

Healthwatch East Riding of Yorkshire Board Meeting
Thursday 26th September 2013
Bridlington and District Hospital
11:00am - 12:30pm

Item 1: Introductions and Apologies

Directors Present

Richard Davies (Chair)

Barbara Mendham- Director

Alex Richards - Director

Joan Fletcher - Director

Louise Norton - Director

Helen Grimwood - Healthwatch Contracts Manager Meeting New Horizons

Stephen Kimberley - Healthwatch East Riding Delivery Manager

In Attendance

10 members of the public

Apologies

Sheila West - Director

Linda Davies - Director

Trevor Smith - Director/Chief Officer Meeting New Horizons CIC

Item 2: Minutes of the Meeting held on Wednesday 4th September - to approve as an accurate record.

Page 4 reference to 'auction' should read 'action'

Page 8 reference to 'Bridlington Community Hospital' should read 'Bridlington and District' Hospital

Decision: Subject to the above amendments, the minutes were approved as an accurate record and signed by the Chair.

Action: Publish on website

Item 3: Matters Arising from the Minutes not on the Agenda

Item 4 Public Question re Minor Injuries Unit Beverley Hospital (closure at weekends). Helen Grimwood reported a response from East Riding CCG awaited.

Item 7 Dementia Report follow up. Joan Fletcher stated the report had been presented to the East Riding Mental Health Partnership Board by Susan Oliver and Dr Geoff Mitchell and would be looked at by its Dementia sub group. Joan had spoken to Dr Mitchell who would be happy to advise on any follow up to this work but could not commit and major amount of time to this work.

Action: Joan Fletcher and staff team to meet to devise project plan.

Links to CQC. Barbara Mendham gave feedback on a CQC meeting she had attended in Leeds. CQC are very keen to work more closely with local Healthwatch and acknowledged communication was poor such as around planned inspections. Barbara flagged up to CQC recent issues such as lack of any warning re the CQC inspection report at Beverley Hospital. Richard Davies reported he has been invited to a CQC team meeting on Monday to discuss joint working and would pursue this matter.

Action: Barbara Mendham to circulate note of meeting. Richard Davies to report back on discussions with CQC.

Item 4 Public Questions to the Board

1) Jean Wormwell. Submitted 18.09.13

Do Healthwatch intend to have a permanent representative at Bridlington Health Forum. If not why?

Helen Grimwood advised that there was a report to the Board on this meeting's agenda which covers representation. These Forums are important to Healthwatch both to inform people of its work, and to hear concerns from local people and we will be arranging a meeting very soon to discuss with volunteers the best way forward with the Health Forum meetings.

2) Margaret Hallas. Submitted 18.09.13

The wounds clinic at Bridlington Hospital has recently been moved to a location that all agree is not fit for purpose. What action is Healthwatch taking to have the location of the clinic moved?

Healthwatch has contacted the East Riding CCG for further information on this issue and to determine what public consultations are being taken over this move. Subject to this response the Board will then consider what actions will be taken.

3) Jean Turner. Submitted 18.09.13

Part of Healthwatch's role is to establish contacts with the local groups and recruit volunteers. Notwithstanding the volunteers that transferred from ERY LINK and the meeting with the Bridlington OPCG how many additional volunteers have been recruited in the Bridlington area and which groups, in the Bridlington area, has Healthwatch staff had meetings with?

At the current time there are 5 people from the Bridlington area who have registered to be volunteers with Healthwatch and 14 groups in the Bridlington area have been contacted. At present Healthwatch is not actively recruiting new volunteers until roles have been allocated to existing volunteers. Follow up meetings are planned with groups in the Bridlington area and with the planned roadshows we now hope to reach out to many more groups in this area.

4) Jean Courtney. Submitted 18.09.13

There is a major consultation on the future of Buckrose Ward at Bridlington Hospital. What action has Healthwatch taken to ensure that the views of local people are represented?

A discussion took place with the members of the public at the end of the meeting so that the board could obtain an understanding of the wider concerns of the public relating to this closure.

5) Judith Wrigley. Submitted 18.09.13

What links have been established with York NHS foundation Trust and City Health Care Partnership with regard to the services provided at Bridlington and Scarborough Hospital.

The Chair advised that he and Steve Kimberley had met the Chair of the Trust and their Patient Experience Manager to discuss working together and it was agreed the Trust would consult Healthwatch on future plans. Further meetings with the Trust are planned. In relation to CHCP contact has been made and a joint meeting is to be set up between the Delivery Manager and CHCP staff.

Contacts have also been made with East Riding CCG who commission services at Bridlington Hospital and Healthwatch is informed of consultations on services, such as the proposals for Buckrose Ward which are being undertaken by East Riding CCG. Healthwatch staff have also made contact with staff at Healthwatch North Yorkshire and once they have a Board in place we aim to meet to discuss cross border working which will cover issues such as the quality of services provided at Scarborough Hospital. We are also on the mailing list for the Scarborough and Rydale CCG who commission services at Scarborough Hospital to be kept informed of their plans.

6) Ingrid Feuchte. Submitted 18.09.13

Has Healthwatch undertaken any enter and view visits. If not when is the first visit planned?

Healthwatch has not taken any Enter and View visits as Healthwatch England advised that they were formulating a standardised training package for all Healthwatches. By having this standardised approach to Enter and View it is intended to reduce variation in standards across the country. This package has only recently been released by Healthwatch England. A report to the Board sets out plans to recruit Enter and View visitors and the mandatory training they must undertake following the recent publication of Healthwatch England guidance on these matters. Subject to the Board's approval, Enter and View visitors will be recruited and trained over the coming months, with the first volunteers ready from November. Former LINK enter and view volunteers will also have to undergo this new training to ensure they have received the same standardised training as all other visitors in the country, plus our volunteer insurance requires this to happen. Additional to this it is good practice that all enter and view visitors undertake refresher training every two years. Enter and View is just one tool available to Healthwatch to gather intelligence and its use will be determined by the board in context with other tools available and will be based on intelligence led information justifying its use and will be determined by the Board.

7) Janet Avrill. Submitted 18.09.13

One of the major users of Health and Social Care are older people - many of whom do not have access to the internet. Healthwatch seems to place a heavy reliance on the internet as its primary means of communication. What steps are being taken to ensure that non-internet users are able to access information about Healthwatch and be kept informed of developments/events.

Healthwatch is committed to engaging with all people in the East Riding including those with no internet access, as far as our resources permit. Our newsletter is circulated electronically and in paper copy to people who have requested it in this format. Approximately 70 people receive it in paper form currently. If more people wish this in paper form this can be provided. Through the planned roadshows, attendance at meetings such as the Health Forums and Older People Charter Monitoring Groups, and meetings planned with voluntary groups we aim to inform as many people as possible, especially non-internet users, of our plans and provide them opportunities to feedback their experiences of services. Deployment of volunteer supporters/champions will also mean we can set up regular outreach sessions at libraries, community centres etc.

Item 5: Healthwatch Policies and Procedures for approval - Equal Opportunities Policy and Lone Working Policy

Following comments at the last Board, these two policies had been amended and were presented to the Board by Stephen Kimberley for approval.

Decision: Equal Opportunities Policy and Lone Working Policy approved

Action: Staff to publish on website

Item 6: Representation Paper

Following an analysis of all board and networks that Healthwatch has been asked to attend, along with those attended by former LINK members, a revised plan for representation on these bodies by Healthwatch was presented by Helen Grimwood for Board approval.

In discussion Barbara Mendham asked how any issues from these meetings would be reported to the Board. Helen Grimwood replied the Data Analyst once in post would produce a brief analysis of key issues which would be presented to the Board on a regular basis.

Joan Fletcher clarified that she had never had voting rights on the CCG Board.

In relation to the Safeguarding Children's Board, Louise Norton asked that representation be deferred in the interim as the Safeguarding Children's Board feeds in to the Children's' Trust which we already hold a seat on. Richard Davies mentioned he is to meet Councillor Abraham (Cabinet member for children and young people) and will discuss this matter further with her.

Decision: The Board agreed the report and its approach to representation and attendance at committees. Representation on the Safeguarding Children's Board deferred pending meeting between Richard Davies and Cllr Abraham.

Action: Staff team to implement and meet ex LINK members to inform of Board decision. Data Analyst to produce summary report of key issues to present to Board on regular basis.

Item 7: Healthwatch Delivery Plan

A draft Healthwatch Delivery Plan 2013/14 was presented by Helen Grimwood to the Board for approval. This had three purposes:

- A guide to the Healthwatch Board so that we can be clear about our mission, our values, and the actions that we intend to take and the outcomes we wish to achieve.

- To be transparent and open with our partners and wider community about what we intend to achieve, and about our priorities.
- The role of Healthwatch is to articulate the views of patients and public, and to feed that back to health and social care partners. It also includes entering and viewing premises, and it is only right that if Healthwatch is in a position where it judges and criticises (and praises) others, we too should be open to scrutiny.

A spreadsheet giving key dates and deadlines was also tabled for approval.

The Chair commented that this is a key document setting out our priorities and timescales for delivery and would be how the public would judge us. It would be circulated to commissioners and providers for comment.

In discussion the Chair mentioned that Sheila West had emailed comments on the draft plan. Louise Norton suggested some of the targets for 2013 may be too ambitious. Louise also asked for clarification regarding former LINK volunteers and the need for references to be made.

Action: Board to have separate workshop session to refine the plan.

Item 8: Healthwatch Roadshows/Public Consultation

A paper was presented seeking Board approval to use £10,000 of the Healthwatch marketing budget to employ a marketing agency to plan a series of public consultation events/roadshows.

Richard Davies explained that he was concerned at the lack of progress on this issue and the need for these events to be of a high standard and so had met Trevor Smith to raise these concerns and press for action. Tenders for this work had gone out with a deadline of 2nd October evaluation to take place on 3rd October.

The Board supported this action by the Chair and a number of Directors asked to be to be involved in the final decision.

Decision: The Board approved spend on this activity up to the maximum level of £10,000.

Action: Board members with an interest in the evaluation to contact Helen Grimwood to attend the meeting on 3rd October. Approved submission to be presented to the next Board meeting.

Item 9: Enter & View Package

Steve Kimberley presented a number of reports to progress the Healthwatch Enter and View function.

9a: Recruitment of Enter and View Visitors and Approval of Associated Policies

Decisions:

The Board approved the following policies and procedures

- Recruitment of Enter and View Volunteers Policy
- Enter and View Volunteer Agreement and Code of Conduct
- Enter and View Role Description and person Specification
- Recruitment of Ex-offenders and Handling of DBS Certificate Information Policies
- DBS Code of Practice
- Health and Safety Policy
- Safeguarding of Children and Vulnerable Adults Policies

Actions:

Staff to organise training for Board Directors involved in the recruitment of volunteers on the use of ex-offenders. Policies and procedures to be published on website.

Healthwatch Delivery Manager to be the designated person to receive confidential DBS information on criminal records in line with the policy on the recruitment of ex-offenders.

9b: Training of Enter and View Visitors

Decision:

The Enter and View training programme set out in Appendix 2 of the report be approved.

Actions:

Staff to source training courses for equalities and diversity and data protection(confidentiality)

A special training session is held for the Board on the Healthwatch England national training programme for Enter and View.

Additional training courses to the mandatory courses are sourced and training plans set up for approved representatives.

Directors consider their training needs in the light of courses listed in Appendix 2 and inform the Delivery Manager.

9c: Enter and View Purpose and Process

Decisions:

The Board approved the Healthwatch England operational guidance for conducting an Enter and View visit.

The Board to approve the use of the Enter and View power including defining its purpose, date and by which authorised representatives. The Board to ensure Enter and View is used as an integral part of the Healthwatch work programme.

The staff team working with a small sub group of Directors to implement Enter and View visits, brief visitors on its purpose and based on evidence collected, and prepare a report and recommendations for Board approval and circulation.

The staff team working with a small sub group of Directors monitor responses to recommendations and feed evidence from Enter and View visits into the wider work programme.

Item10: Any Other Business

None

Date of Next Meeting

Thursday 31st October, Withernsea Community Hospital 11.00 am to 12.30 am

12:00pm - Close

Approved by the Chair as an accurate record

Signature_____

Date_____