

**Project Management Board Meeting 13<sup>th</sup> August 2013, 1pm**  
**Held at The Space, Market Street**

Attended by;

Mark Hooper (MH) - Deaf Positives

Emma Taylor (ET) - Deaf Positives

Heather Young (HY) - Wokingham and Bracknell District Mencap

Karen Brzonkalik (KB) - Kids

Jennifer Kelsey (JK) - Just Advocacy

Sally Grant (SG) - SEAP

Daphne Lighthart - (DL) - SEAP

Rosie Franklin (RF) - Berkshire Autistic Society

Madeline Diver (MD) - (part-time) - Co-opted Representative on Urgent Care Group

Andrea McCombie-Parker (AMcP) - (part-time) - The Ark Trust

Chris Taylor (CT) - HWBF Coordinator

Darren Holmes (DH) - (part-time) - The Ark Trust

		Action
<b>1.</b>	<b>Apologies</b>	
1.1	Apologies received from Alex Pearce from EBE <sup>2</sup> .	-
1.2	<b>Post meeting note:</b> Apologies received via email during meeting from Jeremy Harding (JH) - Triple A.	-
<b>2.</b>	<b>Previous Minutes</b>	
2.1	CT requested that the previous minutes were reviewed by a member of the Board who was at the previous meeting. KB lead the group through these. The outstanding actions where applicable have been brought forward to these minutes.	-
2.2	Everyone agreed the minutes were an accurate reflection of the previous meeting.	-
<b>3.</b>	<b>Photos for Website</b>	
3.1	Photos of the Board members were taken for inclusion on the HWBF website. Website to be updated.	CT



<p><b>4.</b></p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.4</p>	<p><b>Update on Implementation</b></p> <p>CT introduced himself at the start of the meeting. A question was raised regarding the time he is employed for. CT advised that he works 30 hours a week, Monday to Friday. CT gave the Board a brief overview of progress to date. This included the latest position with the Commissioner, and the policies and position statements that were being developed. These are available on HWBF website. They will be worked on and updated as required. CT informed the group that he had received training on the Customer Relationship Management system (CRM) this is to be used to capture information and report back out as required. CT is initially configuring this for Healthwatch England requirements. This will then be worked on to suit all other requirements.</p> <p>Access to the CRM was discussed and it was agreed in the interim that access would be restricted to this information until the Board had a requirement to use it. This would aid accuracy and integrity. CT suggested that he showed the Board the CRM at the next meeting to give them a better understanding of the data capturing requirements and reporting process.</p> <p>DH advised the Board that the soft launch was continuing during the development phase.</p> <p>DH advised the process to deal with partner complaints had been raised during a presentation. CT advised that a position statement in the interim had been placed on the HWBF website, under About, 'How we are setup'.</p>	
<p><b>5.</b></p> <p>5.1</p> <p>5.2</p> <p>5.3</p> <p>5.4</p> <p>5.5</p>	<p><b>Outstanding Partnership MoU's and proposals of new members</b></p> <p>SG advised that she would arrange a time to meet with AMcP after the meeting to move forward SEAP's outstanding MoU.</p> <p>JK and JH to do the same asap.</p> <p>New members - KB advised no progress has been made since the last meeting due to holidays delaying the process.</p> <p>KB to follow up Early Years</p> <p>JK &amp; SG to progress mental health groups</p>	<p>SG</p> <p>JK/JH</p> <p></p> <p>KB</p> <p>JK/SG</p>



<p><b>6.</b></p> <p>6.1</p> <p>6.2</p> <p>6.3</p> <p>6.4</p> <p>6.5</p> <p>6.6</p>	<p><b>Community engagement plans</b></p> <p>Presentations to explain core functions have been carried out with CCPLD staff, to the Local Authority Adult Social Care Managers and the former Link members.</p> <p>DH advised that small groups were being targeted first before general rollout; this is to include meeting patient groups prior to the ‘big push’ for public community engagement which would begin at the end of September.</p> <p>One goal during the ‘big push’ is to capture lots of different details and views. The idea to ‘Incentives questionnaires’ was considered. Leaflets, banners and other promo materials have been researched and are being ordered to achieve high visibility.</p> <p>Volunteers are being recruited as ‘community reporters’ to produce digital stories. Age concern is the first group producing digital stories.</p> <p>Regular weekly meetings with Karen Maskell the Patient and Public lay member for the CCG have been arranged.</p> <p>Social media has been setup for twitter, facebook, youtube, and slideshare.</p>	
<p><b>7.</b></p> <p>7.1</p>	<p><b>Enter and View</b></p> <p>AMcP introduced the group to enter and view. Enter and view is a large part of Healthwatch. HWBF can enter and view any social or health care provider. Healthwatch England is investigating the issues regarding privacy with home visits. A clear policy is required, detailing published representatives. HWBF intention is to have three people involved in each enter and view an expert patient a professional and an impartial member of the public. Criminal record background checks would be a necessity for everyone involved but the severity of a crime must be considered further. Policy for trigger level to be discussed. HWBF is not just about looking at the bad it must actively seek out good practice. A draft policy to be prepared.</p>	<p>CT</p>



