

## Board Meeting

Date of Meeting: Tuesday 19<sup>th</sup> March, 2024

Healthwatch Birmingham Board Meeting

Time: 4 pm - 6.30 pm

Venue: Hybrid meeting

### Public Session

### Attendees

<b>Board Members in attendance</b>		
Richard Burden (RB) - Chair	Andy Cave (AC)	John James (JJ)
Peter Rookes (PR)	Ranjeet Bhupla (RBh)	Ruby Dillon (RD)
Jane Upton (JU)	Jasbir Rai (JR)	Dennis Wilkes (DW)
Tim Richards (TR) - HWB Volunteer Board Representative	Di Hickey (DH) - Minutes	
<b>Public in Attendance</b>		
There was 1 member of the public in attendance to observe.		

### Apologies

Janet Bailey (JB)	Rosi Sexton (RS)	Marcus Parsons (MP)
Jenny Newman - (JN) HWS Volunteer Board Representative		

1	<b>Welcome &amp; Introductions - Noting any members of the public in attendance and Apologies</b>	For Noting
	RB welcomed everyone to the meeting.	
	<b>Declarations of Conflict of Interest</b>	For Noting
	There were no additional conflicts of interest declared, that aren't on the register.	
2	<b>Minutes of previous meeting (12<sup>th</sup> December, 2023)</b>	For Approval
	The minutes of the previous meeting were agreed as a true record. There were no matters arising.	

3	<b>Actions Arising - All Action log</b>	For Action For Noting
	<p>AC updated as follows:</p> <p><u>Actions from 20<sup>th</sup> June, 2023</u></p> <p>Action 1 - Annual Accounts &amp; Audit Report - AC and JR have met and will progress and feedback to future meetings - actions ongoing.</p> <p><u>Actions from 12<sup>th</sup> December, 2023</u></p> <p>Action 1 - Impact stories - Healthwatch England Report - link to report sent to board - complete.</p> <p>Action 2 - New Style Demographic Report - board involvement in our demographic recording scheduled for away day - ongoing.</p> <p>Action 3 - Board Workplan - Board Away Days - calendar invites sent - complete.</p> <p>Page 2 of the minutes - Have we moved any further forward with contacting places of employment? (JJ).</p> <p>I have started conversations with Solihull Public Health who have links with JLR and their Health and Wellbeing hub (AC).</p>	
<b>Operational Performance</b>		
4	<b>Impact Stories - Healthwatch England Awards &amp; Team Demographics</b>	For info
	<p><u>Healthwatch England Awards</u></p> <p>AC reported as follows:</p> <p>We were the only Healthwatch to have two entries shortlisted which was quite an achievement. As it was our tenth anniversary, it was looking back over the last ten years, so competition was quite tough. We were shortlisted for our Somali health inequalities investigation and the Maternity study for black African and Caribbean women in West Birmingham. We got really positive feedback from Healthwatch England (HWE), out of one hundred and forty local Healthwatch nationally, there were twenty eight entries and eighteen were shortlisted over seventeen local Healthwatch. Blackpool were highly commended and Coventry were the winners. As a team we are looking back through the feedback from HWE, but we did a really good job and there are some tweaks needed for future entries.</p> <p>The key thing is looking at the lessons learnt and a reflection on it and how we put that into place for the next nomination awards (RBh).</p> <p>Congratulations to all the team.-The board really appreciate the great work that the entire team are doing (RB).</p> <p><u>Team Demographics</u></p> <p>AC reported as follows:</p> <p>We have recently carried out a whole organisation monitoring exercise around diversity within the organisation. We discussed back in December how diversity in our volunteer team, in particular, has massively improved.</p>	

	<p>AC presented a combined dataset for both teams including volunteers, staff and the board.</p> <p>We do have a broad age range and have done better than previously with younger people being involved especially within our volunteer teams, and Georgina has been working hard with students in the local areas. The only age bracket that we don't have anyone from is the over eighties.</p> <p>We have a gender split of 54% females across the organisation.</p> <p>I am pleased to say that in terms of ethnicity we have forty three percent White British meaning that we are a similar proportion to the local population group reflecting that we are a global majority city in Birmingham.</p> <p>In terms of disability around twenty five percent identify as having a disability, and a third have a long-term condition. New to the monitoring this year are if people are carers and fifteen percent identified as having carer responsibilities.</p> <p>One area in particular where we do need to improve on is sexual orientation and gender identity.</p> <p>Overall, our diversity as an organisation has vastly improved which is a really positive story.</p> <p>We have been approached in the last few months, by a researcher, who does a lot of research particularly into the Birmingham and Solihull Pakistani community. He has flagged the under representation of that community within the health and social care system generally. This is an area where we are light so something to bear in mind as we go forward (RB).</p>	
5	<ul style="list-style-type: none"> <li>● <b>Performance Update Healthwatch Solihull and Healthwatch Birmingham</b> <ul style="list-style-type: none"> <li>○ <b>Feedback Heard</b></li> <li>○ <b>Community Engagement</b></li> <li>○ <b>Information and Signposting</b></li> <li>○ <b>Investigation and Consultations</b></li> </ul> </li> </ul>	For Noting
	<p>AC presented the performance reports for Birmingham and Solihull and reported as follows:</p> <p><u>Feedback Heard</u></p> <p>In the paper our feedback numbers were an amber operational risk for both Birmingham and Solihull, however both teams are getting back on track with the recent numbers.</p> <p>Birmingham has been doing very well consistently around target, we are at the end of the seventh month and are at fifty two percent towards target and need to be fifty eight per cent to be fully on target. For Solihull we are at the end of the eighth month and are fifty seven per cent towards target, but need to be sixty seven percent to be fully on target but we do have plans to recover that moving forward.</p> <p><u>Community Engagement</u></p> <p>Both targets around this are doing extremely well year on year which is due to our online presence. We reach huge numbers with over 200,000 in Birmingham</p>	

and 69,000 in Solihull in the first two quarters of the year. Our engagement targets in Birmingham are seventy percent and eighty percent in Solihull. Face-to-face engagement numbers are increasing and vastly improved compared to last year. The reason this is important is that when we engage face-to-face the quality of the feedback we hear is far better; we are able to build trust with individuals and our team are skilled in asking further probing questions to get more details.

**Action - AC to rectify figures in report for the next board meeting.**

#### Information and Signposting

We are a little bit behind target in Birmingham but we are improving and doing much better in recent months.

Solihull is significantly off track but has improved over the last two months.

There are a number of things that we are doing to improve and we have a full plan to get back on track and are confident we will hit our targets. What works really well is that we have had a big push at doing information and signposting at community engagement events and that equates to almost fifty percent of all information and signposting in Birmingham and we are developing this in Solihull.

We have developed new feedback forms which makes it really easy for people on community engagement to identify where they have given signposting. We have also developed an information leaflet that the Community Engagement Officers and volunteers take out with them to events which has all the contact information for all the places that we usually signpost to. This is making it quicker and easier at busy engagement events.

#### Investigations and Consultations

Birmingham's target is four and we have published one and working on another two with a fourth one in the pipeline. We have published one in Solihull against a target of two and have done a significant amount of work for the second one.

In Birmingham we published our Birmingham Adult Community Mental Health report which has had good traction with the Mental Health Trust and we are supported by the Integrated Care Board (ICB) around that report.

We have a new relationship with the ICB where they are using their system influence to support us to get longer term and measurable impact from partners within the system. The Adult Community Health report was the first one that went through that quality system where it was fully accepted and agreed action needs to be taken. The mental health collaborative is taking the governance lead in making sure that change happens as a result. It is showing that the relationship with the ICB can be quite fruitful moving forward.

This has been a frustration for us in the past that whilst we can do our six month follow up impact report after that we have just not had the capacity to keep an eye on what happens as a result so hopefully this new system of routing it through the ICB will help this happen (RB).

The second report that has gone through that system is our report into prostate cancer, focussing in on University Hospitals Birmingham (UHB) in particular. We were disappointed by the level of detail that came through from UHB around the actions that they were going to take as a result of that report. It has gone through the ICB System Quality Group and we will be getting an

updated list of actions that have been done as a result of that report. For Birmingham and Solihull that will be one of the impact reports that come out at the end of April/early May.

In Birmingham we have published our maternity impact report. In Solihull we are working on the urgent care impact report, there has been a delay over winter for the ICB to give us their response due to winter pressures. However, we have now got a very detailed response from the ICB around what was done as a result of our initial report and we are going through that to identify the impact and that will be published in the next month.

The Community Pharmacy report survey went out in January and February has been a very successful survey in both Birmingham and Solihull. It was timed well because Pharmacy First was launched at the end of January, so community pharmacy was all over the media. We had around two hundred and fifty responses for Solihull and around four hundred and fifty responses for Birmingham. The additional success that we had was that we had polls that ran on social media around Community Pharmacy at the same time and in Birmingham we had over four thousand responses and Solihull over three thousand. On the back of that Solihull had around two hundred and fifty comments that came through on social media. We will publishing a separate Birmingham and Solihull report for that investigation and then we will be able to compare the findings across the two and work with commissioners and the Local Pharmacy Council for their response.

We are just finalising the protocol for our third investigation in Birmingham which is on the SEND pathway for individuals, in particular around the pathway for ADHD and Autism for primary and secondary school ages. We know that there are huge waiting lists, and the investigation is looking at how people 'wait well'. We had really good conversations and traction again with the ICB and partners.

As a result of some discussions I've had with board members, I picked up that there would be an appetite to just know a bit more about what we are doing on investigations. We will probably talk more at the away day about how we can deepen our involvement about decisions on what we investigate in the coming year. Also people would appreciate some sort of briefing and input, when nearer the report stage about why the team have been looking at the particular areas, what the early findings are and what is coming out of it and what we want to see happen. We could have a presentation at the board meeting from Chippie who manages the investigations or other members of the team just to run us through what is coming out of these investigations. That would be a good thing to enable us to know more about what the team are doing and will give us more involvement, knowledge and substance of what we are doing as well as the numbers and the processes they go through. I know we all read all the reports from cover to cover when they come out but may be just a quick presentation summary at board meetings would be good (RB).

What is the breadth of the SEND investigation (PR).

It is ADHD and autism waiting lists for primary and secondary age children. We are linking in with the ICB from the health prospective and Birmingham City Council for the wider link and we will go through the SEND partnership meetings

How much do we involve the charity sector that support families? (JJ).

	Through the protocol we identify all the voluntary sector organisations that can support with it and engage them as early as possible. Where appropriate we get, in this instance, parent and carers input into the survey design and questioning, involving the voluntary sector and our volunteers with lived experience as well (AC).	
6	<b>Volunteer Update - Volunteer Reps</b>	For Noting
	<p>Apologies were received from JN, our Solihull Volunteer Rep.</p> <p>TP reported as follows:</p> <p>Birmingham City Council Section 114 update - one of the volunteers asked if there was any further developments in respect of Birmingham City Council current financial situation. What kind of monitoring of the impact of the current situation is taking place? It seems to be a recurring theme based on our feedback from volunteers thus far and may well be a rolling item on their agenda.</p> <p>Marketing products and materials - PC is doing some marketing and wanted to engage volunteers in that exercise. It is a good productive way that volunteers can be involved in shaping how Healthwatch promotes itself in the community. We have also had good feedback about volunteer involvement in developing the new feedback form.</p> <p>We have now established a good system of hearing feedback and questions from volunteers, coming through Board and then feedback back at volunteer meetings. We will utilise these meeting to ensure we keep volunteers up to date with Birmingham City Council Developments and ensure I am in attendance as often as possible to answer their questions (AC).</p> <p>I know that you mentioned that East and South Solihull are the areas that we could do some delving into demographics, we seem to do a lot in North Solihull and Jayne Hodgkiss is looking into that (TP).</p> <p>The volunteer feedback around engagement events has been very useful and the team in Solihull have a number of things lined up to get the volunteers in Solihull more involved (AC).</p> <p>It's good to hear that the new materials that have been produced for community engagement are going well, not only is it important that volunteers are comfortable with that; the success of those will probably have quite a big impact on our ability to meet our KPI's for things like feedback and information and signposting, so good to know going in the right direction (RB).</p>	
Sharing Information		
7	<ul style="list-style-type: none"> <li>• <b>System Updates</b></li> <li>• <b>Key Issues Tracker - Board Involvement</b></li> </ul>	For info
	<p><u>System Updates</u></p> <p><u>University Hospitals Birmingham NHS Foundation Trust (UHB)</u></p> <p>RB reported as follows:</p> <p>The main development in recent weeks has been the publication of another CQC report which stated that some parts of the service were downgraded. We</p>	

are working with UHB leadership on the actions being taken in line with the reports findings.

The big changes are that they moved from their centralised structure to a hospital based structure so that each hospital now has its own MD of that hospital with their own hospital based team for decision making. This MD has an executive seat on UHBs Board. We will be meeting these team over the coming months with visits to hospital sites.

The other area has been around how they deal with patient complaints and the Health Service Ombudsman had some quite critical things to say about that in the early part of last year. UHB are working with the Ombudsamn to see improvement and we will be monitoring this.

There are four separate Leadership teams who are responsible for managing their hospital. To the general public they are separate hospitals so why do we use the term UHB as it muddies the water (PR).

One of the problems before was that everything was centralised too much at UHB and they are trying to address that. Hopefully the new structure will get the balance right.

With regard to the governance at the individual hospital levels in terms of these bodies of management, is that an executive function or an executive and a non-executive function. Where does the non-executive function sit across the four hospitals and things like the public governors (JJ).

The four hospital directors are on the executive of the trust, non-executives just sit on the governance structure of UHB centralised system, individual hospitals don't have Non-Executives within their leadership team, that happens at trust level (AC).

You might have your executive directors at the four hospitals but there is no oversight of independent governance, has that been raised as a concern how do we get reassurance from non-executive directors or public governors to see the changes that you are referring to are actually taking place so what are the changes what are we seeing (RBh).

The leadership and governance happens at a trust wide level, it's a devolved decision making into the hospitals to deal with things that are happening at that level and feedback up to whole Trust level. Governor recruitment is happening who will have a hospital remit but meet at Trust level (AC).

We have raised the importance of patient voice being reflected at hospital level as well as a trust level. They have said that they agree with that (RB).

#### Mental Health Trust

The Mental Health Trust has also recently had a very critical CQC report. Very much focussing on the same kind of things that our investigation highlighted. We have taken that up with the Trust and have regular meetings with the Chair and Executive team.

#### Birmingham City Council Section 114 notice

The budget has been approved for next financial year has been approved by full council, outlining cuts across the board. When it comes to children and adult social care which is our main focus, the savings we have seen are efficiency savings, and the line that we have been told at numerous meetings including the ICB is that direct services to adults in the city should not be

	<p>affected at this point. That, however, may not be the case in future years where further cuts are needed.</p> <p>Its important to note our role moving forward and how we utilise our role for the citizens of Birmingham. There are three areas:</p> <p>1) How do we use our existing knowledge and insight from the public for Birmingham City Council to make decisions in the best interest of the public and to influence that where possible.</p> <p>2) How we hold the City Council to account for involving people in those decisions in the first place.</p> <p>3) How do we monitor the impact of cuts moving forward not just for Birmingham City Council but the wider health and social care system through our day-to-day work.</p> <p><u>Key Issues Tracker</u></p> <p>We have discussed this a few times and included in the board action plan. This is a tracker around all of the key issues and concerns that we have in health and social care and will be designed to keep a track of what we are doing in each area. It will also help us to prioritise our work moving forward.</p> <p>I am pulling together this tracker and what I want to happen now is for that to be a staple item for the board to enable your views and expertise to be included.</p>	
Governance Updates		
8	<b>Ratification of Decisions from Away Days</b>	For approval
	<p>AC reported as follows:</p> <p>This agenda item is to formally ratify the decisions made at the governance away day in January.</p> <p>The three decisions that need ratifying are:</p> <ol style="list-style-type: none"> <li>1. To re-establish finance and audit committee as part of our governance arrangements.</li> <li>2. To establish a vice chair role and to fill that position from existing board members</li> <li>3. To develop the role of non-executive Directors to utilise skills and experiences to progress the organisation moving forward.</li> </ol> <p>These were agreed by the board.</p> <p><u>Finance and audit sub committee</u> - this will be kickstarted in the new financial year and will then be scheduled on a quarterly basis before board meetings. We are looking for volunteers to join and for one volunteer to become an interim chair of the group as well. RB will discuss this in NED 1-2-1s and come back to future meeting.</p> <p><u>Vice chair role</u> - The role description is in development for approval at a future Board meeting. Again, anyone who is interested in this position to speak with RB in their 1-2-1. Depending on the level of interest the decision will be made at Board.</p> <p><b>Action - board to let AC know if they have anything to add to vice chair role description</b></p>	



	<p>It would be very difficult for a vice chair to step in if the chair was indisposed without a feel of what is going on, to be more than deputy would add value to the role both for the individual and to the organisation (JJ).</p> <p>I would be keen to involve them as much as possible, depending on who the person is and how much time they would have available. We all have our own particular interests and skills and depending on who it is will condition what the areas are that they get in to (RB).</p> <p><u>To develop the role of non-executive Directors to utilise skills and experiences to progress the organisation moving forward</u></p> <p>A date for the away day is out on a doodle poll at the moment and it will be a face-to-face meeting and at a different venue for us all to get together and will involve the staff team. The focus we have agreed is to look at a sense check of where we are now, what’s working well, what are the opportunities moving forward and that future planning for us as an organisation. The afternoon will be Board only to have private discussions, one area will be how to involve NEDs more.</p> <p><b>Action - to circulate upcoming community engagement events to the board.</b></p> <p>It’s helpful for the staff to know board members better, because if we invite them to come and talk to us about something it’s not such a big deal and they are more comfortable (PR).</p> <p>We are hoping that the next away day, I think the governance one had some really good discussions and we got some really good decisions out of it. We are conscious that the last was very focussed around getting the HWE quality standard in place that it did get very tick boxy. I am determined that the next one will be a lot more discursive, and the theme running through will not just be us getting closer with the staff but also just trying to get some concrete actions around that thing about giving the board more strategic involvement around the direction of the organisation on issues as well as on operational supervision (RB).</p> <p><b>Action - AC to consider getting a facilitator to enable all the board to be involved in discussions at the away day.</b></p>	
9	<b>Vice Chair Role</b>	Discussion
	As above	
10	<b>Board Action Plan</b>	For Noting
	As above.	
11	<b>Any Other Business</b>	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 6.10 pm.</p> <p>Date of next meeting: 4 pm on Tuesday 18<sup>th</sup> June, 2024</p>	