

**Healthwatch East Riding of Yorkshire Board Meeting
Wednesday 4th September 2013 11am to 12.30pm
Market Weighton Business Centre**

Item 1 Introductions and Apologies

Directors

Richard Davies (Chair)

Barbara Mendham- Director

Linda Davies - Director

Joan Fletcher - Director

Louise Norton - Director

Trevor Smith - Director/Chief Officer Meeting New Horizons CIC

In Attendance

Helen Grimwood - Healthwatch Contracts Manager Meeting New Horizons

Apologies

Alex Richards - Director

Sheila West - Director

Steve Kimberley - Healthwatch Delivery Manager

Members of Public in attendance

Ruth Marsden

Maggie Whitlock

Jacqui Brayshaw

Jean Turner

John Brown

John to confirm names of other two attendees

Item 2: Minutes of the Meeting held on 31st July - to approve as an accurate record.

The minutes were approved as an accurate record and signed by the Chair.

Item 3: Matters arising from the minutes not on the agenda

Item 7 AOB - In relation to registering directors with Companies House, Steve Kimberley will be contacting board members when he back from leave to complete this.

Action: Steve Kimberley to contact board directors.

Item 4: Public Questions to the Board

1) Maggie Whitlock. Submitted 30/7/13

Do we know why East Riding Hospital Beverley have closed beds, what has happened to the staff and what hospital is being used for their care? Interested in people that were to receive care from Driffield and Beverley areas.

Helen Grimwood read out the response received from Humber Foundation Trust in relation to this.

2) Maggie Whitlock. Submitted 16/8/13

Could you please find out why the Minor Injuries unit in Beverley is closed at weekends?

Helen Grimwood advised that we are still awaiting a response from the Trust and CCG on this.

Action: Response to be provided to the Board and Maggie Whitlock when received

3) John Brown. Submitted 12/08/13

Not a question as such but rather an observation based on an Adult Social Care event in Driffield last week. There was enormous disquiet about the reduction in services at Alfred Bean Hospital in the town -it got quite vehement at times and in some ways dominated the discussion although dissatisfaction with Police provision in the town was equally vociferous. An NHS officer that I didn't recognise did say in my hearing that they would need to recognise the range of issues and give the public opportunity to comment at a specific meeting.

Chair confirmed that this will be taken on board when setting the workplan priorities.

Questions 4 to 13 were submitted by Ruth Marsden, Maggie Whitlock, Ron Hart & Jacqui Brayshaw on 02/09/13

4) Which Director is responsible for what and how may each individual be contacted?

The Chair advised that each director can be contacted via email (details can be found on the website) and that it was on the agenda for this meeting to agree director portfolios.

5) Has the Board determined how enter and view will be undertaken and when will it start?

The Chair advised that this was an agenda item for this meeting. Healthwatch needs to undertake enter and view to a high standard and in a professional manner. Whilst enter and view has been done before, it has not been done before by Healthwatch and so attention is being paid to ensure that necessary policies and templates are in place first so to ensure the high standard we are trying to achieve.

6) When will volunteers be able to start in roles?

Louise advised that she will be the portfolio lead for volunteering and it was her intention to have an initial internal scoping meeting, following by a meeting with all transferring volunteers to discuss their skills and a plan for moving forward.

7) When will LHW have an indemnity insurance policy in place?

Trevor Smith provided a summary of item 10 of the meeting agenda which outlines the indemnity insurance for staff, directors and volunteers.

8) What monies have been allocated for promotional purposes?

The Chair advised that sufficient funding had been allocated to cover the planned promotional activities.

9) When will a decision be made in relation to involving transferring LINK volunteers and continuing with legacy items?

As well as moving forward with volunteers, an agenda item for this meeting is around LINK Legacy with a proposal for moving forward with the work that had taken place around Dementia.

10) Has the Board decided how this on-going intelligence informing the remit of Local Healthwatch is to be obtained?

Helen Grimwood reported that this is being conducted in a number of ways:

- Roadshow engagement plan, as discussed in item 9c.
- Reference group project, as discussed in item 9d.
- Collation of complaints and issues information from local PALs department, CQC, Safeguarding Board, amongst other. Discussed in item 9e.

- Attendance and engagement at local events
- Liaison with voluntary and community groups to obtain the views of their members
- Partnership working with local service providers and commissioners
- Survey on website
- Posters, leaflets and comments card distributed and a variety of locations encouraging people to share their views.

11) Who is logging and collating all information?

The staff team are recording all information in to a database. The newly appointed Analyst who will be in post from October will be responsible for analysing this data for trends.

12) What skills audit has been undertaken to map the contacts and expertise brought by those who agreed for their names to be transferred to the new organisation's database?

The skills audit will be a result of the process of registering volunteers who wish to play an active role. To date we have been conscious about not actioning this process until there is a clear idea of the roles available for volunteers. Now that a Director has been appointed as portfolio lead for volunteering, as per question 6, volunteers will be invited to come together and share ideas for moving forward.

13) What priorities has LHW now set for its work programme and how have these priorities been determined?

Some priorities, for example the work around Dementia have arisen as a result of continuing LINK legacy work. Issues are currently being collated from a range of sources and patients and the public will be asked to rate their top priorities from these.

Action: A list of potential priorities to be collated for Healthwatch to consult with partners. Final list to act as a workplan.

Item 5 Policies for Approval

The following policies were approved:

- Complaints Policy
- Confidentiality Policy/Statement
- Conflict of Interest Policy / Declaration of Interest Form

- Data Protection Policy
- Escalation Policy
- Code of Conduct & Nolan Principles Policy
- Emergency Contact Form
- Volunteer Policy
- Expenses Policy (Directors and Volunteers)
- Volunteer Problem Solving Policy

Action: Publish policies on website.

Amendments were requested to the following two policies:

Equal Opportunities Policy - add in a process that ensures that decisions do not adversely affect any equality groups.

Lone Working Policy - With regards to the possible need of having to attend evening meetings. The practicalities of this mean that such meetings may need to be attended alone and so discretion to be taken when determining the need to conduct a risk assessment for such attendances.

Action: Make appropriate amendments and circulate to Board for approval.

Item 6: Protocol with East Riding Council Health, Care and Wellbeing Overview and Scrutiny (OSC)

The draft protocol that outlines and formalises the relationships between Healthwatch and OSC was agreed by all present members of the board.

Item 7: Dementia Report follow up

Joan Fletcher presented the background to the work LINK had conducted around Dementia in acute settings and the considerable progress that had been made to date by the Trust in actioning the recommendations. It was recommended that, with the involvement of Dr Geoff Mitchell, that this piece of work is now moved forward to obtain the experience and views from a community setting perspective, so to achieve the full picture of dementia services locally.

The board agreed with this recommendation.

Action: Meeting between Joan Fletcher, Dr Geoff Mitchell and staff team to devise project plan

Item 8: Representation on External Boards and Forums

The Chair acknowledged that there is an extensive list of boards and forums that had requested attendance from Healthwatch and it would not be viable to attend all. There are also others that were provided in the LINK handover that may not now be in operation.

Action: Volunteers still attending to be asked for feedback on continued relevance of specific boards, and revised paper to be circulated outlining recommendations for future attendances and how information is to be fed back.

Item 9a: Enter and View

Joan Fletcher and Barbara Mendham advised that they would be the portfolio holders for Enter and View. Training packages, policies and procedures are now being collated based on guidance from Healthwatch England along with legacy packages inherited from the East Riding, Hull and North Lincolnshire LINKs.

The Chair advised that the CQC had recently circulated correspondence outlining how they would like to work with Healthwatch and the enter and view function moving forward. The CQC are currently focussing on 14 areas, which currently do not include the East Riding, so this provides us with the time to obtain intelligence to feed in to the CQC once they do start assessing the East Riding.

Action: Full package to be complete by end of September. Portfolio leads to then meet to propose implementation of this function.

Item 9b: Volunteering

Louise Norton to take the lead on this portfolio.

Action: Internal scoping meeting and external volunteers meeting to be arranged to address moving forward with involving volunteers.

Item 9c Public Consultation and Roadshows

The Board were in agreement with this proposal of increasing awareness and involvement by a series of roadshows but would like to see a firmer action plan with dates, outcomes and greater clarity of the purpose of the events. The dementia workplan and patient reference group will be key tangible items to

encourage attendance and participation at these events. The events to also consist of a simple attendance feedback mechanism on the usefulness of the events and the extent to which they have effectively conveyed the purpose of Healthwatch. In summary the objectives of the events will be:

- To inform people of what Healthwatch is
- To inform people of the workplan around dementia in the community and encourage their participation in this
- To make people aware of the reference group project and encourage their participation in this.

Action: Revised action plan to be developed. Brian Harrison to meet with Chair mid-September with progress.

Item 9d: Reference Group Project

The board were in agreement with the progression of this piece of work which intends to develop a reference group whereby patient experiences can be tracked over a period of time, whilst also allowing key issues to be assessed in response to external consultations and other intelligence that is gathered. Louise Norton highlighted the need to be aware of cross boundary issues with other Healthwatch areas outside of those contracted to Meeting New Horizons (York, North Yorkshire and North East Lincolnshire). North East Lincolnshire have already been contacted about joint working on this.

Linda Davies, as portfolio holder for data gathering informed the group highlighted the need to be cautious of not duplicating consultations already taking place. Linda also advised that the project would go beyond survey work and would also include a range of intensive and targeted methods of collecting data to achieve the wider depth of information collected.

Action: Helen Grimwood to circulate to Board members the extended proposal developed to date and all directors invited to attend the planning meeting on 11th September.

Item 9e: Complaints and Issues Information

Work is underway to ensure that complaints information from all sources is periodically reported in to Healthwatch. The Board noted the protocol with ICA s a template of the kind of working arrangements that are being developed with local sources.

Item 9f: Beverley Hospital Recent Issues

A number of issues have arisen over the last month in relation to Beverley hospital and the Board has also received question relating to this subject. The board was asked to consider whether there was any scope for Healthwatch to look further at this issues. To consider this objectively, it was agreed to first assess the Trust's action plan when published, to then determine what scope there was for Healthwatch involvement.

Action: Trust action plan to be distributed once published.

Item 10: Insurance and Indemnity Cover

The board noted the report presented by Trevor Smith that outlines the insurance cover that is in place for staff, volunteers and directors and the stipulation that the insurers have made in relation to this.

Item 11: Budget

The board noted the budget report and highlighted that there were no issues that gave cause for concern.

Item 12: Recruitment Update

Recruitment has now been completed for the posts of Patient & Service Analyst and Volunteer Coordinator and these are due to commence in post in early October.

Item 13: Any Other Business

No other issues were presented.

Item 14: Date of next meeting:

11am - 12.30pm, Wednesday 26th September, Bridlington District Hospital

Approved by the Chair as an accurate record

Signature_____

Date_____