



**Minutes of Healthwatch Cornwall Board meeting**  
**Thursday 28 April 2022, 2pm**  
**Via Teams**

**Present:**

Directors: Roger Sinden (RS) Interim Chair, Christine Hunter (CH), Margaret Abban (MA), John Evers (JE), Deborah Came

In Attendance: Mario Dunn (MD), Anne Oliver (AO), Anna Pascoe (AP), Bridget Sampson (BS), Julia Wildfire-Roberts (JWR), Tracey Camps (TC)

**PART 1: In public agenda**

**1. Welcome and Introductions**

1.1 RS welcomed everyone to the meeting including existing Board Members, management team reps and prospective board members attending as guest. All gave a brief introduction .

**2. Apologies**

2.2 None.

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

3.1 No formal questions or comments have been received.

**4. Reporting on outcome of Board Interview**

4.1 RS explained that following the resignation of Jon McLeavy, previous Chair of Healthwatch Cornwall, the Board arranged an external recruitment process to appoint a new Chair and increase the number of Directors on the Board. It was agreed:

that a small subgroup would oversee the process on behalf of the Board in terms of reviewing the role expectations, specification, interview questions, shortlisting and interviewing

that the subgroup should regularly appraise the Board in terms of progress and in particular to share the CVs of any applicants

- 4.2 There was one applicant for the role of Chair and three additional applications for the role of Director.
- 4.3 The applicant for Chair (Anna Pascoe) was interviewed by Deborah Came and Roger Sinden, assisted by Mario Dunn using structured questions correlating with the role specification. In addition, prior to this there was a discussion between the applicant and the Staff Team
- 4.4 The Director applicants (Bridget Sampson, Julia Wildfire-Roberts and Tracey Camps) had a guided discussion with Deborah Came and Roger Sinden against the Director role requirements.
- 4.5 The Board was invited to approve the recommendations of the interview groups.
- 4.6 The appointment of Anna Pascoe as Chair was proposed by MA and seconded by DC.
- 4.7 The appointment of Bridget Sampson, Julia Wildfire-Roberts and Tracey Camps as Directors was proposed by MA and seconded by DC.
- 4.8 RS explained that as appointed Directors all are now able to participate fully in the rest of the meeting. RS will resign as Interim Chair at the end of the meeting and wished all new Directors well. AO will be in touch with the new Directors to arrange an induction programme which will include an on-line Healthwatch England session.

## **5. Register of Interests**

- 5.1 Our Register of Interests, which is a public document, is reviewed annually which is an opportunity for existing Directors to amend if any changes and for new Directors to complete. AO will send out forms to new Directors and existing Directors are asked to review the Register send with the Board Papers by the end of May, to enable publication of the 2022 Register of Interests.

## **6. Conflicts of Interest**

- 6.1 It was noted that DC is a lay member of the Safeguarding Panel (the Safeguarding Policy is due to be reviewed later in the meeting).

## **7. Minutes of the last meeting: 20<sup>th</sup> January 2022**

- 7.1 Minutes were agreed and ratified as a true record.

## **8. Actions / matters arising**

- 8.1 It was noted that Zoe Skyrme has been appointed as Business Administration Apprentice.
- 8.2 MD confirmed that he takes notes on items of interest discussed at Board meetings and e-mails staff, with a copy to Directors, after each meeting.
- 8.3 The Register of Contracts has been completed and will be discussed at next Finance subcommittee meeting. RS asked that value of contracts be redacted so this could be shared with the whole Board.
- 8.4 AO explained that once policies and procedures have been approved by the Board they are shared at team meetings and published on our virtual noticeboard. All policies are also on our website.

**9. Operational update – CEO report**

- 9.1 Previously circulated with Board papers. MD explained that this follows a standard format, setting out a broad sweep of our activity, and he welcomed questions.
- 9.2 He highlighted the issue of staff turnover and explained that most of staff salaries are at the lower end of the scale. It is good for people to have working for HC on their CVs and many leave for higher salaries. He acknowledged this can cause some disruption, but we also have a good record of recruiting to backfill.
- 9.3 AP asked what were the key findings of the review of the GP website? MD explained this review had been overseen by the research team with the help and support of volunteers who had looked at every GP website and assessed them against certain criteria. The benchmark was that people could access information relatively easily, arrange appointments online, and be able to use the website to speak to someone at the surgery, especially GPs. The report was shared with local NHS commissioners and primary care groups. We are now in the follow up process to bring change about where needed.
- 9.4 MA asked if there had been any bad fails? MD responded that there was a wide range of quality, but all websites were broadly acceptable.
- 9.5 JE asked about the quality of phone answering which is all part of access to services. MD said that finding this out would have significant resource implications. TC noted that the variation can be caused by which receptionist answers and that in reality this would be a substantial piece of work. BS acknowledged that waiting times for appointments are far too long.

- 9.6 CH noted that some find online appointments are difficult to locate on websites, some being through a separate app. MD said this had been included in the review and again, there were variations in the websites that have been reviewed.
- 9.7 DC commented that she attends the Carers Partnership Board as an unpaid carer, rather than a formal Board representative. She feels it is monitoring the decline of services which are diminishing from personal to generic and is unsure how the CPB can respond to this. DC pointed out that HC are contracted to run partnership boards but do we have an active voice?
- 9.8 RS asked if the Older People's Partnership Board has been subsumed into the CPB?. MD confirmed they are separate entities but that that the OPPB has not been operational for some time. HC are discussion with commissioners about the OPPB and the Adult Care strategy.
- 9.9 RS thanked MD for a very clear report.

## **10. Finance Report**

- 10.1 Q4 accounts 2021/22 had been circulated prior to the meeting. MD noted these are the final accounts for the year and show a slight surplus to bring forward for the next financial year. RS explained that the finance subcommittee (made up of CEO, Business Support Manager and Chair) meet approximately two weeks before the Board Meeting and scrutinises the budget and any other financial matters and then makes recommendations to the Board.
- 10.2 MA noted there is now no external representation on the finance subcommittee and if something is unclear this would be useful to have. However, there is a failsafe as our accounts are audited by RRL Accountancy.
- 10.3 The draft Budget for 2022/23 had been circulated prior to the meeting – MD explained income for Core work and Partnership

Boards remains the same. We have been able to carry forward some project income from the previous year to ensure a small surplus. We expect to win more projects over the year but are not reliant on this income. This is an outline budget which will inevitably evolve over the year, and the Board will be provided with quarterly reports and revisions. There is potential for virements and we are endeavouring to be tighter around project costings. However staff costs are the largest element so virements would be marginal.

- 10.4 JE asked about the Partnership Boards budget which was not included in the paper that was circulated. The Partnership Boards, the KMVP and the Kernow Parenting Journey (previously referred to as Planning for Pregnancy and Parenthood) all have separate budgets from the core budget and these will be circulated with the minutes for this meeting and included in future Board papers.
- 10.5 DC said that it is good that we are winning work but that as the financial squeeze continues, demonstrating efficiency is all to the good.
- 10.6 RS noted that the detail behind the headline amounts is shared with the subcommittee.
- 10.7 RS proposed the budget be approved, this was seconded by JE subject to point 10.4 above.

## **11. Risk Register**

- 11.1 The Risk Register had been circulated prior to the meeting. MD explained these are the principle risks, weighted by mitigation, that could significantly affect the organisation.
- 11.2 JE asked if the Local Authority are responsible for the core contract? MD said there is potential for an increased role of Healthwatch nationally with the introduction of the ICSs with demands not currently funded by LAs. MD will circulate Sir Robert Francis's letter

sent to all LA CEOs reminding them of their responsibilities but also consideration of what ICS involvement might be financially.

- 11.3 AP asked if risks are locally led or required by Healthwatch England? MD advised they are mainly local risks and we have the flexibility to adjust. We don't report formally to HE but the HE Regional Advisor is aware of our issues.
- 11.4 DC noted that the Risk Register has been refined considerably and has become more focused over the years.
- 11.5 BS asked about risk to HC with the new ICS arrangement – this is included as item 2. It's about embedding people's experience and the Board is updated in the CEO's report. Mitigation is that we are heavily involved in the development of the ICS and we have a place on the Board, but full details have not emerged yet. The ICS is due to come into being in July this year although final date has not yet been published. Public engagement, and our role within it, will evolve over a period of time. MD has shared the ICS slide pack with RS and AP and will forward to all Directors.
- 11.6 Clarified that CRM stands for Customer Relationship Management which is a tool for managing public data.

## **12. Organisational Development Action Group report**

- 12.1 This report had been circulated prior to the meeting. RS explained the background around the group, which exists to scrutinise staff and HR issues in a similar way that a finance subcommittee scrutinises financial stability, recognizing the importance of our staff to the organisation's effectiveness and the significant proportion of the budget that is spent on staff.
- 12.2 The report references the HR Headline Report and the HE Quality Framework Action Plan which are separate items on the agenda.
- 12.3 The group invites the Board to approve the two policies that are on the agenda of this meeting for approval.

- 12.4 RS gave a verbal update on the annual staff and volunteer surveys. These are confidential questionnaires largely based on Investors in People themes, that are completed annually to assess how staff and volunteers feel they are being supported and developed. ODAG oversee the process and the format has been unchanged over the last 3 years so trends can be picked up.

### **13. Q4 Headline HR Report**

- 13.1 AO presented the report which had been previously circulated.
- 13.2 AO highlighted that both Engagement staff are now employed under the new job descriptions for Engagement Project Officers brought in to emphasise the flexibility of roles within HC. It is also good to see the development of staff, with one member moving from engagement to project work, and one member increasing hours to take on the role of Project Officer for KMVP and Kernow Parenting Journey.
- 13.3 Sickness rose slightly in Q4, mainly due to Covid.
- 13.4 AO acknowledged Rhiannon Pring's input for her slides on volunteer statistics.
- 13.5 This is the first training report that has been included. This follows on from the commitment to log training needs at appraisal, develop a training plan (which was presented to the October 2021 Board meeting) and reported at year end. ODAG's comment around measuring impact of training has been taking on board and we are looking at ways to include this in future.

### **14. Q4 Quality Framework Action Plan**

- 14.1 AO presented the report which had been previously circulated.
- 14.2 Progress since Q3 includes a meeting with our HE regional advisor culminating in acceptance of the main spreadsheet.
- 14.3 Any yellow and red rated deliverables have been translated into actions that will form part of a new Action Plan for the current year,



which will align with our Work Plan for 2022-24 currently being worked on by MD and the management team. This Action Plan will be completed by the end of May and circulated to all Directors.

- 14.4 DC asked for an explanation of the balanced score card. Each section has a number of deliverables, and the ratings for these have been averaged out and an overall rag rating of green or yellow applied to each section.
- 14.5 DC also wondered how positive the exercise had been for staff. AO explained that given the resource constraints and more especially the lack of face to face meetings, participation from staff and volunteers had not been as great as had been hoped. Although they had been kept up to date at team meetings the bulk of the work had been completed by the management team.

## **15. Quarterly Feedback update**

- 15.1 MD presented this report which had already been circulated and noted that although in recent times feedback had been lower than usual as we rely on unsolicited feedback through our phone and information line, it remains useful although this type of feedback tends to be mostly negative.
- 15.2 AP noted that the ethnicity groups in the demographic data were not listed in alphabetical order and was there a requirement from HE to follow this format? MD confirmed this would be changed in future reports.
- 15.2 The 9 hot topics are fairly consistent, with Dentistry and GP access the top issues.
- 15.3 The feedback informs our work planning for the year, helps us plan key activities and cite as evidence for service improvements/ changes which we discuss with commissioners and key stakeholders.

- 15.4 BS asked about pharmacy and ophthalmology – MD confirmed that we have no feedback at the moment, but this would be included if we have it. As we increase our outreach and engagement programme (for example the Royal Cornwall Show) the amount of feedback we get will increase. MD noted that dentistry and ophthalmology, currently commissioned at national level, will be the responsibility of our local clinical commissioning group from 2024.
- 15.5 JE noted that social care is not featured – MD said we are in early-stage discussions about reviewing social care provision, which might not be Enter and View (where local Healthwatch are accredited to go into care homes,) but might, for example, focus on monitoring impact of CQC recommendations.

**16. Policies for review**

- 16.1 Safeguarding policy – approved.
- 16.2 Publication Scheme – approved.

**17. Any other Business**

- 17.1 None

**18. Date, time, location of next meeting**

- 18.1 Thursday 21<sup>st</sup> July, 2pm to 4.30pm, location to be confirmed.

**Acronyms:**

- CEO – Chief Executive Officer  
CPB – Carers Partnership Board  
CRM – Customer Relationship Management  
CQC – Care Quality Commission  
GP – General Practitioner  
HC – Healthwatch Cornwall  
HE – Healthwatch England  
HR – Human Resources  
ICS – Integrated Care System  
KMVP – Kernow Maternity Voices Project

LA – Local Authority

NHS – National Health Service

ODAG – Organisation & Development Advisory Group

OPP – Older People Partnership Board

Q3 – Quarter 3 of current financial year

Q4 – Quarter 4 of current financial year

**ACTION LOG:**

<b>ACTION</b>	<b>RESPONSIBLE</b>	<b>STATUS</b>
Draft minutes circulated within 4 weeks of meeting.	<b>AO</b>	<b>Completed</b>
Update to staff following Board meeting – copy to Directors	<b>MD</b>	<b>Completed</b>
Induction programme for new Directors	<b>AO</b>	<b>Completed</b>
Send Register of Interest forms to new Directors	<b>AO</b>	<b>Completed</b>
Review existing Register of Interests	<b>Directors</b>	
Redacted Register of Contracts to be circulated to all Directors	<b>AO</b>	<b>Completed</b>
Circulate budgets for Partnership Boards and separate projects to all Directors	<b>AO</b>	<b>Completed</b>
Circulate ICS slide pack to all Directors	<b>MD</b>	
Adjust presentation of ethnicity groups in Quarterly Feedback to alphabetical order	<b>Research Team</b>	
Send Sir Robert Francis’s letter on HW funding to Directors	<b>MD</b>	