Board Meeting in Public



Date:	Tuesday 2 nd November	Location:	Zoom	Time:	4:30 – 6:30pm	
Present : Deborah Mechaneck (DM as Chair), Jason Davies (JD), Peter Gordon (PG), Richard Davy (RD), Maria Millwood (MM), Laurence Oates (LO), Andrea Lecky (AL), John Bateson (JB), Tacye Connelly (TC)						
Other HWSY Attendees: Lisa Sian (LS), Natalie Markall (NM), Kate Scribbins (KS), Adam Connelly (AC)						
Apologies:						

Agenda Item	Discussed/Action	Who	By When
1. Welcome and apologies	DM welcomed everyone, there were no apologies to note. Kate introduced our new Insight and Engagement Officer, Adam Connelly.		
2. Declarations of interest	LO noted that Citizens Advice Surrey (CAS) will shortly be wound up so his interests needed updating.		
	Action: LS to update the declarations of interest accordingly.	LS	Jan 2022
3. Questions from the Public (previously tabled)	No questions had been received from the public.		
4. Approval of the previous minutes (July 2021)	DM asked what the outcome of the Healthwatch England engagement platform trial and LS confirmed the outcome was that Healthwatch England had made the decision to not go with either platform used in the trial. The barrier of getting people to sign up and get involved in the community platform meant it wasn't used for engagement in the way it was intended. The Board minutes from July 2021 Public Board meeting were approved.		
5. Review of Q2	Q2 CEO report		
 CEO Report including financial summary & KPIs Q2 Influence and Impact report 	KS said that in this quarter, we had produced a report in partnership with Action for Carers, on ' <i>Carers' experiences of hospital discharge</i> ' during the pandemic. Once we began to talk to carers about their experiences, we uncovered communication issues between hospital staff and patients throughout their hospital journey and into social care after discharge. We made recommendations based on our findings and we have taken the report to system boards, and we will look to follow up on what action is taken based on our recommendations.		
	This quarter we have also been working on how we can play a useful role given the pressures within primary care e.g. looking at how we work with them to feedback what we've heard around the issues some GP surgeries have communicating with their patient groups. The top areas of challenge for us relate to the changing architecture, as		

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	things evolve "at place" and on the Surrey wide level, how do we prioritise and how we can spread our resource across the system.
	We have recruited new volunteers this quarter and our volunteers are enthusiastically signing up for face-to-face engagement. The new Volunteer Hub is now fully implemented and allows engagement opportunities to be promoted to volunteers and those events to be signed up to.
	We are back doing face to face engagement including supporting Epsom St Helier's and SASH's A&E departments, surveying patients about their pathways/experiences while attending A&E.
	We are performing well against our annual KPIs, particularly in the numbers of outcomes we're achieving and the outputs we are producing. The number of new referrals to our Advocacy service is increasing but still not meeting the KPI target and we will focus on that this quarter.
	JB asked where the audience/home is for the discharge report. KS explained that we will work out with the emerging place-based alliances whether we will get more traction taking matters to places or system, or (probably) both.
	The plan is to take the report to as many places as possible and then we will follow up to do a structured challenge back to the system to see what has changed based on our recommendations.
	Q2 Influence and Impact report LS gave an overview of the changes within this report. The aim of the new format was to report more on influence & intelligence. Aligning the reporting with the insight we are hearing and related outcomes.
	The feedback on the report was positive. JD raised the question if we should also be writing about where we may be struggling to make an impact (as well as the positive outcomes) to show balance. LS said she would take this feedback away to discuss with the wider team.
6. Thematic prio update: the Boar asked to note pr	
	Our work around access to primary care, and trying to identify the different parts of access which causes people to get frustrated, has really resonated with system partners. There has been a lot of interest in this topic and linked to the BBC Surrey radio interview KS did a couple of weeks ago.

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	We have capacity to take on one new project under our current thematic priorities. Tessa is working with the system to come up with a useful theme, and we'll be having a horizon scanning session with the volunteer groups on what hot topics are in their area. The ideas discussed in those meetings will be investigated and discussed further as part of the Board/ Staff Team horizon scanning workshop in November.		
development	KS presented an update on system development, the slides of which will be circulated with these minutes. A separate session will be arranged to discuss this further. Board members are encouraged to sign up if they want to be a part of the "System Influencer Group" to be made up of certain volunteers and Directors. Action: LS to check whether all Board Directors received the information about the System Influencer Group.	LS	ASAP
	Green actions were approved for removal. The Amber action has now been done and could be moved to Green for removal from the action log.		
9. Public questions not already dealt with	None.		
10. AOB	No items of any other business		
	TBC – following further discussion regarding timing/days for 2022 meetings.		

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:	