

**HEALTHWATCH DEVON FORMAL BOARD MEETING**

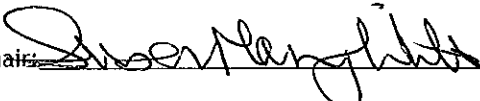
**MINUTES**

**TUESDAY 11<sup>TH</sup> AUGUST 2015**

**10.00 - 2.00**

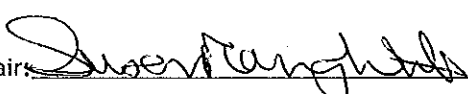
**TEIGN ROOM, NEWTON ABBOT RACECOURSE**

<b>Attendance:</b>	Trustees: Carol Brown, John Connolly, David Rogers, John Rom, June Wildman, Rosemary Whitehurst, Sue White Observing for Community Council of Devon: Elaine Cook Staff: Miles Sibley	
<b>Apologies</b>	Hannah Shearman, Bob Bryant	
<b>Minutes:</b>	Miles Sibley	
	Item	Who
1.	<p><b>Welcome</b></p> <p>SW welcomed all to the meeting, especially JW, attending her first meeting as a trustee.</p>	
2.	<p><b>Public matters of interest or concern for Board</b></p> <p>Michael Britain, who has an involvement with the Patients' Participation Group in Sidmouth, raised two issues:</p> <p>1. There is a disparity between GP services in different towns in East Devon. Waiting times for routine appointments in Sidmouth are 2-3 weeks longer than elsewhere. A new health centre building could create more room for more doctors, but there appear to be no plans to recruit more GP's. The situation gets worse in summer, with the influx of tourists who have to be seen the same day.</p> <p>2. For more complex health conditions, many patients may want a second opinion. But some are afraid to ask, not least because there appears to be a resistance from some doctors in both primary and secondary healthcare.</p> <p>These matters were discussed by Board members, who considered various possible courses of action. MS undertook to contact Mr Britain following the meeting to pass on ideas and options.</p>	MS
3.	<p><b>Review and sign off of minutes from 12<sup>th</sup> May 2015</b></p> <p>The minutes of the previous meeting were agreed as being correct and were signed off by SW.</p>	

Signed off by Chair: 

Date: 10.11.15

4.	<p><b>Action Tracker Update</b></p> <p>The action tracker was gone through. This will be updated and sent out on HS return from leave.</p>	HS
5.	<p><b>Operations</b></p> <p><u>Quarterly Report</u></p> <p>MS presented the quarterly report. Actions arising are as follows:</p> <p>Care Act Reference Group: JW to provide updates on progress.</p> <p>Rate and Review: A link to the web page was inserted in the last weekly bulletin and will be included again in the next one. Trustees are invited to test the system, and can do so for as many services as they like, as comments will, at this stage, be invisible to providers and the general public.</p> <p>Volunteers: A more detailed breakdown of volunteer activity was requested. JR made the point that this links to trustee portfolios. Ideally, a trustee would take responsibility for understanding volunteer recruitment, training and deployment, so as to avoid lengthy reporting to every Board meeting.</p> <p>Enter and View: The first report is available, but not everyone had been able to follow the link to the relevant page on the website. MS to recirculate the link.</p> <p><u>Risk Report</u></p> <p>The Engagement Contract review is now identified as high risk, given that there has been no announcement on the outcome of the review. An announcement is expected in time for the OMG and JVMC meetings on the 18th August.</p> <p>JR: If an announcement is not forthcoming, we will need to inform commissioners of our need to decide on subcontracts by the end of September. We need to give fair and proper treatment to subcontractors, adhering as far as possible to the spirit of partnership as well as the letter of subcontract agreements. This means notifying subcontractors of likely scenarios and intentions well in advance of formal notice periods.</p> <p>JC: We would also need to notify Healthwatch England so that they are fully aware of the situation.</p> <p>DR: This must be raised at OMG next week - we need to ensure that delivery partners are fully informed. Given the timings, we should prepare for the ability to get relevant decisions from the DCT and HWD Boards without the need to wait for the next scheduled Board meetings.</p> <p>DR also made the point that however unpalatable, we should consider the worst case scenario. He asked whether DCT had the wherewithal to cease Healthwatch operations if necessary. EC replied that all relevant contingencies were built into the DCT business plan and budget.</p>	<p>JW</p> <p>ALL</p> <p>MS</p> <p>MS</p>

Signed off by Chair: 

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	<p>JC: Governance comes first as the priority duty for trustees. For strategic links, we need clarity about the priority order.</p> <p>MS was asked to circulate a list of our current strategic links.</p> <p>It was agreed that these matters should be further discussed at the away day on the 23rd September. To be added to agenda.</p>	<p>MS</p> <p>HS</p>
9.	<p><b>Any Other Business</b></p> <p>Health and Wellbeing Board: DR will be meeting the Chair and the Director of Public Health on the morning of the next H&amp;WB Board meeting. CB mentioned that there will be a change to the format of the H&amp;WB Board meetings. DR was aware of this, and aims to find out what the proposed new format will be, and how HWD can best contribute.</p> <p>Dental services: SW had circulated a briefing note. MS was asked (via Lorna Davis) to send SW a summary of the feedback we have had on dental services.</p> <p>South West Clinical Networks annual conference, 27th November, Exeter: DR expressed an interest in attending. MS was asked to book a place, to be decided later who will take it.</p> <p>Maternity services: Gwen Pearson had addressed a previous HWD Board meeting on the maternity services strategy. SW saw a need to catch up on progress. SW to follow up with Gwen and her manager.</p> <p>Torbay Community Development Trust: EC mentioned that this body is taking an interest in health and wellbeing issues. DCT is looking at partnership working with them. There are similar developments in Plymouth with the Zebra co-operative. EC and MS to stay in touch over this.</p> <p>Devon Communities Together Conference 1st October: MS mentioned that one of the speakers is Dr. Michael Dixon, a Cullompton GP, who will be speaking in his capacity as Chairman of the Council of the College for Medicine. Dr. Dixon is a champion of social prescribing and of working with the voluntary sector to help tackle issues such as social isolation and sedentary lifestyles.</p> <p>JC gave apologies in advance for the October 13th Board meeting.</p>	<p>DR</p> <p>MS</p> <p>MS</p> <p>SW</p> <p>EC/MS</p> <p>HS</p>
10.	<p><b>Next Formal Board Meeting</b></p> <p>Tuesday 10<sup>th</sup> November, 10.00 - 2.00, Rougemont Room, Exeter Library</p>	

	It was agreed that next steps should be decided at JVMC, dependent on any announcement from DCC. Add to JVMC action tracker.	HS
6.	<p><b>Finance</b></p> <p><u>Quarterly Finance Report</u></p> <p>The report showed an acceptable position against budget for Q1. There were some variances, but the explanatory notes showed that these gave no serious cause for concern. The report was approved</p> <p><u>Independent Financial Examination and Bank Accounts</u></p> <p>The recommendations were approved, and MS was asked to act on them. JC reminded that Board that they were entitled to require a full financial audit if at any time they felt that independent financial examination was inadequate.</p> <p>JR advised that we need an agreed scheme of delegation for signing cheques, authorising payments etc. EC suggested that a good starting point would be to consider adapting DCT's financial regulations. She would be happy to share the document with MS.</p>	<p>MS</p> <p>EC/MS</p>
7.	<p><b>Chair &amp; Vice Chair Positions</b></p> <p>SW asked for a vote on the proposal that she should continue as Chair, and that DR should continue as Vice Chair.</p> <p>Chair: Proposed - JC, Seconded - CB Vice-Chair: Proposed - CB, Seconded - JC</p> <p>Both proposals carried unanimously</p>	
8.	<p><b>Portfolio of Board Members</b></p> <p>SW tabled a paper outlining possible trustee roles in respect of health and care topics, external liaison and organisational development. The proposals were well received, with some further thoughts as follows:</p> <p>DR: Need to consider primary care. Strategic links should include DCC.</p> <p>EC: HR and finance role (including policies) could be delegated to a Finance and Resources committee. Business development plus marketing and communications could also be combined in a sub-group.</p> <p>JR: Need a guideline/expectation to say that each trustee should take on at least one, but no more than three of these roles. Strategic links could be delegated to other volunteers. These need a role description.</p> <p>SW: It is not for trustees to take on operational responsibilities. Need to keep the focus on strategy and governance.</p>	

Signed off by Chair: *Susan Langhite*

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