

# Healthwatch Kirklees

## Trustee Board Meeting Minutes

Wednesday 22<sup>nd</sup> April 2015 10am-1pm Huddersfield Mission

### Present

Paul Bridges (Chairing, Huddersfield Mission), Fatima Khan-Shah (Joint Chair, Community Representative), Nick Whittingham (Kirklees Citizen Advice & Law Centre), Hazel Wigmore (Community Representative), Hawa Rawat (Community Representative), Dave Rigby (Community Representative), Hilary Thompson (Age UK Calderdale and Kirklees), Carol Haigh (Mencap in Kirklees)

### In Attendance

Rory Deighton (Director), Helen Wright (Project Coordinator), Katherine Sharp (Volunteer Coordinator), Shabana Ali (Advisor)

### Apologies

Roger Milthorp (Cloverleaf Advocacy), Clare Costello (Advisor), Yasmeen Sharif (Barnardo's),

### Section 1 Reporting

#### 1.1 Minutes of the last meeting and actions arising

The minutes from the meeting on 25<sup>th</sup> February 2015 have been agreed as accurate.

**Action: Fatima asked that we establish a method for logging members interests**

Rory- Re: Fluenz Received a letter from Paul Cosford at PHE. They have two research projects, which will update the equalities assessment. When we have clarity on what has actually happened in North Kirklees ref Fluenz they will respond further.

#### 1.2 Project Updates- Review of the "Making Change Happen" document.

Verbal update by RD:

Food for Life: This work was followed on from the work done 12 months ago. RD thanked Hazel Wigmore for taking part and her contribution to the work. HWi was pleased with the visits and feels that things have improved. However some issues such as temperature and presentation have not improved. It was felt that the mini ipads worked well and saved time. Fundamentally it was a good piece of work. RD has offered the hospital the new system to help them complete surveys.

Alcohol Services in Kirklees: This was a good piece of work where Public Health approached Healthwatch Kirklees. The work picked up and highlighted key issues.

Unplanned Dental Care: RD discussed procurement of a new unplanned dental care service and how the budget is being reduced from 1.9 million to 0.9 million. Previous work by HWK highlighted that the unplanned dental care service was being used mainly by parents and young adults. RD is concerned that the proposed hours of the new service of 3-6pm will be inconvenient for parents and working adults.

Action RD promised to report back on progress on this issue to the next Trustee Board meeting.

Car Parking: RD discussed the press coverage about parking at two hospital trusts and how hospitals across Yorkshire have increased their parking charges. Blue badge holders will now also be charged for parking. HWK is going to challenge the hospitals discretionary scheme for people on low incomes as although a policy exists to reimburse monies it is not being promoted or made visible for people to easily identify and access.

HWi also raised a concern of poor signage at the car park at HRI. There should be signs informing people that the payment machines are situated in the main building.

Action: Team to progress this piece of work further, by visiting outpatient clinics and looking at the new Acre Mill outpatient clinic in Huddersfield.

End of life care: Potential piece of work to be carried out by SA. RD met with Michael Crowther from Kirkwood hospice. Kirkwood hospice have 22 shops and have raised £3 million with such a presence they want to understand why people from BAME communities are not access their services. The trustee board questioned whether HWK have been commissioned for this piece of work. RD confirmed that they had not. The board also questioned whether this should be a specific piece of work or a wider piece of work that looks at end of life care for the ageing population.

DR asked if there was scope for Enter and View visits to be carried out at a hospice, RD said there will be when the new LHM system is active.

The Trustees were pleased that HWK was still working on and pushing forward issues from when HWK was first set up, rather than leaving them and picking up new ones.

HW Commissioners meeting. Andrew Dolman is running event for commissioners. Andrew is inviting all HW commissioners to look at how HW have done in the last 2 years and how they might improve going forwards.

Kings Fund report- looked at first 18 months of six Healthwatch. Useful info on how it highlights what a good HW looks like, this can be used as a potential base for reviewing.

## Section 2 Strategy

Helen Wright (HWr) led a participative exercise looking at the LHM system and what we need to do in order to get the new system working. HWr demonstrated how the review system work and how the sentiment data part works.

Trustees made comments on the following:

- Care homes and nursing homes should be under the search term 'social care'.
- Some GP services have names of partners whereas others only have the name of the practice. This needs to be made more consistent.
- NW questioned why the feedback centre was displaying names of people who were leaving reviews? Concern was raised around people who may not realise that their name will be on public display on the main page. A suggestion was made that maybe only initials should be on display.
- It should be made clear to people that if they leave a review then their name will appear next to it and be made public.
- PB questioned how does the system ensure that the site does not allow spam reviews? HWr advised that LHM have assured HWK that the system should not receive spam.
- A concern was raised about what would happen when an individual GP name was mentioned in a review. HWr advised that each review will be moderated, people will be given a choice to have their review made public without an individual's name in it.

Demonstration of Dashboard:

HWr advised that the new LHM system will have an impact on staff and their role as more of their time will be spent on going through reviews and moderating them. We will continue to review these issues on an ongoing basis.

**Forward Plan:**

Section 9: Staff outreach and work programme

RD advised that once the new LHM system is live there will be less project work taking place as staff will be working on getting as many reviews as possible. Once the system is set up and working effectively then new issues and pieces of work will be put forward.

Section 10 Volunteering:

RD proposed reducing the number of E&V visits to give volunteers more opportunities to go out and get reviews. This was approved by the board.

HT: If a volunteer has signed up for E&V then we don't want them to feel like what they signed up has been removed from them and replaced with something else.

## Section 12 Marketing:

DR. Development of a social care programme. Consider how and what we are going to do. The LHM system will allow us to collect information on social care such as care homes and homecare agencies.

**Action:** The board agreed for the LHM system to go live, for the team to monitor how it is working, and to bring a verbal report back to the next trustee board.

## Annual Report:

RD explained that the annual report will be written to contain a focus on the stories we can tell at the end of 2 years of Healthwatch, but and also the statutory requirements of what has to be included in the report. RD noted that two years down the line since HWK started we now have stories to tell and something to show people.

A comment was made about the language of the report being too plain and casual. NW agreed to proof read the report on behalf of the board.

A brief discussion took place around the format and presentation of the report.

**ACTION:** FSK, NW and PB will sign off the annual report.

## Section 3 Staff and Personnel - Confidential