

## Minutes of the Meeting (virtual) of the Healthwatch Tameside Board (part A)

02 March 2021

Venue: Virtual Board Meeting.

<b>Present:</b>	<b>Members:</b> Kailash Chand (KC), Tracey McErlain-Burns (TMB), Royce Goodier (RG), Glenis Lee (GL), Camilla Guereca (CG), Slawomir Pawlik (SP), Jyoti Rao (JR), Maria Bailey (MB).  <b>In attendance:</b> Peter Denton (PD) Healthwatch Manager. Karolina Jantas - for item 1 only.	<b>Actions</b>
<b>1</b>	<b>Welcome and Introductions:</b> KC offered a warm welcome to all members of the Board who then (in turn) introduced themselves to Karolina Jantas, new member of the Healthwatch team providing cover for a maternity leave absence.	
<b>2</b>	<b>Apologies for absence:</b> Received from Liz Windsor-Welsh and Anna Wardle.	
<b>3</b>	<b>Registration of interests and declarations of interest to any agenda item:</b> None were declared. It was noted that JR had attended two Action Together training events.	
<b>4</b>	<b>Minutes of the meeting held on 23 November:</b> The minutes had been circulated with the agenda. They were accepted for accuracy. PD advised that the Dentistry Report had been forwarded to HWE. PD advised that none of the Board members had expressed interest in stepping down from the positions this year. Due to current vacancies there was no requirement for additional Board turnover. He indicated that time would be allocated in a future Board meeting to discuss the requirement for half of the Board to step down in 2022 and further changes in 2023.	<b>PD / KC</b>

5	<p><b>Chair's introductory comments:</b></p> <p>KC shared recent events with the Board highlighting interviews with the media and the opportunity to write extensively on matters of health inequalities. He went on to share his reflections on the extent to which Tameside suffers health inequalities, emphasising the importance of residents of Tameside taking up the Covid-19 vaccinations.</p> <p>Following discussions on the vaccination programme KC went on to describe his involvement in a number of recent seminars dealing with the international vaccination programme and the response of the BAME community to the vaccination programmes.</p> <p>GL shared some reflections on an article recently published in the Sunday Times which cited Tameside and in response to questions from JR, KC/PD agreed to circulate the link to articles written by KC with Board members.</p>	KC/PD
6	<p><b>Contract Monitoring:</b></p> <p>Papers 6a and 6b were noted.</p> <p>The Board welcomed the effort being made by the Healthwatch team to continue issuing paper copies of surveys, and include the option of telephone responses. It was agreed that this approach addressed concern regarding digital exclusion.</p> <p>The Board expressed condolences to the family and friends of one of the Healthwatch volunteers who had recently passed away, thanking PD and the team for efforts to make contact with those close to the deceased.</p>	
7	<p><b>Staffing update:</b></p> <p>PD reported that Carolyn Shaw had left at the end of February 2021. The Board wished to place on record their appreciation for the support provided by CS during her two year appointment with Healthwatch.</p> <p>PD advised that adverts will be placed in the next two weeks for 2 posts following funding approval from Action Together. That funding will also cover the extended hours being worked by one member of the team, until the end of May.</p> <p>The Board noted that team members were working hard to maintain services during the Covid Pandemic and as such they had accrued annual leave. It was agreed that PD would convey the appreciation of the Board to all members of the team.</p> <p>PD asked members of the Board to contact him if they would like to be involved in the shortlisting, interviewing and selection of staff to the 2 posts being advertised.</p>	<p>PD</p> <p>All</p>

8	<p><b>Risk Register:</b>  PD presented the main changes to the Risk Register drawing attention to risks 1.2, 2.3, 2.4, 4.2 and 6.2.  By way of introduction the Board was reminded that some of the risks sit with Action Together.  TMB asked a question about risk 3.2 and whether the probability of a challenge to the independence of Healthwatch had / would likely be raised every one to two years? Alternatively if the risk is appropriately scored at 15 (along with the risk to staffing) she proposed that the Board might consider discussing risk mitigation in this area more often.  As a result of discussion it was agreed that PD would pull out this risk and the risk related to staffing at each Board meeting especially in light of ICS reforms.</p>	PD
9	<p><b>Our 2021-22 Work Plan Priorities:</b>  PD provided a comprehensive introduction and overview of the paper. The Board noted the background; the extent to which the 2020/21 plan had been affected by the pandemic and the response of public engagement with the list of priorities devised by the Board. Specifically the Board was pleased to note that 81 members of the public had engaged with the prioritisation exercise.  Following discussion the 7 recommendations included in the paper were agreed.  PD agreed develop an operational plan and circulate this to Board members for agreement and sign off at the end of the month.</p>	PD
10	<p><b>Proposed changes to the health and care system (Government White Paper):</b>  PD and KC led a discussion, based on their personal reflections on the White Paper published on 05 February 2021. The potential for impact on the wider Greater Manchester Health and Care Partnership, NHS England / Improvement, and CCGs were discussed. In the content of the evolution of 'Place' the <i>place</i> of Glossop in the integrated care system was questioned.  It was agreed that this would be a standing item on the Board agenda and that PD would share with Board members (for information) his <i>personal summary</i> of the White Paper.</p>	PD
11	<p><b>New website for HW Tameside:</b>  PD reported that this had now gone live.</p>	

12	<p><b>Any other business:</b></p> <p>GL shared 2 matters. Firstly a commendation for the HW Tameside team and their approach to ensuring that partially sighted and visually disabled members of the community can engage in covid surveys.</p> <p>Secondly she updated on the Infected Blood Enquiry and the learning associated with record governance. In response PD provided assurance in relation to compliance with GDPR and outlined the nature of the Patient Experience Library which stores Healthwatch reports.</p>	
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