

Minutes of Healthwatch Cornwall Board Meeting
Tuesday, 24 January 2023, 10 am
Truro Library

Present:

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

In Attendance: Anne Oliver (AO), Jody Wilson (JW), Keith Judkins (KJ) – Part, Natalie Swann (NS), Rhiannon Pring (RP) – Part, Zoe Skyrme (ZS)

Part 1: In public agenda

1. Welcome and introductions

1.1 AP welcomed all to the meeting and attendees introduced themselves. KJ is a Healthwatch Cornwall (HC) volunteer and was welcomed as an observer.

2. Apologies

2.1 Julia Wildfire-Roberts was unable to attend the meeting and sent their apologies.

3. Questions and comments from the public

3.1 No formal questions or comments have been received.

4. Declarations of interest

4.1 AP noted that directors may have a conflict of interest as board members, (but this would not to be a prejudicial interest as they will not be making fundamental changes) for agenda item 16.

5. Minutes of the last meeting: 20th October 2022

5.1 Subject to minor amendments in para 16.9 (amend under developed to under resourced) and 16.17 (remove the incorrect statement that NS represents HC at the dental, ophthalmology and pharmacy statutory group), minutes were agreed upon and ratified as a true record after being proposed by AP, seconded by DS and approved by all.

6. Presentation: Volunteer Development Presentation

- 6.1 RP presented an update to the Board on volunteer development. She said she was open to ideas to improve reporting and was accompanied by KJ.
- 6.2 RP explained the following:
- 6.2.1 The Volunteer Development Plan, is based on the Investors in Volunteers Framework (IIV). It recognises the difference between staff members and volunteers to show that we appreciate, contact and train volunteers to recognise their contribution within HC.
 - 6.2.2 HC uses a variety of recruitment materials, which include the Voluntary Sector Forum (VSF), promotions at events, social media and the volunteer application form. Social media is the most effective means of recruiting and a pilot HE initiative we have taken up to recruit an Impact Volunteer has already had some interest.
 - 6.2.3 The induction process, which includes the volunteer pack contains a variety of documents from Healthwatch England (HE) and HC as well as the best practice volunteer agreement and supporting documents such as the health and safety and safeguarding policies, contact information and any additional support needs. The volunteer pack is sent to potential volunteers once they have expressed interest. It is not legally binding but helps set expectations for both volunteers and HC.
 - 6.2.4 The training offer, is an ongoing area of development and currently includes the Council Hub training module and Sensitive Conversations training. Mental Health First Aid and ASIST training is also being offered through Healthy Cornwall and where relevant, shadowing opportunities with HC staff such as attending meetings.
 - 6.2.5 The communication methods between HC and volunteers. Since covid virtual catchups were introduced alongside the

quarterly volunteer newsletter about updates within HC and the network; regular emails and 1-2-1 catchups are offered.

6.2.6 For the appreciation and recognition of volunteers' hard work there is an annual Christmas catchup and Volunteer week, which is an opportunity for volunteers to meet the staff who don't usually have contact with volunteers.

6.2.7 The volunteer feedback occurs during 1-2-1 catchups, the yearly HC volunteer questionnaire in Q4, and the additional ODAG survey. The idea is to create a space for them to put forward suggestions to be built into the Volunteer Development Plan for the following year.

6.2.8 The current priorities for HC are to increase visibility to drive volunteer recruitment, work alongside staff to identify opportunities, increase satisfaction and retention, harness volunteers' expertise, represent Cornwall, and utilise in-house training and expertise so we can link in with Patient Participation Groups (PPGs).

6.3 Questions

6.3.1 KJ commented that he has had a positive experience volunteering with HC so far and commended RP for the patient and thorough induction. He has been to his first event as an observer and then participated actively at his second event with the Engagement Project Officer. He knew support was there if he needed and he noted that as a retired NHS professional, it is important to "hang up the professional hat".

6.3.2 DS asked if there was an established model to attract volunteers? RP said it is difficult to say because it is harder to move from passive to active awareness. She was asked what would help attract more volunteers to HC?

6.3.3 KJ suggested that it would be good for HC to seek one volunteer from each PPG – or even a lay person from each PCN. It was agreed this would be a good source to tap into for primary care. NS noted that performance across PPGs is not

consistent. The communications officer at the ICB is looking at PPG representation and this would be a good question to ask. AO noted that some GP practices have approached HC for advice around PPGs.

- 6.3.4 TC commended RP for a good presentation and it was great to see the level of support offered. She said that the Board Members interested in attending events would benefit from the tips and advice as well as the opportunity to complete the Safeguarding module and Sensitive Conversations training.
- 6.3.5 RS was pleased to see the link to the IIV framework and asked if formal accreditation was being considered? RP said she has been looking at balancing the resource and cost and the decision had been made that it was not appropriate however she is happy to look at this again.
- 6.3.6 RS brought up the reference to the Volunteer survey in the ODAG report (later agenda item, 12) There have only been 4 returns and little text comments, so it was proposed to re-run this later in the year. He wondered how HC could increase take up? RP acknowledged that she was not surprised by the lack of take up but can look at other means to increase take up because some volunteers don't want to give feedback. TC asked if an e-mail to a personal account is the most appropriate way to distribute a survey, maybe 1-2-1s, events and meetings may be a more effective way or by post.
- 6.3.7 DS suggested "you said, we did" information is helpful to get more people involved. RP said that the Research Officer comes to the meetings to present feedback reports and show impact.
- 6.3.8 AP said that she likes the term "appreciating" volunteers and a cash payment or shopping voucher could be a small incentive, that does not accept those on benefits (declarable incomes) but which shows that appreciation may also help

with money worries and insecurities. Perhaps a summer barbecue would be a good time for a social event.

6.3.9 AP thanked RP for a really good presentation. JW added that she wanted to commend RP for the work that has been put into developing the programme, especially during Covid when she used her time refining the paperwork. It was difficult to keep the volunteers engaged during Covid and RP has worked hard to keep existing volunteers motivated and to recruit new ones.

6.4 RP thanked all colleagues at HC for their continued support.

7. Diversity and inclusion roundtable

7.1 AP introduced this item as following the last meeting we needed a wider discussion and a relook at the statement because currently it is a generic statement and HC would like to improve diversity and inclusion.

7.2 CH said it would be good to know about more events and opportunities that we (HC) can attend in Cornwall.

7.3 TC mentioned that having events interacting with different groups and gaining rapport within these areas of Cornwall would be helpful in addition to recruiting volunteers from those areas. RP mentioned that it is a challenge to ensure such volunteers fit with our organisational requirements, but the PB Volunteer Promoter role works well with engagement and at bigger events, which could be a good way to interact with those demographics. However, they need time to build those relationships with single issue organisations. They get so many asks on their time from different people and for them to see an impact from working with us, we need to build up trust.

7.4 JW said that during the Mental Health Project, Michelle had to make connections with different demographics, we can have someone to develop those further, especially for the up and coming Cost of Living Survey, especially in light of the renewal of the HC contract next year.

7.5 DS asked if there was any sharing of intelligence? JW said that the PBs and the Council work closely together and that health

inequalities and under-represented groups are hot topics at the ICB. A sub-group for patient experience colleagues and relevant council officers has been set up to try to join up resources. The information we already know can be triangulated with the information we get from feedback and research. VSF has had some funding for engagement. Their CEO Emma Rouse also sits on the ICB board with the intention that the voluntary sector can build the capacity to do engagement.

- 7.6 Some single issue voluntary groups ask for money if approached which is understandable given they often rely on one trusted person to put an engagement session together. Investment in community development has peaks and troughs it is currently moving into a peak. There is an opportunity to tap into funding although we don't know the budget for engagement within the ICB yet.
- 7.7 DS noted our vision tallies with that of the ICB and our mission should be to check with both HC and the ICB are engaging with the seldom heard in the right way.
- 7.8 AP mentioned that we need to make sure we are currently doing it. It might be a continued document that we update and review yearly. We need to identify 2 or 3 areas where we are underrepresented and how we advertise to those communities where we are underrepresented and where we are not hearing people along with how often we hear from 'well' people who use services.
- 7.9 It was agreed that the Inclusion Statement needs a fundamental review with meaningful and measurable objectives and that staff, Board Members and volunteers would be asked to identify 2 or 3 underrepresented areas. An action for Directors to think about is to how to approach the next round of Board recruitment.
- 7.10 AP also mentioned that we will attend training first and communicate with staff and feed in and gain a baseline to help draft a statement for the April board meeting.
- 7.11 CH asked if volunteer and engagement activity is skewed towards certain groups and places we visit? RP said this goes back to

relationship building. TC said that people's time is an important commodity and organisations, such as individual supermarkets, know their customers. Some have time to spend and chat and some are time poor. The warm hubs are really good places to approach.

- 7.12 KJ felt that not enough attention is paid to asking unpaid carers who face huge frustration when the system is not working and have vast experience in health and social care.
- 7.13 NS followed up that we need to tap into existing resources which might be helpful for engagement such as census data to identify areas we are missing and using new work such as the dementia research project with unpaid carers. This area is important to HC and is included in our work on the cost of living, unmet care needs and engagement of carers of those living with dementia.
- 7.14 RS said there is a continuum of the way EDI can be interpreted. Those who focus on number crunching, organisations with a blend and tolerate difference within them and people who welcome a different approach. He was not convinced we had got to the 3rd way of valuing staff and volunteers who do things in a different way.
- 7.15 AO noted that the first version of the Inclusion Statement had been drafted from the HE template, which acted as a baseline and shared at the September team meeting.
- 7.16 RP and JW mentioned that we need to unpick some themes and approaches to create a workshop with community groups.
- 7.17 It was agreed to share thoughts around the Inclusion Statement with volunteers and PB attendees with a view to setting up a workshop or focus group.
- 7.18 AP was pleased with the feedback and thanked RP for attending.

8. Actions/matters arising – 7 on agenda

- 8.1 AO mentioned that most of the actions have been completed, but the table has not been updated so, only a few are ongoing, but the representation list needs to be amended.
- 8.2 AP mentioned following item 7's conclusion the Inclusion statement is ongoing and revising environmental policy, see item 18.
- 8.3 AP agreed, seconded DS and approved by all.

9. Governance paper

- 9.1 The governance paper was previously circulated to the Directors prior to the meeting. AP asked the business support team to ensure the governance recommendations were added to the action log.
- 9.2 AP highlighted the 5 next steps recommended in the report and prioritised the skills audit for Directors and finance roundtable as key actions, as we need to be clear on succession and planning as well as noting Director activities. This links to item 12 for risk management until 2024. AP to provide an updated board development plan and undertake the skills audit.
- 9.3 RS noted point 3, the succession planning matrix and requested this to run alongside point 5 articles of association, which state that 1/3 of the Board as per the retirement cycle. This was agreed. At this point KJ left the meeting.
- 9.4 It was agreed to accept the paper and its recommendations in full.

10. Management report

- 10.1 The management report had been previously circulated to the Directors prior to the meeting. AP thanked the Management Team for keeping the organisation running during this interim period without a CEO. The management team presented the management report and was happy for comments by the Directors.
- 10.2 TC mentioned that they would be interested in the HE celebrations for the 2023 ten year anniversary of Healthwatch, and might be useful for the engagement volunteers because it could be a way to promote and engage differently. NS said it would be good to identify the things we are most proud of. DS said it would help in the renewal of our contract. It can also include ongoing issues such as dentistry and other issues specific to Cornwall. JW mentioned that it was already on the Communications Officer's radar for promotions and to celebrate. AP mentioned that it might be good to create a retrospective to celebrate the milestone and demonstrate our contribution as the longevity of a topic might be useful.

- 10.3 AP noted 2 imminent reports – Ageing Well and Dementia research.
- 10.4 NS updated on the dementia research. The report is nearly ready and there is a meeting on Friday, 27th January 2023 to finalise improvements and approve communications timelines. Also following the Mental Health and Suicide Prevention report we have moved back to our template instead of outsourcing to save time and money. The plan is to create a condensed short report and a long version. Commissioners are already using the pathways we have suggested and tendering services based on these. Therefore, we have already had a significant impact, on improving Dementia services within Cornwall. We have also been asked to present across the ICS.
- 10.5 AP is impressed with the support of lone working and the New WhatsApp group and valuing the team’s voices. JW mentioned that a lot of the team are having trauma informed training. Following the training, we might need to introduce more support or introduce another system. NS said that we would like to introduce more training such as Sage and Thyme, which NS and a colleague have previously attended, which provides a framework to help guide conversations following feedback. TC said that it is good and comforting that everyone is happy to talk to each other and is reassured of the future of the team. NS mentioned that the management team will review and see what the best practice is by coming together from different angles over time.

11. Finance report

- 11.1 All the finance papers have been previously circulated to Directors prior to the meeting. AP noted the minutes of the finance committee which discussed the 2023/24 budget in some detail. Further financial training and the VAT position is not yet finalised as still awaiting dates/quotes. AP also noted that we are coming up to the one year anniversary of ending the CRCC finance support and thanked the Business support team for the huge amount of work that had been in place to manage the in-house finance materials.

- 11.2 The 2023/24 budget setting process will include training and focused sessions with relevant Board and management team members.
- 11.3 RS said that it is all clear and well-presented and suggested that the Q3 accounts header sheet be modified to surplus/overspend, rather than profit/loss. This was agreed by all.
- 11.4 AP agreed, RS seconded and approved by all for the acceptance of the Q3 accounts and recommendations from the minutes.

12. Risk register

- 12.1 The risk register was previously circulated to directors prior to the meeting and referenced during the meeting. AP asked for comments from the Directors. A workshop is planned to refine the risk register.
- 12.2 TC proposed, DS seconded and all approved the Q3 risk register.

13. Report from ODAG

- 13.1 RS presented the report from ODAG. RS the implication of the CEO leaving and that the organisation does not have a formal acting up policy. Firstly, we need to introduce an acting up policy as ODAG will be reviewing this. On examination of the Council policy, acting up is relevant when one member of staff takes on greater than 75% of the vacant role which clearly was not applicable in this case. RS noted that we also need to recognise the 3 members of the management team, as they will continue with additional responsibilities until the CEO vacancy is filled.
- 13.2 An honorarium for each of the relevant personnel was agreed as the most appropriate way forward but in the absence of a policy, the group felt this should be ratified by the Board in part 2 of the meeting.
- 13.3 Secondly, ODAG recognised with regard to the staff survey action plan we cannot move forward because of staff shortages and capacity and asks for an updated action plan from staff in the form of an action log for the next ODAG meeting.
- 13.4 Finally, ODAG, as referenced previously, discussed the volunteer survey only 4 responses were gathered which lacked free text

information and it would also be helpful to capture leaving volunteers in the form of an exit questionnaire if possible. The volunteer survey is being re-run later in the year.

14. HR Headline report

- 14.1 The HR headline report had been previously circulated to the Directors prior to the meeting. AO had a couple of points to highlight. Sickness absence is low compared to previous years and there is no long-term sickness currently. She apologised that the papers had not included the correct volunteer update, which was circulated at the meeting. It was also noted that it is the first time that the mandatory training had not been completed.
- 14.2 RS mentioned that the volunteer activities would not appear again, while useful this section is no longer required.
- 14.3 AP observed that staff training is a two-way street as it would be expected to be completed. TC said that it should be made a priority as part of the induction process and the return to work process. There should be allocated time to focus for staff returning from maternity or long-term sick. NS felt that it would be helpful to know so that the management could communicate this to everyone.
- 14.4 AP wondered what about refresher training, how do we define this?
- 14.5 AO mentioned that the refresher training would depend on what is appropriate and meaningful. NS agrees that it needs to be better sighted as agenda items for the management team during meetings and it will be helpful for the new CEO.
- 14.6 RS mentioned that the HC approach is different to other organisations and might be worth introducing an introductory checklist with more vigour.
- 14.7 AP requested an update before the next board meeting that the new staff members have completed their training. TC would like to understand the priorities/support as it should be covered in 1-2-1 discussions.

- 14.8 TC mentioned that we need to make sure and know that training has been completed. NS mentioned that it needs to be a part of their probationary period and be a clear process for all.
- 14.9 DS proposed, TC seconded and all were in favour of accepting the recommendations.

15. Quarterly feedback update

- 15.1 The quarterly feedback update was previously circulated to the Directors prior to the meeting. NS noted that the number of pieces of feedback has slightly reduced but this might be due to the reduction of engagement events around Christmas. There has been a shift regarding the balance of positive and negative feedback and the number of unsolicited and negative feedback has increased. Also for the last two quarters the feedback has been mostly about GPs and dentistry has moved to number 2, followed by acute trusts, community services, CFT, adult social care and SWAST. 59% of demographic information is consistent with previous quarters but there is room for improvement.
- 15.2 Additionally, we have had more feedback from the HE website, containing the lack of demographic information. So, we will be going back to HE regarding postcodes.
- 15.3 Our website Have Your Say form has been updated with economic information, with four options ranging from "I don't have enough money for living expenses and sometimes or often run out of money" to "I have more than enough money for living expenses and a lot spare to save or spend on extras or leisure".
- 15.4 Regarding demographic information, this mostly comes from events and less from emails. There is a need to capture better demographic information via phone line interactions. This is because we need the information to use the information to plan engagement events.
- 15.5 JW said the lack of demographic information from HE feedback is an issue because of the serious nature of some stories from HE where there is nowhere to check or signpost so we cannot offer the same service as those who contact us directly. DS pointed out this cannot be just Cornwall, and we may need to connect with other Healthwatch areas. NS mentioned that we are the leading area for coding data and we could campaign on Workplace but we are

meeting with Devon, Plymouth and Torquay to speak about this. This might not be seen by HE as an IT issue, but as data retention.

15.6 AP thanked NS for the presentation.

16. Policies for review: Volunteer expenses policy

16.1 The volunteer expenses policy was previously circulated to the Directors prior to the meeting. AP asked for any comments as no amendments were made through ODAG.

16.2 DS asked if we might have a conflict of interest as Board Members. AP noted the point but as no revisions were suggested this did not apply in this case. The Board acknowledged that it would need to be independently reviewed if increases to volunteer expenses was proposed.

16.3 TC proposed, CH seconded and all agreed the policy should be renewed without revision, save for updating the QA revision information.

17. Confirm arrangements for CEO recruitment

17.1 AP updated Directors on developments and asked for Director participation as a sub-group for shortlisting and interview DS expressed interest in being involved.

17.2 RS requested to see the job description and person specification for comment and review the salary range.

17.3 The actions were agreed and the job description and person specification will be sent to the Directors for review.

18. AOB

18.1 RS brought to the attention that the environmental policy was reviewed at ODAG and was identified as not fit for purpose due to no means of measurement. RS proposed a small group to review and bring back, but it does not bring any value to the organisation or is meaningful in current state. AP said that alongside the Inclusion Statement, it will need a meaningful discussion at the next board meeting. All agreed.

19. Date, time and location of next board meeting

19.1 Tuesday, 25th April from 10 am to 12:30 pm at Epiphany House.

Acronyms

CEO – Chief Executive Officer
GP – General Practitioner
HC – Healthwatch Cornwall
HR – Human Resources
ICA – Integrated Care Area
ICB – Integrated Care Board
ICP – Integrated Care Partnership
ICS – Integrated Care System
IoS – Isles of Scilly
KMVP – Kernow Maternity Voices Project
KPJ – Kernow Parenting Journey
ODAG – Organisation Development Advisory Group
PB – Partnership Boards
PPG – Patient Participation Group
PCN – Primary Care Network
RCHT – Royal Cornwall Hospitals Trust

Action logs:

October 2022 meeting actions:

Action	Responsible	Status	Target date
Publish to website “A Day in the Life” as a recruitment incentive	AO	Ongoing	April 23
Amend Representation List as per Board guidance	AO	Ongoing	April 23
Revise Inclusion Statement to reflect current and target operations	AO	Ongoing	April 23
Revise Environmental Policy to reflect current and target operations	AO	Ongoing	April 23
Governance actions:			
Directors to receive invites to team meetings	AO	Complete	Nov 22
Directors to receive diary dates for engagement events to support where appropriate	SJ	Complete	Nov 22
Directors to circulate an electronic debrief from outside panels/committees where they are the nominated Healthwatch Cornwall representative to Board and staff colleagues	Directors	Complete	Jan 23
All directors to receive a copy of papers for the formal groups of the Board, namely the Organisational Development Action Group (ODAG) and the Finance and General Purposes Sub-Committee (FGPSC).	BST	Complete	Jan 23

Action	Responsible	Status	Target date
Training opportunities for staff to be made available to directors where relevant and appropriate and vice versa	ALL	Complete	Jan 23
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	Complete	Jan 23
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	Ongoing	April 23
A role profile to be drawn up for the position of Vice-Chair and circulated to directors with a view to installing a Vice-Chair at a subsequent Board meeting	Chair	Ongoing	April 23

January 2023 meeting actions:

Action	Responsible	Status	Target date
Minutes published to the website within 4 weeks of meeting.	AO	Complete	24/02/23

Action	Responsible	Status	Target date
Ask staff, Board Members and volunteers to identify 2 or 3 underrepresented areas within Cornwall.	BST	Ongoing	April 23
Review how to approach certain demographics.	Directors	Ongoing	April 23
Provide an updated board development plan and provide a skills audit.	AP/BST	Ongoing	April 23
Update board on staff training	AO	Complete	End Feb 23
Talk to other Healthwatch through the network about feedback about Healthwatch England website have your says.	NS/JW	Ongoing	April 23
Send the CEO job description and person specification to directors for review.	AO	Complete	End Jan 23
Governance actions:			
Organigram to be updated to include new staff roles and team/Board relationship	BST	Ongoing	April 23
A director 1-2-1 form to be developed by ODAG	ODAG	Ongoing	April 23
A succession planning matrix to be developed, displaying directors' terms and due dates for renewal/retirement and	MT/AP	Ongoing	April 23

Action	Responsible	Status	Target date
that our Articles of Association are reviewed, as we prepare for the new service design offer and re-contracting bid process			
A workshop to be organised to further enhance the organisation approach to risk management, including Assurance Framework/Lines of Defence; business continuity planning, risk appetite and risk register structural review	AP/AO	Ongoing	March 23