**Paper 3: Report from Healthwatch Rutland Manager**

I am pleased to submit this report to the Board of Healthwatch Rutland (HWR), covering the period since my last report to the Board in September 2022.

**Annual Meeting**

The Healthwatch Rutland Annual Meeting was held on 3 November after a postponement out of respect for the period of mourning following the death of Queen Elizabeth. [Notes of the presentations](https://www.healthwatchrutland.co.uk/sites/healthwatchrutland.co.uk/files/Meeting%20Notes%20Annual%20Meeting%20final_0.pdf) and panel session are available on the HWR website and entered into the board documents as paper 2.

**Community engagement and outreach**

Our community outreach sessions have continued this quarter with pop-up stands at Oakham, Ryhall and Uppingham libraries and talks at North Luffenham and Ryhall Parish Councils, Men In Sheds and Oakham Medical Practice PPG. Engagement with young people at Rutland Explorers is helping Amy to shape a short questionnaire that can used in schools to hear more about what matters to children and young people and their views and experiences of health and care services.

**HWR Dementia Project**

The survey closes on 30 November after which responses will be analysed and feedback collated to draw out themes from across the LLR data. Depending on the results we will consider whether to create an overarching report with a Rutland specific appendix, or a separate Rutland report.

**Enter and View**

The joint HWR/HW Leicester/shire E and V visits to Leicester Royal Infirmary Emergency Department were completed over two days in September. In total the teams spoke with 139 patients, their friends, carers, and family members. The report is in draft format currently, awaiting comment from the provider, University Hospital of Leicester. Thanks to Barry Henson and Janet Underwood for their work observing the operation of the department and interviewing patients and their companions.

Amy is currently in conversation with DHU to arrange an E and V to Oakham Urgent Care Centre and we will join up with HW North and West Northamptonshire to visit Corby Urgent Treatment Centre in the New Year. This will be followed, we hope, by a visit to Stamford Minor Injuries Unit in collaboration with Healthwatch Lincolnshire.

**HWR Governance**

We were awarded Cyber Essentials accreditation in November, across HWR, HW West and Northamptonshire and Connected Together. This government-backed standards scheme confers confidence that we are protecting our data against a whole range of common cyber-attacks and can demonstrate our commitment to cyber security.

The interim changes to Standing Orders made at the last board meeting have been incorporated, and we will review in more detail at a Board Development Session in the New Year (see attachment 1).

**Enhanced Access to Primary Care**

Provision of Enhanced Access to Primary Care commenced within the Rutland Primary Care Network on 1 October 2022 as planned. Operating between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays, clinics are shared between the four Rutland practices – details on the [Rutland Health Website](https://www.rutlandhealth.co.uk/enhanced-access-public-statement/). Appointments are pre-bookable as during usual surgery hours.

The PCN has taken the approach of a ‘quiet launch’ with little publicity to allow new systems and processes to be stood up and bedded in, particularly around blood test collections on Saturdays, which have not been offered previously. Initial operations have been mostly smooth, with excellent take-up of weekend cervical smear test appointments.

**Virtual Wards update**

Of the 13 Virtual Wards planned for LLR, 5 are now in operation and looking after patients:

* Asthma
* Community Acquired Pneumonia
* COPD
* COVID-19
* Diabetes

More will follow in the coming weeks.

I’m continuing to attend some of the development and clinical reference groups to ensure that operating procedures are sufficiently accessible and personalised to ensure that no patients are excluded from the services as a result of digital exclusion, language or accessibility barriers, home circumstances etc.

**Changes in Dentistry**

The reforms to dentistry announced in the Summer by the Government have now passed into law. The aim is to provide better dental support, especially for people with complex problems and to improve information for those trying to find an NHS dentist.

Payments for treating patients with complex needs such as several fillings will now be made at a higher rate thus encouraging practices to treat patients who most need it. Practices must also now regularly update information on the NHS website so that it accurately reflects what NHS dental services they are offering. This will enable patients to find clear and up to date information about dentists taking on new NHS patients.

**Ambulance Response Performance**

To be tabled

**Meetings**

The following is a record of the partner meetings that were attended during the period, since the September report:

|  |  |  |
| --- | --- | --- |
| LLR System Engagement Meeting | Monthly | JU, TA-J |
| HWR/HWLL catch-up | Monthly | JU, TA-J |
| PCN/HWR catch-up | Monthly | TA-J |
| LLR System Quality Group | Monthly | TA-J |
| LLR Virtual Ward Development & Clinical Reference Groups | Fortnightly | TA-J |
| LLR System Quality task & finish group | 14/9/22  4/10/22 | TA-J |
| LLR Joint HOSC | 16/11/22 | JU |
| HWR/EMAS Quarterly review | 22/9/22 | JU, TA-J |
| HW/UHL Quarterly review | 30/9/22  10/10/22 | JU, TA-J |
| HWR/DHU Quarterly review | 12/10/22 | TA-J |
| HW/LPT Quarterly review | 30/11/22 | JU, TA-J |
| LPT Peoples Council | 28/11/22 | TA-J |
| LLR Carers Delivery Group | 20/9/22 | JD |
| LLR Dementia Programme Board | 8/11/22 | TA-J |
| LLR Home First Collaborative | 11/10/22  9/11/22 | TA-J |
| LLR Dementia Strategy Review | 22/9/22  27/10/22 | TA-J |
| LHW/LLRCCGs 6 weekly Review | 23/9/22 | JU |
| LLR ICB  ICB Development | 13/10/11  10/11/22 | JU |
| LLR Health and Care Partnership  Development session | 11/10/22  27/10/22 | JU |
| Health Equity Committee | 18/10/22 | JU |
| LLR Mental Health Collaborative | 28/11/22 | TA-J |
| Rutland Health and Wellbeing Board | 11/10/22 | JU |
| Rutland Integrated Delivery Group | 13/10/22  10/11/22 | TA-J |
| Rutland Staying Healthy Partnership | 8/11/22 | TA-J |
| Rutland Mental Health Group | 30/11/22 | TA-J |
| Rutland CYPP Workshop | 14/9/22 | TA-J |
| Rutland Carers Network | 4/10/22 | JD |
| Rutland Children and Young People’s Partnership (CYPP) | 15/9/22 | TA-J |
| Rutland Voluntary, Community & Faith Networking forum | 30/11/22 | AC |
| Rutland Strategic Health Development Programme Board | 12/9/22 | TA-J |
| HWR/Rutland Admiral Nurses | 13/10/22 | JU, TA-J |
| HW/UHL Admiral Nurses | 9/11/22 | AC |
| HW/LPT Memory Service meeting | 23/11/22 | TA-J |
| Rutland Mental Health Group | 30/11/22 | TA-J |
| HWR/OMP/PPG catch up meeting | 22/11/22 | TA-J |
| Rutland PCN PPG | 23/11/22 | TA-J |
| HWR/OMP PPG | 29/11/22 | TA-J |
| LRI ED Enter and View meeting with HWLL | 20/9/22 | JU,TAJ,AC |
| HW/UHL Director of EDI | 22/11/22 | JU |
| Anticipatory Care | 13/10/22  25/10/22 | JU |
| NHSE-I/LDN chairs/East Mids HW meeting | 21/9/22  16/11/22 | TA-J |
| LLR Primary Care Transformation Board | 15/9/22  17/11/22 | JU  TA-J |
| Age UK catchup | 5/10/22 | TA-J |
| Rainbows Hospice meeting | 5/10/22 | TA-J, AC |
| Midlands region Joint Healthwatch meeting | 23/9/22 | TA-J |
| HWR/HWLL Dementia project planning | Fortnightly | TA-J |
| GP practice quality & risk review | 9/11/22 | TA-J |
| HWE Conference | 15-17/11/22 | TA-J |
| HWE/LHW Board members meeting | 3/10/22 | JU |
| ICS workshop | 30/6/22 | JU |

**Acronyms:**

ASC Adult Social Care

BCT Better Care Together

COPD Chronic Obstructive Pulmonary Disease

CYPP Children and Young Peoples Partnership

DHU Derbyshire Healthcare

EDI Equality, Diversity, Inclusion

EMAS East Midlands Ambulance Service

HOSC Health Overview and Scrutiny Committee

HWB Health and Wellbeing Board

HWE Healthwatch England

HWLL Healthwatch Leicester & Leicestershire

HWS Health and Wellbeing Strategy

ICB Integrated Care Board

ICS Integrated Care System

LHW Local Healthwatch

LPT Leicestershire Partnership Trust

LLR Leicester, Leicestershire and Rutland

NEPTS Non-Emergency Patient Transport Services

NHSE National Health Service England

NWAFT North West Anglia Foundation Trust

PCH Peterborough City Hospital

PCN Primary Care Network

PMS Primary Medical Services

PPG Patient Participation Group

RCC Rutland County Council

RISE Rutland Integrated Social Empowerment team

SEND Special Educational Needs and Disabilities

TASL Thames Ambulance Services Limited

UHL University Hospitals of Leicester NHS Trust

VCS Voluntary and Community Sector

**Appendix 1 Standing Orders for the Healthwatch Rutland Advisory Board**

The following are suggested guidelines for the efficient and effective operation of the HWR Advisory Board (hereafter The HWR Board):

1. The HWR Board will meet on a quarterly basis, unless and until decided otherwise.
2. HWR Board meetings are meetings that are held in public and not ‘public meetings’. The public and press are warmly invited to attend however only HWR Board members and invited speakers/guests will sit at the Board table to discuss HWR business.
3. Once the Board has had an opportunity to ask their own questions for information and clarification, the public may be invited to ask questions of any invited speakers at the discretion of the Chair.
4. There will be time allotted for questions on agenda items from the public. These questions should be submitted 48 hours in advance of the meeting to enable the Chair and the Board to give them due consideration. An opportunity for the public to speak and ask questions at the meeting without prior notification will be at the sole discretion of the Chair.
5. The HWR Board, may, at its discretion, go into ‘closed session’ when matters of a confidential matter are to be discussed. Such ‘closed sessions’ will be announced prior to the start of the meeting.
6. All HWR Board members are elected for 3 years and re-elected via self-nomination. The Board should elect a Chair and a Vice-chair for continuity.
7. The Chair and Vice-chair may stand for re-election after 3 years. It will then be open for anyone else to self-nominate followed by a rigorous selection process and interview.
8. The deliberations of the HWR Board should be recorded, with particular reference to decisions made and action points. Other information to be recorded is at the discretion of the Chair.
9. Supporting papers:
   1. Items for the forthcoming Agenda should be with the Chair at least 10 days before the due date of the meeting.
   2. Agenda, previous minutes, and any other supporting papers should be circulated to Board members at least 7 days (5 working days) before the due date of the meeting, unless there are exceptional reasons for not doing so.
   3. Items for inclusion under Any Other Business should be submitted to the Chair before the Agenda is circulated and, in any case, no less than 24 hours before the start of the meeting. Any item not notified prior to the commencement of the meeting, will not be considered unless directed otherwise by the Chair.
   4. Minutes of meetings will be approved by the Chair or Vice Chair before being circulated to members.
10. Conduct of meetings:
    1. The Chair is responsible for the conduct of the meeting. However, it is incumbent on the Chair to ensure that Board members, HWR staff and people invited to sit at the table are allowed, within reason, to voice their opinions on any matter under discussion.
    2. Minutes of the previous meeting should be approved as an accurate record by the Chair at the commencement of any proceedings. Once this has been done, they should be available to any interested party and be posted on the HWR website.
    3. Where the Board has gone into ‘closed session’, the Minutes of that part of the meeting are not to be regarded as being available to the general public and their distribution restricted, at the discretion of the Chair.
    4. Any person whose conduct falls short of what is acceptable, can be asked to leave by the Chair, whose decision is final.

**HWR Board Membership**

1. The HWR Board is responsible for the strategic direction of HWR.
   1. The HWR Board consists of people who have expressed an interest in the workings of Healthwatch Rutland, and who may, in addition, have some experience in the issues that may come before the Board for its consideration.
   2. Prospective candidates to join the Board will be invited for informal interview with the HWR Chair and HWR Manager before any proposal to formally join the Board is raised with other Board Members.
   3. Prospective candidates for Board membership will be asked upfront to declare other potential conflicts of interest arising from involvement in business, social and campaigning interests. Where such conflicts of interest may be expected due to the candidate’s other activities, the application will not be pursued.
   4. When an application to the Board proceeds, applicants may be asked to undertake a short ‘proposal period’ of volunteering to the Board during which time the applicant will not have voting rights. This will allow the candidate to become accustomed to the working activities of the Board, staff, volunteers and stakeholders.
   5. Full membership of the Board will be voted upon at the end of the agreed proposal period at the next Board meeting in public.
   6. The Board will take into account any recommendations from the working groups e.g. The Operations and Planning Group but is not bound by them.
   7. The HWR Board may co-opt any person who in its opinion may assist in its deliberations.
   8. The number of Board members will be limited to a maximum of 10 including co-options.
   9. There will be no more than 2 people co-opted onto the Board at any one time.
   10. Co-opted members will have the same voting status as other HWR Board members.
   11. Co-option status will be reviewed every year for each co-optee.
   12. If any Board member misses 2 successive meetings without giving apologies/good reason, the HWR Chair will write to the Board member. This will also apply to co-opted members.
   13. The HWR Board is quorate when 3 Board members/co-optees are in attendance.

12) Expenses

Any travelling or other expenses necessarily incurred in the discharge of their function as member of the HWR Board may be claimed back from CTCIC. Other than mileage, receipts must be produced with any claim.

13) Declarations of Interest

Members of the HWR Board and staff members of HWR, will be required to complete a ‘Register of Interest’ form, declaring any possible conflict of interest with their work for HWR and their relationship with outside organisations or individuals, where such relationship may be perceived as being detrimental to the impartial discharge of their roles and responsibilities as HWR members etc.

14) The HWR Board Standing Orders will be reviewed as required.

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