

**Minutes of Healthwatch Cornwall Board meeting  
Thursday 29<sup>th</sup> April 2021, 2pm  
Via Teams**

**Present:**

Directors: Jon McLeavy (JM) (Chair), Roger Sinden (RS), Christine Hunter (CH), Deborah Came (DC), Margaret Abban (MA)

In Attendance: Mario Dunn (MD), Anne Oliver (AO)

**PART 1: In public agenda**

**1. Welcome and Introductions**

1.1 JM welcomed everyone to the meeting.

1.2 There are various items for Part 2 of the agenda.

**2. Apologies: John Evers**

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

3.1 No formal questions or comments have been received.

3.2 RS noted that at the previous meeting the question of allowing members of the public to apply for a link to the meeting to enable participation had been raised and this had not yet been resolved.

3.3 MD said that plans are in place for the next meeting to be held face to face at Truro library (Covid restrictions permitting), AO to investigate if link can be provided for people to access this meeting, and to make any necessary amendments to the published notice on the website for that meeting. If anyone is intending to attend a face to face meeting to ask them to let us know prior to the event so we can manage numbers and ensure social distancing.

**4. Conflicts of Interest**

4.1 None declared.

**5. Advising of any other business**

5.1 None declared.

6. **Minutes of the last meeting: 14 January 2021**
- 6.1 Minutes were agreed and ratified as a true record.
7. **Actions / matters arising**
- 7.1 AO advised that it has not been possible to publish a recording of the meeting on the website as the file is too large to upload. It was agreed by Directors that as the minutes are published, it is not necessary to publish the recording.
- 7.2 MD/AO have investigated the possibility of Directors having access to specific folders on the server, but the cost and implications of a 3<sup>rd</sup> party accessing internal secure drives makes this unfeasible. DC said that what she would like is a “broad brush” of what are the hot issues and be updated every couple of weeks so that Directors can understand what is current and who to ask if they need more information. MD explained that he has introduced an e-mail to all staff with 3 key points from the managers’ weekly meeting, and Directors agreed that if they are included in the circulation list this could fulfil this requirement. This was agreed by Directors.
- 7.3 Amanda Stratford had copied Directors on the instructions to staff following the lockdown introduced in January 2021. RS noted that Directors had approved the £6 weekly allowance for working from home up until 31<sup>st</sup> March. MD said that advice to staff continues to be working from home in line with government and Healthwatch England guidelines until 21<sup>st</sup> June, when we will move to a hybrid model which he will clarify in his report.
- 7.4 AO explained the context of the comfort boxes case study, these related to End of Life care and were intended to help carers and patients manage non-medical palliative care. It was an example of an idea that had been discussed for some years and was introduced at the start of the pandemic.
- 7.5 The Senate feedback on the NHSE consultation on the ICS has now been superseded by events and MD has distributed a paper on ICS developments which will be discussed later in this meeting.
- 7.6 Ratification of items previously approved by e-mail.
  - 7.6.1 Recommendation for termination of ASK Cornwall project, Comments, Compliments & Complaints Policy and Risk Assessment Policy were all formally ratified.

8. **Finance Report**

- 8.1 Q4 report for 2020/21 had previously been circulated to Directors.
- 8.2 MD advised there is a small deficit of £12K, mainly because one project, Ageing Well, worth £16K had not got underway at the behest of the commissioners. It is now due to start at the beginning of the new financial year.
- 8.3 There is an overspend on equipment due to the purchase of laptops for new staff, this has been made up for by a reduction in operational costs.
- 8.4 The overall underspend in operational costs is partly due to the reduced income and partly due to the effects of the pandemic.
- 8.5 DC noted that the figures for surplus/deficit were in the wrong columns, these will be amended and the document will be re-circulated.
- 8.6 JM expressed thanks on behalf of the Directors to CRCC who provide financial services and for their long-term support over the years.
- 8.7 RS asked about auditing arrangements. JM advised our auditors are RRL, MD will check the timetable and advise Directors when the audited accounts can come back to the Board.
- 8.8 MS asked if HC has an AGM - JM said that as HC is a CIC there is no requirement for an AGM, although once Trestadow is up and running this will require an AGM.

9. **Risk Register**

- 9.1 MD presented the Risk Register and highlighted the changes, additions and those that could be removed. He had been guided by the Board's wish for the Risk Register to be aligned to the Business Plan.
- 9.2 **Cornwall Council contract** - New risk added to allow for non-renewal of contract or significantly reduced income in 2024. The mitigation will increase as relationships are built up with the commissioners and this is likely to remain as a risk for some time.
- 9.3 **People's Experience** - Development of new ICS remains ongoing, MD will continue to update the Board.
- 9.4 **Influencing** - New risk added to reflect need for HC to be adequately represented at strategic level and lower-level meetings - mitigation is a review of representation to identify statutory and advisory representation and a strategy to ensure MD and Directors are adequately briefed for effective representation.

- 9.5 **Research & Analysis** - MD recommended risk about under capacity be removed as Research Manager has now returned from maternity leave and the team is fully resourced. He has added a new risk if output is sub-optimal and noted that in mitigation an evaluation of the CRM is under way and a more detailed report will be presented to the Board at the next meeting. JM noted that the CRM we use, developed by HE, has caused some challenges - indeed it is not used by all local Healthwatch - and welcomed the review.
- 9.6 **Organisational effectiveness** - The risk around Covid-19 is a residual risk, which MD recommends be removed and replaced by the new risk he has added around the return to the office. Mitigation is that a full review of the risk assessment and guidelines to staff will be carried out prior to staff returning to the office more regularly.
- 9.7 **Organisational effectiveness** - ASK Cornwall - removed as no longer applicable.
- 9.8 **People Readiness** - Risk amended around recruitment to reflect current situation. Currently HC is understaffed but recruitment is underway to bring us back up to full strength.
10. **Business Plan 2021/23**
- 10.1 The Business Plan had previously been circulated to Directors. JM noted that previous discussions had resulted in agreement that a two year plan would allow us to move forward to be in a better position. MD presented a summary at the meeting and the Business Plan was formally approved.
11. **Policies for approval**
- 11.1 **Quality Assurance Policy** - This is a new policy intended to bring all our policies together which sets out what people can expect when they engage with us. It will be published on the website.
- 11.1.1 RS said the policy contains cultural connotations that the organisation and the people within it should commit to. JM asked how HC would keep it live as an organisation.
- 11.1.2 MD said he believes the work being done such as introducing Exit Interviews, and more formalised and regulated 1-2-1s with staff demonstrates this commitment. JM commented that it for all Directors to use this policy as a touchstone to enable a physical or mental check, although he agreed as an organisation this is practice we are already following.

- 11.1.3 RS noted that HC does not produce an annual quality account summary including complaints, views from staff etc, which may not be appropriate for a small organisation but would be good practice.
- 11.1.4 MD believed that there are formats where we report this information although he acknowledged they are not all in one place. He cited the Annual Report and felt this a good place where HC can fulfil this obligation and would welcome further discussion, with ODAG or RS individually, as to how best incorporate such a report into the Annual Report.
- 11.1.5 MA asked when the Annual Report is published and wondered if the Board should meet to discuss content. JM said it is a fairly standard format based on a template from HE who lay down the timetable for publication (around September). It is intended as an operational report which is a statement of outcome and impact.
- 11.1.6 DC agreed that currently there is a lack of opportunity for Directors to meet more informally. JM said that once we can meet face to face again, the intention is to set up meetings to discuss individual policy issues in more detail.
- 11.1.7 MD had circulated an email he had received from Healthwatch England offering training to Board Directors. This may be appropriate for them to undertake. MA agreed this was helpful and timely.
- 11.1.8 The Quality Assurance Policy was formally approved by the Board.
- 11.2 **Probation Policy** - MD advised this is a new policy, capturing processes HC follow already but which have never been formally written down. The policy has already been approved by ODAG and the document was approved by the Board.
- 11.3 DC requested that future documents be presented in a standard house style MD agreed with this sentiment. The house style is laid down by HE to conform to accessibility standards and he will ensure all future documents are presented in a standard acceptable format.
- 11.4 RS referred back to the Quality Assurance Policy and noted three years of work by ODAG auditing HC practice which had identified the absence of a Probation Policy and accompanying form. It is an example of the observe, assess, plan and act cycle.

**12. Report from ODAG**

- 12.1 RS presented this report which had already been circulated to Directors.
- 12.2 Following the staff survey, ODAG have approved the management and team response and proposed actions. He noted the wish to use the terminology “1-2-1s” in place of “supervision” and requested that this terminology be cross referenced across all relevant documentation contained within the employee handbook and elsewhere.
- 12.3 A draft of the volunteer survey is now with Michelle Hooker and this survey will take place in June 2021.
- 12.4 Previously the Board had expressed a desire to seek external accreditation wherever possible. HC are working towards the HE Quality Framework which is good practice but not external accreditation. Initially ODAG had been under the impression that it was possible for HC, as a CIC, to apply for the Trusted Charity mark, but on further investigation it would have to be the new charity, Trestadow, who would be eligible to apply. As there is no current operational activity within Trestadow this will have to wait until such time this is in place.
- 12.5 The Board approved the recommendation within the report that HC concentrate on an action plan to meet the HE Quality Framework standards over the next year; and to note the wish for Trestadow to apply for the Trusted Charity mark at an appropriate time.
- 12.6 MA asked if 1-2-1s are different to supervision. MD responded that 1-2-1s are held every 6-8 weeks as an opportunity for team members and line managers to catch up about work and individual circumstances. They include a discussion around training needs, and these are aggregated at annual appraisal which is also linked to actions within the Business Plan. RS commented that this brings three pieces of terminology into the mix - 1-2-1s, supervision and appraisal and felt that this highlights the need for scrutiny / review and amendment of documents to ensure everyone is clear around the process for 1-2-1s and appraisals.
- 12.7 DC thanked RS and the ODAG group for the report which was extremely helpful and she felt much better informed because of it.
- 12.8 RS said the work around the HE Quality Framework raises questions for MD and the management team to reflect on, for example the roles and responsibilities and how it would be resourced and what role ODAG can play to support the work.
- 12.9 JM agreed that it is early days in the formation of Trestadow and accreditation is dependent on how quickly the charity becomes operational. He also echoed DC’s thoughts about the value of the report



and he commended RS for his continuous efforts to hold HC to task and which are now bearing fruit.

### **13.0 ICS update**

- 13.1 MD presented an update on developments on the creation of Cornwall and the Isles of Scilly Integrated Care System. The Government have published a White Paper and a Bill is expected soon.
- 13.2 The appointment of a new CEO for the CCG and de-facto CEO for the ICS is to be welcomed, but resistance to change from the existing System will also come into play.
- 13.3 The ICS intends that commissioning and involvement should be driven down to the most local level possible, this is not currently happening in Cornwall especially in the west where there are whole areas of unmet need.
- 13.4 There is an accumulated deficit of £140m within health and social care in Cornwall.
- 13.5 In the proposed structure HC has a seat on the Board and MD is happy to take at face value the commitment to hearing the public voice. The Customer Forum (in which HC will play a major role) will feed into the ICS Board.
- 13.6 The structure that MD shared is not formally agreed yet, and he is very much involved in discussions in setting up the final structure. It is anticipated it will take one year to get up and running and in place.
- 13.7 DC thanked MD for his helpful report and requested this be a standing item on the agenda.
- 13.8 MD confirmed there are plans for a Shadow Board in the interim and there will be a workshop set up to consider how this may be best achieved, involving the Isles of Scilly, the creation of a Deputy post, etc.
- 13.9 RS noted that there are 8 partners, with the NHS being commissioners and providers, but with social care being commissioners only. He felt that the private sector (who deliver social care in domiciliary and care home settings) were excluded from meetings and this was overt discrimination. Once the PCTs were abolished, commissioning support groups were established. Commissioning support groups undertook procurement for the CCGs whilst Council procurement teams undertook social care procurement. Would both bodies continue or would integration occur?
- 13.10 MD said he had focused on the ICS commitment to public participation but his understanding is that the ICS will drive down all elements to the place level which would include providers of all status. It is unclear yet whether there is an overriding budget including health and social care or whether there will be 2 separate budgets that meet in the middle.

- 13.11 JM said that Directors have raised useful questions. MD said he would advise Carolyn Andrews, who is the current lead, that the Board have raised these points and he would ask her to attend a future HC Board workshop.
- 13.12 JM doesn't want HC's involvement to be a "tick box" exercise but shares the view that most strategic leaders genuinely care about the people's agenda. He thanked MD for a great overview.
- 14. Directors' reports from meetings attended**
- 14.1 No formal reports received from meetings attended.
- 14.2 JM said he had attended the NHSE Clinical Senate Citizens' Assembly this morning. This group will be re-visiting health inequalities, which had taken a backward step during the pandemic. This will be specific area of research with has a potential fit for HC.
- 14.3 Correspondence initiated by CH from the GP meeting she attends is deferred to Part 2 of the meeting.
- 14.4 DC commented that getting weekly reports from MD as discussed in item 7.2 above will help inform Directors who attend meetings as a HC representative.
- 15. CEO report**
- 15.1 JM thanked MD for his detailed relevant and informative written report and noted MD's intention to follow a similar format for future Board meetings.
- 15.2 RS asked for more detail round the intention to move to hybrid working and whether staff would be required to test for Covid twice a week. MD and AO have formed a mini working group who will be working on reviewing risk assessment and guidelines to staff but it is not the intention to go beyond government and HE guidance. MD's instinct is not to make testing a mandatory requirement, discussion deferred to Part 2 of the meeting.
- 15.3 JM said that our relationship with the commissioner for the Core and PB contracts has historically been "hands off" and now they are looking to become more involved. This is to be welcomed especially for progressing the PB development plan but is a new way of working.
- 15.4 JM felt that the CEO report can be used for Directors as a live document and is a good step forward.
- 15.5 MD also presented the performance dashboard which is reflective of the completion of the 2020/21 Business Plan. There are two red items, noting the decision to terminate our involvement with ASK Cornwall and reflecting the inability to move forward over working with St Austell Health



Centre as the Health Centre suspended their development plans due to the pandemic.

15.6 The dashboard is a factual outcome that will feed into the Annual Report.

**16. Any other business**

16.1 There were no matters raised under this item.

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

17.1 Thursday 22<sup>nd</sup> July at 2.00pm. As previously discussed, MD is aiming for this to be a face to face meeting at Truro Library, with access via Zoom for anyone unable to attend in person. Agreed that it would also be appropriate to arrange a social event after the meeting, where staff and Directors can acknowledge the departure of Amanda Stratford and other recent leavers and welcome new staff.

**Acronyms:**

AGM - Annual General Meeting  
 CEO - Chief Executive Officer  
 CCG - Clinical Commissioning Group  
 CIC - Community Interest Company  
 CRCC - Cornwall Rural Community Charity  
 CRM - Customer Relationship Management  
 HC - Healthwatch Cornwall  
 HE - Healthwatch England  
 ICS - Integrated Care System  
 NHSE - National Health Service England  
 ODAG - Organisation & Development Advisory Group  
 QA - Quality Assurance  
 SLA - Service Level Agreement

**ACTION LOG:**

<b>ACTION</b>	<b>RESPONSIBLE</b>
Draft minutes circulated within 4 weeks of meeting.	AO
Investigate Zoom link capability at Truro Library	AO
Include Directors on circulation of weekly update to staff following manager's meeting	MD/AO
Amend Q4 Finance Report to correct surplus/deficit figures and re-circulate to Directors	AO
Publish Quality Assurance Policy on website	AO
Include relevant QA data in Annual Report	MD/AO
Ensure documents produced in house style	AO

Cross reference 1-2-1 terminology in all relevant documentation	AO
Consider roles and responsibilities for managing action plan for HE Quality Framework	MD
Add ICS update as standing agenda item	MD/AO
Set up workshop on ICS for Board	MD/AO
Update Carolyn Andrews on Board's views following ICS discussion	MD

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