

## Minutes of the Board Meeting

**Date / Time:** 13<sup>th</sup> January 2021, 6.00pm

**Venue:** Virtual meeting via Zoom

**Present:** Chair: Val Moore. Directors: Jonathan Wells, Saqib Rehman, Nadia Emmony, Nik Patten, Paul Jobling, Margaret Robinson, Susan Mahmoud, Ellie Addison, Philippa Brice and Chelsia Lake  
Guarantors: Clive Morton and Victor Lucas and CEO: Sandie Smith

Minute taker: Carole Russell

### Introduction and apologies

1. The Chair welcomed everyone to our Board Meeting held in public via zoom. No apologies received.

### Declarations of interest

2. There were none declared relating to the agenda.

### Minutes of the previous meeting

3. The minutes of meeting on 11<sup>th</sup> November 2020 were approved.

### Appointment of Directors

4. Following the retirement of three Directors in 2020, a recruitment process has been undertaken. As a result Philippa Brice and Ellie Addison were recommended to the Board as Directors and Chelsia Lake was recommended to the Board as an Associate Director.
5. VM gave an insight into the experience that they bring to the Board and also gave clarity to the new role of associate director which is initially for one year. PJ confirmed that the recruitment process had been thorough and fair, and a unanimous decision had been reached on each candidate.
6. VL welcomed the role of associate director and queried the accountability of the role as the terms of reference can be challenging. VM explained that the associate role had been changed from that of the directors to remove the requirement to have experience of governance, but we are keen to maintain the direct relationship of Chair to Director. The role is to be trialed for a year with an expectation of this to continue.

The Board endorsed the appointment of all new directors.

### Action log

7. All actions completed or in progress. The risk register will be presented at the March meeting after consideration by General Purposes Group.

**Action:** Directors to report back if they have attended Trust or Board meetings. Board agreed for this action to remain on the log.

### Chair's report

8. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
9. She thanked the Directors and team members for the continued success of the Healthwatch Forums, and for maintaining links with organisations and working groups through the online meetings.
10. VM reminded the Board of their worry that the resurgence of Covid alongside the winter pressures would put strain on the pledges that NHS England have made to restart services. Over the past month we have seen that this is the case and that treatment services are now under extreme pressure. VM is asking the Board to comment on the Healthwatch priorities in view of this.
11. Annually we reflect on the Care Quality Commission (CQC) ratings of services and ratings. VM thanked Julie who did this snapshot and chart on 24<sup>th</sup> Dec along with an explanation of the CQC change of operation through the summer months. VM invited comment from the Board on organisations in their area of interest.
12. SS presented initial thoughts on what to focus on during this phase:
  - communications of sensible, understandable and up to date messages to the public which we know is appreciated by local organisations
  - information service as they are dealing with enquiries relating to the vaccination programme
  - our links to local hubs, warn and inform comms network, our district contacts and community forums who we will keep updated
  - engagement work remains online. We have the project for NHS England to deliver and an autism workshop is planned for next monthSS also advised that there may be some delay in the timetable regarding the Integrated Care System.
13. VM invited Mary Elford (ME) from Cambridgeshire Community Services NHS Trust to give us a perspective on the pressures. ME updated that the pressures are immense, particularly in adult social care services. Dentistry had been highlighted with 192 patients awaiting general anaesthetic, mainly patients in the special care category. ME stated that the system is collaborating well but the strain, particularly at Addenbrookes, is enormous. ME also highlighted the impact on staff in many ways and in all departments as the effects of the extended restrictions are being felt in the community. More non accidental injuries being seen in children. Staff in ICU each day facing trauma, and seeing patients having to cope with pain for longer as operations are postponed. Front line staff are also experiencing increased levels of abuse from people and the Trust is supporting the staff through this. ME commented that she is hopeful that the messages Healthwatch send out will incorporate the importance of supporting the staff.
14. ME invited Fazilet Hadi (FH), PPI lead and non-executive director, to comment about ways in which people should be kept informed about what is happening while they are

waiting. FH described the ever-growing lists of people waiting in lots of areas from physiotherapy to dentistry. They are giving advice to patients on ways to alleviate pain. Colleagues are looking for other ways of mitigating the conditions and are advising patients, so FH is reassured that people are being managed proactively. The Trust is also supporting the rollout of the vaccination programme but this is creating more pressures in the system.

15. ME asked that if there is anything Healthwatch identifies that the Trust could do better to assist and support patients while they wait? We are all learning through this time and there is a risk of things being missed unless we liaise and work together.
16. JW stated that it is important that we are having these conversations. The most important thing is for Healthwatch is to be very clear about what is important to the public at this time - the pandemic itself and now also the vaccination programme. Although we are not the prime source of information and communication, we should remain confident and clear to support our health and social care colleagues. JW stated that we should also have the best information to say how people are coping or not coping. JW is aware of tension within the services in the hurry to get the vaccines delivered, so all the more important for Healthwatch to remain calm and supportive and not the time to push too much regarding what could be done better or improved.
17. NE asked if we are in dialogue about the CQC rating at QE hospital in Kings Lynn as it has three inadequate ratings. SS responded that Healthwatch Norfolk is the lead on this hospital. JMN explained that because of the changes in the way that CQC is inspecting at the moment, they had found improvements recently but as they cannot currently inspect all the domains the rating cannot be changed to reflect this.
18. MR recommended Healthwatch maintain our clear and easily understood communications, and where we note that a message from another organisation is confusing or misleading, we could approach and advise them?
19. PJ wished to echo JWs point as it is clear to him that there is an extraordinary pressure on NHS staff, some of whom are leaving rather than being able to cope. He suggests that our communications remain supportive and encourage patients to show empathy and be supportive. PJ commented that the way that NHS staff feel about the way that they are being managed can potentially reduce the levels of stress.
20. VL asked JW if he felt the CCG have a clear direction in regard to the vaccination programme? JW responded that the CCG was very clear about the vaccination cohorts but there are anxieties and different perspectives to deal with. Overall, they do have a good clear direction and leadership for this.
21. VM wondered if there is a gap in strategy between the national vaccination programme and local capability to deliver. VM asked ME if there is a local implementation strategy and can we view it in confidence. ME responded it is being nationally dictated and she would need to ask the local service director. FH commented that she is clear about the four groups to be done first but has concerns over equality and whether some groups of people are being reached and how this can be addressed. FH sees Healthwatch as having a role in this part of the programme. ME offered to take these questions back to her executive.

22. SS agreed the point about health inequalities is well made and we need to watch and listen to our voluntary sector partners working directly with some groups that are affected. SS acknowledged some fragmentation within the biggest vaccination programme that the UK has ever seen, with national centres, CCS pods, GP element and hospital element. SS has seen the GP plans with timescales and believes that these are very good. SS will keep Covid items on the forum agendas and keep asking voluntary partners to feedback to us.
23. JW reflected he is now more concerned than before that individual NHS trusts are talking their lead directly from the centre, and is interested to know what is the decision making or governance structure is for the vaccination programme? ME offered to take this away.
24. PB is thinking about the time when the pandemic stresses ease and how Healthwatch then prioritises what to tackle next because the need will be immense across many differing areas.
25. VL wondered if we should contact Healthwatch England. VL agrees that we should work alongside our CCG but is also concerned that the patients and people affected by the inadequacies that have been highlighted are also aware that we are available, and their voices are being heard.
26. VM thanked the board for their helpful discussion and commented that SS can take this steer to the team and interpret how we act and behave. Key points are communications, both in terms of messages and listening to communities.

The Board noted the Chair's report.

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

27. SS highlighted the activities of Healthwatch in the last two months. All staff continue to work from home with no face-to-face meetings. Engagement with communities remains solely via social media platforms.
28. The focus for this meeting is the services for children and young people primarily mental health services. We are working with our partners and with CL, our new director, on working with our team to get more feedback from young people using services.
29. SS is delighted that we have been commissioned by NHSE/I, via Healthwatch England, to map the pathways and experiences of young people as they transition from children's to adults' mental health services. This work involves looking at their experiences which can be very daunting, and key pieces of action completed by April.
30. SS referred back to her report, regarding the experiences of people leaving hospital during Covid. We are not pressing the services to respond to these findings due to their current pressures. Partners have thanked Healthwatch for our findings and say they will be taking them into account. SS intends to revisit the key findings and any differences our report has made.
31. There has been a steep increase in the social media contacts and our focus on information has driven more traffic to our websites.
32. Our engagement with communities is online with good attendance at Forums and Partnership Boards. The team are finding ever more ways to keep our volunteers

engaged with our work and they are currently mapping out voluntary sector community groups and organisations more effectively for us. We have a great team of volunteers spread evenly across Cambridgeshire and Peterborough.

33. SS commented on the experiences being collected in addition to over 1,100 responses that we received through the Covid 19 survey. These figures are very good considering that we are relying on people contacting us online and by telephone.
34. SS updated the board regarding the high number of impacts where our input is being sought. We are careful not to overstretch our resources and work with our partners to determine if they actually need a patient representative or a member of our team. SS is incredibly grateful to Directors for meetings that they attend and their feedback.
35. The projects are listed in the CEO report, with two that we are currently working on and two on hold.
36. CL commented on section 12 and would like to see Healthwatch improve the awareness among young people of the online self-help available in light of the impact that the pandemic is having on mental health. CL believes that GP websites could be a point of signposting for people seeking help and the self help on websites. This could assist in reducing pressure on primary care services.
37. VM asked if SS has received any responses from agencies from our report 'Leaving Hospital during Covid'. SS responded that we have included the initial responses from providers into the published report and the remaining providers re circulating it to their clinical teams involved in discharge. SS suggests that we follow this up as part of the recovery work, anticipating that we will see a difference in six months.
38. A member of the public commented that she wished to congratulate the communications team getting up to date information onto social media. She has seen that it has been a reliable source of information updated almost every day.
39. VM thanked SS and the team.

The Board noted the Chief Executive's report.

### **Information and Signposting Report**

40. JMN provided an update from the information and signposting service for the previous year. The team has seen a significant rise in enquiries requiring signposting during the past year due to the cessation of face-to-face engagements since March 2020.
41. The biggest theme is a lack of NHS dentists combined with the impact on access due to the pandemic has made this situation much worse. Some people are having an NHS checkup but then any treatment having to be done privately. This has been a long-known problem in Peterborough and Fenland but we are now hearing from people in all areas of the county reporting problems finding an NHS dentist. JMN attends a fortnightly meeting with the East of England dental commissioners and the Chairs of the local dental committees and regional Healthwatch colleagues, so she is able to get answers for people about specific issues. There is also an East of England dental strategy which will improve things over time.
42. One of the roles is that of managing patient expectations, and at the moment trying to inject a note of realism particularly around the vaccination programme which is such a huge undertaking.

43. Some people have had problems understanding what is happening with their appointments, whether face to face or via phone and this has been exacerbated by conflicting letters or messages that patients are receiving.
44. There has also been a significant number of signposting to Herts Urgent Care as the providers of NHS 111.
45. Traffic to our enquiries via the website has increased. We have also increasingly had our details sent by stakeholders to patients who are experiencing changes to services, mainly primary care services in their explanatory letters so that patients have an independent source of advice to turn to.
46. There has been an increased willingness among providers and commissioners to engage with us at Healthwatch and they do take the patient feedback seriously and making changes as a result.
47. CL asked what proportion of the increase in enquiries has been from young people. JMN responded quite low, although we haven't previously collected demographic data we are now able to do this via the website form. It would be good to see an increase rather than parents calling on their behalf which is more usual.
48. PJ requested clarity on the gaps in services where patients can find themselves as either 'too ill' or 'not ill enough' for the service available. JMN responded that this tends to be in mental health services where people may not meet the criteria or threshold for one service, but another service is not able to cater for their needs. This is unfortunately not a new problem and we appreciate not an easy one to solve.
49. SM commented that she thinks there will be an increase in phone calls when the NWAFT screening plan starts. She was under the impression that 30-45% of all consultations would be online but the assumption was that the appointment where a diagnosis would be made would be face to face. But at the recent meeting it was made clear that this first appointment would also probably be online and SM believes that this could lead to some misdiagnosis and unhappy people.
50. PB commented that the increase in calls and change of work process must be putting some pressure on staff and asked SS about the support available. SS responded that JW champions our mental health. The 'Time for Change' pledge supports mental health and wellbeing, and we have an action plan. Two members of staff are mental health champions and are in regular contact with all staff with various activities for the team to take part in and be involved. We have recently arranged sessions for staff motivational mapping. SS acknowledges that staff welfare is really important and she hopes that the staff feel that they are supported.
51. VM thanked JMN for the report and her team for their work in this area.

The Board noted the Information and Signposting Report.

#### **General Purposes Group (GPG) report including Finance**

52. NP presented the report, confirming the financial position at the end of November.
53. As staff are still working from home the underspend is continuing as expected with our outgoings being affected by the pandemic and a significant underspend on travel and room hire.
54. NP brought attention to the Office Supplies line be renamed Supplies and Equipment which overspent in November and year to date. Since all staff are working from home it has been necessary to purchase laptops, mobile phones and other equipment. We are also still paying for printer rental and broadband at the offices and a recent

update to SharePoint for our data storage. The income and forecast expenditure are as anticipated.

55. The General purposes group has also reviewed the terms of reference of the Projects Programme group who have their first meeting next month and recommend these to the Board to note. SS commented that PB and NP have volunteered to join this group plus one more Director who could be the lead for the Gypsy, Roma Traveller (GRT) project.
56. VM likes the idea of the cross-over of membership of these groups who will feed into the Board as we build transparency on the funding of projects. She would like to see terms of reference linked to the Business Development strategy. The strategy has three categories of project spend, but just two mentioned here. VM would also like to see how reporting feeds into the Board to bring these projects into the scope of our governance, recognising also the group can be a source of support and advice for those involved in the projects.
57. JMH updated that tablets that have been purchased for the GRT project are being used to support the community during Covid. She also offered to chat to any member of the Board about the lead role.
58. VM commented that we are aware that our level of funding may not continue year on year and is not expected rise, so as a Healthwatch we wish to bring in new resources to benefit public engagement and patient involvement without being a strain on local core sources of funding. Hence looking for new business partners, lottery and others to insure ourselves against a flattening budget.
59. ME asked if we are linked to the work that Julie Spence, the Lord Lieutenant is doing on behalf of NHS charities together, looking to leave a legacy of digital support to disadvantaged communities.
60. VL commented on forecast £77k underspend and wondered if there was any suggestion that this may be 'clawed back' or taken into account to determine future funding. SS responded that she has had a conversation with our commissioners about what happens when our grant ends in March 2022 and there is no suggestion at the moment of any reduction in funding.
61. SS advised the Board that two policies had been reviewed in this period. The Grievance policy has had minor wording changes as advised by our HR support for clarity and the Pay Review Policy is a new one and the principles were discussed at a recent Board development meeting.

**Action:** The Project Programme Group to develop the terms of reference.

The Board noted the report and approved the two policies.

- Pay Review policy
- Grievance procedure

### **Any other business**

62. No public questions and no other points raised at this time.

VM thanked all attendees for joining us. Meeting closed at 19:45

DRAFT