

MINUTES:

Date	HWCB Annual General Meeting				
Date:	18 th November 2025				
Time:	10.00 – 12.00				
Venue:	Warrenfield room, The Rufus Centre, Steppingley Road, Flitwick, Bedfordshire, MK45 1AH				
Attendees					
First Name	Surname	Initials	Role	Organisation	
Diana	Blackmun	DB	Chief Executive Officer	HWCB	
Gill	Hiscox	GH	Chair	HWCB	
Louise	Cole	LC	Director	HWCB	
Linda	Grant	LG	Director	HWCB	
Mandy	Haslam	MH	Director	HWCB	
Alan	Jackson	AJ	Director	HWCB	
Alison	Newnham	AN	Director	HWCB	
Joanna	Zaworska	JZ	Database and Office Administrator (min taker)	HWCB	
Speakers					
Marc	Stanbridge	MS	Clinical Head of Operations for Bedfordshire	EEAST	
Apologies					
Glen	Young	Deputy Director for System Partnerships & Integration		EEAST	

1.	Welcome and Introduction	Action
	<ul style="list-style-type: none"> ▪ Meeting Started at 10am ▪ GH welcomed everyone to the AGM 2025 and acknowledged the attendance of HWCB volunteers and the General Public. 	
2.	Apologies	
	<ul style="list-style-type: none"> ▪ Apologies were received from Glen Young (Deputy Director for System Partnerships & Integration) 	
3.	Guest Speaker	
	<p>GH welcomed Marc Stanbridge, Clinical Head of Operations for Bedfordshire: Marc Stanbridge delivered an in-depth update on EEAST's operational performance, winter planning, staffing pressures, demand forecasts and system-wide developments affecting Bedfordshire.</p> <p>1. Winter Planning & Seasonal Preparedness</p> <p>Trust-Wide Winter Plan (2025/26)</p> <ul style="list-style-type: none"> ▪ The EEAST Winter Plan for 2025/26 was approved by the Trust Board in September 2025. ▪ Regional multi-agency <i>stress-test exercises</i> took place in September to test system pressures and refine contingency plans. ▪ Key aims: <ul style="list-style-type: none"> ○ Ensure safe delivery of 999 and 111 services during peak winter pressures. ○ Maintain response times despite increased demand. ○ Strengthen hospital handover performance. ○ Maximise clinical safety through structured escalation planning. <p>Operational Priorities</p> <ul style="list-style-type: none"> ▪ Increased <i>overnight staffing</i> for 999 call handlers to support higher out-of-hours demand. ▪ Enhanced "Hear & Treat" capacity to reduce unnecessary ambulance dispatches. 	

- Strengthened urgent care pathways including *trusted assessor* roles to support Urgent Treatment Centres (UTCs).

2. Performance & Demand

Response Time Targets (National Standards)

Marc provided the following benchmarks:

- **Category 1 (Life-threatening):** Target under 7 minutes – locally aiming for **under 6 minutes**.
- **Category 2 (Serious/urgent):** Target 18–40 minutes – local target **26 minutes**.

Current Performance Notes

- Category 1 responses remain relatively strong.
- Category 2 responses continue to be affected by system pressures (hospital delays, staff sickness, and rising demand).
- Hospital handover delays at both Bedford Hospital and Luton & Dunstable (L&D) significantly impact the ability to free up ambulances.

Seasonal Trends

- Call volumes are expected to increase through winter, particularly for:
 - Flu and respiratory illness
 - Frailty-related emergencies
 - Paediatric viral cases
- Staff sickness rose at the start of September, and modelling predicts a second increase in December/January.

3. Workforce, Staffing & Wellbeing

Recruitment & Staffing Levels

- Independent modelling confirmed EEAST is *under establishment* in some areas.
- EEAST has employed all staff currently available and continues active recruitment.
- Around **400 new staff** are expected across the organisation over the next period.

Wellbeing & Scheduling

- Staff vaccination uptake is a key focus.
- Concerns raised about long shifts:
 - Crews must receive a **30-minute statutory rest break**, with an additional 15 minutes where demand allows.
 - Break time **cannot** be counted while waiting with a patient.
 - Earlier practice of crews swapping breaks has ended; breaks are now taken as a team.

Christmas & Peak Season Planning

- Annual leave has been reduced by 50% across December.
- Extra incentives are being offered, particularly for Luton where demand is higher.
- Overtime availability increased to help address staffing gaps.

4. Operational Challenges

Hospital Handover Delays

- Backlogs at local hospitals (Bedford and L&D) can cause delays in releasing ambulance crews.
- EEAST is working with the ICB and hospital partners to improve flow.

Boundary & Access Issues

- Some patients experience delays when registered with GPs outside their immediate local area.
- Adult crisis response pathways are being reviewed to improve cross-boundary access.

Use of Taxis

- EEAST does continue to use taxis when clinically appropriate.
- They are going through a new *procurement process* to ensure safe, reliable, local operators.

Live Data & System Visibility

- Real-time system data is available on the **SHRE** (Shared Resource Environment).

- When delays reach escalation thresholds, the ICB is notified and information should be cascaded to GPs.

5. Future System Pressures & Population Growth

Marc highlighted several factors that will significantly impact Bedfordshire's future demand:

Major Developments

- **Tempsford new town** – anticipated to increase population rapidly.
- **Universal Studios Development** –
 - 5-year construction period increasing local workforce by thousands.
 - Permanent staff and high visitor numbers once open will further heighten service demand.

Transport Considerations

- Rail disruption has not had a major impact recently.
- Roadworks linked to large developments could cause future challenges.

6. Collaboration & Productivity Improvements

Operational Improvements

- Increased "Hear & Treat" success – more patients treated without hospital conveyance.
- Reduction in C1 and C2 response times through productivity measures.
- Fleet optimisation programme improving ambulance availability.
- Enhanced use of the **SYREN system**, enabling better data sharing between hospitals and ambulance services.

Local Operational Oversight Cells

These are being strengthened to:

- Monitor daily performance.
- Support flow and hospital handovers.
- Implement local productivity actions.

7. Serious Incidents (SI) & Patient Safety SI Team

- EEAST has an internal Serious Incident & Patient Safety team.

	<ul style="list-style-type: none"> ▪ Marc will check if any external recruitment is planned for the SI function. <p>Patient Safety Partners (Required under PSIRF)</p> <ul style="list-style-type: none"> ▪ Work 3–4 days per month. ▪ Act independently from EEAST staff. ▪ Provide the patient voice within serious incident investigations. ▪ Recruited every 2–3 years; currently one in post. <p>This improves transparency, assurance, and learning across the Trust.</p> <p>8. Questions from the Public & Responses</p> <p>Local knowledge of call handlers Calls can be answered anywhere in the UK, but advanced mapping tools help identify caller location even if the caller is unsure.</p> <p>Reason for Bedford station closure Decision was made before Marc’s role; it was part of a wider estate consolidation plan.</p> <p>GP referrals and ambulance prioritisation GP-declared Category 1 calls are treated as Category 1 and dispatched immediately when possible.</p> <p>Delays and communication with GPs Delays are reported through the ICB. GPs should be kept informed to manage patient expectations.</p> <p>Is abolishing response targets better? No. Targets ensure accountability and prioritisation; without them performance would fall.</p> <p>Driver rest periods</p>	
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	<p>Crews cannot go 12 hours without a break; mandatory rest periods must be observed.</p> <p>Use of taxis Yes, under strict criteria and a new procurement process.</p> <p>Patient Safety Partner Role Although this is classed as a voluntary role, a nominal payment is made to recognise the time, commitment and expertise they bring. These individuals are external, often previous patients, and are recruited through a full process every 2–3 years. E EAST have 1 person currently in place.</p> <p>Purpose and Value They provide an independent perspective and ensure the patient voice is embedded in PSIRF (Patient Safety Investigation Response Framework) guidance. Their involvement strengthens transparency, accountability and learning from incidents.</p> <p>Commitment and Structure Patient Safety Partners typically contribute 3–4 days per month, working alongside the Safety Team.</p> <p>Why It's Important Every provider working with PSIRF is expected to involve Patient Safety Partners. This external review helps meet statutory and regulatory expectations, improves quality, and reduces risk of recurrence or reputational harm.</p> <p>Additional information can be found at: https://www.england.nhs.uk/patient-safety/patient-safety-involvement/framework-for-involving-patients-in-patient-safety/</p>	
4.	Chief Executives Report	

DB presented an overview of HWCB activities over a previous 12-month period:

Highlights

- **Website:** Feedback centre.
- **Committees & Boards:** Strong representation across system boards.
- **Reports & Surveys:**
 - **We've published 11 reports**
 - Men's health
 - Diabetes and Hypertension.
 - 'Behind Closed Doors: Shining a Light on Child and Adolescent to Parent Violence and Abuse (CAPVA)', which brought attention to the experiences of parents struggling to access the support they need Engagement & Community Work
 - 16,000 people shared their experiences with us, and just under 20,000 people came to us for advice and information about health and care services including support services available in their local area.
 - "Just Ask" programme reached 606 residents.
 - Festival for Older People 2025.
 - Strong partnership with Milton Keynes Healthwatch on PPG toolkit.
 - Translation and interpretation improvements commissioned by the ICB.
 - You said we did
 - The first is a parent whose child was missed during a school vaccination session. She came to us with safeguarding concerns, and after we escalated the issue, the provider completed a full investigation and strengthened their processes.
 - The second story involves a young person who faced delays and missed referrals for urgent care. We raised this directly with the practice and

	<p>the ICB, which led to fast action, the right treatment, and long-term improvements.</p> <ul style="list-style-type: none"> ▪ Enter & View <ul style="list-style-type: none"> ○ 8 visits across GP practices and care homes. ○ Improvements seen in signage and communication. <p>Young Healthwatch (YHW)</p> <ul style="list-style-type: none"> ▪ New Youth Engagement Officer: Elli Margolius. ▪ Annual report published. ▪ One of Young Healthwatch’s big projects this year focused on mental health and neurodiversity support <p>Visits included:</p> <ul style="list-style-type: none"> ▪ Sue Ryder St John’s Hospice: YHW visited Sue Ryder St John’s Hospice to learn what inpatient care is like and to share feedback on what’s working well and what could improve. ▪ HUC 111 call centre: YHW went to 111 call centre see how urgent care calls are handled. This helped them understand the service better and share ideas about good communication in healthcare. ▪ iCash: During HIV Awareness Week, they worked with iCash Sexual Health to learn about safer sexual health and to spread awareness among other young people. ▪ <p>Priorities for 2025/26</p> <ul style="list-style-type: none"> ▪ Reduce health inequalities. ▪ Expand partnerships. ▪ Increase Enter & View volunteer numbers. ▪ Deliver new partnership board commitments. <p>Sector Changes</p> <ul style="list-style-type: none"> • Healthwatch statutory functions expected to transfer to ICBs within 2 years. • NHS England timelines: restructure by March 2026; potential redundancies by April 2027. • DB reassured members that it is “business as usual”. <p>Acknowledgements</p>	
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	<p>DB thanked:</p> <ul style="list-style-type: none"> • Staff and volunteers for their dedication. • Directors for their continued guidance. <p>Questions were raised regarding:</p> <ul style="list-style-type: none"> • Lighthouse feedback session – LG requested a Friday session to share partnership board insights. 	
5.	Presentation and Approval of Accounts for year ending 31st March 2025	
	<ul style="list-style-type: none"> ▪ GH confirmed the Board had approved the audited Annual Accounts, verified by HWCB Accountants. HWCB is in a healthy financial position for the coming year. 	
6.	Appointment of Directors	
A.	<p>Standing for re-election</p> <ul style="list-style-type: none"> ▪ The following Director was identified as standing for re-election: Louise Cole – LG proposed and AJ seconded. 	
7.	AOB	
	<ul style="list-style-type: none"> ▪ Acknowledgments: DB expressed gratitude to staff and volunteers for their adaptability, dedication, and outstanding efforts over the past year. Special thanks were given to the Board, Chair, and all volunteers for their commitment. ▪ GH thanked DB for her exceptional leadership of HWCB over the past year. Massive thank you to DB. 	
8.	Close	
	<ul style="list-style-type: none"> ▪ The meeting closed at 11:40 am and all were thanked for their attendance. 	