AGENDA

Executive Board meeting to be held on 22 September 2016 at 5.30 p.m.  
(pre-meeting for Board Members from 5.00 p.m.)

Venue: Bradley Football Development Centre, Bradley Road, Grimsby, DN37 0AG

1 Welcome and Apologies

2 Questions from the public
   To seek questions from the public and to determine whether they can be covered within the agenda or whether a separate response needs to be made (10 mins)

3 Declarations of Interest
   To record any declarations of interest by any Member of the Healthwatch North East Lincolnshire Board in respect of items on this agenda. All

4 Action Notes from meeting held 20 July 2016
   To note actions agreed and any progression of these points PG (5 mins)

Policies and Strategies

5 Monitoring & Delivery Plan
   To receive an update summary of this Plan and role of Board in its delivery PG (15 mins)

6 Governance Arrangements
   To approve revisions to this policy PG (5 mins)

7 Escalation Policy
   To approve revisions to this policy PG (5 mins)
Volunteering

8 **HWNEL volunteering programme**
To receive an update on recruitment and retention PG (5 mins)

9 **Enter and View Progress Report**
To note progress and position with this programme PG (10 mins)

10 **Safeguarding Adults Board**
Verbal report SO (10 mins)

11 **Urgent Business**
To consider any business which, in the opinion of the Chair, is urgent by reason of special circumstances which must be stated and recorded.

The Next Board meeting is on 17 November 2016 at 5.30 p.m. at the Val Waterhouse Centre (Freeman Street Resource Centre), Kent Street, Grimsby, DN32 7DH
**Item 4 - Action Points from Executive Board Meeting - 20/7/2016**

Immingham Resource Centre

<table>
<thead>
<tr>
<th>Present:</th>
<th>Chair, Executive Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Bateson</td>
<td></td>
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<tr>
<td>Kelvin Dixon</td>
<td>HWNEL Team Member</td>
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<tr>
<td>Paul Glazebrook</td>
<td>HWNEL Team Member</td>
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<tr>
<td>Sam O’Brien</td>
<td>Executive Board Member</td>
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<tr>
<td>Jane Mansfield</td>
<td>Executive Board Member</td>
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<tr>
<td>Tayo Davenport</td>
<td>HWNEL Team member</td>
</tr>
<tr>
<td>Marie Fitzgerald</td>
<td>Executive Board Member</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Note</th>
<th>Actions</th>
<th>Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Welcome and Apologies</td>
<td>1. Emily Reseigh sent her apologies.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2. Board formally welcomed Marie and is pleased to work with her.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Questions from public</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Declarations of Interest</td>
<td>1. Jane Mansfield no longer works for Centre4</td>
<td>1. HWNEL to amend declaration form provided.</td>
<td>Completed</td>
</tr>
<tr>
<td>4.</td>
<td>Action points from meeting 18/5/2016</td>
<td>1. Board is still keen for us to gather the voices of Young People.</td>
<td>1.1 HWNEL to contact Youth Council</td>
<td>1.1 Awaiting response.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Board have asked about the national review of GP Registers.</td>
<td>1.2 MF to link with YP at GY College</td>
<td>1.2 MF &amp; PG met with Health Curriculum Co-ordinator - promoting Young Healthwatch.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Board are keen for the CCG to comment on what has happened since</td>
<td>2. HWNEL to look in to this.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>the GP access review.</td>
<td>3. HWNEL to seek clarification and discuss with CCG.</td>
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<td></td>
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<td>4. In light of missed deadlines, Board would like to prompt a</td>
<td>4. HWNEL to take action to prompt a response.</td>
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<td></td>
<td></td>
<td>response to our Hospital Discharge Review.</td>
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<td>5.</td>
<td>HWNEL volunteering programme</td>
<td>None</td>
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<td>6.</td>
<td>Enter &amp; View progress report</td>
<td>1. MB shared concern about the Old Library Care Home that windows that are so high they cannot be opened. 2. SO shared her good experience with Grimsby hospital outpatients who took great care of her daughter. 3. A follow-up visit to DPoW Outpatients is needed to see whether experiences are better now than in October 2015. 3. PG to arrange. 3. Visits took place on 12 &amp; 18.8.16.</td>
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<td>7.</td>
<td>Communication, engagement and marketing strategy</td>
<td>1. Check with CPO media and NELC re media training course opportunities. 1. CPO have provided quote and HWNEL have also asked NELC if we can join staff training.</td>
<td></td>
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<tr>
<td>8.</td>
<td>Procedure for making relevant decisions</td>
<td>1. Board have concerns about direction of HWNEL and would like clarification on how resources will be used and split. They are keen to ensure that this will not affect HWNEL’s ability to make positive influences. 1. HWNEL now has 10 hours of central comms support from NBF and recruited a Work Pairing placement (half-time) starting 5 September. This person left after a week and future arrangements are being reviewed.</td>
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<td>9.</td>
<td>Monitoring and delivery plan</td>
<td>1. Board Members have asked PG to contact Barry Osbourne in relation to the LD Survey (organises My Life Care Plans). 2. Chair has been invited to join Dementia Steering Group (DSG). 2. Chair appointed as Vice-Chair to DSG.</td>
<td></td>
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<td>10.</td>
<td>Health Action Week 2016</td>
<td>Recommendation agreed</td>
<td></td>
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<tr>
<td>11.</td>
<td>Safeguarding Adults Board</td>
<td>1. Do local people and professionals understand that Adult Safeguarding is everyone’s responsibility? Can HWNEL promote this? Concern noted re increase in Deprivation of Liberty (DoLs) assessments locally and impact upon Focus. 1. HWNEL to promote importance of Adult safeguarding. In discussion with Care4All and others on how this can best be achieved. 1. Raised with Care4All &amp; CTLD but further work required.</td>
<td></td>
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<tr>
<td>12.</td>
<td>Urgent business</td>
<td>None</td>
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</table>
Executive Board – Agenda Item 5

Date  22 September July 2016

Subject - Healthwatch North East Lincolnshire – Monitoring & Delivery Plan for Year 4

Recommendation

1. To review monitoring and position over Year 4 plans and agree prioritisation of work programme including any new items for addition

Summary

This report sets out the updated position on our current work plan and invites the Board to review our work plan for Year 4 including prioritisation scores and additions to the work plan.

Highlights

The last two months since the last Board meeting have been a quieter period for HWNEL mainly because of staff holidays during August. Monitoring information will not be included in this report and, as previously agreed, full Quarter 2 information (to end September), will be captured in the report for meeting after that quarter ends which is 17 November 2016. However, the following matters are worth highlighting from Quarter 2 to date:

- Paul Glazebrook met with NLaG on 7 July 2016 to look at orthodontics in view of resource constraints leading to cancelled appointments and delays in treatment. A new locum consultant has been appointed (started late August) to clear backlog
- We joined with other regional Healthwatch in July in carrying out a review of Community Dentistry and this report has been circulated to the Board.
- Paul Glazebrook and Marie Fitzgerald met with NAViGO on 26 July 2016 to look at Mental Health Crisis Care support and notes on that meeting are being agreed with a view to wider discussion at the Crisis Care Condordat group.
- Two enter and view visits were made to out-patients at DPoW Hospital on 12 and 18 August 2016 (an agreed CQC action plan following their inspection) and that report is with the Trust for their response before publication.
- Mike Bateson attended a Quality Summit in respect of Northern Lincolnshire & Goole Foundation Trust on 31 August 2016 and local concerns need to be looked at in the wider context of the Sustainability and Transformational Plan
for Humber, Coast & Vale and establishing Accountable Care arrangements across Northern Lincolnshire (Mike sits as observer on the System Board for this). Our role within the STP needs to be determined in conjunction with other relevant Healthwatch.

- Paul and Marie met with Toni Rhodes at Grimsby Institute on 6 September 2016 regarding the Health curriculum and involvement of service users/carers. Information has been passed to our formal partners (Partner Programme) and has already led to expressions of interest. Toni will also facilitate HW accessing health and social care students e.g. re setting up a Young Healthwatch (raised with some staff/students at Freshers Day 14.9.16). See proposed addition to Work Plan below.

- Mike, Marie and Paul attended the Accord AGM on 8 September 2016 and went into separate workshops to look at future local plans for urgent care, mental health crisis work and primary care services. We also asked about the impact of the STP upon local provision and were assured that decisions would not be `Hull-centric'. The Local Healthwatch in `Humber, Coast & Vale' are determining future respective involvement in the light of the recently published NHS Report on `Engaging local people'.

- Paul and Tayo met with a representative of GOV Radio on 9 September 2016 to look at taking up advertising space on their transmissions at Lincs Inspire facilities (Grimsby and Cleethorpes Leisure Centre and Immingham Swimming Pool). This could be used to realise Work Plan priorities to promote volunteering opportunities with us and to raise our profile prior to a public awareness survey (subject to Lincs Inspire holding our information leaflets).

- Paul followed up our report on Hospital Discharge (see separate Enter and View Report today) and met with the new Discharge Team based at Centre 4 on 9 September. Issues about communications between DPoW Hospital and this team were raised and have been taken up with NLaG.
# Healthwatch North East Lincolnshire Work Plan - Year 4 Work Plan:

<table>
<thead>
<tr>
<th>Specific Activity</th>
<th>Specific Engagement Plan</th>
<th>Enter &amp; View Activity</th>
<th>Timescale 2016-17</th>
<th>Link to Local Plans and Strategies</th>
<th>Board Lead</th>
<th>Update</th>
<th>Priority Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care</strong></td>
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<tr>
<td>Access to GP Services - implementation</td>
<td>Further work with GP practices including PPG’s</td>
<td>No</td>
<td>Ongoing</td>
<td>HWNEL Strategic Plan 1,2,4; NHS 5 Year Forward View</td>
<td>MB</td>
<td>Updates on collaborative projects are made through the Joint Co-commissioning Committee. Regular issues still being logged about access to GPs.</td>
<td>27</td>
</tr>
<tr>
<td><strong>Social Care</strong></td>
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<tr>
<td>1. Voice of young people</td>
<td>To link with community worker and established groups. Review of new arrangements</td>
<td>No</td>
<td>Nov-Jan</td>
<td>HWNEL Strategic Plan 1a,4</td>
<td></td>
<td>Awaiting date for initial session at YMCA. See plans below for establishing a Young Healthwatch. Agreed with CCG to defer further to allow for examination of recent CQC inspections &amp; their account of service users views.</td>
<td>19</td>
</tr>
<tr>
<td>2. Domiciliary care</td>
<td></td>
<td>No</td>
<td>Summer 2016</td>
<td>HWNEL Strategic Plan 1a,4</td>
<td></td>
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<tr>
<td><strong>Secondary Care</strong></td>
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<tr>
<td>1. Hospital Discharge</td>
<td>1. Enter &amp; View in DPoW discharge lounge</td>
<td>Yes</td>
<td>Feb – Apr 2016</td>
<td>HWNEL Strategic Plan 2,4; NLaG Quality Development Plan</td>
<td></td>
<td>Report agreed and published July (see enter &amp; view report today). Further initial work with Discharge Team has commenced. Not commenced yet. Work completed as part of regional survey.</td>
<td>21</td>
</tr>
<tr>
<td>2. St Hugh’s Hospital</td>
<td>2. Enter &amp; View activity</td>
<td>Yes</td>
<td>Autumn 2016</td>
<td>HWNEL Strategic Plan 1a, 2,4</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3. Community dentistry</td>
<td>3. Survey of users</td>
<td>No</td>
<td>July 2016</td>
<td>HWNEL Strategic Plan 1a, 2,4</td>
<td></td>
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<tr>
<td><strong>Community Services</strong></td>
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<tr>
<td>1. Stakeholder survey</td>
<td>1. To engage with all known</td>
<td>No</td>
<td>Dec – Jan</td>
<td>HWNEL Strategic Plan 1a,4</td>
<td></td>
<td>1. The organisational stakeholder survey carried</td>
<td>18</td>
</tr>
</tbody>
</table>


| CROSS-CUTTING | 1. Out of hours mental health crisis care services | Building up evidence base from service users | Not at this stage | May-Jul 2016 | HWNEL Strategic Plan 1a,1b; Mental Health Crisis Concordat | SO | 1. A meeting was held with NAVIGO on 26.7.16. Plan to take findings to MH Crisis Care Concordat group. 2. Reported to Board 19.5.16. See update on today’s agenda. | 24 |
| 2. Develop volunteering opportunities | Action Plan . | | Yes | May 2016 | HWNEL Strategic Plan 1a,3,5 | | 18 |
| | 2. Grow Partner Programme (PP) | stakeholders and collate views on HWNEL for future planning. 2. To promote and identify new partners and better develop existing arrangements. 3. To engage with public re understanding of HWNEL 4. To engage with service users re experiences of health services | No | Ongoing | HWNEL Strategic Plan 1b,2.4 | JM | out and a stakeholder meeting held on 20 April. Introduced work prioritisation tool and selective follow up of some respondents (now completed). 2. Work with Centre4 and others over HAW completed. Care4All have joined scheme | 16 |
| | 3. Public Survey | no | By 31.3.17 | HWNEL Strategic Plan 1a,3 | | 3. Not commenced (now planned for last quarter). | 20 |
| | 4. Learning Disability survey | No | By 31.3.17 | HWNEL Strategic Plan 1a, 1b, 2, 4 | | 4. Survey at Foresight completed. Discussions with Care4All focussed on raising wider safeguarding awareness. | 23 |

In addition, the Board is invited to agree the following addition to this Plan:
1. Establishing a Young Healthwatch (see scoring at Appendix 2)

Bearing in mind that the prioritisation tool gives a maximum score of 32 and a minimum score of 8 it is reasonable to conclude that scores of 8-15 are low priority, 16-23 are medium priority and 24-32 are high priority. Using this method, the new item is medium priority scoring 20.
**HWNEL Strategic Plan Objectives**

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1a</td>
<td>To effectively engage with the people of North East Lincolnshire, including hard to reach groups, in order to represent their interests in the provision of health and social care services</td>
</tr>
<tr>
<td>1b</td>
<td>To facilitate the engagement of users of health and social care services with the providers of care services, particularly in respect of:</td>
</tr>
<tr>
<td></td>
<td>• Commissioning</td>
</tr>
<tr>
<td></td>
<td>• provision, and</td>
</tr>
<tr>
<td></td>
<td>• scrutiny of care services</td>
</tr>
<tr>
<td>2</td>
<td>To effectively engage with those bodies responsible for regulating, commissioning and providing relevant local health and social care services in order to represent the interests of the people of North East Lincolnshire and support service improvement</td>
</tr>
<tr>
<td>3</td>
<td>To provide a comprehensive and meaningful advice, information and signposting service to enable the people of North East Lincolnshire to access appropriate health and social care services</td>
</tr>
<tr>
<td>4</td>
<td>To give authoritative, evidence-based feedback to stakeholders in order to support improvement in health and social care services provided to the people of North East Lincolnshire</td>
</tr>
<tr>
<td>5</td>
<td>To provide an effective, economic and efficient local Healthwatch service for the people of North East Lincolnshire</td>
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</tbody>
</table>
# Appendix 1

Healthwatch North East Lincolnshire – Work Prioritisation Tool (mark with X which applies on each row)

## Issue: Establishing a Young Healthwatch

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Scores 1</th>
<th>Scores 2</th>
<th>Scores 3</th>
<th>Scores 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How much evidence is available about this issue?</td>
<td>Limited evidence from limited sources</td>
<td>Some evidence from limited sources</td>
<td>Some evidence from a range of sources <strong>X</strong></td>
<td>Well researched with a range of evidence from a range of structured sources</td>
</tr>
<tr>
<td>2. Is the issue going to impact on lots of people?</td>
<td>Relatively little</td>
<td>Quite a lot for some people <strong>X</strong></td>
<td>Quite a lot for many people</td>
<td>Community-wide - likely to affect large numbers</td>
</tr>
<tr>
<td>3. What is the impact on people and communities who suffer high inequalities in health and who are seldom heard or easily ignored?</td>
<td>Relatively little</td>
<td>Quite a lot for some groups <strong>X</strong></td>
<td>Quite a lot for most seldom heard groups</td>
<td>Likely to affect large numbers of those seldom heard</td>
</tr>
<tr>
<td>4. Does the issue help us to make an investment in future health and care for the people of NEL?</td>
<td>Unlikely to make an investment</td>
<td>May make a small investment <strong>X</strong></td>
<td>May make a large investment</td>
<td>Highly likely to make an investment</td>
</tr>
<tr>
<td>5. Does the issue align to the joint health and wellbeing strategy?</td>
<td>Little or no alignment to HWBS</td>
<td>A small alignment to HWBS <strong>X</strong></td>
<td>Moderate alignment to HWBS</td>
<td>Significant alignment to HWBS</td>
</tr>
<tr>
<td>6. Is the issue already being dealt with effectively by someone else?</td>
<td>Dealt with satisfactorily by someone else</td>
<td>Dealt with but less than satisfactorily by someone else</td>
<td>Dealt with but less than satisfactorily by more than one other</td>
<td>Not being dealt with elsewhere at all <strong>X</strong></td>
</tr>
<tr>
<td>7. If not, can we make an impact in the light of other people’s or organisations’ timetables?</td>
<td>No not likely to</td>
<td>Yes but only a small impact <strong>X</strong></td>
<td>Yes and may make an impact</td>
<td>Yes most likely to</td>
</tr>
<tr>
<td>8. Can we add value to the current situation?</td>
<td>Unlikely to</td>
<td>May add a little value</td>
<td>May add value <strong>X</strong></td>
<td>Highly likely to</td>
</tr>
<tr>
<td>Sum total of other columns = 20</td>
<td>Total = 0</td>
<td>Total = 10</td>
<td>Total = 6</td>
<td>Total = 4</td>
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</tbody>
</table>

*Note: The total scores for each column are as follows: Total = 0 in Scores 1, Total = 10 in Scores 2, Total = 6 in Scores 3, and Total = 4 in Scores 4.*
EXECUTIVE BOARD MEETING

DATE: 22 September 2016

AGENDA ITEM 6

SUBJECT: Governance Arrangements

Recommendation

That the Board ratifies existing governance arrangements and agrees to the changes specified in the report and Appendix.

Background

The consolidated Governance Arrangements were agreed by the Board on 21 September 2015. The Board is invited to ratify these arrangements for a further year. In addition, the following new amendments are set out in bold italics:

- Deletion of reference to responsiveness fund as this no longer exists.
- Method for electing a Chair at Board meetings in the absence of the Chair.
- Changing reference from Partnership Co-ordinator to Delivery Manager
- Review of decisions taken in September 2015 regarding board attendance

On the last point it might appear contradictory that we have both said that attendance at ordinary meetings is mandatory and then that members should seek to attend four out of six.

The Board is invited to approve these amendments.
Appendix

Healthwatch North East Lincolnshire (HWNEL) Governance Arrangements

Introduction

Healthwatch North East Lincolnshire (HWNEL) exists to give a voice to local people over their experiences of publicly funded health and social care services. Healthwatch activities cover private and independent providers who are in receipt of public funding such as providers who provide services to both self-funders and publicly funded service users.

HWNEL is a project of the North Bank Forum (host body in contractual relationship with North East Lincolnshire Council) which is a registered charity.

Vision - our vision is that local communities and service users are provided with safe and high quality health and social care services which have been developed and respond to community and service user needs.

Mission - our mission is to give a strong voice to local people and community and voluntary groups so they can influence the way their health and social care services are planned, purchased and provided.

Strategic objectives – our strategic objectives are as follows:

1a To effectively engage with the people of North East Lincolnshire, including hard to reach groups, in order to represent their interests in the provision of health and social care services.

1b To facilitate the engagement of users of health and social care services with the providers of care services, particularly in respect of:

• commissioning
• provision, and
• scrutiny of care services.

2 To effectively engage with those bodies responsible for regulating, commissioning and providing relevant local health and social care services in order to represent the interests of the people of North East Lincolnshire and support service improvement

3 To provide a comprehensive and meaningful advice, information and signposting service to enable the people of North East Lincolnshire to access appropriate health and social care services

4 To give authoritative, evidence-based feedback to stakeholders in order to support improvement in health and social care services provided to the people of North East Lincolnshire
To provide an effective, economic and efficient local Healthwatch service for the people of North East Lincolnshire

Executive Board

Overview - The HWNEL Executive Board is the strategic body supporting the HWNEL staff team employed by the host body North Bank Forum (NBF) to deliver Healthwatch in North East Lincolnshire. The Executive Board plays an important role in advising NBF on the strategic direction of HWNEL to enable NBF to meet its contractual obligations with North East Lincolnshire Council (NELC). The legal responsibility and liabilities for HWNEL as a project rest with NBF as a body corporate. The Executive Board will be formed by a Chair and 6 other lay board members. The Chair and lay members will be recruited through open competition and against a skill set and requisite experience.

Responsibilities

The HWNEL Executive Board takes responsibility for:

- Producing a strategic plan for provision of Healthwatch services within NEL. The strategic plan for HWNEL will be agreed with and supported by NBF,
- Reviewing the progress of HWNEL against that strategy and making recommendations to NBF as necessary
- Making recommendations to NBF and NELC regarding maintaining and safeguarding the independence, openness and transparency of HWNEL
- Receiving reports from NBF on matters relevant to the Executive Board including quarterly financial reports, and the monitoring evidence between NBF and NELC relating to the delivery of the contract (commercially sensitive information will be redacted)
- Developing the ethos and culture of HWNEL in determining and progressing projects developed within the HWNEL service
- Submitting, for approval to NBF, proposals to use the responsiveness fund to ensure achievement of HWNEL objectives.
- Producing an Annual Report agreed at an Annual General Meeting held in public.

Chairing – Meetings of the Board shall ordinarily be chaired by the Chair. In the absence of the Chair, an interim chair will be elected at each meeting from among Board members by nomination and a show of hands.

Board tenure – Two years from date of appointment. At the end of the two years, Board members will be invited to indicate whether they wish to be considered for an extension of their position on the Board. All members so affirming will be subject to an interview process and decision by North Bank Forum.
**Board meetings** – ordinary meetings will be held every two months. All meetings will be held in public in accessible locations across North East Lincolnshire and at different times. Papers for Board meetings will be sent out at least three working days before meetings and publicised. The Annual General Meeting will be held in the June of each year.

**Board agendas** – the Executive Board will receive and consider information, advice and proposals provided by the HWNEL staff team and other relevant sources. The Executive Board will follow specialist and legal advice given by the staff team of NBF.

Ordinary items for the agenda must be agreed with the Chair no later than five working days before the Board meeting. Urgent items will be only considered by the Board with the express consent of the Chair and for reasons which will be stated at the Board meeting. Final Board papers (agenda and reports) will be circulated to the Board and published on the website three working days before the Board meeting proper.

Where a Board member is identifying and/or pursuing an issue that falls outside of actions agreed by the Board or where it is not clear that it falls within the remit of HWNEL, these will be raised, in the first instance, with the Delivery Manager, copying in the Chair and any other relevant party, in order that a line on fit with HWNEL strategy and priorities can be determined and any further actions agreed. In the event of any disagreement on actions required, these will be resolved through the Chair in consultation, where necessary, with the Chief Officer of North Bank Forum.

**Board meeting attendance** - Board members should make every effort to attend meetings for their full duration (including pre-meeting) and tender apologies if unable to attend. *Members must attend the AGM and all ordinary meetings should be regarded as mandatory. Members should seek to attend at least four of the six ordinary meetings planned annually, excluding extenuating circumstances, but may negotiate changes of dates of meetings if this meets the approval of the majority of Board members and the Board remains quorate.* A quorate will be three Board members including chair. The use of skype or other electronic means for inclusion in meetings will be exercised but it is key that the board is both able to function and is publicly visible.

**Board roles** – Board members shall adopt roles which allow them to further the agreed strategic objectives of HWNEL.

**Board conduct** - Board members to conduct themselves throughout Board proceedings in accordance with the Nolan Principles on standards in public life: selflessness; integrity; objectivity; accountability; openness; honesty; leadership. Breaches of the Code may result in a person’s removal from HWNEL.
Board declarations and register of Interest

Board members to declare personal or prejudicial interests on any agenda item. Where an interest is deemed prejudicial, members shall withdraw from any discussion and debate on that item. Board members shall annually complete and thereafter maintain a register of interests.

Register of Interests- the Board shall maintain a Register of Interests which shall be kept updated and reviewed annually.

Decision-making – the Executive Board will work to achieve consensual decision making. All views and comments will be respected. If a consensual outcome cannot be secured then a decision will be taken on a vote of hands with the Chair having an additional casting vote in the event of a tie.

Urgent business

Urgent business may be taken at an ordinary meeting of the Board with the agreement of the Chair with reasons stated.

Decisions taken outside of the Board

In the event that a timely decision needs to be taken outside of scheduled Board meetings, a decision may be taken outside of the ordinary meetings of the Board calling `virtual' meeting involving all members, this to be reported, along with reasons for urgency, to the next meeting of the Board.

Whistleblowing - if the Executive Board has significant concerns about the conduct, propriety or other matters in connection with a relevant organisation or, with the governance, management or operation of HWNEL, which it considers have not been properly addressed, it reserves the right to use the NBF “whistle blowing” procedures or the framework set out in the Public Interest Disclosure Act 1998.

Co-options - the Board reserves the right to co-opt up to three others to further its strategic objectives. These positions will be agreed by the Executive Board and NBF and will be used for a time limited, specific purpose and/or to fill an identified gap in skills, knowledge or expertise. When a Board vacancy arises, initial consideration will be given to filling this from within the existing Board co-optees who have served on the Board for six months or more, subject to the willingness of co-optee(s) to be so considered. In the event of more co-optees being willing to stand than places available, an election with be taken by members of the full Board following receipt of application statements.

Support - the HWNEL staff team will provide advice and administrative support during Board meetings. Notes from Executive Board meetings will include a summary of the issue and actions agreed. All action notes, papers and reports will be made available to NBF for their information and consideration. If NBF wish to
raise concerns or objections to matters contained in the draft papers or recorded actions, these should be done at the earliest opportunity following receipt of the papers and through the Chair of HWNEL in the first instance to ensure consistency of purpose and to enable the Executive Board of HWNEL to operate effectively.

Public participation at Board - HWNEL does not operate a membership scheme but the public can raise questions prior to Board meetings including on the day when a decision will be taken by the Chair on whether the matter can be dealt with or whether further information would be required. Public comments/feedback forms will be provided at Board meetings to help improve the focus of these meetings. The Board reserves the right to not discuss items in the public board meetings where issues of sensitivity around finance, staffing or other privileged information arise. In addition, public meetings will be held periodically when HWNEL needs to carry out face to face consultations on key health or social care issues.

North Bank Forum.

The North Bank Forum (NBF) will undertake to:

- Agree contract requirements with NELC in collaboration with HWNEL
- Monitor delivery of contract with NELC for HWNEL
- Support establishment and development of HWNEL – recruitment, HR, supervision and support
- Receive, negotiate, agree and support delivery of strategy for HWNEL
- Provide financial management system including audit of annual accounts and support full utilisation of financial commitment to delivery of HWNEL service

HWNEL Staff Team

The HWNEL staff team employed by NBF are accountable and work to the direction of the relevant manager at NBF. Once work plans and projects have been supported by NBF and agreed by HWNEL executive board, the staff will work to progress and action these plans and will provide feedback on outcomes and report on progress to the Chair and Executive Board members. Any concerns as to outcomes and/or progress will be resolved in the first instance through discussions between the Chair and Delivery Manager. If an issue cannot be resolved, the matter will be escalated to the relevant nominated manager at NBF for resolution. Such determination shall be made in accordance with contractual and relevant legal requirements.

Complaints

We invite anyone who wishes to raise a concern or complaint or to give feedback to initially do so informally as the provision of additional information or clarifying any misunderstandings or misconceptions at an early stage may help successfully resolve the matter. If a matter is not resolved to the satisfaction of the individual or organisation raising the matter, they should notify us more formally verbally or in
writing. Written concerns or complaints will be acknowledged within 3 working days and attempts to investigate and resolve the matter will be completed within 15 days unless extra time is needed when this will be explained to the complainant. If a complainant remains dissatisfied they may escalate the matter to the North East Lincolnshire Council and ultimately to the Local Government Ombudsman.

Healthwatch England

Healthwatch England (HWE) will provide leadership and support to HWNEL including facilitation of regional networking arrangements. HWNEL may escalate matters to HWE where a concern raised locally has wider regional or national implications.

Review

These governance arrangements will be reviewed annually in the first meeting of each financial year or as necessary where major changes need to be considered.

PG/Sep16
AGENDA ITEM 7

Report to Executive Board held 22 September 2016

Subject: Healthwatch North East Lincolnshire Escalation Policy

Purpose of this document

At its meetings on 15 July and 25 September 2014, the Board agreed its Escalation Policy. Review of the document has led to amendments that need to be agreed today. In summary these are:

- A separate section for referrals to the Health Scrutiny Panel.
- A greater focus on significant risk actions rather than routine low level risk
- Removal of a prescriptive flow-chart for handling levels of risk in favour of a summary of actions to be taken.

Recommendation

To consider and approve the revised policy set out below.

Paul Glazebrook

13.9.16
Healthwatch North East Lincolnshire Escalation Policy

This policy sets out Healthwatch North East Lincolnshire's (HWNEL) role in:

1. Collating people’s views and experiences of health and social care services
2. Highlighting health and care issues for consideration by Healthwatch England and/or the North East Lincolnshire Health Scrutiny Panel
3. Dealing with any immediate safeguarding concerns
4. Dealing with a quality and safety issue relating to service providers

HWNEL recognises the importance of acting appropriately on intelligence and service users’ feedback to ensure that individuals are not subjected to poor quality health and care services. This document sets out how HWNEL will work together with the following whenever significant concerns arise:

- Healthwatch England
- Care Quality Commission (CQC)
- Safeguarding Teams for Adults and for Children
- Monitor
- North East Lincolnshire Clinical Commissioning Group
- NHS England (Area Team)
- North East Lincolnshire Council
- Health & Wellbeing Board
- Health Scrutiny Panel

to ensure that we do not miss opportunities to identify poor care, or shed light on failings affecting people using health and social care services. HWNEL will establish an effective relationship with the relevant contacts in the organisations listed above. This will enable us to routinely share appropriate feedback and for the regulating and commissioning organisations to inform HWNEL about the quality of services. The content of all escalated matters will be agreed with the Chief Officer of NBF, which is the Host Organisation for HWNEL. Wherever possible the consent of the referrer will be obtained prior to an escalation being made.

1. Collating people’s views and experiences of health and social care services

As a Local Healthwatch, HWNEL’s core purpose is engaging with people using health and social care services and gathering their views and experiences. This might include:
• Individual comments and feedback through partner agencies regarding their service users
• Survey or campaign findings
• Enter & View reports

Much of this activity will not lead to escalation but will allow HWNEL to compile intelligence using an appropriate database to record the information. This will allow for trends and repeat concerns to be identified.

2. Highlighting health and care issues for consideration by Healthwatch England

This section focuses on how HWNEL will raise issues and trends and bring them to the attention of Healthwatch England for consideration:

1) Any issues or areas of concern need to be brought to the attention of either the staff team or the Chair of HWNEL’s Executive Board with adequate background information to consider potential escalation to Healthwatch England. The Chief Officer of NBF will be informed of the proposed escalation.

2) Once approved, the issue or area of concern will be raised with Healthwatch England via the Healthwatch Hub using the Escalate function or by email, letter or over the telephone. The particular issue for investigation will be flagged and clearly identified.

3) Healthwatch England will communicate decisions and rationale in writing to HWNEL with any recommendations for alternative courses of action, where appropriate.

4) Where Healthwatch England has recommended that the CQC undertake a special review or investigation, the CQC will respond in writing stating whether or not they accept Healthwatch England’s recommendation and the reason for their decision.

3. Referral to Health Scrutiny

Locally, Healthwatch can also refer matters relating to the planning, provision and operation of health services in their area (which could potentially include concerns about local health services or commissioners and providers) to their local authority overview and scrutiny body for health. The local authority must:

• Acknowledge receipt of referrals within 20 working days.
• Keep local Healthwatch organisations informed of any action it takes in relation to the matter referred.
4. Dealing with safeguarding issues

There will be times where HWNEL identifies an immediate risk to the safety and wellbeing of people using services whose circumstances make them particularly vulnerable to abuse, neglect or harm.

If potential safeguarding issues arise during the course of Healthwatch activity these will be immediately referred to the Chief Officer of NBF who is the Senior Responsible Officer for safeguarding within the organisation. The Chief Officer will provide advice and guidance in terms of appropriate next steps. If there are significant safeguarding concerns these matters should be referred immediately to the relevant Safeguarding Team and/or the police. This applies to both Adult and Children’s Safeguarding concerns.

HWNEL will notify Healthwatch England on a quarterly basis a summary of the number of adult and children’s safeguarding referrals made. If the safeguarding issue is not resolved to HWNEL’s satisfaction we will escalate to Healthwatch England using the process below:

1) By following up directly with the organisation to which we raised the alert setting out our concerns about their initial response.
2) If HWNEL is not satisfied with the final response, we will use our complaints procedure and also make Healthwatch England aware of this.
3) We will copy Healthwatch England in to any further correspondence regarding the escalated safeguarding issue.
4) When escalating an issue, Healthwatch England will take the issue to the CQC or to the Local Authority (as appropriate) within 3 working days of it being raised. The CQC will be obliged to respond as set out in their safeguarding policy. This would involve an acknowledgement and identification of case handler within 3 working days and more detailed response of actions being taken in 15 working days.
5) Healthwatch England will keep HWNEL informed if any or no action is being taken and update periodically until the actions are closed.

5. Highlighting issues of concern with local commissioners and service providers

If there are significant, evidence based concerns with quality or safety issues relating to service providers, then these will be raised with commissioners as soon as possible. This information may not amount to a safeguarding issue where an immediate risk is posed to an individual but is of sufficient concern that it must be acted on appropriately. This may also emerge as a theme or trend on a particular issue or with regards to a particular organisation.
In the first instance these concerns will be raised with the relevant organisation for their comment and feedback. If that feedback leaves cause for continuing concern, HWNEL will undertake to further investigate the matter, including through use of its Enter and View function where appropriate. Any Enter and View visits will lead to a written report that will be shared with others including the provider, Care Quality Commission, Healthwatch England and relevant commissioners.

Where Healthwatch investigations flag up safety concerns, HWNEL will inform Healthwatch England via the Healthwatch Hub’s Escalate function or by email, letter or over the telephone. The particular safety concern and the service provider should be identified. This will enable Healthwatch England to check for relevant information that may be held by any other local Healthwatch.

In these instances, HWNEL will also contact the local CQC Compliance Manager. The Compliance Manager can then determine if there has been any breach of regulations. Where this information relates to children’s care services, it will also be shared with the Local Authority and Ofsted.

Levels of Escalation

As a public-facing service, HWNEL is open to comments and raising concerns across health and social care. Sometimes concerns are raised anonymously. Individual comments on their own may not indicate risk over the quality of a service but a trend analysis, based on internally logged issues or external checks, will help support HWNEL in deciding the action required. The degree of urgency will be determined using the following criteria:

**Urgent** – where there is or will be an immediate risk to the safety or wellbeing of people using services. This will include unreported serious abuse or neglect or the risk that this will occur. Life may be threatened or the person may be unable to control vital aspects of their immediate environment or carry out essential personal or domestic care tasks. Such matters will be referred same day and followed up with the investigating body next day to ensure action has been taken.

**High** – where there is only partial choice or control over the environment and where significant comments have been raised over a short period of time. Abuse or neglect may have historically occurred within the service or current concerns may require further information. Such matters will be raised with the provider for an initial response within one working day and, if not satisfied, HWNEL will refer on to the appropriate investigating body.

**Moderate** – where issues logged indicate that timely action is required from a service provider or where there is a barrier to finding a solution due to local or national considerations. Such matters will be raised with the providing allowing ten days for a
response. If not satisfied, HWNEL will raise with the appropriate investigating body, asking them to consider stepping up the issue to high risk.

**Low** – where information indicates that actions are required by a service provider or where comments received impact upon the provider’s reputation. Such matters will be raised with the provider allowing twenty working days for a response on actions identified. If there is no response or concerns remain, raise with the appropriate investigating body and consider use of enter and view powers to check out further.

Revised policy approved: Sep 2016

For further review: Sep 2017
EXECUTIVE BOARD - AGENDA ITEM 8

Date: 22/09/16

Subject: Volunteering

Recommendations

1. To note the general position on volunteering and agree any actions.

Volunteering

Enter & View – We have 12 active E&V volunteers with 1 awaiting training and DBS checks. Our visits to residential/nursing care homes are still once a month as some of the newer active volunteers are still shadowing our more experienced volunteers on visits to gain experience. As previously mentioned, once the newer volunteers are comfortable we will discuss as a team to increase the visits to twice a month. We have our regular quarterly coffee mornings coming up which we will discuss the option to increase the visits to twice a month.

We have been working closely with the CQC in recent months regarding escalations around certain care homes.

General Volunteering – We have 5 active general volunteers. Two of our admin volunteers are regularly coming in now once a week for a few hours to help out with general admin support around the office. Our community engagement volunteer is attending regular events and recently helped at or monthly stand at DPOW with Paul Glazebrook.

We had a lot of interest around volunteering at a recent fresher’s event at the Grimsby Institute especially around possible placements which we are still exploring.

Executive Board – The Board stands at five volunteers. This leaves one vacancy with the option to co-opt others. We continue to advertise for volunteers.

Tayo Davenport - Volunteer and Engagement Officer 15/09/16
Executive Board Meeting

Date: 22/9/16

Agenda Item: 9

Subject: Enter and View Progress Report

Since the last report to the Board, Enter and View work has been carried out as follows:

Latest recommendations:

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<tr>
<th>Place of visit</th>
<th>Recommendations</th>
<th>Service Providers Response</th>
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<tbody>
<tr>
<td>Chestnuts Care Home</td>
<td>This was an extremely pleasant visit and the Home is cheerful, bright and clean. There was a slight odour in the entrance hall on arrival but elsewhere it was very fresh. Maybe the hall carpet is ready for renewal. The only other thing that we felt could be considered was that the dining room would benefit from a more easily cleaned floor covering. We would like to thank Marie and her staff for being so open and friendly and giving us an enjoyable visit.</td>
<td>We did not receive a response from the service provider or manager in the 20 working days given.</td>
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<tr>
<td>Place of visit</td>
<td>Recommendations</td>
<td>Service Providers Response</td>
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| Discharge Lounge, DPoW | 1. A simple information sheet which explains the remit of the discharge lounge should be made available to patients on arrival at the discharge lounge  
2. That an escalation process is put in place to identify patients who are waiting in the discharge lounge for an unacceptable length of time | 1. Trust to produce some laminated cards which explain the function of the discharge lounge. These would be given to patients on arrival in the unit. NB the Trust’s information leaflet for patients also includes a brief paragraph about the discharge lounge and so will be available for all patients.  
2. To work with the WebV team to develop an alert for patients waiting in the discharge lounge for longer than 4 hours. In these instances, the reason for the wait would be identified so that action can be taken to expedite the discharge for the individual and to capture information for the Trust to use to improve processes. |

N.B. there were 4 additional items raised which were requests for information rather than action by the Trust.