

# Board Meeting in Public

<b>Date:</b>	Tuesday 26 <sup>th</sup> January 2021	<b>Location:</b>	Zoom	<b>Time:</b>	2 – 3.30pm
<b>Present:</b> Jason Davies (JD as Chair), Deborah Mehanek (DM as Co-Chair), Peter Gordon (PG), Richard Davy (RD), Maria Millwood (MM), John Bateson (JB), Laurence Oates (LO), Lynne Omar (LOmar), Andrea Lecky (AL), Tacye Connolly (TC)					
<b>Other HWSY Attendees:</b> Kate Scribbins (KS), Lisa Sian (LS), Natalie Markall (NM), Sam Botsford (SBo), Tessa Weaver (TW), Laihan Burr-Dixon (LBD)					
<b>Apologies:</b> Andrea Lecky (AL)					

Agenda Item	Discussed/Action	Who	By When
<b>1. Welcome and apologies</b>	JD welcomed everyone, and noted apologies from AL.		
<b>2. Declarations of interest</b>	JD had informed LS of an addition to his interests prior to the Board. No further updates to the declarations of interest were noted.  <b>Action: LS to update the declarations of interest accordingly.</b>	LS	27.04.21
<b>3. Questions from the Public (previously tabled)</b>	No questions have been received from the public.		
<b>4. Approval of the previous minutes (October 2020)</b>	Minutes from October 2020 Board meeting in public were approved.		
<b>5. Review of Q3</b>  • CEO Report including financial summary & KPIs  • Quarterly Activity and Outcomes report	It was agreed that everyone had read the papers, therefore KS welcomed questions relating to the CEO and Activity Report.  DM had a query about an image in the engagement section of the Q3 report. There was a discussion that the image may be taken out of context regarding breaking COVID restrictions and therefore it will be useful to mention under the image the photo was taken pre-COVID and to look at alternative images for future reports.  <b>Action: Add Pre-COVID caption under select images within Q3 report and look for alternative images for next quarter.</b>  There was a discussion about our level of engagement during the pandemic. JB said he was aware that we are continuing to meet with organisations online, but is this something we are satisfied with?  KS agreed it is hard to hear the same breadth of experiences as pre-COVID. We are conscious we are not hearing the same range of experiences that we normally do, and we have been more dependent on being invited to join online groups. That said, it was felt that we are receiving a good number of experiences given the circumstances and the themes we are gathering are a different mix to what we normally hear.	NM/LBD	ASAP

	<p>SBo said that the Helpdesk have picked up more experiences. We are still sharing and escalating concerning cases, and these have increased in Q3. We saw a distinct change in experiences coming in pre- and post-Christmas - there has been a big shift to vaccination queries recently. We are sharing and reacting in a different way, and are sharing experiences containing safety concerns with providers (e.g. a lack of PPE within care home/hospital premises).</p> <p>LO observed that the KPI's are going well. KS noted that referrals into the Advocacy service are low, although we expect this may change post-COVID when we will see a flurry of complaints coming in.</p> <p>DM asked for confirmation of why only 3 of the graphs have targets on. LS explained that is because only 3 of our KPI's have specific targets in the SCC contract, with the other KPIs being tracked against our previous years' performance.</p>		
<p><b>6. Thematic Priority Update</b></p>	<p>JB said that the Downing Street Surgery project looked successful, and asked whether commissioners were happy with it? He noted that we had received a remarkable number of responses.</p> <p>TW confirmed that we received positive feedback for our report from the commissioner. We had to turn the report around quickly before Christmas. All parties we worked with were helpful and quick to respond. They trusted us to get on with it.</p> <p>LO asked about the Insight Bulletins and TW gave an update. When the Insight Bulletins were first published, we were hearing a variety of experiences every month, which enabled us to talk about different themes within the bulletin. It was a new way of interacting with stakeholders, a good showcase and showed we could listen and respond quickly. As we moved towards the end of the year, we were hearing less variation in experiences so more persistent issues. It was planned as a temporary pandemic report, however we are going to continue with the reports into the coming year. We have received very positive feedback on the Insight Bulletins.</p> <p>MM said she felt the carers project opens up a really good opportunity around discharge. How do we identify which carers we speak too? There is a big transformation programme within Adult Social Services, so should we be doing something alongside their programmes that they are running?</p> <p>TW said that Action for Carers will find us people to speak to and we are interviewing people next week but will be looking at recruiting people from other groups too. Participants do not need to be receiving a care package to be interviewed. Regarding the transformation with Adult Social Care, it is a large programme which makes it challenging to keep an eye on them all. MM mentioned it could be an opportunity to raise with our hubs of volunteers so they can keep a look out.</p>		

	<p>KS explained that all Adult Social Services transformation plans go through the 'Partner Update' meeting which meets every 2 months, and we can ask our volunteers to help read the papers and gather questions ahead of the meeting. Surrey Coalition play a key role as a partner for co-design, and we need to establish where we fit within that work.</p> <p><b>Action: KN to ensure that volunteers with an interest in ASC transformation programmes read Partner Update papers in advance of meetings.</b></p>	<p>KN</p>	<p>ASAP</p>
<p><b>7. Enter and View Policy</b></p>	<p>SBo explained that we have updated the Enter &amp; View Policy,=, Within the first section we have aligned to the Healthwatch England guidance on what Enter &amp; View is and what we can do. There is no change in the policy relating to when we consider we can use Enter &amp; View but we have added in more detail about how we plan and conduct Enter &amp; View and when we should do them.</p> <p>SB reported that we have changed the way we review our insight. A small group review all Concerning Cases fortnightly and come to an agreement of next steps if we need to escalate or share any concerns. The Escalations Panel has recently revised its process, and reviews responses from providers/commissioners to escalations, rather than recommending what we say and share. This ensures we can be quicker responding to patient feedback.</p> <p>There was a discussion around virtual Enter &amp; View visits. Healthwatch England have stipulated that these need to be named 'virtual visits' rather than Enter &amp; View due to legal reasons. We would consider a virtual visit, and we have developed a project to speak to patients at ACU, but we are waiting on a steer from the provider. Healthwatch Northampton have done a big piece on maternity services in collaboration with their provider to view the wards and services with their camera phones. From our point of view, we have not heard anything concerning making us want to pursue a specific virtual visit.</p> <p>JB said there seems to be diversity of how other Healthwatch use Enter &amp; View, some do it differently compared to how we do, is there any evidence of what works well, and do we choose the right way? SBo explained that we have no cause to change the way we do it. Within our local system, we work well with the CQC and share information with them ahead of their inspections. We always talk to them if we hear of a concern that might give rise to an Enter &amp; View visit.</p> <p>JD mentioned that CQC has changed their approach in terms of inspections, and asked whether we hear directly from them about what they're doing, and do they have a formal policy? LS explained that she met with them yesterday, and the CQC are currently only visiting based on risk. Transitional Monitoring Approach (TMA), being</p>		

	<p>call assessments over the phone, are taking place in some instances but they are also, in the main, on hold. They are currently doing TMA calls within Mental Health services. The CQC are hearing less from people and put that down to the reluctance to complain - they are also expecting an influx of complaints as things settle on COVID.</p> <p>The Board approved the updated policy.</p>		
<p><b>8. Action Log</b></p>	<p>All Green Actions to be removed as they have been completed.</p> <p>Amber Actions to be removed too as they are either no longer relevant or have become business as usual.</p>		
<p><b>9. Public questions not already dealt with</b></p>	<p>None.</p>		
<p><b>10. AOB</b></p>	<p>PG wanted to raise a point regarding the system generally and how we work with it. He raised the question of how well we are represented in system forums, and whether there is something we need to do more of? Do we have the right representation in the right places and how can we establish that?</p> <p>KS said we have had lots of change in our system and a perfect storm of different things happening one after the other. The merger of CCGs, the development of the ICS, establishment of PCNs, COVID and an ongoing national consultation about legal status of ICSs. It has been difficult for us over the last 18 months to work out where we want to have the relationships. As a staff team, we are clear where we need to be, but believe we need to be doing more where we assess we can have greater influence –this may be at place level.</p> <p>This links to our communication engagement strategy which gives us a good body of insight from a variety of places, but we need the right audience to share it with. We haven’t been able to gain the breadth of insight in all localities this year because of COVID, which has impacted those relationships, but we are aware on how we want to progress it but it is just taking longer.</p> <p>PG asked whether now is the time to plan what we wish to do (or review) so there is something we could do across different levels to make a difference post-COVID?</p> <p>RD added that Healthwatch Surrey doesn’t have a role to change culture, but we do have a role to feedback how that culture affects the communities involved. Greater investment was needed in co-production, so that is not just a “tick box exercise”. Surrey needs to see value in engagement and the benefits rather than see it as a burden.</p> <p>It was agreed that a small group should get together to discuss this further.</p>		

	<p><b>Action: KS to get together a small group to discuss how we are represented within the system.</b></p> <p>PG complimented the staff team on working in a difficult situation this year and continuing to deliver the same level of work despite the difficult circumstances. The Board was in unanimous agreement. KS said she would pass that back to the team.</p> <p>DM also thanked Kate and Lisa for their excellent leadership during such difficult times.</p>	KS	ASAP
<p><b>11. Date of next meeting</b></p>	<p><b>Tuesday 27<sup>th</sup> April 2021</b></p>		

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.

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