Healthwatch North Tyneside – Minutes of Board Meeting

Date: 11th March 2024
Venue: Whitley Bay Big Local, Whitley Bay Hub: 158 Whitley Road, Whitley Bay, NE26 2LY

Present: Carol Nevison (CN) (Chair), Paula McCormack (PM), Peter Berrie (PB), Paul Greenway (PG), David Slater (DS),

In attendance: Paul Jones (PJ), Matthew Hunter (MH), Tracey Hindmarch (TH)

Apologies: Bea Groves-McDaniel (BG-M), Jackie Doughty (JD), Jo Brown (JB),

	Agenda Item	Discussion	Action Required
1.	Welcome, introductions and apologies	Chair CN began the meeting. JD, BG-M and JB sent apologies for this meeting.	
2.	Declarations of interest	DS declared that he is running as a Labour Party candidate in the upcoming local elections. CN clarified that this is acceptable within HWNT's policies, as long as the board is aware. For each item, the Board considered any equalities, financial and sustainability issues arising and considered these as part of their decision-making.	
3.	Minutes From the Previous Meeting	The minutes from the previous meeting were agreed as a true record. The only outstanding action from the previous meeting is to set up the trustee WhatsApp group. PJ clarified that he had not done this yet due to not yet hearing from trustees BG-M and LJ as to their thoughts on this idea. PJ will wait to hear that all trustees are happy with this plan before setting up this group, rather than just setting up a group with the trustees who have agreed thus far.	PJ to seek thoughts of BG-M and LJ on the trustee WhatsApp group and set up this group if there is agreement from them.

4.	Chair Update	**<u>Theresa Culpin & Louise Jones</u>** CN began by providing the update that both Theresa Culpin (TC) and Louise Jones (LJ) are stepping back from their role on the board for the moment. CN explained that it is hoped LJ will return in April, but that TC's absence will be more long term. In light of this, PB asked if there is going to be a further recruitment drive for new trustees. CN confirmed this is not happening currently as it is hoped both TC and LJ will return to their trustee roles in due course. CN noted that LJ currently holds the specific role of board Health & Safety Link and TC holds the role of board Safeguarding link. As it is hoped LJ will return in April, CN felt that no actions were currently needed regarding her role, but that the role of Safeguarding link was more urgent to find a replacement for. CN noted that LJ had originally volunteered for the Safeguarding role, and that if she planned to return in April, it could be possible that LJ would take on the Safeguarding role then, and a new trustee identified for the Health & Safety Role. It was agreed to discuss the issue of these roles at the next board decision meeting. The board will ask LJ if she is happy to take up the role of board Safeguarding link, and if so, at that point a new trustee will be identified for the Health & Safety role. **<u>Staff 1 to 1 meetings</u>** CN explained that she had met 4 of the staff team so far on a 1 to 1 basis, and would be meeting with the remainder of the team in due course. In the 1 to 1 meetings so far, CN has focused on 'Stay'	In the next board decision meeting, the issue of Safeguarding and Health & Safety board roles will be discussed and new trustees appointed to these roles as necessary.

		questions and on how trustees can become more connected with the staff team. One idea shared by a staff member was that in every board meeting, one member of staff will have their own item on the agenda to talk to trustees about the work they are carrying out. Each board meeting would have a different member of staff doing this. CN will update the board again following her final staff 1 to 1 meetings.	
5.	Directors Update	The Board Agreed that Healthwatch North Tyneside could work with neighbouring local Healthwatch to provide a joint response to the upcoming NHS quality accounts.	
6.	Healthwatch North East and North Cumbria Operating Protocol for decision	PJ reminded the board of the background to the protocol, that this is an agreement which sets out the principles for all 14 local Healthwatch in the North East & North Cumbria to work together. There is a similar agreement which sets out how the 4 local Healthwatch in the North ICP area (North Tyneside, Northumberland, Newcastle, Gateshead) work together too. This agreement covers how the network will work for the next 12 months, including the distribution of funds to each local Healthwatch. PJ explains that the protocol will eventually become a funding agreement with each local Healthwatch. PJ also outlined the key changes from the previous version of this protocol, which are: • Savings to the budget made by cutting the comms budget, as this was found to not be effective. Instead, comms will be costed	

		separately for each individual project. • Following the retirement of David Thompson, combining the roles of Regional Coordinator and Healthwatch ICB rep into one role, currently performed by Christopher Akers-Belcher. This also saves money in the budget. • Reduction in the core funds received by each local Healthwatch, from £4500 to £3500 per year. This is due to a reduction in ICB funds given to the network, and also because the reporting requirements for each local Healthwatch have dropped from the previous requirement of monthly, to quarterly. • Change so that network Regional / Area Coordinator roles are paid for by the network on a 52 week basis, rather than the previous 48. This is because the roles are being performed across 52 weeks so it is fairer to pay them as such. PJ was already being paid across 52 weeks, with the 4 week shortfall being made up from Local funds, but this brings everyone in line with paying on a 52 week basis and means that all of PJ's time on the network will be funded by network funds, with no 'top up' from local funds required. There has been no proposed inflationary changes to coordinator role salaries from the previous protocol. DS raises the issue of dispute resolution and notes that the protocol does not make clear exactly what will happen in the event of a dispute. PG reinforces the importance of this point.	

		PM feels that, given recent ICB funding announcements, this agreement should be made to be across the next 2 years, as opposed to just 12 months. This would minimise work this time next year to agree a new protocol again. PM also feels that inflationary rises to network coordinator pay should be considered. The board agreed to this protocol, with the following caveats: • Add more details in the section surrounding how disputes will be dealt with. Ensuring there is clear understanding of the processes involved. • Consider making the agreement for 2 years. • Consider inflationary pay rises for network coordinator roles.	
7.	Workplan Updates 7.1 – Highlights and Full Report. 7.2 – Risks Update	PG thanks the staff team for their strong level of progress on the workplan. **<u>Risk Surrounding Volunteers</u>** PJ comments particularly on workplan risk 5, volunteer capacity. PJ notes that HWNT has a number of extremely enthusiastic volunteers, but that there are some challenges including capacity, availability and volunteers only wishing to be involved in certain activities which best meet their interests. The recent dentistry mystery shopping activity has highlighted a number of difficulties surrounding volunteers, including that many volunteers prefer not to get involved in this type of activity, and that managing them can be tricky and take up a lot of staff time. PJ notes it can be difficult to recruit volunteers who wish to participate in the	

		exact tasks which the organisation requires of them. PM notes that this is something which will always be a challenge with volunteers. PG adds that there will never be a perfect answer as these issues are simply part and parcel of dealing with volunteers. PM congratulated the flexible approach on the mystery shopping project and the variety of ways staff engaged with volunteers throughout. PB feels that Healthwatch requires volunteers to be involved in more complex work and have a greater level of skill than other charities. Given this, PM suggests partnerships with universities may be advantageous in recruiting skilled volunteers. A recent example of students volunteering for the dentistry mystery shopping, as part of Newcastle University's medical student volunteering day, demonstrated that this can be successful. PM has a contact at a university and is happy to get in touch regarding this. PB is also involved with another charity which has a student volunteer and so may be able to make contacts too. It was noted that the Healthwatch volunteer offer is broad and involves unique high-quality work. PB will ask current volunteers how they feel Healthwatch volunteering opportunities should be advertised in future. **<u>Travel & Transport</u>** PJ advised the board that the Northumbria Healthcare NHS Foundation Trust have set up a shuttle bus to run between the hospital sites of North	

		Tyneside General Hospital, Wansbeck Hospital and NSECH, however this has not been advertised by the trust.	
8.	Budget & Finance Update (CLOSED)	•	
9.	Initial Highlights From Annual Survey (verbal update)	TH explained to the board that this annual survey had generated more responses than any previous annual survey, with over 800 people providing their feedback. This annual survey did not provide a list of services which people could choose to submit feedback about, eg dentist, gp etc, rather people were given a free text box to choose which type of service they wanted to give feedback on. Even without this list, GP's and dentists remained the services heard most about, although PJ felt there were less responses about pharmacy services as a result of having no list. TH clarified that in future the list approach would be reintroduced, this is because the process of grouping each response and deciding which service category a particular response is about is very time consuming. With a list approach, each response is already grouped into categories, without having to manually decide service type. TH notes that feedback about every GP practice in North Tyneside has been collected within this annual survey. There are a lot of positives from this survey, including that when people do get into the appointment itself, they are happy with the service. Staff were also praised. People are also becoming more positive about 'new' approaches (such as Triage in GP Practices). CN and PB ask what the next steps are. PJ clarifies that much more work is required	

		on analysis due to the large volume of information collected. Once analysis is complete, the next stage will be to use this data for priority setting future work plans. PB offers to help out with textual analysis of annual survey results.	
10.	Next Meeting Date and Planning Future Meetings	Monday 29th April 2024, 6:30pm – 8:30pm. This meeting will be held at the Bede Room, Linskill Centre, Linskill Terrace, North Shields NE30 2AY	
11.	AOB	The board recognised that it was almost the time of year to decide on future work priorities, and that a meeting needed to be arranged to bring staff, trustees and volunteers together to discuss this.	PJ and the staff team to confirm a date for the priority setting meeting, in April or May.