

Healthwatch Oxfordshire Board of Directors

Date of Meeting: 22 nd March 2016	Paper No: 1
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Title of Presentation: Minutes of the Board meeting held on 26 th January 2016

This paper is for	Discussion		Decision	x	Information	x
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Purpose and Executive Summary (if paper longer than 3 pages):

Financial Implications of Paper: None
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Action Required: The Board is asked to: <ul style="list-style-type: none">• Approve the draft minutes• Note any matters arising
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Author: Jen Marks

Title: Draft Healthwatch Oxfordshire (HWO) Board Meeting Minutes			
Venue: Long Furlong Community Centre, Abingdon		Date: 26/1/16	
Time: 16.00-18.00	Chair: Eddie Duller OBE (ED)		
Minute Taker: Jen Marks (JM)			
Attendees: Board members: Eddie Duller OBE (ED), Jacquie Pearce-Gervis (JP-G), Tracey Rees (TR), George Smith (GDWS), Richard Lohman (RL), Paul Ader (PA), Staff in attendance: Carol Moore (CM), Head of Projects, Jen Marks (JM) Community Involvement Officer, Richard Maynard (RM), Marketing and Communications Manager Members of the public: 3 members of the public attended this meeting plus a reporter from the Oxford Mail.			
Apologies : Jane Manley (JM), Geraldine Shepherd (GS), Rev Caroline King (CK), Jean Nunn-Price (JNP), Carol Ball (CB).			
Agenda item	Notes		Action by
1	Welcome ED welcomed the Board and members of the public. He explained the procedure for the meeting and invited members of the public to ask questions both during agenda item 3 and at the end of each subsequent agenda item.		
2	Declarations of interest PA declared his role in talking to the people of Oxfordshire and nationally in order to secure funding for assessment of patient experience in research. He may be talking to organisations that HWO has links with. JP-G declared her role as Chair of Patient Voice and Life Membership of the Nuffield Orthopaedic Centre League of Friends. RL declared his role as an employee of Oxford Health NHS Foundation Trust		

3	<p>Questions from members of the public</p> <p>Concern about the lack of communication between hospitals and patients: A member of the public asked how the hospitals measure their effectiveness at patient communication. Do HWO collect this information from the hospitals and feedback to them? How often do the hospitals achieve/fail to keep to the timescale of referral to treatment? CM informed meeting that the hospital trusts share their data with HWO quarterly, HWO also shares with them, the intelligence that HWO is hearing from the public. HWO also observes their quality accounts. PA asked if HWO should keep this information on its website. TR explained the “18 Week” wait from referral to treatment includes the diagnostics. RL recommended PALS for complaints. JPG asked what HWO can do about the problems of communication between hospitals and patients. CM informed meeting that HWO are aware of these problems and that these have been highlighted in our reports.</p> <p>PALS: a member of the public informed the meeting that she has not been listened to by PALS and as a consequence has had to pay for private treatment. She told the meeting that she felt dismissed by PALS and now felt that complaining can jeopardise one’s treatment. TR suggested contacting SEAP. CM explained that HWO has fed back to OUHFT the negative feedback it has gathered on PALS and been assured that there is now a new manager and escalation system in place to deal with complaints effectively. GS said that there is a lack of consistency at PALS due to the rotation of staff. RL and GS said that HWO should enquire how PALS is audited. ED thanked the public for their feedback.</p>	
4	<p>Paper 1: Minutes of the meeting held on 24/11/15</p> <p>PA asked for clarification on P4 - item 6: Grant spend not Project Spend. PA pointed out item 8, amendments were to be discussed as they weren’t agreed at that point although they have been now.</p> <p>Minutes were accepted in favour of being passed.</p> <p>Matters arising</p> <p>TR asked CM about dates for the next E&V activity. CM informed meeting that JM is following this up with John Daniels, Modern Matron/Clinical Development Lead/Urgent and Ambulatory Care Service/OXNHSFT.</p>	JM

	<p>PA said that the forecast for budget for E&V is empty. TR asked if there is anything more on the Oxfordshire Veterans. CM said she will follow this up. PA said he would like status updates on the outcomes and impacts report. CM informed meeting that HWO received detailed (but not necessarily specific) responses from all the organisations and they are on the website and report will go to HOSC. PA asked if the HOSC report is reviewed by the chair ED as it's a key document which should be reviewed. RL asked if responders can be asked to be clear and that HWO can formally request information and escalate to CQC and HWE if adequate responses are not received. ED said that the chair of HOSC wouldn't let organisations get away with unclear responses. PA asked for links from our Oxford Mail publicity to be shared with board members as ED is writing on behalf of the board and key media matter should be shared with the board.</p>	<p>CM</p> <p>RM</p>
<p>5</p>	<p>Paper 2: Acting CEO's Report (including Head of Projects Report) - for information</p> <p>On the day of this Board meeting (26th January), the County Council Cabinet also met to look at the budget for 2015 -2019 and passed all the budget cut proposals so it is now confirmed that HWO will have its budget reduced by a third. RL asked for clarity about the contract. CM told meeting that the contract is unclear. RM told meeting that the cabinet had made it clear that they are only setting the budget for one year. CM and PA discussed the next stage for HWO is to discuss terms of the funding agreement and workplan with Ben Threadgold and John Jackson at OCC.</p> <p>TR asked about inputting data into the CRM system. CM informed meeting that HWO have not been part of the pilot so we continue to input information onto the system as we have been doing which enables HWO to locate information when it is requested. PA said he has been impressed with how many responses were received within 24 hours for the 360 survey. CM to produce a full report to board on funding. CM said that our next E&V will be more qualitative than what has been done previously. PA asked what people are liking on HWO's website; what are the top 3 pages that get the most views? TR asked if we can get comparative data on how the website is being used. GS asked what are the specific objectives for OHNHSFT inviting HWO to carry out E&V; what is the scope for what departments are visited: Emergency Medical Units, Minor Injuries and First Aid Units.</p>	<p>CM</p> <p>CM</p> <p>RM</p>

	<p>CM informed meeting that the scope will be decided by what's achievable for HWO by March and what's useful for us and them.</p> <p>JPG asked if HWO can look if Minor Injuries units are spread in the right places. HWO can ask people how far they have travelled.</p> <p>GS asked if OHNHSFT should be paying HWO to carry out these visits.</p> <p>CM said that it is felt that this is a good pilot for HWO that can create evidence for HWO to develop paid project in the future.</p> <p>CM told meeting that the project on Care Homes will be the next piece of work by HWO after the E&V visits.</p> <p>HWO to follow up patient experiences on movement within the Delayed transfers of Care initiative.</p> <p>GS requested a full update at the next Board meeting what is happening with the Community Hospitals, pointing out the overlap between this issue and the DTOC initiative.</p> <p>CM to invite Diane Hedges to next Board meeting.</p> <p>CM told the meeting about the success and positive feedback on HWO's Hearsay Event on 18th January.</p> <p>RL asked when report would be ready. CM said it will be ready for the next Board meeting.</p> <p>ED thanked CM for her report having taken over CEO role midstream.</p> <p>All directors echoed their thanks also.</p>	<p>RM</p> <p>CM</p>
<p>6</p>	<p>Paper 3: Business Managers Paper</p> <p>CM explained that there is a high forecast in the project fund line of the accounts due to the 80% start, 20% finish payment terms for the fund, and that the actuals for the third round had slipped into quarter 4:</p> <p>PA asked for draft budget by the next workshop</p> <p>PA made the point that in the last Board meeting, the charity conversion had been agreed "in principal" not "in practice" which seems to be implied in this report.</p> <p>CM asked Directors if they are happy for her to proceed to look for new, less costly premises.</p> <p>The Board would like to know what the cost saving will be.</p> <p>TR would like to make certain that the parking issues are quantified.</p> <p>PA would like clarification about the discretionary rate.</p> <p>RL asked if we should look further afield than just Oxford.</p> <p>CM to incorporate the discussion in a paper.</p> <p>Disciplinary Investigations and Hearings Paper 3, Agenda item 6:</p> <p>ED suggested deleting this paragraph (Point 6)</p> <p>CM to discuss this with HR sub-group.</p> <p>TR proposed JPG seconded All in Favour</p>	<p>CM</p> <p>CM</p> <p>CM</p>

<p>7</p>	<p>Verbal Directors' update for information:</p> <p>GS gave an update on his meeting with OCCG and OCC to discuss recommendations made by HWO on Discharge. GS said it was a friendly, constructive and cordial meeting which focused on the following points:</p> <ul style="list-style-type: none"> • To HWO'S request that the number of people being discharged within 36 hours of admission should be increased, they said that a considerable number of people are already discharged within 36 hours. At the other end of the scale, it is people with complicated issues who are not discharged within that time - those who are only given a diagnosis <i>after</i> the 36 hours. • In response to HWO's recommendation for a named discharge person, they said that this isn't relevant for all patients, rather for those with complex discharges. They said that they have 6 Discharge Co-ordinators. • There are three different discharge leaflets around the hospitals and all are vague. HWO have recommended a more unified and factual leaflet. • They have said that a lot of improvement has been made in relation to the delay from the pharmacy in getting the medicines to the patients who have been discharged. They say that the main delay is the discharge consultant writing the prescriptions at the end of their rounds. CM clarified this and suggested that HWO ask what they are going to do to challenge this issue. • GS emphasised to the meeting that this is an ongoing commitment from HWO and that the report is just the beginning. • GS mentioned to them that HWO could do some at joint work with them on the new care contracts. <p>In summary, GS felt that it was a positive and productive meeting and feels that there is a genuine role for HWO positively endorse what is being proposed. ED emphasised the need for a Director to sit on the Transformation Board in order to ensure that the public are involved before public consultation. HWO to follow up points made by GS.</p> <p>Inequalities Commission: RL gave an update on how the commission intends to achieve its aims: Terms of Reference have just been agreed. The board will meet four times as a panel to hear evidence from both front line workers and people with lived experience. (Ratio - 6 people that are providing the service to 1 person with the lived experience). Report will be published in June with measurable outcomes that will make a difference to communities. The timescale is important so as to feed evidence into the Transformation plan.</p>	
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	<p>It will be highlighting areas of good practice as well as areas where there is need. The JSNA will now include facts on homelessness. RL and TR will continue to update the Board.</p> <p>JPG updated board on the Abingdon Area Localities Meeting: They thought it is an excellent idea for HWO to conduct E&V in the Abingdon MIU. Other Ideas for HWO included: Research on the effect of the Children Centre Closures and the Risk Management of young adults in the community who are living with Mental Health illness. They thanked HWO for its good work and reports.</p>	
8	<p>What's next for HWO discussion?</p> <p>ED said that HWO needs to work out what the future plan will be with regard to the reduction in its funding. CM will take ideas and issues to board and how team propose to work differently. GS emphasised Mitigation and Transformation saying that a lot of pain will be inflicted on people over the coming year and HWO must monitor the effect of the coming changes and to identify areas of change and impact and to mitigate where it can. Transformation - can HWO see ways of getting better value for money? ED said that he feels that HWO should be more proactive than it has in the past especially in view of the huge changes going on. RL and PA emphasised that our feedback needs to be based on what we hear and the importance of collecting that evidence.</p>	CM
9	<p>Paper 4 - Minutes of the Marketing Group</p> <p>PA - item 6 - queried whether marketing new services should be considered as part of the overall strategy as well as within the marketing group.</p>	
10	<p>AOB</p> <p>RL agreed to be the HWO for dental services. GS asked how HWO can ensure it is the central point for voluntary organisations to feedback what effects the cuts are having on them. PA neighbourhood watch is working with CQC to feedback information on care. ED thanked members of public for attending. Meeting closed at 18.15</p>	
	<p>Future meetings</p>	

	<p>Date of next HWO Board meeting: 24th May 2016 2-4pm, Long Room, Oxford Town Hall, Oxford</p> <p>Joint Health Overview & Scrutiny Committee meeting 21st April 2016 @ 10am 30th June 2016 @ 10am 15th September 2016 @ 10am</p> <p>Health & Wellbeing Board meeting 14th July 2016 @ 2pm 10th November 2016 @ 2pm</p>	
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