

## Board Meeting

Date of Meeting: Monday 18<sup>th</sup> March, 2019

Healthwatch Birmingham Board Meeting

Time: 4.30 pm - 7.00 pm

Venue: Healthwatch Birmingham Board Room  
Cobalt Square, 83 Hagley Road, Birmingham, B16 8QG

### Attendees

Andy Cave (AC)	Danielle Oum (DO) - Chair	Di Hickey (DH) - minutes
Catherine Weir (CW)	Charles Ashton-Gray (CAG)	Peter Rookes (PH)
Tim Phillips - Volunteer Rep (TP)		
There were no members of the public in attendance to observe		

### Apologies

Gareth Dellenty (GD)	Graham Parker (GP)	Neelam Heera (NH)
Qadar Zada (QZ)		

### Public Session

1	<b>Welcome, Introductions &amp; Apologies, Any Other Business</b>	For Noting
	DO welcomed everyone to the meeting.	
	<b>Declarations of Conflict of Interest</b>	For noting
	There were no other conflicts of interest apart from those already declared on the register.	
2	<b>Minutes of previous meeting (16<sup>th</sup> January 2019)</b>	
	The minutes of the previous meeting were agreed as a true record with one amendment to 'Minutes of previous meeting' date which should have read 17 <sup>th</sup> September 2018.	
3	<b>Actions Arising - All Actions Progress - All</b>	For Action
	Maternity completed. Volunteering development planned for the June meeting. All others completed.	
4	<b>Board Membership - Brian Carr NED Recruitment</b>	For Noting
	DO reported that PR had finished his first term of office (three years) and recommended that his term be extended which was agreed by the Board.	

	Brian Carr's term of office had now finished and DO extended formal thanks of the board for all the work he had done which included steering HWB through a difficult time. The Board looked forward to continuing a working relationship with Brian.	
5	<b>CEO's Report - AC</b>	For Noting
	<p>AC talked through the summary section of his report:</p> <p><u>Public recognition of our work</u></p> <p>We have now officially received the Investors in Volunteers Award and have received a plaque which will be displayed.</p> <p>We have been shortlisted as a finalist at The National Patient Experience Network Awards (PENNA) 2018/19 for our Community Offer project. We believe we are the only local Healthwatch to be shortlisted for the finals. Claire Reynolds, DO and AC will be attending the awards ceremony to be held at Birmingham Repertory Theatre. We will also have a display highlighting the work of the Community Offer and Healthwatch Birmingham. If we are successful and win the category we will then present the project to attendees.</p> <p><u>Community engagement and feedback heard</u></p> <p>Community Engagement has seen an amazing year with a growth of 52% more people engaged in the last 11 months compared to the whole of 2017-18. Diversity can now be monitored which will allow us to identify any gaps in the communities we are reaching.</p> <p><u>Positive impact</u></p> <p>All investigations have successfully progressed.</p> <p>The Waiting Room study has collected around 500 pieces of feedback across all our Hospital Trusts. 10 reports are developed which includes 9 individual reports and a summary report. We met with all hospital trusts and made recommendations as appropriate. All reports were accepted by the trusts and a formal response is expected within 20 days (by 1<sup>st</sup> April 2019). General feedback was initially collected directly in waiting rooms followed by a deeper dive for further information around communication and access needs.</p> <p>The Direct Payment report has resulted in Birmingham City Council outlining what they are doing to improve the experience of Direct Payment users, and will soon be published on our website.</p> <p>The report for our investigation which looked at patient experience through Primary Care who have mental health, autism, dementia and brain injuries is in development. Initial findings were shared with Birmingham and Solihull CCG and Sandwell and West Birmingham CCG. The outcome of the investigation is that both of the CCGs are to produce information cards for each of those conditions, to raise awareness of patient rights when accessing Primary Care resulting in empowering patients to challenge if things go wrong.</p>	

	<p>We have continued to work with local trusts around the Quality Standard. The Royal Orthopaedic Hospital have a new strategy in place and are doing a lot of work.</p> <p>We recently completed work for Healthwatch England, writing the Network research training package. This demonstrates our quality and how well we are recognised for our research within the Healthwatch Network.</p> <p>DO stated that the sheer volume of work achieved has been a real step up.</p> <p>PR asked for clarification around the following:</p> <p>Mental Health, page 4 of report and page 21 - GP practice services for mental health - Is there any relationship between the two and are we looking at all age groups within the projects.</p> <p>AC confirmed that they refer to the same investigation which looked at both the child and adult pathways.</p> <p>PR - Ref no. 4 on investigations and number 1 - Is this the initial investigation leading to a follow up report.</p> <p>AC confirmed that this was the investigation into Community Mental Health at Zinnia Centre including the follow up report to track changes made.</p> <p>PR - Page 13 - Have we had satisfactory feedback from providers where issues have been raised?</p> <p>AC confirmed that we get good feedback from the CCG on the quarterly report but it is challenging to identify change as a result of this feedback being shared. We have spoken to BSol CCG and will be working with them to make the Quarterly report more useful and develop systems for us to track the impact as a result of this report. We need to also develop routes to share feedback with providers being careful around feedback containing identifiable information.</p> <p>CW raised a question regarding the Waiting Room report and impact. How are the reports being received and are they at the right level within different organisations to ensure decisions and changes are made?</p> <p>AC confirmed meetings been held with Chief Nurses, Comms and Patient Experience Leads. In cases where Trusts have more than one Hospital site they are responding as a collective for the Trust and published in each Hospital report. We were pleased with how the reports were welcomed across the trusts and we expect to get clear commitment to meet the recommendations.</p> <p>CW stated that it will be interesting to see how recommendations will work as this may be another approach to impact through being specific about changes required. AC confirmed that this is a new approach which was suitable for the Waiting Room Report as not reliant on specialist knowledge of services and is more about individual's general access experience.</p>	
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CW stated that when we look at the evaluation of impact that it might be useful to look at layers of impact: levels 1, 2, 3 and 4 last one saying patients are telling impact etc. and tracking through Kirkpatrick model style.

AC confirmed that a whole team day will be arranged with a conversation around how we capture impact etc. Healthwatch England are also producing a tool for measuring impact that we will trial when it's available.

#### KPI achievements

We have successfully achieved our KPIs for 2018-19, which have been signed off by Birmingham City Council. Marketing campaigns exceeded or target for individuals engaged, our target for feedback heard was surpassed and will have met the target around investigations in early April. Thirteen investigations reports will be published higher than the four needed for our contractual KPI. The final KPI target of achieving 30 widget adoptions is going to be narrowly missed ending up with 26 widget adopters.

DO asked how much information collected comes through the widget.

AC stated that we can't distinguish between widget and direct feedback left through our website. We can track if there has been an increase in feedback left about a provider following adoption.

**Action - AC to find out if can distinguish between widget and direct feedback as part of the Widget review.**

#### Volunteering

TP reported that a volunteer meeting had been held last week as it was Hanna's last day with the organisation. 3 questions from the volunteers were asked:

- Continuation of the role of the Volunteer Co-ordinator - due to its success and it was felt there was a need to ensure that it continues.
- How the role will look as a percentage of dedication to volunteers i.e. Role 50% dedicated to volunteers and 50% to other work.
- Volunteers having opportunities to volunteer in the office, being made to feel part of team, can it be extended to attend staff team meetings?

AC reported that there would be a new role but currently unable to start recruitment as we are still awaiting confirmation of the contract. There is a commitment to the role as it is vital to the organisation, getting the balance of the role right is important to ensure our volunteers get the support they need. There is a commitment to developing more office roles and other volunteer roles to support a range of projects. These will be developed by the new volunteer lead.

TP reported that he has been enjoying the work that he has been doing in his role as Volunteer Board Representative.

PR stated that losing HN was a sad loss as she did great work. He asked if there is an optimum amount of volunteers.

	<p>AC confirmed that we aim to have 30 active volunteers. However, in the new contract, there would be significant growth in this. We have thought through ways that we could develop roles for community engagement leads, so that they can take more of a lead role to support other volunteers, resulting in more community engagement and giving them a development route. There is going to be a review of opportunities which will develop further as the more volunteers we get will need more management hours.</p> <p>TP stated that the volunteers had a good relationship with Hanna and they wanted to be involved in the recruitment to fill this vital role.</p> <p>AC confirmed that we are committed to having volunteers involved in future recruitment for the new role.</p>	
<b>6</b>	<b>Long Terms Plan Engagement Project update</b>	
	<p>AC gave an overview:</p> <p>The project is funded as part of a national Healthwatch England project. We have successfully gained the lead Healthwatch role for Birmingham and Solihull with Healthwatch Dudley being the lead Healthwatch for the Black Country. It has already been a really valuable exercise working with colleagues across the area improving our relationships as a Healthwatch Network. 250 completed surveys are expected for each area with 2 focus groups per Healthwatch.</p> <p>Volunteers have been trained to support the project and increase data collection through community engagement. Unfortunately due to the nature of the National survey, we are unable to distinguish between areas of Birmingham in line with our two Sustainability and Transformation Partnership (STP) footprints.</p> <p>DO stated her disappointment and surprise that we are unable to distinguish between areas as the whole focus is on STPs and this needs to be fed back to Healthwatch England.</p> <p>CW asked how many other Healthwatch are in the same position.</p> <p>AC reported that were only 6 Healthwatch that straddle STP areas. We have all requested specifics about the location options and all very disappointed this didn't happen.</p> <p>There is a communications toolkit which can be shared with Board to publisise amongst their networks.</p> <p><b>Action</b> - AC to contact Board with more details about sharing the survey.</p>	
<b>7</b>	<b>Any Other Business</b>	<b>For Noting</b>
	No Any Other Business was raised.	