

# healthwatch

## Rotherham

<b>Meeting</b>	Strategic Advisory Board (SAB)
<b>Date of meeting</b>	Wednesday 26th February 2025
<b>Board members present</b>	Zanib Rasool (ZR) Kathy Wilkinson (KW) Alison North (AN) John Barber (JB) Tony Swindells (TS)
<b>Attendees</b>	Kym Gleeson (KG) - Healthwatch Manager Duncan Gall (DG) - CARD CEO Andrea McCann (AM) as minute taker
<b>Apologies</b>	Abdul Ghani - We are informed of his resignation on the Strategic Advisory Board as he cannot currently commit to any voluntary hours.
<b>Welcome and introductions</b>	<p>A round of introductions took place and we welcomed Faith Ikioda and Aldisa Musaj to the Strategic Advisory Board.</p> <p>Aldisa currently works for CARD 3 days a week as an advisor and previous to that was a full time student. She is keen to learn more about the work of Healthwatch and be part of the work that is undertaken by the team to support our local people.</p> <p>Faith is a lecturer of Health and Social Care at Leeds University. She has lived in Rotherham for just over a year. She has a wealth of knowledge in the field of Health and Social care and has been aware of the work of local healthwatch for around 6 years. She is very interested in tackling health inequalities and likes the sound of the work that Healthwatch is involved in. She is also interested in the digital side of health and how this is being implemented.</p>
<b>Declarations of Interest</b>	None
<b>Minutes from the previous meeting</b>	Minutes of the last meeting in January - Approved and agreed by all that attended.

<p><b>Matters arising/actions from the previous meeting</b></p>	<p><b>AG and TS</b> - to send NE a paragraph about themselves to be added to the website SAB page - <b>TS completed</b></p> <p><b>KG</b> - to place the board the checklist that she went through with Jamie/Duncan into the Feb 25 folder - <b>Ongoing</b></p> <p><b>KW/KG</b> - Ensure everyone has the skills audit sheet - <b>completed apart from new staff in attendance</b></p> <p><b>ALL</b> - Complete the skills audit sheet and return to KW and KG to be placed in the February 25 folder - <b>Completed, see above</b></p> <p><b>NE</b> - to publish authorised Enter &amp; View personnel on website - <b>Completed</b></p> <p><b>NE</b> - to send a copy of the new work plan ideas out with the minutes for those absent from the meeting to consider - <b>Completed</b></p> <p><b>ALL</b> - to let KG know if they want to attend the CARD board meeting - <b>Completed</b></p> <p><b>KG</b> - to check if there are any other policies that need reviewing - <b>Ongoing</b></p> <p><b>HWR team</b> - to meet before next SAB meeting to consider work plan suggestions and refine our plan - <b>Completed</b></p> <p><b>ZR</b> - to share details of the monthly meeting she attends that may help us reach difficult to reach groups in terms of social care (Rotherham Adult Care Production?) - <b>Completed</b></p>
<p><b>Safeguarding Update</b></p>	<p>No safeguarding issues to report this month.</p>

**Questions and any other business -**

- Work plan 2025/26
- SAB chair & vice chair nominations
- SAB presentation feedback
- Celebrate our brilliant staff

JB raised a discussion about the current work plan and asked about whether we are on track to complete this. He invited KG to talk about this. KG explained that the work plan had been ambitious but that the whole team had worked really hard in ensuring that all the work on there was completed. She felt that the amount of work was too much and said that the new work plan would be less demanding and had fewer workstreams, which would mean that we can potentially complete some commissioned work and projects. JB mentioned that the HWR funding was quite small however KG mentioned that Healthwatch Blackpool have even less funding and manage to be really effective. KG explained that the new work plan is in the February folder for everyone to have sight of. The HWR team is meeting on the 13/3/25 to discuss the work plan in more detail.

JB mentioned the homeless report he'd read and everyone felt that this was a really powerful read. KG mentioned that the ICB would like to video record this article, however it's been difficult to remain engaged with the gentleman who's case study it was. AMC explained that she would try and get his permission but this could be tricky due to the sensitivity of the story and the issue. KG also explained that this was a case study and there's nothing specific to challenge regarding this article.

DG then discussed the issues regarding homeless cases and said that no service would want to take responsibility for what's going on in this respect.

KG then went on to speak about the new Deputy Chief Executive at Rotherham Hospital who she's met with a few times now. He really values the work of local HW and is keen to work together. KG has been invited to further strategic meetings that take place at Rotherham Hospital.

ADASS work - There was a short discussion regarding this piece of work and TS commented that he was surprised at the lack of help and adjustments made for those that speak languages other than English.

JB asked if everyone had read the Let's Talk and What we heard reports and asked for any questions on these. No questions.

JB then started a discussion about the upcoming roles of Chair and Vice Chair that will be available from April. There hasn't been a vice chair role before. KW showed an interest in becoming Chair and TS was interested in the Vice chair position. A vote took place and everyone agreed on the nominations. DG explained that this needs putting in writing which will be sent to the CARD Chair to be signed off.

SAB presentation feedback - JB and TS presented to the CARD trustees recently. During the presentation they discussed the

	<p>contract and the support that has been provided by CARD to the Healthwatch team. A few questions arose which JB and TS clarified. Celia (CARD Chair) explained that it had been a great presentation and DG said that the board had continued the discussion afterwards and talked about how pleased they were with the work that had been completed.</p> <p>DG and KG have had meetings with Empowerment in Blackpool recently and DG hopes that this will have a positive impact on the team.</p> <p>JB praised KG for raising the profile of HWR at a strategic level across the borough. KG then gave an example of how meetings at this level can have quick impact and potential outcomes and mentioned a recent meeting with audiology whereby based on what we've heard, we are able to feed this back to services, make recommendations and where possible services and those in charge can make positive changes. She mentioned the potential to upskill the RNID staff at this meeting and said that there is lots coming about from our insights and said this was a whole team effort.</p> <p>The board is extremely pleased with the work undertaken by the whole team during this work plan and feel that this should be celebrated.</p> <p>AN - Dementia training has been delivered to administration and reception staff at Woodstock Bower recently. Alison said it's really nice seeing the changes they've implemented already, based on our Enter and View visit and the recommendations we made. One of these being more colour in the waiting area.</p> <p>FI - Faith mentioned about HWR google reviews being poor and asked how we intend to improve this. KG said that we would be discussing this in the next work plan and stated that generally the number of feedback we receive is quite low.</p>
<p><b>Actions from this meeting</b></p>	<p>KG - To implement an E&amp;V policy</p> <p>KG/DG - KG to inform DG in writing about the new Chair and Vice Chair appointments and DG to have this signed off by the CARD chair.</p> <p>KG - to place the board the checklist that she went through with Jamie/Duncan into the Feb/March 25 folder (action brought forward)</p> <p>KG/KW - To ensure that AM and FI have the skills audit checklist. Once completed, place in the appropriate folder on the drive.</p>

<b>Date and time of next meeting</b>	Wednesday 19th March 2025, 5.30-7pm (CARD office)
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Appendix:

<b>Key Performance Indicators</b>		<b>*Reporting / Evidence</b>
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
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
<b>Management Information</b>		<b>Reporting / Evidence</b>
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
<b>Key Requirements</b>		<b>Reporting / Evidence</b>
KR1	<p>Publish an annual report by 30<sup>th</sup> June each year. These reports must include how Healthwatch:</p> <ul style="list-style-type: none"> <li>• Engage with diverse communities</li> <li>• Use volunteers and lay people to support their governance and activities</li> </ul> <p>Share their data and insight to improve services. For example, with Healthwatch England, CQC or local health and social care services</p> <ul style="list-style-type: none"> <li>• Have made an impact as a result of their activities</li> <li>• Have spent their funding</li> </ul>	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
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
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