healthwatch Cheshire East

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Agenda Item 1.3

Minutes of Healthwatch Cheshire CIC Board - Part 1

Date: 18 June 2025 Venue: Carl Ford Suite, Sension House, Denton Drive, Northwich

Time: 10am to 11am Chair: Erica Morriss

	Part 1 – In Public	
Item	Topic	Action
	Present: Chairing the meeting: - Erica Morriss – EM, Board Director Kate Cernik – KC, Board Director Katrina Delargy – KD, Board Director Peter Folwell – PF, Board Director Meaghan McCauley – MM, Board Director Shilla Mutamba – SM, Board Director **Apologies:** Keith Roper – KR, Board Director Mervyn Harding – MH, Board Director **In attendance:** Louise Barry – LB, CEO Mark Groves – MG, Service Lead Emma McKenzie – EMcK, Admin & Finance Manager – minute taker Jenny Lloyd – Project Lead	
1.1	**Welcome, Introductions & apologies** EM welcomed all and apologies were noted.	
1.2	**Declaration of Relevant Interest** None.	
1.3	**Minutes of previous meeting (enc) and matters arising** Notes were checked for accuracy and matters arising and agreed as an accurate record.	
1.4	**Action Log** All actions are complete other than one ongoing that people use the Feedback Centre – item to be closed. KD asked if feedback was increasing. LB said that it fluctuates. JL commented that some engagement events, such as Pride, can generate a massive number of comments. EM – asked if we could monitor the trends. MG to collate this from our quarterly monitoring.	MG to update Board re trends in comments

1.5	**CEO Report** **Service Update** We are currently finalising our annual reports which we have a statutory duty to publish by 30th June. We are also finishing significant GP survey work which comprises nine individual LHW reports and an overarching report. The information generated has already been useful and, in some cases, controversial. There are also Pride events in the offing. We've published pharmacy, dentistry and E&V reports. CWaC Health Overview and Scrutiny committee have picked up the pharmacy and dentistry reports and our reports are being discussed in different domains. Our Discharge to Assess report is about to be published and information within it has already been shared. Diagnostic work has been ongoing for 12 months; data sharing agreements took some time. We visited Aintree and Leighton Hospitals to assess why people weren't attending for their diagnostic appointments. When we met with the hospital, it became clear that their internal processes were not smooth, rather than patients just not turning up. We spoke to patients at the hospital and by phone after the appointment date. Key themes appeared as to why people did not attend and these were fed back to GPs who make referrals to consultants. Findings will be presented at C&M level next month. KD – This shows the power of fresh eyes, lots of health professionals have worked within health for so long that they are totally immersed in 'we've always done it this way…'. The pressure to save money and hit targets transfers to patients. EM – we need to understand our accountability as we can't fix everything. How can we evaluate/validate what results? LB – this was a commissioned piece of work as a test case in Aintree. We will receive actions from Aintree and will raise these in any other health forums we attend. KD – work could be replicated or modularised to bring in other funding. NB – we are not looking for extra work as we are at full capacity. KC – brilliant piece of work of which she's seen many. The tendency is to revert back to how you have always done things – NHS is incredibly risk averse due to blame culture. Huge culture of vested interests and tribe culture which get in the way of progress. It's important to have an understanding of this culture. JL – even if GPs go back and ask just one more question we will have made an impact. 50 a month reduced DNAs – the hospital were excited by that. SM – where will this be published? Just to the commissioner? LB – We publish all of our reports with the commissioners' comments on our websites and they are circulated at Cheshire and C&M level and nationally with HWE.	

	EM – Redline Toolkit – nobody wants to normalise corridor care but it is important that it is on our radar. LB - C&M ICB had discussed at system quality meetings that they were unhappy with corridor care. LB explained she had had an experience with a family member in a Liverpool hospital and had spoken to the Chief Executive there. They had been in 4 different settings and 3 different corridors. LB was invited to a culture staff event at which she presented a recording of their experience at the hospital which made clear staff disrespect (swearing by hospital porters) and lack of safety within the corridors. This recording was used within a number of meetings and the system then decided to come up with the Redlines Toolkit – not acceptable to have corridor care, but what lines should not be crossed – observation etc. HWC and the other Local C&M HW were asked to be part of its Care and Comfort section production. We now use this part of the toolkit as a focus within our A&E Watch reports. The HWC team found corridor care was poor in one of the local Trusts and escalated it in person to collaboratively improve experience. EM – are we effectively planning for these activities? LB – the public tell us, we are commissioned and we are also asked to look at issues. MG will be planning our project work once back from his leave. We will continue to do as much as we can and we may do a follow up report. KC – I think what you're doing is fantastic. Has the whistleblower trend faded, or is it still ongoing? It can raise standards very quickly. EM – as non-executive Director at Leighton Hospital she sees voice coming through to providers and on the whole, this is done without fear. LB – This was brought up at the Overview and Scrutiny committee as being on the increase. **New Feedback Centre** – current one closing, we may have a financial increase to bring in a new one. EM – thanked the team for the quality of the work being produced; which she felt gave good coverage.	
1.6	**Any Other Business** – notified in advance where possible. None.	
Next meeting –16th September 2025, on line 5pm to 6pm.		