

Minutes of the Board Meeting

- Date / time:** 29th January 2025, 5.00pm
- Venue:** Via Zoom
- Present:** Acting Chair: Jonathan Jelley (JJ)
Non-Executive Directors: Frances Dewhurst (FD), Chris Palmer (CP), Laura Beer (LB), Johnny Hebron (JH) Ann Green (AG), Philippa Brice (PB) and Jess Slater (JS)
- Apologies:** Stewart Francis (SF), Saqib Rehman (SR) and Chelsia Lake (CL),
- In Attendance:** Carole Rose (CR), Caroline Tyrrell-Jones (CTJ), Kate Tarrant (KT), Graham Lewis (GL) and Heather Lord (HL)

Introduction and apologies

1. JJ welcomed all Directors and staff to the meeting, there were three apologies. JJ noted the attendance of KT who has just started with the team as the new Head of Communications.

Declarations of interest

2. There were no declarations of interest in regards to this meeting agenda.

Minutes of the previous meeting

3. The minutes of meeting on 25th Sept 2024 (attached) were agreed with no amendments.

Action log

4. JJ thanked JS for reviewing the shortened action log. FD asked if any MPs had attended the summit in October, JS advised that we had received apologies from both that morning.
5. AG asked for 'matters arising' to be added to the agenda and asked for an update about the action regarding hospital screen promotions. JS advised that this is an ongoing action to be reviewed with the budget and new strategy with KT in discussion with the ICB. From previous experience JS advised that these screens are expensive and charged per surgery, they can also tie in to 5 year contracts but this position may have changed.
6. AG asked if they will see Partnership Board reports in the future, JS explained that an update is included in the CEO report at every meeting and once a year there is a specific annual report from that section.

Action: CR to add Matters Arising to agenda, as per point 5

Volunteering Report

7. JJ introduced the report from CTJ who added that the volunteering numbers have been changeable in the past year due to some volunteers working with us on projects which have ended now. We will be aiming to recruit at least one additional volunteer per month and we will soon be using a new volunteer management database which will assist in keeping track of volunteer activity across all the roles.
8. LB asked if we have capacity or use for short term volunteers such as volunteering activities with local businesses as part of their social responsibility practices. JS responded that this may be an option for work with Youthwatch activity, at some events or leaflet dropping to raise the Healthwatch profile.
9. AG asked how the recruitment of volunteers is advertised. CTJ responded that there are social media adverts and the engagement team promote the opportunity at events. HL attends volunteering fairs and we will be using shared platforms with local CVS to promote a variety of volunteering roles. AG asked that we promote more strongly in the south of the county where we are not well represented.
10. JJ agreed that the CVS platforms are working very well and he also saw a big Healthwatch banner and our engagement team at a Chinese New Year event recently. The need for volunteers needs to be aligned with the outcomes of our strategy and we need to think about the roles of the volunteers to match differing skill sets.
11. CTJ advised that although our coverage in the south of the county has not been good in the past year we now have a new engagement officer in the area so we anticipate this improving very soon.

The Board noted the report and thanked CTJ and HL.

Chair's report

12. JJ introduced his report (attached) which he took as read and added that we do have a good profile within the system and we are listened to. There are a number of reviews in progress including one of the CQC, the first part of the Dash review was completed last year and the second part is due soon about how the patient is represented, the view from Healthwatch England is to be confident of our place and what we do although we may see more commissioned work from this. Possibly in March this year we anticipate the 10 year NHS plan being published and this also factors in what we could do and how we are affected.
13. FD commented that as we see the NHS priorities come to the fore and we identify our own priorities how we can bring these together in our strategy. She asked if we are on the right Boards for representation in these common areas. JJ attends the Health and Wellbeing Board which has attendance of more 'on the ground' practitioners and they have also raised this issue, we will need to monitor our attendance and representation.

14. CP raised that an issue currently is the development of housing in Oxford and Cambridge, he commented that there is a lot of scope in these meetings to link with the other affected Healthwatch in how we represent the needs of the public and how we engage with the relevant bodies being set up to progress this development. He appreciates it can be a tricky issue but that we should be brave about being involved at an early stage with patient concerns being raised.
15. PB agreed with CP and stated that it is not controversial for Healthwatch to comment on these issues even just by asking the question 'what does this mean for health and social care for our population?'. PB also raised that Kate Vaughton, ICB Chief Officer for Strategy and Partnerships, will be attending our next development session and she is doing the Chief Officer for Partnerships and Integration role and has also taken on Primary Care Commissioning so there may be opportunity to strengthen the link.
16. JS picked up on FDs point about the attendance at relevant meetings and this is one of the things that JS will be looking at when the strategy is agreed. Regarding infrastructure, population growth and volunteer recruitment, this has been raised at all strategic meetings that JS attends and has been dealt with recently as part of the Northstowe development and is still ongoing. JS recognises that this is where we will need to recruit volunteer representation for these meetings.
17. No further points or questions were raised in relation to the Chairs report.

The Board noted the Chair's report.

Chief Executive's report

18. JJ introduced the CEO report (attached) which although long is concise and easy to read. JS took the report as read and highlighted that she is concentrating on bringing out some of our impact within the reports. This is about how we reflect the little bits of Impact that we have to the public and JS wishes to add these to the newsletter. We are recruiting a Data and Impacts Officer to pull all this information together and there is now a meetings template to use to summarise key points and these will be collated for us to showcase.
19. JS has attended training with Healthwatch England about how we record Impact and the whole team will be receiving training as well. We are also recruiting a volunteer to check our own work by following up on signposting advice by calling the person to make sure they got to the right place and what has happened, this may also identify impact so that we can say how effective we are.
20. JS advised that she is getting regular requests for our feedback particularly prior to CQC inspection visits, this week she has been asked to feed back on our relationship with CPFT so JS is getting involved in quite a bit of compliance and they rely on Healthwatch to help with scrutiny and CQC compliance so this is a really important relationship with the CQC managers.

21. JS advised that CTJ has been working with the ICB in relation to the NHS 10 year plan and has run focus groups with Youthwatch and a South Asian group to raise their involvement in the process.
22. AG commented that Impact and influencing is what shows the difference we make and she feels strongly that this is very important so she is pleased to see this shift in reporting.
23. FD commented that the relationship with CQC is important because it encourages people to report experiences because they know it is going somewhere.
24. In relation to the NHS move to digital FD sits on a group looking at CUH outpatients specifically looking at what changes they can make to improve processes. One of the items that came up was digital involvement and having AI assess and determine how quickly a patient is seen. This could be good as AI can see the whole record for the patient across all departments but there is also a big question mark over what patients will feel about it. FD has raised this as things are moving very quickly in the digital arena and we need to be aware of it.
25. PB commented that the only way a patient may discover AI involvement is if things go wrong and questions are raised about what has been the basis for the decision. AI is very good at spotting patterns such as people not attending appointments so identify an area to be targeted but can be more hazy on clinical decisions.
26. JS confirmed there have been mixed messages about the effectiveness of using AI or the 'digital front door' for care packages. i.e. some people prefer to book appointments online while others prefer to speak to the GP surgery but the options for digital involvement have been on the agenda for a long time.
27. JJ thanked JS for the report and the focus on Impact and also how to project the impact so it is good to see KTs involvement as well. He asked how we are managing to put the strategic plan in place given the other changes in organisations and considering the NHS 10 year plan coming out as well. JS responded that the strategy we have is out of date and was produced prior to Covid so we have to start somewhere and these can be reviewed on an ongoing basis perhaps every March Board meeting. JS has held 13 events and has the patient feedback so whilst we can wait for other strategies we are an independent body so we should follow our own intelligence.
28. JH updated the Board on progress with Youthwatch which has now completed the vaping project and the report is published on the website. The group is now looking to start a new project on neurodiversity and they have been putting together a job description for someone on a part-time or sessional basis to run Youthwatch to expand the volunteer network. Having someone dedicated to this group and leading the projects and attending the in-person events is an important development for Youthwatch.

No further questions were raised in relation to the CEOs report.

The Board noted the report and thanked JS.

General Purposes Group (GPG) report

29. JJ introduced the report from GPG held on 14th January which include the minutes of the meeting and the draft budget.
30. AG updated that the GPG had discussed the process for reviewing the 37 policies that Healthwatch has in place. The HR representative, Nicky, has been asked to review and condense these where possible. This will make it easier for the Board as non-executive directors to manage them as the Board is responsible and needs to be assured that the policies are in place and up to date.
31. JJ asked if all 37 policies are HR related or involve Nicky, JS advised that a lot of them are not HR and include things like media policy so there are policies that not everyone needs to be concerned with as they are operational policy and may not even need to go to GPG. The GPG agreed that our HR supplier can take over the approval of policies that are operational and these would not need to come to the GPG or the board. Any policies that are strategic, reputational, or potentially a legal liability should go to the GPG for review. The board agreed this was a good idea as it freed up the GPG members capacity.
32. AG confirmed that policy review is about ensuring that we are sound, complying with the law and that we are a good organisation looking after our staff. PB commented that policies are confirmation of an investment in good practice and also if there are any problems they can be referred to.
33. JS updated the Board with staff changes and the new organisational chart plus project staff whose projects had ended are now leaving. Other changes are with the information and signposting team where one member of staff is retiring and the other has a new job elsewhere. We are very fortunate to have had an existing member of staff to move into that role but we do have a couple of vacancies at the moment.
34. JS updated the Board regarding finances and commented that we are looking quite good at the moment coming up to the year end we anticipate a surplus of £22k. We had budgeted for a £40k loss so we have achieved a £62k saving. With the anticipated surplus JS wants to invest in some marketing and Youthwatch. An additional amount has been allocated to the summit for next year as we wish to move this to Cambridgeshire and we are aware that it will be more expensive there.
35. FD advised that our investment bonds have matured and the Board have already agreed that the United Trust bond is to be reinvested for 15 months. The bond with Cambridge and Counties has now matured and we have an option to reinvest for a further 12 months. This is reserves money so we're trying the balance a good interest rate with an account that is reasonably accessible, by reinvesting this bond for 12 months we would separate the maturity dates so that could be advantageous. FD proposed that JS is made a signatory on these investment accounts.

The Board approved the reinvestment into a 12 month bond with Cambridge and Counties and also approved the proposal of JS being a signatory on the bonds.

The Board approved the draft budget and noted the report with thanks.

Any other business

36. JJ asked for approval of the forward plan of meetings

The Board approved the forward plan.

37. JJ drew attention to the NED appointments because some of the NED's first terms expired in January, CL, LB, CP and JH – all have agreed to serve a second term as NEDs. In addition SR 's second term expires in March, in accordance with the terms of governance he has agreed to stay on as a NED for a further two years and he has agreed to think about succession planning from his community. JJ asked for Board approval for this arrangement.

The Board approved the extension of SRs term as a NED.

38. FD raised a question of whether Healthwatch should continue to use X , formerly Twitter, due to concerns over political toxicity on the site. PB commented that the social media landscape is changing and X has a diminishing market share as people explore other options, she suggested being across fewer channels and doing them well. AG commented that as we only have 200 followers on X we should probably withdraw. JS suggested deactivating the account rather than close it as we wait to see what happens with it.

The Board agreed to deactivate the account.

39. JH raised a question about recruitment of NEDs as there are just seven attending this meeting and we need further coverage in the south of the area and asked if there are plans in place to recruit more NEDs. JS agreed that this is something that needs attention.

No questions had been submitted by the public in advance of the meeting.

JJ thanked everyone for attending and reminded them that the next Board meeting will be on 26th March.

Meeting closed at 18:33 hrs.