

Board Meeting

Date of Meeting: Tuesday 13th December, 2022

Healthwatch Birmingham Board Meeting

Time: 4 pm - 6.30 pm

Venue: Hybrid meeting

Attendees

Board Members in attendance		
Richard Burden (RB) - Chair	Andy Cave (AC)	John James (JJ)
Marcus Parsons (MP)	Ranjeet Bhupla (RBh)	Ruby Dillon (RD)
Max Qayyum (MQ)	Jane Upton (JU)	Di Hickey DH - minutes
Tim Phillips (TP) - HWB Volunteer Representative		
Public in Attendance		
There were 3 members of the public in attendance to observe.		

Apologies

Peter Rookes (PR)	Jasbir Rai (JR)	James Doyle (JD) - HWS Volunteer Representative
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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 (18th October, 2022)	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
	<u>June 2022</u>	
	Action 1 - Changes to KPIs for ICS - contract variations. Conversations still ongoing, likely to happen before March meeting and will update board members via email. Remains on action log.	

	<p><u>October 2022</u></p> <p>Action 1 Circulate Doodle poll to set December and March board meeting - action closed.</p> <p>Action - DH to circulate dates for March meeting.</p> <p>Action 2 - Demographic reporting. Forward Community Engagement Model to board members. On the agenda to discuss - Action closed.</p> <p>Action 3 - NED recruitment - will follow up with learning from recruitment with MP and RD.</p> <p>RB had informal conversations with more perspective NEDs and we hope get formal applications before next meeting.</p> <p>Action 4 - Board Workplan - Integrated Care System (ICS) changes. An email outlining the changes to leadership within the ICS was circulated to Board members via email. Update on University Hospitals Birmingham is on the agenda.</p>	
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Operational Performance		
4	<ul style="list-style-type: none"> • Volunteer Stories • Healthwatch Birmingham Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q1 (Aug 22 - Oct 22) ○ Activity Update - November 22 • Healthwatch Solihull Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q2 (July 22 - Sept 22) ○ Activity Update - Oct & Nov 22 • Community Engagement Model 	<p>For info</p> <p>For Noting</p>
	<p>AC updated as follows:</p> <p><u>Volunteer Stories</u></p> <p>It was amazing to hear volunteer stories at the recent get together with the board, staff and volunteers. There were more volunteers than we've ever had at a festive get together before. Thanks to those board members that attended.</p> <p>We had a range of volunteers at the event who have been with us from the beginning, who shared stories of the learning, the confidence building, the things that they have got from Healthwatch that has really progressed them in their life as well as their careers. In particular one volunteer, who has received really good support over the years from us, is now doing a social work degree at a stage in her life where she thought she wouldn't be able to, but due to the confidence that she has built by volunteering with us it has really helped and a really good outcome.</p> <p>There were a number of new volunteers, in particular there were a couple of volunteers who have joined us who bring specialist skills ie. hearing from people with hearing impairment or language barriers who will support individuals to share their experiences.</p>	

Action - volunteer videos to be produced and shared at the March meeting.

RB reported that it was an inspirational event and was pleased that there was a good team spirit between staff and volunteers. MP also reported that it was good for him to meet everyone.

Quarterly Performance Reports

New style four block report which includes a performance dashboard, was introduced which aims to better evidence our performance against Key Performance Indicators (KPIs) and give board members both a snapshot against targets with the detail needed to understand performance.

We received feedback at the last meeting from Board members that it is important to still detail the dialogue around performance and the impact stories really pull that together. We have been mindful of this feedback and as we develop as a staff team, the stories should develop around how we describe our work, in particular how we describe our impact. This is in combination with continued public communications which celebrates our impact.

Healthwatch Birmingham Performance

Feedback numbers / Reach & Engagement

We have reached our Quarter 1 feedback target for August to October, with 2,300 pieces of feedback. We continued in November with 509 pieces of feedback which is a positive start to Quarter 2. This is traditionally a quieter time of year for us and we have scheduled to do online polls during December and a cost-of-living survey which will hopefully see numbers increase.

Information and signposting

Marked as amber in the reports as numbers have dropped a little bit in quarter one. We were getting feedback from the general public around frustration about challenges within health and social care. We have worked hard to improve this however, and now heard far more in November than we did in the months of Quarter 1, which is now bringing us back up to target. We have positioned ourselves to be able to hear experiences related to the cost-of-living crisis and signpost individuals accordingly.

Community Engagement

Huge improvements in our numbers and activity levels due to our appointment of Kca-Sey Terry and Ghazanfar Sami Khan being in place. 61% of those engaged at face-to-face engagement activity leave feedback which is a much higher conversion rate than other routes of engagement.

Volunteers

We have eighteen active volunteers in Quarter one, increasing to twenty four to end of November. The recruitment, training and development for volunteers is now starting to pay off and we are seeing those numbers increase.

Investigations -Maternity Study

JU reported as follows:

Chipiliro Kalebe-Nyamongo (CKN) leading on study and she is going to publish in January. The study is focussed on West Birmingham and involves getting the views of Black African and Black Caribbean women. To overcome some initial engagement challenges our team hit the streets of West Birmingham and pro-

actively engages women in the area. This ensured we were hearing from those who might not otherwise be engaged.

We are now theming data and getting some really interesting findings around discrimination, FGM and lack of cultural awareness.. Draft to be sent to stakeholders for a response, and we will publish in January when we hear back.

There have been quite a lot of reports around dysfunctional maternity services and one of the main issues has been around the disconnect between midwives and doctors. Is this coming out in the findings? (JJ).

Action - JU to ask CKN to look at findings and see if there is a disconnect between midwives and doctors

TP asked JU to clarify difficulties around approaching organisations.

Organisations promised access and wanted payments for access, even when we tried people weren't forthcoming and meetings kept getting cancelled. After each investigation we do a lesson's learnt exercise and there will definitely be one around access (JU).

One of the benefits of CKN talking to people in the street is that we may have heard from people who aren't necessarily connected in the traditional ways and that is why we may have got some interesting findings from that report (AC).

People new to country weren't offered antenatal care as much as people who could speak English and we think there could have been an inconvenience of trying to get an interpreter and we will look into that further as well (JU).

Action - JU and CKN to look into why people who needed an interpreter weren't offered ante natal appointments.

AC confirmed that payment by results is only in the Birmingham contract and solely around the number of feedback we get each year and then 10% of the contract value is then released when we have hit the target. We have only just invoiced for last year due to delay by Birmingham City Council, even though we fully achieved our targets.

Healthwatch Solihull Performance

Quarterly report

The Quarterly report runs a month earlier than Healthwatch Birmingham due to contracting, Quarter one covers July-September 2022.

Feedback

Lower than we would have liked it to be and we just missed target in Quarter 1. Quarter 2 figures have increased with 719 in Quarter one and just under 900 for Quarter two. This means we have caught up and should hit around 50% towards target at the end of quarter two so track moving forward.

Engagement numbers

We aren't quite hitting the target. Looking at why engagement through website is not as good as it could be, looking at how can increase.

Community Engagement

We identified earlier that numbers were low and work has been undertaken and it has now vastly improved. Conversion rates in Community Engagement 52% in Solihull compared to 62% in Birmingham, and it will be interesting to see the differences. Unfortunately, one half of our Community Engagement team duo

progressed into another position elsewhere and we are currently recruiting which has had an impact on our Quarter 2 figures but have plans in place to increase community engagement figures when the new person starts.

Volunteers

Currently have 11 volunteers, not as much interest in Solihull as we have in Birmingham and will be concentrating on more recruitment in Solihull. Overall, as an organisation, there has been a vast improvement in recruitment retention and involvement of volunteers, there is far more opportunity than we’ve had over recent years and numbers are creeping up in both areas as a result of that. Investors in Volunteers is progressing well which is a really positive move forward for our volunteers.

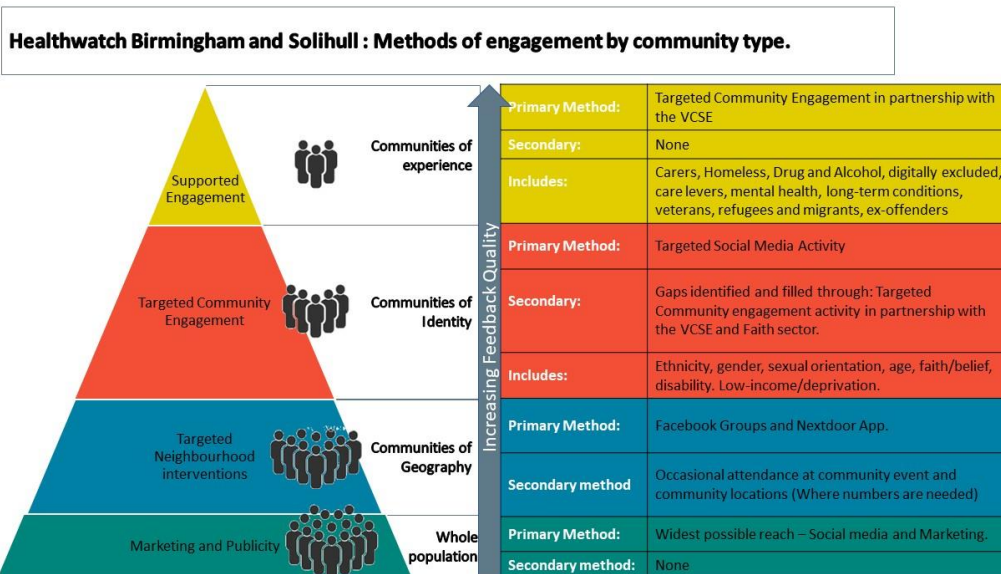
Investigations - Urgent Care Services

Over four hundred and twenty-two people answered the survey and we have interviewed seven of them to understand their experience in more detail. We have identified three things that people wanted to improve more now that the urgent care centre is opening ie communication, distance travelled and waiting times. We have written to the provider asking them to answer questions, which we developed as a team, for which we want to hold them to account to and once have response will publish (JU).

Action - JU to circulate questions to the provider to the board.

Community Engagement Model

We have reviewed our community engagement model to include different engagement methods for different community groups.



Our model has worked well over the years, however we want to upgrade this to understand the most successful methods of engagement, depending on the different equality groupings and what engagement method is best suited for that population. ie. the bottom tier is whole population engagement and the primary method for engaging is our social media and marketing campaigns hearing from those most likely to leave feedback.

As we go up the tiers of engagement to the more supported engagement, we are utilising our resource for face-to-face engagement, where we can support people and really targets gaps within our data.

5	<ul style="list-style-type: none"> • Investors in Volunteers Award • Volunteer Update 	For Noting
	<p><u>Investors in Volunteers (IIV) Award</u></p> <p>JU reported as follows:</p> <p>The purpose of the IIV is to identify how we can improve the experience of our volunteers. We did a self-evaluation, and the main things that we identified was:</p> <p>i) How to better track impact that our volunteers have ie. when they come to an engagement event what difference does it make having them there. Not only helps us to celebrate what they do and also helps to understand the impact they are having on feedback numbers or types of feedback heard.</p> <p>ii) We feel we need to get better at capturing volunteer views and how they are involved in our decision making ie. how do they get involved with our strategy development.</p> <p>Other areas we are developing include:</p> <ul style="list-style-type: none"> • Volunteer Recruitment • Training (for new and existing volunteers) • Increase staff connection and involvement with volunteers • Volunteers involved in Staff Recruitment • Communication with Volunteers <p>We are currently recruiting a Community Engagement Officer for Solihull and we invited volunteers to look at the Job Description and involved them in training and we will also ask them to be involved with the training of the new person too. The importance of this is that when volunteers go out to community engagement, they need to know that the person looking after them really understands their needs and understands volunteering as a whole.</p> <p>The evaluation day is on the 20th March, and IIV will randomly select staff and volunteers to interview to make sure that we are actually doing all the things we said. A Board member is going to be interviewed and I understand that two/three board members have volunteered for that. We will discuss and decide how to go forward, the importance about that role is that we need someone who will really understand what volunteering means to us.</p> <p><u>Volunteer update</u></p> <p>Jane highlighted good way forward in terms of feedback from volunteers and how best we can look after volunteers. Telephone call good, takes away long conversation and a more informal way of getting to know what volunteers are feeling. Encouraging to see volunteers at Xmas get together and all enthusiastic and happy to be there (TP).</p> <p>Volunteers can still have a formal 1-2-1, and we make sure that every volunteer is invited, but they don't seem to want to have them, and we will carry on inviting them. Less intimidating but will not scrap (JU).</p> <p>Involving volunteers in recruitment and selection is really good and have used volunteers in job descriptions and shortlisting in a past job, which helped them see the kinds of skills and qualities we were looking for and have a real input and on the interview panel as well. Volunteers found that really empowering (RD).</p>	

	<p>Having volunteers on board makes them feel more involved and there's a satisfaction that they are able to contribute to recruitment and definitely a good thing (RSB).</p> <p>RB thanked JU and TP for reports.</p>	
6	Demographic Reporting	For Noting
	<p>AC reported on the two reports as follows:</p> <p>New census data released, and we are starting to get a real understanding of what the current position is. Birmingham is now officially a 'majority minority city' or a 'Global Majority City'. Really good to see the figures that we have reported in our demographic reports reflect some of those changes. We are assured that since the last census that who we are hearing from is more representative of people who live in Birmingham and Solihull. Even though there are gaps in the data, we are assured that we knew those trends from what we were hearing. We are pleased, from Birmingham in particular, to hear majority of feedback from those in the most deprived communities which is really important to us.</p> <p>However, when we look at the gaps in Solihull ie. young people, over 65s and men they are regular gaps especially hearing from men.</p> <p>In Birmingham we need to focus on 18-24s, Hodge Hill, Perry Barr. Muslim communities and other Asian backgrounds and to reengage with the LGBTQIA+ communities as well.</p> <p>Men across both services has previously been a gap, we have seen a slight improvement in Birmingham due to the activity that we've done, in Solihull there are developments with Solihull Moors FA to try and increase that engagement with men.</p> <p>At the last meeting it was suggested going to places of employment, particularly in terms of getting feedback from men, is there any progress (JJ).</p> <p>It's an action and we will be looking at further. Changes in staff and the vacancy in Solihull has had some impact. It's a really valuable tool, especially with big organisations like JLR and places like that and could really help.</p> <p>We've had success in getting to younger people through Targeted Youth Support and they do quite a lot of outreach as part of their own role and found them good partners to get to young people and they might be worth linking in with them (RD).</p> <p>The team have some links there and I will feedback to them as a really good route. There are hubs in Solihull designed around young people, and there are opportunities to link in there (AC).</p>	
7	Civi-CRM Retirement - Update	
	<p>Civi-CRM is our main database system, contract coming to an end due to changes to Healthwatch England's Civi-CRM and we have looked at other options and decided to go for other options (RB).</p> <p>JU reported as follows:</p> <p>The transfer is going smoothly and to time but is a huge project. Power BI licenses are in place for six people. JU presented a PowerBI presentation from</p>	

	<p>Birmingham City Council’s Health and Wellbeing Board. It is a way of showing information in a numerical and interactive way so it can be filtered and sliced in any way we want to. We can go in and ask the data questions; we can look at themes, trends and each theme has different indicators so some relevant to some themes and some aren’t. You can even enter google type questions so really interactive and easy to use. One other Healthwatch has started to use on their website so that members of the public can see the themes of what are coming up. This is a huge opportunity, and we can also use this for our investigations, demographic reports, What We’ve Heard report, quarterly reports and it will save so much time. It can produce so many different types of graphs and is really exciting. We will produce our next demographic report using PowerBI.</p> <p>Action - DH to circulate link to Health and Wellbeing Board’s PowerBI to board members.</p> <p>RB thanked JU for report.</p>	
Sharing Information		
8	<ul style="list-style-type: none"> • University Hospitals Birmingham • Key Issues & Priorities • Contract Update - Birmingham and Solihull 	For info For Noting For Noting
	<p><u>University Hospitals Birmingham</u></p> <p>RB provided background information and reported on what reviews have been announced due to the concerns around the performance and organisational culture of UHB. These concerns were reported on Newsnight in early December.</p> <ul style="list-style-type: none"> • To look at the allegations of bullying as per the Newsnight report - to be conducted by a senior clinician outside of Birmingham and completed by end of January 2023. • To look at organisation culture within the trust - to be conducted in conjunction with the ICB and UHB by mid-2023. • Well led review to look at issues of leadership - to be conducted by NHSE to be completed by mid-2023. <p>Our main request is that there has to be an independent investigation and it has to go wherever the evidence leads. We now await to get more information on the three reviews and who is doing them and get in writing confirmation of the three asks that we have put to them.</p> <p>Action - to keep board updated of any further developments</p> <p><u>Key Issues and Priorities</u></p> <p>AC presented the range of key issues and changes taking place in our local Birmingham and Solihull health and social care system. The scale of change is challenging, and we need to be clear on how we work moving forward to ensure we are prioritising and working in the best way possible.</p> <p>Very useful and does underline having to keep up with everything and there are real capacity issues there. One of the headings from that was priorities, and you will see that although there is an awful lot on there we would all be hard pressed to say which of those is not a priority, clearly we have our own pre-planned work programme of investigations etc which is informed and prioritised by the feedback we get throughout the year and we shouldn’t lose sight of that, at the same time we have also got to be fleet of foot and there will be some issues which do not necessarily come through from a great deal of feedback but</p>	

	<p>that might indicate one of the issues from sections of the community who are not being heard or don't feel engage through the health and social care system. (RB)</p> <p><u>Contract update</u></p> <p>AC reported as follows:</p> <p>Birmingham - currently in year four of a 3+2 year contract.</p> <p>Solihull - currently in third year of a 3+1+1 year contract.</p> <p>Related risks to our contracting arrangements and sustainability are outlined in our risk register in the confidential section of the meeting.</p>	
Governance Updates		
9	<ul style="list-style-type: none"> • Board Work Plan Updates - <ul style="list-style-type: none"> ○ NED Recruitment ○ Strategy Update • Board Work Plan 	<p>For Noting For discussion</p> <p>For discussion</p>
	<p>AC reported as follows:</p> <p><u>NED Recruitment</u></p> <p>We are continuing recruiting NEDs since our successful last round. RB continues to have informal chats with individuals, of the seven that he has had informal chats with all seven have been invited to apply. We have had one or two applications in and there are a number of others to have informal chats with. We will monitor interest levels and make sure get applications in following informal chats.</p> <p><u>Strategy update</u></p> <p>We continue to explore the previously outlined opportunities for increased activity, and we will keep the Board informed as and when those opportunities come to fruition.</p> <p><u>Board Workplan</u></p> <p>Digital transformation update from UHB has not yet happened. It is becoming increasingly difficult to get board members in the same place at the same time. We will continue to book in both formal and informal board meetings as needed on an ongoing basis.</p> <p>Action - Schedule informal Board sessions for key topic discussions.</p>	
11	Any Other Business	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 17:55</p> <p>Date of next meeting: To be confirmed</p>	