

Healthwatch England Committee Meeting

Held in PUBLIC - Birmingham

Room 11, Walsall Trust, Manor Hospital, Moat Road, Walsall

Minutes and Actions from the Meeting No. 29 - 13th November 2019

Attendees

- Sir Robert Francis - Chair
- Phil Huggon - Vice Chair and Committee Member (PH)
- Liz Sayce - Committee Member (LS)
- Helen Parker - Committee Member (HP)
- Andrew McCulloch - Committee Member (AM)
- Danielle Oum - Committee Member and Chair of Healthwatch Birmingham (DO)
- Helen Horne - Committee Member and Chair of Healthwatch Cumbria (HH)
- Lee Adams - Committee Member (LA)
- Andrew Barnett - Committee Member (AB)

Apologies

- Amy Kroviak - Committee Member (AKK)

In Attendance

- Imelda Redmond - National Director (IR)
- Gavin Macgregor - Head of Network Development (GM)
- Chris McCann - Director of Communication, Insight and Campaigns (CM)
- Leanne Crabb - Committee Secretary (minute taker) (LC)

Presentation:

- Walsall Together Board

Item	Introduction	Action
	The Chair opened the meeting.	
1.2	Agenda Item 1.2 - Welcome and Apologies The Chair welcomed everyone to the meeting. Apologies received from Amy Kroviak.	
1.3	Agenda Item 1.3 - Declaration of Interests There were no declarations of interest.	
1.4	Agenda Item 1.4 - Minutes from 4th September 2019 Committee Meeting Correction - Item 1.5 in the minutes; name changed from Bernard Jenkins to Bernard Jenkin. The Committee APPROVED the minutes	

	<p>Matters Arising</p> <p>Item 5 (Noted on action log -<i>IR to bring comments on the way local Healthwatch deal with people being treated far from home to next meeting</i>) - IR advised this will be looked at as a system wide response and we will work with CQC and others in the sector.</p> <p><u>ACTION</u></p> <ul style="list-style-type: none"> • IR to bring back comments regarding how local Healthwatch deal with people treated far from their home to March meeting <p>Item 6 (Noted on action log - <i>To discuss with Leadership Team how best to keep LHW staff and Board members' contact details up to date</i>). IR advised new local Healthwatch Chief Officers and Chairs are to be given individual inductions which will improve communications.</p>	
1.5	<p>Agenda Item 1.5 - Chair's Report</p> <p>The Chair congratulated staff on the recent Healthwatch annual conference and for being so energetic and positive. The showcases from the local Healthwatch were impressive and there was a real feeling of togetherness in the network. It was great to have 130 local Healthwatch all working jointly towards making things better for people. Thank you to all who attended.</p> <p>The Chair attended a Healthwatch England staff meeting earlier in the month and was pleased to see enthusiasm and commitment as great as ever with confident views being discussed.</p> <p>The Chair spoke at a Westminster forum on Patient Safety. He also sits on an advisory board on the NHS People Plan project which is on hold due to the election but will carry on the development of a meaningful strategy.</p> <p>The Chair advised the committee that during Purdah it will be business as usual except for a few reports where publication will be delayed. Guidance on purdah has gone out to the network using Cabinet advice.</p> <p>The Committee NOTED the report.</p>	
1.6	<p>Agenda Item 1.6 - National Director's Report</p> <p>IR talked through the paper.</p> <p>1.1 Maternal Mental Health: The Report was published on 9th September 2019. The focus is on women's stories of accessing services. We worked with external partners to reach specific communities. The next piece of research in this programme will cover children and young people. LS added that for this work we will look at local Healthwatch reports and after analysis we will look at where a difference has been made to understand what worked.</p> <p>1.3 Patient Transport; HH congratulated IR on the report which is a useful tool to take to meetings to highlight the patient transport issues. IR will send an update once the review work that the NHSE are undertaking is launched.</p> <p>1.4 Long Term Plan; IR thanked the NW for the enormous contributions they made to this piece of work. Some Local Healthwatch are receiving commissioned work on the back of this.</p>	

	<p>CM will provide an update on the analysis of Long-Term Plan work at the next Committee meeting.</p> <p>1.5 Clinical Standards Review; NHSE/I is carrying out a Review of Clinical Standards, and Healthwatch England has been part of this advisory Board on this work. Six local Healthwatch have been commissioned to engage with the public at six hospitals gathering views on A&E waiting times.</p> <p>The Committee NOTED the report.</p> <p><u>ACTIONS</u></p> <ul style="list-style-type: none"> • BK to highlight to the network that some local Healthwatch are receiving commissioned work on the back of the Long-Term Plan reports they submitted. • CM to bring an update of the Intelligence Team’s analysis of Long-Term Plan work. 	BK CM
1.7	<p>Agenda Item 1.7 - Committee Members Update</p> <p>HH advised the Committee that Healthwatch Cumbria is now ready to present their work on the NHS Long Term Plan at their System Leadership meeting. They presented ‘what does good look like’ to their Health and Wellbeing Board including using a service-user’s voice, which was well received.</p>	
1.8	<p>Agenda Item 1.8 - Q1 2019 Delivery and Performance Report</p> <p>The Committee reviewed the Q1 Delivery and Performance Report. LA asked for an update on the delays for KPI 21 (90% of programmes will be on track). IR responded that because we don’t have permission to bring consultants in this has caused some delays to our projects. Work will now start in October instead of June.</p> <p>RF requested an update on the interim briefing on State of Support. JL responded the National Audit Office (NAO) is working on looking at funding mechanisms for local Healthwatch. This was due to be aligned with the State of Support interim briefing, which has been delayed.</p> <p><u>ACTION</u></p> <ul style="list-style-type: none"> • An error was noted under KPI 15 (<i>We will develop methodology to track the use of Healthwatch findings</i>) Error to be amended. <p>The Committee NOTED the report.</p>	SA
1.9	<p>Agenda Item 1.9 - Audit Finance and Risk Sub Committee (AFRSC)</p> <p>DO introduced the Minutes of the last AFRSC. She advised that the Sub-Committee had been reasonably assured that spending is in line with expectations. Procurement and recruitment remain a risk because of the length of time it takes, but mitigations are regularly looked at. Recharge is 18% which is high and is being looked at by the Sub-Committee.</p> <p>HH requested the mitigation on risk SR13 to be shared with the full committee (<i>Activities created on CRM can be easily assigned in error to an outside contact by a member of staff. This could create a reputational risk or breach of information security</i>). It was agreed at the Sub Committee that the wording for this risk should be re-written as it only highlights one specific example of a potential data breach.</p>	

	<p>RF asked for the proposal to be brought back to the Committee as to how risk SR13 will be framed.</p> <p>The Committee NOTED the report</p> <p><u>ACTIONS</u></p> <ul style="list-style-type: none"> • LC to share mitigation of risk SR13 (<i>Activities created on CRM can be easily assigned in error to an outside contact by a member of staff. This could create a reputational risk or breach of information security with the Committee</i>) 	IR
2.0	<p>Agenda Item 2.0 - Research on Stakeholder Perception of Healthwatch</p> <p>JL gave a presentation to the Committee on results of a survey given to stakeholders showing how they perceive Healthwatch locally and nationally.</p> <p>LA congratulated Healthwatch on a good piece of work and asked to clarify a comment in the presentation saying, ‘leadership could be bolder’. JL responded that stakeholders felt local Healthwatch should be more confident about challenging providers.</p> <p>The Committee NOTED the report.</p>	
2.1	<p>Agenda Item 2.1 - Healthwatch Staff and Volunteers - Their Future Learning and Development Needs</p> <p>GM gave a presentation to the Committee on the Healthwatch England support offer to local Healthwatch. Staff, volunteers and Board members were asked what support would be of value to them.</p> <p>The Committee thanked Gavin for his presentation and were pleased with how this work is progressing.</p>	
2.2	<p>Agenda Item 2.2 - Intelligence Report for Q1</p> <p>The Chair commented that he liked the new format of the report. IR responded that there is a big focus in the report on treating people as individuals. The Committee agreed it was an excellent report and should be widely distributed to MPs and Councillors. IR responded the distribution list would be checked and a report brought to a future meeting.</p> <p><u>ACTIONS</u></p> <ul style="list-style-type: none"> • IR to check distribution list of the Intelligence report to ensure it is reaching a wide audience and bring report regarding the distribution list to a future meeting. 	IR
2.4	<p>Agenda Item 2.4 - Forward Plan</p> <p>There were no additions for the Forward Plan</p>	
	<p>Comments from the public</p> <p>The Committee were asked what the Healthwatch role is regarding Brexit planning. IR responded that it is our role to gather concerns the public bring to us and ensure they are passed on to the appropriate organisations. We have information on her website and workplace.</p>	
	<p>The Chair closed the meeting.</p>	