doesn’t give guidance on when to use it that is decided by local HW.  MP confirmed that at present we have not used reactive E&V powers as a result of the panel and instead have been agreeing listening events with certain providers to gain a bigger body of evidence.  Based on the paper circulated prior to the Board, MP asked for endorsement on:  a) the work of the panel and the approach b) to increase the threshold for negative sentiment to 90% and c) to feedback to the Board in 12 months’ time.  LO queried whether the 90% threshold is too high. MP confirmed that as the average level of negative sentiment across all experiences is 70% the benchmark is already high then the panel review those that top that threshold rather than the whole database. KS added that the threshold is what determines what is taken to the panel, not the trigger for action. 75% negative sentiment was not discriminatory enough. KS also confirmed there is a different process for one off individual cases of particular concern.  PG posed the question was E&V used as a last resort? Have we discounted E&V in our information gathering and given that serious cases are escalated to CQC to deal with, what is E&V there for?  MS confirmed that if a service provider were not open to reactive engagement then E&V can be used, though that has not been needed at this stage, but the methodology behind the E&V process doesn’t lend itself to the one-off reactive type engagement needed.  KS explained that E&V would provide no more information or access than the reactive engagement which is done in a collaborative way. Therefore, E&V is better placed in our project work.  PG asked if there is anything we are missing by not using this and MP answered ‘No’ as we are finding more information when we are needing more information. PG asked if the team are ready to use the E&V power should we need it (i.e. an uncooperative provider) and KS confirmed that we are subject to volunteer availability, having built up our experience in using the power during our Care Homes project visits.  KS stated that the panel is more a serious escalation panel and perhaps the name E&V panel is a misnomer.  It was agreed that the panel should be renamed the escalation panel.  The Board then agreed the following based on MPs request for endorsement; (subject to ratification)  a) the work of the panel and the approach - ENDORSED  b) to increase the threshold for negative sentiment to 90% - ENDORSED (with caveat that the impact of this change is reviewed)  c) to feedback to the Board in 12 months’ time. – The Board suggested the feedback would be 6 monthly not 12 monthly and this was agreed by the team.  **Action: Board to ratify the above points.**  **Action: Team to rename the panel ‘Escalation Panel’ and feedback to the Board in 6 months’ time.** | | | | **Board**  **The Team** |  |
| 1. **Update on Community Cash Fund & Community Chest** | | JP then gave an update on the Community Chest initiative conducted in the Surrey Downs area. The activity runs between November and May and the aim was ‘Working together to improve quality of care in Surrey’. HWSy had funding to promote the opportunity for people to bid for a one off event during which views and experiences of healthcare could be shared. 18 applications were received from a diverse number of groups. Feedback was good with reports produced at the end of each event. JP noted the potential for new-business / income generation to be noted in the sub-group on Friday.  JP then went on to update on Healthwatch Surrey’s community cash fund. All last year winners are submitting their projects by the end of April.  5th July is the launch of this year’s community cash fund.  8th Sept is closing date for applications.  18th September will be the assessment panel.  21st September winners will be announced.  5th October ‘Let’s Celebrate’ event to showcase last year’s winners. (invites to include commissioners and stakeholders this year)  19th October new winners workshop to kick off next round of projects. | | | |  |  |
| 1. **Action Log** | | PG reiterated the need for comments on the green actions prior to the meeting so that the action log can be approved in the meeting and the previous green actions then removed for the next meeting and replaced with new actions.  **Action: Action log to be updated with comments and re-issued for approval.** | | | | **LS** |  |
| 1. **Public Questions** | | A member of the public raised the following points;  With regards to Care home work, he made the point that nursing homes are where NHS and social care come together and they are often treated as separate. For mental health he felt that the commissioners speak to a small number of people in focus groups then make decisions based on that and it is not representative of the whole community. He also raised the point that he felt GP practices were not forthcoming as you cannot get practice manager details without writing to the surgery so he feels GPs are exclusive not inclusive.  He also asked if he could receive paper copies of the Board papers to his home address as he cannot access them online.  **Action: Team to ensure the papers are sent by post**. | | | | **Team** |  |
| 1. **AOB** | | There were no items of ‘Any other business’ and the meeting was closed at 4.30pm. | | | |  |  |
| **14. Date of next meeting** | | The next meeting in public will take place on Tuesday 25th July at the High Cross Church, Camberley from 2pm. | | | |  |  |

These minutes will be approved by the Healthwatch Board at the next Board meeting to ensure any Actions are progressed.  Any questions or queries raised by members of the public at the next Board meeting in public will be welcomed and considered.

|  |  |
| --- | --- |
| **Minutes approved by:**  **(please print)** |  |
| **Signature:** |  |
| **Date:** |  |