

healthwatch

Rotherham

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| Meeting | Strategic Advisory Board (SAB) |
| Date of meeting | Wednesday 16th April 2025 |
| Board members present | Kathy Wilkinson (KW) Alison North (AN) Tony Swindells (TS) Aldisa Musaj (AM) |
| Attendees | Kym Gleeson (KG) - Healthwatch Manager Nicola Ellis (NE) as minute taker |
| Apologies | Zanib Rasool (ZR) Faith Ikioda (FI) Duncan Gall (DG) - CARD CEO |
| Welcome and introductions | |
| Declarations of Interest | None declared |
| Minutes from the previous meeting | Sent on 5/3/25 by AM and also available in the Advisory board papers folder for February (no March minutes due to meeting cancellation). All agreed the previous minutes were an accurate record. |
| Matters arising/actions from the previous meeting | KG - to place the board the checklist that she went through with Jamie/Duncan into the Feb 25 folder - completed KG - to check if there are any other policies that need reviewing - potentially require an enter & view policy - ongoing KW/KG - ensure that FI and AM have the skills sheet to complete - ongoing. All to complete by the end of the month to allow for KW to analyse |

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| | <p>KG/DG - following the appointment of KW as chair and TS as vice chair, KG to put this formally in writing to DG who will have this signed off by the chair of CARD - complete</p> <p>ALL - to complete the poll regarding the day and time for the SAB meeting - complete</p> |
| Safeguarding Update | We had no safeguarding referrals this month |
| <p>Questions and any other business -</p> <ul style="list-style-type: none"> Day and time of SAB meetings Agreement of work plan | <p>No questions from March/April from any of the board members.</p> <p>The most suitable time and day for everyone for the SAB meetings was 4-5.30pm on a Wednesday. This was agreed going forward.</p> <p>KG - spoke about how we have reviewed the work plan and have decided that because we know case studies have a better impact, we have removed some of the report requirements in favour of doing more of those. Although this puts some pressure on AM, KG is looking to mitigate this by creating more volunteer roles - Community engagement volunteer, Information and signposting volunteer, Social media volunteer. She is in the process of putting these volunteer job descriptions together and then they will be advertised (including via VAR and VAS - although we are looking to recruit Rotherham based volunteers). KW - asked how many volunteers we currently have? KG - confirmed we currently have 2.</p> <p>The April folder contains our priorities for this current year - these are Addiction, Social care and Communication.</p> <p>The work plan for 25/26 was officially approved by all.</p> <p>KG - told the board how we are already doing work on our new work plan looking at the healthcare experiences of those with brain injuries through our engagement work with Headway. Headway really liked our AIS cards and would like us to look into producing some to suit their needs - this is something the team will be taking forward.</p> <p>KG - spoke about the general success of the AIS cards. RDaSH requested, and have been sent the template so they can print them out as they need them. KG to get an update on how they're being used in the community.</p> |
| <ul style="list-style-type: none"> AOB | TS - raised the court ruling made this afternoon around the legal |

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| | definition of a woman and the implications this may have on health and social care settings. Once legal teams have looked into this and worked out the ramifications, this information will be passed on and we will look to raise awareness. |
| Actions from this meeting | KW - to send photos of DBS KW - to update paragraph on SAB website page KW - to do statement for annual report KG - to send out personal information contact sheet to SAB members and ALL to complete (if they are happy to) |
| Date and time of next meeting | 21st May 2025, 4-5.30pm at CARD office Alison North - sends her apologies in advance |

Appendix:

| Key Performance Indicators | | *Reporting / Evidence |
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| KP1 | Evidence of effective use of local intelligence gathered and an understanding of local and national issues in the Health and Social Care sector to produce a meaningful annual work programme agreed and overseen by Board Members. | Annual work plan, quarterly performance reports and contract monitoring meetings |
| KP2 | Provide real-time reporting of issues within the Borough that demonstrates clear links to statistical evidence, academic research and user feedback. | Website, quarterly performance reports and contract monitoring meetings |
| KP3 | Provide signposting and information to help support residents in making informed decisions around health and social care provision or services. | Quarterly performance reports and contract monitoring meetings |
| KP4 | Evidence that local people and communities feel they are listened to and that their views help to shape local health and care services and contribute to the influencing of national policy. All Healthwatch Rotherham insight to be shared with Healthwatch England in a timely way. | Quarterly performance reports and contract monitoring meetings |
| KP5 | Evidence that planning goes into how outcomes are set, delivered and evaluated. | Quarterly performance reports and contract monitoring meetings. Use of Healthwatch England resources and tools |

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| KP6 | Evidence that people and stakeholders understand rationale for selection of Healthwatch Rotherham priorities and how they make the biggest difference for residents. | Health and Wellbeing Board attendance and quarterly performance reports and contract monitoring meetings |
| KP7 | Develop and maintain relationships with local service user groups, existing VCS networks and other local Healthwatch. | Regular contact / meetings, reported via quarterly performance reports and contract monitoring meetings |
| Management Information | | Reporting / Evidence |
| MI1 | Number of individual interactions e.g. by email, telephone face to face, | Quarterly monitoring s/sheet |
| MI2 | Number of enquiries dealt with. | Quarterly monitoring s/sheet |
| MI3 | Number of events held. | Quarterly monitoring s/sheet |
| MI4 | Number on newsletter distribution list. | Quarterly monitoring s/sheet |
| MI5 | Number of active volunteers and focus of activities. | Quarterly monitoring s/sheet |
| MI6 | Number of complaints against the service | Quarterly monitoring s/sheet |
| MI7 | Number of safeguarding / incidents / accidents. | Quarterly monitoring s/sheet |
| MI8 | Diversity monitoring of Board, staff and volunteers. | Quarterly monitoring s/sheet |
| Key Requirements | | Reporting / Evidence |
| KR1 | Publish an annual report by 30 th June each year. These reports must include how Healthwatch: <ul style="list-style-type: none"> • Engage with diverse communities • Use volunteers and lay people to support their governance and activities Share their data and insight to improve services. For example, with Healthwatch England, CQC or local health and social care services <ul style="list-style-type: none"> • Have made an impact as a result of their activities • Have spent their funding | HWE statutory requirement Annual report produced |
| KR2 | Report number of people accessing the service (number signposted to other services, number and type of interactions) to include trends and analysis, and demographics. | Quarterly performance report |
| KR3 | Deliver outreach sessions, ensuring coverage across the borough. | Quarterly performance report |
| KR4 | Attend quarterly contract monitoring meetings and provide reports and data to commissioners ahead of these meetings. | Quarterly contract monitoring meetings |
| KR5 | Produce a training and development strategy for all Healthwatch staff and volunteers (including those delivering specialist service elements and “enter and view”). | Training and development strategy |

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| KR6 | Produce a communications and engagement plan that supports campaigns and promotions which increase awareness and membership of Local Healthwatch and link to the agreed work plan. | Communications and engagement plan |
| KR7 | Produce clear codes of conduct for staff, membership and partners. | Staff codes of conduct |
| KR8 | Produce a clear equality and diversity policy and carry out equality impact assessments for engagement / research projects. | Equality and diversity policy. Equality impact assessments. |
| KR9 | Produce a clear complaints procedure. | Complaints procedure |
| KR10 | Produce community research projects on Health and Social Care issues (minimum four per year) that develop evidence-based reports and clear recommendations for decision-making, future campaigns, providers and commissioners. | Quarterly performance reports |
| KR11 | Develop, build and maintain a community-focused web platform that builds on and complements the existing presence of partner organisations. | Web platform |
| KR12 | Ensure and be able to demonstrate that Healthwatch is compliant with data protection and freedom of information obligations as applicable to public bodies. | Data protection policy |
| KR13 | Completion of the Healthwatch England Quality Framework self-assessment and development of action plan, to be reviewed annually. | Quarterly performance reports |

In addition we have two social value components to report on Monthly.

| ID | Description | Overall Target |
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| NT1 | No. of direct local employees (FTE) hired or retained on the contract | 0.6 |
| NT12 | No. of weeks spent on meaningful work placements; 1-6 weeks student placements (unpaid) | 8 |