

**Minutes of Healthwatch Cornwall Board meeting
Thursday 25 April, 2019, 2pm
Healthwatch Cornwall, 6 Walsingham Place, Truro, TR1 2RP**

Present:

Directors: Jon Mcleavy (Chair) (JM) Amanda Stratford (AS) Babs Rounsevell (BR)
Christine Hunter (CH) Deborah Came (DC) John Evers (JE) Margaret Abban (MCA).

In Attendance: Spencer Woods (SW)

In Attendance for part: Natasha Howard (NH) (Cornwall Council)

PART 1: In public agenda

1. **Welcome and Introductions:** JM welcomed everyone to the meeting. JE delayed by a few minutes.
2. **Apologies:** Roger Sinden.
3. **Questions and comments from the public:** None.

JM acknowledged that it has been a long time since the board has received questions or had a member of public attend and questioned whether HC should be doing more to encourage public engagement with the board. MCA said that there have only been a handful of questions and attendees since the organisation's inception and that it may be worth announcing forthcoming board meetings on Radio Cornwall or Pirate FM's announcement slots. DC and JE said that if they were members of the public wanting to ask a question that they would speak to the office instead of waiting for a board meeting. BR highlighted that HC needs to be transparent and be able to show that the office is dealing with questions. AS will speak to staff at the next team meeting and bring examples of public questions that have been answered by the office to the next board meeting.

4. **Conflicts of Interest:** None declared.
5. **Advising of any other business:** None.
6. **Minutes of the last meeting: 12 September 2018:** Minutes will be signed and ratified as a true record subject to amendments agreed below:

Page2 "Clinical Positioning" to be amended to "Clinical Prescribing"

Page2 "DC flagged personal interest" to be amended to "DC is interested"

7. **Actions matter arising**



- Minutes were circulated to the board.
- MCA and RS met with LP to discuss learning and development processes and created a report which has been circulated.
- AS did not circulate proposals for commissioned work to the board as none have been prepared.
- HC's IT support was tendered for and NCI Technologies has been appointed.
- AS circulated contract discussion paper and a second meeting to discuss the paper was conducted.
- JM has not investigated the role that other HW play in Health & Wellbeing Boards across the country however there has been a lot of activity with Cornwall's Health & Wellbeing Board and HC presented at the last meeting.
- AS did not circulate a paper to the board summarising differences in the current contract for service to the proposed new contract as she had not yet received the contract. There is an agenda item for discussion in part 2
- Updated safeguarding policy was approved.
- AS investigated the CCG's responsibility for dentistry and reaffirmed that they have none and this is handled by NHS England.
- AS circulated the Maternity Voices draft contract.
- 2019 meeting dates were circulated to the board.

8. Organisational Development Advisory Group Update

ODAG has put together a report which discusses HC learning and development processes and recommends that HC produces an action plan. JM passed on that RS is keen for the report to go out to staff as it will affect them more than the board. RS will attend next staff meeting to discuss this and a final action plan will be created.

JM said that the current supervision and appraisal system works well for HC staff but there is a thought that it needs to be more formal and he is interested in the staff's opinion on this.

BR asked AS what systems HC has and received clarification. MCA said that there needs to be a structured outcome and AS confirmed appraisals are formal but supervision is not. BR and MCA stress that it is crucial that all documents are signed by both those delivering and receiving the supervision/appraisal.

MCA asked if appraisals are confidential or open and said that staff have a right not to have personal or confidential information recorded. AS clarified



that appraisals are accessible by the manager conducting the appraisal and SW as de facto HR.

BR said that at the Chaos Group this is conducted by HR and line managers contribute as part of a 360 appraisal. BR wants to know if HC employees know where to go if they have confidential information or complaint about a line manager.

JM said that processes are in place but the general feeling is the report needs tidying up and the board needs to consider what happens if the team doesn't like the proposed formal approach.

9. Contract update

HC has been offered a 5 year contract (3 plus 2). There is an increase in funding to accommodate 2 reporting modules in addition to the current contract; the size and content of these reporting modules is to be agreed upon by both parties due to concerns about reputation and capacity. The final draft of the contract is to be discussed in Part 2.

The board records their thanks to AS for her work on the contract negotiations and for securing an increase in funding in the current climate.

JE enquired about opportunities to expand within the new contract, such as additional partnership board opportunities. AS said HC will take on a fifth board, likely to be mental health though in this case it may not be called a partnership board, and that the organisation is still committed to restructuring the partnership boards.

10. Representation List

SW passed on that RS is interested taking part in the Residential Care Representative Group.

MCA raised the issue that some boards have deputies and some do not. JM said that perhaps this structure should be adopted with a director and a team member. MCA said that Citizen's Assembly has place for a deputy and JM said to put him down.

BR said that she is a maybe for the Children and Families Overview and Scrutiny Board. AS feels it is important we have representation at this board.

JM has briefings with AS before attending the Health and Social Care Overview and Scrutiny Committee and feels briefings are important as the organisation's profile is rising.



JE feels that the Cornwall Partnership NHS Foundation Trust Meetings do not raise issues relevant to HC. AS feels as we now attend the Quality and Governance meetings that this has diminished the importance of attending the general CFT Meetings. JM proposes that the organisation receives the papers and attends if necessary as opposed to regularly attending.

AS attends and presents at the AGM of the NHS Kernow CCG Governing Body but RS has not been able to get to the regular meetings. AS feels it is necessary to attend every second monthly meetings. BR may be able to dovetail with the Citizens Advisory Panel but will not be able to attend every one. JM proposes to remove RS, leave AS with BR to support and JM as third.

CH is attending Shadow Primary Care Board.

MCA has written to the Prescribing Committee to confirm that she will not be able to attend but still receives papers. There are morning and afternoon meetings. CH will take over but will not attend every meeting.

MCA is struggling to attend the Royal Cornwall Hospital NHS Trust Board. AS sits on the Patient Experience Group and Quality Improvement and Development Board which diminishes the importance of attending. MCA will continue to attend as and when available.

JE attends the RCHT Patient Experience Group which needs to be amended.

AS pointed out that volunteer Pat Hamling attends the Out of Hours Technical Working Group. JE recalls that we were once actively involved in this important group.

AS now attends the System Leadership Board meeting comprised of Chairs and CEOs of Cornwall Council, RCHT, CFT, Public Health and Cornwall Voluntary Sector Forum.

AS mentioned a one off 2 hour meeting which is occurring soon. The meeting is to develop a criteria against which co-produced options for community hospitals in Saltash, Fowey and Edward Hain will be assessed. Attendance was put to board and JE volunteered to attend.

AS said we do not have capacity to attend the South West Local Dental Network Meeting but that it would be useful. BR is interested to attend quarterly.

AS discussed the 6 multi-agency locality meetings. HC used to attend in the West and she feels these are something which we should attend in time as budgets and planning are gradually handed to locality level. DC is interested in these and wants to know more information. AS feels East will be most



difficult for board members to attend. JM said that volunteers could be utilised. AS mentioned citizens ambassadors as an option for later in the year. SW to circulate times, dates and locations of next meetings.

DC will try to attend the next Health and Wellbeing Board meeting.

11. Finance report

JM mentioned that HC is switching to Sage and requested that Adam Jose from CRCC attends the next board meeting to show the board.

AS presented the end of year figures. The end of Q4 brought in less than predicted but HC spent less as an organisation. The year ended with a small surplus. Redundancy figures came out of contingency budget. HC overspent on staff costs due to the employment of temporary/cover staff. HC overspent on IT, which was a conscious decision. There was an underspend on Partnership Boards. No money was spent on external evaluation. A small amount was spent on legal. This is better than the dramatic underspend of end of year 2017/18. HC did bring more money in which has been carried forward to 2019/20 due to the work being carried out in this financial year.

JM said that this is effectively a balanced budget and outturn and remarked that this is the first year since he has been involved that this has happened. HC has always been clear about where the budget has been spent and that there is some kept in contingency and reserves. JM notes that HC does not have a reserves policy.

AS presented a draft budget for approval by the board. The sums are greater than 2017/18 as the core contract, partnership boards, safeguarding, HWE and MVP contracts are all secured. Funding for the Virtual Panel seed engagement tool for year one has been partially secured and the remainder promised but the capitol for year two not secured. Funding for the conference and the appreciative inquiry has been secured. One more pot of fundraising needs to be secured. Approximately 75% of required funding has been secured in total and the budget includes 2 months contingency. The budget also includes a proposed 2% pay increase for all staff from 1st April 2019.

The board agreed the draft budget HC 2019/20 working document. This will continue to be monitored regularly by the finance committee. AS will send a final draft to the board by email for approval once a new contract has been signed with Cornwall Council

JM, as Chair and a part of the finance committee, is glad HC is moving to Sage where income and expenditure can be tracked more accurately and reported on more readily.

12. Healthy Workplace



NH gave a presentation to the board about the Healthy Workplace scheme. The board unanimously agreed to sign up to Healthy Workplace.

13. Directors reports from public meetings attended - items of potential impact

There was insufficient time for this agenda item. To be discussed and any decisions made by email.

14. Operation update including Performance Report and Communications Strategy

There was insufficient time for this agenda item. To be discussed and any decisions made by email.

15. Risk Register

There was insufficient time for this agenda item. To be discussed and any decisions made by email.

16. Review of policies - Disciplinary and Grievance

There was insufficient time for this agenda item. To be discussed and any decisions made by email.

17. Any other business

No other business.

18. Date, time and location of next meeting

Wednesday 24th July 2019, location TBA

NB * Following the board meeting paper for items 15, 16 and 17 were circulated and the following actions were agreed by email :

15. Acceptance of the Draft Communications Strategy

16. Acceptance of the Risk Register with no amends

17. Acceptance of the Disciplinary and Greivance policy

Acronyms:

CC - Cornwall Council

CCG - Clinical Commissioning Group



- CIC - Community Interest Company
- CPF - Cornwall People First
- CQC - Care Quality Commission
- CRCC - Cornwall Rural Community Council
- CRM - Customer Relationship Manager
- CSB - Children’s Safeguarding Board
- EOL - EOL
- HC - Healthwatch Cornwall
- HR - Human Resources
- HWE - Healthwatch England
- KCCG - Kernow Clinical Commissioning Group
- LDPB - Learning Disability Partnership Board
- NEST - National Employee Savings Trust
- OPPB - Older Persons Partnership Board
- RCHT - Royal Cornwall Hospitals Trust
- SAB - Safeguarding Adults Board
- SAH - St Austell Healthcare
- STP - Sustainable Transformation Plan
- SWAST - South West Ambulance Service NHS Foundation Trust

ACTION LOG:

ACTION	RESPONSIBLE
Draft minutes circulated within 4 weeks of meeting	SW
AS to speak with staff at next team meeting about public questions to present to board	AS
RS to attend next staff meeting to discuss ODAG report and a final action plan will be created	RS, AS/SW
SW to make amendments to Representation List and circulate to the board	SW
SW to investigate locality meetings and circulate times, dates and locations	SW
Adam Jose from CRCC to attend next board meeting	SW
Final draft budget following agreement of CC grant to be circulated to the board	AS

