

Date:	Tuesday 24th April 2018	Location:	Conference Room, Soper Hall, Caterham	Time:	2pm – 4pm	
Present : Peter Gordon (PG as Chair), Jason Davies (JD), Deborah Mechaneck (DM), Laurence Oates (LO), Richard Davy (RD), Lynne Omar (LOmar)						
Apologies: Mark Sharman (MS), Wanda Jay (WJ)						
Other HW	Other HWSY Attendees: Kate Scribbins (KS), Lisa Sian (LS)					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	PG opened the meeting, welcomed those present and noted the apologies.		
	The meeting was not quorate initially, but the arrival of RD & LOmar at 2.30pm meant there were 5 directors and all earlier 'decisions' were ratified within the meeting.		
2. Declarations of interest	DM noted that the charity 'Beating Bowel cancer' will have a name change following its merger but this has not yet been confirmed. DM will advise LS when the name is known, and LS will update the declarations of interest accordingly.		
3. Approval of the previous minutes and matters arising	The minutes of the 23 rd January 2018 Board meeting in public were approved by the Board.		
4. Questions from the Public (previously tabled)	No previously tabled questions had been received from the public this quarter.		
5. CEO Report	CEO report		
i. Including review of Q4, financial summary and influencing plan ii. Quarterly Activity and Outcomes report iii. KBI Paviaw	 KS talked through the highlights of the Q4 CEO report which included; We have exceeded our annual target for useable experiences with 3824 experiences vs. 2693 target. We spoke to many more people than this, but this is the number of 'useable' experiences we have collected. We have escalated 210 experiences during the year and the details of where they were escalated can be found in the CEO report with any associated outcomes contained in the 		
iii. KPI Review	 report, with any associated outcomes contained in the outcomes report 'Escalations' section. We have been championing patient views and made challenges to Surrey Care record communications material, re-procurement of interpretation and language services, sexual health services. We have consequently been invited to the sexual health services contract monitoring meeting. We have had another successful Eagle radio campaign over Jan-Mar. Now we have the full year data from the Helpdesk we can see an uplift in number of experiences recorded during the 2 periods we has Eagle on air. Also, during the 'on- 		

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	 air' periods we see an increase in number of people saying they had heard about Healthwatch Surrey through the radio advert. Volunteer hours have been recorded at 1712 for the total year vs. 1250 target. This has meant volunteers have had more input in projects from start to finish, volunteers have helped with the Mental Health drop in sessions and our volunteer Liz Sawyer has been part of the sexual health patient working group. We completed the re-tender of our Advocacy service and it is now in the process of getting up and running with the new provider. All the SLA's have been reviewed and renewed with our delivery partners. 		
	Q4 Activity and Outcome Report		
	DM raised the point that pg. 7 of the report 'What we have heard' is not as informative as it could be in it's current format. The pie chart % for example doesn't tell us what people are saying about the areas highlighted.		
	LS explained that as part of the Annual report we are reviewing the content of that page and that the Activity Report is due to be updated for Q1 with new content pages and so DM's points will be taken on board for the re-design.		
	LS confirmed that the team were now circulating the report to a wider stakeholder audience and there is an associated communications plan to do so.		
	KPI review		
	KS then reviewed the annual KPI tracker. The areas of red and amber were around the volunteer area which is attributable to the impact of the Citizen Ambassador work.		
	However, the local area volunteer teams are very much the focus of our work going forward and the appointment of our new Volunteer Co-ordinator starting 9 th May will help drive this. Guildford and Waverley is the next team to be formed and a Chair has been identified in the area. The model for the group and the 'ask' of volunteers will the same as that for the Surrey Heath team, which is now up and running and progressing well.		
6. Reflective Review For discussion and assurance that key messages are identifies	The full Stakeholder Reflective Review was circulated with the Board papers. Having had chance to review the report KS asked everyone to give 3 positives and 3 improvements that could be taken from the report.		
and built into future plans.	These included:		



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Positive:	
+ people who are aware of us have positive perception	
+ communication is good	
+ way we do reports	
+ promoting involvement of local people	
+ relationships with providers and commissioners	
+ 2/3rds awareness of gathering information and feedback	
+ those that are aware agree we are reliable, trusted and credible	
+ our strategy is working effort = results (commissioners)	
+ 16 people leaving details to be contacted re: new business	
+ Awareness of Info and Advice increased just ¼ to just under ½ this	
year.	
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Improvements:	
- Awareness of advocacy/information and advice	
 Seldom heard groups /seldom asked groups 	
 VCFS organisations 'a lot more' needs to be done 	
There were other discussion points that arose from the session	
including;	
- Do we need this level of detail in the report?	
- Will we send to the same mailing list in future for direct	
comparison or will we review the list?	
- What about people who don't answer the review, how do we	
reach them?	
- When measuring Awareness we should look at perception of	
Awareness e.g. have we improved/same/worse than last year.	
 Regular communications to VCFS will help people know what 	
we are doing.	
 When looking at the comments we don't know if this is the 	
perception of one person or lots of people.	
- Have we improved amongst seldom heard groups?	
 Increasing the capacity of volunteers/PPGs/Community 	
groups will help identify local groups to work with to raise	
awareness.	
- Do we need to look back at the Voice Network and work out	
why that didn't work?	
- Next year we could use the review to drill down further in to	
the issues identified this year.	
We need to ascertain what our action is, what will we do differently	
due to these findings. What impact do the conclusions of a strategic	
nature have for work plan/long term?	
Action: KS and team to consider:	KS/
What impact the conclusions have on our work plan and the	team
 What impact the conclusions have on our work plan and the longer term? 	
 What to do for the review next year and to come back with 	
a proposal based also on the Surrey County Council	
feedback.	
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7.	Work plan 2018/19	KS brought the work plan 18/19 for final approval.		
For	final approval	The Board approved the work plan, recognising that subject to the diversity and inclusion may subsequently be included within the vision section. This will be discussed at the May Board meeting.		
		Action: The inclusion of diversity within the workplan to be discussed at the May Board meeting	Board	22.05.18
	Thematic priorities: Reflections on 2017/18 activity, plans for the year ahead	LS handed out an overview of our thematic priority work for 17/18 and the associated outcomes. The KPI for the year stated that across our 4 priorities we were to deliver 12 outputs and outcomes which we are on track to do (the thematic priority year runs from July-July). This was our first year of Impact reports supporting our main reports which allowed follow up to the recommendations we have made with services providers. The outcomes related to projects have also been captured methodically through our outcomes reporting. For 18/19 we will continue with 3 of our 4 priorities, the 4 th priority - GP access is to be replaced by Care at Home. The newly appointed Research Officer starts at the end of May and will be involved in the scoping of 2 of the projects, Hospital Discharge and Care at Home. The other 2 priorities will have budget and resource/timings identified but will be scoped out more fully a bit later in the year. We will be looking more closely at how we track our recommendations and how people are acting upon them as part of 18/19 work. This is something Healthwatch England is also focussing on in the coming year at a national level. KS asked which members of the Board would like to be involved in the scoping session for the Hospital Discharge and Care at Home. RD and LOmar expressed interest in being involved in the Care at Home scoping. DM and PG also said they would like to be involved if needed. Action: Scoping session for the two 18/19 priorities Care at Home and Discharge to be arranged. PG added that there is a broader issue with the priorities and how they link in to HWBB strategy. KS agreed that this is also the case for the STPs and that this will be a key point for the new Research Officer looking at where we can add value to system.	MP	
9.	Action Log	The actions marked green were approved for removal from the Action		

healthwatch

Log.



Board is asked to review		
progress, agree closure of		
completed actions and		
agree additional actions		
as required		
10. Public Questions not	There were no further Public questions.	
already dealt with		
(arising from		
meeting)		
11. AOB	With no AOB items, the Public session of the Board was closed at	
	4pm.	
13. Date of next meeting	The next meeting in PUBLIC will take place on Tuesday 24th July, Blue	
	Room, High Cross Church, Camberley, GU15 3SY	

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:	