

Minutes of the Board Meeting

Date / Time: 11th November 2020, 2.00pm

Venue: Virtual meeting via Zoom

Present: Chair: Val Moore. Directors: Jonathan Wells, Saqib Rehman, Nadia Emmony, Nik Patten, Paul Jobling and Susan Mahmoud 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. Apologies received from: Margaret Robinson

Declarations of interest

2. There were none declared relating to the agenda.

Minutes of the previous meeting

3. The minutes of meeting on 16th September 2020 were approved.

Action log

4. All actions completed or in progress.
5. The General Purposes Group have created a definitions list for the risk register to assist the Board.

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

Action: Risk register to be brought back to the Board meeting in March 2021.

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. She thanked the Directors who are involved in external meeting for reporting back and keeping the Board up to date on the broad span of engagement with groups and forums.
8. The Chair reiterated the statement "It's time to be honest". A resurgence of Covid-19 and winter pressures on NHS and social care may hamper the recovery of services. Our 'Your care during Covid' publication has set out how changes to health and care services have affected people locally, and highlighted lessons for all. VM thanks staff for this report which has been widely commended and is being used by partner groups as a reference and guide.
9. The pressures are very real and will have impacts for patients and the public. VM has summarised the regional communications to the NHS in her report. The situation is

changing all the time and VM commented that it is only right that Healthwatch is concerned and champions access for all and good information for all.

10. The virtual HW conference was held last month and although late notice for the sessions she was able to attend and was pleased to hear a specific question raised there by our volunteer manager.

The Board noted the Chair's report.

Chief Executive's report

11. SS highlighted the activities of Healthwatch in the last 2 months. All staff remain working from home and since the 2nd lockdown there are no further face to face meetings. Engagement with communities is solely via social media platforms.
12. SS referred to her report as being one of the longest and this reflects how busy the team have been under difficult circumstances. SS thanked the team, the volunteers and the Directors for their continuing hard work.
13. SS reiterated that previously 2-3 people sometimes attended the office with most of the team working from home, so we have not been affected by the 2nd lockdown and full risk assessments are in place.
14. The Your Care during COVID has been one of the biggest pieces of work undertaken by us and the full report reflects the experiences of 1,131 people from across Cambridgeshire and Peterborough. We are sharing our findings with the providers and commissioners of health and social care and more detailed data is available for any Directors if they need this.
15. Specific presentations are planned for strategic meetings including the North Alliance group and the CCG Integrated Performance Committee, and we will track how the learning is taken into account in planning and delivery of services. The lessons learned around communications to patients are relevant all the time, not just in current circumstances. We will be doing a series of workshops with partners on areas of concern.
16. Thank you to our volunteers who audited 98 GP websites across our area to check how easy it was to find key information up to date, clear and easy to understand. The aim was to find information that a patient might need without having to make a telephone call to the practice. This work resulted in our report 'Giving GP websites a check-up'.
17. We are producing a checklist to help GP practices identify information that is most important for people and we will repeat the audit in six months' time with a sample of websites. We are now tailoring support for individual surgeries who have contacted us for their feedback. The project methodology has been adopted by at least two other Healthwatch following their contact.
18. NE asked where the information is coming from for those people who are clinically vulnerable as the information has changed? SS explained that shielding is not happening this time round so the clinicians are now asked to put forward those people who they consider are vulnerable to receive advise. Healthwatch is trying to get the information right at a local level to keep people informed and we are working to ensure the detail is straightforward and clear.

19. NE also asked that if GP surgeries are using Facebook to give information then the website needs to specify this as not everyone uses social media. SS agreed that this will be fed back to the surgeries.
20. SS said we have seen a 400% increase in the number of website visitors, particularly to the advice and information pages plus over 24,000 searches to find out about Covid testing which is a reflection of the quality of the comms we are able to provide.
21. SS updated the Board that we have been commissioned by Healthwatch England in developing training to support online engagement, one of only 2 local Healthwatch to be asked.
22. During this Covid period we have seen a slight drop in the experiences coming to us, but this figure does not include over 1,000 responses to the survey which takes us well over last years totals. So even though we have not been out talking to people at all experiences are still being gathered.
23. The Impacts and influencing list detailed in the CEO report is extensive. Our projects update is also available on the report.
24. SM noted that the fact that the minor injuries unit in Peterborough is not now moving until April and asked are we able to walk in without an appointment via a call to 111, SS advised that you can although the system is encouraging people to call 111 first.
25. PJ asked about the GP website project - is there a plan to revisit these after 6 months to see if there has been an improvement. SS advised that yes this is part of the project and the revisits are planned to take place in March and April.
26. JW commented that the CEO report is very comprehensive and covers so many different areas. The increase in visits to the website is a remarkable figure. JW mentioned a report by the Regional Academic Health Science Network event which refers to the changes that have been made since the pandemic. He asked if we felt that the change in culture that we have experienced would keep going and is it sustainable. SS explained that we are featuring higher in the google searches since we have got the new websites so that is part of the reason. We also see the future as being a blended approach of online engaging and face to face as well.
27. VM passed on her thanks to SS for this report.

The Board noted the Chief Executive's report.

Engagement Report including partnership boards update

28. CTJ introduced this report which provides an update on our Engagement activities, including the Adult Social Care Partnership Boards, for the previous year. The report covers pre and post the onset of the pandemic and the difference in approaches.
29. We quickly moved the Partnership Boards and the Health and Care Forums online. Although this was more difficult for some it has proved to be very effective for us in bringing people together and linking people together, both in terms of individuals and organisations.
30. We now also have a new Greater Cambridge Health and Care Forum which is working very well in seeking feedback and highlighting issues.

31. The Partnership Boards have been utilised well by providers to seek feedback from particular groups. GL updated about the specifics of each Partnership Board and gave examples of how the interaction with partner organisations and providers is working with the online meetings. He highlighted an advantage of the Sensory Board being online is that more people are able to participate with their own technology adaptations.
32. There have been a couple of practical issues with online meetings but we have learnt to adapt and be creative to send information early and relay views in other ways. In Cambridgeshire the learning disabilities attendees are well supported but this is different for the Peterborough members so we are working to improve this access to ensure that they can be involved.
33. CTJ gave an update on the volunteers and how we are involving them through the pandemic. The engagement team are now more involved in the recruitment and training of volunteers and are keeping them actively involved.
34. NE asked if there is an update on lupus and fibromyalgia. CTJ advised that unfortunately some groups have now stopped. SS commented that we are starting to work creatively with our volunteers to recreate these important links with smaller groups.
35. JW asked that we try to map the successes we have had within each Partnership Board - he will talk to GL separately.
36. VM asked about progress of our work with young people. SS advised that we have a much better plan now although some work with providers had paused. One of the workshops in the New Year will be about how we can support young people to get their voices heard more. EA commented that since being online the relationships with partners seems stronger, so this is hopeful for the future.
37. JW commented that there is an issue with strategic thinking to be more jointly owned, and confusion in how to implement cohesively. SS agrees, as groups sometimes work separately without involving partners. It is important that we keep reminding them that we are all here for people to get better services and other groups may be doing similar things.
38. SS thanked Miranda Knell, our Engagement Manager who we are sorry to be losing, for all her hard work in the role this last year.

The Board noted the Engagement Report.

General Purposes Group (GPG) report including Finance

39. NP presented the report, confirming the financial position at the end of September.
40. The underspend has continued with our outgoings being affected by the pandemic and very little spend on room hire or staff travel. We have now paid the inflationary uplift and the funding for Gypsy Roma Traveller project is now shown on the budget sheet.
41. NP advised the Board that two policies had been reviewed in this period, the Disciplinary policy and the Absence policy, there have been just minor wording changes, the GPG recommends these to the Board.

The Board noted the report and approved the two policies.

- Disciplinary Policy
- Absence Policy

Any other business

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

VM thanked all attendees. Meeting closed at 13:35

DRAFT