

## Healthwatch England Committee Meeting Held in PUBLIC - Liverpool

Boardroom, Liverpool Women's NHS Foundation Trust, Crown street, Liverpool, L8 7SS

### Minutes and Actions from the Meeting No. 30 - 11<sup>th</sup> March 2020

#### Attendees in person

- Sir Robert Francis - Chair (RF)
- Phil Huggon - Vice Chair and Committee Member (PH)
- Liz Sayce - Committee Member (LS)
- Andrew McCulloch - Committee Member (AM)
- Danielle Oum - Committee Member and Chair of Healthwatch Birmingham (DO)
- Lee Adams - Committee Member (LA)

#### Attendees telephone conference

- Helen Parker - Committee Member (HP)
- Andrew Barnett - Committee Member (AB)
- Amy Kroviak - Committee Member (AK)

#### Apologies

- None

#### In Attendance

- Imelda Redmond - National Director (IR)
- Gavin Macgregor - Head of Network Development (GM)
- Chris McCann - Director of Communications, Insight and Campaigns (CM)
- Felicia Hodge - Committee Administrator (minute taker) (FH)

#### Presentation:

- Liverpool Women's Hospital Patient Advice and Liaison Service (PALS) Team
- Healthwatch Cheshire West & Cheshire East, Louise Barry

Item	Introduction	Action
	The Chair opened the meeting.	
1.1	<p><b>Agenda Item 1.1 - Welcome and Apologies</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>No apologies noted.</p>	
1.2	<p><b>Agenda Item 1.2 - Declaration of Interests</b></p> <p>There were no declarations of interest.</p>	
1.3	<p><b>Agenda Item 1.3 - Talk on Patient Stories and Safety by Patient Advice and Liaison Service (PALS) Team at Liverpool Women's Hospital</b></p> <p>Robert Clarke (Chair of Liverpool Women's NHS Foundation Trust) told the Committee about the challenges they face and investments the Trust was making into improvements in neo natal care facilities. He also gave an overview of other innovations such as installing multi-gender toilets in public areas at the hospital and spoke about the important role of the PALS team.</p> <p>Kevin Robinson (Deputy Head of Patient Experience) told of the work done by the team in dealing with complaints and support for patients and their families and how the PALS team had</p>	

	<p>joined up with families to improve the experience of bereaved parents following the loss of a baby.</p> <p>The presentation was very well received by the Committee.</p>	
1.4	<p><b>Agenda Item 1.4 - Presentation by Healthwatch Cheshire West and Cheshire East</b></p> <p>Louise Barry (Chief Executive Officer of Healthwatch Cheshire West and Healthwatch Cheshire East), gave a presentation on the work they coordinated as part of the consultation on the Long-Term Plan. They worked with the sustainability and transformation partnership (STP) that covers the Cheshire and Merseyside areas. They produced single report for the STP, but also produced a further 9 individual reports for each local authority area in their STP.</p> <p>The STP consisted of 9 local Healthwatch with a combined population of 2.5m+. Each Healthwatch promoted surveys in their areas through various channels including websites, social media, focus groups and engagement activities based on local knowledge and expertise. The focus groups included a cross section of communities in each Healthwatch covering students, people with autism, people with learning disabilities, cancer support groups, people with mental health problems, young people, older people, carers and representatives from local CCGs, local authorities, voluntary and faith groups. There were 320 attendees across 21 focus group events.</p> <p>They received 2,487 responses to the surveys of which 1,928 were general and 559 related to specific conditions, as well as 8,820 comments collected and shared with commissioners and providers. The main concerns and findings were:</p> <ul style="list-style-type: none"> <li>• People required help and treatment from professionals when needed and more home visits</li> <li>• Availability of more self-help information to support a healthy lifestyle and prevent illness was required</li> <li>• A more joined up approach to appointments and referrals with more community support required</li> <li>• People require easy access to GPs at times that suit them</li> <li>• People wanted to stay in their own home provided it was safe to do so</li> <li>• More funding for palliative care and integration of health and social care services</li> <li>• The impact of poor public transport links on loneliness and isolation</li> <li>• A joint decision required between individual and healthcare professional when choosing the right treatment</li> <li>• Benefits of continuity of staffing, good quality services information and timely communications</li> </ul> <p>The conclusion was that this was a significant piece of collaborative work that evidenced the reach, expertise, skills, responsiveness and usefulness of the Healthwatch network. With the focus on health, social care and the wider determinants of wellbeing, it gave an independent voice to people who wanted to have their say.</p> <p>Louise raised the issue of how little lead time there had been to get the project off the ground.</p> <p>The committee acknowledged that this had been a limitation of the project with timescales being set by NHSE. The Chair thanked Louise for the presentation and the committee acknowledged the great piece of collaborative work produced by Healthwatch Cheshire and Merseyside in such a short space of time.</p>	
1.5	<p><b>Agenda Item 1.5 - Minutes from 13<sup>th</sup> November 2019 Committee Meeting</b></p> <p>The Committee <b>APPROVED</b> the minutes</p> <p><b>Matters Arising</b></p> <p><b>Action - Agenda Item 1.4 Birmingham Meeting</b></p> <p>IR reported that Healthwatch England (HWE) is working with CQC and others on a response to how local Healthwatch deal with people being treated far from home. We will be feeding into work on upskilling inspectors. Healthwatch Lincolnshire worked with CQC on engaging people</p>	

	with Learning disabilities. This piece of work went very well and now three additional Healthwatch have been commissioned to run events to contribute to this work. This work will be complete by mid-April and HWE will share the learning through the network	
1.6	<p><b>Agenda Item 1.6 - Chair's Report</b></p> <p>The Chair updated the committee on his activities since the last meeting. Since then the country has had a general election and was now in the planning phase to deal with the Coronavirus which will have a big impact on the work of HWE and all our lives.</p> <p>The Chair mentioned that he had met with Nadine Dorries (Parliamentary Under Secretary of State at the Department of Health and Social Care) to discuss the report HWE had recently published on the lack of learning from complaints in many NHS hospitals. At the meeting, it was suggested that Healthwatch England could help to convene a roundtable of key organisations to discuss possible reforms and what the minister can do to improve patient safety and complaints.</p> <p>The Chair presented at an all-party parliamentary group on incontinence care, which highlighted gaps in the system, but they were glad to see the work done by Healthwatch England in this area.</p>	
1.7	<p><b>Agenda Item 1.7 - National Director's Report</b></p> <p>IR spoke briefly about her written report and highlighted areas of note.</p> <p>She talked about how Healthwatch England will respond to <b>Coronavirus</b>, and the likely impact the Coronavirus will have on the work of Healthwatch England setting out the priorities for during this time. Healthwatch England is receiving regular briefings on the development of the virus from Department of Health and Social Care and NHSE/I.</p> <p>IR also explained to the Committee the main priorities for Healthwatch England during this time. Our role will be to get high quality trusted information out to the public and to provide support to the network. Healthwatch England have cancelled all face to face events from 11<sup>th</sup> March until further notice. This will be reviewed considering Government advice in the future.</p> <p>In response to PH asking if Healthwatch England had any feedback from the network relating to the coronavirus, IR responded not in significant numbers yet but that Healthwatch England must ensure that people have the right information and to deliver this they need to help the network to provide communication to the public and to assist them to be able to respond to the pending crisis. She added that a survey had been sent out to the network on 10 March to find out what issues the public were contacting them about.</p> <p>IR informed the committee that Healthwatch England had won 'Campaign of the Year' at the Public Sector Digital Awards for their <b>Public Awareness Campaigns 'WhatWouldYouDo?'</b> to engage people in the NHS Long Term Plan. The committee congratulated the team on this achievement.</p> <p>IR brought the committee's attention to the Marmot Report on health inequalities published <a href="#">here</a>.</p> <p>The committee noted the report.</p>	
1.8	<p><b>Agenda Item 1.8 - Committee Members Update</b></p> <p>Nothing to report</p>	
1.9	<p><b>Agenda Item 1.9 - Long-term Plan Analysis</b></p> <p>CM referred to the previously circulated Long-Term Plan Analysis report, which was published on 29th January 2020, and went over some of the key points highlighting the recurring themes from across the country. He noted that the long-term plan had increased credibility and understanding of Healthwatch with key stakeholders. Once the plans of all the STP's have been published, we will scrutinise to establish how much has been taken on board.</p> <p>CM explained the outcomes and findings, including successes such as the commissioning; large geographical area that was mobilised; thousands of additional people engaged in NHS planning; the reports to STP for 2019 and all work delivered on time.</p>	

	<p>There were some areas of note such as the funding the Healthwatch England received from NHSE did not correspond to the enormous amount of the work carried out.</p> <p>The committee noted the impressive piece of work completed in such a short space of time and commended the team in reaching people who were not always heard from, such as those with dementia. They found the examples of impact helpful and look forward to seeing how we can build on this.</p>	
2.0	<p><b>Agenda Item 2.0 - Business Plan and KPI</b></p> <p>IR gave an overview of the previously circulated Business Plan for Healthwatch England. She informed the committee that they would receive a full analysis of the outcomes and impact for the current year at the next Committee meeting in June. She highlighted as an example that Healthwatch England's focus on supporting funding to the network that we had been successful in preventing £600k from leaving the network and a further £847,751 being awarded to the network via our grant funding programme amounting to a net gain for the network of £1.5 million.</p> <p>The committee suggested that the "outcomes" of Aim 3 (<i>Ensuring your views help improve health and care</i>) of the Business plan, should contain additional information on impact and a broader representation of the population.</p> <p>They also questioned Aim 4 (<i>Organisational Management</i>) as to whether 100% staff survey completion rate is an achievable deliverable as the volume does not reflect the level of staff morale or engagement. They suggested that a composite engagement score is considered, and the survey questions reviewed so the responses reflect qualified levels of morale. This measurement will be moved to the management indicators</p> <p>Referring to KPI.7 (<i>85% of staff and volunteers report feeling part of one Healthwatch</i>), the committee asked how information is quantified regarding 85% of staff and volunteers feeling part of one Healthwatch and agreed that a baseline should be created. CM confirmed that this is being worked on over the next year.</p> <p>The committee requested the following KPIs to be removed:</p> <ul style="list-style-type: none"> <li>• <b>KPI 7</b> - 85% of staff and volunteers report feeling part of One Healthwatch</li> <li>• <b>Aim 4 of Business Plan</b> - 100% of staff feeling engaged</li> </ul> <p>The Committee approved the Business Plan.</p>	
2.1	<p><b>Agenda Item 2.1 - Draft Budget</b></p> <p>DO as Chair of Audit Finance and Risk Committee introduced the draft budget for the next financial year (2020-21). Healthwatch England will receive the same budget (£3,446,233) as the current financial year (2019-20) however there will be a 2% pay uplift. DO mentioned that although the budget for 2019/20 has been accounted for including a predicted overspend of £85k, following adjustments for recharges, rebates and expected gains from staff vacancies, there is still £58k available for investment in the Healthwatch network and the sub-committee recommended that these funds are transferred via grants to the network.</p> <p><b>DO recommended the budget to the committee. The committee approved the budget.</b></p>	
2.2	<p><b>Agenda Item 2.2 - Q3 2019/20 Delivery and Performance Report</b></p> <p>IR explained to the committee that she would provide a much more detailed analysis at the next committee meeting in June.</p> <p>PH noted there had been a reduction in people sharing views and questioned the reason for this. The committee suggested that the report concentrates on quality of input rather than engagement and that it is essential to have a deep dive on this and review of KPIs. The figures should be qualitative and meaningful.</p> <p>They recommended that KPI 1 (<i>Public brand awareness will increase by 3% year on year</i>) is taken into consideration in a review of strategy.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Review KPI 1 at the Strategy Review in October 2020 - Develop and approve a strategy to transform our communications with the public and increase brand awareness</b></li> </ul>	CM

2.3	<p><b>Agenda Item 2.3 - Audit, Finance and Risk Sub Committee Meeting Minutes</b></p> <p>DO referred to the previously circulated AFRSC minutes and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There had been a 3% overspend to the budget, but this had been offset by a rebate from CQC recharges, which also funded additional grants for the Healthwatch network.</li> <li>• The sub-committee had worked with the team to clarify reporting functions</li> <li>• There will be 6-monthly updates on budgets</li> <li>• There will be quarterly review of grants</li> <li>• Healthwatch England will be looking at grants around coronavirus</li> </ul> <p>IR explained that an innovation grant of £58k had been transferred to Healthwatch Norfolk for distribution to the Healthwatch network.</p> <p>The Chair and the committee thanked the team and IR for the work they have done on this initiative and requested an analysis of funding trends for local Healthwatch.</p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>GM will bring analysis of funding trends for local Healthwatch to next meeting</b></li> </ul>	GM
2.4	<p><b>Agenda Item 2.4 - Intelligence and Policy Report for Q3</b></p> <p>CM referred to the previously circulated report, which provides NHS and social care leaders with a summary of the key issues the public have told us about primary, secondary, mental health and social care support and the top questions people are seeking advice about.</p> <p>CM explained to the committee that the team had worked hard to improve the quality and design of the report. The committee agreed that the simplified version was to be commended. They congratulated the team on making a huge step forward and thought that the sentiment wheel was excellent and gave great impact visually.</p> <p>AM aired his views on GP de-registration and asked if GPs de-registration would be a campaign that Healthwatch England considered doing something about, at which CM re-assured the committee that “Access to GPs” will be one of the campaigns in the pipeline.</p>	
2.5	<p><b>Agenda Item 2.5 - Standing Orders review</b></p> <p>The Chair reminded the committee that the standing orders represented functions and accountability of committee members and asked if any changes were needed.</p> <p>There were concerns raised that the Committee Chair can remove members where the Chair has grounds for believing that the Committee member may be unable or unfit to carry out their duties as a Committee Member and queried if adjustments would be made if a member was incapacitated.</p> <p>The committee agreed that this could be a subject for the next committee workshop in April and the Chair agreed that this was a good opportunity to refresh their memories and suggested that members provide a one-pager expressing what they are there for.</p> <p><b>The standing order was approved subject to obeying the law of the land.</b></p> <p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <b>Committee members to review their role as a committee at the next workshop to see how they best add value to Healthwatch going forward.</b></li> </ul>	ALL Commi ttee
2.6	<p><b>Agenda Item 2.6 - Purpose and location of June 2020 Committee meetings</b></p> <p>It was agreed that the next meeting of the committee will take place in Manchester and will be built around the NHS Confed and EXpo conference</p>	

2.7	<b>Agenda Item 2.7 - Forward Plan</b>  For next committee meeting in June: <ul style="list-style-type: none"> <li>• Funding analysis for local Healthwatch</li> </ul>	<b>GM</b>
	<b>Comments from the public</b>  None	
	<b>AOB</b>  It was acknowledged that this was the final committee meeting that AB and LS would be attending as members.  The other members of the committee joined the Chair in thanking them for their contribution as valuable members of the community.	
	There being no further business, The Chair thanked everyone for attending and closed the meeting at 14:40 pm.	
	Due to Covid-19 the next meeting will be held via Teams Meeting in June 2020. Further details to follow.	

## HEALTHWATCH ENGLAND PUBLIC COMMITTEE MEETING - ACTION LOG

**11<sup>th</sup> March 2020**

Agenda Item	Lead	Reference	Comment	DEADLINE	STATUS
20191113 1.4	Imelda Redmond	<b>Matters Arising:</b> To bring back comments regarding how local Healthwatch deal with people treated far from their home and in closed environments	Healthwatch has been working with CQC on a response to this. Lincolnshire Healthwatch worked with CQC on engaging people with Learning disabilities. We will be feeding into work on upskilling inspectors. This piece of work went very well and now three additional Healthwatch have been commissioned to run events to contribute to this work. This work will be complete by mid-April and we will share the learning through the network	Mar 2020	In progress
		To discuss with Leadership Team how best to keep staff and Board members' contact details up to date.	IR advised new Healthwatch network Chief Officers and Chairs are to be given individual inductions which will improve communications. GM will update committee on progress	Mar 2020	In progress
20191113 1.6	Ben Knox	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.	This has been delayed due to COVID -19 and will be presented at September meeting	Sept 2020	In Progress
20200311 2.2	Chris McCann	Review KPI 1 at the Strategy Review in October 2020 - Develop and approve a strategy to transform our communications with the public		Oct 2020	In Progress
20200311 2.3	Gavin McGregor	GM to bring analysis of funding trends for local Healthwatch to next meeting	Included on the agenda for June meeting	June 2020	Complete
20200311 2.5	All	Committee members to review their role as a committee at the next workshop to see how they best add value to Healthwatch going forward.	Agenda Item on Committee Worksop in April	29 April 20	Complete