

## Minutes of the Board Meeting

**Date / Time:** 17<sup>th</sup> January 2018 2pm

**Venue:** March Library, Wordsworth Room, City Road, MARCH, PE15 9LT

**Present:** Val Moore - Chair  
Directors: Frances Dewhurst, Mike Hewins, Gordon Smith, Margaret Robinson, Susan Mahmoud, Nik Patten, Sue Westwood-Bate  
Trisha Napier, Minute Taker

**Staff in attendance:** Sandie Smith, CEO  
Sharon Gunn, Jo McHattie, Julie McNeill, Janine Newby-Robson

### Introduction and Apologies

1. The Chair welcomed everyone to the Board Meeting held in public.
2. Apologies received from: Nicky Hampshaw, Graham Jagger, Jonathan Wells and Victor Lucas.

### Declarations of Interest

3. There were none declared relating to the agenda.

### Minutes of the previous meeting

4. Minutes approved with the amendment that the last meeting was held at The Meadows, Cambridge.

### Action Log

5. Agreed as reported.

### East of England Ambulance Service presentation - Paul Marshall

6. SS welcomed Mr Marshall to the meeting adding that she was interested in how Healthwatch Cambridgeshire and Peterborough should be scrutinising and championing East of England Ambulance Service's work.

Mr Marshall explained that the East of England Ambulance Service NHS Trust (EEAST) covers 19 Clinical Commissioning Groups.

Activity has increased 3.4% on this time last year.

The main causes for the calls received are:

- Breathing problems up from 7% to 10%
- Chest pains up from 8% to 12%
- Falls up from 13% to 15%
- Healthcare professional calls up from 7% to 10% (these include calls from GPs and care homes)

EEAST have introduced a new procedure to triage calls to the 999 service and are using an 'Ambulance response programme' with calls prioritised between 1 and 4.

EEAST work with the Joint Emergency team (JET) via the CPFT. At the current time JET have capacity issues with staff and vehicles but they are using them to attend and keep patients at home rather than have to go to hospital.

7. SM asked about patients experiencing difficulties with the securing of wheelchairs in ambulances. PM confirmed that there are different vehicles for different patient needs and advised the patient or his carer to contact the Patient Transport Service to discuss the disability to ensure that the correct vehicle is sent.
8. SWB highlighted the Cambridge City and South Cambridgeshire falls service and asked if PM has access to these reports? PM confirmed he has and this has been adapted to make it more affordable.
9. Board members sitting on the A&E Boards highlighted concerns about ambulance turn-around times at A&E. PM is aware Addenbrookes have a good turn-around time but Peterborough needs improving.
10. A liaison officer has been put in place within EDs. They facilitate a smooth and timely transition for the patient from Ambulance to Acute, which frees up the ambulance to respond to the next patient.
11. GS asked about prioritising 999 calls. PM confirmed it is a computer programme. Some calls may be selected to be handled by specialist knowledge technicians and they will find alternative pathways for the patient such as JET, GPs etc.
12. NP asked about calls from GP surgeries and care homes. PM confirmed that calls from healthcare professionals are up from 7% to 10%. EEAST will be bringing in identification numbers for GP Surgeries. This will identify the practice and allow investigation when there is an increase to determine why.
13. VM asked how Healthwatch Cambridgeshire and Peterborough can help? PM said to keep attending the A&E Boards with a voice and facilitate engagement between community first responders and community groups.

**Public questions:**

14. Who commissioned JET and does anyone check their Key Performance Indicators (KPIs) at the STP? The questioner highlighted that JET is not used enough.

15. PM replied that the CCG and STP commissioned JET, and the KPI's are monitored by the STP.
16. SS added poor uptake is due partly a lack of GPs referring to the service. This is being addressed by the CCG and CPFT.

### **Chair's Report**

17. The report describes the public activities carried out by the Chair since the last Board meeting. The period included more local radio appearances than usual, indicating an appetite for commentary on the public perspective of our health services performance and changes. The Chair encouraged proactive contributions from local health and care commissioners and providers.
18. Winter pressures have been a public concern over the Christmas period and into the New Year. Our local hospitals are under huge pressure. Some non-urgent elective operations may be cancelled following recommendations from NHS England to try and reduce emergency pressures. Healthwatch have disseminated the messages from the Cambridgeshire and Peterborough CCG Choose Well campaign to help people use the best service to meet needs for urgent and emergency care. See [here](#)
19. The Chair highlighted in the last report that A&E Delivery Boards are in place to report on and improve services focussed around each hospital Trust. The issues and responses are different for the north of our patch and the south. Discussions can vary from strategy to arranging detailed solutions for individuals in need. A second concern is that the public will not automatically know how to access new services, and who is coordinating their care. It's important that we encourage this feedback to be hard-wired into the plans and activities of these Boards.
20. The contract is agreed with our commissioners Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) joint commissioning unit. This confirms our budget to March 2019.
21. The Board noted the report.

### **Chief Executive's Report**

22. The launch of the 'Accessible Information as Standard project report was attended by over 70 people. People at the launch heard about people's experiences and from service providers about their plans for improvements. Action Plans are now being collected from the main NHS providers in Peterborough and Cambridgeshire. There will be an update to this Board on progress in September 2018.
23. A response has been received from the CCG in respect of our 20-day letter regarding Tongue Tie Division services. The CCG confirm that redesign of this service will form part of the Better Births Plan, be co-produced with service users and consistent across the area.

24. Four vacancies unfilled in the Staff Review have been filled and new staff are taking up their posts during January and February. Recruitment for a Communications Officer is underway.
25. A review of volunteering roles and a new single volunteer support and development system is being introduced by the new Volunteer Manager.
26. Discussions are underway with Healthwatch England to ensure that our approach to branding our merged Healthwatch complies with the requirements set out in our Branding Licence Agreement.

Performance highlights to end of December 2017:

At the end of December 2017, a total of 429 experiences had been collected in Cambridgeshire and including an increasing number of experiences from the Peterborough area.

Since September the team spoke to 2,261 people at 56 events in Peterborough and Cambridgeshire.

Since September 44 volunteer hours were contributed in engagement activity in Cambridgeshire. Peterborough volunteer hours are now being collected.

From September to December we responded to four consultations:

- Cambs County Council: Changes to Children's Centres provision
- Cambridgeshire and Peterborough Dementia Strategic Plan
- Healthwatch England Strategy Consultation
- Peterborough Pharmaceutical Needs Assessment

Reported impacts from our work:

- Following feedback from patients about poor signage and directions to the Out of Hours service at CUH, signage and direction-giving has been improved.
- We have engaged with four GP Practices, or groups of Practices, to give advice regarding engaging with patients about merger proposals
- Informal feedback has been given to the CCG regarding cost limits for home-based Continuing Health Care. The CCG are undertaking further work to benchmark and discuss with patients and carers what are reasonable costs.
- Patient communications regarding MRI appointments discussed with Chief Nurse at CUH. Capacity issues causing problems in service delivery. Advised that patients need to be kept informed and responded to in a prompt and clear manner.
- Work done by Healthwatch working group on discharge has been used by the CCG as basis for a new leaflet, resulting in improved information for patients and carers.

27. VM said that she thought that the experiences data could be presented in an improved format.

**ACTION:** SS to revise as part of developing the new intelligence system.

28. MR asked if it was possible and/or useful to have a briefing produced which they could take to meetings to highlight Healthwatch Cambridgeshire and Peterborough's work in the area. Perhaps include events attended, statistics of experiences gathered, level of signposting, work completed.

**ACTION:** SS and JM to produce a monthly Board briefing on activity and impact.

29. The report was noted by the Board.

#### **General Purposes Sub-Group Report**

30. The Sub-group met for the first time in December and agreed Terms of Reference. The Group also agreed a process for policy review and recommends to the Board that:

- Each Policy be reviewed by the responsible Officer and circulated to the full Board for comment
- Comments be considered by the Sub-Group who will recommend the reviewed policy to the Board for approval
- Any Director with expertise in any specific policy area be invited to the Sub-group meeting.

31. The Group discussed the recent Staff Review and associated budget implications.

32. The Group has drafted a risk register which will be circulated to the Board when in final format.

33. Regarding financial controls, VM suggested that the committee develop a schedule for budget sign off limits, and to match procurement process with financial limits.

#### **Financial Controls Policy**

34. To be reviewed at the next meeting.

#### **Reserves Policy**

35. The Board approved the policy.

#### **Reviewed Policies**

36. Whistleblowing Policy and Procedure  
Approved.

37. Complaints Policy  
Approved.

38. Enter and View Policy

VM requested that the Enter and View Policy be further reviewed particularly with regard to the appendices.

**ACTION:** SS to bring back Enter and View policy to the Board meeting in March.

39. SM and MH raised the fact that on Healthwatch Cambridgeshire and Peterborough's website volunteers were identified as taking part in Enter and View visits. They asked if this is necessary?

**ACTION:** SS stated that this is required by statute and will confirm with Board members.

### **Finance Report**

40. Income has been received from Cambridgeshire County Council for the full year and Peterborough City Council for the first half of the core grant. The second core grant payment from Peterborough City Council is the only outstanding sum.
41. The expenditure is above budget but an underspend is still projected. Unforeseen staffing, IT, professional fees and office costs arising from the merger have been previously reported.
42. There is an increase in marketing and printing costs as a result of rebranding as the merged Healthwatch and the launch of the Accessible Information as Standard report.
43. The projected underspend is equivalent to the increased reserves required for the merged larger organisation.
44. NP requested that the revised budget and projected end year position is included in the budget position table.

**ACTION:** SS/AG to revise budget position table.

45. The report was noted by the Board.

### **Keeping Mentally Well Action Plan - for information**

46. As part of its commitment to World Mental Health Day Healthwatch Cambridgeshire and Peterborough has drafted an action plan to support staff to stay mentally well. Jonathan Wells, Director, has agreed to act as a Mental Health Champion.
47. SWB was joined by members of the Board supporting Healthwatch Cambridgeshire and Peterborough to be the best employer that it can be, and thanked JW and SS for this important document.

### **Public Questions**

48. There were no public questions.