

Trustee Board Meeting Minutes

Wednesday 16th July 2014 10am-12noon Empire House Dewsbury

Present

Naseem Saeed, Dave Rigby (Community Representative), Hazel Wigmore (Community Representative), Yasmeen Sharif (Barnardo's), Roger Milthorp (Cloverleaf Advocacy), Fatima Khan-Shah (Community Representative), Jill Robson (Mencap Kirklees), Hilary Thompson (Age UK Calderdale and Kirklees), Paul Bridges (Huddersfield Mission)

In Attendance

Rory Deighton (Director), Clare Costello (Advisor), Helen Wright (Project Coordinator), Katherine Sharp (Volunteer Coordinator), Shabana Ali (Advisor), Andrew Dolman (Project Manager, Kirklees Council)

Apologies

Mark Lacey (KCAB)

Section 1 Reporting

1.1 Minutes of the last meeting and actions arising

Trustees asked that the following amendments be made to the Trustee Board Meeting Minutes from May, then they could be signed off as accurate:

- DR's comment about the budgets has been misrepresented - he said that budgets were being reduced, not that they were not
- NS asked that the Trustee Board consider whether comments and opinions in the minutes should be attributed to specific individuals

Actions that were not on the agenda for other parts of the meeting were discussed:

- Stephen Eames was invited to attend the meeting but has deferred this as the Mid Yorkshire Hospitals Trust is being inspected this week
- Yammer cannot be used by Trustees, but the HWK team are aware that the Board would like to be kept up to date. The team are trying to achieve this through the newsletter, but are open to other suggestions. (Ongoing)
- Cervical Screening report will be put on the agenda for the next Board meeting
- HWK have not received final feedback documents from CSU about engagement events that took place regarding the transformation of the Calderdale and

Huddersfield NHS Foundation Trust. Approximately 20 people attended each drop-in session that they ran and there has been a very different response from the people of Huddersfield and Calderdale. CSU have accepted that they need to review their engagement techniques. (Ongoing)

- Questions have been put to the hospital trust about the changes and an inadequate response has been received. **Action - RD and DR to continue asking these questions**
- RD has pursued the concern around Locala's provision of dental care in residential facilities and this is now embedded within the other dental access work

1.2 Annual Report

The Annual Report was completed and distributed to all the appropriate places by the deadline for submission. The content of the report was largely made up of the reporting completed for the Commissioner at the end of the financial year.

It's important to understand that the Annual Report, whilst a strong reflection of the work completed across the year, is not the most professionally formatted document. RD asked for a steer from the Trustees as to whether the visibility of the brand and the quality of our local branding is key concern for HWK or whether more time and effort should be focused on getting things done.

Trustees agreed that the use of national branding helps us to be recognisable. There was some discussion around how HWK distributes different messages to different people. NS proposed that officers of HWK look at other Healthwatch's promotion, and if any of the Trustees would like to support the team to create the next Annual Report then they would be welcome to do so. **Action - Staff team to look at how HWK is promoted**

NS thanked the team for the volume and quality of the work produced.

1.3 Annual Conference Feedback - RD

RD attended the Annual Conference and gave feedback about this. He felt it was well organised and delivered. Theme of the conference was Stronger Together, and there was lots to learn from the practice of other local Healthwatch.

Some Healthwatch have been very focused on engaging with the public to gather opinion. In Kirklees, the team have produced a huge amount of work, but the focus hasn't been promotion; engagement has to be purposeful. Although the team are doing some broader engagement now, RD requested guidance from the Trustees on that.

It was agreed by the Trustees that we should be more about making change happen rather than gathering the public's views without the capacity to change things.

1.4 Project Updates - Making Change Happen

Trustees agreed that they liked this presentation of the work that the team are doing, and they would like to receive an updated version of this document at each Trustee Board meeting.

PB felt that the only thing missing from the document was a method of saying “where are we up to with this work”. Trustees could then prioritise the issues that are in need of work. **Action - HWr to add flagging system to the Making Change Happen document**

AD confirmed that this document meets his reporting needs too.

Section 2 Strategy

2.1 Patients experience of hospital food at CHT

RD explained that this piece of work was completed by Laila Charlesworth (LC), who completed a placement for her university course with us, and is now working for us completing another piece of focused work.

HWK worked directly with CHT to deliver this piece of work. This will unlock additional funding for next year through improving hospital food (via CQUIN), and involved us in getting an initial overview of patient views. We will be involved in the review in 12months time.

Although the report is generally quite positive, Trustees did express concerns that there is still some negative feedback in the body of the report, and that this shouldn't be dismissed. Also, there is no information enclosed in the report about the red tray system, or patients struggling to eat the food as staff aren't available to enable them to do this.

AD asked whether it might be possible to extend the work to Dewsbury and District Hospital, so there can be a comparison of quality across the patch. **Action - LC and RD to review the work and consider what the next steps might be**

NS suggested that the Trustee Board may want to invite a speaker to come in and talk about pieces of work relevant to them, so the staff do not have to respond to all questions.

PB expressed a concern that the reports, whilst very good, may be reporting things that are not statistically significant, but conveying that they are. **Action - RD to consider the importance of training in research skills for the team**

HWi expressed a concern about Medical Assessment Units and their use as a holding bed for other wards. **Action - staff team to do some further work to review this**

2.2 Section 136

HWr gave a brief overview of the work, highlighting that HWK are working with GHCCG to ensure that an action plan is in place to address both our concerns and the stipulations of the Crisis Care Concordat.

DR asked that he be kept up to date with any progress surrounding this. **Action - HWr to maintain contact with DR around Section 136 progress**

2.3 Enter and View visits

RD explained that we have conducted 2 Enter and View visits, to Branches Day Care and Sundale House, which were both very positive. These were completed on the recommendation of JR and HT.

DR asked how we have identified sites, and how we will identify them in the future, for example, will we be led by national issues, such as Winterbourne?

RD explained that we selected Branches and Sundale House as we wanted to ensure our practices and procedures worked effectively, whilst in highly regarded facilities. We will now look to visit places with more issues. For the time being, visits will be announced, but the team may look in to doing unannounced visits later on.

Trustees asked how they were expected to be involved with this. RD confirmed that any Trustee is welcome to train as an Authorised Representative if they so wish, but there is no obligation to do so. HWK are currently conducting a wider recruitment for Enter and View volunteers.

Trustees suggested that the staff team be mindful of their expertise and understanding of local services, and that they could be contacted for information prior to and after visits.

NS reminded staff that the LINK were particularly concerned about bedsores, and this may be something that needs consideration when visiting residential care facilities.

2.4 Termination of Pregnancy Services - North Kirklees

CC gave an overview of the work, explaining that it was a focused snapshot of the service. Trustees asked several questions that should be considered:

- How do we compare to other areas with regard to the numbers of women using TOPS?
- Have increases in sex education assisted in the reduction of unplanned pregnancy?

- Was there a particular focus around trying to engage women from different ethnic backgrounds?
- Should additional work be completed looking in to the protocols of social workers to find out why they will/won't take women to these kinds of appointments?

PB suggested that this piece of work needed to be signed off by Trustees. The team have completed the work that they said they would do, and it has been approved by North Kirklees CCG. The consensus from Trustees was that this was a completed piece of work.

There was a wider discussion amongst Trustees about whether the team should focus their efforts on completing work that allows us to influence from within, so HWK can have the greatest impact. Trustees felt it was important to get this balance right.

NS explained that she felt HWK may now have too many open issues to properly examine things in great detail. The issue of capacity and the style of work that we complete needs further discussion.

2.5 What should a GP website look like?

RD explained that SA has been completing this brief piece of work looking at the quality and accessibility of GP websites and other online services. This has only been a short piece of work leading on from CC's work on GP access.

Trustees debated whether this is an issue for HWK to address. GP's have a responsibility to provide accessible information and services, do HWK need to be involved in bringing this responsibility to their attention? And do they need to consult with patients to understand how much of an issue this is? Trustees felt that the problem should be apparent, but that sometime a nudge in to action was needed.

As the biggest concern raised with HWK has been access to GP appointments, it would seem this is part of a bigger overall issue regularly expressed by service users. However, should other work, say with vulnerable or voiceless people, take precedence for HWK?

This issue sits within a number of agendas about patient choice, use of online services, care closer to home, so it is crucial for GPs to get this right.

2.6 CQC Inspection of Mid Yorkshire Trust

HWr gave an overview of the document sent through to the CQC outlining HWK concerns from the feedback received about the Mid Yorkshire Hospitals Trust.

HWr asked for a steer from the Trustees regarding whether HWK should be investing time in developing our "brand" and trying to be seen as a leader within

Healthwatch nationally, or whether that was less important, and we should be very focused on local work.

The Trustees thought it was positive that we were sharing our good quality work and templates with other local Healthwatch. They offered their support again in marketing and product/brand development.

As Stephen Eames will be invited to a meeting later in the year, perhaps he could give feedback about the CQC inspection. **Action - RD to rearrange the attendance of Stephen Eames at a Trustee Board meeting**

2.7 Healthwatch England Special Enquiry into Unsafe Discharge and The experiences of people with multiple and complex needs

CC has been working with Huddersfield Mission to get some case studies together for the National Enquiry.

As time was running short in the Trustee Board meeting, NS asked that we postpone discussion around the work with Huddersfield Mission, GP Charging Policies, the Enter and View programme and Carer's issues until the next meeting. **Action - add these items to the agenda for September's Trustee Board meeting**

Confidential Trustees Only

Section 3 Staff and Personnel

Will be tabled at the next Trustee Board Meeting - 17th September 2014