Agenda Item 1.3

Draft Minutes of Healthwatch Cheshire CIC Board – Part 1

Date: 30th September 2025 Venue: Teams Meeting
Time: 5pm to 6pm Chair: Erica Morriss

Item	Part 1 – In Public 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 Keith Roper – KR, Board Director **Apologies:** 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 – JL, Associate	
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** One action remains in progress to monitor the number of comments received – on the agenda today.	

1.5	**Healthwatch Activity** LB stated that the Healthwatch Team continues to be as busy and in demand as ever. Working in partnership as usual, this is particularly apparent in our current project around Hospital Discharge. There is a great deal of interest in us and our potential future. The move to integrated working means that our inclusion is really strong.	
1.6	**CEO Report** **Service Update** Healthwatch Closure - With regard to the Government announcement regarding the closure of Healthwatch, we are very clear that we are working as normal and continuing to do what we always do. Recruitment – despite the closure news we went ahead with the employment of a new ICAS Advocate. We were fortunate to recruit a retired nurse with Patient and Quality experience. Our interim Advocate remains with us on just a few hours a week. The two have different approaches to this work giving good coverage for the service. We have confidence to pass queries directly to them. Training for staff team – the team continues their work with their usual passion and pride and we have said we will keep them updated with any news. In the meantime, we would like staff to be as equipped as possible for the future and are encouraging them to undertake training to give them potentially transferable skills and have given some work time to do it. There is a lot of faith in the process and a continued desire to do well. EM – good to hear the team are doing well and fabulous to hear of the training offer. Reports - Many have now been published with significant impact. Diagnostic report published but waiting on a conversation next week before promoting. E&V work continuing with work around the Red Lines Toolkit and our corridor walks. Discharge work with the remaining two acute Trusts is underway too. New websites and databases are being sourced. Safeguarding - nothing to report.	
1.7	**Comment Themes** An initial new report on themes has been prepared by Dhruv, our Information, Insight and Intelligence Officer and will be developed for forthcoming quarters. EM – the ICB's viewpoint is that the work HW is doing has gone to such a granular level that it is massively appreciated. All the discharge work should help avert a winter crisis. There is no other alternative to HW - so timely, needed and well-used. MG spoke about the Redlines Toolkit which formed a part of our A&E Watch programme in November last year. It was disappointing that numbers of patients being cared for in temporary escalation spaces	

	in all three hospitals have risen. We noticed an improvement at the Countess in how they were delivering care; they are starting to use Same Day Emergency Care Centre (SDEC) which allows more privacy in bays but delays the care for those using SDEC. Leighton and Macclesfield show slight developments but still further improvements can be made in how they support patients. EM – how can this be improved? LB – we can escalate to management, Overview and Scrutiny Committee and CQC. If there is something that is blocking the improvement, we look out for this. PF – how do the A&E Watch findings stack up with recent league table results showing that COCH is 133rd out of 134 hospitals? LB explained there is a lag in these figures and they are also looking at different factors. The Countess is low on the league table due to capacity and the demand. She commented that having had personal experience of COCH over the weekend, the hospital is 'rammed' but the care has been fantastic. PF – This has been the case for the last 7 or 8 years. The root causes have to be addressed – both the numbers turning up at the door and the discharge element. KC asked about the difference between the hard and soft data. How would you go about measuring the cultural change? Does HW have a role in the sharing of best practice? LB – a staff satisfaction survey would be needed for this. However, she can see that Compassion training is kicking in. MG – Waiting times are shown on live monitors at Leighton Hospital and we have recommended this several times to Macclesfield Hospital. EM – CMAST (Cheshire & Merseyside Acute and Specialist Trust Provider) do pick up best practices shared by HW to share across their hospitals. KC has worked with GPs and their best practices. Competitiveness and desire to follow best practice can be used as a lever.	
1.8	**Any Other Business** A different chair is requested for December's in person meeting.	
Next meeting – 16th December 10 to 11am – in person at Sension House		