

Minutes of the Board Meeting

Date / Time: 14 September 2016 19:00-21:00

Venue: The Meadows Community Centre, 1 St Catherine's Road,
CAMBRIDGE, CB4 3XJ

Present: Val Moore - Chair
Non-Executive Directors (NEDs): Mike Hewins (MH), Graham Jagger (GJ), Ruth McCallum (RM), Sue Westwood-Bate (SWB)

Sandie Smith, CEO (SS)
Trisha Napier, Minute Taker (TN)
Angie Ridley (Comms Manager)

1 Apologies

Apologies were received from Non-Executive Director Karen Begg and Guarantor Victor Lucas.

2 Declarations of Interest

2.1 Val Moore has recently been appointed a Non-Executive Director at East and North Hertfordshire NHS Trust.

3 Minutes of Previous Meeting 13 July 2016

3.1 Approved as an accurate record.

4 Action Log

4.1 Sandie Smith referred to Point 10.5 and advised the Board that the Working Group will meet with Healthwatch Lincolnshire and Healthwatch Peterborough later in September and will report to the Board at the next Meeting if progress has been made.

5 111 and Urgent Care

5.1 Sue Westwood Bate introduced David Archer, Chief Executive, Herts Urgent Care (HUC) who were successful in winning the contract for the 111 and GP Out of Hours services for Cambridgeshire which goes 'live' on 19th October 2016.

5.2 Mr Archer's presentation detailed HUC's history, the current service models, Five Year Vision and new service objectives which include:

- A single telephone call to access a wide range of approved clinical services

- Direct booking into confirmed appointments during the GP Out of Hours period
- Creation of multi-speciality hub to provide fast access to professional advice
- Continue to provide senior clinical validation of the Emergency Department and the Green 999 referrals
- Remove obstacles that can present within multiple provider services
- Improve the speed of response to patients who require consultations.

The service headlines are:

- A single provider
- Direct booking
- A clinical hub
- GP validation of Green 999 and Emergency Department
- Eight visiting cars will be based across the county to carry out home visits
- Existing clinical bases will be used
- GP practices will put the 111 service details onto their answerphone message - moving away from direct referral
- A new Navigator role will be implemented to deal with enquiries and professional referrals.

Mr Archer's presentation included a "Five Year Vision" diagram, attached.

5.3 Questions from the Board:

- Graham Jagger asked Mr Archer to explain the key performance indicators (KPI's).

Mr Archer explained that in the procurement process they were set similar to the current ones - e.g. the 111 service which are already being met; the call back service KPI's are 95%, but are currently averaging 75%.

The GP Out of Hours involves recruitment of a suitable work force; Urgent Care Practitioners for 1:1 visits and a wider, deeper workforce.

The 4-hour wait has seen a 33% improvement, but new recruits are needed.

- GJ also asked what is a Clinical Adviser?

Part of the 111 service includes one clinician who is suitably trained, and the only person allowed to use the software and are the pathway to six health advisers who are usually nurses and paramedics.

- Sandie Smith asked how 111 clinical hubs will work with Cambridgeshire and Peterborough NHS Trust (CPFT) community services and if use of Telehealth is planned?

Mr Archer responded that there hasn't been a great deal of discussion with CPFT regarding community services, but it is in HUC's aspiration for HUC's Five Year Vision.

A new IT model with Telehealth will monitor COPD patients who have monitors in their own homes which connect to IT software. When this software recognises a difference in the patient's usual health it will alert the 111 service to call the patient.

A 111 'app' is soon to be launched which will allow self-referral to the service. This could be developed to link with a video consultation as it is recognised that young people do not like to sit in waiting rooms, but would use this service.

- Mike Hewins asked about the needs for change in the development of the new service model, and what was built into the management to allow for this?

Mr Archer explained that the Business Internal System takes feedback from the systems such as telephony, finance etc. The Director of Services recognises a failed return for patient's need in areas such as lack of dental help after 6pm, and will refer that back. As an example, pharmacies will be on duty all day Friday and Saturdays to cover prescriptions.

- Ruth McCallum asked how HUC will capture feedback and information?

Mr Archer said that they would employ an independent patient survey company to do this work on their behalf. Patient champions will scrutinise replies and hold the Board to account.

- Sue Westwood-Bate asked about communications and who was responsible regarding the upcoming change in service. Was it the CCG or HUC?

Mr Archer replied that the CCG would be responsible for mail drops notifying the public. HUC will notify the provider network (GPs) and patient groups, but they are not committed to talk to patients or produce literature.

- Val Moore asked where the clinical bases would be, whether they were in Cambridgeshire or Hertfordshire?

Mr Archer said they will use existing bases at Chesterton, Ely,

Peterborough and Huntingdon, and Doddington which will be open 24/7.

Val Moore said Healthwatch Cambridgeshire would disseminate messages and asked what the messages were and best timing?

Mr Archer said that there were no plans for a 'soft launch'. There would straight away be access to urgent care, winter care, and 80% of patient direct booking appointments being seen within 10 minutes of their appointed times in the emergency department.

5.5 The Chair invited questions from the public:

- The first question was regarding signs in Hemel Hempstead saying 'urgent care' and wondered if this was the 111 service?

Mr Archer replied that this is a care centre in partnership with West Herts Trust not HUC.

- The second question asked about access to information and the difficulties which might be encountered due to language barriers and hearing difficulties. Are staff trained in specific areas?

Mr Archer explained that arrangements are in place for translation services within 15 minutes of a request being made. Training on how to deal with callers under stress and how to access relevant information is underway. NHS England has a commission to run a 3-way video to assist callers using sign language.

- The third question was about Fenland and a consultation about closing three minor injury units and the impact that would have on people who don't have English as a first language?

Mr Archer responded that this has not been discussed in detail and currently there is no change.

- Another question was whether there would be control on prescribing?

Mr Archer said there will be specified guidelines in the system with regard to repeat prescriptions. From the launch date there will also be an EPS tracker, so that pharmacists would be aware of GP issued prescriptions and the date of the last issue to prevent over-prescribing.

The Chair thanked Mr Archer for his interesting presentation assuring him we would be watching with interest and would do all we could to support its success.

6 Chair's Report

- 6.1 The Chair asked the Board to note the current system issues and meetings attended.

The report was noted.

7. CEO Report

- 7.1 Sandie Smith presented the report.

- 7.2 The CEO highlighted some points including:

- **Point 6: Sitting Comfortably Report.**
The report gathers experiences and feedback from people using wheelchair services. A response has been received from the provider. Healthwatch Cambridgeshire are ascertaining the timetable for commissions from the Children and Young People Joint Commissioning Unit.
- **Point 7: Gluten-free products**
We have been contacted by people affected by the decision to limit gluten-free products and Coeliac UK. We have raised the concerns with the Clinical Commissioning Group (CCG) who have confirmed that arrangements to support patients will be put in place. To be monitored.
- **Point 9: Minor Injures Units**
The CCG are now holding a series of meetings to explain the actual situation to local people. Healthwatch Cambridgeshire reps are attending these meetings to listen to local concerns and encourage people to feedback to us as the local independent patient and public voice.
- **Point 10: Healthwatch Cambridgeshire reps are also attending all of the public meetings being held regarding the proposed merger of Hinchingsbrooke and Peterborough Hospitals.**
- **Point 11: Cambridge University Hospitals (CUH) Care Quality Commission inspection:**
Healthwatch Cambridgeshire have submitted 55 pieces of evidence to the CQC to help inform the forthcoming inspection.
Sandie Smith would like to recognise that Hinchingsbrooke Hospital recently obtained a 'Good' when inspected by the CQC.
- **Point 13: Maternity Services**
Following the questions raised at the AGM, Healthwatch Cambridgeshire has revisited the recommendations of our Maternity Services report. The CCG has repeated that Maternity Services

Liaison Committee (MSCL) is not its responsibility. We have approached the Trusts to ascertain their position.

- Point 16: KPIs
These are shown in the graphs, and Sandie Smith is pleased to report increased activity this year.

Questions from the Board:

Graham Jagger said that the achievement made by Hinchingsbrooke Hospital in the 18 months since the last CQC visit was excellent, but he found that the Rosie Maternity Unit classed as inadequate was unsatisfactory.

Sandie Smith noted that the Trust, CQC and CCG are all aware of the situation.

Mike Hewins asked about KPI graphs and, in particular, what dates applied to the figures entitled 'Cumulative total' in the Experiences and Signposting chart.

Sandie Smith confirmed that the yellow line was 2015-16 and the grey line 2016 -17.

Val Moore asked about 38 Degrees (point 8.2). Sandie Smith explained they are a group who campaign on various and numerous topics. She told 38 Degrees that they had been supplied incorrect information on Hinchingsbrooke Hospital and they then closed their online petition.

The Chair asked the Board to note the CEO's Report, to thank the team and endorse Graham's congratulation to Sandie Smith for completing the staff appraisals.

The Board noted and accepted the Report.

8 Communications Report

8.1 Sandie Smith presented the report on activity during the last six months.

It should be noted that additional engagement worker hours, previously approved by the Board, has proved to be a great help in increasing activity. However, as a result of this more marketing and promotional literature is needed. The support of the volunteers should be recognised for these events.

Healthwatch Cambridgeshire constantly reviews its spend on promotional items. It was decided that pens and bags are the most successful.

- Point 3: Your Voice: This is in the process of being merged with the e-news for the next edition and will be sent out to the mailing list.

- Point 4: The apprentice has proved a valuable addition in her work with social media, videos and displays.

The Board were asked to note the report.

- 8.2 Sue Westwood-Bate commented that Healthwatch Cambridgeshire tweets are concise and a good counter-point to more negative comments in social media. They can be an effective way to reach younger people.

9 Finance Report

- 9.1 Sandie Smith presented the report which was in line with projected spend.

The Board noted the report.

10 Public Questions

- 10.1 There were no questions.

The Chair closed the meeting at 8.45pm and thanked everyone for attending.

Date/venue of next Meeting:

9 November 2016, 7pm

The Maple Centre, 6 Oak Drive, HUNTINGDON, PE29 7HN