

# Board Meeting in Public

<b>tDate:</b>	Tuesday 22 <sup>nd</sup> October 2019	<b>Location:</b>	Upper Hall, Trinity Centre, Guildford	<b>Time:</b>	2pm – 4pm
<b>Present:</b> Peter Gordon (PG as Chair), Richard Davy (RD), Tacye Connolly (TC), Don McIntosh (DMc), Andrea Lecky (AL), Maria Millwood (MM), John Bateson (JB).					
<b>Apologies:</b> Lynne Omar (LOmar), Jason Davies (JD), Deborah Mechaneck (DM), Laurence Oates (LO),					
<b>Other HWSY Attendees:</b> Kate Scribbins (KS), Lisa Sian (LS), Tessa Weaver (TW), Sarah Browne (SB)					

Agenda Item	Discussed/Action	Who	By When
<b>1. Welcome and apologies</b>	PG welcomed everyone and noted the apologies.		
<b>2. Declarations of interest</b>	<p>JB declared a new NHS strategic role he has taken at Royal National Orthopaedic Hospital (RNOH). JB to supply the full details to LS so the declarations of interest can be updated. PG advised that he and JD had discussed the new role and were of the opinion that it fell outside those that would require a director to step-down. The Board endorsed this view.</p> <p><b>Action: LS to update the declarations of interest accordingly.</b></p>	LS	21.01.20
<b>3. Questions from the Public (previously tabled)</b>	No previously tabled questions had been received from the public this quarter.		
<b>4. Approval of the previous minutes (July 2019)</b>	The minutes of the 23rd July 2019 meeting in Public were approved.		
<b>5. Q2 CEO Report &amp; Q2 Activity and Outcomes report</b>	<p><b>CEO report</b></p> <p>KS gave an overview of the highlights of the CEO report.</p> <p>KPIs – we are on track to meet all our KPIs, the exception being the Helpdesk experiences which has some anomalies due to the reporting schedule and coding, so KPIs are not an area for concern at this point.</p> <p>During this quarter the listening tour was scaled down, due to the volume of experiences in Q1 exceeding the target. Activity was diverted to projects and outreach during this quarter. We will be looking at the implications of this going forward.</p> <p>Following the awareness push for Independent Health Complaints Advocacy, referrals were increased in the quarter. At this stage it is not apparent that the increase is from people with Learning Disabilities, but we will continue to monitor this as the referrals progress.</p> <p>Discussions with system partners have begun as they begin ramping up the changes to the system architecture. There is a challenge to us to keep tabs on this for both Surrey Heartlands and Frimley ICSs and at an ICP level.</p>		

	<p>We also had confirmation that we had won the SCC contract to continue with Healthwatch Surrey for 5+2 years.</p> <p>PG recognised the effort of KS and LS in leading the tender process and gave recognition also to the wider team involved.</p> <p>It was noted that the retender subgroup now need to reconvene to discuss the mobilisation plan.</p> <p><b>Action: LS /KS to set up meeting for new contract mobilisation plan.</b></p> <p>There has been significant development of the volunteer Community Influencer role with 12 volunteers now working to define what this means - engagement, legal obligations, etc. The group met in Sept to be trained around engagement and consultation.</p> <p>MM noted that the CAMHS Transformation Board should be added to the list of meetings attended by volunteers in the quarterly report.</p> <p><b>Action: LS/ZH to check the list of volunteer attended meetings in the quarterly report.</b></p> <p>PG asked about the 166 experiences we have shared. How do we know that these are not the tip of the iceberg? KS said that sharing is our remit and the organisations we share with can then triangulate with their own data and what they are hearing.</p> <p>Current ways we can identify themes and trends is through the Escalations Panel, some of the experiences we share have specific actions related to them. The Escalations panel looks at themes and trends as well as individual cases of concern.</p> <p>JB felt that perhaps the wording “not of immediate concern” should be reviewed. As we don’t know if they are not of immediate concern.</p> <p><b>Action: LS to look at the terminology around experiences - “not of immediate concern” - in the quarterly report.</b></p> <p>It was noted that anything that involves death or serious poor practice as well as experiences involving safeguarding are reviewed by the Escalations Panel.</p> <p>RD asked whether it is possible to have more sight of social care issues, PG suggested that this can be built into our planning for next year. MM said that Zoe is looking to train the volunteers on gathering social care experiences as they are less confident to gather these than health related.</p> <p><b>Action: Build social care experiences into the horizon scanning /planning for next year.</b></p> <p><b>Q2 Activity &amp; Outcomes Report</b></p>	<p>LS/KS</p> <p>LS/ZH</p> <p>LS</p> <p>KS</p>	<p>ASAP</p> <p>21.01.20</p> <p>21.01.20</p> <p>17.12.19</p>
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	<p>MM spotted a typo on pg. 11. PG asked whether it would make sense to display the volunteer activity by group?</p> <p><b>Action: LS to discuss with ZH how best to display the volunteer activity in the report now the groups are up and running.</b></p> <p>There was also a question as to how we can circulate the report more widely e.g. links within VCFS newsletters etc. Is there a way we can track readership of the report?</p> <p><b>Action: LS to discuss the circulation and tracking of the quarterly report with Laihan.</b></p>	<p>LS</p> <p>LS</p>	<p>21.01.20</p> <p>21.01.19</p>
<p><b>6. Community Cash Fund Update</b></p>	<p>SB gave a presentation on this year’s community cash fund which outlined the background, the process, the winners and the learnings from project.</p> <p>In summary, the project was a success and met the objective set of growing the database of VCFS contacts. The number of applications meant the process was resource heavy and going forward with the Community Cash Fund it will be important to have clear objectives for what we hope to achieve from it, e.g. contacts, awareness, experiences, etc.</p> <p><b>Action: LS to circulate the Community Cash Fund presentation</b></p>	<p>LS</p>	<p>ASAP</p>
<p><b>7. Thematic Priority Update</b></p>	<p>TW gave an overview of the projects based on the thematic paper that had been circulated with the Board papers.</p> <p>The thematic update relating to Care at Home and the vulnerable cohort who don’t have a family member to advocate for them, led to a wider discussion about problems with SCC Care Assessments and Care Packages especially as so many care packages are being reassessed. The concern is whether this is a systemic problem that is passed off as individual cases. It was agreed that more evidence is needed from other charities and organisations to pool the evidence we have collectively.</p> <p>TC suggested that signposting is an issue as people don’t know what is out there to help them. KS said that there will be an update on this at the next ASC WWH meeting.</p> <p>It was agreed that Healthwatch Surrey do not have enough evidence around the SCC issues, and we would need to work with other organisations to pull together and review the evidence that is out there. In order to free up resource to do this, we may need to deprioritise other priorities.</p> <p><b>Action: KS to look at what would need to be de-prioritised in order to look at the collective evidence around SCC and Care assessments/packages.</b></p>	<p>KS</p>	<p>19.11.19</p>
<p><b>8. Action Log</b></p>	<p>All green actions were approved to be removed.</p>		

## Board Meeting in Public

<b>9. Public questions not already dealt with</b>	No questions.		
<b>10. Any other business</b>	No items for AOB.		
<b>13. Date of next meeting</b>	The next meeting in PUBLIC will take place <b>2-4pm, Tuesday 21<sup>st</sup> January 2020, The Gallery, Christ Church, Jubilee Square, Woking, Surrey, GU21 6YG</b>		

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.

<b>Minutes approved by: (please print)</b>	
<b>Signature:</b>	
<b>Date:</b>	