

Board Meeting

Date of Meeting: Wednesday 1st March, 2023

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)	Ruby Dillon (RD)	Peter Rookes (PR)
Janet Bailey (JB)	Dennis Wilkes (DW)	Jane Upton (JU)
Sarah Walmsley (SW)	Di Hickey (DH) - minutes	Tim Phillips (TP) - HWB Volunteer Representative
Public in Attendance		
There were 2 members of the public in attendance to observe.		

Apologies

Ranjeet Bhupla (RBh)	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
	<p>RB welcomed everyone to the meeting, and gave a warm welcome to JB and DW, the two new Non-Executive Directors who were attending their first meeting.</p> <p>Everyone at the meeting introduced themselves.</p> <p>The appointment of JB and DW was approved by the board.</p>	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	Minutes of previous meeting (13th December, 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
	AC updated as follows and confirmed that the majority of the actions have been closed. <u>October 2022</u> Action 3 - Board workplan updates - NED recruitment has been very successful and on the agenda for discussion - Action closed. <u>December 2022</u> Actions 2 and 3 - Investigations - CKN has provided extra information which is included in the action log - Action closed. Action 6 - University Hospitals Birmingham - included on agenda and verbal update being given at the meeting - Action closed. All other actions were closed.	
4	Volunteer Stories	
	AC confirmed receipt of two volunteer stories - due to technical problems these were unable to be presented to the board. Action - AC to circulate volunteer stories to the board after the meeting.	

Operational Performance		
5	<ul style="list-style-type: none"> • Healthwatch Birmingham Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q2 (Nov 22 - Jan 23) ○ Activity Update - February 23 • Healthwatch Solihull Update <ul style="list-style-type: none"> ○ Quarterly Report - Contract Period Q2 (Oct 22 - Dec 22) ○ Activity Update - Jan & Feb 23 • Community Engagement Model 	For info For Noting
	AC updated as follows: <u>Healthwatch Birmingham</u> Feedback numbers / Reach & Engagement A lot of the KPIs around feedback, engagement and reach are on track for this time of year. Even though we are slightly under target for feedback heard, due to the success of quarter one we are still on target for where we need to be at this stage of the contract. The feedback target is important as it is a payment by results target for Birmingham so achieving the number of feedback heard KPI releases 10% of our contract value. Community Engagement Continues to go really well and the quality of feedback is increasing all the time. The opportunities for our volunteers are increasing as there are so many events to attend, therefore our volunteer hours are increasing month on month	

too, and they are enjoying being out in local communities listening to local people.

Information and Signposting

We are under target of where we would like to be. To help towards this KPI we are developing our Community Engagement Officers and volunteers to offer information and signposting whilst they are out in the community. We are doing as much as we can to catch up. Traditionally we have always been on target for this KPI, however it feels a large increase this year, we are confident at this stage that we will pull this back.

Reports

Our Quarterly reports have gone out which is sharing our data with commissioners and regulators within the system.

Investigations

Investigations are amber on the dashboard and therefore an area to highlight and to give assurance to board members that we are catching up with ourselves. We have a target in Birmingham of doing four investigations per year, at the half year point we have not yet published an investigation. We have had two ongoing investigations; Maternity Study and a Patient Transport Study which we are finalising and aim to publish by the end of March. The next two will be published in the last quarter of the year.

Topic Identification of Prioritisation process (TIPs)

We look at all the information collected, which is then themed for us to understand what people are telling us and to look at what the key issues are that could result in change. At the moment we are shortlisting and the topics that are in the shortlist which are i) cancer screening and the inequalities of the screening process and ii) digital transformation at UHB Birmingham and looking at access for people. We are also highlighting Children and Young People Services through the Community Trust and adult mental health as important areas and we will increase our general listening activity in these areas, and may be prioritized for investigation in Quarter 1 next year.

The Maternity investigation came from hearing directly from members of the public about them feeling they were not having racially equitable care and we were also aware of some national pieces of work on that topic that were saying similar things.

It's a multi-faceted process that we go through to prioritise and all the team were involved to pull together any ideas that we had about things going on within the system (SW).

The three groups are i) ongoing investigations - maternity and patient transport, ii) shortlist of investigations or studies to be completed by the Summer ie. digital transformation and inequalities around cancer screening, iii) to potentially look at adult mental health in next year's contract (RB).

Disconnect between midwives and GPs is an important area to stress and influence through the Maternity Report. We also said we would get patient feedback at places of employment (JJ).

We have got good traction with the maternity study and will make sure that it's highlighted in the work that we do, in particular we are invited to present that study to the patient experience group at Sandwell and West Birmingham

	<p>Hospital Trust and the Birmingham and Solihull local maternity system partnership.</p> <p>Visiting places of work has been raised with our engagement team and we will make sure stays on agenda and will try and get access to some of our big employers (AC).</p> <p>MP reported that he had attended an engagement event with the team which was excellent and was very impressed by how staff give the level of support whilst dealing with the emotional load of patient stories. Kca-Sey explained that she had regular 1-1s where she could offload and be supported and said she felt valued. The only bit of negative feedback that came back was about processing paperwork and digitalising that which would help reduce the burden and allow them to get on with what they need to be doing, it was good to hear them openly talk about that.</p> <p>Our engagement staff do an excellent job, think it is really good that MP joined them today, I was out with them in the Summer of last year. If board members are able to get out, we would encourage that (RB).</p> <p><u>Healthwatch Solihull</u></p> <p>AC reported as follows:</p> <p>Solihull contract runs from July to June.</p> <p>Engagement / Involvement / Reach</p> <p>Solihull are performing well against all KPIs for engagement, involvement and reach, they are all green and we are on track to finish the year on target for feedback heard.</p> <p>Information & Signposting</p> <p>We are on target for Information and signposting where a lot of work has been undertaken to improve those numbers. We are learning what has worked well to share with the Birmingham team.</p> <p>Reports and consultations</p> <p>On target - The amber one to highlight is that we have two investigations per year, and we haven't published one yet. However, the Urgent Care report is finished and ready for publication. We need to plan the comms for this report however around the UHB Review Report which are due for publication.</p> <p>Volunteering</p> <p>Recruitment of volunteers seems to be slower in Solihull compared to Birmingham so we are doing some work to improve and recruit, but overall it is going well.</p>	
6	<ul style="list-style-type: none"> • Investors in Volunteers Award - Update • Volunteer Update • Volunteer Rep Recruitment & Role Description 	For Noting
	<p>JU reported as follows:</p> <p><u>Investors in Volunteers Award - Update</u></p> <p>We have a target of seventeen volunteers for Healthwatch Solihull and fifty for Healthwatch Birmingham. It is important to recruit, train and retain them. In order to retain volunteers, they need to have a good experience.</p>	

	<p>To recap we did a self-evaluation last year and looked at six different areas for volunteers including vision, planning, inclusion, recruitment and welcoming, supporting and valuing and developing. We then looked at whether we thought we had met the requirements for the criteria set by IIV and went through them with the IIV evaluator who was very happy. For each one we still wanted to push ourselves to do better. One of the things we didn't think we met was how we could improve recording and celebrating the impact that volunteers have for our organisation and the impact on them of volunteering for us, so we are now working with the team to look at that.</p> <p>The IIV evaluator is going to visit us on the 20th March and interview seven volunteers from each patch, MP (who we have been working with to go through the criteria), Volunteer board reps, AC, JU and Community Engagement Officers (the people who are working most closely with the volunteers). We will then report back to the board with findings.</p> <p>RB thanked MP for representing the board and confirmed that there will be a further feedback session for the board at a later date.</p> <p><u>Volunteer update</u></p> <p>We had a successful joint hybrid volunteer meeting on the 30th January. We also have talked about the frequency of meetings and to build in more opportunities to meet in a joint fashion. We will look at holding the next meeting in Solihull as a way of crisscrossing across both sites (TP).</p> <p><u>Volunteer Rep Recruitment & Role Description</u></p> <p>Thanks to Tim and James for being volunteer representatives as it is their last meeting, we have spoken to both of them about the position. TP has been a volunteer representative for over three years and played a big part in supporting the volunteers throughout the pandemic. It is now a good time, whilst we are increasing our volunteer numbers, to revisit the representative position and go back out to recruit. TP and JD are very welcome to re-apply but it will give opportunities to others within that. The Job Description is being simplified and we will then go out to expressions of interest, if we get more than one application it then goes out to a volunteer vote, we will work with those representatives to develop their role and feed into these meetings and connect that voice of volunteers with us as a board (AC).</p> <p>RB thanked TP and JD for their work.</p>	
7	Demographic Reporting (New Style Reporting)	For Noting
	<p>JU reported as follows:</p> <p>We are commissioned for engagement with all the target groups across the localities in Birmingham and Solihull and we produce quarterly reports for both patches and use this to identify where we need to go and who we have already heard from. OA and SW then meet with the separate teams to discuss the data and to look at who we need to go and hear more from.</p> <p>We are at the beginning of a journey of exploring the use of Power BI which comes at a time when we are also withdrawing from the Civi CRM and setting up a new database system and therefore there is a lot of change within the organisation. Not only will it help us to identify gaps but it will also help us to explore the data, analyse it for consultation responses, and better identify what we have heard, from whom and where we need to go next. We will not only be using it for demographic reports, but also for the What We Have Heard report</p>	

and also our quarterly data report that goes out to Commissioners and regulators.

JU presented Power BI and reported as follows:

We have imported all the information from the Feedback Centre and the CRM, together with the districts and locality data, as well as the current Census data (2021). We will be able to filter data in different ways to answer different questions. We have asked the team what questions they need our data to answer in order to better help them with their jobs. We can slice this data into any way we want ie. We have age and census data and it allows us to compare the two and identify where we want to go.

Action - JU to send Power BI data to board for comments.

What processes are being put in place around data quality, and to make sure things are correctly tagged and put in the right boxes (JJ).

As we have the four different data sets across the two patches it is very difficult to bring them together and it is showing us where there are inconsistencies, and we are keeping a log of that. With the new data entry form we will have more consistency. There are checks on theming (JU).

We use a taxonomy for theming which is set from HWE who provided us with a document that goes into definitions of themes which helps us have a more consistent approach of applying those themes, there's also more than one set of eyes on that data which helps us. We have a Quality Standard for data gathering, which we have gone through with Community Engagement Officers and had training with them around probing a bit further on some of the questions to allow us to put those themes in. The same session is on the programme for volunteers later on this year to look at data quality standards we have developed and to have a chat with them about asking more probing questions when speaking to members of the public and help give them more confidence when they are out.

We are doing all we can to put that quality in the system and as soon as we further develop our abilities on Power BI that will really show. Feedback has massively increased in quality in the last few months and following those training sessions staff are more confident when doing engagement. (SW).

We can also put the engagement events in and slice it up, so that if a particular member of staff is producing lower quality data than other members of staff, we can now tell and we will be looking to give individual training to those whose quality of data is a bit lower than others (JU).

PR queried where data is coming from, in particular if it is person to person are we capturing those people whose first language is not English, and how are we eliminating bias, as it is very difficult to input in any analysable form qualitative data particularly if coming from people from different cultural backgrounds. The bias that creeps into the data that we collect but also the bias that creeps into the data as we are analysing.

We have multiple roots to hear feedback through, face to face and as many broad roots as possible ie. email, telephone calls, forms people can send in through post, Instagram, Facebook, Twitter and Nextdoor so that any way people contact us we are trying to make ourselves available and to make it as easy as possible to facilitate that. We do have Google Translate on both websites for people to access in multiple different languages which isn't perfect

	<p>but one of the best solutions on the market. At engagement events when we come across people using other languages it's normally negotiated to have translators present. We have really stressed to try and record as authentic voice as possible, using everyday language. Being able to capture that voice is so crucial for us to have an impact and hear those voices as loudly as we can (SW).</p> <p>When we looked at the model for engagement last time we found that relationships with our partners in the voluntary sector was vitally important, a) the trusted relations that our partners have and b) those abilities to overcome barriers whether it is language or other barriers. As a team we are limited in what we can do, however in partnership that's where the power really comes through to do that. On page 6 of both reports it breaks it down where we hear feedback from and face to face is becoming one of the major areas followed by online. It is one of our challenges coming out of the Pandemic to maintain our online presence and do face to face as well. So that combination is really paying off now.</p> <p>We get a lot of anecdotal feedback from organisations that represent different communities which is valuable insight, but we then arrange with that organisation for us to hear that insight direct from individuals (AC).</p> <p>PR thanked AC and SW for their very clear explanation and extended his congratulations to everyone involved.</p> <p>RB gave thanks to JU, AC and SW for their report.</p>	
8	<p>Civi-CRM Retirement - Update</p>	
	<p>JU reported as follows:</p> <p>We have been using the Civi CRM for a long time, provided by HWE. It's a database where we store a lot of our feedback, log all of our stakeholder information, information of volunteers, information and signposting data etc. It was not ideal which is one of the reasons why they have withdrawn it. This does mean that we have had to set up our own system from scratch for where we record this data. It has been a steep learning curve, but we are rising to the challenge as a team. Luckily one of our staff members, Jack Moore (JM) has a background in VBA coding which has been invaluable and he has been brushing up on his skills and been fantastic in developing this form with me which I will briefly show you. It will go live very soon.</p> <p>We sent it out to the staff, who made loads of suggestions on how we can improve it, then went through those in the team meeting and JM showed exactly what he'd done and things that we still needed to discuss. The Civi CRM will be withdrawn by the end of March.</p> <p>We have also been looking at the migration of the data and met with RBh to discuss that and HWE has sent through some of the migrated data for us to have a look at and all seems fine. That will give us two massive spreadsheets (for our two areas) of all the previous data which we will be able to import into Power BI so that we still have have access to it to include it in our analysis etc.</p> <p>JU presented the new database.</p> <p>It is the same as our CRM at the moment, we can put in providers and going to add department lists. We will make sure as good as we can get it before we go live because we don't want them running together.</p>	

	<p>Can you enter data for general practices in terms of service provider, and for specific practices? The landscape of practices is becoming more complicated so can you identify if one association of practices (JJ).</p> <p>As long as we understand and the Community Engagement Officers in particular, are asking the questions that they need to and capturing exactly who we are hearing about, then we can change this to reflect exactly what we need (JU).</p> <p>We are working through integration of services so not just the connections of GPs in Primary Care Networks, it's that pathway that people go on and our ability to link that together. A lot of where things fail is probably between those two services and understanding and connecting those that are important and I don't think that anyone in Healthwatch nationally has really cracked that yet but we are conscious of that and we are trying to do what we can, this gives us that opportunity to develop that data collection to marry up with that which we haven't had before and we now have the opportunity to do that (AC).</p> <p>RB extended thanks to the team for all their positive work.</p>	
Sharing Information		
8	<ul style="list-style-type: none"> • University Hospitals Birmingham - Reviews 	For info
	<p>RB re-capped on what has happened so far and further reported as follows:</p> <p>There are currently Three reviews taking place regarding University Hospitals Birmingham:</p> <ol style="list-style-type: none"> 1) Patient Safety review - addressing concerns raised in the Newsnight Programme. Commissioned by Birmingham and Solihull Integrated Care Board (ICB) 2) Culture Review - Commissioned by University Hospitals Birmingham. 3) Well-Led Review - carried out by NHSEI. <p>We have been working hard to connect as much as possible to these reviews and have published our ground-rules for the reviews which are:</p> <ol style="list-style-type: none"> 1. The reviews must be carried out by people who are transparently independent, having no personal or commercial relationship to UHB or anyone senior within the Trust. 2. That Terms of References for the reviews enable the investigation to go wherever the evidence leads and that this must not be fettered in any way. 3. That the findings of all reviews will be published in full as well as shared within the system and with any reference groups in which Healthwatch and others may be invited to take part. 4. That all recommendations from the reviews must be actioned and the reviews should not be allowed to gather dust. This needs to be communicated to build public confidence in local services. <p>The first of the reviews is due to be published in March.</p> <p>Action - to continue to keep board updated of any further developments</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 to recruit as still have vacancies, and due to the success of the last two rounds of recruitment we can go to a targeted exercise. Had conversations with HWE to carry out a skills analysis of board and we are now looking for experience around finance and audit, it is a rolling period and will tailor to target specific skill gaps.</p> <p><u>Strategy Update</u></p> <p><u>Board Work Plan</u></p> <p>We are going through a period of refresh for the work plan. There is a number of items including delivery of the strategy.</p> <p>We have had two informal sessions which went really well (i) work around ICB, that really positioned us where we needed to be for the Integrated Care System and the ICB and (ii) we had a detailed presentation from UHB around digital transformation. These informal sessions do bring staff and board members together to get a collective understanding and get a vision and understanding of where we go after that. The other two topics that have been on the list for some time are around Marmot and Health Inequalities and the CQC state of care report, they are still there and we will get those booked in.</p> <p>At a local level we are looking at having informal meetings around the developments of the three provider collaboratives and understanding what that means for us i) acute, ii) community and iii) mental health. HWE are doing a piece of work around provider collaboratives as well and are interested in joining us to find out more on what is happening at a local level. It is moving forward quite quickly and an important piece for us to get our heads around of what it means and how we hold provider collaboratives to account.</p> <p>The other session in planning is around the Midland Met Hospital, there is a lot of change around pathways to the hospital and understanding what it means around all the delays and we have been offered a tour of the site and a talk from the CEO, and it has been suggested do in partnership with Healthwatch Sandwell.</p> <p>HWE have done a lot of training for NEDs and board members throughout the year and have offered us a bespoke session before the end of March which will be on line and last around 1-2 hours, the type of things that they have offered is around legislative framework of which we act as a local Healthwatch which will be a good reminder for some of us and a good introduction for others. A bit around gelling as a board, with an opportunity for us to come together and discuss. One good outcome of that could be to use that session to facilitate what would be useful at an away day. We will try and find a date and possibly look at the last week in March.</p>	

	<p>Action - AC to email details of HWE bespoke session - NEDs to contact him with any ideas or tweaks to suggested agenda.</p> <p>Compared to three years ago there is more feedback particularly negative feedback on GPs which is one of the growing issues, and General Practice is quite difficult to understand structurally (JJ).</p> <p>There is a big piece of work going on in the ICB around Primary Care transformation and could be a link there to ask the ICB to come and talk about that and what that means. We are about to publish our impact report in Birmingham around GP access, and there's an element around that about what the ICB are doing as a result of that. However, there is a wider piece of work that needs to be done around public awareness and a re-education on how primary care works that we have asked for from the ICB and we plan to work with them in the future to do that. (AC).</p> <p>Access is clearly a hot topic. Welcome board members to feed in suggestions of what that could look like (RB).</p> <p>Action - AC to email around publicly available presentation about GP transformation.</p>	
11	Any Other Business	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 6.25 pm</p> <p>Date of next meeting: To be confirmed</p>	