

Healthwatch Kirklees

Trustee Board Meeting Minutes

Wednesday 17th June 2015 10am-1pm, Huddersfield Mission

Present

Paul Bridges (Joint Chair, Huddersfield Mission), Fatima Khan-Shah (Joint Chair, Community Representative), Nick Whittingham (Kirklees Citizen Advice & Law Centre), Hazel Wigmore (Community Representative), Hawa Rawat (Community Representative), Hilary Thompson (Age UK Calderdale and Kirklees)

In Attendance

Rory Deighton (Director), Helen Wright (Project Coordinator), Clare Costello (Advisor)

Apologies

Carol Haigh (Mencap in Kirklees), Val Johnson (Volunteering Kirklees), Roger Milthorp (Cloverleaf Advocacy), Yasmeen Sharif (Barnardo's), Dave Rigby (Community Representative), Shabana Ali (Advisor), Katherine Sharp (Volunteer Coordinator)

Val Johnson wished to resign her seat on the Trustee Board, and also VAK's position as a member of the Healthwatch Kirklees company.

Section 1 Reporting

1. Register of Interests

RD has received completed declaration of interest forms from RM, PB, HT, DR and HWi. These will not be discussed at each meeting; people should declare separately if they have a different interest in a particular issue on the agenda.

- ❖ ACTION - RD to chase up those Trustees who haven't completed forms
- ❖ ACTION - Trustees to send completed form to RD

2. Minutes of the last meeting and actions arising

FKS asked that the minutes record her as joint chair on the minutes. Minutes approved as an accurate record for the previous Trustee Board meeting.

Actions arising:

- RD reported back on the Urgent Dental Care recommissioning - No providers tendered to offer the new Urgent Dental Care contract, and now NHS England are looking at a new model for this service. They want to engage with patients prior to the commissioning.

RD explained that NHS England have very little influence over the contracts they hold with dentists if said dentists are meeting their contractual requirements. Trustees discussed raising this issue politically as an individual Healthwatch, in partnership with HWE and other local Healthwatch with this interest.

- **ACTION - RD to work out the next steps for progressing the issues around NHS Dentistry by the next Board meeting. Action to progress the political dimension of this should be reported to Board members before the next meeting.**
- CC reported back on Car Parking issues at CHFT, who are actively recognising the issue. They are investing in pay on exit machines that give change and information about parking has been updated online.
 - ❖ **ACTION - CC to find out more about how else CHFT could provide information around how to get to the hospital and the parking issues.**
 - ❖ **ACTION - RD/HWr to add this issue to the sentiment data streams to see what discussion there is locally.**
 - ❖ **ACTION - RD/CC to do some press work to provide some positive press about the changes that have been made.**
- Launch of the Annual Report - Trustee Board authorised the team to distribute this. The design and printing of 500 copies cost £1300. HWi suggested contacting One 17 Design Charitable Trust - who support charities with design work and printing in the future.
 - ❖ **ACTION - RD to establish how to use the report to promote ourselves, what to do with the information now.**

3. Chair's Report - PB - Healthwatch Commissioners meeting

PB shared his experiences of attending the Healthwatch Commissioners Conference, hosted by Healthwatch Kirklees and our commissioners. Commissioners and providers of Healthwatch across Yorkshire and the Humber used their time on the day to discuss their successes, issues and plans going forward.

PB felt it was a really good opportunity to showcase our work, that Healthwatch Kirklees received some very positive feedback about Healthwatch Kirklees from providers, and he came away with increased confidence in our approach and the organisation overall. Other local Healthwatch had discussed their individual strengths, and there were good examples to learn from. Others shared issues around governance, commissioners, funding, etc.

Commissioners were very varied in their views; some were keen to work together to improve the way Healthwatch is commissioned, others saw Healthwatch as simply another contract.

PB's key learning point from the day that the team need to make sure they are looking at what other issues other Healthwatch are looking in to when setting our work plan.

4. Chair's Report - FKS - Healthwatch England Committee Meeting & Healthwatch England's Action plan for 2015/16

FKS attended the Healthwatch England Committee Meeting and found it really interesting to share learning with other local Healthwatch. There was a great deal of discussion around making sure that the right people are involved in your Healthwatch, and the impact that losing important people, or involving inappropriate people can have on your organisation.

FKS was pleased to see that Healthwatch Kirklees was already working in a way similar to the way outlined in the HWE business plan. However, it became clear that there aren't organisational arrangements formalised in a way that would be useful if there were difficulties in the future, which will be discussed later in the meeting.

5. "Making Change Happen" Verbal Update RD

RD fed back on progress in a number of areas outlined in the Making Change Happen document.

- Hospital Food with CHT was now completed.
- The 136 work was producing really good outcomes. We need to make sure that this funding is mainstreamed.
- RD highlighted the importance of the MYT CQC visit next week. HWK have fed patient comment into this visit.
- CC reported that the Safe Havens work was now finally finished.
- We were going to be working to understand what patients want from primary care services, by visiting 60 practices and talking to 500 patients over the summer.

RD explained that the team have looked in to the issues currently surrounding CAMHS in this area, following negative press and a few contacts with parents struggling to get assessments. The Integrated Commissioning Executive (ICE) are now overseeing this issue and are putting a recovery plan in place, and as such the team is monitoring the issue but not actively addressing it.

The Trustees discussed the wider issues around the processes in place and the limited resources, in order to analyse the staff approach. There was a feeling that there needed to be a greater understanding of the timescales for this work. It was agreed that, in the short term, the team will maintain a watching brief, feeding in patient comment to the appropriate part of the system, with a presentation from mental health services for Trustees, focused in some part on CAMHS.

❖ **ACTION - RD to make arrangements for an appropriate presenter to come to a future Board meeting to discuss mental health services.**

6. Feedback on progress with the LHM Management Information system HWr

HWr reviewed the staff's experience of the LHM system so far. Key points are:

- There are over 100 reviews on the system - most of these are for health care providers. There's a good mix of positive and negative feedback, with a couple of complaints.

- Most reviews have been collected at outreach sessions. We have completed 22 outreach sessions to sports centres, hospitals, parent and toddler groups, etc...
- Outreach has been really good for raising awareness, but we are always reviewing which of the outreach sessions are most effective for gathering reviews, and what approaches work with different groups.
- We are moderating the reviews as a team when the need arises, and can use CC's Terms and Conditions summary for reference.
- We have run in to some practical issues with the website reviews and have addressed these directly with LHM.
- We now have access to the Informatics Centre, which brings together information from the website and the sentiment data. This does not yet include information from Patient Opinion and NHS Choices, as was promised in LHM's initial presentation. As such we have not yet paid in full for the system, and will not do so until this functionality is added.
- Developing effective sentiment data streams is a challenge, and we are still learning how to make effective use of this information.

Trustees asked whether there was a plan/timeline in place for selling access to our information through the new system. RD explained that he is working with the Local Authority to implement some widgets on the Shop4Support website, so more focus has been given to getting this side of the system out. The team are professionalising the approach to the sentiment data and awaiting the Patient Opinion and NHS Choices information before sharing access with other professionals.

❖ **ACTION - HWr to send out T&Cs summary and data about the breakdown of the reviews to Trustees**

Section 2 Strategy

1. Governance Review Paul/Fatima; to scope a piece of work involving new job description for the Chief Officer, roles for trustees, and a document that defines the working relationship and limits of authority between staff/chief officer, chairs and trustees.

PB proposed that some work is undertaken to review the governance of the organisation, predominantly through 3 documents:

1. Chief Officer Job Description - when RD was recruited in to post, his job description included substantial reference to setting up and establishing an organisation. This information is no longer relevant, and as such the job description needs to be updated to reflect RD's current role.
2. Trustee Board Role Description - outlining the responsibilities of the Board
3. Principles of Chief Executive and Board interaction document - formalising arrangements and delegated powers, clearly stating the principles under which decisions are made for the organisation, e.g. finances, work planning

Trustees expressed concerns that the third document shouldn't be too prescriptive and dictate process as that might hinder the development of the organisation. It was agreed that the third document would be clear about the principles of decision making, rather than the actions or processes, and that it may be helpful to seek some expertise from ACEVO or an external consultant (up to 2 days) to support with the development of the documents.

- ❖ ACTION - HT/RD to contact ACEVO for resources
- ❖ ACTION - RD to commence work on an initial draft to be fed back to FKS and PB

Trustees discussed the make-up of the Board and the possibility of recruiting additional Trustees. Several apologies were received for the meeting, and Val Rogers, from Volunteering Kirklees, has resigned as a Board member.

Constitutionally, it suggests that the number of Community Representatives could be up to one less than the number of Founder Members of the organisation, but it is unclear specifically how this is written in to the constitution.

For Founder Members, it is important that someone is recruited in to VR's post, and there is a need to establish whether she had resigned as the Volunteering Kirklees representative, or no longer wishes for Volunteering Kirklees to be represented on the Board. The Board may need to approach Third Sector Leaders to recruit an organisation interested in being a Founder Member. The only area where it was felt representation might be lacking was in education.

For Community Representatives, Trustees agreed that there was a need for additional representatives to be recruited, and that the same process be used to recruit new Trustees as had been used in the previous recruitment drive. It was felt that this approach mitigated the risks of expanding the Board, and gave potential candidates an opportunity to understand their role on the Board.

- ❖ ACTION - RD to check the constitution around numbers of Community Representatives to establish how many can be recruited
- ❖ ACTION - RD to commence the recruitment of new Trustee Board members
- ❖ ACTION - RD to review the number of attendees, and the frequency of attendance, at Board meetings

2. Future Direction; a discussion on the board's response to the Healthwatch Commissioners meeting, based on the discussion document attached.

Trustees discussed the paper RD sent through outlining the key points from the Healthwatch Commissioners Conference, in particular opportunities to commission Healthwatch across local authority boundaries, and to co-commission Healthwatch and NHS Complaints Advocacy Contracts.

NW (KCALC) declared an interest as the current provider of the NHS Complaints Advocacy Service.

For commissioning of contracts across boundaries, Trustees agreed that to bid for contracts in co-terminus areas would be a beneficial development to the

organisation, and is feasible within the constitution. Additionally, setting up a Memorandum of Understanding that allows Healthwatch on the West Yorkshire footprint to work together, utilising each area's expertise for joint projects was seen as a positive development, although Trustees felt there needed to be a greater understanding of the associated risks and how the document would manage them. Also, as the governance of Healthwatch Kirklees is based in Kirklees, how would this be impacted by working in other areas?

For co-commissioning of NHS Complaints Advocacy and Healthwatch, it was made clear that this is the preferred option for many commissioners in this area. Healthwatch Kirklees feel they have a good relationship with the existing service which is effective in this area, and would be comfortable with continuing to work with this service regardless of how the commissioners chose to progress this. Trustees felt it important to note that there were also opportunities for cross-boundary commissioning for the advocacy service, as is currently the arrangement in Kirklees and Calderdale, but that there would need to be more understanding of the practicalities of taking on this kind of contract, e.g. TUPE.

❖ ACTION - RD to start doing preparatory work related to potential opportunities

Section 3 Staff and Personnel - Confidential

Actions list

By	Action	For
RD	Chase up Trustees to complete declaration of interest forms	Next Board Meeting
NW & other Trustees	Send completed declaration of interest form to RD	Next Board Meeting
RD	Work out the next steps for raising the issue of inflexible dentistry contracting on a more political level	Next Board meeting
CC	Find out more about how else CHFT could provide information around how to get to the hospital and the parking issues, as well as online information	30 th June
RD/HWr	Add the HRI parking issue to the sentiment data streams to see what discussion there is locally	30 th June
RD/CC	Do some press work to provide some positive press about the changes that have been made to parking at HRI as a result of people's feedback	Next Board meeting
RD	Establish how to use the annual report to promote ourselves, what to do with the information now, and start to do this	Next Board meeting
RD	Make arrangements for an appropriate presenter to come to a future Board meeting to discuss mental health services	Next Board meeting
HWr	Send out T&Cs summary and data about the breakdown of the reviews from LHM to Trustees	30 th June
HT/RD	Contact ACEVO for resources relevant to the governance review	30 th June
RD	Commence work on initial draft of the governance review to be fed back to FKS and PB	Next Board meeting
RD	Check what is said in the Constitution around numbers of Community Representatives, to establish how many can be recruited	Next Board meeting
RD	Commence the recruitment of new Trustee Board members	Next Board meeting
PB/FKS	Review the number of attendees, and the frequency of attendance, at Board meetings	Next Board meeting
RD	Start doing preparatory work related to opportunities in diversifying and into NHS Complaint Advocacy	Next Board meeting

HWr	Share progress around this with Trustee Board/nominated member whilst the Right Care, Right Time, Right Place work is ongoing, so they can have an oversight	Ongoing