

**Minutes of Healthwatch Cornwall Board Meeting  
Tuesday, 7<sup>th</sup> November 2023, 08:45 am to 11:30am  
Trevithick Room, New County Hall**

**Present:**

Directors: Anna Pascoe (AP) – (Chair); Christine Hunter (CH), Deryth Stevens (DS from 0910), Tracey Camps (TC)

Designated directors: Keith Judkins (KJ), Mike Wall (MW), Richard Williams (RW)

In Attendance: Anne Oliver (AO), Nicki Burnett (NB – left 09:53), Debbie Gilbert (DG – CEO designate), Jenny Salmon (JS – minutes)

**Part 1: In public agenda**

**1. Welcome and introductions**

1.1 AP welcomed all to the meeting and invited each person to introduce themselves as there were a number of new attendees and proposed directors.

**2. Apologies**

2.1 Apologies from Clive Acraman, Director Designate, and Deryth Stevens, who was stuck in traffic and arrived at 09:10.

**3. Questions and comments from the public**

3.1 No formal questions or comments have been received.

**4. Declarations of interest**

4.1 No declarations of interest or comments for items on the agenda.

4.2 KJ stated that he currently works with West Cornwall Healthwatch (WCHW), which may cause a future conflict of interest, however he is planning to reduce his involvement in WCHW. If any issues arise where the interests of Healthwatch Cornwall conflict with WCHW, he will pull back from WCHW. Note – KJ has since resigned from WCHW.

4.3 AO explained that WCHW pre-existed HC and already had the name Health Watch. When Healthwatch England (HWE) came into being,

the name Healthwatch was coined for all local Healthwatches nationally but WCHW continued to operate under its own name, independently of HWE and HC.

## **5. Minutes of the last meeting: 25 July and 11<sup>th</sup> August 2023**

- 5.1 AP explained that the quarterly meeting in July was very busy and spilled over to a second meeting in August, so the minutes presented were for one agenda spread over two meetings.
- 5.2 TC asked for 7.7 on P3 to be amended to “TC said that she was keen to understand what was prompting the increased requests for detailed information now.”
- 5.3 The minutes were approved as a true record subject to the amendment in 5.2.

## **6. Matters arising**

- 6.1 There were no matters arising from the minutes.

## **7. Formal ratification of new Directors**

- 7.1 AP welcomed Mike, Richard and Keith to the meeting and also said that, following a round of interviews, it was also recommended that Clive Acraman was appointed. She invited the existing directors present (TC and CH) to confirm their approval of these four new members joining the Board.
- 7.2 The Chair, TC and CH approved the appointment of the new directors (DS was not present at the time).
- 7.3 AP welcomed the new Directors to the Board and invited them to participate in the rest of the meeting, expressing the Board’s excitement at having new members.

## **8. Representation list – Director vacancies**

- 8.1 AP explained that the list is the official document with the organisation’s nominated representatives to the various external bodies that HC contributes to. She congratulated the staff team who had worked to improve and update the document to provide a list of

the most essential meetings. There were a few gaps in representation and AP invited members to consider whether they wished to put their name forward to fill these gaps.

- 8.2 AP highlighted the vacancy for representation on the Safeguarding Adults Board (SAB) and AO explained the role of the director responsible and the relationship between HC and the SAB. The SAB meets quarterly and at the end of each year the director responsible would help the management team to complete the HC safeguarding adults review.
- 8.3 AP invited members to express interest in any positions on the list. KJ asked if the new members could hear the full range of options that were available before making a decision.
- 8.4 AP gave a list of representatives and substitutes currently open. The Chair attends the Health and Social Care Overview and Scrutiny Committee and the substitute would be the impending Vice Chair, which is for discussion later in the agenda. Substitutes are also needed for the Clinical Senate and Citizen's Assembly (CSCA) and Primary Care Commissioning Group, for which CH is the main representative.
- 8.5 CH said that she would be happy to step down from the CSCA, which has two parts – the Citizen's Assembly and the Clinical Senate. The CA has Healthwatch representatives from all over the South West. The CS has more clinical representatives and the topic of discussion at the moment is health inequality.
- 8.6 TC volunteered to be deputy representative to the SAB. She did not feel she could take on the main role due to other commitments. The meeting approved TC as deputy.
- 8.7 AP asked AO to circulate a list of the representative and deputy vacancies to the board.
- 8.8 DS joined the meeting at this point after being delayed in traffic. AP introduced her to the new members.
- 8.9 RW volunteered for the Citizen's Assembly and Clinical Senate.

- 8.10 AP asked AO to ensure the references to the CEO in the document were all changed to Debbie.
- 8.11 KJ expressed an interest in representing on the SAB, however was happy to wait until everyone had had a chance to look at the list.
- 8.12 AO clarified that the names on the list were on the working version. For the public document, the representation will reflect roles rather than names.
- 8.13 AP asked AO to inform herself and Debbie of any sickness cover needed due to the absence of two managers at the moment.

## **9. Board representation to groups/committees**

- 9.1 AP explained that there was also an internal element to representation. At the moment, the Organisational Development Advisory Group (ODAG) is set up with three staff members and three directors, currently TC, DS and CH. There is also the Finance and General Purposes Committee (FGPSC) which is a constituted subcommittee with the CEO and Chair and two further directors as membership, currently TC and CH. AO is the facilitator for both.
- 9.2 AO to circulate a list of the committees and roles to all and representation to be arranged outside the meeting.
- 9.3 AO pointed out that there had been previous discussion about a working group around inclusion and diversity, as this was a priority from Healthwatch England. This will be discussed further in item 11 below.

## **10. Staff presentation**

- 10.1 NB gave a presentation on the work of the Kernow Maternity Voices Project (KMVP).
- 10.2 DS asked if NB receives intelligence from Devon for the population of East and North Cornwall that uses Devon maternity services. NB said that at the moment there is no data available as there is a lack of funding for their Maternity Voice Partnership. NB's team are trying to support them and they know from families from those areas that they do meet that the care received in Devon is different.

- 10.3 KMVP was cited in the December 2022 RCHT CQC report, when maternity services were rated as good, after being rated inadequate in 2017. Two pages of the report were dedicated to KMVP and talked about the impact the project is having on maternity services.
- 10.4 MW asked if HC receives payment for developing training. NB explained that development and delivery of training and resources is part of the KMVP core work plan and is funded through the annual budget to fulfil this. The training developed enables KMVP to influence the development of services.
- 10.5 NB also explained that the Local Maternity and Neonatal Service (LMNS) facilitates KMVP's access to and ability to have influence over services. The LMNS has discreet funding for development funding, which makes it easier to access. The ICB restructure has been a bit of a barrier to development and to capacity.
- 10.6 AP asked if Timpson's had engaged with MVPs locally or nationally about their perinatal project providing a free perinatal journey book for new parents. NB wasn't aware of the project or any engagement.
- 10.7 The meeting thanked Nicki for her time.
- 10.8 AP explained that each quarterly board meeting has a guest speaker from one of the teams and it was agreed that Helen Hambly be invited to January's meeting in this section to talk about recent work on identifying gaps in our demographics.

## **11. Governance**

- 11.1 AP recapped the recent history of the board and the move to bring more structure into the governance than previously existed. Each quarter of AP's Chairship has seen a number of documents aimed at improving conditions for staff and the board and to bring in processes to support the governance of the organisation.
- 11.2 As part of this, AP proposed a buddy system for new members of the board so that they had someone to turn to for information during their induction period. This will mean that people may have a better understanding of Healthwatch and the role in the various external organisations before attending any meeting.

- 11.3 KJ stressed the importance of the buddy relationship being a two way process, so that if more experienced members felt there was anything that needed raising with new members, they would be able to do so.
- 11.4 The meeting agreed unanimously to adopt the buddy system.
- 11.5 AP explained that previous meetings had identified that the organisation has not benefited from any formal governance or probity training in the past. AP has contacted Justin Day, on the recommendation of Anna Jay, who was previously contacted but specialises in supporting charities as opposed to CICs. AP asked the board to accept Justin Day's quotation for round table governance training for all staff and board members.
- 11.6 TC asked who would be intended to attend the training. AP explained that it would be one session that all staff and directors would attend training at the same time.
- 11.7 KJ asked for more details to be circulated about the background to the training prior to it taking place. AP asked AO to have her team expand on the information and circulate it and asked if the training could take place as soon as possible as this has been planned for a considerable time.
- 11.8 The meeting approved the recommendation to employ Justin Day, subject to the recommendation for further information from KJ.
- 11.9 AP said that the organisation does not have a Communications and Impact Group, and that the public are not really dialled into HC processes so there was no public engagement in board meetings. Service users are engaged in the Partnership Boards and there are periodic updates from the team about how that happens. There is also public engagement activities which are reported, but the board needs to be more in touch with the public in order to have a strategic view to support colleagues and inject resources and ensure there are no demographic and geographic inequities. The need for such a group had also arisen through Directors' 1-2-1s and appraisals.

- 11.10 KJ asked why it had not been done before. AO explained that HC used to have the HC Advisory Forum, which involved directors, staff and volunteers, but the research team was still being developed and the organisation was trying to establish priorities, meaning the group was not very active and faded out. We now have really good evidence collection processes, which mean that the new proposal will be more of an active group as opposed to a talking shop.
- 11.11 AP suggested that a meeting was scheduled for December to discuss the practicalities of the group and develop a structured plan of how the board will properly engage people. She highlighted the gap in diversity on the board, making it unrepresentative of the population HC represents.
- 11.12 KJ offered to help take the idea forward and use his experience as a volunteer to inform action as, in his experience, it felt a bit uncoordinated when he joined.
- 11.13 TC said that this group also needs to consider how we reach out to the community to get more volunteers. This would be a big piece of work using the tools that are available to us and the tools that the younger generation use. AP agreed that there was a need to first identify what the issues were and then the steps to address it and hold ourselves accountable for it.
- 11.14 RW pointed out that most voluntary organisations face the same issues and it's important that we don't start reinventing the wheel. It's important that we talk to other organisations first to identify where there are gaps and to minimise repeated asks to the community. He mentioned that the Voluntary Sector Forum (VSF) has a log of consultation groups. VSF also has a youth worker, so it would be good to ask them what's needed. AO explained that HC does have contact with VSF and managers met with the CEO in May of this year.
- 11.15 KJ explained that the Patient Participation Group that he is involved in had expanded membership to include members of the public and professionals, which has improved effectiveness.

- 11.16 AO pointed out that PPGs are represented on the Integrated Care Area fora, where HC are represented at each ICA and provides opportunity for contact.
- 11.17 RW highlighted the importance of involving the public at ground level and making the senior professionals aware of their importance.
- 11.18 DS stressed the importance of involving secondary care and the interface with primary care.
- 11.19 AP mentioned that she had been in conversation with Alison Bulman, Director of Adult Social care about areas where it might be beneficial for HC, either within our contract or as spot purchase work, to conduct an audit looking at care planning and ensuring the Assessment to Care award process is fit for purpose.
- 11.20 AO said that managers have been having early conversations with the ICB about support work around providing training for PPGs to find and share best practice for efficiency and effectiveness and align with Healthwatch principles. This is now in the 2024-25 ICB programme.
- 11.21 The meeting agreed the recommendation to establish a Communications and Impact Group.
- 11.22 AP drew members' attention to the ongoing Board Development Plan for information. Any queries or comments to AP.

## **12. Management Report**

- 12.1 Management report – circulated at the meeting. AO highlighted that the Cost of Living Survey has now finished, although there are still written returns coming in, and the report is now being written.
- 12.2 In the absence of the Research and Evidence Manager, AO highlighted the connections with the various health teams, especially dementia. The REM continues to make sure that HC is part of everything that goes on, although there is often no firm information to bring to the meeting. Managers are consistently making sure that HC is involved in all key areas, including Mental Health and End of Life Care. The Partnership Boards are also ongoing successfully.



- 12.3 AP explained that she has been working with the Senior Strategy and Engagement Manager to have a meaningful dialogue with Cornwall Council over our core funding. Historically the quarterly contract meetings with Cornwall Council have been out of sync with the board meetings, meaning two reports have been prepared. This is being addressed and AP suggested that, with Debbie starting next month, this information can be streamlined and co-ordinated to prepare one report instead of the two.
- 12.4 AO said that the management team would also like to align the report more closely to the work plan, using a traffic light system for simplicity.
- 12.5 KJ highlighted the inaugural meeting of the Older People's Partnership Board, which was very positive. He was concerned that the name may not describe the way the board operates and presents itself. He felt that the meeting was excellently chaired by Cllr John Bastin, who promised prompt action when needed.
- 12.6 Reports Publication Process – AP presented the draft procedure for comment and approval and explained that HC has not previously had a system for publishing reports and this process is aimed to give our team and key stakeholders an opportunity to review and comment on reports without compromising our independence. This will also mean there are no surprises for stakeholders when reports are published and mean that staff will not get drawn into a lengthy process chasing stakeholders for comment. The process will hopefully ensure that the Commissioners are the primary reviewer, but Rachel Rothero and Carolyn Andrews, as the two most senior directors in the ICB and Cornwall Council, have volunteered to be the two key points in the final sign off.
- 12.7 AO explained that the REM has not yet had sight of the process as she is currently off sick. As the REM would normally be responsible for the final sign off of reports, AO asked that she be allowed to see the procedure before final sign off, although AO does not anticipate any major changes.

- 12.8 AO also highlighted that HC is occasionally commissioned by NHS England and we don't have permission to share reports with anyone else.
- 12.9 AP stressed that it was important that the board adopt this initial version today as she would like it to go to the next contract meeting with Cornwall Council. Any minor amendments can be agreed when the REM returns from sick leave.
- 12.10 The meeting unanimously agreed to adopt the procedure as it stands.
- 12.11 Quarterly feedback report – AO presented the summary report and explained that the different elements are taken directly to the relevant organisations, such as the RCHT and CPFT patient experience groups. Efforts are ongoing to establish regular contact with UHP Derriford patient experience group. It also highlights some of the things that Helen Hambly will talk about in the January meeting about the demographics of our feedback.
- 12.12 The report highlights that we still struggle to get demographic information from telephone and website enquiries, as well as the geographical areas where we get less feedback and plans are being put in place to address this.
- 12.13 GP feedback has overtaken dentistry, which has historically been the highest number of contacts. GP work is something we continue to discuss how we can best work with GPs, although there is a limit to this as GP practices are individual businesses. This is an ongoing piece of work for the next work plan.
- 12.14 AP congratulated Helen Hambly and everyone who fed into the report. The new layout brings the data to life and will be really useful to current operations and to the new Communications and Impact Group.
- 12.15 The meeting approved the report.

### **13. Finance report**

- 13.1 2023/24 Budget – formal ratification – AO introduced the budget and accounts documents. She explained that there has been a lot of

work since April around aspects of the budget. She explained that, until December 2021 CRCC held our accounts but withdrew their support due to organisational changes. There was a very poor handover to the extent that HC took over the day to day running of the accounts in February–March 2022 and managers have struggled to determine how the reserves came about. There was also a really small discrepancy of £183.79 between the computerised accounts and the bank account.

- 13.2 A significant amount of work was needed before the board felt able to approve the accounts and prove that the discrepancy was historical error prior to March 2022, which has now been signed off by the Directors. The result is that the budget is now complete for the 2023–24 year.
- 13.3 AO explained that the Partnership Boards and KMVP have their own income streams and separate requirements and so are referred to in the HC accounts but have separate accounts and reserves as well.
- 13.4 The FGpsc was happy with the budget, which enabled staff to move on some purchases and AO asked for board approval of the final budget.
- 13.5 AP asked for clarity on which items had not been purchased. AO clarified that all equipment asked for has now been purchased since the FGpsc.
- 13.6 AP highlighted that there are some discussions on budget regarding communications provision and staffing that will be addressed in part two of the meeting between now and the next board meeting.
- 13.7 AP expressed satisfaction with the headline budget, with the exception she feels that there is still work to do with the new accountant and the prospective financial consultant on making sure there is clarity about where the reserves come from and there is an adequate forward plan for spending them.
- 13.8 MW said that the main issue is whether the core contract gets renewed in the Spring. AP agreed that it makes forward planning

difficult but that she had had very positive feedback from the contract meeting in October.

- 13.9 MW asked if it was likely that the contract would have a temporary extension for a year.
- 13.10 AP said that there had been previous extensions during Covid and there is a possibility that a temporary year long extension would be given, which would allow DG to stabilise in the CEO role and would give staff some stability, but the key ask with the benefit of staff in mind is a full five year renewal.
- 13.11 The impact of continued delay with recontract on staff was discussed and AP said she has been in regular contact with Kate Alcock, the contract manager, as HC staff need to know about their jobs. Councillor John Bastin has also been very supportive.
- 13.12 DS said that a year extension was not really acceptable and would be very disappointing. AP agreed.
- 13.13 MW asked if there was any support that AP could use in such a vital matter and if the Board should impose a deadline for a decision, as people will start leaving their jobs.
- 13.14 AP said that a revised deadline of November was agreed in the last contract meeting and she expects a decision next week.
- 13.15 AP pointed out that there has been no uplift in the CC funding in the entire ten years of the contract. She asked if AO could prepare a minimum, median and maximum contract projection to incorporate developing needs of the organisation over the next five years.
- 13.16 MW asked if there was a walkaway figure. AP explained that that sort of language had not been used in previous negotiations to point out that HC has been making do with the same level of funding for ten years. There are significant requests to extend the Partnership Boards, which is an additional negotiation alongside the core contract negotiations. The PB team are already at capacity and an expansion would need additional staff.
- 13.17 MW asked if there was any savings or potential for redeployment of staff where activities are coming to an end. AP explained that many

staff are part time and therefore don't have spare capacity. The board undertook a capacity survey in May 2023 of current and former staff and they are in the process of following this up with staff. Amongst the staff team there is a mix of people who would like to stay as they are or change their hours up or down and this will be addressed with individuals once the contract is agreed.

- 13.18 MW asked if any budget figure had been suggested by the Council. AP explained that CC receive funding from the DHSC for Healthwatch, however the system is not perfect as the funds get awarded in Q3, which is not really in line with budget processes. CC considers its budget for the first time on Thursday so there will be a broad figure in the budget but they will not know yet what the award from the government is going to be.
- 13.19 AO explained that the funding the Council receives is not ring-fenced and is shared between the Healthwatch statutory function and an advocacy function, which in Cornwall is held by the Advocacy People, whereas in some other places Healthwatch does both functions. AP advised HWE is lobbying for a better system nationally.
- 13.20 MW pointed out that HC needs to demonstrate that it is effective in using the resources it receives. AO pointed out that it has been made to work in the past by funding part-time roles through large spot contracts, or by splitting the funding for roles between core funding and commissioned projects. HC is currently the smallest it has been over the last 4 years, with 13 staff, or just over 9 full-time equivalent.
- 13.21 KJ asked to what degree HC has been able to take into account the funds the ICB has in terms of the way they develop for moving towards place-based care. Will HC be an information gathering organisation to parallel and inform that process?
- 13.22 AO explained that Kernow CCG, the predecessor of the ICB, would give HC extra work. There are current discussions about a memorandum of understanding with the ICB for additional work

outside the core contract. The difference now is that the Council is part of the ICS, whereas it was not part of the CCG.

- 13.23 AP added that we have not yet charged for HC time and input into the ICB or the newly formed ICS. HC does not have the capacity to continue this work without remuneration indefinitely. HWE has raised with the DHSC that there is a statutory obligation for Healthwatch to be involved in the ICS, but the statute does not carry any additional funding.
- 13.24 DS asked if the money in the current account was accruing a good return of interest. AO said that it sits in the current account, however previous boards had investigated whether the money could sit somewhere else and the decision was always made that it should be left in the current account. No discussion has occurred since the interest rates have risen.
- 13.25 MW pointed out that it is a significant amount of money and will earn some interest and there are a number of account options that would be suitable. AP pointed out that a bank she is familiar with in another organisation, Unity Trust, offers c.2.5% interest on current accounts.
- 13.26 AO pointed out that the KMVP reserves would have to be treated differently as they are completely separate.
- 13.27 AP pointed out that it has been an action to open a second bank account to provide security and that Unity Trust has a simple account application process for not-for-profit organisations.
- 13.28 Q2 2023/24 accounts – AO presented the accounts. She highlighted that she would be taking proposals for any virements to the FGPSC in January 2024 to take account of actual over/underspends in certain cost centres. This would not change the overall headline figures, but some cost centres may be added/amended for clarity. AO will discuss this with MW.
- 13.29 AO stated that HC expects very little income over and above the core contract, PB and KMVP for the current year. We have just completed some work on pharmacy for HWE which we have not yet been paid

for. This needs to be costed against the hours JS worked on the project to show how the money has been spent.

- 13.30 AP explained that there is a forthcoming meeting with Whyfield for financial training and support for the staff, management and Directors. This will fit in with third party professional advice asked for at the January 2023 FGPSC and make it easier for the Council to understand and see how HC finances are managed.
- 13.31 MW pointed out that financial responsibility is a personal responsibility of the directors.
- 13.32 For the benefit of new members, AO explained that the FGPSC see the full accounts with more cost headings and she has added in a cashflow forecast, which shows that funds in the bank have reduced as managers are getting the cycle right for distribution of funds.
- 13.33 MW pointed out that it would be useful for the KMVP and Partnership Board reserves to be shown as "other reserves" rather than "other creditors". AP agreed and pointed out that it would be useful on the next board cycle to look at how overdue invoices due are flagged up. KMVP was delivered for almost the first six months of the financial year without the invoice being paid and this was not acceptable. AO confirmed that this has now been received.

### **The meeting took a break at 1145 and reconvened at 1155**

- 13.34 Risk Register – AP invited comments on the risk register. DS expressed the hope that the red risk about the contract renewal would soon be resolved. MW pointed out that HC represents good value for money for the Council.
- 13.35 The risk register was noted and approved.
- 13.36 New Green Book and Real Living wage rate – AO confirmed that all staff were on or above the new Real living wage rate of £12 per hour, as are all our contractors. The board agreed in April 2023 that HC would move to align with local authority pay scales. HC works salary upgrades a year behind the Council, as CC tend to agree the new scales in the middle of the financial year and then backdate pay,

which HC cannot afford to do. The new Green Book for 2023/24 has not come out yet. AO is monitoring daily and the new pay rates will be factored into a contract value ask..

- 13.37 MW asked if the annual increase helped with staff morale and whether it was fair. AO said that there was no clarity previously around an inflationary rise prior to this year, so staff appreciated the clarity of the Green Book rates.
- 13.38 MW highlighted that inflation is a risk if HC is obligated to implement salary increases on a fixed contract funding. AP suggested that this item be further discussed as an agenda item on the January board meeting.

The meeting ended at 11:28. AP will discuss with AO how to address the remaining items of the agenda.

**The Board reconvened 1.30pm on Friday 1<sup>st</sup> December at Truro Library. Present were AP, TC, DS, RW. AO was in attendance. Apologies were received from CH, CA, MW and DG. AP confirmed that there were no declarations of interest for the remainder of the agenda.**

#### **14. Report from ODAG**

- 14.1 TC presented the report which had been circulated prior to the meeting.
- 14.2 TC felt it was a productive meeting where staff issues were discussed and it was a good opportunity to start a 2 way conversation with staff and Board moving to the meeting that was held last week. She feels that the mix of 3 Directors and 3 staff members is a good mix and the 3 staff representatives bring a broad outlook from 3 different areas of HC and different approaches.
- 14.3 The desire for more regular meetings, especially at the moment was discussed. TC would like to review moving forwards and in view of the recent staff/Board meeting and the Christmas break she suggested the meeting scheduled for 9<sup>th</sup> January 2024 would be the most appropriate time for the next meeting. At this meeting the ODAG members could discuss the subjects Board and staff would



like to discuss for the quarter and year ahead. AO to confirm with staff that they are content with this arrangement. AP asked that ToR be circulated after they have been considered and also that DG be asked to attend ODAG meetings so she can be immediately aware of 5. future bubbling issues and strategic items.

- 14.4 KJ agreed that it was essential for DG to know what is happening in real time and to have input.
- 14.5 AO presented the HR Headline Report which had been circulated prior to the meeting. She noted that some time had elapsed since preparing the current staff list, but no changes apart from noting that the CEO role would be filled on a full time basis from 4<sup>th</sup> December. AO is currently being supported in admin by JS taking responsibility for the Information and Advice line as part of her normal hours and a previous employee working ad hoc hours covering some finance and admin support. There is further admin support mainly for PBs that can be filled by another previous employee, to be arranged once DG is in post.
- 14.6 DS asked if this was sufficient Business Support? AO said that as a temporary fix until a Business Support Office could be appointed, this was manageable with the BSM role remaining at 35 hours. Although she has expressed a desire to reduce hours to 30, she was content to remain at full time hours during the interim arrangements.
- 14.7 AP noted that she had not been made aware of the temporary arrangements reducing the Volunteer Development Officer's hours from 35 to 30 hours and was concerned how this was affecting engagement and the Engagement Project Officer. AO explained that these are reduced hours over five days and the Management Team are confident this is being managed appropriately.
- 14.8 TC asked for assurance that support during sick absence for both staff absent and those reporting to them was being appropriately reviewed. AO said that management were catching up with all affected staff on a weekly basis and would review the need for 1-2-1s in the case of an extended absence. AP said it would be an action for

DG to consider a request to Board for further engagement support if required.

- 14.9 AO noted that due to current long term sickness the sickness absence would rise for Q3.
- 14.10 AO commented on mandatory training which she felt needed review, some modules could be covered during the health & safety module and others, such as GDPR (as suggested by KJ), should be included. It was agreed to give Directors access to the Mentor training module so they could consider what is available, and for ODAG to review the mandatory training. AP confirmed that GDPR regulations had been replaced by UK-GDPR which currently is very little changed from the European regulations.
- 14.11 AO explained to new Directors that this headline report had come about from requests from previous Directors to have an overview of HR issues. She was welcome to suggestions as to how this could be improved. It would fall under ODAG's remit to make changes.
- 14.12 Approval of the report was proposed by TC, seconded by DS and approved by all Directors.

## **15. Process for appointment of Vice-Chair**

- 15.1 AP said that events had moved on since the 1<sup>st</sup> part of the Board Meeting, with only one candidate. She felt that KJ was an admirable candidate and a brilliant addition to the team. It was proposed his appointment as Vice Chair be ratified by AP, seconded by RW and approved by all Directors.
- 15.2 AO said that the website had been updated with new Directors and asked them to provide brief pen portraits to be included on the Board page.

## **16. Policies for review**

- 16.1 A paper summarising an update of the 3 policies that are in abeyance had been circulated prior to the meeting. AP explained that the Data Protection policy needed updating to reflect prevailing legislation and that 3<sup>rd</sup> party providers were required to provide

- updated assurance over how security is managed through our IT and website.
- 16.2 AO explained that the IT provider was not responsible for website security. She has approached the website provider and HE (our website is based on an HE template) twice but has had no reply. It was agreed that the IT provider should provide a statement that security is not compromised in addition to the statement about the website in the privacy statement. The current IT contract will be checked by DG and AO and this will be resolved if necessary.
- 16.3 AO also said that cyber security is being reviewed and, dependent on contract renewal, a decision needs to be taken as to whether to upgrade the server or move to a Cloud based storage system. An application for Cyber Essentials or Cyber Essentials Plus status will also be undertaken at that time.
- 16.4 KJ noted that he had attended a cyber online seminar recently, he would circulate the slides once he receives them to fellow Directors and staff.
- 16.5 It was agreed that a 3<sup>rd</sup> party consultant should be approached to review the GDPR policy and practice – DG and management team to follow up.
- 16.6 The QA policy has been amended following suggestions at July/August Board meeting and will be circulated to Directors for written approval following urgent review by the Management Team.
- 16.7 AP expressed disappointment at the delays to the EDI statement which had first been brought to Board last October, as had the Environmental Policy. At the time both were thought to be more of a tick box exercise. Since then the Environmental Policy and appendix with action plan has been produced by excellent teamwork and approved. She asked that it be brought back to the January Board.
- 16.8 AO explained that events over the last months had made it difficult to move forward with the action plan, and that it would not be possible to get this completed for January Board give that there are only two working weeks available before it would need to be ready

for the Board schedule. She asked that this be deferred to the April meeting.

- 16.9 A schedule of policies due for review had also been circulated with the Board papers and there is a temporary hiatus which would allow for such a timetable to complete these 3 policies.

## **17. Any other business**

- 17.1 Draft Company Accounts are now ready from our Accountants and were circulated at the meeting. AP suggested these be approved by email and asked for any comments and queries. AO will introduce DG to Hodgsons and confirm the final deadline for presentation at Companies House.

## **18. Date and time of next meeting**

- 18.1 Next Board Meeting will take place 10.00 – 12.30 Tuesday 23<sup>rd</sup> January. AO has prepared a calendar for meetings throughout 2024 and will source alternative venues spread across West and Central Cornwall. Directors confirmed they are in agreement of Tuesday morning being a suitable regular time for Board Meetings.
- 18.2 AP asked if it would be helpful to change dates of ODAG and FGpsc meetings. AO said that the ODAG dates could change, but that it is necessary to FGpsc to happen two weeks before Board to enable quarterly accounts to be presented and reviewed. She acknowledged pressure to finalise the quarterly accounts and this is why the April Board Meeting is a week later than normal to allow for year end accounts to be produced.

## **Acronyms**

CEO	- Chief Executive Officer
CIC	- Community Interest Company
CRCC	- Cornwall Rural Community Charity
ED	- Emergency Department
EoL	- End of Life
FGPSC	- Finance & General Purpose Sub Committee
GDPR	- General Data Protection Regulations
GP	- General Practice
HC	- Healthwatch Cornwall

- HE - Healthwatch England
- ICB - Integrated Care Board
- ICS - Integrated Care System
- ICO - Information Commissioner's Office
- ICP - Integrated Care Partnership
- JD - Job Description
- KMVP - Kernow Maternity Voices Project
- LA - Local Authority
- ODAG - Organisation Development Advisory Group
- PBs - Partnership Boards
- VAT - Value Added Tax

**Governance Action Log**

**(to be inserted once agreed – excluding any January items)**

**Recurring log:**

<b>Action</b>	<b>Responsible</b>	<b>Frequency</b>	<b>Review by Board</b>
Directors to receive invites to team meetings where appropriate	BST	As and when appropriate	
Directors to receive diary dates for engagement events to support where appropriate	Engagement team	As and when appropriate	
Directors to circulate an electronic debrief from outside panels/committees where they are the nominated HC representative	Board	As and when appropriate	
All directors to receive a copy of papers for the formal groups of the Board, namely ODAG and FGpsc.	BST	Quarterly	
Training opportunities for staff to be made available to directors where relevant and appropriate and vice versa	BST	As and when appropriate	
A rolling 12-month calendar of Full Board and formal Board group meeting dates to be made available with the opportunity for any director to attend a Board group to gain further insight if they wish	BST	Quarterly	
The formal groups of the Board (ODAG and FGpsc) to set out their workplans at the beginning of each year so that any director or staff member may contribute to themed discussions as well as standard business, with these workplans and their quarterly progress updates being received by Full Board	ODAG & FGpsc	Annually	On January agendas
Review of Board composition, skills and experience	Board	Annually	
Review of Board Governance Plan	Board	Annually	