

Agenda

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Published on 22 September 2016

Board Meeting

Date: Wednesday 28 September 2016

Time: 5pm - 7pm

Location: Large Committee Room, Kingston Quaker Centre, Fairfield East, Kingston upon Thames, KT1 2PT

PART A

1. **Welcome, introductions and apologies**
2. **Declarations of Interest**
3. **Minutes of the meeting held on 27 July 2016**
To approve the minutes of the last meeting
4. **Matters Arising**
Not covered on the agenda
5. **Sustainability and Transformation Plan (STP)**
To receive an update from Tonia Michaelides (Chief Officer, Kingston Clinical Group)
6. **Chair's Report**
7. **Manager's Report**
8. **Task Group Updates**
9. **Any Other Business**

PART B

Due to the confidential nature of the business to be conducted only Trustees are to attend this part of the meeting

DATES OF FUTURE MEETINGS

Wednesday 30 November 2016 5pm-7pm

Healthwatch Kingston upon Thames
Board Meeting
 Wednesday 27th July 2016 5- 7pm
 At Kingston Quaker Centre

Present:

Kim Thomas, Acting Chair, HWK Trustee	KT	Nigel Spalding, HWK Trustee	NS
Liz Meerabeau, HWK Trustee	LM	Marianne Vennegoor, Affiliate	MV
James Davitt, HWK Trustee	JD	Graham Goldspring, Affiliate	GG
Tony Williams, Affiliate	TW	Fergus Keegan (CCG)	FK
Martha Earley (RBK)	ME	Sanja Kane (Refugee Action Kingston)	SK
Stephen Hardisty, HWK Manager	SH		

ITEM		Action
1.	Welcome, introductions and apologies Apologies from HWK Chair Grahame Snelling & Trustee Joel Harrison and Patricia Turner (KVA)	
2.	Declarations of Interest No declarations of interest	
3.	Minutes of the meeting held on 25 May 2016. The minutes of the meeting held on 25 May 2016 were agreed as an accurate record of proceedings.	
4.	Matters Arising There were no matters arising not covered on the agenda.	
5.	Refugee & Migrant Strategy 2016-2021 ME provided an update on the development of the Refugee & Migrant Strategy which is currently open to public consultation. It was noted that the previous strategy had achieved a number of outcomes such as: <ul style="list-style-type: none"> ● English language classes ● Korean link worker and information pack ● Crisis support advocacy ● Timebank ● Primary care access mentors It is planned that the new strategy will build on the success of the previous one with a specific emphasis on targeting health inequalities experienced by refugees and asylum seekers based on a refreshed	

needs assessment process. Issues such as community safety, social isolation, housing and mental health will be key priorities.

ME stressed that she would like to see as many people as possible submitting their views about the strategy and she hopes the consultation period will attract a range of diverse comments.

SH asked what other strategies and/or service developments will the new strategy influence. ME replied that there are many synergies with other service areas and she will work with colleagues to raise the profile of the needs of refugees and asylum seekers.

MV asked if nutrition will feature in the strategy as different lifestyle choices based on ethnic background may have an impact on healthy eating. ME said that she would value hearing more about this.

NS raised the issue about outcomes for individuals and how this will be measured in the future. ME responded that it is vital the strategy makes a difference and that feedback from the community will be used to determine its success.

SK added that it can be challenging to provide exact outcomes for individuals but improving access and better advice and information services could have a positive impact for refugees and asylum seekers. She added that RAK values working in partnership with HWK.

LM said that the CCG is reviewing its KPIs and that one of them is planned to target vulnerable groups such as refugees and asylum seekers although it is not clear at this stage what criteria will be used. SK suggested that outcomes such as improving mental wellbeing should be a key feature of future KPIs.

FK said that KPIs should include core standards that apply to everyone and that vulnerable people should have access to appropriate care and support.

TW highlighted the need to continue to raise the profile of refugees and asylum seekers and that the grassroots funding could be used to host another exhibition.

	<p>KT asked those present to contact ME with any other comments about the strategy and she thanked her for attending the meeting and contributing to a useful discussion.</p>	
6.	<p>Annual Report 2015-16 SH said that the draft annual report has been approved by the Chair and Parkwood and that any further comments should be sent to him by 19 August 2016.</p>	
7.	<p>Chairs Report In the absence of Grahame Snelling KT presented his report which was noted.</p>	
8.	<p>Managers Report The report was noted.</p>	
9.	<p>Task Group Reports 9.1 Hospital Services Task Group GG reported that since the last Board meeting there have been 2 meetings. One of our Task Group members has led on an inquiry into monitoring patients' complaints and incidents and has had a written dialogue with Duncan Burton, Director of Nursing. A letter was sent to him enquiring whether there has been any action around the findings of the Robert Francis Freedom to Speak Up review. The letter asked about strategies that have been implemented and staff training. He responded with a full account of the actions being taken which was informative and satisfactory and he will update us in the future. Work has begun on the domain areas of discharge and communications. Discussion began at the meeting on 25 May as to what methodology to be used in an Enter and View project. Today's meeting (27th July) focussed on planning strategies to talk to patients generally in various outpatient locations and get them to talk about concerns they have without asking specific questions. If there is going to be an Healthwatch stall at the hospital, then leaflets could be produced which would invite patients to come to the stall and talk to us about their concerns or their praises. From this, issues and themes would surface. This will be Phase 1. Phase 2 would be follow up questionnaires asking specific questions on issues that have been identified in Phase 1.</p>	

	<p>Timeframe is Phase 1 in September-October and Phase 2 November onwards.</p> <p>Finally discussions have been held about the nature of the data in the PALs reports. We are not clear as to the sources of the complaints and whether sources which only go through PALs are in the data. We are exploring the idea of approaching Duncan Burton with a view to someone from the patients' communications team to come to a Task Group meeting.</p> <p>9.2 Mental Health Task Group</p> <p>TW reported that task group members have been significantly involved in the coproduction of a new mental health strategy which is about half through the planned process. He added that the group has agreed a new operating model to focus on priorities and address outstanding issues such as conducting another Enter & View visit to Tolworth Hospital. TW added that he has met with Johnathan Mason (SWL&St.Georges Service Director) to discuss refreshing the action plan from the last visit to help inform the next.</p> <p>9.3 Community Care Task Group</p> <p>NS reported that the last meeting was very productive and the group is progressing on implementing its home care project. The next step is to agree a questionnaire and send out to service users by working in partnership with home care agencies.</p>	
10.	<p>Any Other Business</p> <p>There was no any other business.</p>	
11.	<p>Date of the Next Meeting</p> <p>28th September 2016 5- 7pm</p>	

Signed by the Chair of the Board of Trustees

Dated 28 September 2016