

Board Meeting in Public

Date:	Tuesday 28 th April 2020	Location:	Zoom	Time:	2pm – 4pm
Present: Deborah Mehanec (DM as Chair), Jason Davies (JD as Co-Chair), Peter Gordon (PG), Richard Davy (RD), Tacye Connolly (TC), Don McIntosh (DMc), Maria Millwood (MM), John Bateson (JB), Laurence Oates (LO), Lynne Omar (LOmar), Andrea Lecky (AL)					
Other HWSY Attendees: Kate Scribbins (KS), Lisa Sian (LS), Natalie Markall (NM), Julie Callin (JC) Katharine Newman (KN), Tessa Weaver (TW), Non Hill (NH)					

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	DM welcomed everyone and noted the apologies.		
2. Declarations of interest	<p>LO noted the Declarations of Interest form needs updating as it still shows PG as Chair</p> <p>DM noted her husband has been appointed as a governor at SASH but isn't active at present due to the current situation.</p> <p>Action: LS to update declarations of interest accordingly.</p>	LS	28.07.20
3. Questions from the Public (previously tabled)	<p>The following question was submitted from the public prior to the meeting;</p> <p><i>“Could the board make a public statement on what actions it took to challenge the closure, rather than extension, of the consultation to downgrade Epsom and St Helier hospitals. The last month of the consultation came as Covid 19 struck meaning public events were cancelled. A post on social media by someone working for the Trust but in a personal capacity very much indicated the downgrade and new Sutton critical care hospital was a done deal and the consultation was only to tick the boxes.</i></p> <p><i>Given there was no response from the consultation officials to the public calling on them to extend the consultation because of Covid 19, ie no responses to emails or social media requests, and concerns by MPs brushed off, how can we be sure that decisions on the future of our much needed Epsom Hospital are not now being made by these people without scrutiny because attention is elsewhere due to the pandemic. Can Healthwatch Surrey reassure the public that it will be using its influence to ensure this will not happen.”</i></p> <p>KS responded with the following statement;</p> <p><i>“Healthwatch Surrey has been involved for some time in the in the pre-consultation engagement and the consultation phase of the Improving Healthcare Together programme - making challenges to the process; liaising with the voluntary sector and community groups in Surrey to encourage participation, and ensuring we are aware of and can help escalate their concerns. Our remit as a local Healthwatch in any major</i></p>		

	<p><i>service change initiative is to work as a critical friend with decision-makers, to encourage them to make the process of engagement and consultation as inclusive as possible, and to challenge to ensure good practice is adopted throughout. We have to remain neutral about any decisions taken.</i></p> <p><i>On the 31st March we challenged the IHT programme around their decision to carry on with the consultation and close it at midnight on 1st April, rather than pause it, given the COVID-19 situation. We received detailed answers from commissioners to this challenge, and we will be involved in scrutiny of the results of the consultation at the next meeting of the Consultation Oversight Group, which we are part of. We will be looking for reassurance that there has been a meaningful response to the consultation, which includes feedback from all our communities, and that the lockdown has not had a significant impact on response or affected one community more than any other, thereby putting them at a disadvantage. We also sit on the Integrated Impact Assessment group for the programme where we are able to make challenges about how the decision makers identify and plan to mitigate impacts for those at risk of health inequalities and with protected characteristics.</i></p> <p><i>You are no doubt aware that there is a Joint Overview and Scrutiny Committee which meets when needed to scrutinise the IHT programme. I assume and hope that this committee will play a key role in deciding whether the decision-making process has been robust. They have powers to refer the matter to the Secretary of State which go beyond local Healthwatch powers. At present I do not have information about when this committee will next meet but we are trying to find out as it is important that there is transparent scrutiny of decision-making.”</i></p> <p>It was agreed this would be sent by email to the member of public raising the question as well as being added to the minutes and the page on our website relating to the IHT consultation.</p> <p>Action: NM to send the response to the email and add the statement to the website.</p>	<p>NM</p>	<p>ASAP</p>
<p>4. Approval of the previous minutes (January 2020)</p>	<p>The minutes from the 21st January Public Board meeting were approved.</p>		

<p>5. CEO Report & Q4 Activity and Outcomes report</p>	<p>KS gave an update on the highlights of the Q4 CEO report. It has been a quarter of two halves, the first half started well with a stable staff team. Of particular note were new initiatives to gather useable experiences and the highest ever recorded volunteer hours. We were making strides joining new committees expanding our influence in the Surrey Heartlands patch. We were experimenting with new forms of communications and awareness. We had finalised our workplan for the upcoming year, including a new engagement strategy however this was brought to an abrupt halt by COVID-19.</p> <p>We spent time reviewing the core service lines of Healthwatch and how we can help in the pandemic. All staff were set up to work from home already, so everyone is fulfilling their roles from home. We re-deployed some staff to help the CVS and VARB in linking volunteers to people who need help, and vetting volunteers. We also offered to Help SCC on the community helpline. We have been staying close and keeping in touch with our commissioners to be aware of guidance re Healthwatch’s statutory responsibilities during the crisis.</p> <p>There is a challenge in getting the right balance between asking challenging questions to get everyone’s voice heard and staying person centred but being collaborative to not put unnecessary demand on the system. We have postponed WWH meetings but will still escalate concerning cases. We’re aware we have an important role in gathering COVID-19 and non COVID-19 experiences now, we are looking at ways in which we can gain these experiences without face to face engagement.</p> <p>Looking at the annual statistics we have met our KPIs, we have gained almost double the usable experiences set in the KPI. We have reviewed the way we analyse our insight when it comes into HW and the escalations panel to ensure we get the best outcomes from these meetings.</p> <p>DM had a question regarding the new community engagement strategy on what the volunteers are focusing on whilst their geographical area isn’t of focus. LS explained that these areas of focus are staff led and when their area isn’t being targeted by the staff team, volunteers will carry on with usual volunteer led engagement in their local areas.</p> <p>PG thanked Kate for the good report and asked what our planning was regards engagement, for the future beyond lockdown.</p> <p>KS proposed that we have the May Board workshop to discuss this. The session is to be attended by the Board and the team, and to discuss: how we can reach out to a wider range of people, how we can get our materials beyond social media, what role we want to play across the system, how volunteer teams can be involved with that.</p> <p>LOmar noted that you can already see the problem areas, for example, cancer services. We know people aren’t going to their appointments, so therefore should we be collating their stories and build some constructive support for them?</p>	
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	<p>KN is working with TW on a quantitative questionnaire which we will also work into a call out for evidence, looking for COVID and non COVID experiences. We are currently discussing how we can get paper copies out to citizens who do not own a digital device, for example, working with food banks to attach the survey to food parcels.</p> <p>A discussion continued around the survey and ideas on how to reach different communities. JB suggested that information on the website needs to be more obvious on the homepage. LO suggested targeting people in hospital, who are being discharged and surviving from COVID-19. MM suggested we contact Family Voice.</p> <p>AL joined the call.</p> <p><u>Q4 Activity Report</u></p> <p>DM congratulated the team for the first fully in-house designed quarterly report.</p> <p>LS noted that for Q1 2020-2021 we will see a slimmer version due to COVID-19 and the restrictions on engagement and meetings. We are looking at researching the target audience who view our quarterly reports. We're currently holding off with stakeholders and CCG's whilst we're in the current situation but hope to review before Q1.</p> <p>No other comments.</p>		
<p>6. Thematic Priority Update</p>	<p>KN talked through the Intelligence report and giving a summary of what we have heard about COVID-19 since the beginning of March to date. The information was collated through the Helpdesk, Citizens Advice and our website. We are collecting experiences through all of our networks too. KN talked through experiences relating to the situation and impact of COVID-19. Some of these experiences were around maternity services, pharmaceutical problems and cancellation of appointments. The full paper was circulated to the Board prior to the meeting.</p> <p>JD asked about the distribution of the source of experiences we're gathering. How are Citizens Advice performing compared to Helpdesk etc.?</p> <p>LS explained that despite the situation, the CABs are still reaching the targets, the majority of the experiences are through CAB and Helpdesk as our current face to face engagement has paused.</p> <p>JB noted it will be good to feedback the positives as well as the negatives as organisations will appreciate it. JB asked if Healthwatch nationally are doing anything to gather and feedback and KS confirmed they are and we're regularly feeding back to them and they're regularly summarising what they are hearing. KS requested that people let her know if we're hearing concerns related to ethics that she can feed into the new Heartlands ICS weekly ethics committee she is part of.</p>		

	<p>TW updated that we recently worked on a Kings Fund project to review experiences on NHS admin. Although the planned face to face interviews were cancelled, we put together a proposal for how admin is affecting people’s care. Our feedback included 40 stories. The project has currently been paused.</p> <p>Hospital Discharge – Going through experiences to start the conversation with acute hospitals, the findings are now on the report section of the website.</p> <p>Mental Health – Looking hard for a project, looking for something that was of interest to the system.</p> <p>LOmar mentioned there has been specific money to be put aside for support for families and friends who have been affected by someone who has died due to COVID-19, which could be of interest for the Mental Health project.</p> <p>Strategic review of thematic priorities and how we will use these is underway. TW is also currently working on a new project looking at what can we learn from Independent Health Complaints Advocacy.</p> <p>There was a discussion about the learning from COVID-19 and hearing these experiences to potentially help a second wave of COVID-19. DM suggested to hold this conversation for 15th May Project Advisory Group (PAG) group.</p>		
<p>7. Work plan 20-21: the Board is asked to approve the final version and the associated SPIs/KPIs</p>	<p>KS presented the final 20-21 workplan for approval in Public. Much of the work plan is affected by COVID-19 and the lockdown, engagement and relationships have been hugely impacted. The work plan is to be kept under regular review and more scrutiny than normal. The discussions will continue in the May workshop.</p> <p>Strategic performance indicators sit above the KPIs, they have been developed and everyone should have seen in draft form. Once new business strategy is agreed towards the end of this financial year we will look again at SPIs to ensure they align with mission and vision.</p> <p>The work plan and KPIs/SPIs were approved.</p> <p>Action: Approved work plan to be added to the website.</p>	<p>LS</p>	<p>ASAP</p>

<p>8. Escalations Panel Update - including Enter and View</p>	<p>KS stated that we are gathering more experiences and have become more effective at escalating them. We are looking at the role of the escalations panel and felt that we wanted to modify the role of the panel which is outlined in the paper.</p> <p>KS asked the Board for approval on; modifying the remit of escalations panel , agree definition of a concerning case, way concerning cases are identified in the team, escalations tracker, agree approach to clusters, definition of a reasonable response, report our insight to the escalations panel, approach to E&V – part of our engagement and a way we respond to concerns,</p> <p>LO raised the point regarding ‘unmet need’ and why it has been taken out of concerning cases. KS confirmed that this was due to the term being very broad that it was felt it wasn’t helpful in narrowing and escalating cases.</p> <p>RD added that for social care an ‘unmet need’ vs. ‘unmet eligible need’ is important. KS agreed that is an important point and will consider further in the development of the escalations process.</p> <p>PG was supportive of the definition of “reasonable” and KS confirmed that KN will be providing a monthly intelligence report, so everyone has to hand an overview of what we are hearing.</p> <p>The Escalations Update paper was approved with the point about the ‘unmet need’ noted for follow up.</p>		
<p>9. Action Log</p>	<p>The action relating to Simon White – to be carried forward for post Covid-19 and to be attributed to PG.</p> <p>The Board Champion action will be followed up by KS in Q1.</p> <p>Green items were approved to be removed.</p>		
<p>10. Public questions not already dealt with</p>	<p>There were no further questions.</p>		

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11. Any other business	There were no items of any other business.		
12. Date of next meeting	2pm on 28 th July – Camberley High Cross Church (TBC)		

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:	