Board Meeting

Date of Meeting: Wednesday 16th March, 2022

Healthwatch Birmingham Board Meeting
Time: 4.30 pm – 7.00 pm

Venue: Virtual Meeting

Attendees

Board Members in attendance		
Andy Cave (AC) - CEO	Richard Burden (RB) - Chair	Jane Upton (JU) - OM
John James (JJ)	Ranjeet Singh Bhupla (RBu)	Tony Green (TG)
Jasbir Rai (JR)	Di Hickey (DH) - minutes	Tim Phillips (TP) – HWB Volunteer Rep
Public in Attendance		
There were no members of the public in attendance to observe.		

Apologies

Neelam Heera (NH)	Peter Rookes (PR)	James Doyle (JD) – HWSol Volunteer Rep

Public Session

1	**Welcome & Introductions - Noting any members of the public in attendance and Apologies**	For Noting
	RB welcomed everyone to the meeting.	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	**Minutes of previous meeting (8th December, 2021)**	For Approval
	The minutes of the previous meeting were agreed as a true record. There were no matters arising.	
3	**Actions Arising - All** **Action log**	For Action For Noting
	Action log items on the agenda for this meeting.	

Operational Performance		For Noting

4	• **Healthwatch Birmingham Update**
	  ○ **Quarterly Report - Contract Period Q2 (November 21 - January 22)**
	  ○ **Activity Update - February 22**
	• **Healthwatch Solihull Update**
	  ○ **Quarterly Report - Contract Period Q1 (October - December 21)**
	  ○ **Activity Update - January & February 22**
	• **Volunteer Update**	

	AC reported as follows: <u>Healthwatch Birmingham</u> Performance update covers highlights from the Quarter 2 Report (November 21 to January 22) and a verbal update on activity post January to date. **Reach & Engagement / Feedback numbers** - Feedback numbers heard each year is our performance by results KPI. Started the year off slowly, missed the target on quarter 1 but have now caught up due to increased face-to-face engagement during quarter 2. We have had events at Birmingham Womens Hospital (BWH) and feedback from vaccination centres as part of the booster round over December and January. Numbers via other routes also increased due to the dentistry investigation survey, where we ran a number of polls across social media which resulted in a large amount of feedback coming through. We are a third into target in quarter 3 so still remain on track. Important to note we are currently without a full time Engagement Officer role, however there is capacity for engagement built in,to another role so activity continues whilst we recruit new Engagement Officer(s). **Marketing & Comms** – Going really well. One of our strengths is PR & Marketing, we have built relationships with the press over the last eighteen months. The press activity contact us for comment on local health and social care news and are picking up our press releases. In the written report there are a couple of links to articles that RB has been involved in. **Volunteering -** With our Volunteer and Engagement Officer (VEO) leaving it has given us an opportunity to look at what we do around volunteering. We have decided to split the volunteer co-ordination element from engagement to create a single Volunteer Co-ordinator for the whole organisation working across Birmingham and Solihull.. We are pleased that GB has agreed to become our Volunteer Co-ordinator for Birmingham and Solihull and she will start on 1st April, and will focus on increasing volunteer numbers. This will also help us to maintain that connection with our volunteers and really grow our volunteers pool moving forward. We are pleased to say that we have had some long lasting volunteers that have stayed with us throughout the pandemic and TP really helped us keep in contact with our volunteers. We recently ran a successful training course for new volunteers and retrained some existing volunteers to get them back into the habit of face-to-face engagement.	

Information and Signposting – Continues to be on track and continues to attract good numbers in Birmingham, mainly through telephone and online (email or website). As we build face-to-face engagement we are building the skills of our vounteers to do information and signposting whilst at engagement events.

Investigations and follow up reports - On agenda later. Copy of our 'What We Heard' report is included in the appendix of the report. This is an excellent summary of what the public have told us, to prioritise workload and to raise at external meetings with health and social care. The report has been developed further into a good comms piece, which summarises the report to go out to all key stakeholders and the public. This is also now shared with the press and as a result have had a number of conversations with them around future articles, notably one around GP access.

Birmingham are on track, we have some challenges around capacity, and we will be going out very soon to recruit the Engagement Officer post(s) which means we will have increased engagement capacity as a team.

Healthwatch Solihull

Performance update covers highlights from the Quarter 2 Report (October – December 21) and a verbal update of activity post December to date.

Reach and engagement – currently underperforming and being reviewed to ensure capturing all the data we can. At the start of Quarter 3 we now have a fully functioning KPI dashboard for Healthwatch Solihull, which really pulls out all the different data sources. Doing that in quarter 3 allows us to identify if there is any missing data.

Feedback numbers – Even though the engagement numbers are low, feedback numbers are high. Healthwatch Solihull had a slow start in quarter 1 while they recruited to vacant positions but are now fully on track and at the half-way pointof the year, we are at 55% of the target and continue to remain on target in quarter 3. It is really positive the amount of engagement that took place and they attended a number of activities in December where they went to Touchwood and Chelmsley Wood shopping centres.

Community Engagement – As we are getting used to doing face-to-face engagement again, the public are building confidence to speak with us and having a continued presence at locations Solihull is paying off. Solihull have piloted a couple of engagement sessions within care homes, where they have been speaking to residents to understand their experiences of health and social care. Working with the Council we are identifying what care homes to prioritise and developing a programme of activity. Solihull Council are pleased that we are able to get into care homes again now that restrictions are lifted.

Investigations and reports – This will be covered in detail in the later agenda item, however we continue to work on the two investigations 1) Access to NHS Dentistry and 2) Self-Harm pathway for young people.

We have noticed this quarter that Solihull have a much higher rate of escalations than Birmingham and will look at the reasons for that across the team.

Do we look at repeat reoccurrence of someone leaving views or do we look at if it is the same person providing feedback. Is there a pattern emerging? (RBu).

	In our attempt to maximise the amount of feedback we hear from people, we encourage multiple pieces of feedback to be left ie. if we speak to someone around their treatment at hospital the likelihood is that it would have been a referral from their GP, so through increased questioning we can get more feedback from them (AC). **Action – Investigate if we are able to identify from our data if individuals are leaving multiple pieces of feedback.** It would be worth looking at what has been the result of escalations as the effectiveness of our escalations is part of that work (JJ). Whether it's a safeguaring referral or referral to the CQC they are not very good about coming back to us with the outcomes so we have to be pro-active (AC). We are now having regular meetings with the CQC and it is an area that we have flagged with them to try to ensure that they are picking up things that we put over to them and we will get more feedback from them around that (RB). RB asked AC to pass on thanks to both teams. <u>Our investigations and report schedule</u> JU reported as follows: <u>Healthwatch Birmingham</u> We have four investigations (i) access to NHS dentistry – which is joint with Healthwatch Solihull, (ii) report about GP access, (iii) day opportunity services provision through Birmingham City Council and (iv) topic to be finalised. The reports are being published by the end of quarter 4, partly because of the amount of work we've had to do, partly trying to avoid Purdah in April. We are developing a different system of project management to ensure that we publish an investigation every quarter so that it doesn't end up all at end of the year. They are not small pieces of work they are good, indepth investigations and that's how we get so much impact. We are constantly trying to balance the detailed work that we do with ensuring that we are able to publish one each quarter. It is a learning process and we are going to use Prince 2 & Agile to see if we can get better at that. We are also publishing the quarterly reports ie what we heard reports, demographic reports, quarterly data reports and publishing our consultation responses (10/20 for this contractual year). <u>Healthwatch Solihull</u> Doing an investigation around young people and self-harm which is due out in quarter 4 (June). Access and GP services was done in June 2021 and the impact report will come out in April, but will be marketed in May, due to Purdah. Solihull are also involved in our joint dentistry report with Birmingham. In addition, we are also publishing newsletters, quarterly reports, What We've Heard reports, demographic reports and doing consultation responses. Dentistry study (joint report) is now being analysed and and will be published on the website in April, marketed in May with a follow up report coming out in October this year.	

	Impressive and detailed work coming out, and I can see as far as reports go that we have got those established for several months ahead now. It's important to be able to marry up our ormal reports, those in progress , but also things that will be coming up from the What We've Heard reports ie. The Young People's mental health report got a lot of attention and our response to that was it was good to see Forward Thinking Birmingham (FTB) were going to address the issues in the report. Mental Health continues to be an issue raised in our What We've heard report too. So when and how do we measure that? (RB). CKN will be looking at the key issues and tracking them with the provider to find out what has and hasn't changed and assessing the impact for that. Combined with that is the roll and gather of data which will be used as well. The impact report is being done in June. CKN is in regular contact with FTB (JU). How interested are commissioners regarding what we are proposing in terms of investigations and how much do they influence what we choose to investigate (JJ). One of the key questions that we ask ourselves is, are we able to get impact as a result of our work. Do the commissioners already know there is an issue and if so are they already doing work on it? ~If they already know and not doing any work on it, we can highlight that without an investigation and put pressure on them to take action. The ideal situation is that no-one knows about it in the system and therefore we we can do an investigation to really understand the situation. Sometimes our work can fall into recommissioning and review timescales which is a clear opening for service change. The majority of times though it isn't as part of the commissioning cycle and therefore service change needs to happen at provider level with the support of commissioners as part of continuous improvement. We are able to adapt to ensure we work in the right way to maximise impact. It is a crucial part of our investigation process, as soon as a topic is identified, we identify the decision maker that can make changes as a result of that work and get their buy-in to that investigation. Part of that is to really understand where the constraints to change are. Also we need to understandwhat they already know and what will make the biggest difference to them to effect change. Through that process we can really taylor our data collection so that we hear exactly what will effect change. If we talk to the decision maker and they don't want us to do it, we will still continue to do it.	
5	• Investors in Volunteers Award • Volunteer Update	For Noting
	<u>Investors in Volunteers Award</u> JU reported as follows: A briefing with Investors in Volunteers (IIV) is due to take place on 4th April which will be attended by RB and AC. The briefing is to give us an overview of what the process is. The process over the next 6-12 months, is to have a briefing, do self-assessment, develop an action plan, improve practice, and then we get assessed by IIV. Achieving the award is not the end of the process and we see this as a tool to continually improve the way we recruit, train and retain our volunteers, demonstrating our commitment to them. They are going to be looking at five quality areas (i) the vision, (ii) planning (procedures & policies), (iii) volunteer inclusion (equality), (iv) recruiting and	

	welcoming volunteers, where we have quite high targets for both organisations, (v) how we support the volunteers and how we value and develop them. The assessment involves selecting volunteers from both Birmingham and Solihull, staff involved with volunteers, managers and some Board members to interview. There will be a selection of 1-2-1 and group interviews. Do we have a sense of how many organisations take part. Trying to understand how it brings value to the organisation ie. cost of renewal versus value it brings. Should compare and if it does bring value happy to support that (RBu). It is a very well known Quality Standard for the voluntary sector. Well sought after, we got it in 2018 so this is the renewal point. Shows how we support volunteers and is an important quality mark for any tender process (AC). **Action – AC to find out how many Healthwatch take part in the IIV scheme** I am seeing it as a process of improving what we do, a reflective quality improvement tool. We should use this to make sure we are being the best that we can be (JU). Agree with JU's sentiments, and allowing ourselves to be put up for scrutiny and good for the organisation in doing that. How are we going to use that to market ourselves and make us more attractive to volunteers and use as a selling point. (JJ). We are going to be doing a whole body of work, because GB has now got this new post which is really exciting, and gives us a good opportunity to become much more attractive for volunteerss to come and work with us. Thinking how we use this to market ourselves is really important and we will make sure this is front and centre to any recruitment campaign. <u>Volunteer update</u> <u>Healthwatch Birmingham</u> Recently carried out some video recording with existing volunteers. The aim is to promote why existing volunteers came to Healthwatch and what we get out of it, which will be used to recruit new volunteers. Also did some community engagement training which was a refresher for existing volunteers and new volunteers were given new information (TP). <u>Healthwatch Solihull</u> JD was unable to attend the meeting for an update. AC commented that Solihull volunteers continue to be supported in their roles and increasing activity. In particular there is keen interest to support engagement activity in care homes.	
6	**Demographic Reporting**	For Noting
	<u>Healthwatch Solihull</u> In the December meeting we reported that we felt that we could bring a full demographic report for Solihull to this meeting, unfortunately we have not been able to do that. A briefing report has been provided to assure you that work is being done. We have been working hard to increase demographic recording across all routes ie. the feedback centre as part of the new website has the full diversity monitoring recording set up.	

	Solihull is improving, even though no report in place, we have been using the data in verbal updates to the engagement team within Solihull. For instance,we now know the majority of people that Solihull have been hearing from have been British Women aged 40 and above. We have also identified where the gaps are, for example: LGBTQ+ community, young people, religious communities, people with disabilities. The team have already carried out work to reduce these gaps.A good example was that back in September where we did a joint piece of work attending Pride which has increased the LGBTQ+ monitoring for both Birmingham and Solihull. With recording and reporting processes being in the position they are, a full report will come to the June meeting.. <u>Healthwatch Birmingham</u> In quarter 2 there was a really good spread across the whole of Birmingham, it was clear in this report that we heard less feedback from North and areas of West and East and there are a couple of wards that we have not heard from at all. We did alot at Birmingham Women's Hospital in South Birmingham, so will trigger us to do more in quarter 3 in those areas. The aim is to target our activity so that at the end of the twelve month contractual year we can be guaranteed and assured that we've heard from everybody that we need to.. We compare our data to the latest census data. We do understand that the 2011 census data is old data now, but is the best measure we can benchmark to. We look forward to the 2021 census data being available. Example gaps identified that need to be addressed are (i) younger people (ii) men, , (iii) Black Caribbean. We are focussed on those who are most likely to experience health inequality in both Birmingham and Solihull and this report helps us understand what activity is resulting in who we hear from. Face-to-face engagement has been a challenge the last few years, but now we can go out into communities we can build trust and partnerships to hear from everyone we need to.	
Governance Updates		
8	**Feedback from NED 121's**	For Noting
	RB presented feedback and reported as follows: The report shows a summary of key points that came out of our 1-2-1 meetings. For example, how board works and strategy going forward. There were a number of individual areas to look at and suggestions which have been shared with AC and he will get back to NEDs who have raised those issues. Actions coming from the 1-2-1 meetings will be built into our ongoing Board work programme. Thank all of you for meeting which found useful and illuminating (RB). JJ thanked RB for carrying out the 1-2-1s.	
9	• **Board Work Plan Updates -** o **NED Recruitment** o **Strategy Update (Governors Project & GP Access)** o **ICS Development** o **Board Workplan**	For Noting For discussion

	• **Formal and Informal Meeting Schedule – Engagement between Board Meetings**	
	NED recruitment AC reported as follows: NED recruitment is a major priority and two pieces of work need to be done which were discussed at the last meeting i) to make sure that as an organisation we are an attractive place for NEDs to come and that they feel supported. ii) to kick start a rolling recruitment programme for new NEDs. These two pieces of work will be done simultaneously. The current NED Role Description was circulated ahead of the meeting for discussion. The decision was made that a full Job Description and Person Specification is fine for when someone has expressed an interest but also need to understand that not a good advert to encourage people to come forward. Will supplement with a much more proactive welcoming message/advert and offer an informal chat with the Chair. Strategy Update Our new strategy was approved at the last meeting and, there are three key projects to draw board members attention to. 1) Governers Project – This project aims to increase the amount of citizen experience used by governers in their role. We have had positive conversations to work with both the Mental Health Trust and the Community Trust on this. Due to capacity constraints within the trusts we have not been able to progress and will continue to book this work in as soon as we are able. 2) GP Access – In addition to our investigations in both Solihull and Birmingham around GP access, we are working with the CCG to understand what additional work is needed with patients and the public in this area. 3) Birmingham and Solihull Integrated Care System – In the development of the local ICS system we are in continuous talks to identify how we can increase capacity and develop a proactive engagement mechanism for the ICS system. In particular our challenge is working across all localities at all times. As a small organisation this will be difficult. We are well placed now to work at system level which is a different challenge compared to other local Healthwatch areas. Workplan Formal and Informal Meeting Schedule – Engagement between Board Meetings Arose from 1-2-1s and about trying to get in place policy focussed discussions on the board and suggestions about getting Marmot to do a session with us and doing a session on the State of Care report have been identified. (RB). AC presented Workplan and reported as follows: There are a number of growing areas to include in the work plan. These are:	

	1) Current Board Projects on the workplan 2) Items from the NED 1-2-1s 3) Actions from the Quality Framework 4) Actions from our New Strategy 5) Informal Board meetings With the growing workplan there are increased challenges to manage capacity. We are working on increasing capacity for delivering the workplan. We will continue to work on the plan to include all areas outlined. **Action – DH to send out Doodle Poll to arrange board and other meetings.** Next Quarter we are also committed to starting the regular CEO Briefiengs for NEDs, which Board members have previously found useful to stay up to date between meetings. **Action – AC to send out CEO Briefing.**	
10	**Any Other Business**	
	There was no other business to discuss. The meeting closed at 6.25 pm. Date of next meeting: 5.00 pm on 15th June, 2022	