

Minutes of the Board Meeting

Date / time: 24th January 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) and Saqib Rehman (SR)

Apologies: Johnny Hebron (JH)

Introduction and apologies

1. SF welcomed all Directors and the staff team to the meeting. There were no members of the public present at this meeting.
2. There was one apology.
3. SF reported that since the last meeting in October the CEO, Julian Stanley, has resigned and we have instigated a search for a new CEO.

Declarations of interest

4. JJ advised that he has switched from being Chair of Peterborough City Council for Voluntary Service to being their Acting CEO.

Minutes of the previous meeting

5. The minutes of meeting on 25th October 2023 (attached) were reviewed and agreed as being accurate.
6. SF advised that in point 13 the planned combined website is not able to be achieved because we are actually two different Healthwatches and HWE advise not to update until there is clarity around merging Healthwatches.
7. Under point 16d SF asked if anybody had progressed the idea of asking local hospitals to promote HW on their waiting room screens. CTJ advised that this has been difficult to do in the past because the hospitals do not manage the screens themselves but they are updated by other organisations. She believes that our best opportunity for this may be through the integrated neighbourhoods so she will progress the idea with them.
8. AG referred to point 16 and the mention of a new recruitment campaign to increase volunteers as this is not on the action log. CTJ advised that we have not embarked on a campaign but have had some successes and managed to recruit seven new volunteers since the last meeting. The planned campaign needs to cover all areas of our volunteering opportunities rather than just one area. JMc added that seven community researchers have also been recently recruited via promotion of the role on social media. SF reminded the Team that the Board

consistently asks for volunteer recruitment and what are the expectations of our volunteers and the process, although he knows we are making progress he does not see evidence of a campaign so he requests a piece of work around this.

9. JJ commented that the recruitment of volunteers is very challenging and the pool of resources is diminishing so other organisations are revamping roles around volunteering and are talking of working together and sharing roles and what attracts people to volunteering. He would be happy to work with CTJ on this aspect. LB and CL advised that some companies and councils, including those that they work for, support their staff to do a set number of days volunteering so it may be worth approaching companies.

Action: CTJ to progress the possibility of promoting HW on their waiting room screens via integrated neighbourhoods.

Action: CTJ to work with Comms team and JJ on a volunteer recruitment campaign and strategy.

Action log

10. SF introduced the action log to update from the previous meetings. All NEDs confirmed that they have signed up for Healthwatch England and our own newsletters.
11. We have missed the opportunity to comment on the government's action regarding smoking reduction, we trust our leaders in the system who have responded to this.
12. SF reported that the action for the CEO to discuss KPI measures with GPG has not happened and he suggests that this may be better for one of the Board development sessions. AG commented that the Board needs to recognise that we are between CEOs we need to be careful not to set a framework that the new CEO has to work within. SF agreed to hold this action until a new CEO is in post.
13. SF asked if there is an update regarding work with PPGs. JMc advised that our member of staff Karen Igbo is working on this and is supportive of all requests from PPGs and we had offers of help from them for our surveys and feedback in return. SF commented that the Board feels that the PPGs lack a forum to bring them together and we had offered them a space to do that which had been well received so he would like to see this support continue. JMc is mindful that the North and South areas have differing set-ups but we are happy to facilitate opportunities for each area to get together.
14. Reference the action for all volunteers to be surveyed to aid recruitment, CTJ advised that we had planned to do the survey in Springtime as part of the work towards reaccreditation for Investors in Volunteering but this has been paused while we focus on recruitment. SF commented that there is a specific piece of work needed around volunteers but this may be best paused until the new CEO is in post. FD suggested the survey of current volunteers is completed now to put us

in good stead to know what is needed at the point when we are ready to proceed. CTJ advised that although we are between CEOs this does not affect the work of the engagement and volunteer managers so the survey could be done now if required. CL commented that she is a Healthwatch volunteer as well as a NED and they are fully supported by staff and kept up to date, she believes that a survey would be a way of formalising the data.

Action: SF in include a discussion about KPIs for staff at a future Board development session when the new CEO is in post.

Action: JMc to ensure the PPG work is continued and is able to facilitate forums for these.

Action: CTJ to proceed with the volunteer survey to assist with recruitment and find out what works or does not work for them, to be completed by next meeting.

Communications Strategy and Delivery Plan

15. SF introduced the strategy from Katherine Rayment (KR) and Paul Gould (PG) which will be taken as read, he invited PG and KR to give an overview of this work. KR advised that since the Board meeting in October they have completed the review of the Comms Strategy till 2025. The Comms team is new and this brings a new perspective but also brings it in line with the Healthwatch England Comms Strategy. There are three key objectives distilled into a six point delivery plan which will drive the comms activity through 2024-25.
16. PG asked for approval for the delivery plan and the significant initial investment that is required for the proposal to switch the content management system of the two websites to WordPress from Drupal. WordPress will offer more streamlined sites with easier navigation and more freedom of design. The switch would have a cost implication of approx. £16k for the two websites and would be from the preferred developer, Trusted Media, it would take six weeks to complete. Following this a monthly charge of £700 would need to be paid for support.
17. SF asked what the benefits of switching to WordPress would be. PG responded that Drupal is quite restrictive in what can be done with the content, so the change would provide more freedom, flexibility and responsiveness allowing content that is more localised and easier for people to navigate with drop down menus and a better structure.
18. AG asked how the purpose of 'To raise awareness, change perceptions and encourage our audiences to act' was decided. PG responded that there was a conversation about priorities and aligning to Healthwatch England strategies so this aligned well with accessibility and awareness. AG commented that she had wished to see a purpose centred around the public and patient voice which she does not feel are reflected.
19. LB commented that if we are moving towards something more aligned to Healthwatch England it feels off to then move away from the web design that they

support and maintain, she asked if this is free or not. KR advised that there is a cost with Healthwatch England, CR advised that the current charge is £486 per month for support and maintenance for both websites. SF clarified that this would mean an increased £2-3K revenue increase per annum.

20. JJ asked about the measurement of the changes, how would any potential improvement be measured. PG advised that this could be done by bench-marking and using agreed measurements or other Healthwatches which are of a similar size.
21. CL asked which other Healthwatch are using WordPress so that the Board could visit their websites and get an idea of how it may look so that they can visualise the changes and features. KR offered to send some examples to the Board, CP advised to see Healthwatch Norfolk website as well.
22. FD asked what is not possible with the current websites and what difference a change would make to this.
23. SF asked that the Board recognise that PG and KR have reported directly to the Board without having the opportunity to go through the CEO so some of this conversation would normally have gone through them instead. There are two documents which are both sound as a strategy and as a delivery plan. There is a different question involved which is around website investment which should not be mixed up with the papers.
24. PG thanked the Board for their comments, feedback and questions, this has not been a process that they wished to do in isolation so they will take away the points about public and patient accessibility. In terms of the website he will share more detail with the Board to enable an informed decision.
25. SF confirmed that further information will be needed but also that he has not heard anyone say that it is a bad idea but there are still some questions. He thanked the Comms team for bringing the reports directly to the Board and reassured them that although there are still questions the Board like and appreciate the approach taken by the Comms team and the good work that they are doing which has been noticed.
26. SF advised the team to regard this as a work in progress and he suggests that the website investment is re-presented to the GPG before coming back to the Board with a proposal.

Action: KR to send a few Healthwatch WordPress examples to the Board for comparison with our own websites.

Action: The website switch to be brought to GPG for discussion.

The Board noted the Communications Strategy and direction of the Comms team.

The Board approved the delivery plan with caveats regarding the websites.

Chair's report

27. SF introduced his report (attached) and drew attention to proposed changes to NED terms in point 7 and asked for Board agreement.

28. No further points or questions were raised in relation to the Chairs report.

Action: SF to seek advice from Azets on how to enact these decisions re NEDs terms of office.

The Board noted the Chair's report and agreed the changes as proposed to NED terms.

Chief Executive's report

29. SF introduced the CEO report (attached) which he took as read. CTJ drew attention to the summit and advise that follow-up actions are now being looked at. The Primary access survey is now complete with the team managing to get over 1700 responses. Youthwatch has started and is now conducting their first piece of work which is a survey around vaping and have already had around 450 responses from young people. SF responded that he is aware that there are concerns around vaping and such a good response so early on is a great achievement.
30. JMc advised that the Primary access survey included responses from a diverse range of people including Homeless communities and Gypsy Roma which has been particularly welcomed by the ICS lead. We are using the learning from this survey regarding Ill and urgent care which is part of a procurement procedure. There are further project opportunities coming including a long term piece of work around the designs of new hospitals in Cambridge,
31. SG commented that this work is really important and he has heard in ICB meetings that it is being well received and they appreciate what we are saying. He looks forward to the day when we can walk into a hospital and know that an improvement was first suggested at one of our forums.
32. JJ thanked the team for putting the report together with very little help needed. LB asked if the vaping survey has been concluded now and how the numbers compare with the primary access survey. JMc responded that the Primary access has been for people of all ages with some targeted effort to ensure wider responses, young people are particularly difficult to engage with but the Vaping survey has been very successful so far.
33. FD commented that the Board has talked about revamping the health and care forums for some time and she is concerned that this does not drop from our priorities as she is keen to see the forums revitalized but has seen no improvement yet. SF shares the disappointment with the progress on this revamp with encouraging public attendance at Forums. CTJ responded that we have been a member of staff short in the South area but now we have someone in post and they have been tasked to recruit members to this forums, she advised we will also be looking at venues to see if these may work better or to move some online.

34. FD referred to the two peaks in the Facebook stats and asked what these are in relation to and if more detail of what we have actually done in relation to the Impacts section. KR responded that one of the peaks was in relation to the promotion of the GP access survey and the other was a Covid clinic article.
35. CTJ apologised for the lack of detail in the Impacts section which would normally have included CEO attendance at meetings which was not able to be included this time. SF reassured the Board that the majority of CEO meetings were being attended by either CTJ, JMc, JJ or himself and the meeting attendance is also being analyzed to ensure it is the best use of time.
36. AG commented that one of the North place priorities is to engage with the PPGs as these are a good source of connection to the public voice, she asked if this can be done directly and added as a priority for the team. JMc updated that the project manager is actively attending the neighbourhood team meetings and supporting their priorities, she seeks out PPG members there to form links and find out how we can support them in future. SF added that there is a role for us in providing a forum for the PPGs to get together and share experiences, ideas and good practice.
37. AG asked what is happening in terms of getting Youthwatch started in addition to the Vaping survey. CTJ commented that it may be useful to have further discussion with the Board perhaps at a development session around this area of work as it has potential to be very good. There is no additional funding for it so it would be useful to discuss how far the Board would want to utilise Youthwatch. SF commented that Youthwatch should not try to be another Healthwatch and may be better driven by specific projects determined by the young people themselves.
38. No further points or questions were raised in relation to the CEOs report.

Action: CTJ to ensure that PPG engagement is added as a priority to offer Healthwatch support to them and facilitate PPG forums.

The Board noted the report.

General Purposes Group (GPG) report

39. SF introduced the report which contains the up to date account position. AG commented that the GPG proposes that the payroll figures remain unchanged in the budget forecast although the first draft shown a deficit the team is still working on this budget.
40. CP thanked the team for getting the higher interest investment accounts set up. FD updated that the small starting amounts had been sent to each account and once visible the remaining investments would be transferred within the next few days. SF thanked FD for sorting this out as it has been very tricky and long winded, and the banks have only accepted directors as signatories not a member of staff. LB

commented that they should accept authorised signatories as well, but we can look into that later when we add the new CEO to the mandates as well.

41. AG advised that the GPG have asked that the risk register continues in its current form until a new CEO can review it. The previous CEO had been going to review the risks but this had not happened. The Board have received and have had sight of the current risk register which was reviewed six months ago but the Board needs to see it and agree it now. FD agreed that ultimately the responsibility lies with the Board so they should be aware of it. LB asked if there is a regulatory requirement or time frame to review the risk register. JJ advised that it is the Boards' responsibility to have a risk register, understand the risks and their impact and to place mitigating measures around them. He commented that the structure and type of risks recorded are what he would expect to see so not urgent to change it but just to review it. CP pointed out that the risk register does not include the risk of having the absence of key staff ie a CEO, so perhaps this could be added among others.
42. SF advised that the reviewed forecast for the year end is now a surplus of £12,559 which is good news. In relation to the policies SF commented that we know we are behind some of the review dates, these must be reviewed by an HR person and updated where necessary due to legislation. He suggests that the current policies remain in use until such time as we are able to review these.
43. No further points or questions were raised in relation to this report. The Board agreed that current policies remain in place until a process is in place to review those that are overdue.

Action: The risk register to be sense checked and a few added – loss of key staff, Youthwatch, Volunteering, Enter and View and PPG engagement.

The Board noted the report and the risk register.

Any other business

44. SF confirmed that no questions had been submitted by the public in advance of the meeting.
45. SF advised that the ICB has been doing a lot of work on end of life care which has resulted in a paper and policy with the help of Arthur Rank and Sue Ryder and these are now available on the ICB website. LB had seen the draft version and she will now review the publicly available papers as well. She thanked Anne Aldred who has taken part in these board meetings making sure to convey the public voice. The paper has been a serious undertaking and has had the consideration that it is due, she hopes that the report results in positive changes. SF noted that it has been very positive seeing the ICB bring all parties together to contribute and be actively involved in this and see what can be done to collectively improve. LB agreed that it is a good example of how integration can work with everyone involved and held accountable.

46. LB is aware that Sue Ryder would like to be involved in the Healthwatch Forums, she asked that they be invited to future meetings.

Action: Invites to Forums to be sent to contacts at Sue Ryder.

SF thanked everyone for attending and reminded them that the next meeting will be on 27th March.

Meeting closed at 18:58 hrs.

DRAFT