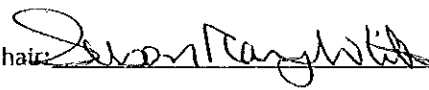


HEALTHWATCH Devon Formal Board Meeting TUESDAY 12TH AUGUST 2014 CULLOMPTON COMMUNITY CENTRE Pye Corner, Cullompton, Devon, EX15 1JX	
Attendance:	Trustees: Andy Hutton, David Rogers, Hilary Ackland, Rosemary Whitehurst, Sue White Observing for Community Council of Devon: Elaine Cook Staff: Miles Sibley, Caroline Lee
Apologies	John Connolly, John Rom. Bob Bryant (for CCD). Hannah Shearman (minutes).
Minutes:	Miles Sibley

	Item	Who
1.	Welcome and Minutes from the last meeting SW welcomed those present (including observers) to the first meeting in public of the Healthwatch Devon (HWD) Board.	
2.	Public matters of interest or concern for Board A member of the public raised the issue of the relationship between HWD, the Patients Association (PA) and Patient Participation Groups (PPG's) across Devon. It was noted that the PA has funding from NHS England to develop PPG capacity. CL is liaising on behalf of HWD.	
3.	Election of Vice Chair DR was proposed by HA, seconded by AH. The vote was unanimously in favour.	
4.	Policy <u>Board meetings held in public</u> The policy was approved. To be signed by the Chair, and posted on the HWD website. <u>Report Sign Off</u> DR asked that the procedure list staff posts rather than staff names. Subject to this, the policy was approved. To be signed by the Chair, and posted on the HWD website. It was noted that JR should be first point of contact for any report sign-off, but that any other Board member could be called on if need be.	SW/MS MS SW/MS

Signed off by Chair: 

Date: 26.11.14

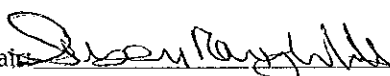
	<p><u>Complaints</u></p> <p>There was some confusion over the process for complaints. Comments included the following:</p> <p>AH: There are two separate issues: Complaints about HWD Board/staff/volunteers; and unreasonably persistent (ie vexatious) pursuit of an issue</p> <p>HA: It would help to have a flowchart or process diagram to understand how we handle different stages of a complaint or vexatious call.</p> <p>HA: Is there a danger of appearing too defensive? This point answered by - EC: The policy would be used as a last resort. A clear process is essential so that we and any enquirer/complainant know where we stand. It would not prevent any person from going to local Councillors/MP's/solicitors etc if they still felt aggrieved.</p> <p>RW: We need to ensure clarity about the CCD role and the fact that HWD staff are currently CCD employees.</p> <p>SW: We need to have a routine agenda item for complaints within Part 2 of the meeting.</p> <p>It was agreed that: The policy should be redrafted as a Complaints Policy, with a subsection on handling vexatious callers.</p> <p><u>Risk Management</u></p> <p>RW asked that the measure "Zero safeguarding failures" be clarified. DR asked that "Budget" be amended to "Budget setting and monitoring"</p> <p>Subject to these points, the policy was approved. To be signed by the Chair, and posted on the HWD website.</p>	<p>MS</p> <p>CL</p> <p>SW/MS</p>
5.	<p><u>Finance</u></p> <p>MS presented the quarterly finance report, noting that it had been prepared with the assistance of Greg Davies, the CCD staff member who takes formal responsibility as budget holder for the HWD contract. It had not been scrutinised by a HWD trustee, and it would be good to have a trustee who could take on a scrutiny role.</p> <p>The report was approved, but it was agreed that for future reports there should be a projection to year end, and an actual for the quarter reported against the budget for the quarter.</p>	MS

6.	<p>Operations</p> <p><u>Work Programme</u></p> <p>MS presented a paper outlining work programme strands and options. The following points were noted:</p> <p>SW: Need to cover children's services as well as adults. Need to bear in mind the priorities of the Health and Wellbeing Board Need to cover disadvantaged and marginalised groups including prisoners.</p> <p>DR: Need also to give the priorities of the Health and wellbeing Overview and Scrutiny Committee equal weight with those of the Health and Wellbeing Board.</p> <p>AH: GP services are problematic nationwide. But community services are an issue that have real prominence in a rural county like Devon. Should we prioritise on the basis of rurality?</p> <p>HA: Concerned with staff time and capacity. The range of options and routine tasks seems too wide. Can we realistically cover it all? Is there a possibility of working with commissioners to ensure an overlap between Engagement Gateway requests, and our own sense of what the priorities are? Can we help them to ensure best use of our time and funding?</p> <p>RW: Need to see clear project plans with time and cost implications.</p> <p>Recommendations from the paper were taken as follows:</p> <p>Baseline: It is recommended that the Board approves the baseline service as the underpinning feature of Healthwatch Devon's work programme. <u>Approved</u>.</p> <p>Engagement service: It is recommended that the Board approves the engagement gateway as the main feature of the engagement service through the autumn/winter, with commitments and activities being monitored and reported by Martin Parkes. <u>Approved</u>, subject to discussion with commissioners about possible synergies between Gateway requests and consumer champion projects.</p> <p>Organisational development: It is recommended that the Board approves these areas of organisational development [Policy development, IT development, Website development, Volunteer development, Effectiveness testing] as the priorities for the autumn/winter work programme. <u>Approved</u>, with the addition of Social Enterprise Development.</p> <p>Consumer champion projects: It is recommended that the Board approves the prioritisation process as outlined, and delegates one or more Board members to oversee preparation of project plans. <u>Approved</u>, subject to:</p> <ul style="list-style-type: none"> • Liaison with DR and HA over project plans • Project plans to be presented/signed off in similar style to the report sign-off process • Delivery partners to be fully informed 	<p>MS</p> <p>MS</p> <p>MS/DR/ HA</p>
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	[At this point in the proceedings, there was a change to the running order to allow external presenters to speak].	
8.	<p>External matters</p> <p><u>Maternity Strategy - Gwen Pearson</u></p> <p>GP presented the strategy which is still in draft form. It covers the whole of Devon plus Cornwall. There has been wide ranging stakeholder engagement so far, including from HWD. There are various themes emerging, including ducation for parenthood, treatment with compassion and acre, the role of GP's etc. Next steps are to complete the strategy and action plan in September, then seek ratification by the CCG Board.</p> <p>Following discussion of the main points, SW thanked GP for the update, and expressed an interest in further HWD engagement with the strategy drafting and implementation.</p> <p><u>HIVE Presentation - Nick Pearson, John James</u></p> <p>This presentation covered a means of gathering patient feedback and experience from multiple sources, and providing a consistent overview and analysis. HWD has been involved in the thinking about inputs and system development.</p> <p>The HIVE (Hearing Individuals' Voice and Experience) is not a rate and review system but a rate and change system. The goal is "Gather data - make changes - demonstrate impact". HWD has been involved in the thinking about inputs and system development. The system works on free text input, then text and sentiment analysis. It can link to existing complaints/feedback systems, social media etc. It is ready to be trialled by a professional audience.</p> <p>Following discussion, SW thanked NP and JJ for the presentation, and requested that HWD be kept informed of the further development and potential of the system.</p>	
	[At this point in the proceedings, there was a return to the running order as per the agenda].	
6. (contd)	<p><u>Quarterly Report</u></p> <p>MS presented the Quarter 1 activity report which was noted by the Board.</p>	

<p>6. (contd)</p>	<p><u>Risk Report</u></p> <p>MS presented the risk report, bringing the Board's attention to the following areas of medium risk, on which management action would be required over the next quarter:</p> <ul style="list-style-type: none"> • Information governance • Safeguarding • Work programme prioritisation • Income diversification <p>In the discussion on income diversification, the following points were made: EC: CCD can help provide guidance and support on income generation HA: It is worth considering how HWD can build the earning potential from its engagement skills and experience SW: Development of HWD as a social enterprise should be a key theme of the planned Board awayday.</p> <p>It was agreed that relevant management actions should be carried out and reported to the next formal Board meeting.</p>	<p>MS</p>
<p>7.</p>	<p><u>People</u></p> <p><u>Volunteer Development Framework</u></p> <p>CL presented the volunteer development framework, explaining that HWD now has clearly defined volunteer roles, with tailored training for each, and a sense of the numbers required for each role. There are around 30 volunteers so far, with another 10 ready to undergo their training.</p> <p>DR commended the quality of the training that he had observed, and the readiness of volunteers to take their roles seriously, and commit to the development process.</p> <p>It was agreed that the general approach should be reviewed after October, to identify learning points and adjust as necessary.</p>	<p>CL</p>
<p>8. (contd)</p>	<p><u>External matters</u></p> <p><u>Health and Wellbeing Board</u></p> <p>HW presented a report on the development day that she had attended with the Health and Wellbeing Board (HWBB). It had helped to clarify HWD's role as bringing the consumer voice into the debate on the main themes of the HWB strategy, alongside more quantitative evidence from the Joint Strategic Needs Assessment.</p> <p>It was agreed that HWD staff would prepare reports for HA ahead of each HWBB meeting, linked to the key theme for that meeting.</p>	<p>MS</p>

9.	<p>Any other business</p> <p>AH: Asked that public attendance at formal Board meetings be noted, to inform decisions about where the meetings should be held.</p> <p>SW: Raised the Care Act, and the five issues that Healthwatch England had flagged up as being of particular concern for local Healthwatch. MS will circulate details.</p> <p>DR: Raised an item that had been reported in the Health Service Journal about NEW Devon CCG procurement processes. It was agreed that a letter should go from SW seeking clarification of the procurement process</p> <p>HA: Will be attending an NCVO conference for charity trustees on 10th November, and will bring back any useful learning points.</p>	<p>MS</p> <p>MS</p> <p>SW</p> <p>HA</p>
10.	<p>Next Meeting</p> <p>Tuesday 11th November 2014, 10am - 2pm. Venue tbc.</p>	



26.11.14