

Minutes of the Board Meeting

- Date / time:** 25th Sept 2024, 5.00pm
- Venue:** Via Zoom
- Present:** Chair: Stewart Francis (SF),
Non-Executive Directors: Chelsia Lake (CL), Saqib Rehman (SR), Frances Dewhurst (FD), Ann Green (AG), Philippa Brice (PB) and Jess Slater (JS)
- Apologies:** Chris Palmer (CP), Laura Beer (LB), Jonathan Jelley (JJ) and Johnny Hebron (JH)
- In Attendance:** Carole Rose (CR), Sue Allan (SA), Paul Gould (PG) and Mehvash Admed (MA).

Introduction and apologies

1. SF welcomed all Directors and staff to the meeting, there were four apologies.

Declarations of interest

2. There were no declarations of interest in regards to this meeting agenda.

Minutes of the previous meeting

3. The minutes of meeting on 10th July 2024 (attached) were agreed with an update to the wording of the declarations of interest section. The addition of attendees present was requested.

Action: CR to update July minutes with correction

Action log

4. SF thanked JS for reviewing and condensing the action log to one page, it is also now colour coded for ease of reading. JS explained that anything in green has been completed and will be taken off for the next report and that actions relating to KPIs will be incorporated into the new strategy so these will also be deleted.
5. SF advised that the use of Hospital and GP screens to promote Healthwatch is difficult due to the large number and each being dealt with by different Trusts or independent advertising agencies. JS and SF have agreed to try to progress promotion of Healthwatch with the ICB or ICP directly.
6. The geographical data in relation to the Information and Signposting report was provided. SF commented that having the numbers does not really help without the size of the population in each area although it does show where engagement activity may need to be increased.
7. JS advised that the action to raise referrals from Citizen Advice leads has been deferred due to a current lack of capacity in the team to deal with a potential increase.

8. The Policy review schedule has been revised to group the policies which can then be reviewed by the GPG before each Board meeting.

Action: SF and JS to follow up Hospital TV screens promotion with the ICB

Action: CR to send the schedule of policy review to the Board

Partnership Boards Report

9. SF introduced the report which CR is overseeing. CR added that we have identified a need to improve the value we get from these Boards so we are currently undergoing a review of how they are promoted and run. The staff and Independent Members and their Chairs will be involved in this process.
10. SF asked how much effort is being made to increase the membership. CR advised that for the past six months these Boards have been reliant on one member of staff who has unfortunately been unable to progress visits to local groups to promote the work of the Boards. This is an area that will be prioritised as capacity has improved.
11. JS advised that she is now involved in the regular meetings with the local authority commissioners, this is about making sure that a minimum of 50% of the attendees to the Partnership Board meetings are people with lived experience. As part of this promotion a new member of staff has the responsibility to assist directly in the recruitment of these members.
12. AG commented that the partnership boards are a great opportunity to listen to the patient voice and are an integral part of Healthwatch so there is a need to have a mechanism in place to support staff to achieve these targets.
13. FD commented on the need to link the agendas of these meetings with the interests of the patient to encourage attendance and feed back information to the Health and Care forums as well.

The Board noted the report.

Engagement Report

14. SF introduced the report from SA who is Head of Engagement. SA added that during this period we have lost two engagement officers in the Cambridge South area which may account for the lack of contacts in that area whilst we recruit.
15. PB asked what Enter and View entails. SA explained that this is a statutory right that Healthwatch has to go into government funded health service, we are currently focusing on all eye clinics in the county. JS added that the clinics are aware we will attend and that we produce a report with recommendations that they can respond to within 20 days, the report is then published as a public document and shared with HW England. SF commented that he attended the NWAFT AGM where they referred to us working with them on this.
16. SF asked what the plans are regarding the first project completed by the Youthwatch group. SF explained that the analysed data will be reported on.

The Board noted the report.

Chair's report

17. SF introduced his report (attached) which he took as read and had nothing further to add.
18. AG asked if we had made ourselves known to the new local MPs who are now in post. SF has written to all to congratulate the new MPs and two have replied and one is going to attend the Summit and SF will be meeting them. In addition JS will be following up on this action.
19. No points or further questions were raised in relation to the Chair's report.

The Board noted the Chair's report.

Chief Executive's report

20. SF introduced the CEO report (attached) which he took as read and added that there is a recurring theme for a long time around Forums and Partnership Board meetings and attendance from the public. He asked the NEDs to consider if they are happy with this level of reporting from the CEO.
21. JS added that we have now received verbal confirmation of the two year extension of funding, we are awaiting written confirmation.
22. AG commented that she appreciates the raising of the Darzi report and the strategic priorities section is very helpful. CL commented that seeing the breakdown of volunteering hours is good, especially the Youthwatch section as it has previously been very difficult to involve young people.
23. SF commented that there are a number of organisations bringing together groups of young people, he asked if we should be in touch with these groups to promote Healthwatch. JS advised that we link with the NWAFT and CUH groups via the patient leads at a strategic level and we hold monthly meetings to report our feedback and insights. We will be considering how we develop Youthwatch in the future and this could include contact with other youth groups.
24. AG asked how we have recruited the nine members of Youthwatch and how many are we looking for. SA responded that they have recruited from freshers fairs and a youth festival event organized by Peterborough City Council, there is no limit on the numbers as they pop in and out depending on exams etc. but usual attendance is around seven people at each meeting.
25. SF asked what is meant by 'well attended' and what is the direction of travel. JS explained her idea to build patient pathways and engagement through the Health and Care forums because there are very few direct pathways to the public voice apart from Partnership Boards. She envisages the Health and Care forums becoming a platform for the Integrated Neighbourhoods and Patient Participation Groups to channel information through and receive direct feedback and questions from the public. The forums are currently well attended by PPGs and we need to build awareness for the public.

26. PB asked if there is any sense of significant changes to be made to encourage the public. JS responded that the Forums need to move around the area, have current content, for the Chairs to have more of a lead and the venues to be more easily accessed but strategically it is their purpose and objectives that need to be sorted out.
27. NEDs confirmed that the level of content in the CEO reports is good for the Board to feel well informed and the structure is good with highlights leading and further details included but to watch for duplication when other reports are included.
28. No further questions were raised in relation to the CEOs report.

The Board noted the report and thanked JS.

General Purposes Group (GPG) report

29. SF introduced the report which include the minutes of the meeting, the monthly accounts and the updated risk register.
30. AG confirmed that the minutes are a very condensed version of what was discussed and that this is a time of change and a new staff structure is being introduced so there are disturbances amongst staff but these disturbances have been minimised and handled with sensitivity. The level of communication with the staff is open and informative which is reassuring for the GPG.
31. AG is happy that the changes are being made within our current financial constraints and the GPG is reassured these are necessary since the Board is culpable if anything goes wrong.
32. The financial accounts are being presented in a different format which had been requested for some time. JS explained the key points of the Account from April to August including income, expenditure to date and the forecast.
33. SR asked how easy the new accounts are to produce and how it fits in with the auditors recommendations. JS advised that these are not easy to produce and CR will be attending a training course shortly but JS is currently doing this piece of work. This format covers over and beyond what the auditors have recommended.
34. PB asked if the reserves need to be increased in line with other price increases. JS advised that this year the budget will be about getting it on a sustainable footing before we can look at increases to reserves in the future.
35. SF commented that he is happy that they now have a balance sheet, a cashflow, a clear idea of what has been done so far and the forecast all on one sheet. In March 2024 the Board agreed a deficit budget of £37k but we are now looking at a possible deficit of £13k which indicates a grip of the problems and some difficult decisions made regarding staff numbers. He suggested consideration should be given to longer term investments to increase return from interest opportunities.
36. JS advised that the risk register will be reviewed by the GPG each quarter and taken to the Board every six months. The top risks are about the current CRM and this is being reviewed in line with GDPR, the data will be extracted and a new system will be introduced. The other risk is regarding cyber security and the staff are to receive refresher training regarding IT safety and security.

The Board noted the report with thanks.

Any other business

37. SR noted that the MA had joined the meeting and invited her to introduce herself. MA is on a graduate management trainee with the NHS and is working with Healthwatch in a three month vocational placement from NWAFT. She is enjoying finding out about the different elements of Healthwatch, sharing ideas and shadowing staff members. MA commented on how nice it is to see a balance in the level of detail required in the papers for the Board meeting, the different perspectives and the updates which she has found insightful and interesting. MA will be taking back the importance of the public voice to make the services more responsive and tailored to the needs of the people using them which has been missing in other areas of her work.
38. SF thanked MA for her work with Healthwatch and asked her to keep in mind the importance of the patient voice in her future work.
39. No questions had been submitted by the public in advance of the meeting.

SF thanked everyone for attending and reminded them that the next Board meeting will be on 29th January but the summit will be on the 2nd October and will be a very full and busy day.

Meeting closed at 18:31 hrs.