

Board Meeting

Date of Meeting: Tuesday 26th September, 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)
Peter Rookes (PR)	Janet Bailey (JB)	Dennis Wilkes (DW)
Jane Upton (JU)	Marcus Parsons (MP)	Ruby Dillon (RD)
Tim Phillips (TP) - HWB Volunteer Board Representative	Jenny Newman (JN) - HWS Volunteer Board Representative	
Public in Attendance		
There were no members of the public in attendance to observe.		

Apologies

Ranjeet Bhupla (RBh)	Di Hickey (DH)	Jasbir Rai (JR)
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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, including the newly elected Volunteer Representatives from Solihull and Birmingham.	
	Declarations of Conflict of Interest	For Noting
	There were no conflicts of interest declared.	
2	Minutes of previous meeting (20th June, 2023)	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: Action from the public meeting on the 13 th December, 2022	

	<p>Schedule informal Board sessions for key topic discussions - closed as now on Board Workplan.</p> <p><u>Actions from the public meeting on the 1st March, 2023</u></p> <p>Email publicly available presentation about GP transformation - closed as scheduled to be on Board Workplan.</p> <p><u>Actions from the public meeting on the 20th June, 2023</u></p> <p>All actions were closed.</p>	
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Operational Performance		
4	Impact Stories	For info
	<p>Andy reported on two examples of impact, as follows:</p> <p>About six months ago, a lady approached one of our community engagement team to inform us that she had been stuck on a waiting list for a very long time at the QE and asked if she had options to use another hospital. She had previously been to her GP who told her she had no choice and would have to remain on the waiting list for the QE. We provided her with information about her constitutional rights and she went back to challenge her GP who gave her the option to choose City Hospital where she was seen within two weeks of the referral.</p> <p>She has since sent in a lovely piece of feedback thanking us for the great work that we are doing.</p> <p>We are now entering into the second year of the cost-of-living crisis, and it is useful to remind everyone what we did in the last twelve months and where we had impact.</p> <p>As a team, we reacted quickly and developed our Information and Signposting (I&S) service. We made sure we had all the details to support people around the wider issues that they might come to us about ie. Heating, debt advice, finance support. We developed our website to ensure that all the information was available and sent out a survey to as wide an audience as possible and heard the experiences of people within Birmingham and Solihull identifying those that might need additional help or support. There were some heartbreaking stories from individuals who had no access to heating or food, and we heard throughout about the impact it has on long-term conditions ie. diabetes and accessing healthy food and pain management around keeping warm all came through.</p> <p>We worked with the Health and Wellbeing Boards to raise the issues and concerns, working with the emergency response both in Birmingham and Solihull. We developed the findings into an interactive report which is being used by the system. It is being used to develop strategies i.e. Solihull's inequalities strategy and Birmingham and Solihull winter plans. It's a new style report, using PowerBi, where instead of having a word document, you can click on a button to take you to the areas that interest you in your workplace and get the raw data from that. The interesting thing that has come from that is the ICB have been able to present our reports interactively to the meetings without us being present.</p>	

Feedback heard:

Feedback is the payment by results element for Healthwatch Birmingham contract and we finished the year ahead of target. Our annual target for last year was 7,800 and we finished on 8,028 and have already had the money released for this achievement.

In Healthwatch Solihull we achieved our target and achieved just under 400 extra pieces of feedback against target, showing year on year improvements.

A huge chunk of our feedback now comes from face-to-face engagement compared to the previous year when we had a lot of online engagement. In Birmingham over half of our feedback heard comes from face-to-face community engagement which just shows the power of being out in communities and hearing from the right people.

Alongside hearing all that data, we have developed our ability to analyse and understand what it is telling us, with our new data and reporting systems. The process of pulling our data together though from two systems has caused problems and requires a lot of data cleansing. We are gradually aligning these systems however this is taking longer than we would like within capacity constraints.

The New Data Entry Officer is data input, so will be inputting the data that comes from community engagement. This is to free up Community Engagement capacity, to meet our increased targets.

What do we know about the demographics of the shift away from virtual contact to physical contact with a patient? Are we disadvantaging people that use virtual methods, typically thinking about men, I see the numbers of men we are engaging with has increased but I wonder if that was tied up with the last few years of being very much virtual (JJ).

We have updated our engagement model, from our face-to-face experience pre pandemic and post pandemic and what we learnt from our online engagement, which means we have an understanding of what is the best method to engage particular groups of individuals. We have developed it so that for different demographic groups we have a primary method, whether that is online through different community groups or neighborhood groups. Our face-to-face engagement comes in where we need to build more relationships and trust in communities, and being back out there again we have really good trusted relationships with a lot of organisations in the community, where we are having repeat contacts and repeat opportunities to talk to those groups as well. (AC).

I'm wondering about the number of volunteer hours for Solihull and how that compares to Birmingham (PR).

The increasing face-to-face engagement is increasing the opportunities for volunteers to be more involved. We hit our targets around volunteer numbers last year, and we are now continuing that trajectory to recruit volunteers and retain the ones we have, increasing activity. The great thing about having a single Volunteer Officer that looks after both Birmingham and Solihull is that it brings volunteers together a lot more, increasing opportunity across both teams (AC).

Community Engagement

Our numbers of both reach and engagement are way over where they were predicted to be. We have got a much better understanding of calculating KPIs around frontline engagement which we did not have pre-pandemic. Reach can

be multiple contacts and that is where the individuals are likely to have seen us at a stall or on social media. Just over 250,000 contacts have been reached in Solihull and just under 700,000 in Birmingham which are huge numbers.

The conversion of reach, engagement and feedback heard is crucial. The goal of all that activity is that we hear feedback in the end and the conversion rate is different depending on the different methods. Not surprisingly, online, we reach a lot of people, but less people engage and leave less feedback, but when we are out in communities, we reach fewer people but more of them leave feedback with us.

In terms of some of the key highlights, we have talked about the Data Officer in Birmingham to increase the capacity for Community Engagement Officers to be out in communities to increase the number of feedback heard. We have developed that community activity face-to-face to really include information and signposting services to booster those numbers.

I think that the figures are really impressive so I thank you for that. Do we identify seldom heard figures within this data? How do we know that we are reaching those people and getting their views as well (PR).

We have demographic data for the feedback heard but not engagement and reach. We have some data around community engagement so that we understand what communities are likely to be at the events or sessions that we do. We know the demographics of the people who are leaving feedback with us, and we process that currently on a quarterly basis which then fits into the planning of community activity for the next quarter. (AC).

There are a lot of people talking about Solihull Health Partnership (SHP) online, I'm wondering how we keep up to date with what's happening on social media. Also, in terms of the population in Solihull the biggest increase in the census is people from Hong Kong. (RD).

We have identified people from Hong Kong and Ukraine which are the biggest rise in population groups in Solihull and it is on the radar of the Community Engagement Officers.

There is a process that we go through to make sure that we are hearing and acting. Social Media Officers and the rest of our team are very good at picking up trends of what people are saying both online and when we are out and about. We discuss this at team meetings and prioritise our activity accordingly. This information is also used in our prioritisation process (AC).

Information and Signposting

We missed our target on information and signposting (I&S) for Birmingham and I have had a very detailed conversation with our commissioner around the reasons for that. We explained about the impact of having a 30% increase year-on-year and at this stage of the contract the jump from year to year is big within the same or decreasing resource. The commissioners understood our position and accepted the increase in numbers access I&S support. We are increasing community engagement I&S capacity to continue to grow this area of the organization (AC).

Investigations and consultations

At the last meeting I raised the red areas within investigations as we were behind schedule, but we did finish the year on target by publishing all of our investigation reports and impact reports (AC).

	<p>Healthwatch Solihull - Report to Health Overview and Scrutiny Committee (HOSC) - October 2023</p> <p>The report has been provided for information and is a public report as part of the scrutiny committee papers. We are invited to present to Health and Overview Scrutiny Committee on an annual basis. Members of the committee were very happy with our work and performance. They thanked everyone involved for their hard work.</p>	
6	<ul style="list-style-type: none"> • Volunteer Update - Volunteer Reps 	For Noting
	<p>RB welcomed TP from Healthwatch Birmingham and Jenny from Healthwatch Solihull.</p> <p>TP reported as follows:</p> <p>Both reps met with all the volunteers and now have a proforma of questions to think about and stimulate conversations. This information is then discussed with AC before the meeting and any questions from the volunteers can be thought through before the meeting.</p> <p>Comments were received by two volunteers. The first question was around how we make sure we communicate back to the public what we are hearing through community engagement activity. The second was around the impact of the Birmingham City Council 114 notice.</p> <p>JN reported as follows:</p> <p>We asked the volunteers for some highlights since the last meeting. Volunteers stated that events were very well organised which is good. From my own point of view there has been a good variety of different events, in the last three months I've been to hospitals, doctor's surgeries and also to a community church centre and met a lot of the Hong Kong community and have used Google translate in Chinese to communicate, it's fun and it's a learning curve for all of us.</p> <p>There have been community events which included a visit to a support group at Autism West Midlands and to the College Freshers Fayre and mixed with sixteen/seventeen-year-olds, again this is something I don't do very often and there's a lot of benefits from that and a few laughs along the way.</p> <p>The volunteers did ask about demographic data collection and if there is a priority of what they should ask if they have limited time with individuals on stalls.</p> <p>RB thanked TP and JN for their update and important feedback. It does take time in a face-to-face engagement session to collect that but also quite a challenge to how to approach collecting that without being intrusive.</p> <p>In terms of demographic questions, it's important that our volunteers are fully trained to be confident enough to ask the right questions and to do it in a positive way. The prioritisation question is really interesting, and I am going to take that back to the team and include that in the volunteer training that we are going to do with them. All the demographics are really important but when time is limited what do we want volunteers to focus on.</p> <p>The Section 114 notice is on the agenda so will discuss that then. How we communicate back to volunteers those key messages they have asked is really important and we will work through with you so that you are able to feedback appropriately (AC).</p>	

	<p>Thanks to both of you and again you are all so important to Healthwatch in terms of our performance of what we need to do for patients and the public. We are going to repeat the pre-Xmas get together with volunteers that we did last year; all board members are very welcome and we will circulate details (RB).</p> <p>Action - share details of Volunteer Xmas do with Board members.</p>	
Sharing Information		
7	<ul style="list-style-type: none"> • University Hospitals Birmingham - Reviews • Birmingham City Council Section 114 Notice 	For info
	<p><u>University Hospitals Birmingham - Reviews</u></p> <p>RB reported as follows:</p> <p>Since the last meeting the second report by Professor Mike Bewick was published on the 29th June. This confirmed that there would be further reviews taking place including GMC referrals, haematology, neurosurgery and cardiac surgery. We will continue to work with the review team and the independent leads to understand the findings of these reviews and what they mean for patients.</p> <p>The next review to be published will be the UHB commissioned culture review, carried out by the Value Circle and overseen by Roger Kline who is an independent chair of the programme of work.</p> <p>Who have they reported to with all these reports (PR).</p> <p>The Bewick Reports go to Birmingham and Solihull ICB as well as the Trust itself. The culture review is a UHB report and will go through their own governance structures, however they are committed to publishing the findings of the report.</p> <p>Alongside these reviews, UHB is also going through significant structural changes which gives increased management structures and decision making at hospital sites. This includes 4 executive director roles who will head up the four hospital sites and sit on the central governance structures. The Trust has also reviewed its Board membership and recruited a number of new NEDs and Associate NEDS to the Board.</p> <p>Does Yve remain chair of ICB (JJ).</p> <p>No, they interviewed this week for a new Chair of the ICB, the current one is Patrick Vernon who was the Vice Chair.</p> <p>Concern is that there is general fatigue in terms of bad news from the NHS, one thing after the other, and it just becomes background noise. There were the female surgeons last week who talked about misogyny (RD).</p> <p>Have we had any concerns about the junior doctors and consultants strikes from the feedback heard? Are the public for or against, or have we not heard much about it (JJ).</p> <p>People are still telling us about waiting times and the strikes are all part of that. They may not be citing that as a reason but it is actually a contributing factor for some of the feedback that we are hearing (AC).</p>	

	<p><u>Birmingham City Council Section 114 Notice</u></p> <p>AC reported as follows:</p> <p>The two elements for us as an organisation that are naturally a concern for us are: i) the impact on local services and ii) the impact on us as an organisation.</p> <p>Birmingham City Council have put in their Section 114 notice which puts a stop to any additional spending with the reasons being that there is a negative financial situation at the Council, including the cost of equal pay claims.</p> <p>There will be a new budget with significant cost savings across the Board, whilst it has been stated that statutory services will be safe we will keep a watching brief about what it means for local people, especially those in receipt of social care services.</p> <p>I heard they were offering MARS (Mutually Agreed Resignations), so you may find that a lot of people take that (RD).</p> <p>Any further updates will be included in CEO briefings for the Board and will have updates as a standing item at Board meetings.</p> <p>TP left the meeting.</p>	
Governance Updates		
8	<ul style="list-style-type: none"> • Board Workplan • Conflict of Interest Process 	For Noting
	<p>Board Workplan</p> <p>AC presented the Board Workplan and reported as follows:</p> <p>We have three areas of work on the plan ie. formal board meetings, informal board meetings and elements for the board away day. Elements from the old work plan and NED 1-1s will be turned into a full workplan.</p> <p>Informal Board Meetings</p> <p>We will continue to schedule items in for the full board meetings, and we have opportunities to get presenters in for key areas of work that is useful for us to know about. So far, we have had the Midland Metropolitan Hospital tour which was really good to help us understand what the new hospital will be like. In October we have a presentation from Bsol ICB around Provider Collaboratives. There are also a number of topics on the list to arrange for future meetings.</p> <p>There are also topics raised in NED 1-2-1's for deeper dives. These include demographics and gap analysis and how we record and measure impact. These items will be weaved into formal and informal board meetings where appropriate.</p> <p>Board Away Days</p> <p>There have been a number of items on the schedule which are appropriate for Board away days. We have tried to book these in for Saturdays, but weekend are looking difficult for a number of Board members. As a result we will aim to look at booking these in on the third Tuesday of the month which was identified as the best day for the majority.</p>	

	<p>Depending on availability Board away days will consist of some virtual sessions, however the aim will be to have a longer session face-to-face.</p> <p>Action - DH to send out a doodle poll to gauge availability covering a range of options.</p> <p>Conflict of Interest process</p> <p>AC presented conflict of interest information together with the guidance. It was noted that there were a few out-of-date items on the register which need updating.</p> <p>Action - DH to do work on conflict of interest and get it up to date for the website.</p>	
9	Any Other Business	
	<p>There was no other business to discuss.</p> <p>The meeting closed at 5.35 pm.</p> <p>Date of next meeting: 4 pm on Tuesday 12th December, 2023.</p>	