

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

14 September 2021

Venue: Virtual Board Meeting.

Present:	<p>Members: Tracey McErlain-Burns (TMB), Camilla Guereca (CG), Glenis Lee (GL), Slawomir Pawlik, Maria Bailey, Royce Goodier.</p> <p>In attendance: Peter Denton (PD) Healthwatch Manager, Imogen Shortall (IS) Healthwatch Project Support Officer.</p>	Actions
1	<p>Welcome and Introductions:</p> <p>TMB welcomed people to the meeting (as Deputy Chair), following the sad recent death of the Chair, Professor Kailash Chand OBE.</p> <p>TMB also reported that Anna Wardle had asked to step down from the Board, due to other commitments. The Board accepted Anna’s resignation and asked PD to pass on their thanks the valuable contributions she had made.</p>	PD
2	<p>Apologies for absence: Received from: Jyoti Rao, Liz Windsor-Welsh.</p>	
3	<p>Registration of interests and declarations of interest to any agenda item: None were declared.</p> <p>New registration of interest forms had been distributed to members who were asked to return them.</p>	All
4	<p>Minutes of the meeting held on 12 July 2021: The minutes had been circulated with the agenda. They were accepted for accuracy.</p> <p>Updated action log was noted.</p>	
5	<p>Reflection - Kailash Chand Board members took the opportunity to reflect on their personal experiences of working with Kailash as the Healthwatch Chair. He had played a key role in establishing Healthwatch as a credible, valuable and well respected organisation in Tameside and many Board members had powerful, personal memories to share.</p> <p>It was agreed that Peter would write up these reflections and memories and share them with Kailash’s son.</p>	PD

<p>6</p>	<p>Appointment of a new Chair A paper was discussed which considered options for appointing a new Chair. The following were agreed:</p> <ol style="list-style-type: none"> 1. That the HW Tameside Board accept Tracey McErlain-Burns's offer to serve as Acting Chair until Kailash's replacement is appointed. 2. That the HW Manager drafts role descriptions for Chair and Deputy Chair, based on relevant examples from other HW organisations. 3. That appointment of a new Chair is planned to align with the timeline for recruitment of new Board members. 	<p>PD</p> <p>PD</p>
<p>7</p>	<p>Board recruitment A paper was discussed relating to the annual Board recruitment cycle and the fact that some existing Board members would be reaching the end of their first term of office in April 2022. The following were agreed:</p> <ol style="list-style-type: none"> 1. That any of the ordinary Board members appointed in 2019 who wish to step down in March 2022 inform the HW Manager by 31 December 2021. 2. That if none of the ordinary Board members wishes to step down in March 2022, a 'drawing lots' exercise be undertaken at the 24 January 2022 HW Tameside Board meeting to determine who will step down. If it's not possible for this meeting to be held 'face to face' HW Manager will make alternative arrangements for a drawing of lots (e.g. using numbered, sealed envelopes in a video meeting). 3. That the annual Board recruitment process commences in November 2021 (with a closing date of February 2022) to enable new members to start in their role in April 2022. 4. That, should any suitable candidates be identified the Board considers co-opting them to ordinary Board member status before April 2022 (on the understanding that they will then apply for membership through the regular route). 5. That appointment of a new Chair is planned to align with the timeline for recruitment of new Board members. 	<p>Relevant members</p> <p>PD</p> <p>PD</p> <p>PD</p>

8	<p>Risk Register</p> <p>The revised risk register was reviewed and accepted. It was noted that as Integrated Care System (ICS) developments progress, the risks related to uncertainties in ICS plans are reducing.</p> <p>Risk 3.2 - Reputation. There was a discussion about the perceived independence of Healthwatch Tameside. It was noted that an import element to managing this risk was the way we have an open recruitment process which enables any local person to be nominated for Board membership. The role of the Board is to ensure that a wide range of voices have been heard. It was noted that we had never been challenged in terms of our independence and we were not aware of any recent challenges to the independence of Healthwatch in other areas. It was felt important that we maintain this as a risk so we could continue to monitor it.</p> <p>Risk 4.1 - Loss of key staff. This was discussed, bearing in mind that three of our staff have worked for Healthwatch for more than 5 years and two of them had been here since 2009. It was noted that the team had functioned well with reduced management capacity in 2017-19 which our Manager was on secondment to Greater Manchester. It was also noted that annual planning and regular monitoring enabled activities to be managed should there be a staffing challenge. Finally, it was recognised that since Action Together also held the Healthwatch Oldham contract, there was scope for support from the wider organisation if required.</p>	
9	<p>Quarter 1 Monitoring</p> <p>Performance monitoring data for quarter 1 were reviewed and accepted.</p>	
10	<p>Work planning</p> <p>PD gave a presentation outlining the factors that he and the team were taking into account in planning activity on the two agreed main work plan priorities (delays in non-urgent care and new ways of accessing care).</p> <p>The Board supported this approach and the intention for community engagement to run from November 2021 to February 2022.</p>	PD
11	<p>Face to face board meetings</p> <p>Some Board members felt that a return to face to face Board meetings would be desirable. PD agreed to put together a survey for Board members so they could indicate what infection prevention and control measures could be put in place to help them to feel safe in face to face meetings</p>	PD

12	<p>Integrated Care System (ICS) developments</p> <p>PD gave a brief spoken report that ICS developments are progressing and the Healthwatch is involved in discussions at both Tameside and Greater Manchester levels. He also noted that plans were in place to try to make a smooth transition for Glossop resident from the GM NHS system to the Derbyshire ICS.</p>	
13	<p>Greater Manchester Healthwatch NHS Dentistry report</p> <p>PD reported that this report had now been published and that there had been significant interest.</p> <p>PD thanked TMB for her support with this. The Board agreed that it had been important for HW Tameside to play a leading role in this important piece of work.</p>	
14	<p>Any other business:</p> <p>No other business.</p>	