

Enc 1

Healthwatch Sandwell Advisory Board Meeting Minutes

Microsoft Teams Virtual Meeting 12th October 2020

Agenda Item	Minutes	Action
1	<p>Welcome and Apologies</p> <p>Present: John Taylor (JT) Elizabeth Learoyd (EL) Alexia Farmer (AF) Anita Andrews (AA) Sophie Shuttlewood (SS) Stephanie Harris (SH) Dave Bradshaw (DB) Bill Hodgetts (BH) Melissa Elders (ME) Leanne Abbott (LA)</p> <p>Apologies:</p> <p>Ian McGarry (IM)</p>	
2	<p>Declarations of Interest</p> <p>JT declared for the record that he stood down from the board of Healthwatch Walsall last month or the month.</p> <p>No other interests were declared.</p>	
3	<p>Minutes and Action log from Public Board Meeting held on 3 August 2020</p> <p>The minutes were agreed as an accurate record.</p> <p>The action log was reviewed and updated:</p> <p>Decision Making Policy</p> <p>AF – The only actions that we have got open are from agenda 6 which was a HAB workshop on the decision-making policy, SF is in the process of putting that together, no date set yet. SF to email it out when complete. Requested confirmation from EL.</p> <p>EL - Yes, that is correct, I will be running that session and we agreed at the joint HAB chairs meeting last week that would be done before the end of</p>	SF

Enc 1

	<p>the staff team as well as the HAB members via doodle poll. All to respond, date to be booked by end October 2020. If you could all packs just respond to that and I will get that booked in.</p> <p>Item 7, says closed, but is not fully closed as it has not been shared with the board yet.</p> <p>Lead roles and responsibilities AF – Apologies, the version is incorrect on the work programme dated July 20th, 2020. JT and AF have met to discuss but outcome to be reported to the HAB. Item 7 to remain open – AF to action.</p> <p>JT - So broadly, just so everyone is aware, that's basically where we put board and staff members onto different boards and committees, who attends our meetings of trusts and health and wellbeing board, and who leads on particular relationships.</p> <p>We will have that as an agenda item at the next meeting.</p> <p>HAB recruitment. EL - We have got a draught press release that has not gone out yet. EL to speak to AF after today's meeting to identify best place to run a paid advert as press release may not be published.</p> <p>Advert is on ECS website and do-it.org.uk.</p> <p>JT – So, can we change that line to press release and paid advert, and deadline of end of October 2020.</p> <p>Insight programme of events AF - A work in progress currently.</p> <p>Two public meetings already held, one was the annual public meeting and the second was about CCG merger.</p> <p>Nothing planned for November, hopefully out of the priority projects we will have something to align that as we gather information from the focus groups.</p> <p>We have completed mini public events through Zoom and Team meetings on various subjects. To work on digital engagement plan to incorporate the focus groups for the priority projects.</p> <p>Within the work programme update are listed some of the some of the events that we have been hosting. They have been successful but need to build on numbers.</p>	<p>EL</p> <p>AF</p> <p>AF</p> <p>EL/AF</p>
--	--	--

Enc 1

	<p>JT confirmed that an engagement event would be delivered in the next quarter and then it was agreed that a further event would be held in the first quarter of 2021 (Jan- end of March) and AF confirmed she would amend the action to reflect that, and deadline to be end of November early December.</p>	AF
4	<p>Work Programme Project Updates</p> <p>AF provided an update on the work programme and outlined that there had been a delay in getting the surveys out for the priority projects. This is all in hand, regular communication with the ECS Research Manager who is supporting with that.</p> <p>Digital Technology Project</p> <p>AF outlined that there has been a change to priority project 2 which is a digital technology project to fall in line with a company wide approach and supporting Healthwatch England in their project around digital communication.</p> <p>AF provided an update on priority project 2 and outlined that some things have changed in that project because we are now contributing to a different project although still trying to keep the local flow into it.</p> <p>ME and SS have recently received the update. There is a change to the way that we are going to engage with people about the digital project, so some time is needed to review our engagement plan.</p> <p>The project is now looking at surveys and interviews, so staff are working closely with one PCN to arrange.</p> <p>JT - Are the delays that are highlighted on our paper resolved now?</p> <p>AF – There are some changes to the questions, the questions that were designed for the survey have to be amended, so we are awaiting some additions to the survey.</p> <p>The way we will engage with some participants will be face to face, so a risk assessment needs to be put in place which DF will be supporting.</p> <p>EL – Due to the impending further restrictions on lockdown it was decided that focus groups wasn't the best way of doing it, but due to digital exclusion we will need to do some face to face or telephone work. This to be agreed by the end of w/c 12.10.20.</p> <p>Mental health and wellbeing</p>	EL, ME, AF, SS

Enc 1

	<p>JT – Priority 1 - Mental Health and Wellbeing</p> <p>There was 21st September deadline for the DP IA, please clarify DPIA.</p> <p>AA – It is a data protection impact assessment to ensure we are GDPR compliant.</p> <p>DPIA for project 1 is complete and is awaiting sign off from SF.</p> <p>Survey for project 1 is almost complete. Once it has been finalised the fieldwork is to be arranged in agreement with AF.</p> <p>JT – Do we have estimated numbers for this? Do we know what good is going to look like?</p> <p>AA – There are several focus groups planned and there are approximately 75 people on the list to call. The survey will be distributed through the Healthwatch network. Also, to link in with agencies involved in the homeless project to distribute surveys. Confident of timelines to deliver project.</p> <p>Aware that no answer to the question at this point.</p> <p>JT – Requested EL, SF, AF and AA meet to discuss and agree research sample size for internal monitoring purposes.</p> <p>EL – Agreed to meet and establish suitable research sample size so that a robust evidence base can be gathered. This to be kept in house as an internal target in case there are any clarification questions when we publish.</p> <p>Priority Project 3 – Young People</p> <p>JT – LA is leading on this. Confirmed that they have a group of 6 young people. Requested LA provide an update.</p> <p>LA – The young people are going to do a focus group with the CCG on the hands, space, face project. The CCG project lead is attending the next youth Healthwatch meeting on Tuesday.</p> <p>The group meets on a fortnightly basis. We will be working with the PHSE leads in colleges and schools to widen it out. The progression of the group will need to be considered in terms of developing more than one group as more young people at the meetings would be difficult to manage online.</p> <p>To be decided if groups should be based on age, location, town clusters or geographically local.</p>	<p>EL, SF, AA, AF</p>
--	--	---------------------------

Enc 1

	<p>One more volunteer has been recruited since the report was written so it is slowly building.</p> <p>AF – LA is a part time member of staff working 10 hours a week.</p> <p>Community Engagement</p> <p>AF - We are trying to be creative in how we engage with people, so we are focusing on zoom and teams’ meetings. There are some issues because of the different platforms that people are using, many will not use Zoom or Teams, so it is difficult raising the numbers.</p> <p>AF requested team members give an update on community engagement.</p> <p>AA - I have completed two engagement sessions.</p> <p>Carers – This was well attended, and an interesting meeting particularly around carers during Covid. The carers commissioning officer joined the meeting, so she was able to hear it first-hand and she was also going to feedback to the commissioning manager of learning disability day services. A lot of these carers, who have got young adults with quite profound learning disabilities, have got no respite or day-care, have refused domiciliary care workers to help them because of shielding in their home, and that's really isolating and has had a major impact on their wellbeing, particularly their mental health. This fits in with project one.</p> <p>The second one I did was with people who are deaf and hard of hearing, about how they have been coping during Covid. That was an interesting meeting in that the Solihull Deaf Community Association been supportive with daily phone calls and Zoom meetings with. There was some good feedback about accessing GP appointments, they are already at a disadvantage because of the lack of BSL interpreter regardless of Covid, this is what the first report I completed indicated, and that is still going on.</p> <p>Another issue is how many people are allowed in the consulting room at Sandwell hospital, you can have an interpreter, the consultant, the healthcare assistant, the person who is supporting the patient. This is getting over the rule of six.</p> <p>Another issue identified is the belief that if you write it down deaf people can understand but BSL does not recognise English so that can be very frustrating.</p> <p>There was lots of feedback about accessing services.</p>	
--	--	--

Enc 1

	<p>I have been given permission to run another focus group for the mental health project, and also another meeting which was planned before Covid which is with the head of complaints at Sandwell and West Birmingham NHS Trust about how complaints are handled particularly for deaf people.</p> <p>SS - I have had some successful engagement with the Sandwell visually impaired community, initially that was warming up through talking-news articles and I've had a zoom meeting with about half a dozen people who are visually impaired or blind.</p> <p>Challenges identified relate to how people are coping or not coping with Covid, social distancing is a problem as they can't see the signs or know what other people are doing, guide dogs are not trained to allow for social distancing, there is difficulty in accessing and utilising digital meeting platforms due to visual dashboards.</p> <p>There was some feedback about people wanting to return to the sensory team which I have managed to feedback to the sensory team.</p> <p>Another group that I engage with regularly is the sickle cell community. They have identified challenges around hospital and social care and support, and weaknesses in the system. Some of that group are happy to come to meetings with social services.</p> <p>JT - I wasn't aware of this work going on, I don't get any diary invites or any posters and I think we just need to make sure that the board members are aware and it's on our website as much as possible because it's good work. AF and JT to liaise around community engagement.</p> <p>Enter and view</p> <p>AF provide an update to the board and outlined how the team are trying to engage more with care homes, but it's been really quite difficult due to the extra pressures on care homes during the virus, so we have lost some of the engagement that we had. The team are developing a questionnaire to ask how things are in general and try and get some feedback that way.</p> <p>AF highlighted the fact that the CCG are investing in more iPads and tablets for residents in care homes, so that may be a route in, and also confirmed that the team are in communication with local GPs about the survey that we did for the priority project digital solutions so the relationship with GP's is quite good.</p> <p>JT explained that HW Walsall are piloting a new way to do enter and view, as are many other places around the country, so in a couple of months' time we</p>	
--	---	--

Enc 1

	<p>can look at how that can operate in a Covid secure way. Requested AF follow up with SF.</p> <p>SS – Age Well have informed us that they had been promised iPads from the CCG for their dementia project, and they have not been forthcoming. Unsure if the supply of iPads for CG projects is free flowing.</p> <p>JT – Staff to check if these have arrived and if not either JT or AF will contact the CCG to discuss.</p> <p>Strategic Influencing We replied to the CCG merger documentation as Healthwatch reflecting the view from our Insight meeting, and other things that staff attended.</p> <p>EL - I just wanted to briefly mention about strategic partnerships and feedback from meetings. I attended the first Covid engagement board meeting on Friday.</p> <p>It was a positive meeting and they gave some really good feedback on Healthwatch to say thank you that we are communicating out consistent messages about Covid, but they wanted us to work more closely with them. They want to set up an engagement meeting with us so we can share all the same communications and get some qualitative feedback from patients.</p> <p>This is from feedback provided by AF that showed that people have got concerns that the NHS was not open. A lot of the counsellors were there and said it was positive that Healthwatch are working with them.</p> <p>EL to send out meeting notes to share with service.</p> <p>Volunteers</p> <p>LA – We are just trying to do some of the more formal processes with the young people including DBS checks and the online training.</p> <p>EL clarified that we do not need DBS checks for young volunteers.</p> <p>AF – LA has also been doing some work with the youth Healthwatch around expectations, there was a mini workshop at the last meeting with them about how to present themselves, confidentiality etc.</p> <p>ME - I am trying to keep current volunteers interested and keeping in touch with them regularly. We have 2 new roles and once confirmed these will be rolled out to the volunteers. One role is a community rep, and the other one is more internet based - searching reviews of services, targeted to the work we are doing.</p>	<p>AF</p> <p>JT, AF</p> <p>EL</p>
--	---	-----------------------------------

Enc 1

	<p>Underspend</p> <p>In summary, at the end of last year we had an underspend of just short of £23,000. Staff and AF with input from me and EL have identified possible projects, one being a specific project around mental health and the BAME community, another being a van, one being a community grants pot or fund, and one being some particular mental health training for young people.</p> <p>There is a clear recommendation in the paper on page 2 on page 4 that we go ahead with the BAME mental health project, the community cash fund, and the mental health first aid training for young people.</p> <p>Are people broadly supportive of those proposals?</p> <p>DB - I have looked through all the proposals as mentioned in the recommendation. If the budget allows for inclusion of proposals 1, 3 and 4 that would be useful to pursue.</p> <p>BH – Agreed.</p> <p>ST – Agreed.</p> <p>DB - I just wondered about the proposal for the community cash fund, how will that be administered?</p> <p>JT - If we just go through each of the three proposals in a slight bit of detail and discuss the community cash fund on that.</p> <p>The BAME project, that would be our in-house research team leading on that, and there is a clear time scale I think for it to be completed by the end of the financial year.</p> <p>Is there a target in terms of numbers?</p> <p>EL - This is based on the project that was done in 2015 when they tried to capture 300 voices which they felt was a representative number, we can clarify that in the bid, but from my perspective if that was done in 2015 it would be good to aim for 300 again to see what the contrasts are.</p> <p>EL and DF to do a more detailed analysis to assess sample size.</p> <p>Community Cash Fund</p> <p>JT – DB asked about the mechanism to award funding.</p>	<p>EL/DF</p>
--	--	--------------

Enc 1

	<p>I also had a comment about timescales. To get this launched in two weeks' time, and applications a few weeks after that, just feels like we are putting pressure on people.</p> <p>Is there any flex on the time scale, and how complicated the process would be for applicants?</p> <p>EL – About 8 or 9 other Healthwatch do a very similar thing and the link to the booklet looked positive.</p> <p>It is a simple application form which has been used by other Healthwatch. I have a meeting scheduled to discuss this with two of the Healthwatch about how they administer it, and to get guidance from them as to how easy it was to administer.</p> <p>The deadlines can be moved if needed.</p> <p>JT – No need for further delay. The HAB just need an assurance that it will be a light touch process. Further discussions can be taken outside of this meeting.</p> <p>So that would be 4 awards of up to £1500.</p> <p>HAB will review final decisions and the research team will administer the fund.</p> <p>Mental Health Training</p> <p>JT - It says the requirement would be a short summary of their experience, can we at least make a soft commitment that they volunteer for Healthwatch youth as well?</p> <p>Value for Money – the proposal states that it is to fund 10 young people and will cost £2000, where does the limit of 10 come from? And how would the course be run given Covid restrictions.</p> <p>EL - This is the price for the Mental Health England First Aid training which has a maximum of 10 online participants.</p> <p>There are negotiations about costs, that was done based on the individual cost basis.</p> <p>With regard to the commitment made by young people, we would expect past six months commitment following the training, being a local mental health first aider with your peer group, and that would be a requirement of</p>	
--	--	--

Enc 1

	<p>funding the course and contributing to Healthwatch Sandwell by feeding in intelligence, sharing on social media, etc.</p> <p>LA - We could work with partners to direct young people who are already in an established group, then they could help support that group.</p> <p>We could have regular meetings with the young people to discuss where they have had an impact and, they would provide intelligence that we can use.</p> <p>JT - We've got pretty strong support for all 3 proposals with a couple of caveats.</p> <ol style="list-style-type: none"> 1. Community Cash Fund – timescales 2. BAME - the 300-figure target 3. Young People – align with Healthwatch. <p>JT - In terms of the vehicle proposal (currently paused) it would be a cost burden on one Healthwatch to run alone, but given that we have sister Healthwatch in Wolverhampton and Walsall, if we all contributed and shared the vehicle it's going to get more use.</p> <p>Strategic Update</p> <p>Detailed discussion on the work programme has taken place so just for noting.</p>	
<p>5</p>	<p>Meeting Feedback and Reports</p> <p>JT - Attended an STP meeting last week, there are some presentation slides that I thought it was useful to share with all of you. These are regarding some of the changes taking place to the health service.</p> <p>[Shared Screen]</p> <p>It was a meeting with the accountable officer for the STP and the four CCG's. I just wanted to highlight that Sandwell and West Birmingham has a per head spend less than Dudley, Wolverhampton and Walsall by about £200 pounds, I've now formally queried that with the CCG because the deprivation in Sandwell is higher than all other areas. Now what they are saying is that it is West Birmingham bringing down our figure, so I have asked for a split between Sandwell and West Birmingham.</p>	

Enc 1

	<p>The STP in our area now is called healthier futures in the Black Country and Birmingham, and overall is got three objectives - healthier people, the best place to work, and being fit for the future. The STP covers a population of 1.5 million.</p> <p>Population health - IMD is index of multiple deprivation, academic qualifications, physical activity, broadly what it shows is across the four areas of the Black Country the indicators are pretty much in the same place, the red zone for nearly all of our populations across the Black Country.</p> <p>CCG plans to change the system – There are different levels of service across the area, and the CCG are trying to join up a fragmented system. There is a firm commitment to five place-based health boards. AF and JT have a seat on the Sandwell Place committee that to ensure the majority of decisions are made at the local level.</p> <p>Across the Black Country there is 210 GP practises which are made up of 31 primary care networks, five places – Sandwell, West Birmingham, Wolverhampton, Walsall and Dudley, and one CCG once the merger is finalised.</p> <p>Restoration and recovery in the context of Covid was also discussed, in particular how they are trying to bring elective services back into hospitals.</p> <p>The flu plan was discussed - There's a real issue around access to the vaccine across England, there's not enough vaccine being given out by the NHS to local providers to administer at the moment, that's been escalated to a national level. There is a push for those entitled to flu jabs to go to community pharmacists rather than GP's where they may be nervous to attend if they need to have the flu job.</p> <p>Access to emergency departments will change across England, the NHS is moving to a process whereby patients phone 111 to get a slot, the idea of that is to manage flows and avoid long waiting lists, and also to minimise the number of people attending hospital at any one time. The plan for our area will be in place by December. There will be a national communication campaign around this.</p> <p>Questions and concerns to be sent to JT for collation and to seek a response from the CCG. JT to distribute briefing note from the meeting.</p> <p>Health and Social Care Overview and Scrutiny Committee</p> <p>Attended by DB and JT virtually. Focus on mental health – HW to feed into, next meeting 2nd of November 2020. Discussions have been had with the chair of the overview and scrutiny committee, and it has been agreed for us</p>	All, JT
--	---	---------

Enc 1

	<p>to do some partnership work with them where our work mirrors theirs. We will provide them with written briefings or patient feedback in advance of their meetings.</p> <p>The Health and Wellbeing Board</p> <p>EL has already discussed the sub-committee, the Covid community engagement board.</p> <p>JT and AF attended the last Health and Wellbeing board meeting, the board chair is new so still finding her feet. The last meeting focused on the Covid response, adult safeguarding, the better care fund, the council's reset and recovery plan, and the CCG merger.</p> <p>The next meeting is the 25th of November, there is a detailed piece of work being completed on the carer strategy. HW need to be prepared due to the amount of work completed on carers last year, JT to meet with HW staff to discuss evidence and to brief representatives.</p> <p>Sandwell Healthcare Trust</p> <p>BH – All meetings have been held online and there has been some difficulty accessing them. Joined last meeting briefly.</p> <p>JT – Requested AF provide an update on the Sandwell Place-based commissioning board.</p> <p>AF – The meeting discussed the terms of reference and what the committee was going to be about, so no real feedback at this time.</p> <p>JT - We talked about the CCG merger and the vote, the only people that can vote in this merger is the GP's in the four CCG areas. That vote is next week, and the indication is that CCG's are not confident that is going to be a positive vote</p> <p>Sandwell Safeguarding Adults board</p> <p>AF - There has only been a couple of meetings during the coronavirus period of time. It is now becoming more established. We discussed the new ways of working at the board, and what good practise is to shape future work.</p> <p>There are 3 sub-groups within the safeguarding board, discussed how these can be fed into and link in with the board priorities a little bit better than they are now.</p>	<p>JT, HW staff</p>
--	--	---------------------

Enc 1

	<p>Another discussion held was about the early help proposal, a piece of work is being undertaken by the SCBO looking at supporting providers with areas of safeguarding, understanding the culture and practise within their organisation, and some policy development. This is just starting now.</p> <p>Suicide prevention steering group</p> <p>The Suicide prevention strategy has been developed and now has an action plan with a target for zero suicides.</p> <p>The main actions of the plan are to raise awareness about suicide and to develop and maintain mental health services. There are concerns around the impact on mental health on families and households due to Covid, self-harm, substance abuse, and domestic abuse. There are groups looking at that and monitoring that with a 24-hour helpline and a single point of access.</p> <p>The strategy is ready to go the health and wellbeing board, safeguarding bodies for adults and children, and Safer Sandwell. It is now much more strategically linked and that is the way it is going forward now.</p> <p>Provider Escalation Group</p> <p>This is a multi-disciplinary group that is chaired by adult social care where they discuss issues around poor practise and safeguarding issues in domiciliary day care and residential care services. The meetings are attended by CQC.</p> <p>They meetings decide whether to escalate issues or keep monitoring them.</p> <p>Healthwatch Sandwell feed intelligence into the group and reflect any feedback we have received. This could help with Enter and View planning going forward.</p> <p>Learning Disability Task and Finish Group</p> <p>LA attends – the main thing that the group is working at the moment is a single communication passport for people, it has been identified that there is more than one passport being used to support individuals.</p> <p>The Future of Day Services</p> <p>AF – Day services are paused now, there is no use of community day service facilities across all groups. They are looking at how to repurpose them going forward as it is a traditional model of support, so they are seeing how it can be operated differently.</p>	
--	---	--

Enc 1

	<p>There are regular meetings because carers have now had their dependents at home with them for a long time, but there are no plans to reopen day services.</p> <p>Faith Sector Meeting</p> <p>ME - Attended the first meeting last month as a way of trying to engage more with faith groups.</p> <p>The meeting was led by the Public Health lead who reported most recent statistics. Faith group leaders were asked to report any concerns that they have heard from their congregation, concerns were mainly around schools.</p> <p>Sandwell Citizens Forum</p> <p>ME - Should be meeting on 22nd October but no agenda or meeting invite received yet.</p>	
6	<p>Intelligence/Feedback update – public issues</p> <p>AF - This has already been discussed in detail in other sections and has been reported in the intelligence report.</p>	
7	<p>Decisions to be made by the Advisory Board</p> <p>JT – This relates to the decision-making policy; we must record if there are any items discussed.</p> <p>Escalation to HW England or CQC – formally we have nothing to escalate.</p> <p>Local Intelligence Report – This is a detailed report – JT asked for comments on report. No comments made.</p> <p>JT - Overall, this is a good document, it is probably the best intelligence report from Healthwatch Sandwell since I have been chair. We now need to use this, we need to send copies out to the health and wellbeing board, the CCG, council members on OSC, citizens forum.</p> <p>JT thanked the staff for the report and asked the board to approve.</p> <p>All agreed.</p> <p>Request information from commissioners/ providers</p> <p>There are no requests we are formally making at this point.</p>	

Enc 1

	<p>Enter and View priorities</p> <p>Normally as a board we would have to agree or retrospectively agree enter and view priorities but that is on hold now.</p> <p>Decision about subcontracting/commissioned work</p> <p>This has been effectively covered and dealt with in the underspend proposals. We are not sub-contracting any other work.</p> <p>Whether to report a matter concerning your activities to another person - e.g. CCG, Voluntary Sector, another Healthwatch, Advocacy services</p> <p>Healthwatch has received feedback around concerns about access to testing for Covid 19, particularly for school aged children. Families reported being bounced between services.</p> <p>This was raised with the CCG managing director and the director of public health with the expectation that we were going to go public and issue a press release of concern around it.</p> <p>This was resolved on that day and the system for schools was changed.</p> <p>Annual priorities</p> <p>This must be done once a year, so nothing to report at this point as the priorities have already been agreed at an earlier meeting.</p> <p>Refer a matter to Overview and Scrutiny committee</p> <p>We are not referring any matters to overview and scrutiny. JT and DB have been invited to help with the agenda setting of that group.</p> <p>Breach/s of the decision-making process</p> <p>Nothing to report</p>	
8	<p>Health and Social Care Issues from the public</p> <p>SS – Discussed structure of agenda with public items waiting until the end, request to move this agenda item closer to the start of the meeting so that members of the public do not have to wait.</p> <p>JT - I think we could start the meeting with it and I certainly would not have a problem with putting this in the front of the meeting.</p> <p>All agreed</p>	

Enc 1

9	<p>Any other business</p> <p>None</p> <p>JT - Can I invite you to contact me via my email address if anyone's got any feedback on how this meeting ran, what we could have done differently, what we could have done better, how we could have made it more useful?</p>	
10	<p>Date and time of next meeting</p> <p>JT - I would like us to have a better schedule of meetings rather than planning each meeting at the last one.</p> <p>Can we plan meetings for the year and broadly align them with work programme reports and with the intelligence reports?</p> <p>AF – Quarterly meetings to align with the Intelligence Report going out, so it could be reviewed at the meeting, and then we could publish the report after.</p> <p>JT – Can we have a formal meeting with the Intelligence Report on a quarterly basis, but with regular informal catch ups where we just keep in touch and focus on what feedback we are hearing rather than risk assessments and compliance with contract. Meetings to be held at least once every 2 months.</p> <p>All agreed.</p> <p>It was agreed to set a date for the next Board meeting and the meeting booked for Wednesday 2nd December 2020 at 2pm.</p>	