

**Minutes of Healthwatch Cornwall Board meeting  
Thursday 21<sup>st</sup> October 2021, 2pm  
Via Teams**

**Present:**

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

In Attendance: Mario Dunn (MD), Anne Oliver (AO), Natalie Swann (NS) - part

**PART 1: In public agenda**

**1. Welcome and Introductions**

1.1 JM welcomed everyone to the meeting and noted that NS would join the meeting at the appropriate time for her presentations.

**2. Apologies**

2.2 There were no apologies.

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

3.1 No formal questions or comments have been received.

3.2 JM noted that Directors had previously used this part of the meeting to ask about trends noted in feedback that HC receive. However, the Quarterly Feedback that will be discussed later in this meeting will in future be a standing item on the agenda, and this will cover trends.

**4. Advising of any other business**

4.1 None declared.

**5. Conflicts of Interest**

5.1 None declared.

**6. Minutes of the last meeting: 22<sup>nd</sup> July 2021**

6.1 Minutes were agreed and ratified as a true record.

## **7. Actions / matters arising**

- 7.1 JM noted that MD is now sending all staff a summary of the main discussions at the Board meeting. Staff and directors also receive a weekly update from managers.
- 7.2 All ratified policies are now published on the HC website.
- 7.3 MD/AO have investigated HE's policy regarding publishing salary grades, HE follow CQC policy. With our small numbers involved - which could identify an individual's salary band - this would not be appropriate for HC to publish on their website. This was agreed by the Board.
- 7.4 Apportioning large expenditure over the year is a work in progress within our budget calculations.
- 7.5 An initial log of contracts has been established and presented to the finance sub-committee. The completed list should be available for the January Board meeting.
- 7.6 MD has consulted with staff over the return to work guidelines. He commented this is working reasonably well at the moment, and we continue with hybrid working. Current infection levels mean this process will probably continue for some time to come.
- 7.7 It was agreed the ICS update no longer needs to be a standing agenda item as it is included in the CEO Report.
- 7.8 The Board have met with Carolyn Andrews, ICS Strategy Director. There was general agreement that we need to keep this conversation open in what is a rapidly changing environment, and Carolyn has indicated to JM she had found it useful to hear the views of our Directors.
- 7.9 The matter of arranging a workshop for Board and staff of HC will be picked up under item 18 - we need to consider an initial scope of our understanding of what our involvement within the ICS remit of public engagement might look like.
- 7.10 JE noted that he had not seen the Ageing Well presentation. MD has circulated the infographic interim report that was published at the end of the 1<sup>st</sup> phase of the project, but he would ensure all information is sent to JE.
- 7.11 Q1 Risk Register (circulated after the July meeting) was ratified.

## **8. Finance Report**

- 8.1 Headline Q2 report for 2021/22 had previously been circulated to Directors.

- 8.2 JM informed Directors that our finance support at CRCC, Adam Jose, is leaving the organisation. It is their intention to replace this role and to continue to provide this service, but the finance sub-committee will monitor the situation. Adam had a really good working relationship with and knowledge of HC. JM, MD and AO have all acknowledged his support.
- 8.3 The finance sub-committee had examined the detail of the accounts and noted there is a small current operating surplus and no significant over or under spends in any of our budget headings.
- 8.4 MD noted there is a shortfall of income which is a notional deficit in the Commissioned Work income. We are halfway through the cycle and we anticipate we will meet and exceed the projected income.
- 8.5 MD also highlighted an overspend in office running costs, this is largely caused by the payment of insurance premiums which are a one off payment at the start of the financial year. He remains confident that we are on track to have a small surplus overall at the end of the year.
- 8.6 JM noted that at the finance sub-committee he had explained, on the Board's behalf, that commissioned work is always a "stab in the dark" and aspirational. It is not a performance requirement to reach the budgeted amount, but it is good to hear that this year it is likely to be achieved.
- 8.7 MD presented a paper on a proposal to negotiate a new lease on our current offices at 6 Walsingham Place. He advised he had consulted with staff who had all responded with their views. Some staff raised a variety of points but the commonality of all returns apart from one was that, in current circumstances, it makes sense to negotiate a new lease at our existing offices. One staff member would have preferred joining with a 3<sup>rd</sup> sector partner.
- 8.8 As outlined in the report, remaining in our existing offices is the most appropriate option if we are to continue with hybrid working. MD acknowledged the main challenge is around the lack of meeting rooms for both external and 1-2-1 meetings and when a private space is required. The Business Support Team are compiling a list of options including ones we already use but also some additional ones, eg Council offices, the Knowledge Spa.
- 8.9 JE queried the financial implications for each option, MD clarified these as detailed in the appendix to the paper.
- 8.10 DC raised concerns over the lack of accessibility in our current offices, and felt options outside of Truro should be explored which would also demonstrate our county-wide remit.

- 8.11 RS shared the reservations about accessibility, but noted there are very few visitors to the office and alternative arrangements should be considered both for staff and those attending meetings with impairments. MD confirmed we are looking at a menu of alternative options for meetings access.
- 8.12 DC said that anyone with disabilities who was aware of the layout of Walsingham Place may be discouraged from applying for a job.
- 8.13 AO advised there is a lack of accessibility generally in Truro offices, most are not at ground floor level and either have no lift or the landlords have allowed the lifts to fall into disuse and are not prepared to recommission them.
- 8.14 RS asked that a carefully worded statement be drafted for job applicants, recognising our concerns of access issues and reassuring that we would welcome talking about how it would work if people with a disability who are impacted by this wanted to work with us, including hybrid working and arranging meetings elsewhere.
- 8.15 JM summarised the Board's view that is practical to renegotiate a new lease but not as a long-term proposition. There is an opportunity of a break clause at one year and three years and the Board asked the management team to review over the next year, putting accessibility as a priority to be addressed.
- 9. Risk Register**
- 9.1 MD presented the Q2 Risk Register which had previously been circulated. The three sections that had been amended were highlighted.
- 9.2 DC noted a discrepancy between Q1 and Q2 on item 1 regarding mitigated risk. MD/AO to correct and re-circulate for approval.
- 10. ODAG report to Board**
- 10.1 RS presented the report previously circulated and noted the brief response to the volunteer survey which was appended. It was part of a longer report to the management team.
- 10.2 The Headline HR Report has been amended with an additional of all absences, not just sickness absence, and ODAG noted that Return to Work interviews are a priority for introduction.
- 10.3 RS also noted that ODAG have a co-ordinating role of the HE Quality Framework Action Plan but are not its owners. ODAG note the progress made and propose this be a standing agenda item for future Board meetings.

- 10.4 JM sought clarification around timeframes and drivers for the Quality Framework Action Plan. AO confirmed that HE are an external driver for HC, with a requirement to have the plan completed by March 2022 - which is not completion of every item, but an overview of what is complete and a clear action plan to achieve incomplete items. HE have CQC as an external driver, they need to demonstrate to CQC they are providing appropriate support to local Healthwatch. AO noted ODAG's comments that the rag rating is self-identified, and the desirability to have some external validation.
- 10.5 RS suggested a "deep dive" or sampling in some areas to have some moderation so we can be confident we have rated correctly. This could be part of ODAG's role, or other Directors could be involved. Another suggestion was for local Healthwatch to peer review. A later agenda item relates to Directors having themed links and this could be an appropriate way for Directors to be involved with the HE Quality Framework Action Plan.
- 10.6 AO noted that the Training Plan had not identified that an adjustment was required to the Training budget, JM said that if plans change these can be brought back to a future Board meeting.
- 11. CRM Developments and Research update**
- 11.1 JM welcome NS to the meeting. NS explained she had previously circulated her report but had also prepared some slides to take Directors through the report.
- 11.2 She drew attention to the skilled people we have at HC to take feedback, process and record it and then produce the reports. This involves signposting skills, attention to detail and analytical skills to gather and share the feedback.
- 11.3 Over the last few years there have been changes to the Research team which has grown and developed, and our involvement with HE has also increased and improved.
- 11.4 Covid has brought some changes, mainly that solicited feedback has reduced and unsolicited feedback has increased - there has been a big increase in digital and phone feedback. Reporting is much more up to date but we are receiving more complex enquiries.
- 11.5 The aim is to turn information into insight and as part of this, NS and her team have been reviewing the system, improving consistency, aiming for more regular reporting, and ensuring staff are trained and developed appropriately.

- 11.6 Successes include working closely with HE; developing a new consent process which has speeded up the anonymisation of data (service users also like the clarity around this); and a new system for remote electronic feedback with an automated acknowledgement.
- 11.7 The information we receive underpins prioritisation and planning meetings and helps identify and inform future developments and strategies.
- 11.8 A regular meeting has been set up to provide support to the team and to share best practice.
- 11.9 The HC CRM contract is now on pause as HE want to think about common data standards to share across the system. It would be costly for HC to buy their own CRM and it would be a risk for local Healthwatch to go down this route - although not all local Healthwatch use the HE CRM. NS acknowledged that the CRM focuses on extraction but there are opportunities to look at functionality and she has a good relationship with HE.
- 11.10 However individual stories remain powerful and a good team is key to get the balance right between data and stories. NS concluded the presentation and asked for any questions or comments.
- 11.11 JE was concerned that we are moving away from stories to a mass of data controlled by taxonomy from above. He asked if the priority was to please HE or be a service to local leaders?
- 11.12 NS said she is happy with the taxonomy we have and it is an iterative process with HE over coding and theming. She is confident HC haven't lost anything of real value and the common themes have remained. It's about influencing locally and nationally, and we share both data identifying general themes and trends, and individual stories.
- 11.14 We also export every story monthly and present them in different ways. Sometimes they are used in questions to get a response, and as an example, a recent story was made into a short film which was shared at ECCo, the patient engagement forum at CFT.
- 11.15 CH said that data sharing is very important, but a lot of systems aren't standard and the story can be lost. NS said she is confident the taxonomy is reflective of what people are saying and stories are still included.
- 11.16 JM noted that some people in the System respond better to data. It is great that we have the ability to deliver on both fronts.
- 11.17 He asked what NS had meant by complex feedback - whether it was service users with complex lives, or the complexity of coping with the system? NS gave an example of feedback that came in this week where a carer had contacted us about a relative with multiple issues where one single incident led to a catastrophic series of events. She felt that lockdown and

mental health concerns were a big part of complexity. Although calls like this are very unpredictable, they require an immediate and sensitive response. It is a fine line to tread to not get involved in individual casework as we have a duty of care to all who contact us. The monthly Team Talk meetings are shared by the team and are a way of supporting staff to manage cases like this. She is keen to ask within the health and social care network whether others are experiencing similar issues. The impact on the people who contact us and the impact on our staff is the complex bit. This particular story has been one of tragedy and desperation.

11.18 JM said it is a really good idea to have this Team Talk, and he is happy to support this meeting if required. NS said that volunteers have received training on sensitive conversations, staff are due to attend this training in a couple of weeks.

11.19 DC said it is vital to ensure the appropriate links are there to Adult and Children Safeguarding.

11.20 JE said previously we had been able to approach someone with a clinical background for advice and comment - who do we go to now? This will be added as a future agenda item.

## 12. Quarterly feedback update

12.1 NS presented the new quarterly feedback report produced by the Research Team. There are comparisons with Cornwall demographics for context.

12.2 Also included are stories for most common themes.

12.3 The pages for CFT are broken down in to physical and mental health.

12.4 Where possible we try to balance with positive feedback.

12.5 RS noted this is very helpful but he continues to be concerned about the public perception of HC (which doesn't include social care in its title) and there is a need to raise awareness that we also cover this sector. NS said it is part of our Business Plan to increase feedback on social care and it is a challenge while we are unable to engage directly with the public.

12.6 NS has worked with Anson Care during the 6 week comms campaign in the summer, but the week we focused on adult social care was not very fruitful.

12.7 DC felt the report was really clear and accessible to make sense of. She noted it is difficult when number are low not to get to the wrong conclusion. Also in trying to balance negative and positive comments this is worthy but risks giving the dissenting minority voice equal weight.

12.8 JM thanked NS for the report which is what Directors have asked for, it's a great way for the Board to understand the picture and is a powerful example of our scope both in terms of data and stories.

### 13. Policies for Review

13.1 **Data Protection Policy** - The Board were asked to approve the proposed changes to the Data Protection Policy which is due for review. AO said that clarification had been made around the definitions of the Responsible Officer (the person responsible within HC for process) and the Data Protection Officer (a more remote role for scrutiny and support over potential breaches).

13.2 Names and contact details of these officers are included in Appendix 1, and the Privacy statement is included in Appendix 2. JM is awaiting confirmation of the continuation of the reciprocal arrangement with local Healthwatch in Devon for the Data Protection Officer.

13.3 DC noted that on page 17 in appendix 2, Adult Safeguarding is mentioned but not Children's Safeguarding. Although we have no formal representation on this Board, the relevant links will be added to the Privacy Policy.

13.4 The Policy was approved subject to the clarification in point 13.2 above and the addition in point 13.3 above. The amended document will be circulated for approval.

13.5 **Finance Policy** - The Board were asked to approve the proposed changes to the Finance Policy which is due for review. AO said the changes were made to reflect how processes have evolved since the last review.

13.6 DC noted that on point b) on the first page, "Companies Act" would be better replaced by "relevant legislation".

13.7 DC also questioned the lack of reference to an ethical investments policy. We currently have reserves of around £100k which sit in our current account at Lloyds. JM noted that previous investigation had shown the risk involved and the lack of interest available meant investing this money was not appropriate. MD said the new bank account for Trestadow will be with the Co-Operative Bank and it would be possible to migrate HC to this bank once the Trestadow bank account is established (he referenced his CEO report).

13.8 RS noted that the renegotiation of the lease for 6 Walsingham Place would come under this policy and asked for assurance that there was a process in place for scrutiny as required under the policy. MD said that any contract



would be submitted to the Finance Sub-Committee for approval which constitutes a 3 way sign-off.

- 13.9 The Finance Policy was approved subject to the amendment as in point 13.6 above. The amended document will be circulated for approval.

#### **14. Board members theme links to Management Team**

- 14.1 MD presented this report which had already been circulated to Directors and explained the context around which it had been written - with the aim of improving the flow of information between the management team and the Board without it all going through the CEO. He left it open to Directors to come to him for more information if they are interested in taking up a specific theme.
- 14.2 JM suggested that the primary themes be linked to the HE Quality Framework to begin with, and then move to the wider ranging themes suggested in the paper.
- 14.3 This was agreed by Directors and JM will look at the areas within the HE Quality Framework and propose a list of Directors to match the themes.
- 14.4 DC said this was a really helpful start and would welcome guidance as to what is expected of Directors, so they know when they have done it.
- 14.5 JM said it mirrors what the Board have been saying about understanding HC and it answers Carolyn Andrew's question about how HC inform their Board.

#### **15 Directors' reports from meetings attended**

- 15.1 No formal reports received from meetings attended.
- 15.2 JM noted that the Board have tried various ways to capture this information both formally and informally, and the formal method is not working. He believes in individual responsibility, and that Directors send e-mails to the CEO, the management team and other Directors when required.
- 15.3 The Board agreed to take this off as a standard agenda item and continue with informal e-mails as and when required.

#### **16 Operational Update**

- 16.1 MD presented the CEO report which had previously been circulated to Directors. He noted the main headings to which he works for this report, namely public feedback, project management, issues management, outreach and engagement, partnership boards and external advocacy, and asked for feedback from Directors about the format.

- 16.2 The Board appreciate the thoroughness of the report, including the communications appendix, and that it is a good overview that is helpful and informative.
- 16.3 MD noted that staff and management team contribute to the report, which also gets posted on the website with the rest of the Board papers.
- 16.4 RS commended MD on his writing style and short sentences.
- 16.5 The Engagement and Volunteer updates included in this section are an interim report. The new strategies will be presented to the Board at the January meeting, and will form the staff presentation on the agenda.
- 16.6 JM asked that Jody and her team be thanked for the reports which are really helpful.
- 16.7 DC asked how many volunteers we have at present? MD replied we have about 6 at present which is not enough. He explained the last HCAF meeting had had to be cancelled due to numbers who would be able to attend, and the continuing effects of the pandemic are affecting our ability to grow in this area.
- 16.8 JM said the view of the Board was that volunteers are essential and we must be inclusive and ensure they get the same support as staff as far as possible. If we recruited more numbers which were unsupported it would be unfair to them and a risk to HC.
- 17 Any other Business**
- There were no matters raised under this item.
- 18 Date, time, location of next meeting**
- 18.1 Thursday 20<sup>th</sup> January 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 circulate the rest of the dates for 2022.
- 18.3 The staff and Board workshop on ICS public engagement will be set for a date in November via Teams, AO to send out Doodle to find the best date. JM asked for a briefing paper in advance based on the information Carolyn Andrews gave the Board, and for each person to bring their own 3 ideas to use as a basis for discussion. JM is happy to help with the planning and facilitating of this.

**Acronyms:**

- CEO - Chief Executive Officer  
CFT - Community Foundation Trust  
CQC - Care Quality Commission  
CRCC - Cornwall Rural Community Charity

CRM - Customer Relationship Management  
 ECCo - Engagement Collaboration at CFT  
 HC - Healthwatch Cornwall  
 HE - Healthwatch England  
 HR - Human Resources  
 ICS - Integrated Care System  
 ODAG - Organisation & Development Advisory Group  
 Q1 - Quarter 1 of current financial year  
 Q2 - Quarter 2 of current financial year

**ACTION LOG:**

<b>ACTION</b>	<b>RESPONSIBLE</b>	<b>STATUS</b>
Draft minutes circulated within 4 weeks of meeting.	AO	To Directors 28/10/21
Update to staff following Board meeting - copy to Directors	MD	COMPLETED
Apportion large expenditure items over the year	AO/CRCC	WIP
Establish Register of Contracts	AO	WIP
Accessibility statement on jobs page of website	AO	COMPLETED
Check and amend Risk Registers and circulate to Directors	AO/MD	COMPLETED
Remove ICS update and Directors' reports as standing agenda items	AO	COMPLETED
Add HE Quality Framework Action Plan update as standing agenda item	AO	COMPLETED
Amend Data Protection and Finance Policies and circulate to Directors	AO	COMPLETED
Match Directors to themes within HE Quality Framework Action Plan	JM	COMPLETED
Circulate 2022 Board Meeting dates to Directors	AO	COMPLETED
Send Doodle poll for date for ICS Workshop for Directors and Staff	AO	COMPLETED