

Minutes of the Meeting of the Healthwatch Tameside Board

28 April 2014

Venue: 131 Katherine Street, Ashton-under-Lyne

Present:	Members: Kailash Chand, Frank Downs, Lesley Surman, Phil Spence, Janet Fenton, Lyndsey Whiteside, Pamela Watt, Dorothy Cartwright, Hanif Malik, Observers & advisors: None In attendance: Ben Gilchrist (CEO), Peter Denton (manager), Julie Beech (minute taker)	Action
1.	Welcome and Introductions: Everyone introduced themselves, and Chair welcomed Hanif and Lyndsey as new board members.	
2.	Apologies for absence: Cllr. Lynn Travis, Adam Allen as observers Bernard Nagle, Ian Young, David Hoyle, Cllr. Gill Peet	
3.	Declarations of interest: possibly Phil and Hanif, as CVAT board members, re: governance & finance	
4. & 5.	<p>Minutes of the previous meeting:</p> <p>Points to note, other than included on the agenda are:</p> <ul style="list-style-type: none"> • Manager and 1 board member met to discuss 'Care in the Community'. This will be picked up in projects later. • Manager, CEO and 1 board member met to discuss bank accounts. Existing arrangements to continue, but will be looked at again later. • The Healthier Together meeting was postponed, at their request. • No. 8 – both points have been actioned. Thanks to Lesley for the support she has provided with the complaints function. • Care Data – waiting for a copy of the document used by Stockport, to assist with the work in Tameside. CCG suggested working with a small group, to check the questions work, before rolling out. • Greater Manchester HW network – due to time constraints, a bid has not been put together. • Non-emergency patient transport – manager in the middle of writing the response to the Tameside residents survey results. • New dates for board meetings have been confirmed, along with the date for the Expo/AGM (30 June) <p>Request: tabled papers to be sent to board members who are unable to attend a meeting. Agreed this will happen.</p> <p>Reminder: HW cannot get involved politically, but can collect patient stories/experiences – the higher the volume of information, the greater the opportunity for HW to influence.</p> <p>Meeting agreed accuracy of minutes.</p>	<p>PD</p> <p>PD</p> <p>All</p>
6.	Chair's update:	

	<ul style="list-style-type: none"> • Hospital – general comments and discussion about what is in public domain • Care Data – we know there has been a 6 month extension, but the government are still deadlocked regarding opt-in or opt-out. Not enough clarity to move forward, with the new date getting closer. 	
7.	<p>Operational Update – Paper 1:</p> <p>Vacancy – closing date for applications 2 May. If anyone knows anyone who may be suitable, please pass on details. LS has agreed to sit on the interview panel.</p> <p>Volunteers – a long-standing volunteer has suffered a mini-stroke. Card being sent from the other volunteers, and Healthwatch Officer will deliver flowers.</p> <p>Volunteer Awards – any volunteers who meet the criteria will be nominated. Board members to contact Healthwatch admin. if they wish to attend the event on behalf of Healthwatch, to support the volunteers.</p> <p>Complaints advocacy function – 26 cases have been transferred from ICA. Manager and LS have been through all the files, and put together an action plan. Some have already responded. The function is currently taking approx. 1.5 days of manager’s week, which will reduce when the vacancy is filled. The Self-help information pack (SHIP) is now on the Healthwatch website, and paper copies can be provided. This has been updated from that inherited from ICA.</p> <p>Care Quality Commission (CQC) – Details of the first 13 GP practices to be assessed have been announced, which includes a mixture of Tameside practices which are found good by patients and those where issues have been raised. CQC are holding a public listening exercise about the hospital on 6 May – details to be circulated when confirmed. CQC are speaking to manager informally to discuss patient experiences we have received. Healthwatch has a formal invite to the CQC risk summit.</p> <p>The board received the report, with no further questions.</p>	<p>LS</p> <p>All</p> <p>PD</p> <p>PD</p>
8.	<p>Work plan – paper 2, tabled paper and Gant chart</p> <p>The main changes to the plan are:</p> <ul style="list-style-type: none"> • Healthwatch Champions targets – target now based on the number of sessions, not number of volunteers. • Deadlines for delivery targets are now later, including stakeholders/partners meetings, due to CEO and staff vacancies, and the implementation of the complaints function. • Update board on plan on a quarterly basis. <p>Discussion: Ref. 2.10 – this is now red, as Healthwatch does not have the resources (staff time or funding) to run this event. LW confirmed the Sports Trust may be interested in being involved in the future, with other partners. Situation may turn to amber or green, if external funding could be obtained, to cover the cost of the event and extra hours for staff.</p>	<p>PD</p>

	<p>Meeting attendance Nomination required for representative from Healthwatch as a Tameside Hospital governor. Recommendation is Chair should attend, with DC (previously held post on behalf of CVAT & LINK) as a deputy. Tameside Pharmacy Applications advisory group has requested a Healthwatch representative – recommendation is DC, as she already sits on CCG Medicines Management committee in a personal capacity, and has experience from Diabetes Support group to draw on.</p> <p>Glossopdale Healthwatch partnership – manager aims to attend every other meeting. LS already attends, and confirmed she is happy to report back to board, if manager not able to attend meetings.</p> <p>Board accepted these recommendations.</p> <p>Dignity in Care Steering Group – manager does not attend these meetings. LS is interested in this subject and will discuss with Peter out of this meeting.</p> <p>Projects</p> <p>Young people – HW Officer has started this project. We have a survey online and on paper. Over 20 responses so far, from visits to community groups and Ashton Sixth Form College. Will analyse results at the end of May, then quarterly to December, when final analysis and review will take place. Will be rolling out survey during the rest of the year (don't want too many responses all at once). Suggestion: can we roll out into secondary schools, not just rely on colleges and groups? We could contact the LEA and ask for the information to be sent to the governors of all schools. PS is a governor, and is happy to take details to the next meeting. Manager will send details by email.</p> <p>Mental health – a project to establish whether the informal feedback being received about service provision is perception or reality. It will consist of data gathering – can then judge whether a bigger project is needed. Question: will we be consulting with MIND? Answer: all major stakeholders will be included.</p> <p>Enter & View – volunteers to be recruited in June, with training to begin in September, in anticipation of projects planned for later in the year. Question: will people who have been trained elsewhere have to complete the training again? (2 volunteers are involved with Heathwatch Derbyshire also.) Answer: will need to look at this.</p> <p>Health & Care System changes– this will be the large project, and will focus on two areas:</p> <ul style="list-style-type: none"> • Promoting and supporting engagement of local people prior to changes • Capturing experiences after changes made 	<p>PD</p> <p>PD/LS</p> <p>PD</p> <p>PD</p>
--	--	--

	<p>Question: after projects are finished, what happens then? Answer: report will be produced for the public, and copies will be sent to the relevant statutory providers, who have a statutory duty to respond within 20 days. This response can be brief, and include a timetable for a detailed response, which we would expect to be within 2 months.</p> <p>Comment – new postcards are now available:</p> <ul style="list-style-type: none"> • NHS Complaints service • Updated generic details <p>All invited to take a supply.</p>	
9.	<p>Governance & Finance Board development</p> <p>The board is now complete. Manager and CEO will be completing an exercise to record what skills the board has, using the information provided in your nominations. We are looking to hold board development session(s) – what do the board members think it would be useful to cover? Discussions summarised on flipchart:</p> <ul style="list-style-type: none"> • How best can Healthwatch & the board engage with our population, including raising awareness of Healthwatch? • Local/national structures – frame in context of projects. • Journey from CHCs to Local Healthwatch. • Being on a Board • What meetings we go to – how they influence • Exploring our core functions, especially new ones: advocacy and signposting. • How can we generate income? <p>Question: when and for how long do board members prefer sessions? Answer: ½ day (look at availability provided at previous meeting).</p>	PD
10.	<p>Monitoring – tabled paper</p> <p>The monitoring to be included for 2013/14 was activity based. By June, we need to be moving towards outcome based monitoring.</p> <p>Request: - can comparative data be included at future meetings, not just data for that quarter?</p> <p>Questions to consider when defining the outcomes to be measured include: At what stage should outcome be measured – at the time we influence, or when the change occurs?</p> <p>The board needs full understanding of how monitoring will work.</p> <p>There needs to be a distinction between outcomes measured for Healthwatch effectiveness for the public and outcomes measured for contract performance.</p> <p>Any board members interested in assisting with this work, in a small group, should contact manager.</p>	PD
11.	<p>Quarter 4 management accounts</p>	All

	<p>The CVAT finance manager has just returned from holiday. We have draft figures, which require some accruals for items ordered in March, but the invoices have not yet been received.</p> <p>There was a £3500 underspend last year.</p> <p>The amount to be carried forward, including the underspend from LINK, is approx. £24000. The local authority have agreed to this, and the money is in a restricted fund (must be used for Healthwatch activities). Charity Commission guidance suggests between ¼ and 1/3 annual turnover should be held in the bank. The amount carried forward is less than this.</p> <p>Suggestion: can a proportion of income generation be added to reserves each time?</p> <p>CCG have written into all their service contracts announced and unannounced visits to all providers. Manager has been approached by CCG with a view to Healthwatch providing training and support in putting the plan together, as income generation.</p> <p>There is an opportunity to sell this to others also.</p>	PD/BG
12.	<p>Any Other Business</p> <p>JF provided an update on the situation regarding the integration of services (social services, CHC and CCG), especially in relation to ILF clients.</p>	
13.	<p>Dates of future meetings</p> <p>9 June – 1pm to 3pm board meeting – Katherine Street 30 June – drop in 3pm to 6pm Expo (AGM at 5pm) – St. John’s Church Centre, Dukinfield 21 July – 6pm to 8pm board meeting – Katherine Street</p>	