

Board Meeting

Date of Meeting: Monday 18th October, 2021

Healthwatch Birmingham Board Meeting

Time: 4.30 pm - 7.00 pm

Venue: Virtual Meeting

Attendees

Andy Cave (AC) - CEO	Richard Burden (RB) - Chair	Peter Rookes (PR)
John James (JJ)	Neelam Heera (NH)	Ranjeet Singh Bhupla (RBu)
Jasbir Rai (JR)	James Doyle (JD) - HWSol Volunteer Rep	Tim Phillips (TP) - HWB Volunteer Rep
Charles Ashton-Gray (Consultant)	Di Hickey (DH) - minutes	
There were no members of the public in attendance to observe.		

Apologies

Jane Upton (JU)		
-----------------	--	--

Absent

Tony Green (TG)		
-----------------	--	--

Public Session

1	Welcome, Introductions & Apologies, Any Other Business	For Noting
	RB welcomed everyone to the meeting. PR to join meeting at 5 pm.	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	Minutes of previous meeting (16th June, 2021)	For Approval
	The minutes of the previous meeting were agreed as a true record.	
3	Actions Arising - All Action log	For Action For Noting
	<u>Action 1 - consider face to face meetings</u> Aim to re-start face to face meetings in December, although if people are unable to attend in person could facilitate a hybrid approach for the meeting.	

	<p>As it is December and the start of the festive season we will plan on having a social session with staff just before the Board meeting starts.</p> <p><u>Action 2 - Arrange interviews for NED applications</u></p> <p>Complete - Update to follow.</p> <p><u>Action 3 - To work with Healthwatch England to influence at a National level</u></p> <p>Complete - AC is now a member of the Healthwatch England ICS Reference Group.</p> <p><u>Action 4 - ICS,</u></p> <p>Complete - Meeting with Yve Buckland has been set for 3rd November, 2020. Update to follow.</p> <p><u>Action 5 - Board Strategy Session to be arranged</u></p> <p>Complete - Took place on the 19th July, 2021.</p> <p><u>Action 6 - Board contact details for CAG</u></p> <p>Complete - Board members were put in contact prior to the meeting in July.</p>	
4	<p>Formally note and approve changes to Board membership NED Recruitment Plan</p>	For discussion
	<p>Received some disappointing news that CW and FT cannot carry on as members of the board due to personal circumstances. CW has formally resigned from the board, however, FT has decided to not leave at the moment but to take a step back which will be reviewed in 6 months time.</p> <p>Both have contributed a great deal to the board and will be much missed. We formally thank both of them for their service and input to Healthwatch Birmingham and Solihull (RB).</p> <p><u>NED Recruitment Plan</u></p> <p>AC presented the NED Recruitment Plan.</p> <p>There are vacancies within the board and with two members stepping down it has shifted the diversity of the board. Our Articles state that we should have between eight and twelve NEDs, and therefore have four/five NED vacancies. There are two areas in particular that we need to pay attention to: (i) to increase diversity and (ii) to improve Solihull representation which is part of our contractual obligations and is on the Risk Register.</p> <p>Pleased to report that NH has agreed to become Board Champion for the NED recruitment process in particular around using her skills and knowledge in increasing our diversity and increasing our female representation.</p> <p>The overall aim is to do things differently to improve the process, engage communities, carry out informal information sessions, building relationships prior to application and appointment. This is to remove any barriers, concerns or anxieties individuals may have, and to build trust with us as an organisation. This will help raise the profile of Healthwatch Birmingham and Solihull in the process. We will look at where we advertise, wording of the advert, role description and the application process itself.</p>	

	<p>We also want to identify an independent panel member, as we want to recruit for Solihull and will look at having a community leader from Solihull and a community leader from one of our diverse populations as well (AC).</p> <p>Thanks to Andy for presentation and Neelam for agreeing to help with the process (RB).</p> <p>There are two schemes in Birmingham that involve diverse applicants, who are looking for their first NED roles who we have never traditionally advertised with. One group has gone through online assessments where they have been introduced to being a board member but need their first proper experience of it and there are others ie. Common Purpose who work with young women leaders as well. Both of them have expressed interest so wanted to ensure that we have diverse candidates and profile. I have recent examples of supporting third sector organisations and happy to champion this area of work. (NH).</p> <p>Suggest could go through a head hunting agency if current approach doesn't produce the NEDs that we need (JJ).</p> <p>Agreed to keep on the agenda and look at this option if the current approach doesn't produce the NEDs needed (RB).</p> <p>BVSC is currently working with an individual who has been training up a diverse and younger cohort for people to go on and do NED roles. (JR).</p> <p>Action - NH, AC and DH to meet and map out actions needed and report back to the December board meeting.</p> <p>Board happy to proceed and hopefully have more positive news to report by next board meeting (RB)</p>	
Operational Performance		
5	<ul style="list-style-type: none"> • Healthwatch Birmingham Update <ul style="list-style-type: none"> ○ Year 2 - Annual Summary Report for Commissioners. ○ Quarterly Report - Contract Period Q4 (May - July 21) ○ Activity Update - August - September 21 • Healthwatch Solihull <ul style="list-style-type: none"> ○ Year 1 - Annual Summary Report for HOSC. ○ Quarterly Report - Contract Period Q4 (April - June 21) ○ Activity Update - July - September 21 • Volunteer Update 	
	<p>AC reported as follows:</p> <p><u>Healthwatch Birmingham</u></p> <p>Year 2 - Annual Summary Report for Commissioners</p> <p>We had a really successful year last year with a really good second half of the year and achieved our contractual targets. We've had full sign off and approval given by the commissioners to receive the 10% payments by results which we have invoiced for. Commissioners are very happy with our performance and direction of travel and our ambitions of working with the ICS system.</p>	

Quarterly Report - Contract Period Q4 (May-July 21) & Activity Update - August-September 21

Qtr 1 year 3 - had a good quarter for feedback numbers but are short of target, moving forward we need to use our capacity wisely to increase our face-to-face engagement which we have started to do at a low level and also increase our online engagement.

Attended two face-to-face events:

Health and Wellbeing fun day with Oscars - it was our first face-to-face event and we took a lot of learning from it. The main thing we learnt was that some individuals are still nervous coming to events and to stand for long periods of time to give feedback, so where people were visiting stalls it was a quick interaction rather than what we were doing before. We are working out ways of how we can build confidence in people and how we can follow up after the event where people have got a good story to share with us.

Birmingham Pride - attended together with Healthwatch Solihull, which is one of the benefits of us working together to do big events like that and increase capacity. Again there was a lot of learning on how we can improve the capture of feedback. We now do a satisfaction survey around our services to get feedback of how we can improve. Everyone who attended our stall was happy and positive with the interaction and got the information they needed and scored us highly in the poll around satisfaction.

Information and Signposting numbers continue to increase and are on track to hit the target for quarter 1. The service is currently at capacity however we are developing our Information and Signposting offer whilst out on face-to-face engagement and working closely across the two teams to share capacity where needed.

Reports:

Our second Covid Lockdown report was published a few weeks ago and highlights the work carried out during this period, in particular the work around waiting times with UHB and improving the letters that were going out to patients. The report highlights the need for increased support for individuals whilst they wait for treatment.

Young People's Mental Health report being launched this week - we have had a lot of interest from the media and have had a very good Comms and Media plan which has resulted in good links with ITV News and Birmingham Mail who are going to feature the report. In both instances we are able to put them in touch with some of the young people that took part in the investigation to share their experiences which the media really likes and we should see the reports featured in the media this week.

Health Inequalities in the Somali Community and the Sight loss follow up reports - are coming out and will be staggered appropriately to manage the comms. The reports will look at the changes that have been made as a result of our work.

We continuously improve and have got really good connections with the media. RB was on BBC and ITV news last week and we also featured in the Birmingham Mail.

In relation to public events it would be really good for board members to be at larger events (RB).

Action - Programme of events to be circulated to board when becomes available.

When look at the breakdown of what kind of feedback we had received from patients and the public one of the statistics was that 25% of the feedback we were getting were requests for advocacy or support like advocacy. Are we doing an audit on where signposting to in particular where there are success stories that come out of that or if people don't get the service or the results that they are looking for. There may be lessons that come out of that advocacy work and grievances people express about issues that we need to raise in the health and social care system more broadly (RB).

We have developed a satisfaction survey which goes out to all information and signposting cases, to ask if issues were resolved and ask for feedback on how we helped them. This can be developed to ensure we are capturing the outcome of their signposting activity and how the agency has helped them.

Healthwatch Solihull

Year 1 - Annual Summary Report for HOSC

Year one completed successfully, the team really rose to the challenge and achieved everything we needed to. This was against the backdrop of new ways of working, the pandemic and new staff teams. We have had a very successful contract meeting with the Commissioners in Solihull who are very happy with performance and looking forward to performance in year 2. Our Annual report was presented to the Solihull Scrutiny Committee, our work and performance was welcomed and a word of thanks came from elected members for the hard work that the team put in throughout the pandemic and the support of volunteers in particular. Congratulations to the team.

Quarterly Report

Qtr 1 - we have good numbers again on feedback but Solihull had two vacancies in the last quarter. We have successfully appointed to one post and the team have done remarkably well and continue to have good reach and engagement and face-to-face activity has sharply increased. They have done a lot of work around learning disabilities and difficulties groups where they have gone on a number of occasions to build relationships with individuals and on the third week of attending the quality of feedback and information sharing really improved. This shows the value of building trust with particular communities and working in partnership with the voluntary sector and how that can improve what we hear.

Work around care homes has started again, in particular there is a project around attending care homes, talking to residents, capturing experience but not just around experience of the care facilities themselves but of the wider services that they receive help and support from. A programme of activity is being developed increasing the number of residential homes we are working with.

We are also developing a volunteer recruitment programme to support face-to-face engagement and care home work.

Reports:

GP access report was previously published and is still the number one thing that we hear about. This is a national issue but a particularly hot topic in Solihull to the point that the relationship between the public and GPs is really strained. We continue to hear the negative feedback which is part of the

follow-up report for the GP access project and we are continuing to work closely with PCNs and the CCG.

Looking at future investigations it has come through in the feedback around young peoples mental health and access and specifically around self harm and pathways for young people around that. The research protocol is being developed and how we can have impact with this project.

So, a successful first year and a good start to year two with good plans for delivery against all of the targets.

Is it GP access across the whole system which is an issue or are there pockets of good and bad access issues? (PR)

There is variation in Solihull and some GP practices are performing better than others. However there is a systemic issue around GP access at this moment in time. Within the media you would have seen reports that only 50% of appointments are face to face, and individuals have got continually frustrated around appointment booking systems, telephone systems and not being able to access GPs. We are working with the CCG and there is an ongoing piece of work around GP access for Birmingham and Solihull who are reporting directly to NHSEI on the issue.

Thanks to AC and thanks to staff over the past quarter (RB).

Volunteer update

Welcome extended to TP and JD.

Healthwatch Birmingham

TP reported as follows:

Received one volunteer question. ML has made a suggestion for the volunteer representative at board meetings to be invited to stay for the whole of future meetings but not to hold any voting rights.

AC commented that this is a good suggestion and we have been working on increasing the number of agenda items held in public to increase transparency.

Action: To ensure Volunteer Reps are invited for the whole Board meeting.

As AC mentioned we have been moving onto more face to face engagement. I recently attended OSCAR event which had quite a good turn out across the community. I continue to email my other peers and have been in liaison with MM in respect of his handover notes and engaged with CKN on that too.

Thanks were extended to Tim for report (RB).

Healthwatch Solihull

JD reported as follows:

Had a couple of catch-up meetings with NT and GB to get up to date.

Volunteer meeting scheduled for tomorrow morning. In terms of investigations I will be supporting Kemi and the team once topic agreed. There's a young volunteer called Rhianon who is our young ambassador who is monitoring the young Healthwatch Instagram page and she is doing some video content at the moment. I will be attending team meetings once a month to enable me to update the board in terms of engagement work. A lot

	<p>of volunteers were lost due to the pandemic, three will be attending the meeting tomorrow, trying to re-establish getting volunteers back</p> <p>Thanks were extended to TP and JD for their support which has been invaluable in supporting volunteers and JD in Solihull with ideas around recruiting volunteers which has been invaluable to the officers. (RB)</p>	
6	HR Update (Public)	
	<p>AC reported as follows:</p> <p><u>Healthwatch Solihull</u></p> <p>There were two vacancies, a new Community Officer was recruited in July and an Information and Social Media Officer is due to start on the 1st November.</p> <p><u>Healthwatch Birmingham</u></p> <p>Volunteer and Community Officer left in September for another position, and have now appointed a new Volunteer and Engagement Officer who is really passionate about volunteers and due to start on the 25th October.</p> <p>Partnership Officer has recently resigned and we are currently reviewing the JD to make sure it fulfils all the gaps in the system that we need and will then go out to recruit.</p> <p>It is unfortunate that we have had a few resignations recently , exit interviews have been undertaken and any learning from those exit interviews will be implemented moving forward.</p> <p>Pass on thanks to staff that left and welcome to the new members of the team (RB).</p>	
7	Demographic Reporting - Gap analysis	For discussion
	<p>AC reported as follows:</p> <p>Reassured the board that monitoring demographics is central to everything we do and we are proactive to record and identifying where we have gaps, and are tailoring our engagement work as a result of that.</p> <p>There is a piece of work, which was instigated by the Board at a previous meeting to find out if there have been any changes to who has accessed our services as a result of the pandemic. In changing the way we have engaged individuals has that changed who we have heard from? Only been able to do this from Birmingham data, because that's where we've had the pre and post-pandemic data. We have been able to identify where we had gaps in our data and the table sent out as part of the report shows a RAG rating highlighting the best ways to engage particular groups.</p> <p>Moving forward we will use this information to tailor the Community Engagement plan.</p> <p>Action - AC to send demographic update for board members to digest in own time.</p> <p>Report received with thanks (RB)</p>	
Governance Updates		
8	<ul style="list-style-type: none"> Healthwatch Birmingham and Healthwatch Solihull Strategy - Update paper 	For discussion

	<ul style="list-style-type: none"> • Strategy Action Plan 	
	<p>RB welcomed CAG to the meeting.</p> <p>Want to go through where we're up to following all the activity that has been done, to agree the strategic aims but actually the work that has now developed into an outcomes framework, through using the theory of change. Agreeing that today really sets out the framework for the strategy moving forward. I will then talk you through the work that has been done in turning that into an action plan but focussing in on two key areas that the board need to be focussed on moving forward and a request. Before I take you through that element it is important for us all to make sure that we have the full understanding of the direction of travel and the framework that we are working to. CAG will take you through that so we can all agree that part of the process first (AC).</p> <p>CAG presented his report and took the board through the journey so far.</p> <p>In effect the theory of change is the back bone of any action plan. So hopefully we are in agreement that in July we had the idea around health inequalities, hopefully you can see from the report how we actually get to some outcomes. I think that having the strategic aims is fine but what we are actually trying to achieve and that is what I have explained in the theory of change.</p> <p>So many of the strategic aims are inter-related when we are looking at the strategy of the organisation as a whole it is both for our core aims and mission and how we can build in additional work and additional outputs. (CAG).</p> <p>AC to run through the kind of things where we are going to have to make decisions in principal today (RB).</p> <p>Across the strategic aims and outcomes there are interdependencies and what we've been doing since the last meeting is really drilling down, around what outcomes look like and what the opportunities are and where we need to see improvement. That ranges across a number of areas; 1) the elements actioned by improving delivery of the Healthwatch contract 2) the opportunities externally that we can take advantage of to progress the strategy moving forward which adds additional capacity and resource to us as an organisation.</p> <p>Across all the strategic aims and outcomes we have been developing an action plan across the next 5 years. When we were focussed down on what needs to happen in year 1, there were two areas that really came out as areas where we need to seek approval from the board today: 1) To approve our ability to take advantage of funded opportunities within the draft strategic framework and 2) to approve the investment of £45K of available reserves to recruit and Project Manager to raise funds, create project bids and successfully complete projects.</p> <p>Any comments on the principal of moving forward to put in place the appointment of a Project Manager post? (RB)</p> <p>In principal I support it entirely, however in terms of the public involvement role as it is one of the issues that I have raised a number of times, how will Healthwatch and public Governors work together, to increase the use of insight and experience in that role.</p>	

	<p>That is one of the opportunities we are progressing as part of this project where we need additional capacity.</p> <p>Board approved, in principal, subject to the finance. AC to firm up the proposal for a Project Manager post and then return to the strategy and a more rounded action plan to look at in the December meeting (RB).</p> <p>Action - To develop the project manager role and progress opportunities available to us.</p> <p>Action - To bring the Strategy for approval to the December Board meeting.</p>	
9	<ul style="list-style-type: none"> • Board Work Plan Updates - <ul style="list-style-type: none"> ○ Healthwatch England Quality Framework ○ ICS Development - Meeting with Yve Buckland ○ Board Workplan 	
	<p><u>Healthwatch England Quality Framework</u></p> <p>AC gave a verbal overview of the completed Self-Assessment process and resulting action plan against the Quality Framework.</p> <p>The action plan from the Quality Framework will sit hand in hand with the strategy action plan and there are similarities within both.</p> <p>Leadership and decision making domain - the three main outcomes from that are (i) develop our strategy further as already discussed (ii) look at Key performance KPIs and developing those and (iii) to review our governance policy and procedures and in particular review our decision making procedure.</p> <p>People domain - to develop and improve a regular staff well-being survey to identify any issues for staff and identify any areas of support for staff. We did a form of this through the pandemic to build on. Maintaining our Investment In Volunteers accreditation which is up for renewal.</p> <p>Sustainability & Resilience - the two main actions are (i) Varying our income generation through delivery of the strategy (ii) to improve our comms and impact reporting, building awareness and trust with the public and stakeholders.</p> <p>Collaboration domain - three main actions that come from that is (i) to improve links with universities (ii) to improve our links with the CQC (which we have already started) and (iii) to implement the new strategy moving forward which develops partnerships across different organisations within the system.</p> <p>Engagement, involvement and reach domain - (i) improving our children and young people engagement, (ii) carrying out gap analysis of our referrals and outcome mapping around information and signposting and (iii) to improve the satisfaction survey to ensure that we are doing a good job and people are getting the services that they want from us.</p> <p>Influence and Impact domain - (i) increasing and improving our comms, (ii) carrying out an annual 360 Stakeholder Survey to understand our relationships and perception of our relationships with stakeholders, (iii) to improve our</p>	

	<p>impact reporting making sure that there is patient and person centred messaging and that our impact is measured and (iv) to make sure not missing any impact across all of the routes.</p> <p>Board members to send any thoughts over the next week whether you agree with it and whether the actions sound sensible and I will compile into a final document and send to Healthwatch England for approval which they will go through and scrutinise it and get back to us with any comments.</p> <p>Action - Board members to send AC any comments within the week. Action - AC to update action plan and send to Healthwatch England for approval.</p> <p><u>ICS Development - Meeting with Yve Buckland</u></p> <p>We are meeting with Yve Buckland - Chair of BSol ICS on the 3rd November. AC asks board members to contact him with any specific questions they want Yve to cover in her presentation. There will be opportunity to raise questions at the meeting itself.</p> <p>Action - Board members to contact AC if they want to raise any other items with Yve Buckland</p> <p><u>Board Workplan</u></p> <p>This is for information and will be updated with the relevant changes as a result of this meeting and agreed actions.</p>	
10	Any Other Business	
	<p>There was no other business to discuss.</p> <p><u>Date of next meeting:</u> Wednesday 8th December, 2021</p>	