Minutes of the Board Meeting

Date / Time: 13th May 2020, 2.00pm

Venue: Virtual meeting via Zoom

Present: Chair: Val Moore. Directors: Susan Mahmood, Sue Westwood Bate, Jonathan Wells, Saqib Rehman, Paul Jobling, Nadia Emmony, Graham Jagger, Nick Patten and Frances Dewhurst. Guarantor: Clive Morton and CEO: Sandie Smith

Apologies: Victor Lucas and Margaret Robinson

Minute taker: Carole Russell

Introduction and apologies

1. The Chair welcomed everyone to the first ever Board Meeting held in public via zoom.

2. Apologies received from Director: Margaret Robinson and Guarantor: Victor Lucas

Declarations of interest

3. There were none declared relating to the agenda.

Minutes of the previous meeting

4. The minutes of meeting on 11th March 2020 were reviewed. Paragraph 32 has a change to reflect that reviews are to be held at Development meetings. Paragraph 20 a name spelling is to be amended. Once amended these minutes are approved.

Action log

5. All actions were completed except two on hold while we clarify the local authority position on these as consultation has been paused due to the Covid-19 pandemic.

Chair's report

6. VM introduced her report which sets out the public activities carried out by the Chair since the last Board meeting.
7. VM explained that although the agenda mentions the CQC ratings it has not been possible to include the up to date ratings at this time. This will be deferred to a future meeting.
8. Some meetings have been paused including the Health and Wellbeing Boards and others are now being held by virtual means.
9. VM explained how Healthwatch directors and staff are adapting to the new climate and are finding new ways to engage and obtain feedback and intelligence about the health and care system now. VM thanked JW who is actively involved in a new mental health collaborative, ensuring the voices of service users and the community influence the service changes at this current time of emergency.
10. In reference to the risk register VM is pleased to report that Healthwatch resilience is strong with staff members working from home, engaged in meetings and many volunteering at neighbourhood level to ensure our messages are shared effectively.

11. VM is addressing connectivity in the system by having phone conversations with system leaders.
12. JW commented that he has been impressed with the CCG Mental Health services regarding building in the public voice before they make decisions now which they were not doing previously. He is interested in how many people we are hearing from and would wish for this hard data to be available. SS responded that we are hearing from more people seeking assistance from the information service and the survey will give us data.
13. Upon finishing this item, a member of the public raised the issue that less people are contacting the primary care services as they are trying not to 'be a bother'.
14. It was noted VM is a member of a new CCG Covid-19 Ethical Committee producing recommendations and guidance for unprecedented scenarios.

The Board noted the Chair's report

Chief Executive's report

15. SS introduced her report which summarises the Healthwatch Cambridgeshire and Peterborough interim work arrangements for 2020/21. This report also presents the Work Programme 2019/20 Annual Summary.
16. Looking back SS is delighted to report that all the planned activities for 2019/20 were achieved and the Annual Report 2019/20 will be presented to this Board at the AGM in July. Key highlights are in the report and summary.
17. Our 'What Would You Do' report has been taken up in a number of ways and we received some very positive feedback.
18. SS went through the table of escalations that HW worked on through the year. We have been successful in recruiting volunteers from a wide range of communities. The Partnership Boards were merged, as required by the commissioner, so now there is one set of boards across Peterborough and Cambridgeshire.
19. SS then explained how things have changed in the last 2 months since the lockdown. As a response to the Covid-19 emergency the organisational Business Continuity Plan came into action on 17th March 2020 and are now working to an interim work plan with all members of staff working from home. We have changed our focus due to the cancellation of all engagement events and we have three main areas of focus:
    - Information service
    - Communications
    - Building support around communities with staff in mutual aid groups and volunteer groups linking into local vulnerable groups
20. The Partnership Boards and Health and Care Forums are now moving to online meetings and this has worked well. Other meetings will be held in this way to assist in gathering feedback
21. SS explained that a Covid-19 experiences survey will be launched shortly. This will be a good tool to encourage people to feed back their experiences.
22. We are also looking at new volunteer activities so that volunteers can really be involved in gathering information and feedback in different ways for us.
23. The system is starting to settle to the new way of working with some different people in posts we rely on. We are building those new relationships and there is definitely a real appetite from the people making decisions to know how it is for people, how they are coping and what they need now.

24. We have sought guidance from Healthwatch England regarding the blanket signing of Do Not Resuscitate forms and they were very quick to advise us and make national policy available.
25. NE asked if we know how the local hospitals are planning to get patients without Covid-19 symptoms seen and treated as this is still a worry for people. SS responded that we have been in communication with the CCG and they are now entered a phase of restoration and recovery to get people seen. Providers are assessing the backlog via a triage system. We advising people not to sit in silence about their treatment and to contact services when needed. We have promoted the 'help us to help you' campaign.
26. SWB commented that she is concerned that primary care has shut the doors and people feel that they cannot approach them at all even though appointments can be offered as online appointments, and not everybody can accept these online. SS responded that this is a concern. We are asking questions about this, and the survey findings will help demonstrate the need.
27. At the end of this item, a representative from East of England Ambulance Service NHS Trust introduced himself and is keen to be involved in Healthwatch meetings.
28. A member of the public commented that the online GP appointment system is not working particularly for deaf people and there has been no reassurance from the hospitals regarding safety of them.
29. PJ commented that although he is concerned that the GP practices appear to be closed however, they are now online. This may be a positive step for a lot of people and will free up the GPs time to deal with those who really need the face to face consultations.
30. FD commented that often it is the receptionist who will offer the easiest option to the caller first and that patients have to push to see the GP who they are confident with, and they need to know that they can do that.
31. SS responded that the survey will give us the evidence to raise these concerns. Opportunities to feed back to GPs are constrained by being individual businesses.
32. SS gave more information about the survey which has taken account of feedback from key people from the system regarding the questions asked. The survey is targeted at the general public. We will produce regular briefings on the data. AR advised that we a working with a broad spread of people across the county to get the survey sent out as far as possible to as many different groups as we can.
33. SWB asked Is it ok for the Board members promote it to their contacts and groups? SS commented that she would rather people received the survey several times than not at all.

The Board noted the Chief Executive's report, including the workplan summary from last year and the interim work plan.

General Purposes Group report (including Finance)

34. NP presented the report, confirming the financial position at the end of the year.
35. There is a surplus of about £3k and NK is confident that after the audit this will be a slightly greater amount.
36. FD commented that she is happy with the result but also commented that a few of the items have been higher than the spending forecast so if we had not had the additional income this would have been a concern. How is this being addressed in the coming year? SS responded that the budget for 20/21 is based on the projected end of year position and we monitor it on a month to month basis however with the current circumstances. The local authorities have been instructed to pay the grants as agreed

so this income is stable. However, we will re-evaluate the anticipated income as the externally funded projects have been paused. But we won't be spending so much either and we are not recruiting to a vacancy so this could balance out.

37. SS explained the policies that are included in this meeting for approval, have undergone minor wording changes. The delay on the volunteering policy was because of the Investors in Volunteering application, now complete. The safeguarding policies have been reviewed and these are up to date.

The Board approved the Volunteering Policy, Safeguarding Adults Policy and Safeguarding Children Policy.
The Board approved the end of year budget, subject to audit.

Risk Register

38. VM advised that the risk register was discussed at the Board Development session in the previous month in light of the current situation.
39. SS advised that all risks have been identified and mitigations put in place.
40. SWB commented about possible economic recession. Perhaps this is something that we should include in the risk register and how this will impact the organisation. SS has included this in the section regarding funding, but is happy to add anything further.
41. FD made a general point that there comes a point when we stop talking about Covid-19 as an emergency but more as the new way of life, to be incorporated as a fact of the way we work.
42. JW added that the risk register should include a line for political volatility or local economy instability, mindful of the broader changes that are happening, and decisions being made. GJ added that there is a need to clarify our impact and effectiveness in achieving the objectives in the current climate.

Action: SS to update the Risk Register to include local and national economic and political volatility.

Business Continuity Plan

43. SS explained that this document, the second the Board have seen, covers a return to the offices and the new way of working. It also acknowledges that we will not be commencing face to face engagement in the foreseeable future.
44. VM acknowledged the role of a vaccine before people can feel truly secure. We support people to work as safely as possible so we are not rushing to populate the office. It has been a very good business continuity effort to date and see no reason why home working should not continue.
45. SWB pointed out that the Health and Safety Executive has issued a new risk assessment. She asked if the Board can go through the learning log in June. SS responded that learning would be reviewed when we are in a more settled environment to see what practices can be kept in the future. VM commented that the plan gives us the basis of operability for what we are doing now. We need to think about peoples skills and deploying to slightly different activities, and look at relationships and changing landscapes to ensure that we are adapting and flexible and still working to the core of our mission.
46. At the end of this item a member of the public commented that effective communication is essential, and especially needs to include people who are not online, older people and people with sensory impairments. She would like to be reassured that these groups will not be forgotten, and every effort will be made to

keep them informed. VM responded that this is a concern that is at the core of our work as we know that these groups will possibly be affected more in these circumstances. The member of public also requested that we ensure we are able to send the survey out as hard copies as well. SS responded that a key principle is to work with people that have less of a voice and this is at the top of our list. We have also raised this concern with Healthwatch England and local partners. The member of public also raised a concern that shielded people's data has been shared supermarkets. VM responded that although it had been seen as necessary to share information in order to assist vulnerable people, we also see a risk in terms of data protection.

The Board noted the Risk Register and Business Continuity Plan

Public questions

47. **Can you give any information on how Peterborough City Hospital use the Do Not Resuscitate (DNR) permission?**

48. VM responded, "We have obtained and passed on the relevant policy used by NWAFT which includes Peterborough hospital to the person who asked us this question. The policy is called 'ReSPECT - Recommended summary plan for emergency care and treatment: information for patients, relatives and staff.'
We note that the policy was approved in early March 2020, developed since last summer, and replacing the previous DNRCPR (Do not rescusitate by cardio-pulmonary resuscitation). This approach is also used across the wider NHS as part of a national initiative to support patients, relatives and staff".
49. VM informed the Board that the question arose from a real example, relayed to us by a friend of the patient with advanced ill health, where there was confusion and distress about content in the patient notes.
50. Healthwatch Cambridgeshire and Peterborough received other separate feedback relating to conversations in the community (not as in this case that emerged in hospital), about advanced planning for future care needs. Conversations about future care needs may include a conversation and decision about CPR for a person for whom CPR may be a treatment option with poor or uncertain outcome, or for whom CPR may work but is quite likely to restore them to a quality of like they would not value.
51. VM continued, "At Healthwatch we recognise how important it is to have a personalised summary for an individual's care in a future emergency in which they are unable to make or express choices. ReSPECT policies aim to improve patient and family involvement in decision-making. Whether it's in hospital, or in the community with more time, the quality of those conversations is very important indeed."

52. **Do you have any responsibilities in relation to the care sector - residential care, domiciliary care etc? If not would you like to see them under the same umbrella?**

53. VM responded, "Healthwatch is the independent champion for people who use health and social care services. We're here to make sure that those running services, put people at the heart of care. Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. We are pleased to have a remit that covers both. Sometimes people's concerns are to do with a particular health or care provider, but quite often it is to do

with how the parts of the local system work together, and that sometimes information on how this works is lacking or people fall between the gaps in services.

54. To give examples of what Healthwatch does VM described, “We can use our powers to enter and view care homes and health service premises to observe with our own eyes. We also facilitate partnership boards between Adult social service teams and users of services. Through our Healthwatch engagement activities and information and signposting services we listen to people’s concerns and pass them on to the contacts we have in health and social care to help them make peoples experience of care better.”

Any other business

55. No other points raised at this time

VM thanked all attendees. Meeting closed at 15:45