

Minutes of the Meeting of the Healthwatch Tameside Board

18 July 2019

Venue: Action Together, Ashton-under-Lyne

Present:	Members:	Actions
1.	<p>Members: Kailash Chand (KC) (Chair), John Vare (JV), Babs Allen (BA), Glenis Lee (GL), Tracey McErlain-Burns (TM), Jyoti Rao (JR), Royce Goodier (RG), Anna Wardle (AW)</p> <p>In attendance: Peter Denton (PD), Healthwatch Manager, Carolyn Shaw (CS), note taker.</p> <p>Introductions</p> <p>KC welcomed everyone as Chair for the meeting.</p> <p>Each member of the board introduced themselves.</p>	
Introduction/ Development session - meet the HW team	<p>Karen Whitworth, NHS Complaints Officer and Julie Beech, Research Officer, explained the practical elements and responsibilities of their roles and the work of the team to HW Board members.</p> <p>Karen’s role is in two parts. She leads our Help with NHS Complaints service. She gave examples of some of the types of complaints people ask us to help with, illustrating both the complexity and time-consuming nature of this work. She talked about the way we provide support to people so that they can self-advocate and also that some cases can take several years to conclude - especially if the complainant was unhappy with the local resolution process and wanted to escalate their complaint to the Ombudsman. There was a discussion about the emotional impact of this work and the Board noted that systems and processes are in place to support the wellbeing of staff delivering this service. Ayesha also works with Karen to deliver this service.</p> <p>Karen also works with Elaine to deliver our community outreach activity. She explained that this included supporting a small team of volunteer Healthwatch Champions. Our outreach work includes regular sessions at community venues (e.g. Tameside Hospital, local pharmacies, etc.), developing and maintaining links with local voluntary and community groups and also one-off sessions (such as attending public events in local communities). It was noted that recruiting more volunteers was part of this year’s work plan.</p> <p>Julie’s work focuses mainly on the data and insight we receive from local people. She explained that there were two main elements to this. Firstly we gather patient, service user and</p>	

	<p>carer experiences relating to existing services. We collate and share this anonymously on a monthly basis with relevant service providers, commissioners and regulators. Secondly we do specific pieces of targeted work (for example the NHS Long Term Plan work) which result in formal reports and recommendations.</p> <p>The team also share work in terms of staffing events and busier outreach activities as well as handling information signposting enquiries.</p> <p>The Board were reminded that although Healthwatch Tameside has six staff members, their working hours equate to less than 3.5 full time equivalent workers.</p>	
2.	<p>Apologies for absence:</p> <p>Slawomir Pawlik (SP)</p>	
3.	<p>Declarations of interest:</p> <p>No board members had any interests to declare relating to the meeting's agenda.</p>	
4.	<p>Minutes of the previous meeting:</p> <p>It was noted again that Camilla Guereca (Action Together Board representative) was not present at the Board meeting 18/07/19. Board members were concerned that they had not yet met Camilla and that her role was an important one in the Governance of Healthwatch. Peter agreed to follow this up within Action Together.</p> <p>The minutes were agreed as a true and accurate record.</p>	PD
5.	<p>Brief Reports:</p> <p>a. Chair's report - KC spoke about the NHS on a national level. The impact of the financial welfare and hospital appointment waiting times are too long in particular cancer appointments. Locally, hospital appointment waiting times are good.</p> <p>Tameside Hospital - recently rated Good by the CQC</p> <p>b. Healthwatch Champion Volunteers - the numbers are low PD confirmed as part of the operational plan HW have an ongoing recruitment drive for volunteers.</p> <p>PD confirmed that he had recently been invited to meet a new Non-Executive Director from Pennine Care who is keen to work alongside HW.</p>	

	<p>A Wellbeing Corner has been set up in Ashton Market. Peter reported that the team was keen to support this and was looking at opportunities for us to do so.</p>	
11.	<p>Arrangements for future meetings.</p> <p>This agenda item was brought forward. A couple of Board members had to leave early and it was felt important to discuss this before they left the meeting.</p> <p>It was agreed that the Board will normally meet every two months with some flexibility. It was suggested that there should be a minimum of four meetings per year. The time and day to vary so that people who had regular commitments could still attend some meetings even if others clashed with their commitments (evenings to be avoided during the winter months).</p> <p>The next HW Board meeting date is to be confirmed.</p>	
6.	<p>Performance report (Q1 - 2019/20)</p> <p>The performance report Q1 was presented in the meeting.</p> <p>The increase for postcards being handed out is likely to be seasonal - the HW team visiting patient led/focus groups and community events during the summer months.</p> <p>Equality & Diversity monitoring - whilst this data is requested, people are not always forthcoming with their age, religion for example.</p> <p>The Board asked if comparative monitoring data was available from previous years. Peter agreed to bring this to the next meeting.</p> <p>It was asked whether some examples of the data we routinely collect and share with commissioners and providers could be brought to a future meeting. Peter agreed to discuss this with the team and bring examples to the next meeting.</p>	<p>PD</p> <p>PD</p>
7.	<p>Operational Plan.</p> <p>A quarterly update of actions against the plan had been circulated in advance of the meeting. Peter drew Board members attention to key changes:</p> <ul style="list-style-type: none"> • 3 Actions had been completed in Quarter 1 • 1 Action was delayed - Volunteer recruitment. PD reported that although this was part of the team's routine work a formal plan to drive a fresh recruitment initiative had not yet been drawn up. He indicated that a 	<p>PD</p>

	<p>written plan would be in place in August with an expectation that the autumn will see a drive around this.</p> <ul style="list-style-type: none"> • Other actions were on track for delivery within agreed timescales. 	
8.	<p>Annual Report</p> <p>PD reported that this had been submitted to HW England on time. Each board member had received a copy. PD asked Board members for suggestions for who else could receive the annual report.</p> <p>A question was raised about the accounts relating to inflation, variations in staff costs, income and the underspend. PD reminded the Board that these accounts related to the period when he had been on secondment so he didn't have ready access to the data. He agreed to seek clarification of this from Action Together's Finance Manager.</p>	<p>All</p> <p>PD</p>
9.	<p>Heart & Lung Report</p> <p>The Heart & Lung Report was presented to the Board members. This report was our local (Tameside) analysis of the Heart and Lung elements of the HW England engagement data (which we had helped to collect) relating to the NHS Long Term Plan. It was noted that HW Tameside had chosen to focus on this topic as a result of the high levels of heart and lung related illness in Tameside.</p> <p>The Board agreed for the report to be published and shared with partners/service users/focus/community groups.</p> <p>The Board expressed thanks to the HW team for their hard work compiling the Heart & Lung Report.</p>	
10.	<p>Any other business</p> <p>Board members who had not already submitted pen portraits for our website were asked to send them to CS by Friday 26/07/19</p> <p>Rob Conyers, the new Head of Patient Experience at Tameside and Glossop Integrated Care Foundation Trust (ICFT) had agreed to come to talk to the HW Team at their meeting on Wednesday 24 July.</p>	<p>All</p>