

Minutes of the Board Meeting

Date / time: 10th July 2024, 5.00pm

Venue: Via Zoom

Present: Chair: Stewart Francis (SF),
Non-Executive Directors: Chelsia Lake (CL), Chris Palmer (CP),
(LB), Frances Dewhurst (FD), Ann Green (AG). Laura Beer (LB)
Jonathan Jelley (JJ) Johnny Hebron (JH) and Jess Slater (JS)

Apologies: Saqib Rehman (SR)

Introduction and apologies

1. SF welcomed all Directors, the staff team and a member of the public to the meeting. There was one apology.

Appointment of NED

2. SF welcomed Phillippa Brice (PB) to the meeting and asked the Board to formally agree to PB rejoining the Board to complete the remainder of her term which is a further four years. All agreed and there is now a full complement of NEDs.

Declarations of interest

3. There was one update to the declarations of interest, PB has completed a form and advised the Board that she does have a conflict of interest; she is employed by NHS Cambridgeshire and Peterborough as the Head of Research and Development for the ICB. For most purposes this is not a conflict as it has nothing to do with service commissioning or delivery, but an element is to improve patient and public health and care research inclusion so there is potential for overlap.
4. PBs proposal to manage this is that she will state that there is a conflict of interest and will excuse herself from decision making and if appropriate also from discussion if that arises and maintain confidentiality between the two. SF stated that we are happy to have PB back on the Board and advised that as it had now been explained to the Board there will be no need to repeat this in future, we will rely on PBs discretion to manage this.

Minutes of the previous meeting

5. The minutes of meeting on 27th March 2024 (attached) were agreed as being accurate with no actions outstanding.

Action log

6. SF reviewed the action log and stated that it will be reviewed to take out old actions and condense it for future meetings.

7. SF advised that the volunteer survey has been completed and looks very positive, the Board will be taking a strategic look at everything they are doing so this will be helpful in that discussion.
8. JS advised the Business Development report will be discussed at a Development session. There is a vacancy and opportunities to be brought to the Boards attention.
9. An updated Governance report was reviewed at the last meeting and a couple of changes made. The Board agreed the updated report to go on the websites.

Action: JS to review the action log to make it more relevant

Action: CTJ to follow up the Hospital TV screens advertising with Danielle Black

Information and Signposting Report

10. SF introduced the report which CR is overseeing. CR added that we get fewer telephone enquires to our signposting service but feedback from engagement events has increased. Possibly a reflection of recovery from the covid period.
11. FD requested geographical data of where the enquiries and feedback are coming from. The feedback from Fenland is increasing whereas we get very little data from Cambridge area.
12. JJ commented on the number of feedback from engagement and if we gauge the cost effectiveness of attendance for each event ie. The amount of events attended v the feedback gained as an average.
13. PB commented that a drop in signposting is potentially good news as the information needed must be more readily available. However the difficulties with CRM are a concern, CR advised that a recent upgrade attempt had not been successful and we reverted to the previous system which has support until January. The upgrade is to be reattempted at a later date. JS reported that we are looking at a different CRM system and hope to have another option soon.
14. CL commented on the use of I-pads by the engagement team is hindered by a lack of Wi-Fi in some areas. CR responded that the team can use work mobiles but can also use the i-pads as a signposting tool to aid people with queries.
15. JH commented that as the signposting service is used less could this be scaled back or stopped altogether. The information and signposting element of Healthwatch is a statutory requirement alongside the Enter and View so this is not an option.
16. JS commented that signposting is not currently followed up with a call to gain feedback or impact, this is an area that will be looked at. CP commented that Citizens Advice also offer signposting so as it is statutory for Healthwatch we could handle these instead. FD added that social prescribers and other organisations also signpost. SF commented that this duplication is a long term issue that may require political intervention or conversation with CAB leads to address.

Action: CR to bring geographical data to next Board meeting.

Action: JS to arrange a discussion with CAB leads

Chair's report

17. SF introduced his report (attached) which he took as read. With the change of government he is seeing a degree of excitement and optimism that some issues may be tackled and this is an important time for the patient voice.
18. SF recently attended a joint meeting of NWAFT and the ICB Board at Hinchingsbrooke Hospital which recognises the effect the improvements could have on the whole system. There are three new hospitals being built locally: Hinchingsbrooke, a Cancer hospital and a Children's hospital so exciting times ahead. However, patients are still having trouble accessing care so we have to keep our eye on the ball while also bringing the patient voice to influence the future.
19. PB raised that to pay for new things money has to come from something else and we should be aware of this. SF commented that the new Hinchingsbrooke is planned to have the same number of beds even though we know that the population is growing, emphasis on other initiatives such as virtual wards and preventative care needs to happen or this will be a risk, so there has to be a willingness to change.
20. CP commented that the ICB gave an impression that funds were available for dentistry. SF confirmed that this is the case and that children's dental care would be the priority.
21. No points or questions were raised in relation to the Chairs report.

The Board noted the Chair's report.

Chief Executive's report

22. SF introduced the CEO report (attached) which he took as read. JS added that she has met all staff, some volunteers and NEDs and some things she wants to do will need some Board involvement. There are positive things that she has learnt but she has also identified some changes to be made. The date for the Summit has been arranged for the 2nd October and the subject is Health Inequalities and the strapline is 'Tackling Health Inequalities Together'.
23. FD commented about the Health and Care forums and that themed meetings may attract more involvement and make it easier to advertise the events. CTJ responded that this is starting to happen with recent meetings concentrating on end of life and palliative care which had good feedback. More will be arranged to coincide with various national days or weeks. JS added that the Health and Care forums are important to her proposed strategy along with the Integrated Neighborhoods, this will be discussed at the Board development session.
24. JJ asked what has surprised JS within the first weeks at Healthwatch. JS responded that she has been surprised by how active and involved the Board is which is really helpful as people from other organisations want to meet her so the weeks have been fast paced. JS plans to change the CEO report reducing the quantity and with a focus on Impact.
25. No further questions were raised in relation to the CEOs report.

The Board noted the report and thanked JS.

General Purposes Group (GPG) report

26. SF introduced the report and advised that a new HR specialist has been appointed.
27. The auditors explained their report and the recommendations made at GPG. A new format of the accounts is being developed and will be available for the next meeting.
28. FD advised that the Board will not put JS as the main banking contact until she has completed her probation period.
29. The Azets report has been sent to the Board and GPG has addressed anything raised by them.

Annual Report and Financial Statements

30. The reports are sent to the Board to agree and pass on to the AGM to adopt.
31. PB asked about the implications of the annual reports' projected loss and future planning to manage this. Another point to note is the rise in computing costs. JS responded that she is reviewing the loss overall which is a reason for the recruitment freeze. CR advised that we had needed to replace four laptops and some comms equipment in the last year hence the rise in computer expenditure.
32. SF added that the Board recognises the loss and they know why, there is an impact on reserves but these remain at a level that the Board feel is secure. We cannot maintain a 30k-40k loss. We have a budget and the Board does not expect it to be exceeded.
33. AG queried the training budget as she is concerned that it has been reduced, there is a need to maintain training opportunities as a good employer.
34. SF commented on the Annual Report which looks good and is an easy, informative read. FD commented that she would have liked to have seen it earlier in the process. PG advised that the template is given to us by HWE in May, we have six weeks to gather information and write the report. It was sent to NEDs with the Board papers but was not able to be published until after the election although we were required to submit it to HWE by 30th June. SF asked that the report be shared with the Board earlier if possible in future.

The Board approved the Annual Report and Financial Statements as an accurate reflection of our business in 23/24.

Any other business

35. SF confirmed that there was no other business raised by the Board and no questions had been submitted by the public in advance of the meeting.

SF thanked everyone for attending and reminded them that the next meeting will be on 25th September.

Meeting closed at 18:24 hrs.