

## Minutes of the Board Meeting

**Date / Time:** 14<sup>th</sup> November 2018, 7.00pm

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

**Present:** Chair: Val Moore. Directors: Jonathan Wells, Margaret Robinson, Nik Patten, Graham Jagger, Sue Westward-Bate, Mike Hewins. CEO: Sandie Smith  
Guarantor: Victor Lucas in attendance  
Minute taker: Carole Russell

### Introduction and Apologies

1. The Chair welcomed everyone to the Board Meeting held in public.
2. Apologies received from: Directors: Susan Mahmoud, Frances Dewhurst, Guarantor: Clive Morton

### Declarations of Interest

3. There were none declared relating to the agenda. SWB declared a close member of her family now works at Addenbrookes.

### Minutes of the previous meeting

4. Minutes of meeting on 19<sup>th</sup> September 2018 approved.

### Accessible Information Standard (AIS) Project - annual update

5. The AIS update report was brought forward in the agenda. The British Sign Language (BSL) interpretation of this item was recorded and will be used to promote the work.
6. This report provides an update on the progress made by local providers to meet the Standard, following publication of a Healthwatch Cambridgeshire and Peterborough report in Nov 2017, which identified a gap in practice against the standard. Healthwatch has continued to raise awareness of communication issues that people with sensory or learning disability have when dealing with all sectors of healthcare providers. Healthwatch has continued to support healthcare providers to improve their practice.

Janine Newby-Robson (JN), Project Manager, highlighted achievements of healthcare providers in the March and Peterborough area although progress has been made by all providers that we have worked with (see report).

Some successes and difficulties in working with GP surgeries was noted, and as a result the CCG have now agreed to put this on the agenda to support meeting the standard more widely. A particular issue with IT systems in larger GP groupings is not aiding communication.

JN expanded on two stories from people and how their situation has now improved

because of the AIS project work promoted by Healthwatch.

The first was Jason who uses BSL as his first language. When he had to attend A&E with a serious lung condition, he had to wait 6 hours before being able to communicate via an interpreter. Now, the hospital in partnership with Cambridge Deaf Association have Sign-Live via an i-pad to interpret, thereby helping both the patient and the hospital as it is available for them to use 24 hours a day 7 days a week. This system has been trialled in both Hinchingsbrooke and Peterborough hospitals and has been used frequently. So far it has saved 3 breaches of A&E waiting targets as well. Since the trial they have agreed for Sign-Live to be developed throughout the hospital starting with ear, nose and throat, the heart ward and discharge. Peterborough City Hospital will be recruiting someone to develop Easy-Read leaflets for all areas.

Another area of focus has been to work with Access Champions, young people with learning disabilities in Peterborough who want to help make GP surgeries more accessible. They spoke to the Octagon Practice before they set up their website and gave advice about accessibility. This website reaches over 20,000 patients.

Getting into other GP surgeries to get accessibility improved has been challenging but we have reached 4-5 who have all agreed small changes. Including one practice in March who was shocked to hear of the issues one of the champions has with accessing a GP so they will be making changes.

7. JW asked if the project includes people who do not have English as their first language? SS advised this is not the focus of this particular project. There is a procurement with Healthwatch England to work with refugees and asylum seekers but there is no similar standard for this.
8. MH advised that Addenbrookes has identified difficulties due to the medical language used, noting it's a similar parallel area due to lack of understanding. VM stated that it would be good to track the benefits of the appointment of the person recruited there to develop easy read leaflets.
9. NP asked why it is so difficult to access the GPs? SS advised this is because they are individual private businesses and working through the commissioners can help overcome barriers. JN commented that within the contracts for GP services, managed via the CCG, there are currently no targets for AIS to prove that they comply.
10. MR endorsed comment about medical letters needing to be clearer, this emphasizes how little people know about the difficulties that sensory impaired people have.
11. VM requested examples of positive change to share for any planned ongoing GP work. JN and SS advised this would be in a regular newsletter, a quick guide to resources, a further follow-up report and on-going publicity. VM hopes that the good work with expand across other GPs as they see comparisons with their neighbours as an incentive to improve.

12. SWB advised of a clinical communications team at Addenbrookes who help clinicians develop better communication skills. This project work has good examples for them to share and learn from and agreed to pass it on.
13. GJ stated that Healthwatch is about inclusion and there is a need to think about all groups. In regard to involving GPs, GJ mentioned working with developing networks of practices, for example in Sawston where 47 practices are working together. Now would be a good time to get involved and ensure the AIS work is considered.
14. VL updated that there are 104 languages in Peterborough so the police have a database of interpreters that they use to assist, it may be possible for the medical profession to share the access to this database.
15. VM Thanked Janine and the team for their hard work in this area and voiced her hopes to see it continue.

#### **Action log**

16. SS advised that the advert for new Directors has been published and there have been 4 enquiries.

#### **Appointment of Vice-Chair**

17. VM updated the Board that there had been one nomination for the role of Vice-Chair and this had been seconded. VM confirmed that she had spoken to Directors. MR responded and said how proud she has been to work with the newly merged Healthwatch combining resources and working together and would be pleased to accept.
18. The Board approved the appointment of Margaret Robinson as Vice Chair.

#### **Chairs report**

19. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
20. VM updated the Board about the Healthwatch conference and the appointment of the new Chair Sir Robert Francis. He is Queens Counsel and author of the Independent and Public Inquiries into Mid Staffordshire NHS Trust, and non-executive director of The Care Quality Commission which hosts HWE as one of its Committees. VM's report highlights the importance of patient experience in relation to social care, a personalised service and motivation to change.
21. SS advised that she had been in contact with the performing arts company about coming to our area.
22. VM thanked the Directors who were involved in the Local Government Association led peer review of Cambridgeshire and Peterborough in September.

Some people have seen the initial feedback, SS has 2 actions from it, but the report is yet to be published.

23. VM updated that the STP will be starting their Board meeting in public with a patient experience story. SWB asked if the pace that Dr Mike More suggested is materialising is still continuing? VM stated that Dr More has a sense of purpose focusing on a small number of priorities: emergency and unplanned care, delayed discharge from hospital, the finances and developing primary care. Other aspirational work programmes are ongoing in the background, such as falls prevention. New leadership has brought more of a focus on partnership.
24. The Board noted the Chair's report.

#### **Chief Executive's report**

25. SS highlighted GDPR assurance - Healthwatch is meeting the standard for this.

26. Healthwatch is continuing to press the CCG and SpecSavers for better information regarding the audiology service - there is a need to be clearer around eligibility costs and home visits.

27. SS invited the Board to assist with the Enter and View reports. MR volunteered to assist Janine and Emma with this work.

28. There was discussion around the information on engagement contacts and the order of the performance graphs. The Board asked about what intelligence we were gaining from the engagement work. The Board receive briefings between board meetings, and reports from the information manager as well. VM acknowledged that the Board has an appetite for this information but needs understanding of the themes and issues, and asked that the Patient's story and recent themes item be featured on every public board meeting agenda.

**Action:** SS to review the performance graphs and re-instate the regular Themes from experience board paper.

29. The Board thanked the team and noted the report.

#### **Finance report, month 7**

30. SS reported that the adjusted budget is working and is balanced at this time. VL advised that the core grant figure is incorrect. SS had noticed this and will make the amendment.

31. The budget position at month 7 was noted by the Board.

#### **Policy reviews**

32. The General Purposes group have reviewed two policies this month as part of the full policy review.

33. JW noted the clarity of the risk register and of the two new items particularly endorsed the risk of tokenist engagement. SWB identified that this is partly due to lack of skill and confidence about what good engagement should be like. MH reinforced the value of being active to support this. MR caveated that we shouldn't be expected to do it all on behalf of others.

34. **Action: SS to add risk register key, title and date labels.**

35. The Board approved the Conflict of Interest and Bad Weather policies.

#### **Public questions**

36. VL raised a public question from a Cambridge News Story. A patient has been told that 'we don't fund heart care', is this the NHS or CCG decision? The patient had no recourse to appeal but VL acknowledged there could have been other reasons why this could not be treated. SS has asked the CCG but has not received a response yet, we will carry on looking into this.

37. A member of the public, Mary, has a particular interest in audiology and had submitted a Freedom of Information request. She received a response that the contract for audiology had not been put out to tender prior to being given to Spec-Savers. Mary is now in contact with our Information manager to discuss.

Meeting closed at 20:45