

BOARD OF TRUSTEES MEETING

21st January 2019, 17:30 – 20:00. St Paul’s Hammersmith, Queen Caroline St, Hammersmith, W6 9PJ

<p>In attendance</p>	
<p>Trustees: Brian Dillon- Finance Committee and Treasurer HW CWL Board (outgoing) (BD) Chris Doherty- Independent trustee (CD) Christine Vigars- Chair, Healthwatch CWL Board Helen Cooke- Healthwatch Westminster (HC) Joanna Mark Richards- Healthwatch CWL Board (JMR) (Vice-Chair) Tania Kerno- Healthwatch K&C Local Committee (TK) Layo Yusuf- Finance Committee and Treasurer HW CWL Board (incoming) (LY)</p> <p>HW CWL staff: Olivia Clymer- CEO, Healthwatch CWL (OC) Carena Rogers- Programme Manager, Healthwatch CWL (CR) Thomas Wood- Governance and Quality Officer, Healthwatch CWL (TW) Odeta Pakalnyte- Patient Participation Group Coordinator, Healthwatch CWL (OP) (Pre-agenda only)</p> <p>Observing: Ivan Moore- Co-chair of K&C Local Committee (IM)</p> <p>Note Taker: TW</p>	
<p>Apologies for absence</p>	
<p>Abdul Towolawi- Healthwatch K&C Local Committee (AT) Keith Mallinson- Healthwatch H&F Local Committee (KM) Patrick McVeigh- Healthwatch H&F Local Committee (PM)</p>	
<p>Pre-agenda (Patient Participation Groups)</p>	
<p>OP delivered a presentation on Healthwatch CWL’s work around Patient Participation Groups (PPGs). This work falls outside of the delivery of our main Healthwatch contract and is funded separately. Therefore, the PPG members we engage with are not automatically Healthwatch members. Our project is about enabling PPG projects to function well, which means that it is usually supportive rather than “scrutiny”. We are funded to deliver this project in Kensington and Chelsea, and have received additional funding for work around PPGs in Westminster.</p>	
<p>Conflict of Interest</p>	
<p>None recorded</p>	
<p>Minutes and Action Log</p>	
<p>Item 1. Minutes of meeting 26th November 2018 for approval</p>	

These were passed with minor amendments.

Item 2. Matters arising and action log

Item 1 - Provide and update on GDPR for January Board

OC has spoken to Healthwatch Hillingdon's interim CEO regarding the shared GDPR compliance post. This has gone to Healthwatch Hillingdon's board for approval. OC is waiting on confirmation in writing.

Item 2 - All board members to send bio and photo

It was agreed that TW could download board member's LinkedIn photos to display on our website. JMR also made the point that some board member's DBS documentation was not up to date.

Item 3 - Brief the Board in October following the meeting with Graham Hawkes from Healthwatch Hillingdon regarding GDPR and DPO

This was addressed through the discussion on item 1 and can be removed from the list.

Item 4 - Add organisational chart in the document in the terms of reference document

This has been done and can be removed.

Item 5 - Local Committees to appoint a person/chair who will provide a note from their meeting to the Board

This has been completed for K&C and H&F. We have a potential candidate from the Westminster Local Committee to join the board; OC is meeting with them to discuss this. CV noted the importance of following the Trustee Induction Procedure when doing this.

Item 6 - Review specification of authorised rep role

This was actioned later in the meeting and can be removed from the list

Item 7 - Circulate dates of meetings with Monsur

This has been actioned. AT is attending the next meeting with OC. This can be removed from the list

Item 8 - Engagement budget underspend to be utilised

This has been actioned and can be removed from the list.

Item 9 - BACS application to be discussed in next finance committee meeting

This was discussed in the January finance committee. It can be removed from the list.

Item 10 - Finance committee to discuss contingencies in the event of a reduced contract value at next finance committee meeting

This should be part of the finance committee's next budget planning session in March.

Item 11 - Prepare new staff handbook and staff terms and conditions in time for November board meeting

Whistleblowing – CD
Expenses – LY
Learning and Development – HC
Working from home – JMR
Staff induction - JMR

JMR stated that we need to have separate policies for staff and volunteers because of some recent case law about whether or not volunteers should be considered workers. CV asked whether we could put together a volunteer handbook.

ACTION: Board members and TW to review selected policies.

ACTION: Begin work on volunteer versions of Human Resources policies

**TW, CD,
JMR, HC, LY
JMR, TW**

Item 5. Discussion on Vision and Values

TW led a discussion on Healthwatch CWL's vision and values. These had been consulted on last year during the One Healthwatch meetings with staff, volunteers, board members and local committees. The vision and values were developed out of these meetings but have not yet been formally approved by the board.

Four of the Trusted Charity indicators relate to how our vision and values are communicated and applied in practice. We therefore need to ensure that they are approved and visible to the public and within the organisation. The upcoming board strategy day presents an opportunity to discuss how they can be applied in practice and influence our strategy.

CV stated that the values were good, but that the vision could be shorter and more snappy; ideally a one sentence summary on what Healthwatch Central West London does. OC stated that the upcoming board strategy day would be a good opportunity to discuss this.

The board agreed to approve and formalised the draft values and aims, but to defer approval of the draft vision until the strategy day.

ACTION: Discuss and approve vision statement and implementation of vision and values in board strategy away day.

All Trustees

Item 6. 2019/2020 Strategic Priority Discussion

It was agreed that the board paper presented would be a helpful document to inform the board strategy away day, but that it was perhaps too much for the board to cover in this meeting.

CV stated that in principle Healthwatch CWL's activities should be 70% planned activity and 30% responsive activity. However, over the last year the organisation has taken on a large amount of reactive work which has meant that a greater percentage of our work has been responsive. CR stated that being asked to absorb too much additional work has stretched our resources. CV stressed that Healthwatch CWL

needs to be in a position not only to respond to emerging issues, but also be able to respond well, and that this is not possible if our resources are overstretched.

HC questioned whether our organisation is always the right one to take on emerging issues. Perhaps we could have a set of principles or a process which could be used to determine whether or not we are the right organisation to take on a piece of work.

OC stated that a lot of the projects we take on are identified through engagement with our membership and other key local stakeholders. This is potentially advantageous for future contract tendering, as it demonstrates our local knowledge, but this will depend on how much emphasis the service specifications put on local knowledge.

Item 7. Board forward plan

This document was presented for information. It is not fixed and will be adjusted as the year passes.

HC suggested that conversations about risks of losing one or more of our contracts should be included. LY suggested that these could be enabled through a scenario planning exercise. The board agreed to undertake this exercise in May.

LY questioned whether progressing to independence should remain a standing item. CV suggested that it could be linked to our implementation of Trusted Charity post novation, but agreed that this item should be renamed to describe better what it is.

ACTION: Scenario planning exercise in May to consider risk mitigation should Healthwatch CWL lose one or more of its contracts

All trustees

Finance and Risk

Item 8. Finance Committee update

BD stated that there were three main points from the finance committee for discussion:

1) BACS Application: BD stated that there was a debate in the finance committee as to whether BACS provided any significantly better protection than Faster Payments. BACS is essentially an insurance policy; it would allow us to recall a payment for up to a week after they have left our account, but we would be charged for each time we use it. TK stated that the board had agreed this previously and that we should get on and do it within the next two weeks. LY suggested that if we are unsure about BACS we should apply for it and trial it for six months and then make a decision as to whether it provides value for money.

2) Treasury management: There is a need to clarify our policies around treasury management. These policies relate to previous discussions around managing our reserves. This should be discussed in the in the March board meeting.

3) Management accounts: Our budget is in a £5000 surplus, but we are expecting expenditure to pick up in the last quarter. This is based on figures going up to the beginning of January. Our largest variance in expenditure has been in salaries. We

overestimated the cost of Hestia’s payroll management system and we haven’t used the money allocated for legal and professional fees. We have now overspent on the activities budget rather than underspent, which is good as it shows we are utilising our budget to carry out our core work.

Item 9. Risk Register

BD noted that some of the risks on the register do have the potential to cause harm but are very unlikely to come about. CV stated that it would be helpful if the risk register could identify what the “top” risks where (e.g. top five, 10, 15 risks). OC stated that the main current risks were around contract retendering (potential loss of contract or reduction in contract value).

It was agreed that the main work on the risk register should be done by the finance committee, and the main points should then be reported to the board. This should include noting any risks which have changed in “risk rating”.

Risk 11 (demand on Healthwatch CWLs time and resources) has moved from a six to a 12. This is because the additional reactive work we have taken on has impacted on the time and resources we can put towards our planned programme of work.

Healthwatch Delivery

Item 10. CEO report

Each Healthwatch England have taken on a project to do some engagement around the NHS’ new 10-year plan, and they have a small amount of funding for each Healthwatch SDP to be involved. There was a debate as to whether Healthwatch CWL constitutes one SDP or three as we are one organisation covering three boroughs. It was agreed that we should be considered to be one SDP. It was agreed that this project could, if effectively integrated with our wider programme of engagement work, be a valuable piece of work which could help raise our profile and help with our contract retendering. However, this should be offset against the resources we will have to allocate into co-ordinating, managing and writing up the project. It was agreed to put together a mini-project plan with pros and cons, timings and costings for taking up this piece of work.

ACTION: Produce mini-project plan for March board meeting on NHS 10-year plan engagement board

OC

Item 11. Delivery Plan

Some of the risks in the delivery plan have been revised down. LY asked if we could quantify the plan financially; OC stated that it was more about staff time. We are moving towards a system where we are better at logging staff time, which will allow us to extrapolate from previous projects to estimate the time commitments that new projects will cost. This will feed into more realistic project planning.

HC commented that it is hard to tell what has changed between different versions of this plan. It was agreed to add a new section showing what actions have changed, the dates of the change, and any slippage on the timeline.

<p>ACTION: Circulate revised delivery plan following commissioners' comments</p>	<p>OC</p>
<p>AOB</p>	
<p>Authorised Representatives Role Profile: It was agreed that this document was out of date and needed updating. The board discussed how we can ensure the accountability of this role in order to involve unsuitable people attending meetings on behalf of Healthwatch and damaging our reputation. This could be mitigated by high quality induction, training and debriefing of Authorised Reps, but this needs to be considered against the staff time it would take to do this; if it takes longer to prepare and debrief an Authorised Rep than the meeting itself then clearly this is not an efficient use of staff time. There are also some key strategic meetings which will always need to be attended by staff. CV stated that these meetings could also be attended by Local Committee members.</p> <p>CR suggested a mapping exercise to determine what the key meetings we need to send Authorised Reps to are, and then using this information to revise the role profile. This can be discussed in the March board meeting.</p>	