

Healthwatch Board Meeting

Meeting Logistics

Facilitator:	Jane Chaplin
Scribe:	Christopher Hancock
Date:	02/06/2014
Time:	18:00hrs
Location:	Quaker Room, Meeting Point House, Telford

Invitees/Attendees

Attend Y/N	Attendee Name
Y	Chris Hancock (CH)
Y	David Bell (DB)
Y	Jane Chaplin (JC)
Y	Kate Ballinger (KB)
Y	Martyn Withnall (MW)
Y	Carolyn Henniker (PM)
Y	Tina Jones (TJ)

Pre Reading

Item No.	Title/Description
1.	Advocacy.doc
2.	Charging Guidelines.docx
3.	Conflict of Interest.doc
4.	Decision Making.doc
5.	Escalation.doc
6.	Information Governance.doc
7.	Marketing and Campaigning.docx
8.	Subcontracting.doc
9.	Supervision.doc
10.	Training.doc
11.	Whistle Blowing.doc
12.	Enter and View Policy v1.docx
13.	Manager's Report.docx
14.	Finance report.pdf
15.	Chairs Report.docx

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Agenda Items

Item No.	Description	Time	Presenter
1.	Apologies	18:00	DB / JC
2.	Declaration of Interest		DB / JC
3.	Minutes of last meeting		DB / JC
4.	Matters Arising		DB / JC
5.	Matters for Decision		
	5.1 Policies		DB / JC
	5.1.1 Advocacy		TJ
	5.1.2 Charging Guidelines		TJ
	5.1.3 Conflict of Interest		MW
	5.1.4 Database		KB
	5.1.5 Decision Makin		JC
	5.1.6 Escalation		KB
	5.1.7 Information Governance		MW
	5.1.8 Lone Working		KB
	5.1.9 Marketing and Campaigning		KB
	5.1.10 Subcontracting		TJ
	5.1.11 Supervision		JC
	5.1.12 Training		JC
	5.1.13 Whistle Blowing		MW
	5.1.14 Enter and View Policy		ALL
	5.2 Projects		
	5.2.1 Maternity Services		ALL
	5.2.2 Phlebotomy		ALL
	5.2.3 Access to Primary Care		ALL
6.	Matters for Information		
	6.1 Chairs Report		DB / JC
	6.2 Managers Report		DB / JC
	6.3 Directors Reports		DB / JC
	6.3.1 MW ~ Joint HOSC report		MW
	6.4 Enter & View Committee		DB / JC
	6.5 Trends Report		MW
	6.6 Financial Report		DB/JC
7.	Any other business		DB/JC
8.	Date and Time of next meeting		DB/JC
9.	Action List		DB/JC

Meeting Minutes

2. Declaration of Interest

5.1.1 Declaration of Interest

KB to organise the declaration of Interest (Also Register of Interest?)

3. Minutes of last meeting

3.1 HW Email Address

MW and DB to be briefed on using the new Healthwatch email address that has been assigned.

4. Matters Arising

4.1 Name Plates

For future meetings, it has been agreed that name plates will be displayed during public meetings.

5.1 Matters for Decision - Policies

5.1.1 Advocacy

KB – Doesn't feel that this is a policy that we should be taking on. It looks more specifically around NHS complaints, and doesn't sit within our infrastructure. TJ doesn't want to forget about the policy entirely – Recommended that it is not taken in its current format, and will be re-visited in the future for review.

5.1.2 Charging Guidelines

Concerns raised over the amount of work being required of us and also funding on projects with regards to third parties. Adopting for now and reviewing in January 2015.

5.1.3 Conflict of Interest

Adopting as is. TJ to supply register of interest forms.

5.1.4 Database

No comments provided - Please see note 1*

5.1.5 Decision Makin

Adopting as is.

5.1.6 Escalation

No comments provided - Please see note 1*

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5.1.7 Information Governance

Adopted.

5.1.8 Lone Working

No comments provided - Please see note 1*

5.1.9 Marketing and Campaigning

Adopted.

5.1.10 Subcontracting

No comments provided - Please see note 1*

5.1.11 Supervision

No comments provided - Please see note 1*

5.1.12 Training

No comments provided - Please see note 1*

5.1.13 Whistle Blowing

Adopted.

5.1.14 Enter and View Policy

Adopted

Note 1 – Due to some confusion over policy reviewing, these policies are to be reviewed in time for the next board meeting.

5.2 Matters for Decision - Projects

5.2.1 Maternity Services

Agreed it seems a useful piece of work, but timing isn't good. Whilst the move will give better facilities, concern over attitude of the staff may go with them Will provide good publicity for Healthwatch.

Potentially this will be a much longer project. Perhaps 6 months down the line possibly enter maternity ward and perform survey - see if attitudes have changed.

Will re-visit with new plan. Will put it into Enter and View plan. Contractors are handing over on the 16th and have invited to come in for pre-visits. 16th-25th May.

5.2.2 Phlebotomy

From analysing the results, there are no quick wins. It has been discussed that it would make sense that larger surgeries should have their blood samples collected later than

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the smaller ones. Also, the proposition of introducing community hubs taking blood services. This would reduce anxiety and also costs involved in travelling and parking. Less scary for children who are attending.

Need to clarify who is responsible for quality control of phlebotomy services.

An overview of the recommendations proposed in the phlebotomy report are as follows:

1. Review and re-organise phlebotomy collections so that the larger surgeries have a later pick-up time than the smaller ones. This would allow phlebotomy services at the busier surgeries to continue running later in the day, thus serving more patients (please see *Appendix F*).
2. The provision of multiple, localised community phlebotomy clinics around the Telford and Wrekin area. These clinics would purely be for phlebotomy services, and available to both adults and children. There would be no parking charges to incur, minimal waiting times, and each clinic could potentially cover a large catchment area. This, in turn, would reduce the pressure on - and utilisation of - the PRH phlebotomy clinic. Such a measure would reduce transportation requirements for patients by keeping services more local, and would also be less intimidating for children (compared to going to a hospital, at least).
3. Provide and/or improve phlebotomy training to staff at GP surgeries in order for patients to get a faster and better-quality phlebotomy appointment. For example, if the receptionist was trained in taking blood samples, then this would remove excessive waiting times, and reduce pressure on doctors and nurses at the surgeries.
4. Improve communication with patients. Ensure that they are aware of the full extent of the services available to them, what their options are (e.g. referral to PRH), and how long they will likely need to wait before they can obtain their results. Make sure that this information is delivered in a clear, consistent, and accurate manner, and that it is fully understood by patients.
5. If possible, increase the font size on blood test request forms (please see *Appendix G*), as it has been noted that the font is rather small and can be quite difficult for patients with any vision impairments to read.
6. Regularly check the quality of services, with particular focus on the service user experience.

DB – How to make sure the recommendations are submitted and followed through – Where does the responsibility sit? First give it to hospital – they can affect font sizes etc....

Community hubs – Submit to the CCG, Local Authority and the phlebotomy service at SaTH. Copies of report to be sent out to numerous third parties. Holding off sending it to health and wellbeing board until other parties have been involved. Proposed to give SaTH deadline for reviewing and responding. Agreed to approach third parties formally.

Future documents are to be reviewed by the board prior to being published on the website for public viewing. – Adopted.

5.2.3 Access to Primary Care

KB at meeting with Local Area Team (LAT) with concern over making GP appointments.

Sharing data – to provide statistical data with surgery governing board. Has asked HW to provide information on what is happening in our area.

- Look at 10% of GP Practices in the Telford and Wrekin area
- Provide an online survey
- Exit interview for GP surgeries
- Evidence gathering from surgeries

Healthwatch Staffordshire – they have the facility to provide a survey.

Need to decide what practices we are going to. Board to decide.

Board agree in principle to get active part completed by July, reviewing and analysing in August. Healthwatch Staffordshire to collate and put into report.

DB – For future projects, a formal proposal should be put together rather than verbal. Discussions around resources required to be discussed. KB to provide formal proposals and details regarding resources.

6.1 Chairs Report

Have now done 4 quality assurance reports – only one more to do.

DB – Working with KB and CH with regards to completing the meeting document spreadsheet.

Noticed that a number of items that are coming up that cannot be discussed in a board meeting, due to confidentiality – suggested maybe using the workshop meetings to discuss confidential matters.

JC – Attended the health and wellbeing board 14th May – minutes available on the website. Future fit 14th May in Shrewsbury – Report should be on future fit website – public domain.

6.2 Managers Report

Quality accounts – concerns about two organisations not wanting a response – confirm with Kate what the organisations are.

DB – Suggest inviting them to workshop.

6.3 Directors Report

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6.3.1 MW - Joint HOSC Report

MW – Update from HOSC - £16.6M – MW to give slides to KB – Scans to be made and sent out.

Future of meals on wheels – proposals to be submitted to council. Increase in hot meals - £3 or so per day. Also will increase with inflation.

Frozen meals also to be included??

Voluntary service to take a wider role.

6.3.3 DB Verbal Report

DB – some of the work to be discussed at workshop meetings.

DB – Is attending partnership meetings at the Redwoods Centre. Working with mental health trust – their financial envelope shrinking. They want to work closer with the voluntary sector.

DB – Attending interviews for lead engagement future fit – a lot of concern around the level of engagement in the whole future fit programme. DB under pressure to start reporting back to voluntary sector about progress of Future Fit programme. Priority wise, on par with BCF project. How are we going to communicate out?

6.4 Enter & View Committee

Have had one Enter and View meeting so far. Carolyn Henniker and Geraldine-Stokes Harrison performed Enter and View. Unfortunately distractions were present, (such as a singer present on the day) which prevented an efficient Enter and View visit. Therefore a second visit to be discussed in order to determine any problems.

6.5 Trends Report

Nothing to report.

6.6 Financial Report

Nothing to report

7.1 Any Other Business

DB – Annual report has to produced and submitted to Healthwatch England or NHS England.

Meeting held on 19th May where Rotherham Annual report was reviewed by ML, KB and DB.

Proposed to have sub introduction from member of Health and Wellbeing board.

Had a staff meeting and have distributed sections of the report between CH, ML, CP and KB.

Time Meeting Closed 21:00hrs

8. Next Meeting Details

Next Meeting Date:	04/08/2014
Next Meeting Location:	Quaker Room, Meeting Point House
Facilitator:	David Bell & Jane Chaplin
Scribe:	Christopher Hancock

9. Action List

Item No.	Open Date	Description	Assigned To	Target Date	Date Closed
1	07/04/14	To ensure name plates are produced for HW Board members and staff and are available for next board meeting	KB / CH	04/08/14	Open
2	07/04/14	Formal letter to be sent to Parkwood about what is / isn't covered (Freedom of Information Act – Financial Expenses)	KB	02/06/14	Open
3	07/04/14	Re-visit Maternity Services project and re-issue	KB	On-going	Open
4	07/04/14	Review recruitment policy in place	DB, JC, MW & KB	02/06/14	Open
5	07/04/14	Pledge to be put together	MW	02/06/14	Open
6	02/06/14	Advocacy Policy – To be revisited and reviewed in January 2015	ALL	01/01/15	Open
7	02/06/14	Register of interest forms to be supplied to office	TJ	04/08/14	Open
8	02/06/14	Confirmation with Parkwood on legal stance on the Indemnity Insurance Policy	KB	04/08/14	Open
9	02/06/14	To obtain clarification on who is responsible for quality control of Phlebotomy services	KB / CH / ML	04/08/14	Open
10	07/04/14	Phlebotomy Report to be completed and first draft issued	CH / KB/ ML	11/04/14	Closed
11	07/04/14	Review recruitment policy in place	DB, JC, MW & KB	02/06/14	Closed