

**Minutes of Healthwatch Cornwall Board meeting
Thursday 14th January 2021, 2pm
Via Teams**

Present:

Directors: Jon McLeavy (JM) (Chair), Amanda Stratford (AS), Roger Sinden (RS), John Evers (JE), Christine Hunter (CH), Deborah Came (DC), Margaret Abban (MA)

In Attendance: Mario Dunn (MD), Anne Oliver (AO); Helen Newton (HN) (part)

PART 1: In public agenda

1. Welcome and Introductions

1.1 JM welcomed everyone to the meeting, especially MD who was attending his first meeting prior to taking up his new position of CEO from 18th January. Directors briefly introduced themselves to MD. All were reminded that this meeting is being recorded so the audio can be uploaded to the website.

1.2 There was one item for Part 2 of the agenda.

2. Apologies: None

3. Questions and comments from the public

3.1 AS advised that no formal questions had been received, but she reaffirmed that dentistry is still the top subject for feedback and she will address this during her operational update later in the meeting.

3.2 We are beginning to receive calls and queries around clarifications of the Covid vaccination programme.

3.3 CH said that she had attended a meeting where issues about a branch surgery had been raised - AS confirmed there had been no feedback received at HC.

4. Conflicts of Interest: None declared.

4.1 RS asked if the register of interests had now been updated following new declarations completed by Directors. AO to check if any are outstanding, remind Directors if necessary and then update the register and publish it on the website.

5. **Advising of any other business:**
 - 5.1 RS asked if it was feasible for members of the public to be invited to the meeting via Teams, AO confirmed this could be done on an individual basis - agreed to discuss under AOB.
6. **Minutes of the last meeting: 22 July 2020:** Minutes were agreed and ratified as a true record subject to the following changes:
 - 6.1 RS noted that reference to CQC in minute 3.2 should be amended to CCG.
 - 6.2 MA asked that references to Trustees either in minutes or policies should be amended to Directors. JM confirmed that HC has Directors, Trestadow (the new Charitable Incorporated Organisation) has Trustees. AO to amend as necessary.
 - 6.3 DC noted typo correction in minute 13.14.
7. **Actions / matters arising**
 - 7.1 AS has investigated with our IT support (NCI) arranging for Directors to have access to a folder on the server. This is feasible but there is a cost involved to have VPNs established on Directors' personal IT equipment. There may be security issues for HC as well. Agreed to investigate this further.
 - 7.2 DC's IT issues have been resolved now she has a new laptop.
 - 7.3 Completed reports received from Directors who have attended external meetings are now being circulated with Board Meeting papers. RS noted that he is now attending a Residential Provider meeting and has been circulating e-mail updates due to the rapidity of change during the Covid situation - agreed this is the best way in the circumstance.
 - 7.4 The 3rd Sector Alliance Agreement has now been signed off by AS on behalf of the Directors after the amendments suggested at the October Board Meeting.
 - 7.5 AO to send the Equality & Diversity policy (embedded in Employee Handbook) as a separate document to Directors.
 - 7.6 JM confirmed he is receiving regular updates around the instructions issued to staff as government guidelines around Covid and working from home change. AS will send a copy of the most recent instructions to all Directors.
 - 7.7 Noted that the tax free allowance for working from home (item 10.5 of October minutes) was to be reviewed at this meeting. AS will raise this during the Finance report.

- 7.8 AS to circulate to Directors the case study around comfort boxes (this relates to activity around palliative care and how quickly it was set up during the initial lockdown).
- 7.9 Recruitment process for CEO now complete - JM thanked DC and RS for their involvement in this, as well as Stakeholders and the team. MD's appointment is formally noted as CEO with effect from 18th January 2021.
- 7.10 Board meeting dates have now been set for 2021.
- 7.11 Directors attended a Christmas event organised by Rhiannon Pring for HCAF. JM had been unable to attend but others reported it had been a very successful and enjoyable event and Jody Wilson had presented an informative summary of the year's events, activities and successful projects.
- 7.12 Ratification of Comments, Compliments & Complaints policy circulated following October Board Meeting. Comment raised as follows:
- 7.12.1 To word paragraph 3.5 around support for complainant to flow better.
- 7.12.2 Amend wording from Trustees to Directors wherever it is in the document,
- 7.12.3 More clarity in sub-heading 6.0 around an Annual Review of complaints to coincide with the Annual Report, and to be presented to the Board and published on the website and in the Annual Report; and that specific complaints considered by management team and outcomes should be brought to the Board on an individual basis.
- 7.12.4 RS asked of we could establish a Quality Assurance policy which could include a regular review of complaints. He was happy to work with the team to get one drawn up. AS will confirm whether HE has a QA policy and noted she sits on the Quality Assurance ICS Board, together with Quality Assurance Boards for both hospital trusts. MD commented that the Comments, Compliments & Complaints policy could be stand alone, but referenced in the new QA policy which would then be an over-arching umbrella document.
- 7.12.5 Agreed that with amends as above, the Comments, Compliments & Complaints policy could be re-circulated to Directors for sign-off and then work could begin on the QA policy.
8. **Finance Report**
- 8.1 **Q3 budget and forecast for the year.** AS clarified that the budgets are scrutinised by the Finance sub-committee which currently consists of JM, AS as CEO, AO; and Adam Jose from CRCC, our outsourced finance support, reports to it. The year to date and year-end forecast were presented together as one report.

- 8.2 **Income** - we will be in a better position by year end with increased funding for the MVP project. The forecast income of £30K from the Duchy Health Charity is uncertain as the decision on the future of ASK Cornwall is yet to be made.
- 8.3 **Expenditure** - the spend on IT equipment has increased as we have invested in laptops with increased memory especially for the engagement team and we are ordering more to ensure all staff have equipment that is better suited to remote events.
- 8.4 The over-spend in Support Costs relates to items that had been budgeted under different codes. This anomaly will be resolved for 2021/22.
- 8.5 Forecasted surplus - to reduce this we are increasing spend on IT equipment as in 8.3 above and increasing the training budget. We have also arranged a retainer for the Easy Read provider. The revised surplus of £35,614 is now considered prudent as a contingency for next financial year given uncertainties around the working environment and our commitment to rent for 2021/22.
- 8.6 DC noted that there is mis-calculation in the Variance column, Surplus/Deficit row - **NB this has now been corrected, figure should be -£19,870.42.**
- 8.7 JM noted that the investment in staff development and training is balanced by the support of staff in engaging in team flexibility.
- 8.8 The Board reviewed the pay allowance for working from home during the current lockdown and approved it to be paid from the beginning of January as currently outlined in Government guidance. The Board will revisit this depending on guidance thereafter.
- 8.9 RS commented that he strongly supports an increase in the learning and development budget but with a strong process behind it, currently feeling it is more top down rather than bottom up, he would like to be reassured it is started through formal supervision and appraisal where it is discussed and then fed upwards. AS said that this year a notional amount per member of staff had been set, but individual managers discuss specific requirements with people they line manage. Agreed to look at this again after the next ODAG meeting and talk to managers about the process.
- 8.10 **Draft budget for 2021/22.** AS advised that the Finance sub-committee had looked at this and agreed it, but it is important that MD as new CEO has the opportunity to review the budget prior to seeking board approval so requested this be emailed out to Directors for approval and ratified in April 21. This would allow AS and MD to work on any amendments. This was agreed.

9. **Risk Register**

- 9.1 AS presented the Risk Register and highlighted the changes, additions and those that could be removed.
- 9.2 **People's Experience** - amendment to risk around setting up of new ICS for us to remain an independent organisation. We were to chair the stakeholder panel for recruiting new Chair for ICS - this has now been postponed to March 21 when we will resume this role and AS is also co-authoring a paper with CAP around lay representation for consistent lay engagement across the System. AS feels it is wise to leave this as a risk and the ICS will develop over the next 12 months.
- 9.3 **Research & Analysis** - Risk downgraded as Natalie Swann resumes her role in February as Research Manager. Line management of research team has been picked up by Jody Wilson and AO and has worked well - AS thanked both for this.
- 9.4 **Organisational effectiveness** - AS feels that the risk around Covid 19 remains at the same level and has added a risk around the 3rd lockdown as staff resilience is affected, and how effective they feel they can be in their role. We are not falling short on the delivery of the contract, apart from the lack of face to face engagement.
- 9.5 **Organisational effectiveness** - ASK Cornwall - will be discussed as a separate agenda item.
- 9.6 **People Readiness** - Risk around CEO leaving now mitigated by MD's appointment. We have also recruited internally to the new Project Officer role and done some work around engagement flexibility. Debra Cooney chose to retire at the end of her temporary contract and we used this opportunity to migrate to a more flexible JD for engagement. We will be shortly advertising for the Project Manager role externally as we were unsuccessful with internal recruitment to this post.
- 9.7 JE asked if all risks had been covered that could be affected by the Covid crisis, ie do we have enough resilience to keep the organisation going in the event of sickness? AS responded that the way to mitigate this risk is to be more flexible around roles, eg Jody and AO picking up line management, great cross working around picking up the Ageing Well project with support from Becky Harrison-Plastow, and we will continue to encourage staff to show this flexibility.
- 9.8 RS asked if the Business Continuity Plan had been worked through as a team, with details of the risk of capacity due to sickness. AS said that the

Business Continuity Plan is owned by the management team - this is not regularly reviewed but we have regularly reviewed risks around Covid. AS confirmed that we are consistently clear to staff that they should adhere to government guidance as part of mitigation to this risk, responding to a question from MD.

10. ASK Cornwall options paper

- 10.1 JM asked if views had been sought from the team - AS said that the options paper was a product of the management team, all had contributed to it. One member preferred option 3, the balance of opinion favoured option 2 if it could be workable although this require resources from us.
- 10.2 AS gave a brief introduction for MD, in that ASK Cornwall is a digital way of engaging with the public (public to public, and public to stakeholders), and its model was based on the ability to licence it for other partners to invest in as well. Progress has been slower to develop than anticipated and it has proved harder to be self-sustainable. We already have worked closely with Cornwall Link which operates on the same platform with a directory for the voluntary sector and community groups which is used a lot by social prescribers and has more subscribers. We have also been involved in discussions with the Duchy Health Charity for a grant towards marketing and promotion.
- 10.3 JE acknowledged his co-incidence of interest (rather than a conflict) with the Duchy Health Charity. He felt that convergence trumped divergence in almost every respect, especially around social prescribing.
- 10.4 DC said that the options paper has helped her come to a view. She definitely did not support option 1 and believed that it is a reasonable risk that would not affect our reputation if we decided to take up option 3. However, DC was divided between option 2 and 3 and was still to be convinced that Made Open is the right platform.
- 10.5 JM acknowledged significant concerns over the platform's usability and development. He could see risks in option 2 in that it looks good but could we achieve what we want to achieve?
- 10.6 CH could see the benefits for social prescribers who find it hard to signpost and evaluate the effectiveness of that signposting, but she could see that DC also made very valid points.
- 10.7 RS asked what would be the time commitment for option 2? AS responded that we would need to talk with Age UK (Cornwall Link providers) as there are a number of ways to do it - we could be a junior partner, we could try for 6 months, it could be a clear and defined project.
- 10.8 AS agreed that option 1 represented too much risk and also that we should never be afraid to say we have changed our mind. However, she said that

the useability has been down to us and because we have had no-one in post since August there has been no-one to address this. She believed that if there is a gap in provision demonstrated when searching on the Cornwall Link directory, there should be a natural progression to talk about those gaps, and that there is still room for finishing what we have started.

- 10.9 RS said he would favour option 2 if there is a finite transition period after which we can evaluate its success.
- 10.10 DC questioned that 6 months may not be enough as Cornwall Link is also not particularly user friendly and has little variety. She does not wish to set us up to fail in a set time limit. She asked about an option 4 - what else is out there including investment in our own website?
- 10.11 JE agreed the take up on Cornwall Link is not great but that there is a need for communities to both understand what is available from a social prescribing perspective and to express their needs. JE highlighted the Duchy Health Charity's desire to address this.
- 10.12 MA asked what was the strapline for the website? - a definition of what it's expected to do. AS said it was "to provide a place where individuals and communities can discuss with each other health & social care issues and come up with / talk to professionals for solutions". It's identifying what's not getting picked up and enabling a more level playing field, ie bottom up rather than top down to put the public on an equal basis. AS acknowledged that there has not been enough marketing and promotion so few people know about this, as the launch had to be cancelled because of Covid. Both Cornwall Link and Ask Cornwall face the challenge of encouraging participation.
- 10.13 JM felt that further work is required but rather than an option 4, to look at option 2 with a bit more work around it to investigate as opposed to activate. AS said that Robert Woolf could talk to the Board and HC can negotiate with Age UK to bring a firmer proposal back to the Board setting out actions, timescales, partners with a clear timebound evaluation.
- 10.14 MA said there needs to be a prime mover identified. CH suggested contacting Voluntary Sector Forum.

11. Policies for approval

- 11.1 Risk Assessment Policy - AO to e-mail out for comment.

12. Presentation: Engagement update

- 12.1 The Board have previously discussed and requested a much better understanding of what the team are involved in on a day to day basis. Work started at that time on developing a tool to capture details of

projects and pieces of work and since then a series of tools and processes have been established to help the team prioritise and plan their work.

Three key factors were considered:

- How we identify key issues that come to our attention
- How we decide whether we have the resource to take on key projects
- How we capture the information about what we're working on

12.2 First, we have adopted a bottom-up approach to identifying key issues, which are now known as 'bubbling issues'. In addition, we are commissioned to undertake pieces of work through networks, contacts and stakeholders but also information that comes to us from members of the public may drive our focus in a particular area.

12.3 Second, for more in-depth pieces of work we use an assessment wheel and a theory of change template. The assessment wheel helps us to identify and evaluate whether it is right for us to take on the work and the theory of change helps us identify the outcomes we are looking to achieve and the measures of success.

12.4 Third, we have developed a 'Prioritisation and Planning' spreadsheet which documents the progress, any issues and the next steps relating to each piece of work. It also shows where the piece of work links with our business plan. The spreadsheet is evolving all the time.

12.5 Process

12.5.1 A monthly report is produced from the data in the CRM and the Prioritisation and Planning group, made up of representatives from across the different teams, meets on the second Tuesday of each month to discuss the issues that have arisen from the previous month.

12.5.2 The group uses a prioritisation matrix, similar to a risk matrix, to evaluate the bubbling issues - the matrix measures the impact of it has on the individual at the time of the feedback; the frequency with which the theme of the feedback arises; and the potential for wider impact across the population of Cornwall.

12.5.3 A flowchart has been produced which summarises the protocol and documents the process to follow for reviewing bubbling issues and if the group decides not to move a bubbling issue forward at that point in time it remains under review until a decision is made about progressing it at a future point in time or closing it down.

12.5.4 As a bubbling issue progresses and escalates the assessment wheel will be used to identify whether it should progress to become a bigger piece of work - a 'responsive report' or a 'key project'.

12.6 Assessment wheel

12.6.1 The Assessment wheel was used effectively when evaluating the Ageing Well project. The wheel has various spokes which helps us to rate impact; whether it is within our remit; whether it is a national priority; whether it is a local priority; whether we have the resource to deliver; whether it adds value and whether it addresses health inequalities.

12.7 Theory of change

12.7.1 The Theory of change was used on the Covid 19 survey project. It recorded assumptions, the long-term goal, the outcomes we wanted to achieve, the methodology we were going to follow, the resources that were required and the measures of success.

12.8 Prioritisation and Planning spreadsheet

12.8.1 AO took the Board through the Prioritisation and Planning spreadsheet detailing the information that is recorded, how it is used to keep the team informed of progress and how more information can be accessed if required.

12.8.2 The overall summary sheet is sent to the Board on a monthly basis and will be circulated with the minutes of each meeting. It provides the Directors with a regular overview of what the team have been working on and provides a contact name for more information.

12.8.3 In summary, the spreadsheet provides a snapshot of where we are at any given time and helps the team make sure appropriate capacity is available before taking on new work. It also captures what the team have achieved throughout the year and helps inform the Annual Report.

12.9 JM recorded his thanks to AO and the team for the work that has gone into this adding that it is an incredibly impressive overview of how our planning processes have developed. It demonstrates that HC truly understands its operational activities and that it is not an organisation that merely aspires to be the voice of people of Cornwall around health and social care.

12.10 DC agreed that the information is very helpful and provides a lot of valuable information about the work the team does. She added that she would very much like to receive the full spreadsheet on a regular basis.

12.11 RS agreed and stated that the document provides a fair degree of assurance for funders and would strongly recommend that they receive a copy. JM agreed.

12.12 AS added that this piece of work was something that Natalie was leading on before she went on maternity leave and AO has taken it on since then.

AS recorded her thanks to AO for all the work involved in getting it to this point.

13.0 Directors' reports from public meetings attended

- 13.1 The report from DC has been sent with the papers for today's meeting.
- 13.2 E-mails from RS as discussed in point 7.3 above have been most helpful.
- 13.3 DC is attending the Children & Families Overview & Scrutiny committee. The Turning the Tide initiative has been refreshed and is looking very carefully at the Young Persons Mental Health strategy and taking feedback around transition from Child to Adult Mental Health services. AS said that the Health & Adult Social Care Overview & Scrutiny committee also has this as a priority.
- 13.4 JE advised that the Duchy Health Charity had held a webinar on Social Prescribing and Community Building and this is now available on line.

14. Operational update

- 14.1 AS presented her operational update verbally but will e-mail out a paper copy to Directors.
- 14.2 Current Covid situation in Cornwall is total 9202 cases, 257 deaths and current rate of transmission 339/100,000 people in the last 7 days.
- 14.3 The ICS has now been formed and NHSE have been consulting over Christmas on the structure. The Senate has sent feedback to this consultation which AS will share with the Board.
- 14.4 Business support developments include supporting the recruitment of the CEO, producing robust financial reports, improving the process around raising sales invoices for commissioned work and developing the prioritisation and planning process as outlined in today's presentation.
- 14.5 AS served notice on the office premises to activate the break clause in July. This was served in the correct timescale of 6 months notice but the landlords' agent used a clause about late payment of rent in December to refuse this. AS is writing to the landlords to request they waive this.
- 14.6 Stephen Jobling has been refreshing the website regularly with a focus on mental health and recent comms activity includes finalising reports on MVP and Adult Safeguarding in addition to planning and promoting events around Time to Talk day on 14th February.
- 14.7 Jody has now linked in with the commissioner for the South West Dentistry who will be publishing an Oral Healthcare report which will have a special appendix for Cornwall.

14.8 Immediate focus for the next few weeks:

- MD induction
- Phase 2 of Covid Report
- Developing the SLA for the Planning for Parenthood (PP) project
- Ageing Well project
- Recruiting Project Manager and PP Project Officer
- Lay representation across the System
- Decision on ASK Cornwall
- 2021/22 Annual Plan

15.9 There would be budget implications if the refusal of the notice is not waived but this can be covered in the budget. It may be possible to agree a Deed of Surrender.

15. Any other business

16.1 JM advised that AS is intending to resign as Director with effect from 31 March 2021 so this will be her last meeting. He wanted to take this opportunity to formally thank her for her work in leading the team and positioning HC where it is now. This was heartily endorsed by all Directors.

16. Date, time, location of next meeting

17.1 Thursday 29th April, 2pm

Acronyms:

AOB - Any other business
CEO - Chief Executive Office
CAP - Citizens' Advisory Panel
CCG - Clinical Commissioning Group
CQC - Care Quality Commission
CRCC - Cornwall Rural Community Charity
CRM - Customer Relationship Management
JD - Job Description Person Specification
HC - Healthwatch Cornwall
HCAF - Healthwatch Cornwall Advisory Forum
ICS - Integrated Care System
MVP - Maternity Voices Project
NHSE - National Health Service England
ODAG - Organisation & Development Advisory Group
QA - Quality Assurance
SLA - Service Level Agreement

ACTION LOG:

ACTION	RESPONSIBLE
Draft minutes circulated within 4 weeks of meeting.	AO
Upload audio of meeting to website	AO
Contact Directors individually where applicable for completed Conflicts of Interest declaration and when register complete, publish on website	AO
Amend October minutes as per amends and re-circulate and publish	AO
Amend reference to Trustees in any HC policies to Directors	AO
Liaise with NCI to investigate Directors' access to specific folders on shared drive	MD/AO
Circulate extract of E&D policy from Employee Handbook to Directors	AO
Send copy of most recent instructions to staff to work from home following latest lockdown	AS
Share Case Study on comfort boxes to Directors	AS
Amend CCC Policy as per comments from Directors and re-circulate for approval by e-mail	AO
Initiate development of a QA policy	MD/AO
Instruct CRCC and advise staff of payment of tax free allowance for working from home 01/01/2021 until advised by Directors subject to change in guidance from Government	AS
Circulate draft budget for 2021/22 to Directors once reviewed / amended by AS and MD	MD
Set up working group for ASK Cornwall to report back to Board as requested in Item 10 above.	MD
Circulate Risk Assessment Policy for comment	AO
E-mail operational update to Directors	AS
Share Senate feedback to NHSE consultation on ICS	AS