

**Minutes of Healthwatch Cornwall Board meeting  
Thursday 20 January 2022, 2pm  
Via Teams**

**Present:**

Directors: Jon McLeavy (JM) (Chair), Roger Sinden (RS), Christine Hunter (CH), Margaret Abban (MA), John Evers (JE) (part)

In Attendance: Mario Dunn (MD), Anne Oliver (AO), Jody Wilson (JW) and Sarah Jones (SH) - part

**PART 1: In public agenda**

**1. Welcome and Introductions**

1.1 JM welcomed everyone to the meeting.

**2. Apologies**

2.2 Apologies were received from Deborah Came.

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

3.1 No formal questions or comments have been received.

**4. Advising of any other business**

4.1 None declared apart from item already on agenda.

**5. Conflicts of Interest**

5.1 None declared.

**6. Minutes of the last meeting: 21<sup>st</sup> October 2021**

6.1 Minutes were agreed and ratified as a true record.

**7. Actions / matters arising**

7.1 Apportioning large expenditure items across the year is largely complete. The process will be fully incorporated into accounts for the next financial year.

7.2 RS noted that the Register of Contracts should be available for April Board meeting to allow oversight of who is responsible for monitoring each contract and when they expire.

7.3 Ratification of policies:

7.3.1 Data Protection - JM noted he is still pursuing the appointment of an external Data Protection Officer (as detailed in the appendix) from a local Healthwatch but we may need to approach other volunteer organisations or the Council - AO to act as accountable person in the meantime.

7.3.2 Finance Policy - noted that CRCC references need to be removed.

7.3.3 Both the Finance Policy and the Data Protection Policy were formally ratified subject to the minor amendments above.

## **8. Board Recruitment Process**

8.1 MD advised the Board that advertisements have been placed on line and in print for the Chair, Board members and Trustees for Trestadow. There has been one application so far for a Board member but the recruitment closing date is 28<sup>th</sup> January. MD will update Directors by email.

8.2 Two members of staff (Helen Hambly and Mike Hooper) have put their names forward to be involved in the selection process and staff have requested to have the opportunity of seeing a short presentation from applicants for Chair and to be able to ask some questions.

8.3 RS requested that questions asked at previous interviews be circulated for Directors to review. He stressed the importance of standard questions for each role within HC to ensure there are no prejudicial questions - this also is evidence for our Quality Framework around equal opportunities. It was agreed it would be appropriate for ODAG to oversee.

8.4 In the unfortunate position of not receiving applications for any or all of the posts, the next steps would be a decision for Directors and interim Chair, but one possibility would be for Directors to approach colleagues in other organisations directly.

## **9. CEO Report**

9.1 MD presented his report which had previously been circulated. JM thanked him for a really good overview of what is happening currently and what the priorities are for HC. This is MD's 4<sup>th</sup> report indicating he is now a year into his role.

- 9.2 Since circulating the report the Government guidelines recommending working from home where possible have been removed, but MD noted this does not remove the requirement for safe working. External meeting room spaces are being scoped to allow for monthly management and team meetings, but given the current infection rates it is not proposed to change the current working arrangements.
- 9.3 RS noted the CEO report is very clear and well set out but requires just a minor amendment on page 6 to insert a figure of carers' interviews carried out before publication on the website.
- 9.4 MD advised that nationally the Government has put back the start of ICSs to July 2022. Good appointments have been made for non-executive Directors (MD was on the panel).
- 9.5 JM noted the two new contracts that have been brought in. MD had inherited income aspirations that Directors would not necessarily have insisted upon, but it is really good to have achieved this new business. It is a reflection that HC is seen as a partner of choice in this area of research.
- 9.6 MD noted there are three new contracts including the Carers' research. He regularly makes the point to staff that our reputation is good and this is a reflection of the quality of HC staff.
- 9.7 JM noted the slow pace of development around Partnership Boards, mainly due to irregular participation and decision making by the commissioners. It was suggested the lack of engagement at contract meetings is nothing new and probably a sign that we are doing well.
- At this point John Evers (JE) joined the meeting.
- 9.9 RS felt it was within our gift to initiate process reviews on all Partnership Boards. MD felt that the lack of Council participation is the issue rather than thinking we are under performing. RS felt that an evaluation process should be embedded as part of a learning organisation culture.
- 9.10 MA asked if we are contracted or delegated to run the Partnership Boards? We are contracted for outcomes but RS felt the process should be constantly reviewed with stakeholders and this is within our gift as a learning organisation to check quality of process.
- 9.11 JM summarised that it is for MD to raise at the next Contracts meeting but is something HC should build into all contracts.

- 9.12 JM said that another priority is budget setting which is an operational issue but will be for Directors to sign off. MA noted that Adam from CRCC had been part of finance sub-committee. MD confirmed Directors will receive both Q4 accounts and budget for 2022/23 at the April Board Meeting.
- 9.13 JE asked if 100% of HC staff are vaccinated? MD said the importance of vaccination has been discussed internally and advice and guidance has been provided but he did not feel it appropriate to ask staff directly as HC current operations do not come under NHS strictures. JE felt that HC staff should be setting an example especially if coming into contact with vulnerable people in hospital settings. MD explained this is not happening at the moment as local NHS trusts are not allowing HC engagement in health settings, but we carry out risk assessments for all activities.
- 9.14 RS noted that if we resume Enter and View it would be a requirement for staff to be vaccinated. It could become an issue if we are not able to perform our function - MD agreed this would also apply to the NHS estate and that it would be a requirement in such an event. JM noted that, similar to the Code of Conduct dress code, such a requirement would be “appropriate for professional tasks”.

## **10. Finance Report**

- 10.1 Q3 accounts had been circulated prior to the meeting. MD said the accounts are in a healthy position. The variance is showing a considerable underspend but this is a staging post, there are costs to come out over the next few months and by Q4 the variance should be smaller.
- 10.2 AO presented the new personnel and payroll arrangements report which had previously been circulated.
- 10.3 RS noted the low cost of outsourcing payroll on its own. MD said that all 3 quotes had been low, it seems that once an organisation has the relevant software and expertise this is a relatively straight-forward operation. AO confirmed all 3 organisations had quoted their prices on their websites.
- 10.4 RS said that the cessation of the CRCC contract was a good example of the need for a Register of Contracts - albeit this had been unexpected.
- 10.5 RS noted the plan to appoint an Apprentice and felt this exemplar for our organisation and is a good PR point. MD said we would be looking to recruit through Truro and Penryn college.
- 10.6 JM said that the decision to bring finance in-house was a testament to the skills and knowledge of the team and will potentially be more sustainable

that the previous arrangements. He expressed thanks to AO for stepping up.

- 10.7 JM noted this leaves the finance sub-committee with no external overview (although our accounts are annually externally audited). MD agreed external sense checking would be beneficial and that this is something we will consider.

### **11. Risk Register Q3**

- 11.1 MD presented the Risk Register for Q3 which had been previously circulated. He noted DC's question prior to the meeting about HC's relationship with the Council and said he believed we had a good relationship with our Contracts Manager with regular contract meetings.

- 11.2 The Risk Register was approved.

### **12. Q3 Headline HR Report**

- 12.1 AO presented the report which had been previously circulated.

- 12.2 AO highlighted the two new pages around Volunteer activity. RS welcomed this but would like to see the principle of counting and measuring extended to this part of the report to give more clarity and detail.

### **13. Q3 Quality Framework Action Plan**

- 13.1 AO presented the report which had been previously circulated.

- 13.2 AO highlighted the last two pages of the report, one of which gave a visual indication or "balanced scorecard" of the individual themes, and the final page which detailed the actions that need to be completed by the end of the financial year.

- 13.3 JM noted that engagement with HE had been helpful.

- 13.4 JE asked for clarification around impact assessments. AO explained that these were completed for each project or piece of research to consider what personal information is being held, its significance and how much detail is captured, and then to record how it will be used and stored and for how long it needs to be retained.

- 13.5 CH asked if managers follow a standard process. MD said processes set up by HE are followed and we present information in a consistent form.

### **14. Quarterly Feedback update**

- 14.1 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. However, it is presented as anecdotal rather than empirical at external meetings.

- 14.2 Access to GPs and hospital waiting times have become the main issues raised.
- 14.3 JE asked for an update on dentistry. MD referenced JW's update in the CEO Report. JE had heard reports of a new dentistry contract - MD said it is more likely to be changes to the existing contract, but that responsibility would be devolved to the new ICS from NHSE in 2023 along with pharmacy and ophthalmology.

## **15 Policies for review**

- 15.1 Decision making policy - approved
- 15.2 Code of Conduct - approved subject to changing dress code from "neat and tidy" to "appropriate to the task".

## **16 Presentation - Engagement and Volunteer Strategy**

- 16.1 JM welcomed JW and SJ to the meeting. As this is SJ's first opportunity to meet the Board, the Directors introduced themselves.
- 16.2 JW explained that pre-pandemic HC held regular drop-ins in hospital and other health settings using volunteers who work alongside HC staff and sometimes independently, also we had stands at local events and engaged with more local health centres. HC had a good level of volunteers who spotted their own opportunities independently and we had been looking to expand this.
- 16.3 The impact of Covid has been significant, but it transformed our digital engagement and has been an opportunity to take stock, develop new techniques and take up training opportunities especially within the HE network. Staff changes have also impacted on plans.
- 16.4 The review that took place at the beginning of the pandemic included looking at the demographics at our drop-ins. Some volunteers dropped out and some new ones brought new ideas.
- 16.5 When allowed we started attending some local events and met local organisations. Some volunteers then re-engaged.
- 16.6 One positive change was HE network resources being shared and finding out what other local Healthwatches were doing.
- 16.7 Our new Engagement Officer who starts next month brings a wealth of experience having worked with the Red Cross and has good contacts with social prescribing.
- 16.8 SJ explained about the face to face engagement work that has been undertaken. For instance during Freshers Fayres we met with 539 students

at 6 colleges, we carried out a short survey around accessing mental health.

- 16.9 Next steps are to develop collaboratively with the voluntary sector and ensure we include hard to reach groups. For instance, we have met with an LGBTQ group and are hoping the SWAST show ambulance will visit Cornwall.
- 16.10 We have maintained contact with the patient experience teams to remain on their radar while we have not been allowed to visit. We did manage one visit to Derriford before the Omicron variant hit. We want to keep up this special rapport.
- 16.11 Today SJ and Michelle have been filming with Man Down at Loe Bar and had an interview with Chaos TV to promote Time to Talk day. SJ is passionate about social media and wants the public to recognise the faces of the engagement team. We are tagging other organisations with their consent and we gain more followers on the back of that.
- 16.12 SJ also was involved in the Carers' research project and interviewed 10 carers about their experience of hospital discharge of those they care for.
- 16.13 We carry out our own risk assessments for any face to face work, as well as asking for any site's risk assessment. We carry full PPE and make sure volunteers are comfortable with our safety arrangements.
- 16.14 HC are looking to recruit more volunteers, especially young people for whom it would be an excellent CV opportunity.
- 16.15 For Time to Talk day the engagement team will be on the streets of Truro and hope to include the Co-op and Bid Truro who are sponsoring the day.
- 16.16 Another short-term plan is to visit CAB for them to gain a better understanding of our remit, and reciprocally for them to attend a HC team meeting.
- 16.17 JW explained that longer term HC are working on a joint Comms and Engagement Strategy, this is a "must do" within the HE Quality Framework and engagement will be hybrid in nature going forwards. This will be co-designed with staff and volunteers and ensure that the digitally excluded and those not currently being heard are not forgotten.
- 16.18 Challenges are different volunteer roles (as yet unknown), the impact of the ICS - will our work run parallel, change or expand, we just don't know.
- 16.19 The three main strands of the strategy will continuous engagement; focused pieces of work; and working on specific projects. This will be collaborative work across all teams and will need sufficient capacity. The three key considerations are our volunteers; collaborative working with voluntary and community organisations; and inclusivity.

- 16.20 JE was interested in the digital and social engagement and also work with social prescribers. JW said that there are likely to be new services and new offers (as laid out in the mental health brief) with more funding to voluntary organisations to fill gaps in provision. There is a move to more peer support workers.
- 16.21 JE was also pleased that HC had made contact with Chaos TV - SJ said it is hoped they will be involved in Truro for Time to Talk day, and that HC will continue doing interviews with them. JW said we are also collaboratively planning with Chaos who are responsible for 4 of the targeted groups in the Covid research.
- 16.22 JM asked about the timescale for the HC Comms & Engagement Strategy. It is planned to draft this over the next couple of months with a view to presenting to April Board meeting for Director input. Stephen Jobling needs to be included and JW intends to set up a focus group and she would welcome Director involvement. CH as lead director for engagement volunteered.
- 16.23 JM asked if we have already identified specific groups we are missing in our demographic review. Even though HE have said we are one of the best local Healthwatch in collecting demographic information we still don't have this for around 60% of those who give feedback. We are working on collecting the right information that works for HC and for HE but we don't have sufficient volume yet to identify specific groups.
- 16.24 JM thanked JW and SJ for an excellent and interesting report and encouraged Board involvement.

## **17 Any other Business**

- 17.1 JM officially stood down as Chair. Roger Sinden was unanimously appointed as interim Chair. MD said that during his time of transitioning to Cornwall from London JM's support made it much easier. He recorded his sincere thanks to JM in his role as Chair. This was endorsed by all present.

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

- 18.1 Thursday 28<sup>th</sup> April 2022 at 2.00pm provisionally via Teams but we will monitor the situation to see if this can be face to face at Truro Library.
- 18.2 AO to send Outlook invitations for the rest of the dates for 2022.

### **Acronyms:**

CAB - Citizens Advice Bureau  
 CEO - Chief Executive Officer  
 CRCC - Cornwall Rural Community Charity  
 HC - Healthwatch Cornwall  
 HE - Healthwatch England



HR - Human Resources  
 ICS - Integrated Care System  
 NHSE - National Health Service England  
 ODAG - Organisation & Development Advisory Group  
 PPE - Personal Protective Equipment  
 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.	AO	
Update to staff following Board meeting - copy to Directors	MD	
Register of Contracts available for April Board Meeting	AO	
Minor amendment to Finance Policy	AO	
Update Directors by email on applications for Chair, Directors, Trustees on closing date for recruitment	MD	
Circulate interview questions to Directors	AO	
Minor amendment to CEO report	AO	
Minor amendment to Code of Conduct	AO	
Send Outlook invites for 2022 Board Meetings	AO	