

## **Chair's Report**

### **Purpose**

- 1 To update the Board on recent meetings I have attended (see Appendix 1). In addition, I have attended a number of planning meetings with our CEO and held discussions with a number of our directors.

### **Key Issues**

- 2 I continue to devote time to embedding our relationships with leaders of the Health and Care system. I believe this is time well spent and will help ensure we have seats at the appropriate tables to continue to influence the decision making process and design of services on behalf of patients and those in care. Change is now imminent – on the 1<sup>st</sup> July the ICS and its constituent parts take over from the previous somewhat fractured system. This does not mean that patients and those in care will see immediate change but it does mean that a journey has begun that hopefully will lead to improvements in healthcare across Cambridgeshire and Peterborough. Our Healthwatch stands ready to help.
- 3 Since taking the Chair I have wondered why board members are called Directors. I do not believe we are directors and I am informed this is a throwback to the time of the merger of Cambridgeshire HW with Peterborough HW. HW Peterborough called their board members Directors. As board members will know I have strong views about not mixing up the roles of board members and management. I believe the word Director has implications beyond the board members remit. I therefore propose that in future we refer to ourselves as Non-Executive Directors (NED) because that is what I believe we are. Sandie Smith believes there is nothing that prohibits us from making this decision.

- 4 I propose a small change to how we recruit NEDs to provide for better succession planning. Instead of waiting for vacancies to arise and then advertise for replacements which inevitably leaves a gap I suggest the recruitment process should be continuous. We will run an advert permanently on the website which hopefully over time will ensure we have a number of applicants ready to enter the interview process. It also enables us to encourage those with particular skills to join the applicant process at any time. I propose that we have a permanent sitting panel to review applications as they come in and make recommendations to the Board as appropriate. Sandie Smith and I would be on this panel and I will ask one or two other NEDs to join it.
- 5 Following contract discussions with our Commissioners a joint decision was made that our HW no longer requires Guarantors. These two positions were created at the time of the merger of the Cambridgeshire Healthwatch with Peterborough Healthwatch when there were some concerns around governance – Clive Morton was our remaining Guarantor. It is a shared belief that our governance arrangements are now robust and fit for purpose and I know that I, with your support, intend that we remain an exemplar in this respect. I have discussed this decision with Clive and he quite understands and he and I will keep in touch as we have done for many years. On behalf of the Board I will write to Clive thanking him for his service to our Healthwatch.
- 6 This October I will have been with Healthwatch for one year and so my thoughts turn to NED and Chair appraisals. How we do this needs to be decided. My own view is that this should be a thorough but “light touch” process respecting all NEDs are volunteers. I will need help in designing this process which we can roll out over a six month period from autumn to spring to ensure all NEDs have been with us for at least a year. These appraisals (which I believe should be 360 degrees) can assist in informing a Board Evaluation event which I

believe we should schedule sometime in the Spring as one of our Development events. I hope we can start to firm up on these ideas at our next Board Meeting.

- 7 Finally it was wonderful to sit down and have a cup of tea and a chat with a number of our volunteers as part of Volunteers Week. It was great to hear first-hand about their contributions and to be able to thank them personally. It is worth noting that our Healthwatch now has over 100 volunteers!

## Appendix 1

### Meetings attended by the Chair 23<sup>rd</sup> March to 14<sup>th</sup> June 2022

Meeting	Date
Integrated Care System Partnership Board (Private and Public)	30 <sup>th</sup> Mar
HW Summit Planning meeting	19 <sup>th</sup> Apr
Nic Johnson – Mayor, Combined Authority meeting	20 <sup>th</sup> Apr
ICS Comms Strategy meeting	26 <sup>th</sup> Apr
HW Board Development session	27 <sup>th</sup> Apr
ICS MCP meeting	28 <sup>th</sup> Apr
Matthew Bradbury – CEO Nene Park Trust Social Prescribing meeting	29 <sup>th</sup> Apr
Prospective HW Director meeting	3 <sup>rd</sup> May
HW CEO Appraisal	10 <sup>th</sup> May
HW Summit Planning meeting	11 <sup>th</sup> May
Video Recording for HW Summit promotion	16 <sup>th</sup> May
HW Summit Planning meeting	17 <sup>th</sup> May
Daniel Abell/Maxine Farmer CUH Strategy Refresh meeting	24 <sup>th</sup> May
ICS MCP meeting	25 <sup>th</sup> May

ICS Partnership Board meeting in private	25 <sup>th</sup> May
Gypsy, Roma Traveller training	26 <sup>th</sup> May
John O'Brien - ICS Chair meeting	6 <sup>th</sup> Jun
HW Summit Planning meeting	6 <sup>th</sup> Jun
HW Volunteers Week Event	7 <sup>th</sup> Jun
HW General Purposes meeting	8 <sup>th</sup> Jun
HW Fenland Forum	9 <sup>th</sup> Jun
HWE Chair training	9 <sup>th</sup> Jun
HW Volunteers Week Event	10 <sup>th</sup> Jun
HWE Chair Training	14 <sup>th</sup> Jun
Kit Connick - ICS Director of Strategy and Planning meeting	14 <sup>th</sup> Jun
HW Summit Planning meeting	27 <sup>th</sup> Jun
NHS Leadership Framework – Health Inequalities	28 <sup>th</sup> Jun